



Sample plans of insurance for the California State Firefighters Association

Benefits apply to all classes of membership while performing an activity of the organization.

Section I: Death Benefits

| | | <u>Plan 1</u> | <u>Plan 2</u> | <u>Plan 3</u> |
|---|-------|---------------|---------------|---------------|
| A. Covered Injury Death Benefit | | \$25,000 | \$50,000 | \$100,000 |
| B. Covered Illness Death Benefit | | \$25,000 | \$50,000 | \$100,000 |
| C. Optional HIV Positive Benefit | | \$25,000 | \$50,000 | \$100,000 |
| D. Bereavement Benefit - Covered Injuries | Up to | \$2,500 | \$5,000 | \$10,000 |
| Bereavement Benefit - Covered Illnesses | Up to | \$2,500 | \$5,000 | \$10,000 |
| E. Dependent Child Benefit (Per Child) - Covered Injury | | \$10,000 | \$10,000 | \$10,000 |
| Dependent Child Benefit (Per Child) - Covered Illness | | \$10,000 | \$10,000 | \$10,000 |
| F. Seat Belt Benefit | | \$6,250 | \$12,500 | \$25,000 |

Section II: Impairment Benefits

| | | <u>Plan 1</u> | <u>Plan 2</u> | <u>Plan 3</u> |
|--|-------|---------------|---------------|---------------|
| A. Dismemberment Benefit* | Up to | \$25,000 | \$50,000 | \$100,000 |
| B. Vision Impairments Benefit* | Up to | \$25,000 | \$50,000 | \$100,000 |
| C. Cosmetic Disfigurement from Burns Benefit* | Up to | \$25,000 | \$50,000 | \$100,000 |
| D. Permanent Physical Impairment Benefit - Covered Injuries* | Up to | \$25,000 | \$50,000 | \$100,000 |
| Permanent Physical Impairment Benefit - Covered Illnesses* | Up to | \$25,000 | \$50,000 | \$100,000 |
| E. Felonious Assault Benefit | Up to | \$6,250 | \$12,500 | \$25,000 |
| F. Impairment Modification Benefit | Up to | \$15,000 | \$15,000 | \$15,000 |

** Benefits payable are based on the percentage of impairment or loss as defined in the policy.*

Section III: Income Protection including Career Rider

| | | <u>Plan 1</u> | <u>Plan 2</u> | <u>Plan 3</u> |
|---|-------|---------------|---------------|---------------|
| A. Maximum Weekly Total Disability Benefits** | Up to | \$400 | \$600 | \$1,000 |
| i. Minimum Weekly Total Disability Benefit | | \$100 | \$100 | \$100 |
| ii. Earned Income Replacement Benefit** | Up to | \$300 | \$500 | \$900 |
| B. Partial Disability Benefit | Up to | \$400 | \$600 | \$1,000 |
| C. First Week Disability Benefit** | Up to | \$1,000 | \$1,000 | \$1,000 |
| D. Cost of Living Adjustments | Up to | \$1,200 | \$1,800 | \$3,000 |
| E. Transition Benefit | Up to | \$400 | \$600 | \$1,000 |
| F. Retraining Benefit | Up to | \$20,000 | \$20,000 | \$20,000 |

*** Benefits are payable in coordination with the Loss of Earnings Coverage as defined in the policy.*

Section IV: Medical Expenses

| | | <u>Plan 1</u> | <u>Plan 2</u> | <u>Plan 3</u> |
|--|-------|---------------|---------------|---------------|
| A. Medical Expense Benefit - Injury*** | Up to | \$10,000 | \$10,000 | \$10,000 |
| Medical Expense Benefit - Illness*** | Up to | \$10,000 | \$10,000 | \$10,000 |
| B. Plastic Surgical Expense Benefit*** | Up to | \$10,000 | \$10,000 | \$10,000 |

***We will not pay covered medical expenses incurred by an Insured Person that are paid or payable under any other Valid and Collectible Insurance, including Workers' Compensation.

Section V: Family Assistance

| | | <u>Plan 1</u> | <u>Plan 2</u> | <u>Plan 3</u> |
|--|-------|---------------|---------------|---------------|
| A. Weekly Hospital Confinement Benefit | | \$210 | \$350 | \$420 |
| B. Weekly Critical Care Benefit | | \$420 | \$700 | \$840 |
| C. Family Expense Benefit | Up to | \$20,000 | \$20,000 | \$20,000 |
| D. Rehabilitation Benefit | Up to | \$10,000 | \$10,000 | \$10,000 |
| E. Mental Stress Management Benefit | Up to | \$10,000 | \$10,000 | \$10,000 |
| F. Traumatic Incident Benefit | Up to | \$10,000 | \$10,000 | \$10,000 |
| G. Health Insurance Premium Benefit | Up to | \$10,000 | \$10,000 | \$10,000 |

Section VI: Optional Auxiliary Person and/or Community Volunteer Coverage

| | | <u>Plan 1</u> | <u>Plan 2</u> | <u>Plan 3</u> |
|--|-------|---------------|---------------|---------------|
| A. Covered Injury - Death, Dismemberment, Loss of Sight, Speech or Hearing | | Full Coverage | Full Coverage | Full Coverage |
| B. Weekly Total Disability Benefit | Up to | Full Coverage | Full Coverage | Full Coverage |
| C. Weekly Hospital Confinement Benefit | | Full Coverage | Full Coverage | Full Coverage |
| D. Medical Expense Benefit | Up to | Full Coverage | Full Coverage | Full Coverage |
| E. Special Illness Benefit | | Full Coverage | Full Coverage | Full Coverage |

Disclosure Statement

Your insurance or benefits provider can offer you advice and guidance as you select the policy and provider most appropriate for your needs. At Provident Agency, in partnership with Unum, we offer compensation to your advisor for the important role these professionals play in the sale of our products and services. Provident Agency may also be eligible for additional incentive compensation from Unum based on in force block size and persistency. We support disclosure of advisor compensation so that customers can make an informed buying decision.

If you would like additional information about the compensation programs our company offers, you may go to www.providentbenefits.com. Should you have additional questions or want more specific information, please mail a written request to our main office at PO Box 11588, Pittsburgh, PA 15238. You may also fax your request to 412-963-0415. Your request must be on official letterhead and be signed by an officer of your organization.

Exclusions and Limitations

We will not pay benefits for loss caused by war or act of war. Disability claims resulting from athletic events will be limited to a maximum period of 1,092 days (156 weeks). In no event will benefits be payable to an Insured Person for more than one disability at the same time. If the Insured Person is covered under more than one Emergency Organization's Blanket Accident Policy issued by Provident Life & Accident Insurance Company, the total benefits payable will not exceed those payable under the policy that provides the greatest benefit. An Insured Person may reopen their claim at any time up to five years following a period of Total or Partial Disability for either injuries or illnesses for which payments were made under the policy.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form 211 underwritten by Provident Life & Accident Insurance Company of Chattanooga, TN. This insurance coverage is administered by Provident Agency, Inc. of Pittsburgh, PA and in California, Provident of Pennsylvania Insurance Agency, Inc. of Pittsburgh, PA.



California State Firefighters Association

Benefit Explanations / Definitions / Exclusions

This proposal offers coverage to all classes of Membership. Benefits apply while the Insured Person is performing an activity of the organization. Covered Injuries exclude organized league athletics, as separate coverage can be purchased. Covered Illnesses exclude Mental Stress, as it is covered in it's own section.

Section I: Death Benefits

- A. Covered Injury Death Benefit** - This benefit is payable if an Insured Person sustains a Covered Injury that directly causes the loss of life.
- B. Covered Illness Death Benefit** - This benefit is payable if an Insured Person suffers a Covered Illness that directly causes the loss of life.
- C. Optional HIV Positive Benefit** - If Insured Person tests HIV Positive as a result of participation in a Covered Activity, the Insured Person may choose to receive the Optional HIV Positive Benefit in lieu of the Permanent Physical Impairment Benefit and/or Covered Illness Death Benefit or Covered Injury Death Benefit.
- D. Bereavement Benefit** - If a Covered Injury or Illness Death Benefit is payable under this policy, an additional amount equal to 10% of the Principal Sum not to exceed \$10,000 will be payable for expenses actually incurred directly associated with the Insured Person's death.
- E. Dependent Child Benefit** - If the Insured Person sustains a Covered Injury or a Covered Illness which results in the loss of the Insured Person's life, an additional \$10,000 will be payable for each Dependent Child.
- F. Seat Belt Benefit** - If an Insured Person is wearing a properly fastened seat belt and sustains a Covered Injury which results in the loss of the Insured Person's life, an additional amount equal to 25% of the Covered Injury Death Benefit or Covered Illness Death Benefit is payable.

Section II: Impairment Benefits

- A. Dismemberment, Loss of Speech or Hearing Benefit** - If an Insured Person sustains a Covered Injury that directly causes a loss of speech, hearing or a dismemberment as defined in the policy we will pay an amount equal to 6.25% up to 100% of the Principal Sum based on the level of loss or dismemberment.
- B. Vision Impairment Benefit** - Payable if the Insured Person suffers a permanent and irrecoverable loss of sight as defined in the policy we will pay an amount equal to 2.75% up to 100% of the Principal Sum. Benefits are payable for partial loss of sight as well as total loss of sight.
- C. Cosmetic Disfigurement from Burns Benefit** - If an Insured Person as a result of a Covered Injury suffers a cosmetic disfigurement due to a burn that is classified as third degree or a full thickness burn, a benefit is payable. The amount of the benefit will be based on a formula, which will be multiplied by the Principal Sum. The formula will take into account the area of the body which was burned.
- D. Permanent Physical Impairment (PPI) Benefit** - If an Insured Person suffers a Covered Injury or Covered Illness which results in a Permanent Physical Impairment of a body part(s), we will pay a PPI Benefit. The impairment percentage assigned by the physician is multiplied by the Principal Sum to determine the benefit payable.

- E. Felonious Assault Benefit** - If an Insured Person is participating in a Covered Activity and sustains a Covered Injury caused by a criminal act of violence directed at the Insured Person, we will pay an additional benefit equal to 25% of the total benefit paid, not to exceed \$50,000.
- F. Impairment Modification Benefit** - This benefit may be payable if an Insured Person's physical limitation or impairment poses a safety risk or inhibits the Insured Person's ability to maintain independence in their current transportation or living situation. This benefit is voluntary on the Insured Person's part and on our part. The maximum benefit payable is \$15,000.

Section III: Income Protection

A. Maximum Weekly Total Disability Benefits

Covered Injury - Payable for up to lifetime for volunteer members. Payable up to 260 weeks for career personnel.

Covered Illness - Payable up to the greater of age 67 or five years for volunteer members. Payable up to 260 weeks for career personnel. Career Personnel or Part-Time Personnel are employees or members of the organization that received Weekly Earned Income for regularly working at least 30 cumulative hours per week as an emergency service provider for one or more organization(s) identified as a Named Insured of the policy holder.

A.i. Minimum Weekly Total Disability Benefit - Paid in addition to any benefit from any source.

A.ii. Earned Income Replacement Benefit - Payable up to the amount listed in the policy in coordination with the Minimum Weekly Total Disability Benefit to replace the Insured Person's Weekly Earned Income at the time of disability in excess of other Loss of Earnings Coverage as defined in the policy (e.g. Workers' Compensation).

B. Partial Disability Benefit - If a Covered Injury or Covered Illness permits the Insured Person to return to any Reasonable Occupation but at a lower rate of Weekly Earned Income, or if the Insured Person is receiving any Weekly Earned Income from any source, we will pay up to the Maximum Weekly Total Disability Benefit limit.

Payable to volunteers for up to the later of: 1.) age 67 or normal retirement age, whichever comes first; or 2.) 5 years. Payable to career personnel for up to 260 weeks.

C. First Week Total Disability Benefit - For the first week of total disability, we will pay a benefit of up to \$1,000 in coordination with any Loss of Earnings Coverage (e.g. Workers' Compensation) to replace the Insured Person's Weekly Earned Income.

D. Cost Of Living Adjustments (COLA) - Adjustments are made at the greater of 5% or the CPI-U (up to 8%) on the anniversary date of the Covered Injury or Covered Illness for continuous disability. COLA are compounded annually not to exceed three times the Maximum Weekly Total Disability Benefit limit.

E. Transition Benefit - If an Insured Member is released to return to his or her primary employment after having received benefits under this policy for a Covered Injury or Covered Illness, and their position at their primary employer has been terminated due to the Covered Injury or Covered Illness, we will continue to pay disability benefits previously payable for a period of up to 26 weeks while the Insured Person actively seeks employment.

F. Retraining Benefit - Retraining will be voluntary on the part of the Insured Person and on our part. If the Insured Person and we agree upon a program of retraining in an institution of higher learning, we will pay tuition and books as charged by the institution and as set forth in a written agreement between the Insured Person and us which can be periodically reviewed. Benefits for disability will continue as provided by the policy while the Insured Person is actively participating in the program. The maximum benefit is \$20,000.

Section IV: Medical Expenses

A. Medical Expense Benefit - If a Covered Injury or Covered Illness requires medical or surgical treatment, preventative inoculation, hospital confinement or the employment of a trained nurse, we will pay the actual cost to the Insured Person. The benefit limit is the maximum amount payable for each Insured Person as the result of any one Covered Injury or Illness. We will not pay these benefits in excess of maximum Medical Expense Benefit listed in the policy.

We will not pay covered medical expenses incurred by an Insured Person that are paid or payable under any other Valid and Collectible Insurance, including Workers' Compensation.

B. Plastic Surgical Expense Benefit - An additional 25% of the Medical Expense Benefit may be used for Plastic Surgical Expense Benefit as the result of a Covered Injury, but not less than \$10,000.

Section V: Family Assistance

A. Weekly Hospital Confinement Benefit - If, due to a Covered Injury or Covered Illness, an Insured Person is hospital confined as a resident patient for at least a full day, we will pay 1/7 of the Weekly Hospital Confinement Benefit limit for each full day of hospital confinement, but not to exceed 730 days. If the Insured Person is confined in a hospital for at least a full day, and requires outpatient physical therapy, rehabilitation and/or follow-up physician visits, the maximum number of days payable under this section will not exceed 730 days.

If, due to a Covered Injury or Covered Illness, an Insured Person does not require confinement as a resident patient, but does require outpatient physical therapy, rehabilitation or follow-up physician visits, we will pay 1/7 of the Weekly Hospital Confinement Benefit limit for each day of such treatment, but not to exceed 365 days.

We will only make one payment per day, regardless of the number of appointments the Insured Person attends.

B. Weekly Critical Care Benefit - If, due to a Covered Injury or Covered Illness, an Insured Person is hospital confined to an Intensive Care, Trauma, Critical Care, Burn, or similar specialty unit, we will pay 2/7 of the Weekly Hospital Confinement Benefit listed in the policy for each full day of such confinement, but not to exceed 730 days.

C. Family Expense Benefit - If, as a result of a Covered Injury or Covered Illness, an Insured Person requires medical treatment that causes one or more of their immediate family to accompany the Insured Person for treatment or to help treat the Insured Person, we will pay reasonable expenses actually incurred up to the Family Expense Benefit limit. Expenses may include, but are not limited to; loss of wages, out of pocket expenses, hotel accommodations, parking, and childcare.

D. Rehabilitation Benefit - Rehabilitation will be voluntary on the Insured Person's part and on our part. If the Insured Person and we agree upon a program of occupational rehabilitation in advance, we will pay for the program as set forth in a written agreement which can be periodically reviewed. Benefits for disability will continue as provided by the policy while the Insured Person is actively participating in the program.

E. Mental Stress Management Benefit - If, as a direct result of being actively engaged in a single emergency incident involving the organization or repeated active engagement in emergency incidents involving the organization, an Insured Person suffers a psychiatric or mental stress related illness, we will pay a Mental Stress Management Benefit up to the limit in the policy and as defined in the policy. The Insured Person must be receiving care by a physician which is appropriate for the condition causing the disability.

F. Traumatic Incident Benefit - We will pay the reasonable expenses for the services provided by a Traumatic Incident Stress Management Team if such services are requested and authorized by the organization. Expenses must be incurred within one year of the traumatic incident and are subject to the Traumatic Incident Benefit limit in the policy. The Traumatic Incident Benefit is the maximum that will be paid per accident regardless of the number of persons treated.

G. Health Insurance Premium Benefit - If, as a result of a Covered Injury or Covered Illness, the medical or health insurance premiums previously paid the employer have been discontinued, and the Insured Person incurs out of pocket costs for those medical or health insurance premiums, we will pay the out of pocket cost not to exceed the Health Insurance Premium Benefit limit in the policy.

Section VI: Optional Auxiliary Person and/or Community Volunteer Coverage

Coverage for Auxiliary Persons and Community Volunteers is offered with the full benefits of the policy as they meet the definition of Insured Person.

Section VII: Organized League Athletics Coverage

Coverage for Organized League Athletics is not included in this proposal.

Definitions

Auxiliary Person means any person who is a member of the auxiliary to the organization named on the Policy Schedule page at the time of **Covered Injury**. All recognized classes of membership are included.

Community Volunteer is a non-member who helps the organization named on the Policy Schedule page and/or the auxiliary of the organization, in a non-emergency capacity such as fund raisers, banquets, etc.

Covered Activity means any activity, which is normal for an **Insured Person** and includes travel directly to and from such activity. This includes all calls to active duty (as an **Insured Person** of the organization) that requires immediate action in the field of public safety as well as at the scene of an emergency regardless of the organization's involvement. **Covered Activity** also means all athletic events sponsored by the organization with the exception of Organized League Athletics unless such coverage is purchased.

Covered Injury means an accidental bodily injury, which is sustained by any **Insured Person** during and/or resulting directly from a **Covered Activity** while this policy is in force.

Covered Illness means any disease, sickness or infection, other than those related to psychiatric illness or mental stress, contracted or suffered by any **Insured Person** during or resulting from a **Covered Activity** while this policy is in force.

CPI-U means the Consumer Price Index for all Urban Consumers. It is published by the United States Department of Labor.

Dependent Child means any unmarried child of the **Insured Person** who was dependent upon the **Insured Person** and claimed on the **Insured Person's** most current federal income tax return or qualified court document showing at least 50% financial responsibility.

Emergency Volunteer is a person present at the time of the emergency that has been specifically requested to assist by the Chief, Line Officer or other officer in charge of the emergency.

Insured Person means any person who is a member of the organization. All classes of membership may be included, as well as any other party designated by the policyholder including Volunteer Member, Career or Part-time Personnel, Emergency Volunteer, Auxiliary Member, Community Volunteer, Board Members, Trustees, Administrative Personnel, Junior Members, Members in Training or Probationary Members.

Loss of Earnings Coverage means any disability benefits received from:

- 1.) any state disability benefits statute, including Workers' Compensation;
- 2.) any formal written income continuance or group insurance plan; and
- 3.) any disability benefits payable under mandatory no-fault automobile insurance.

Loss of Earnings Coverage does not include disability benefits received from individual disability insurance paid for by the **Insured Person**, or any disability benefits payable under the United States Federal Social Security Act.

Permanent Physical Impairment is a physical impairment or functional abnormality of a body part or parts or loss of at least 10% which remains after maximum medical rehabilitation has been achieved and which is considered stable, or non-progressive by the examining physician at the time of evaluation.

Principal Sum is an amount equal to the **Covered Injury Death Benefit** or **Covered Illness Death Benefit**, whichever is applicable.

Reasonable Occupation means any occupation for which the **Insured Person** is reasonably fitted based on education, training or experience and the Insured Person could expect to generate the lesser of \$75,000 or at least 70% of Weekly Earned Income.

Review Date means each anniversary of the start of a disability.

Total Disability or **Totally Disabled** means that for the first five years from the date of a **Covered Injury** or **Covered Illness**, the **Insured Person**:

- 1.) is not able to perform the substantial and material duties of his or her occupation; and
- 2.) is receiving care by a physician, which is appropriate for the condition causing the disability.

After five years from the date of a **Covered Injury** or **Covered Illness**, **Total Disability** or **Totally Disabled** means that, due to a **Covered Injury** or **Covered Illness**, the **Insured Person**:

- 1.) is not able to engage in any Reasonable Occupation; and
- 2.) is not working at any other occupation; and
- 3.) is receiving care by a physician, which is appropriate for the condition causing the disability.

Traumatic Incident Stress Management Team means an organized group of mental health professionals and peer support individuals trained to provide support services to Emergency organization personnel. Such support services include traumatic incident stress defusing, debriefing, demobilization, stress reduction education, spousal support, one-on-one interviews, or on the scene support.

Weekly Earned Income will be the greater of the **Insured Person's**:

- 1.) **Weekly Earned Income** at the time the disability starts; or
- 2.) average **Weekly Earned Income** for the period of one year prior to the start of disability for which a claim is made.

If an employer other than himself employs the **Insured Person**, we will compute **Weekly Earned Income** from the **Insured Person's** regular, over-time and shift differential wages. **Weekly Earned Income** shall be substantiated by pay stubs, W-2 Forms, other employment records, tax records, and/or any other records which we may reasonably request.

If the **Insured Person** is Self-Employed, we will compute **Weekly Earned Income** from the amount reported by the **Insured Person** on Page 1 of the IRS Form 1040 series, from Schedules C and F, and from qualifying income included on Schedule E which is included in the amount reported by the **Insured Person** on Page 1 of IRS Form 1040 series.

Weekly Earned Income does not include rent, royalties, investment income, passive income, estate and trust income and REIT/REMIC income regardless of the **Insured Person's** active involvement in generating said forms of income, or any other income not derived directly from the **Insured Person's** occupational activities.