

# **Allstate Benefits - Critical Illness**

(VIRGINIA)

## **Special Language**

REPRESENTATION. The undersigned producer and I certify that I have read or had read to me this completed form and understand that any misstatement or misrepresentation in this form may result in loss of coverage. I represent that statements and answers given on this form are true, complete, and correctly recorded.

## **Limited Benefit Notice**

THIS IS AN EXCEPTED BENEFITS POLICY/CERTIFICATE. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY/CERTIFICATE.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

Special Language: ABJ45A2VA

GVCIP1, GVCIP4, GVCIP2

Limited Benefit Notice: ABJ45A2VA

GVCIP1, GVCIP4