



Accident & Sickness Summary of Coverages



PREPARED FOR:

LOVELAND FIRE RESCUE AUTHORITY



VOLUNTEER

LOSS OF LIFE BENEFITS	Limit
Accidental Death Benefit Amount.....	\$50,000
Seat Belt Benefit Amount.....	\$12,500
Safety Vest Benefit Amount.....	\$12,500
Military Death Benefit Amount.....	\$15,000
Illness Loss of Life Benefit Amount.....	\$50,000
Dependent Child and Education Benefit Amount.....	\$30,000
Spousal Support and Education Benefit Amount.....	\$15,000
Dependent Elder Benefit Amount.....	\$5,000
Repatriation Benefit Amount.....	\$2,500

LUMP SUM LIVING BENEFITS	Limit
Accidental Dismemberment and Paralysis Benefit Principal Sum.....	\$50,000
Vision Impairment Benefit Principal Sum.....	\$50,000
Injury Permanent Impairment Benefit Principal Sum.....	\$50,000
Heart Permanent Impairment Benefit Principal Sum.....	\$50,000
Illness Permanent Impairment Benefit Principal Sum.....	\$50,000
Cosmetic Disfigurement Resulting From Burns Principal Sum.....	\$50,000
HIV Positive Lump Sum Living Benefit Principal Sum.....	\$50,000

Impairment and Dismemberment Benefits are paid at a percentage of the benefit limit, subject to the specific terms of the policy. However, the HIV Benefit is provided in a lump sum according to the policy terms and conditions.

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WEEKLY INCOME BENEFITS

Limit / Duration

During the first 28 days of Total Disability the weekly benefit payable is the limit shown.	\$200
After 28 days of Total Disability the weekly limit shown is the maximum amount payable. The actual amount payable is equal to 100% of your member's pre-disability wages offset by loss of income benefits received from Workers' Compensation and Other Valid and Collectible Insurance.	\$200
Minimum amount of Total Disability payable after 28 days.	\$50
Maximum period for which Total Disability benefits are paid.	10 years
During the first 28 days of Partial Disability the weekly benefit payable is the limit shown.	\$100
After 28 days of Partial Disability the weekly limit shown is the maximum amount payable.	\$100
Minimum amount of Partial Disability payable after 28 days.	\$25
Maximum period for which Partial Disability benefits are paid.	1 year
Weekly Injury Permanent Impairment (Lifetime) Benefit.	Included
Weekly Injury Permanent Impairment Benefit COLA.	Included

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MEDICAL EXPENSE BENEFITS	Limit
Medical Expense Benefit Maximum Amount.....	\$10,000
Benefits Paid: Excess of Workers' Compensation	
Cosmetic Plastic Surgery Maximum Amount.....	\$25,000
Post-Traumatic Stress Disorder Maximum Amount.....	\$25,000
Critical Incident Stress Management Maximum Amount.....	\$25,000
Family Expense Benefit (per day).....	\$100
Family Bereavement and Trauma Counseling Benefit Maximum Amount (per person).....	\$1,000

Post-Traumatic Stress Disorder means emotional stress resulting from a Traumatic Incident experienced by a member, during participation in a Covered Activity, which adversely affects their psychological and physical well being.

Traumatic Incident means an abnormal experience outside the range of usual human experience.

The Family Expense Benefit is paid after a member has been admitted to the hospital as a result of an Injury or Illness. For each day a member participates in Out-Patient Physical Therapy, after being hospitalized, 50% of the benefit shown will be paid. This benefit is payable the first day of hospitalization and paid for up to 26 weeks.

The Family Bereavement and Trauma Counseling Benefit is paid after a member's death or exposure to a Traumatic Incident due to participation in a specific Covered Activity which results in the member's spouse, Dependent Child, or Resident Immediate Family Member requiring counseling. Treatment must be prescribed and monitored by a Physician.

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OTHER BENEFITS	Limit
Occupational Retraining Benefit Maximum Amount.....	\$20,000
Transition Benefit.....	Included
Felonious Assault Benefit Amount.....	\$25,000
Home Alteration and Vehicle Modification Benefit Maximum Amount.....	\$50,000

Occupational Retraining: If, as a result of an Injury or Illness, a member is not able to be gainfully employed and chooses to enroll in school or a training program with the objective of returning to work, we will pay tuition, room and board and other expenses up to the limit shown above. This coverage is in excess of Workers' Compensation and Other Valid and Collectible Insurance. The program must be agreed upon by the member and VFIS.

Transition Benefit: If, while receiving Total Disability, a member is terminated from regular employment and remains unemployed after Total Disability benefits end, this benefit will be provided for up to 26 weeks.

Felonious Assault: If an Accidental Death, Illness Loss of Life, Accidental Dismemberment and Paralysis, Vision Impairment, Injury Permanent Impairment, Heart Permanent Impairment, Illness Permanent Impairment, Cosmetic Disfigurement or HIV Positive Lump Sum Living benefit is payable as a result of a Felonious Assault while participating in a Covered Activity, we will pay the Felonious Assault benefit maximum amount. Felonious Assault means any willful or unlawful use of force upon the Insured Person with the intent to cause bodily injury; that results in bodily harm; and that is a felony or a misdemeanor.

Home Alteration and Vehicle Modification: If, as a direct result of an Injury or Illness that results in a covered permanent and irrevocable loss, a member is required to make alterations to his home and/or vehicle we will pay up to the limit shown above for such alterations incurred within three years of the Injury or Illness causing the loss. This benefit is excess of all other benefits payable including no fault automobile insurance and Workers' Compensation.

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OPTIONAL BENEFITS	Limit
Weekly Hospital Benefit Amount.....	\$100
First Week Total Disability Benefit Amount	\$100
Coordinated 28 Day Total Disability Benefit Amount.....	Not Included
Extra Expense Benefit	
Monthly Amount.....	\$500
Maximum Amount.....	\$12,000
Off-Duty Accident Benefit - Injury only.....	\$50,000

Weekly Hospital Benefit provides members with additional weekly income when hospitalization or outpatient physical therapy is required for a covered Injury or Illness.

First Week Total Disability Benefit provides an additional payment for the first week of Total Disability as a result of a covered Injury or Illness.

Coordinated 28 Day Total Disability Benefit protects higher wage earners by providing an additional income benefit after coordinating with Total Disability Benefit Weekly Amount (1st 28 days) and Workers' Compensation as a result of a covered Injury or Illness.

Extra Expense benefits will begin after 26 weeks of Total Disability due to a covered Injury or Illness. This benefit will cease when the member is no longer disabled. The Extra Expense Benefit Maximum Amount is the most we will pay.

Off-Duty Accident Benefit - Injury only benefits are provided to a member who dies or suffers dismemberment, vision loss or paralysis due to an accidental Injury. This benefit is payable for off-duty activities.

Colorado Statutory Rider. The following Heart and Circulatory Condition benefits are included:

- Accelerated Death Benefit - \$25,000
- Lump Sum Diagnosis Benefit - \$4,000
- Up to \$2,500 Weekly Income for 80 weeks
- Occupational Retraining Benefit - \$25,000
- Cosmetic Plastic Surgery Benefit - \$10,000