

ON DUTY ACCIDENT & HEALTH COVERAGE



We recognize that Workers' Compensation insurance can't always make up for lost wages when members can no longer work, so we offer total and partial disability benefits, including cost of living adjustment and retraining benefits. We also offer medical expense benefits to help offset the medical costs incurred for injuries or illnesses that result during a covered activity.

INCOME PROTECTION BENEFITS

- Weekly Total Disability for Covered Injuries or Illnesses
- Partial Disability
- Cost of Living Adjustment
- First Week Disability
- Transition
- Retraining
- Weekly Permanent Physical Impairment

MEDICAL EXPENSE BENEFITS

- Covered Injury and Illness Expense
- Covered Plastic Surgery Expense
- Home Health Care Expense

ADDITIONAL BENEFITS FOR MEMBERS AND THEIR FAMILIES

Making adjustments to an unexpected new way of life, whether for the member, or his or her family, can lead to high expenses. We offer several benefits to help ease that burden, including:

- Daily Hospital Confinement and Outpatient Treatment
- Daily Critical Care
- Family Expense
- Occupational Rehabilitation
- Mental Stress Management
- Traumatic Incident

For more information email: AxisCanadaAH@axiscapital.com.

Coverage is underwritten by AXIS Reinsurance Company (Canadian Branch), which is authorized and supervised by the Office of the Superintendent of Financial Institutions. AXIS Reinsurance Company (Canadian Branch) is licensed in all Canadian provinces and territories. Coverage is subject to exclusions and limitations, and may not be available in all provinces and territories. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on laws. See the actual policy language for specific provisions and details of availability.



Plans of Insurance for the Anytown, Canada Emergency Services Organization

Benefits apply while performing a Covered Activity.

Section III: Income Protection Benefits			<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
A.	Weekly Total Disability Benefits	Up to	\$1,000	\$1,000	\$1,000
A.i.	Covered Injury Minimum Weekly Total Disability Benefit		\$100	\$100	\$100
A.ii.	Covered Illness Minimum Weekly Total Disability Benefit		\$100	\$100	\$100
A.iii.	Covered Injury Weekly Earned Income Replacement Benefit**	Up to	\$900	\$900	\$900
A.iv.	Covered Illness Weekly Earned Income Replacement Benefit**	Up to	\$900	\$900	\$900
B.	Partial Disability Benefit **	Up to	\$1,000	\$1,000	\$1,000
C.	Cost of Living Adjustment	Up to	\$3,000	\$3,000	\$3,000
D.	First Week Disability Benefit**	Up to	\$1,000	\$1,000	\$1,000
E.	Transition Benefit	Up to	\$1,000	\$1,000	\$1,000
F.	Retraining Benefit	Up to	\$20,000	\$20,000	\$20,000
G.	Weekly Permanent Physical Impairment	Up to	\$1,000	\$1,000	\$1,000

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

Section IV: Medical Expenses

A.	Medical Expense Benefit***	Up to	\$10,000	\$10,000	\$10,000
B.	Plastic Surgery Expense Benefit***	Up to	\$25,000	\$25,000	\$25,000
C.	Home Health Care Expense Benefit***	Up to	\$15,000	\$15,000	\$15,000

**** We will not pay covered medical expenses incurred by an Insured Person that are paid or payable under Workers' Compensation, no fault auto or similar insurance.*

Section V: Additional Benefits

A.	Daily Hospital Confinement and Outpatient Treatment Benefit		\$50	\$50	\$50
B.	Daily Critical Care Benefit		\$100	\$100	\$100
C.	Family Expense Benefit	Up to	\$15,000	\$15,000	\$15,000
D.	Occupational Rehabilitation Benefit	Up to	\$20,000	\$20,000	\$20,000
E.	Mental Stress Management Benefit	Up to	\$25,000	\$25,000	\$25,000
F.	Traumatic Incident Benefit	Up to	\$25,000	\$25,000	\$25,000

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	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
Annual Premium <i>The annual payment option offers a one-year rate guarantee.</i>	\$4,237	\$4,885	\$5,692
3-year Installment Premium: <i>The installment payment option offers a three-year rate guarantee which is paid each year for three years and represents a 6.7% discount off the annual premium.</i>	\$3,972	\$4,577	\$5,330

Preparation Date: November 1, 2022

Proposed Effective Date: January 4, 2023

This proposal is valid for 90 days from the Preparation Date or until 1 day prior to the Renewal Date, whichever is later.

Underwritten by: AXIS Reinsurance Company (Canadian Branch)

DISCLOSURE STATEMENT

All insurance coverage described in this proposal is provided by AXIS Accident & Health and underwritten by AXIS Reinsurance Company (Canadian Branch). Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on provincial laws. This proposal outlines in general some of the important features of the proposed insurance program. The controlling provisions will be in the Policy, and this proposal is not intended in any way to modify the provisions or their meanings. The policy will be subject to the laws of the province or territory in which it is issued.

GENERAL EXCLUSIONS AND LIMITATIONS

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided in the Policy:

1. declared or undeclared war or act of war;
2. suicide or any attempt at it, while sane or insane; or intentionally self-inflicted injuries while sane;
3. mental or emotional disorders, except as specifically provided for by the Traumatic Incident Benefit or the Mental Stress Management Benefit;
4. any Organized League Athletic Event, except as provided under the Policy;
5. an Insured Person being in, entering, or exiting any aircraft: owned, leased or operated by the Policyholder or Organization on the Policyholder's or Organization's behalf; or operated by an employee of the Policyholder or Organization on the Policyholder's or Organization's behalf;
6. an Insured Person riding as a passenger in, entering, or exiting any aircraft while acting or training as a pilot or crew member. This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency;
7. an Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof. This exclusion does not apply to an Insured Person's bacterial infection caused by an Accident or by Accidental consumption of a substance contaminated by bacteria. This exclusion does not apply to an Insured Person's Covered Illness;
8. an Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first 60 consecutive days of active military service with the armed forces of any country or established international authority;

Plans of Insurance for the Anytown, Canada Emergency Services Organization

Benefits apply while performing a Covered Activity.

9. if the government of Canada has imposed any trade or economic sanctions prohibiting insurance of any Accident, or Loss; or there is any other legal prohibition against providing insurance of any Accident or Loss.

In addition, benefits will not be paid for services or treatment rendered by any person who is:

1. employed or retained by Policyholder;
2. living in the Insured Person's household;
3. an Immediate Family Member of either the Insured Person or the Insured Person's Spouse; or
4. the Insured Person.

The benefits contained in this policy are subject to the following limitations:

1. all Covered Injuries and Covered Illnesses arising from the same Covered Activity shall be treated as a single Covered Injury or Covered Illness. If the Insured Person sustained a Covered Injury and a Covered Illness from the same Covered Activity and the amount payable or benefit period for a specific benefit is different for Covered Injuries and Covered Illnesses, the Company will pay the higher amount or adhere to the longer benefit period.
2. if an Insured Person suffers a Covered Injury or Covered Illness that is payable under more than one of the following benefits, the most the Company will pay is the greater of the largest principal sum or the largest single benefit amount payable shown on the *Policy Schedule of Benefits* for any benefit for which the Insured Person qualifies:
 - Covered Injury Death Benefit;
 - Covered Illness Death Benefit;
 - HIV Positive Diagnosis Lump Sum Benefit;
 - Dismemberment, Loss of Speech or Hearing Benefit;
 - Vision Impairment Benefit;
 - Permanent Physical Impairment Benefit; or
 - Paralysis Benefit.
3. if an Insured Person is covered under more than one Policyholder's Blanket Accident Policy issued by the Company, the Company is limited to pay benefits under one such Policy elected by the Insured Person, his or her beneficiary, or his or her estate.

Plans of Insurance for the Anytown, Canada Emergency Services Organization

Benefits apply while performing a Covered Activity.

EXCLUSIONS THAT APPLY TO THE INCOME PROTECTION BENEFITS

In addition to the Exclusions provided under the Policy, no Income Protection Benefits shall be payable in the following instances, unless coverage is specifically provided: (1) during the Insured Person's incarceration in a penal or corrections institution. Payments may resume after incarceration as long as the Insured Person remains Totally Disabled and remains covered under the Policy; or (2) the Insured Person is not receiving Appropriate Care.

LIMITATIONS THAT APPLY TO THE INCOME PROTECTION BENEFITS

The Weekly Benefit Amount for Total Disability shall be subject to the following limitations and conditions:

1. the Weekly Benefit Amount for Total Disability shall be excess of any other valid and collectible benefits under any Other Plan; and
2. the total payments to the Insured Person for Total Disability from all sources, including the Weekly Benefit Amount for Total Disability and any other benefits, as stated in 1) above, shall not exceed the Insured Person's Prior Weekly Earned Income. If the total payments to the Insured Person from any other valid and collectible benefits under any Other Plan meet or exceed the Insured Person's Prior Weekly Earned Income, then the minimum Weekly Benefit Amount for Total Disability will be payable to the Insured Person by Us.
3. In no event will benefits be payable to an Insured Person for more than one disability at the same time.
4. An Insured Person may reopen his or her claim at any time up to 5 years following a period of Total Disability or Partial Disability for either Covered Injuries or Covered Illnesses for which payments were made under this Policy.
5. If an Insured Person is covered by multiple Accident Policies issued by the Company, the total amount of Income Protection Benefits payable under all policies will be a weekly benefit amount up to a maximum of \$1,000.
6. If a Career Personnel Insured Person is approved for disability retirement or otherwise retires, all eligibility for Total Disability or Partial Disability terminates on the effective date of such retirement.

EXCLUSIONS FOR MEDICAL EXPENSE BENEFIT AND THE PLASTIC SURGERY EXPENSE BENEFIT

The Excess Medical Expense Benefit shall be excess of any other valid and collectible benefits under any Other Valid and Collectible Insurance

In addition to the Exclusions provided under the Policy, no Medical Expense Benefit or Plastic Surgery Expense Benefits shall be payable for the following treatments or services, unless coverage is specifically provided:

1. for which an Insured Person has no obligation to pay;
2. for any injury where worker's compensation benefits or occupational injury benefits are payable;
3. for treatment by a person employed or retained by the Policyholder or Organization;
4. for any injury occurring while fighting, except in self-defense;
5. for treatment that is educational, experimental or investigational in nature or that does not constitute accepted medical practice; or
6. for treatment involving conditions caused by repetitive motion injuries, or cumulative trauma and not as the result of an Covered Injury.

This insurance applies only to Medically Necessary charges and services.

Plans of Insurance for the Anytown, Canada Emergency Services Organization

Benefits apply while performing a Covered Activity.

DESCRIPTION OF BENEFITS

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. HIV Positive Diagnosis Lump Sum Benefit** - If Insured Person tests HIV Positive as a result of participation in a Covered Activity, the Insured Person may choose to receive the HIV Positive Diagnosis Lump Sum Benefit in lieu of the Permanent Physical Impairment Benefit and/or Covered Illness Death Benefit or Covered Injury Death Benefit.
- D. Bereavement Benefit** - If the Insured Member sustains a Covered Injury or Covered Illness which results in their death, we will pay up to \$10,000 for reasonable out-of-pocket expenses that are directly associated with their loss of life. This will include but is not limited to: bereavement counselling by a Professional Counsellor, travel expenses of immediate family Members, or other expenses related to the funeral of the Insured Member. This benefit covers Single members and those with Family equally.
- E. Dependent Child Benefit** - If an Insured Person suffers a Covered Injury Death or Covered Illness Death and a death benefit is payable under this Policy, an additional benefit is payable for each Dependent Child.
- F. Seatbelt Benefit** - If a Covered Injury Death Benefit is payable under the Policy and the Insured Person's death occurred in an Accident while he or she was wearing a properly fastened automobile seatbelt, the Seatbelt Benefit is payable.
Airbag Benefit - If the Seat Belt Benefit is payable, the additional Airbag Benefit Amount will be paid if the Insured Person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag) when the Accident occurred.
- G. Parent Care Benefit** - If an Insured Person suffers a Covered Injury Death or Covered Illness Death and a death benefit is payable under this Policy, this benefit will pay \$5,000 for the care of each Dependent Parent. This is in addition to any other benefit payable under this policy. This is a onetime payment made at the time of loss, not an annual payment. This benefit is subject to a maximum of \$40,000 for all Dependent Parents.
- H. Child Care Expense Benefit** - If an Insured Person suffers a Covered Injury Death or Covered Illness Death and a death benefit is payable under this Policy, this benefit will pay \$5,000 a year for each dependent child under the age of thirteen (13). This benefit is subject to a maximum of \$50,000. This is in addition to any other benefit payable under this policy. A licensed day care is not required to qualify for this benefit.
- I. Identification Expense Benefit** - If an Insured Person suffers a Covered Injury Death or Covered Illness Death and a death benefit is payable under this Policy, and the death occurs not less than one hundred and fifty (150) kilometres from their permanent city of residence, an amount up to the maximum benefit amount will be paid to cover expenses (room, board, travel, etc.) for an immediate family Member to travel to the location to identify the deceased Member.
- J. Repatriation Benefit** - If an Insured Person suffers a Covered Injury Death or Covered Illness Death and a death benefit is payable under this Policy, and the death occurs not less than fifty (50) kilometres from their permanent city of residence, an amount up to the maximum benefit amount will be paid for the repatriation of the body to their permanent city of residence.
- K. Memorial Benefit** - If an Insured Person suffers a Covered Injury Death or Covered Illness Death and a death benefit is payable under this Policy, an amount up to the maximum benefit amount will be payable to the policyholder/organization to cover memorial expenses.
- L. Surviving Spouse Education Benefit** - If an Insured Person suffers a Covered Injury Death or Covered Illness Death and a death benefit is payable under this Policy, the Company will reimburse for expenses incurred by the surviving Spouse for tuition, fees, required books or supplies, room and board billed by an Institution of Higher Learning, transportation and any other costs payable directly to a school, or approved and certified by the school, up to the maximum benefit amount. The maximum benefit period is 3 years.
- M. Dependent Child Education Benefit** - If an Insured Person suffers a Covered Injury Death or Covered Illness Death and a death benefit is payable under this Policy, the Company will pay expenses incurred by each Dependent Child for tuition, fees, required books or supplies, room and board billed by an Institution of Higher Learning, transportation and any other costs payable directly to a school, or approved and certified by the school, up to the maximum benefit amount per Dependent Child. There is a maximum annual benefit per Dependent Child and the maximum benefit period is 4 years.
- N. Military Death Benefit** - This benefit is payable if an Insured Person sustains a Covered Injury that directly causes the loss of life while serving or training on behalf of the Canadian Armed Forces or their respective Reserve Unit.

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- O. **Safety Vest Benefit** - If a Covered Injury Death Benefit is payable under this policy and death results from being struck as a pedestrian while on the scene of a motor vehicle accident or while directing traffic and the Insured Person was wearing a Safety Vest, We will pay an additional amount equal to the Safety Vest Benefit Amount shown in the Schedule.

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, an amount equal to 6.25% up to 100% of the Principal Sum is payable, based on the level of loss or dismemberment.
- B. **Vision Impairment Benefit** - If the Insured Person, as a result of a Covered Injury or Covered Illness, suffers a vision impairment as defined in the Policy, an amount equal to 2.75% up to 100% of the Principal Sum is payable. 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 from Burn 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. This benefit will be paid in addition to any other benefit payable under the Policy, with the exception of a benefit paid under the Dismemberment, Loss of Speech or Hearing Benefit for the same burned area.
- D. **Permanent Physical Impairment Benefit** - If an Insured Person suffers a Covered Injury or Covered Illness which results in a Permanent Physical Impairment of a body part, 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. **Criminal Assault Benefit** - If an Insured Person is participating in a Covered Activity and sustains a Covered Injury caused by a Criminal Assault directed at the Injured Person, an additional benefits is payable..
- F. **Home Alteration or Vehicle Modification Benefit** - This benefit may be payable if, due to Total or Partial Disability, 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. The benefit may pay for alterations to make the Insured Person's residence wheelchair accessible and/or habitable, and modifications to his or her motor vehicle. Impairment modifications are subject to written agreement and other requirements outlined in the Policy.
- G. **Paralysis Benefit** - If an Insured Person suffers Paralysis resulting from a Covered Injury or Covered Illness, the Company will pay a percentage of the Principal Sum based on the type of Paralysis, provided that the Paralysis occurs within 365 days.
- H. **Brain Damage Benefit** - If an Insured Member sustains a Covered Injury or Covered Illness that results in permanent brain damage, an amount equal to the Principal Sum will be paid. The Insured Member must be in a hospital receiving treatment and the brain damage must be diagnosed within 30 days of the accidental bodily injury or illness and must continue for 12 consecutive months. This is subject to the maximum loss provisions of the policy.
- I. **Coma Benefit** - If the Insured Member sustains a Covered Injury or a Covered Illness and lapses into a Coma and remains in a coma for 30 consecutive days, a benefit equal to 1% of the Principal Sum will be paid each month after 30 consecutive days. This is subject to the maximum loss provisions of the policy.
- J. **Cancer Benefit** - If the Insured Member is first diagnosed with Life Threatening Cancer that requires radiation or chemotherapy treatment within one year from the onset of diagnosis, provided the Insured Person survives at least 30 days after such diagnosis, a lump sum benefit is payable. The Insured Person must be eligible and approved for Provincial Workers Compensation Benefits.

Section III: Income Protection Benefits

A. **Weekly Total Disability Benefits**

- A.i. **Covered Injury Minimum Weekly Total Disability Benefit** – For Volunteers, payable up to 10 years while the Insured Person is Totally Disabled. For Career Personnel, payable for up to 10 years while the Insured Person is Totally Disabled. Paid in addition to any benefit from any source.
- A.ii. **Covered Illness Minimum Weekly Total Disability Benefit** – For Volunteers, payable up to 10 years, whichever is greater while the Insured Person is Totally Disabled. For Career Personnel, payable for up to 10 years while the Insured Person is Totally Disabled. Paid in addition to any benefit from any source.

Plans of Insurance for the Anytown, Canada Emergency Services Organization

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- A.iii. Covered Injury Weekly Earned Income Replacement Benefit** – For Volunteers, payable up to 10 years and up to the amount listed in the Policy while the Insured Person is Totally Disabled and the Minimum Weekly Total Disability Benefit is payable. For Career Personnel, payable up to 10 years and up to the amount listed in the Policy while the Insured Person is Totally Disabled and the Minimum Weekly Total Disability Benefit is payable. The amount payable shall be computed by determining the Insured Person's Weekly Earned Income then subtracting the Minimum Weekly Total Disability Benefit and the Loss of Earnings Coverage as defined in the Policy.
- A.iv. Covered Illness Weekly Earned Income Replacement Benefit** - For Volunteers, payable up to 10 years, whichever is greater and up to the amount listed in the Policy while the Insured Person is Totally Disabled and the Minimum Weekly Total Disability Benefit is payable. For Career Personnel, payable up to 10 years and up to the amount listed in the Policy while the Insured Person is Totally Disabled and the Minimum Weekly Total Disability Benefit is payable. The amount payable shall be computed by determining the Insured Person's Weekly Earned Income then subtracting the Minimum Weekly Total Disability Benefit and the Loss of Earnings Coverage as defined in the Policy.
- B. Partial Disability Benefit** - If a Covered Injury or Covered Illness results in a Partial Disability and permits the Insured Person to return to any Reasonable Occupation but at a lower rate of Weekly Earned Income, a benefit is payable of up to the Maximum Weekly Total Disability Benefit which would have been paid had the Insured Person been Totally Disabled. For Volunteers, benefits are payable up to 2 years. For Career Personnel, benefits are payable for up to 2 years.
- C. Cost of Living Adjustment** - Adjustments are made at the greater of 5% or the CPI (up to 8%) on the Review Date of the Covered Injury or Covered Illness continuous disability. COLA adjustments are compounded after each Review Date not to exceed three times the Maximum Weekly Total Disability Benefit amount.
- D. First Week Total Disability Benefit** - For the first week of Total Disability, a benefit of up to \$1,000 is payable. The amount payable shall be computed by determining the Insured Person's Weekly Earned Income then subtracting the Minimum Weekly Total Disability Benefit, the Weekly Earned Income Replacement Benefit and the Loss of Earnings Coverage.
- E. Transition Benefit** – If an Insured Member is released to return to his or her primary employment after having received disability benefits under this Policy due to Covered Injury or Covered Illness, and their position at their primary employer has been terminated due to said Covered Injury or Covered Illness, disability benefits previously payable will continue to be paid for a period of up to 26 weeks while the Insured Person actively seeks employment.
- F. Retraining Benefit** - If as a result of a Covered Injury or Covered Illness an Insured Person cannot find and maintain a Regular Occupation, the Company will pay for the Insured Person to enroll in an institution of higher learning, professional or trade training program as set forth in a written agreement between the Insured Person and us which can be periodically reviewed. The Company shall pay the actual costs incurred by the Insured Person for tuition, books and supplies charged by the institution up to the Maximum Benefit Amount provided in the Policy. Benefits for disability will continue as provided by the Policy while the Insured Person is actively participating in the program.
- G. Weekly Permanent Physical Impairment Benefit** – If an Insured Person has a Permanent Physical Impairment percentage of 50% or greater as a result of a Covered Injury or Covered Illness for which the Insured Person is receiving Weekly Total Disability Benefits or Partial Disability Benefits, a benefit is payable.

Section IV: Medical Expense Benefits

- A. Medical Expense Benefit** - If, as a result of a Covered Injury or Covered Illness, an Insured Person incurs charges for Covered Medical Expenses as defined in the Policy, we will pay 100% of the Reasonable and Customary Charges up to the Maximum Medical Expense Benefit Amount provided. This Maximum is payable for all Covered Medical Expenses resulting from the same Covered Injury or Covered Illness.
- B. Plastic Surgery Expense Benefit** - If an Insured Person incurs expenses that exceed the Maximum Medical Expense Benefit Amount provided under the Medical Expense Benefit, an additional amount from Covered Medical Expenses incurred for Medically Necessary plastic surgery due to a Covered Injury will be paid.
- C. Home Health Care Expense Benefit** - If the Insured Member sustains a Covered Injury or a Covered Illness that results in confinement to home after a hospital stay of 15 days or more, we will reimburse the expenses incurred by the medically necessary services of a home health agency. The expenses must be incurred within 18 months of the Covered Injury or Covered Illness and are payable on an excess basis.

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Benefits apply while performing a Covered Activity.

Section V: Additional Benefits

- A. Daily Hospital Confinement and Outpatient Treatment Benefit** - This benefit is payable if the Insured Person is registered as an Inpatient and also if they are an Outpatient requiring physical therapy, rehabilitation and/or follow-up physician visits. We will pay for up to 730 days.
- B. Daily 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, a Daily Benefit Amount is payable for each full day of such confinement, not to exceed 730 days. This payment is in lieu of the Daily Hospital Confinement Benefit.
- C. Family Expense Benefit** - If, as a result of a Covered Injury or Covered Illness, an Insured Person requires medical treatment that causes an Immediate Family Member or a significant other to accompany the Insured Person for treatment or to help treat the Insured Person, a benefit is payable for reasonable expenses actually incurred and not reimbursed by another source 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. Occupational Rehabilitation Benefit** - If an Insured Person is receiving Weekly Total Disability Benefits or Partial Disability Benefits, he or she may be eligible for a rehabilitation program. The Company will pay up to the Maximum Benefit Amount for the program as set forth in a written agreement. The goal of the rehabilitation program will be to return an Insured Person to the workforce in a Reasonable Occupation for which he or she is reasonably suited considering the Covered Injury or Covered Illness sustained.
- E. Mental Stress Management Benefit** - If, as a direct result of being actively engaged in a single emergency incident or repeated active engagement in emergency incidents involving the organization, an Insured Person suffers psychiatric or mental stress, a Mental Stress Management Benefit is payable. The Insured Person must be receiving care by a Physician properly licensed to provide care appropriate for the condition causing the psychiatric or mental stress.
- F. Traumatic Incident Benefit** - A benefit is payable for reasonable expenses for the services provided by a Traumatic Incident Stress Management Team, if such services are requested and authorized by the organization as a result of a Traumatic Incident. 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 Aggregate Maximum Benefit Amount is the maximum that will be paid per Traumatic Incident regardless of the number of persons treated.

DEFINITIONS

Accident or Accidental means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place while the Insured Person is covered under this Policy.

Appropriate Care means the determination of an accurate and medically supported diagnosis of the Insured Person's Total or Partial Disability by a Physician, or a plan established by a Physician of ongoing medical treatment and care of the Total or Partial Disability that conforms to generally accepted medical standards, including frequency of treatment and care.

Auxiliary Member means any person who is a member of the auxiliary to the Policyholder at the time of Covered Injury or Covered Illness.

Benefit Period means the period, shown on the *Policy Schedule of Benefits*, commencing with the date of the onset of the Total Disability or Partial Disability during which benefits are payable.

Career Personnel means employees or members of the organization that receive Weekly Earned Income for regularly working at least 30 cumulative hours per week as an emergency service provider for the Policyholder.

Community Volunteer means a non-member who helps the Policyholder and/or the auxiliary of the organization, in a non-emergency capacity such as fund raisers, banquets, etc.

Cosmetic Disfigurement from Burns means a cosmetic disfigurement that is due to a burn that is classified as a third degree or full-thickness burn caused by a source that is thermal, chemical, electrical, or nuclear. The surface area must be documented by a Physician according to the Rule of Nines or the Lund-Browder chart.

Covered Activity means any activity which is normal for an Insured Person while acting on behalf of the Policyholder and includes travel directly to and from such activity, as well as impromptu action (Good Samaritan) at the scene of an emergency regardless of the Policyholder's involvement. Covered Activity includes all athletic events sponsored by the Policyholder with the exception of Organized League Athletic Events, unless such coverage is purchased. The Covered Activity must

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Benefits apply while performing a Covered Activity.

be performed at the direction, or with knowledge, of an officer of the Policyholder, unless immediate action is required of the Insured Person at the scene of an emergency not on behalf of the Policyholder or any other organization.

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

Covered Illness Death means any Covered Illness, other than those related to psychiatric illness or mental stress, contracted or suffered by an Insured Person during or resulting from a Covered Activity while this Policy is in force and results in the death of an Insured Person.

Covered Injury means Accidental bodily injury sustained by the Insured Person during and/or resulting directly from an Insured Person's participation in a Covered Activity while coverage under the Policy is in force (independent of sickness, disease, mental incapacity or any other cause) and which is not otherwise defined as a Covered Illness.

Covered Injury Death means a Covered Injury sustained by an Insured Person during and/or resulting directly from a Covered Activity while this Policy is in force, and which results in the death of an Insured Person.

Covered Medical Expenses means the Reasonable and Customary Charges for any of the following services: medical or surgical treatment, preventative inoculation, Hospital confinement, nursing services prescribed and monitored by a Physician, Post exposure Prophylaxis protocol (PEP) treatment, when such treatment is advised by the attending Physician, Infectious Disease screening test (s), or Post exposure preventive inoculations as a result of participation in a Covered Activity.

Dependent Child means an Insured Person's unmarried child from the moment of birth, including a natural child, grandchild, stepchild or adopted child from the date of placement with an Insured Person. The Dependent Child must be primarily dependent upon such Insured Person for maintenance and support, and must be:

- 1) under the age of twenty-three (23);
 - 2) under the age of twenty-six (26) if enrolled as a full-time student at an Institution of Higher Learning; or
- classified as an Incapacitated Dependent Child.

Dependent Parent means the parent(s) or grandparent(s) of an Insured Person or Spouse who, at the time of a Covered Injury is receiving support and care provided by the Insured Person or Spouse as evidenced by Canadian income tax returns showing the parent or grandparent as a dependent.

Emergency Volunteer means a person physically present at the time of the emergency, and who is not responding/acting as a member of any emergency service organization, who has been specifically requested to assist by the Chief, Line Officer or other officer in charge of the emergency.

Criminal Assault means any willful or unlawful use of force upon an Insured Person:

- 1) with the intent to cause bodily injury to an Insured Person; 2) that results in bodily harm to an Insured Person; and 3) is a criminal offense or the equivalent of a criminal offense under any country, province, territory or local statutory or common law applicable in the jurisdiction in which it occurs. Criminal Assault does not include any willful or unlawful use of force upon an Insured Person by another Insured Person.

HIV means Human Immunodeficiency Virus, a virus that infects lymphocytes and other cells bearing the CD4 marker, the initial infection of which is known as acute retro viral syndrome.

Home Healthcare means Medically Necessary services provided and billed by the Home Health Agency. Such services must be prescribed and supervised by a Physician in accordance with a medical treatment.

Home Health Agency means an entity engaged in arranging and providing nursing services, home health services or other therapeutic and related services. The entity must be certified by a competent governmental authority in the jurisdiction where the services are rendered.

Hospital means a public or private institution which:

1. is licensed in accordance with the laws of the jurisdiction where it is located;
2. operates for the reception, care and treatment of sick, ailing or injured persons as in-patients;
3. provides organised facilities for diagnosis and medical or surgical treatment;
4. provides twenty-four (24 hour) nursing care;
5. has a Physician or staff of Physicians ; and
6. is not primarily a day clinic, rest or convalescent home, assisted living facility or similar establishment and is not, other than incidentally, a place for the treatment of alcoholics or drug addicts.

Plans of Insurance for the Anytown, Canada Emergency Services Organization

Benefits apply while performing a Covered Activity.

Incapacitated Dependent Child means a child who, as a result of being mentally or physically challenged, is permanently incapable of self-support and permanently dependent on an Insured Person for support and maintenance. The incapacity must have occurred while the child was: 1) under the age of twenty-three (23); or 2) under the age of twenty-six (26) if enrolled as a full-time student at an Institution of Higher Learning.

Infectious Disease means a disease included within the list of potentially life-threatening infectious diseases, developed by the Public Health Agency of Canada.

Immediate Family Member means a person who is related to the Insured Person in any of the following ways: Spouse, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), child (includes legally adopted or stepchild), legal guardians or wards, grandparent, grandchild, brother-in-law, sister-in-law, daughter-in-law, son-in-law, mother-in-law, father-in-law, aunt, uncle, niece, or nephew.

Inpatient means confined overnight as a registered bed-patient in a Hospital or other medical facility. The confinement must be on the advice of a Physician.

Insured Person means any person who is listed as an Eligible Person on the *Policy Schedule of Benefits*.

Life Threatening Cancer means a disease which first manifested while the Insured Person's insurance under this Policy is in effect and is a result of occupational hazards of a firefighter. This Life Threatening Cancer must be characterized by the presence of a malignant tumor and by uncontrolled growth and spread of malignant cells and the invasion of tissue. Life Threatening Cancer includes Leukemia, Non-Hodgkin's Lymphoma, Kidney Cancer, Brain Cancer, and Bladder Cancer for which chemotherapy or radiation treatments have been recommended. This must be positive diagnoses by a Physician and supported by a pathological report.

Loss of Earnings Coverage means any disability benefits or salary continuance received from:

1. the benefits payable in accordance with any Workers' Compensation Act or Law, or any other law which provides compensation for an occupational injury;
2. the income benefit provided by or through any automobile insurance plan or any government plan of automobile insurance or similar insurance regulation or law;
3. the salary continuation or severance allowance provided by or through the employer;
4. the disability, retirement or other income benefits provided by or through the employer, the Policyholder, or the Insured Person; and
5. the amounts paid or payable under any group plan or insurance policy.

Loss of Earnings Coverage does not include disability benefits received from individual disability insurance paid by Insured Person.

Medically Necessary means medical services that: (1) are essential for diagnosis, treatment or care of the Covered Injury or Covered Illness for which it is prescribed or performed; (2) meet generally accepted standards of medical practice; and (3) are ordered by a Physician and performed under his or her care, supervision or order.

Nurse means a licensed graduate registered Nurse (R.N.) or a licensed practical Nurse (L.P.N.) who is not:

1. the Insured Person;
2. an Immediate Family Member of either the Insured Person or the Insured Person's Spouse;
3. a person living in the Insured Person's household; or
4. a person employed or retained by the Policyholder.

Named Insured means any organization listed as a Participating Organization on the *Policy Schedule of Benefits*.

Other Valid and Collectible Insurance means: (1) any group plan, program or insurance policy; (2) any other group hospital, surgical or medical benefit plan; or (3) any union welfare plan or group employer or employee benefit program. Other valid and collectible insurance will not include benefits provided by any individual disability insurance plan.

Outpatient means an Insured Person who is a patient and is not hospitalized overnight but who visits a Hospital, clinic, or associated facility for diagnosis or treatment.

Partial Disability or Partially Disabled means, for an Insured Person with an occupation producing wages as described in the definition of Weekly Earned Income, the inability to perform one or more, but not all, of the material and substantial duties of his or her own occupation as a result of a Covered Injury or Covered Illness. If an Insured Person does not have an occupation producing wages as described in the definition of Weekly Earned Income, Partial Disability or Partially Disabled means:

1. the inability to perform one or more, but not all of the material and substantial duties of an occupation for which an Insured Person is qualified by reason of education, training or experience; or
2. the inability to perform one or more, but not all of the regular activities of an Insured Person.

An Insured Person must be under the regular care of a Physician during Partial Disability.

Plans of Insurance for the Anytown, Canada Emergency Services Organization

Benefits apply while performing a Covered Activity.

Permanent Physical Impairment means a physical impairment or functional abnormality of a body part or parts or loss of at least 1% whole person 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.

Physician means a licensed health care provider practicing within the scope of his or her license and rendering care and treatment to the Insured Person that is appropriate for the condition and locality, and who is not:

1. the Insured Person;
2. an Immediate Family Member of either the Insured Person or the Insured Person's spouse;
3. a person living in the Insured Person's household;
4. a person employed or retained by the Policyholder; or
5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.

Policy Term means the time period defined for the Policyholder shown on the *Policy Schedule of Benefits*.

Prior Weekly Earned Income means The greater of the Insured Person's:

- a. Weekly Earned Income at the time the disability starts; or
- b. average Weekly Earned Income for the period of twelve (12) weeks prior to the start of disability for which a claim is made; or average Weekly Earned Income for the period of one year prior to the start of disability for which a claim is made.

Reasonable and Customary Charge(s) means a charge that:

1. is made for a Covered Medical Expense;
2. does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit or a cardiac care unit, does not exceed the Hospital's most common charge for semi-private room and board); and
3. does not include charges that would not have been made if no insurance existed.

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

Regular Occupation means the Insured Person's primary occupation at the time of disability for which he or she was receiving remuneration.

Review Date means the date after 52 weeks of continuous disability.

Safety Vest means a vest designed to enhance the visibility of the insured person.

Spouse means the Insured Person's lawful spouse.

Total Disability or Totally Disabled means that for the first 5 years from the date of a Covered Injury or onset of a Covered Illness, an Insured Person:

1. is not able to perform the substantial and material duties of his or her occupation; and
2. is receiving Appropriate Care .

After 5 years from the date of a Covered Injury or onset of a Covered Illness, Total Disability or Totally Disabled means that due to a Covered Injury or a Covered Illness an Insured Person:

1. is not able to engage in any Reasonable Occupation;
2. is not working at any other occupation; and
3. is receiving Appropriate Care.

Traumatic Incident means an abnormal experience involving the Policyholder, outside the range of usual human experiences and that includes: 1) line of duty death or serious injury to other Insured Persons; 2) a single incident having multiple casualties; 3) death or serious injury of a child; 4) dealing with victims known to the Insured Person, and 5) similar incidents that would reasonably require mental health care for the entire Policyholder or a significant number of members of the Policyholder.

Traumatic Incident Stress Management Team means an organized group of mental health professionals and peer support individuals trained to provide support services to emergency service 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.

Plans of Insurance for the Anytown, Canada Emergency Services Organization

Benefits apply while performing a Covered Activity.

Weekly Earned Income means the Insured Person's weekly earnings from all sources for regular, over-time and shift differential wages. Weekly Earned Income shall be substantiated by pay stubs, Canadian Individual Income Tax Return, other employment records, tax records and/or any other records which we may reasonably request. The Weekly Earned Income must be verified by the Insured Person's employer and/or tax records.

If the Insured Person is self-employed, we will compute Weekly Earned Income from the amount reported by the Insured Person on tax records and/or any other records we may reasonably request.

Weekly Earned Income does not include rent, royalties, investment income, passive income, estate and trust income or unearned 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.

Plans of Insurance for the
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24-HOUR OFF-DUTY COVERAGE

24-Hour OFF-DUTY Coverage

ANNUAL PREMIUM PER MEMBER

	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
A. Member Only	\$49	\$61	\$78
B. Member and Family	\$78	\$98	\$125

24-Hour OFF-DUTY Coverage

Preparation Date: April 1, 2023

This proposal is valid for 90 days from the Preparation Date or until 1 day prior to the Renewal Date, whichever is later.

Underwritten by: AXIS Reinsurance Company (Canadian Branch)

Plans of Insurance for the Anytown, Canada Emergency Services Organization

Benefits apply while performing a Covered Activity.

Weekly Earned Income means the Insured Person's weekly earnings from all sources for regular, over-time and shift differential wages. Weekly Earned Income shall be substantiated by pay stubs, Canadian Individual Income Tax Return, other employment records, tax records and/or any other records which we may reasonably request. The Weekly Earned Income must be verified by the Insured Person's employer and/or tax records.

If the Insured Person is self-employed, we will compute Weekly Earned Income from the amount reported by the Insured Person on tax records and/or any other records we may reasonably request.

Weekly Earned Income does not include rent, royalties, investment income, passive income, estate and trust income or unearned 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.

Plans of Insurance for the
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24-HOUR OFF-DUTY COVERAGE

DISCLOSURE STATEMENT

All insurance coverage described in this proposal is provided by AXIS Accident & Health and underwritten by AXIS Reinsurance Company (Canadian Branch). Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on the laws of the province or territory in which it is issued.

This proposal outlines in general some of the important features of the proposed insurance program. The controlling provisions will be in the Policy, and this proposal is not intended in any way to modify the provisions or their meanings. The policy will be subject to the laws of the province or territory in which it is issued.

AGGREGATE LIMIT OF INDEMNITY

Benefit Amount: \$5,000,000.

Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses and Covered Injuries suffered by all Insured Persons as the result of any one (1) Covered Accident that occurs under one of the Conditions of Coverage, as specified above. This Aggregate Limit of Indemnity is payable only once, should more than one Condition of Coverage apply, We will pay the greater amount. If this amount does not allow all Insured Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Insured Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

COMMON EXCLUSIONS

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits section or Conditions of Coverage section:

1. an Insured Person being in, entering, or exiting any aircraft: owned, leased or operated by the Policyholder or on the Policyholder's behalf; or operated by an employee of the Policyholder or Organization's behalf;
2. an Insured Person riding as a passenger in, entering, or exiting any aircraft while acting or training as a pilot or crew member. This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency;
3. an Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof. This exclusion does not apply to an Insured Person's bacterial infection caused by an Accident or by Accidental consumption of a substance contaminated by bacteria;
4. an Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first 60 consecutive days of active military service with the armed forces of any country or established international authority;
5. if the government of Canada has imposed any trade or economic sanctions prohibiting insurance of any Accident, Accidental Bodily Injury or Loss; or there is any other legal prohibition against providing insurance of any Accident, Covered Injury or Covered Loss.

TERRITORY

This insurance applies worldwide.

Plans of Insurance for the
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BRIEF DESCRIPTION OF BENEFITS

Section 1: Death Benefits

- A. Accidental Death Benefit** - This benefit is payable if an Insured Person sustains a Covered Injury that directly causes the loss of life.
- B. Seatbelt and Occupant Protection Device Benefit:**
Seatbelt Benefit - If a Covered Accidental Death Benefit is payable under the Policy and the Insured Person's death occurred in an Accident while he or she was wearing a properly fastened automobile seatbelt, the Seatbelt Benefit is payable.
Airbag Benefit - If the Seat Benefit is payable, the additional Airbag Benefit Amount will be paid if the Insured Person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag) when the Accident occurred.
- C. Identification Expense Benefit** - If the Insured Member sustains a Covered Injury which results in their loss of life, the Company will pay the Benefit Amount shown in the Policy, subject to all applicable conditions and exclusions, for burial or cremation of the Insured Person who dies from a Covered Injury and an Accidental Death Benefit is payable under this Policy
- D. Repatriation Benefit** - If the Insured Member sustains a Covered Injury which results in their loss of life, not less than fifty (50) kilometres from their permanent city of residence, the Company will pay the Benefit Amount shown in the Policy, subject to all applicable conditions and exclusions, for the repatriation of the body to their permanent city of residence.
- E. Funeral Expense Benefit** - If the Insured Member sustains a Covered Injury which results in their loss of life, the Company will pay the Benefit Amount shown in the Policy, subject to all applicable conditions and exclusions, for burial or cremation of the Insured Person who dies from a Covered Injury and an Accidental Death Benefit is payable under this Policy
- F. Bereavement Expenses Benefit** - If the Insured Member sustains a Covered Injury which results in their death, the Company will pay the Benefit Amount shown in the Policy, subject to all applicable conditions and exclusions, for reasonable out-of-pocket expenses that are directly associated with their loss of life. This will include but is not limited to: bereavement counselling by a Professional Counsellor, travel expenses of Immediate Family Members, or other expenses related to the funeral of the Insured Member. This benefit covers Single members and those with Family equally.
- G. Parent Care Benefit** - If an Insured Member dies as a result of a Covered Injury or Covered Illness, this benefit will be paid for the care of each Dependent Parent (may include grandparents). This is in addition to any other benefit payable under this policy. This is a one-time payment at time of loss, not an annual payment.
- H. Child Care Expense Benefit** - If an Insured Member dies as a result of a Covered Injury, this benefit will be paid, per year, for each dependent child under the age of thirteen (13), up to a maximum amount. This is in addition to any other benefit payable under this policy. (Note: A licensed day care is not required to qualify for this benefit.)
- I. Surviving Spouse Education Benefit** - If an Insured Person suffers a Covered Injury Death or Covered Illness Death and a death benefit is payable under this Policy, the Company will reimburse for expenses incurred by the surviving Spouse for tuition, fees, required books or supplies, room and board billed by an Institution of Higher Learning, transportation and any other costs payable directly to a school, or approved and certified by the school, up to the Maximum Benefit Amount shown in the Policy.
- J. Dependent Child Education Expense Benefit** - If an Insured Person suffers a Covered Injury Death or Covered Illness Death and a death benefit is payable under this Policy, the Company will pay expenses incurred by each Dependent Child for tuition, fees, required books or supplies, room and board billed by an Institution of Higher Learning, transportation and any other costs payable directly to a school, or approved and certified by the school, up to the Maximum Benefit Amount shown in the Policy.

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Section 2: 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, an amount equal to 6.25% up to 100% of the Principal Sum is payable.
- B. Vision Impairment Benefit** - If the Insured Person, as a result of a Covered Injury, suffers a vision impairment as defined in the Policy, an amount equal to 2.75% up to 100% of the Principal Sum is payable. Benefits are payable for partial loss of sight as well as total loss of sight.
- C. Home Alteration or Vehicle Modification Benefit** - This benefit may be payable if, due to Total Disability, 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. The benefit may pay for alterations to make the Insured Person's residence wheelchair accessible and/or habitable, and modifications to his or her motor vehicle. Impairment modifications are subject to written agreement and other requirements outlined in the Policy.
- G. Paralysis Benefit** - If an Insured Person suffers Paralysis resulting from a Covered Injury, the Company will pay a percentage of the Principal Sum based on the type of Paralysis, provided that the Paralysis occurs within 365 days.
- H. Brain Damage Benefit** - If an Insured Member sustains a Covered Injury that results in permanent brain damage, an amount equal to the Principal Sum will be paid. The Insured Member must be in a hospital receiving treatment and the brain damage must be diagnosed within 30 days of the accidental bodily injury and must continue for 12 consecutive months. This is subject to the maximum loss provisions of the policy.
- I. Coma Benefit** - If the Insured Member sustains a Covered Injury or a Covered Illness and lapses into a Coma and remains in a coma for 30 consecutive days, a benefit equal to 1% of the Principal Sum will be paid each month after 30 consecutive days. This is subject to the maximum loss provisions of the policy.

Section 3: Income Protection Benefits

- A. Temporary Total Disability Weekly Income Benefit** - The Company will pay weekly Benefit Amount shown in the Policy, subject to all applicable conditions and exclusions, to the Insured Person whose Total Disability results from, and within the number of days specified in the Policy, a Covered Loss. Disability benefits will begin when a Totally Disabled Insured Person satisfies the Benefit Elimination/Waiting Period of 7 days and will end on the earliest of the date He: 1) dies; 2) is no longer Totally Disabled; 3) fails to provide Us with certification by a Physician that He remains Totally Disabled; 4) reaches the end of the Maximum Benefit Period shown in the Policy.

Section 4: Additional Benefits

- A. Family Travel Expense Benefit** - If, as a result of a Covered Injury, an Insured Person is confined to a Hospital not less than fifty (50) kilometres from their permanent city of residence and the attending Physician recommends the personal attendance of an Immediate Family Member, we will reimburse for Covered Expenses, up to the Maximum Benefit Amount shown in the Policy.
- B. Home Health Care Expense Benefit** - If, as a result of a Covered Injury, an Insured Person is confined to a Hospital that results in confinement to home after a hospital stay of 15 days or more, we will reimburse the expenses incurred by the medically necessary services of a Home Health Agency. The expenses must be incurred within 18 months and are payable on an excess basis up to the Maximum Benefit Amount shown in the Policy.
- C. Rehabilitation Expense Benefit** - If a Covered Injury causes an Insured Person to suffer a Covered Loss which: 1) prevents an Insured Person from performing all the duties of such Insured Person's regular occupation; and 2) requires such Insured Person to obtain Rehabilitation, as determined by a Physician approved by the Company, we will reimburse for Covered Expenses, up to the Maximum Benefit Amount shown in the Policy, to prepare the Insured Person for work in any Gainful Occupation.
- D. Psychological Therapy Expense Benefit** - If a Covered Injury to the Insured Person results in a Physician determining that Psychological Therapy is required for that Insured Person or a family member who is also an Insured Person under the policy, we will pay for Usual and Customary Charges, up to the Maximum Benefit Amount shown in the Policy.

DEFINITIONS

Plans of Insurance for the
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Accident or Accidental means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place while the Insured Person is covered under this Policy.

Aircraft means a vehicle which:

1. has a valid Airworthiness Certificate; and
2. is being flown by a pilot with a valid license to operate the Aircraft.

Calendar Year means January 1st through December 31st of any year.

Child Care Expense means the actual incurred costs for the care and supervision of an Insured Person's Dependent Child who is less than age 13.

Conveyance means a motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority.

Covered Accident means an Accident that results in a Covered Loss during the Policy Term.

Covered Activity or Covered Activities means any activity which is normal for an Insured Person while acting on behalf of the Policyholder and includes travel directly to and from such activity, as well as impromptu action (Good Samaritan) at the scene of an emergency regardless of the Policyholder's involvement. Covered Activity also means all athletic events sponsored by the Policyholder.

Covered Expenses means expenses actually incurred by or on behalf of an Insured Person for treatment, services and supplies covered by this Policy. A Covered Expense is deemed to be incurred on the date treatment, service or supply that gave rise to the expense or the charge, was rendered or obtained.

Covered Injury means Accidental bodily injury: (1) which is sustained by an Insured Person as a direct result of an unintended, unanticipated Covered Accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force; and (2) which results directly and independently from all other causes from a Covered Accident; and (3) which occurs while such person is **not** participating in a Covered Activity (Off Duty). The Covered Injury must be caused through Accidental means. All injuries sustained by an Insured Person in any one Covered Accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.

Covered Loss means a loss which meets the requisites of one or more benefits, and results from a Covered Accident and for which benefits are payable under the Policy.

Dependent Child means an Insured Person's unmarried child from the moment of birth, including a natural child, grandchild, stepchild or adopted child from the date of placement with an Insured Person. The Dependent Child must be primarily dependent upon such Insured Person for maintenance and support, and must be:

- 1) under the age of twenty-three (23);
- 2) under the age of twenty-six (26) if enrolled as a full-time student at an Institution of Higher Learning; or
- 3) classified as an Incapacitated Dependent Child.

Dependent Parent means the parent(s) or grandparent(s) of an Insured Person or Spouse who, at the time of a Covered Injury is receiving support and care provided by the Insured Person or Spouse as evidenced by Canadian income tax returns showing the parent or grandparent as a dependent.

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Gainful Occupation means an occupation, including self-employment, that is or can be expected to provide an Insured Person with an income which is the lesser of \$75,000 or 70% of the Insured Person's Prior Weekly Earned Income within twelve (12) months after the Insured Person's return to work.

Home Health Care means Medically Necessary services provided and billed by the Home Health Agency. Such services must be prescribed and supervised by a Physician in accordance with a medical treatment.

Hospital means an institution that meets all of the following:

1. it is licensed as a Hospital pursuant to applicable law;
2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. it is managed under the supervision of a staff of medical doctors;
4. it provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis; and
6. it charges for its services.

Hospital Confinement, Hospital Stay or Confined to a Hospital means a stay of 24 or more consecutive hours as a registered resident bed-patient in a Hospital. Separate Hospital Stays due to the same Covered Accident will be treated as one Hospital Stay unless separated by at least 30 days.

Immediate Family Member means a person who is related to the Insured Person in any of the following ways: Spouse, domestic partner; brother-in-law, sister-in-law, daughter-in-law, son-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), child (includes legally adopted or stepchild), grandparents; grandchildren, aunts, uncles, nieces, or nephews.

Incapacitated Dependent Child means a child who, as a result of being mentally or physically challenged, is permanently incapable of self-support and permanently dependent on an Insured Person for support and maintenance. The incapacity must have occurred while the child was: 1) under the age of twenty-three (23); or 2) under the age of twenty-six (26) if enrolled as a full-time student at an Institution of Higher Learning.

Institution of Higher Learning means any accredited public or private college, university, professional trade or vocational school beyond the twelfth (12th) grade.

Insured Person means an Eligible Person, as defined in the *Schedule of Benefits*, for whom required premium has been paid when due and for whom coverage under this Policy remains in force.

Medically Necessary means medical services that: (1) are essential for diagnosis, treatment or care of the Covered Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) are ordered by a Physician and performed under His care, supervision or order.

Other Plan means any other insurance or payment source for disability, including but not limited to health coverage, primary disability insurance, worker's compensation insurance; or coverage provided or required by any law or statute, including, automobile insurance "fault" or "no-fault", employer sick leave or salary continuation plan, or similar benefit provided or required by governmental plan or program.

Paralysis/Paralyzed means Quadriplegia, Paraplegia, or Hemiplegia that is expected to last for a continuous period of 12 months or more from the earlier of the date of the Covered Activity that caused the Paralysis or the date of the diagnosis. "Quadriplegia" means the complete and irreversible Paralysis of both upper and lower limbs. "Paraplegia" means the complete and irreversible Paralysis of both lower limbs or both upper limbs. "Hemiplegia" means the complete and irreversible Paralysis of the upper and lower limbs of the same side of the body. "Limb" means entire arm or entire leg.

PARENT CARE BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits* for Parent Care, as shown in the *Schedule of Benefits*, if a Covered Injury causes an Insured Person's covered Loss of Life. The Benefit Amount for Parent Care is payable in addition to any other applicable Benefit Amounts payable under this Policy. Payments shall be paid to the natural person who incurs such expenses for the Dependent Parent.

One time payment(s) will be made to each qualifying Dependent Parent or to the parent's legal guardian of the parent, up to the Maximum Benefit shown in the *Schedule of Benefits*. Our total payment will not exceed the Maximum Benefit Amount for Parent Care shown in the Policy Schedule of Benefits, regardless of the number of Dependent Parents for whom payment is made.

PSYCHOLOGICAL THERAPY EXPENSE

The Company will reimburse up to the Benefit Amount shown in the *Schedule of Benefits* for Psychological Therapy Expense, if a Covered Injury causes an Insured Person to suffer a Covered Loss resulting in a Physician's determination that Psychological Therapy is required for:

- 1) such Insured Person; or
- 2) a Dependent who is also an Insured Person under the policy at the time of the Covered Injury.

The Benefit Amount for Psychological Therapy Expense will be paid:

- 1) to the natural person who incurs the expense; and
- 2) in addition to any other applicable Benefit Amounts under this policy.

The Benefit Amount for Psychological Therapy Expense will be paid until the earlier of the date on which:

- 1) the total Benefit Amount for Psychological Therapy Expense, shown in the Schedule of Benefits, has been paid; or
- 2) two (2) years have elapsed from the date of a Covered Loss.

Definitions For purposes of this Benefit:

Psychological Therapy means Medically Necessary counselling for a mental or nervous disorder by a Physician, whether on an out-patient basis, in a Hospital or any other medical facility licensed to provide such treatment.

Psychological Therapy Expense means Usual and Customary Charges for Psychological Therapy.

REHABILITATION EXPENSE BENEFIT

The Company will pay up to the Benefit Amount shown in the *Schedule of Benefits* for Rehabilitation Expense up to the Benefit Amount for Rehabilitation Expense, shown in the *Schedule of Benefits*, if Covered Injury causes an Insured Person to suffer a Covered Loss which:

- 1) prevents an Insured Person from performing all the duties of such Insured Person's regular occupation; and
- 2) requires such Insured Person to obtain Rehabilitation, as determined by a Physician approved by Us.

The Benefit Amount for Rehabilitation Expense is payable in addition to any other applicable Benefit Amounts under this policy. We will pay the Benefit Amount for Rehabilitation Expense to the natural person who incurs the expense.

We will pay the Benefit Amount for Rehabilitation Expense until the earlier of the date on which:

- 1) the total Rehabilitation Expense Benefit shown in the *Schedule of Benefits* has been paid; or
- 2) two (2) years have elapsed from the date of the Covered Injury.

PARENT CARE BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits* for Parent Care, as shown in the *Schedule of Benefits*, if a Covered Injury causes an Insured Person's covered Loss of Life. The Benefit Amount for Parent Care is payable in addition to any other applicable Benefit Amounts payable under this Policy. Payments shall be paid to the natural person who incurs such expenses for the Dependent Parent.

One time payment(s) will be made to each qualifying Dependent Parent or to the parent's legal guardian of the parent, up to the Maximum Benefit shown in the *Schedule of Benefits*. Our total payment will not exceed the Maximum Benefit Amount for Parent Care shown in the Policy Schedule of Benefits, regardless of the number of Dependent Parents for whom payment is made.

PSYCHOLOGICAL THERAPY EXPENSE

The Company will reimburse up to the Benefit Amount shown in the *Schedule of Benefits* for Psychological Therapy Expense, if a Covered Injury causes an Insured Person to suffer a Covered Loss resulting in a Physician's determination that Psychological Therapy is required for:

- 1) such Insured Person; or
- 2) a Dependent who is also an Insured Person under the policy at the time of the Covered Injury.

The Benefit Amount for Psychological Therapy Expense will be paid:

- 1) to the natural person who incurs the expense; and
- 2) in addition to any other applicable Benefit Amounts under this policy.

The Benefit Amount for Psychological Therapy Expense will be paid until the earlier of the date on which:

- 1) the total Benefit Amount for Psychological Therapy Expense, shown in the Schedule of Benefits, has been paid; or
- 2) two (2) years have elapsed from the date of a Covered Loss.

Definitions For purposes of this Benefit:

Psychological Therapy means Medically Necessary counselling for a mental or nervous disorder by a Physician, whether on an out-patient basis, in a Hospital or any other medical facility licensed to provide such treatment.

Psychological Therapy Expense means Usual and Customary Charges for Psychological Therapy.

REHABILITATION EXPENSE BENEFIT

The Company will pay up to the Benefit Amount shown in the *Schedule of Benefits* for Rehabilitation Expense up to the Benefit Amount for Rehabilitation Expense, shown in the *Schedule of Benefits*, if Covered Injury causes an Insured Person to suffer a Covered Loss which:

- 1) prevents an Insured Person from performing all the duties of such Insured Person's regular occupation; and
- 2) requires such Insured Person to obtain Rehabilitation, as determined by a Physician approved by Us.

The Benefit Amount for Rehabilitation Expense is payable in addition to any other applicable Benefit Amounts under this policy. We will pay the Benefit Amount for Rehabilitation Expense to the natural person who incurs the expense.

We will pay the Benefit Amount for Rehabilitation Expense until the earlier of the date on which:

- 1) the total Rehabilitation Expense Benefit shown in the *Schedule of Benefits* has been paid; or
- 2) two (2) years have elapsed from the date of the Covered Injury.

Full Suite of Benefits for Fire/EMS

Benefit	Covered Injury Death Benefit	Covered Illness Death Benefit	HIV Positive Benefit	Bereavement Benefit	Dependent Child Benefit	Seatbelt Benefit	Airbag Benefit	Final Expenses Benefit	Spousal Benefit	Surviving Spouse Education Benefit	Dependent Child Education Benefit
Alberta	X	X	X	X	X	X	X	NO	NO	X	X
British Columbia	X	X	X	X	X	X	X	NO	NO	X	X
Manitoba	X	X	X	X	X	X	X	NO	NO	X	X
Nanavut	X	X	X	X	X	X	X	NO	NO	X	X
New Brunswick	X	X	X	X	X	X	X	NO	NO	X	X
Newfoundland and Labrador	X	X	X	X	X	X	X	NO	NO	X	X
Northwest Territories	X	X	X	X	X	X	X	NO	NO	X	X
Nova Scotia	X	X	X	X	X	X	X	NO	NO	X	X
Ontario	X	X	X	X	X	X	X	NO	NO	X	X
Prince Edward Island	X	X	X	X	X	X	X	NO	NO	X	X
Quebec	X	X	X	X	X	X	X	NO	NO	X	X
Saskatchewan	X	X	X	X	X	X	X	NO	NO	X	X
Yukon	X	X	X	X	X	X	X	NO	NO	X	X
<p>* Fire/EMS benefits are currently being filed for Law Enforcement. Availability based on State Approval.</p>											

Full Suite of Benefits for

Benefit	Dismemberment, Loss of Speech or Hearing Benefit	Vision Impairment Benefit	Cosmetic Disfigurement from Burns Benefit	Permanent Physical Impairment Benefit	Felonious Assault Benefit	Impairment Modification Benefit	Paralysis Benefit	Covered Injury Minimum Weekly Total Disability Benefit	Covered Illness Minimum Weekly Total Disability Benefit	Covered Injury Weekly Earned Income Replacement Benefit	Covered Illness Weekly Earned Income Replacement Benefit	Partial Disability Benefit	Cost of Living Adjustment
Alberta	X	X	X	X	X	X	X	X	X	X	X	X	X
British Columbia	X	X	X	X	X	X	X	X	X	X	X	X	X
Manitoba	X	X	X	X	X	X	X	X	X	X	X	X	X
Nanavut	X	X	X	X	X	X	X	X	X	X	X	X	X
New Brunswick	X	X	X	X	X	X	X	X	X	X	X	X	X
Newfoundland and Labrador	X	X	X	X	X	X	X	X	X	X	X	X	X
Northwest Territories	X	X	X	X	X	X	X	X	X	X	X	X	X
Nova Scotia	X	X	X	X	X	X	X	X	X	X	X	X	X
Ontario	X	X	X	X	X	X	X	X	X	X	X	X	X
Prince Edward Island	X	X	X	X	X	X	X	X	X	X	X	X	X
Quebec	X	X	X	X	X	X	X	X	X	X	X	X	X
Saskatchewan	X	X	X	X	X	X	X	X	X	X	X	X	X
Yukon	X	X	X	X	X	X	X	X	X	X	X	X	X
* Fire/EMS benefits are currently being filed for Law Enforcement. Availability based on State Approval.													

Full Suite of Benefits for I

Benefit	First Week Disability Benefit	Transition Benefit	Retraining Benefit	Weekly Permanent Physical Impairment Benefit	Medical Expense Benefit	Plastic Surgery Expense Benefit	Daily Hospital Confinement Benefit and Outpatient Treatment Benefit	Daily Critical Care Benefit	Family Expense Benefit	Occupational Rehabilitation Benefit	Mental Stress Management Benefit	Traumatic Incident Benefit	Health Insurance Premium Benefit	Prostate Cancer Screening
Alberta	X	X	X	X	X	X	X	X	X	X	X	X	NO	NO
British Columbia	X	X	X	X	X	X	X	X	X	X	X	X	NO	NO
Manitoba	X	X	X	X	X	X	X	X	X	X	X	X	NO	NO
Nanavut	X	X	X	X	X	X	X	X	X	X	X	X	NO	NO
New Brunswick	X	X	X	X	X	X	X	X	X	X	X	X	NO	NO
Newfoundland and Labrador	X	X	X	X	X	X	X	X	X	X	X	X	NO	NO
Northwest Territories	X	X	X	X	X	X	X	X	X	X	X	X	NO	NO
Nova Scotia	X	X	X	X	X	X	X	X	X	X	X	X	NO	NO
Ontario	X	X	X	X	X	X	X	X	X	X	X	X	NO	NO
Prince Edward Island	X	X	X	X	X	X	X	X	X	X	X	X	NO	NO
Quebec	X	X	X	X	X	X	X	X	X	X	X	X	NO	NO
Saskatchewan	X	X	X	X	X	X	X	X	X	X	X	X	NO	NO
Yukon	X	X	X	X	X	X	X	X	X	X	X	X	NO	NO
* Fire/EMS benefits are currently being filed for Law Enforcement. Availability based on State Approval.														

Full Suite of Benefits for I

Benefit	Memorial Benefit	Repatriation Benefit	Identification Benefit	Military Benefit	Cancer Diagnosis	Safety Vest Benefit	Brain Damage Benefit	Coma Benefit	Child Care Benefit	Parent Care Benefit	Home Health Care Benefit		24-Hour AD&D Policy	Option to include an additional Line of Duty Injury Death Benefit
Benefit Range	up to \$5k	up to 20k	up to 15k	up to 15k	up to \$7,500	up to 25% death benefit	up to 100% death benefit	up to 100% death benefit	up to 25k	up to 25k	up to 15k			
Alabama													X	X
Alaska													X	X
Arizona													X	X
Arkansas													X	X
California													X	X
Colorado													X	X
Connecticut													NO	NO
Delaware													X	X
District of Columbia													NO	NO
Florida													X	X
Georgia													X	X
Hawaii													X	X
Idaho													X	X
Illinois													X	X
Indiana													X	X
Iowa													X	X
Kansas													X	X
Kentucky													X	X
Louisiana													X	X
Maine													X	X
Maryland													X	X
Massachusetts													X	X
Michigan													X	X
Minnesota													X	X
Mississippi													X	X
Missouri													X	X
Montana													X	X
Nebraska													X	X
Nevada													X	X
New Hampshire													NO	NO
New Jersey													X	X
New Mexico													X	X

Canadian Benefits ONLY

Canadian Benefits ONLY

Full Suite of Benefits for I

Benefit	Memorial Benefit	Repatriation Benefit	Identification Benefit	Military Benefit	Cancer Diagnosis	Safety Vest Benefit	Brain Damage Benefit	Coma Benefit	Child Care Benefit	Parent Care Benefit	Home Health Care Benefit		24-Hour AD&D Policy	Option to include an additional Line of Duty Injury Death Benefit
New York	Canadian Benefits ONLY												X	X
North Carolina													X	X
North Dakota													X	X
Ohio													X	X
Oklahoma													X	X
Oregon													X	X
Pennsylvania													X	X
Rhode Island													X	X
South Carolina													X	X
South Dakota													X	X
Tennessee													X	X
Texas													X	X
Utah													X	X
Vermont													X	X
Virginia													X	X
Washington													X	X
West Virginia													X	X
Wisconsin													X	X
Wyoming													X	X

FRAP

Services

BHS shall provide the following services to **Participants**:

- 1) **Service Access:** Participants have access to services 24 hours a day, 7 days a week via a toll-free number. All callers are screened for emergencies.
- 2) **In-the-Moment Support and Crisis Counseling:** Participants have unlimited telephonic access to Masters-level clinicians for in-the-moment support and crisis counseling via the same toll-free number.
- 3) **Emergency Support:** An emergency is defined as a potential threat to the safety of self or others. All Participants assessed as having an emergent need receive immediate emergency support. When a Participant is in imminent danger, the Masters-level clinician immediately notifies a Clinical Supervisor of the situation. While the Masters-level clinician works to stabilize the Participant, the Clinical Supervisor mobilizes the appropriate response from the proper authorities. After the arrival of the response team and confirmation the Participant is safe, a follow-up plan will be coordinated with the Participant.
- 4) **Telephonic Intake and Assessment:** When Participants access services, a telephonic intake and a holistic needs assessment is performed to determine the urgency of the situation and the Participant's level of risk. The Participant's presenting problem, any additional issues which may be fueling or resulting from the presenting problem and goals are reviewed in order to determine which services best address the needs of the Participant. Each unique presenting problem shall be considered a new case throughout this Agreement.
- 5) **Care Coordination Services:** Upon completion of the assessment, BHS shall assign a Care Coordinator to each Participant to ensure the Participant gets connected to the right service, benefit or treatment resource. The Care Coordinator follows up to ensure the Participant is satisfied and making appropriate progress.
- 6) **Consultation, Coaching and Problem-Solving Sessions:** Participants assessed as having non-urgent, low-risk work, life or other personal problems will be scheduled with an appropriate consultant/coach for up to five (5) short-term problem-solving sessions, or the number of sessions allowed by state law, per unique problem episode per year. These sessions are available telephonically or virtually and are appropriate when the Participant's assessed problem can be resolved within the available sessions. Services are not therapeutic in nature and are not a form of treatment or medical care.
- 7) **Mental Stress Management Benefit Coordination:** Participants who are assessed as having an emotional, mental stress or mental health disorder or illness as a result of being actively engaged in a single traumatic incident or in repeated traumatic incidents, will be connected with an appropriate treatment provider who is properly licensed to provide appropriate care for such conditions.
- 8) **Referrals to Mental Health or Substance Abuse Treatment:** Participants who are assessed as having a substance abuse, emotional, mental stress or mental health disorder or illness unrelated to being actively engaged in any traumatic incidents will be referred to and connected with an appropriate treatment provider. These referrals provided are not recommendations or endorsed by BHS. They are merely referrals and the final decision to engage in services with any referral is at the sole discretion and responsibility of the Participant. The Participant or the Participant's insurance is responsible for payment of services rendered by the treatment provider.
- 9) **Clinical Evaluation and Referral to Treatment or Short-Term Counseling Sessions:** In instances when Participants are assessed and the presence of a substance abuse, emotional, mental stress or mental health disorder or illness cannot be determined or ruled-out, the Participant will be connected to a BHS provider who will conduct a comprehensive mental health and/or substance abuse evaluation. Such evaluations will be conducted via a HIPAA compliant video platform or in-person at a BHS provider's office. Using 1-2 sessions to complete the evaluation, the BHS provider will make a recommendation for the best course of action. If the Participant's issue warrants long-term support or treatment, the Participant will be referred. If the Participant's issue can be completely resolved within up to five (5) total sessions, with no referral to treatment being required thereafter, the Participant may continue seeing the BHS provider for short-term counseling and problem resolution.
- 10) **Work-life Services:** Any referrals provided through the following work-life services are not recommendations or endorsed by BHS. They are merely referrals and the final decision to engage in services with any referral is at the sole discretion and responsibility of the Participant. The Participant is responsible for payment of any services rendered by the referrals.

- a) Childcare Resources/Referrals: BHS shall provide Participants with screened resources for a range of childcare needs within three (3) business days. This service is available to Participants per unique problem episode, per year. Childcare resources include, but are not limited to: day care, emergency care, nurseries, preschools, nanny/au pair, summer camps, adoption and before/after school programs.
- b) Eldercare Resources/Referrals: BHS shall provide Participants with screened resources for a range of eldercare needs within three (3) business days. This service is available to Participants per unique problem episode, per year. Eldercare resources include, but are not limited to: in-home care, geriatric specialists, rehabilitation services, screening clinics, and home-based services.
- c) Legal Consultation Services: BHS provides telephone access to attorneys. Up to a 30-minute telephonic or face to face legal consultation are available to Participants per unique problem episode, per year. If the Participant needs to retain an attorney a referral will be provided to them, in addition to a 25% discount on any further services. Referrals are made to local, pre-screened and credentialed attorneys.
- d) Financial Consultation Services: BHS provides telephone access to financial counselors within one (1) business day. An unlimited number of telephonic financial consultations are available to Participant. Referrals made to local, pre-screened and appropriately credentialed financial counselors for additional assistance are also provided.

11) Account Management: BHS shall assign Customer a primary point of contact to oversee the execution of the services outlined herein.

12) Online Resources: Participants will have access to outsourced web-based resources provided by Responders 1stCall.com.

13) Service Promotion: BHS will provide an announcement letter with service details, a summary of services promotional flyer, a virtual wallet card, special crisis communications when warranted and as needed tip sheets and educational materials when requested. Such materials will be subject to prior approval by Customer and BHS. All materials will be provided in electronic format for Customer to disseminate to Participants.

BHS shall not use the logo, website address, domain name or service mark of **Customer** or any of its affiliates without the prior written consent of **Customer**. The Administrator shall maintain copies and provide an original to **Customer** of any advertisement or other materials approved by **Customer** along with full details concerning where, when and how it was used.

14) Reporting: BHS shall provide service utilization reports to Customer on a monthly basis. Reports will be in a format mutually agreed upon by BHS and Customer. The reporting will include utilization and program activity data. Data will be reported so as to protect the identity of all Participants.

2. Traumatic Incident Stress Management

1) Traumatic Incident Consultation and Response: BHS will provide consultation to Customer's policyholders after traumatic incidents to assist with determining and planning for the appropriate response or intervention. At the request of Customer's policyholder, BHS will provide telephonic outreach to impacted Participant's or their family members or provide telephonic or video based defusings, debriefings and/or stress reduction education for groups of impacted Participants. For each request after the twenty-five (25) hours per year have been exhausted, BHS will obtain written authorization from Customer prior to delivering any additional consultation and response services. Additional telephonic consultation and outreach to impacted Participants will be billed at the rate of \$150.00 per hour. HIPAA compliant, video-based response services such as defusing or debriefings for small groups of impacted Participants will be billed at \$275.00 per hour.

2) Onsite Support: After consultation with the policyholder and after written authorization from Customer, BHS is available to deploy professionals trained in critical incident stress management onsite to a policyholder's location to provide in-person, one-on-one support, grief and loss group sessions, defusings, debriefings, stress reduction education sessions or other services to assist in the aftermath of or preparation for future a traumatic incidents. All onsite services will be billed at the rate of \$375.00 per hour per professional.

Request	Basic Life	Basic AD&D	Voluntary Life - Employee	Voluntary Accidental Death and Dismemberment - Employee	Voluntary Life - Spouse	Voluntary Accidental Death and Dismemberment - Spouse	Voluntary Life - Child
AXIS Benefit Name	N/A	AD&D	N/A	AD&D	N/A	AD&D	N/A
Ohio	NO	X	NO	X	NO	X	NO
Oklahoma	NO	X	NO	X	NO	X	NO
Oregon	NO	X	NO	X	NO	X	NO
Pennsylvania	NO	X	NO	X	NO	X	NO
Rhode Island	NO	X	NO	X	NO	X	NO
South Carolina	NO	X	NO	X	NO	X	NO
South Dakota	NO	X	NO	X	NO	X	NO
Tennessee	NO	X	NO	X	NO	X	NO
Texas	NO	X	NO	X	NO	X	NO
Utah	NO	X	NO	X	NO	X	NO
Vermont	NO	X	NO	X	NO	X	NO
Virginia	NO	X	NO	X	NO	X	NO
Washington	NO	Fire/EMS only	NO	Fire/EMS only	NO	Fire/EMS only	NO
West Virginia	NO	X	NO	X	NO	X	NO
Wisconsin	NO	X	NO	X	NO	X	NO
Wyoming	NO	X	NO	X	NO	X	NO
Alberta	NO	Fire/EMS only	NO	NO	NO	NO	NO
British Colombia	NO	Fire/EMS only	NO	NO	NO	NO	NO
Manitoba	NO	Fire/EMS only	NO	NO	NO	NO	NO
Nanavut	NO	Fire/EMS only	NO	NO	NO	NO	NO
New Brunswick	NO	Fire/EMS only	NO	NO	NO	NO	NO
Newfoundland and Labrador	NO	Fire/EMS only	NO	NO	NO	NO	NO
Northwest Territories	NO	Fire/EMS only	NO	NO	NO	NO	NO
Nova Scotia	NO	Fire/EMS only	NO	NO	NO	NO	NO
Ontario	NO	Fire/EMS only	NO	NO	NO	NO	NO
Prince Edward Island	NO	Fire/EMS only	NO	NO	NO	NO	NO
Quebec	NO	Fire/EMS only	NO	NO	NO	NO	NO
Saskatchewan	NO	Fire/EMS only	NO	NO	NO	NO	NO
Yukon	NO	Fire/EMS only	NO	NO	NO	NO	NO

Request	Short Term Disability		Long Term Disability		Voluntary Incremental Long Term Disability (e.g. You may elect any level of coverage, in increments of \$100 between \$500 and \$5,000 per month, provided you don't insure more than 60% of your monthly income.)	Allow for 70% all sources integration on Long Term Disability. (e.g The normal maximum is 60% but if an employee is receiving income from another source (PERA or Social Security Disability), the maximum benefit increases to 70% when all sources of income are considered.)	Dental	Vision	EAP	Accident		Critical Illness	Cancer	GAP	Other
	Total Disability Income	Weekly Total Disability Benefits	Catastrophic Total Disability	Weekly Total Disability Benefits						N/A	N/A				
AXIS Benefit Name	Others 25-1500 per week	Fire/EMS 25-1500 per week	Others 25-1500 per week	Fire/EMS 25-1500 per week	N/A	N/A	N/A	N/A	FRAP	Others 500-500k	Fire/EMS 500-500k	10k-50k	N/A	N/A	Pet
Alabama	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Alaska	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Arizona	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Arkansas	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
California	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	NO	NO	NO	X
Colorado	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Connecticut	X	NO	X	NO	NO	Fire/EMS only	X	NO	X	X	NO	NO	NO	NO	X
Delaware	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
District of Columbia	X	NO	X	NO	NO	Fire/EMS only	NO	NO	X	X	NO	X	X	NO	X
Florida	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	NO	NO	NO	X
Georgia	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Hawaii	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Idaho	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Illinois	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Indiana	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Iowa	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Kansas	X	X	NO	X	NO	Fire/EMS only	NO	NO	X	X	X	NO	NO	NO	X
Kentucky	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Louisiana	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Maine	X	X	X	X	NO	Fire/EMS only	X	NO	X	X	X	NO	NO	NO	X
Maryland	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	NO	NO	NO	NO	X
Massachusetts	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Michigan	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Minnesota	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Mississippi	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Missouri	X	X	NO	X	NO	Fire/EMS only	NO	NO	X	X	X	NO	NO	NO	X
Montana	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	NO	NO	NO	X
Nebraska	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Nevada	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
New Hampshire	X	NO	X	NO	NO	Fire/EMS only	NO	NO	X	X	NO	NO	NO	NO	X
New Jersey	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	NO	NO	NO	X
New Mexico	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
New York	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	NO	NO	NO	X
North Carolina	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
North Dakota	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Ohio	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Oklahoma	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Oregon	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Pennsylvania	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X

- a) Childcare Resources/Referrals: BHS shall provide Participants with screened resources for a range of childcare needs within three (3) business days. This service is available to Participants per unique problem episode, per year. Childcare resources include, but are not limited to: day care, emergency care, nurseries, preschools, nanny/au pair, summer camps, adoption and before/after school programs.
- b) Eldercare Resources/Referrals: BHS shall provide Participants with screened resources for a range of eldercare needs within three (3) business days. This service is available to Participants per unique problem episode, per year. Eldercare resources include, but are not limited to: in-home care, geriatric specialists, rehabilitation services, screening clinics, and home-based services.
- c) Legal Consultation Services: BHS provides telephone access to attorneys. Up to a 30-minute telephonic or face to face legal consultation are available to Participants per unique problem episode, per year. If the Participant needs to retain an attorney a referral will be provided to them, in addition to a 25% discount on any further services. Referrals are made to local, pre-screened and credentialed attorneys.
- d) Financial Consultation Services: BHS provides telephone access to financial counselors within one (1) business day. An unlimited number of telephonic financial consultations are available to Participant. Referrals made to local, pre-screened and appropriately credentialed financial counselors for additional assistance are also provided.

11) Account Management: BHS shall assign Customer a primary point of contact to oversee the execution of the services outlined herein.

12) Online Resources: Participants will have access to outsourced web-based resources provided by Responders 1stCall.com.

13) Service Promotion: BHS will provide an announcement letter with service details, a summary of services promotional flyer, a virtual wallet card, special crisis communications when warranted and as needed tip sheets and educational materials when requested. Such materials will be subject to prior approval by Customer and BHS. All materials will be provided in electronic format for Customer to disseminate to Participants.

BHS shall not use the logo, website address, domain name or service mark of **Customer** or any of its affiliates without the prior written consent of **Customer**. The Administrator shall maintain copies and provide an original to **Customer** of any advertisement or other materials approved by **Customer** along with full details concerning where, when and how it was used.

14) Reporting: BHS shall provide service utilization reports to Customer on a monthly basis. Reports will be in a format mutually agreed upon by BHS and Customer. The reporting will include utilization and program activity data. Data will be reported so as to protect the identity of all Participants.

2. Traumatic Incident Stress Management

1) Traumatic Incident Consultation and Response: BHS will provide consultation to Customer's policyholders after traumatic incidents to assist with determining and planning for the appropriate response or intervention. At the request of Customer's policyholder, BHS will provide telephonic outreach to impacted Participant's or their family members or provide telephonic or video based defusings, debriefings and/or stress reduction education for groups of impacted Participants. For each request after the twenty-five (25) hours per year have been exhausted, BHS will obtain written authorization from Customer prior to delivering any additional consultation and response services. Additional telephonic consultation and outreach to impacted Participants will be billed at the rate of \$150.00 per hour. HIPAA compliant, video-based response services such as defusing or debriefings for small groups of impacted Participants will be billed at \$275.00 per hour.

2) Onsite Support: After consultation with the policyholder and after written authorization from Customer, BHS is available to deploy professionals trained in critical incident stress management onsite to a policyholder's location to provide in-person, one-on-one support, grief and loss group sessions, defusings, debriefings, stress reduction education sessions or other services to assist in the aftermath of or preparation for future a traumatic incidents. All onsite services will be billed at the rate of \$375.00 per hour per professional.



Special Risks Coverage

Your Trusted Leader for Providing Customized Insurance Solutions for Volunteer Organizations and Special Event Teams

Provident Insurance Programs began serving volunteer organizations in 1902 with our first blanket Accident & Health insurance policy to protect the financial livelihood of volunteers within the community. In 1962, we pioneered heart & illness related coverage.

With more than 115 years of experience, and our rich history in providing volunteers with insurance benefits, Provident continues to be a leader in developing insurance solutions for board of trustee members, youth and adult amateur sports groups, associations and affinity groups, day care centers, and camps/clinics/conferences. We offer coverage for you and your family when you need it most.

providentins.com

Provident Insurance Programs
P.O. Box 11588
Pittsburgh, PA 15238

Phone: 800.447.0360
Fax: 412.963.0415

Provident Insurance Programs offers resources specifically dedicated to developing solutions designed to meet the current and future needs of participant groups, including volunteer groups, youth and adult amateur sports organizations, boards of trustees, camps/clinics and conferences, youth and adult activities groups, day care centers, associations, and affinity groups.

Special Risks Benefit Options:

- Accident Medical Expense (AME)
- Accidental Death & Dismemberment (AD&D)
- Short-term and long-term disability benefits
- Customized plans available on an annual or short-term basis
- Coverage for travel to/from an activity/event, including overnight travel
- Paralysis Benefit
- Catastrophic Cash Benefit
- Repatriation Benefit
- Medical Evacuation
- Travel Accident Coverage

Flexible Coverage for the Following Participant Groups:

- Youth and Adult Amateur Sports Groups
- Associations and Affinity Groups
- Camps, Clinics, and Conferences
- Day Care Centers
- Sponsored Events and Activities for both Youths and Adults

THIS IS A BLANKET ACCIDENT ONLY POLICY. The Accident & Health insurance coverage is underwritten by AXIS Insurance Company under policy form series number BACC-001-0909. Coverage is subject to exclusions and limitations and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. The amount of benefits provided depends upon the plan selected and the premium will vary with the amount of the benefits selected.

Request	Short Term Disability		Long Term Disability		Voluntary Incremental Long Term Disability (e.g. You may elect any level of coverage, in increments of \$100 between \$500 and \$5,000 per month, provided you don't insure more than 60% of your monthly income.)	Allow for 70% all sources integration on Long Term Disability. (e.g The normal maximum is 60% but if an employee is receiving income from another source (PERA or Social Security Disability), the maximum benefit increases to 70% when all sources of income are considered.)	Dental	Vision	EAP	Accident		Critical Illness	Cancer	GAP	Other
	AXIS Benefit Name	Total Disability Income	Weekly Total Disability Benefits	Catastrophic Total Disability	Weekly Total Disability Benefits	N/A	N/A	N/A	N/A	FRAP	Accidental Medical and Emergency Sickness	Medical Expense Benefits	Critical Illness Rider	as part of Critical Illness	N/A
Rhode Island	X	X	X	X	NO	Fire/EMS only	X	NO	X	X	X	X	X	NO	X
South Carolina	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
South Dakota	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Tennessee	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	NO	NO	NO	X
Texas School	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	NO	NO	NO	X
Utah	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Vermont	X	X	NO	X	NO	Fire/EMS only	NO	NO	X	X	X	NO	NO	NO	X
Virginia	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Washington	NO	X	NO	X	NO	Fire/EMS only	NO	NO	X	Fire/EMS only	X	Fire/EMS only	Fire/EMS only	NO	X
West Virginia	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Wisconsin	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Wyoming	X	X	X	X	NO	Fire/EMS only	NO	NO	X	X	X	X	X	NO	X
Alberta	NO	X	NO	X	NO	Fire/EMS only	NO	NO	X	NO	X	NO	NO	NO	X
British Colombia	NO	X	NO	X	NO	Fire/EMS only	NO	NO	X	NO	X	NO	NO	NO	X
Manitoba	NO	X	NO	X	NO	Fire/EMS only	NO	NO	X	NO	X	NO	NO	NO	X
Nanavut	NO	X	NO	X	NO	Fire/EMS only	NO	NO	X	NO	X	NO	NO	NO	X
New Brunswick	NO	X	NO	X	NO	Fire/EMS only	NO	NO	X	NO	X	NO	NO	NO	NO
Newfoundland and Labrador	NO	X	NO	X	NO	Fire/EMS only	NO	NO	X	NO	X	NO	NO	NO	X
Northwest Territories	NO	X	NO	X	NO	Fire/EMS only	NO	NO	X	NO	X	NO	NO	NO	X
Nova Scotia	NO	X	NO	X	NO	Fire/EMS only	NO	NO	X	NO	X	NO	NO	NO	X
Ontario	NO	X	NO	X	NO	Fire/EMS only	NO	NO	X	NO	X	NO	NO	NO	X
Prince Edward Island	NO	X	NO	X	NO	Fire/EMS only	NO	NO	X	NO	X	NO	NO	NO	X
Quebec	NO	X	NO	X	NO	Fire/EMS only	NO	NO	X	NO	X	NO	NO	NO	NO
Saskatchewan	NO	X	NO	X	NO	Fire/EMS only	NO	NO	X	NO	X	NO	NO	NO	X
Yukon	NO	X	NO	X	NO	Fire/EMS only	NO	NO	X	NO	X	NO	NO	NO	X

* Fire/EMS benefits are currently being filed for Law Enforcement. Availability based on State Approval.

Request	Able to match all basic plan components for existing groups and new groups	Accelerated Death Benefit	Business Travel	Child Care Center	Child Survivor	COLA	Coma	Common Carrier	Conversion to Individual Policy after Termination	Dependent Education Benefit	Disappearance	Drug & Alcohol Limitation	Felonious Assault	Employees can elect spouse and child life without having any employee voluntary life election	No salary tie on the employee voluntary life election
AXIS Benefit Name	yes, per attached product/state matrix attached	N/A	N/A	Child Care Center	Child Survivor	Escalation Inflation	Coma	Common Carrier	N/A	Special Education	AD&D	exclusion	Felonious Assault & Robbery	N/A	N/A
Limits				1k-10k	500-100k		500-500k	500-500k	NO	500-30k			500-250k		
Alabama		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Alaska		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Arizona		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Arkansas		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
California		NO	NO	X	X	NO	X	X	NO	NO	X	X	X	NO	NO
Colorado		NO	NO	NO	NO	X	X	X	NO	NO	X	X	NO	NO	NO
Connecticut		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Delaware		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
District of Columbia		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Florida		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Georgia		NO	NO	X	X	X	NO	X	NO	X	X	X	X	NO	NO
Hawaii		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Idaho		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Illinois		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Indiana		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Iowa		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Kansas		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Kentucky		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Louisiana ER		NO	NO	Employer Groups only	Employer Groups only	Employer Groups only	X	X	NO	Employer Groups only	X	X	Employer and Volunteer groups only	NO	NO
Maine		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Maryland		NO	NO	X	X	X	X	X	NO	X	NO	X	X	NO	NO
Massachusetts		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Michigan		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Minnesota		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Mississippi		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Missouri		NO	NO	NO	NO	NO	X	NO	NO	NO	NO	X	NO	NO	NO
Montana		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Nebraska		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Nevada		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
New Hampshire		NO	NO	X	X	NO	X	X	NO	NO	NO	X	X	NO	NO
New Jersey		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
New Mexico		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
New York		NO	NO	X	X	NO	NO	X	NO	X	X	Exclusion not allowed	X	NO	NO
North Carolina		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
North Dakota		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Ohio		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Oklahoma		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Oregon		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Pennsylvania		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Rhode Island		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
South Carolina		NO	NO	X	X	X	X	X	NO	X	X	Exclusion not allowed	X	NO	NO
South Dakota		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Tennessee		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Texas School		NO	NO	Employer Groups only	Employer Groups only	X	X	X	NO	Employer Groups only	X	X	Employer Groups only	NO	NO
Utah		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Vermont		NO	NO	NO	NO	NO	X	NO	NO	NO	NO	Exclusion not allowed	NO	NO	NO
Virginia		NO	NO	NO	X	X	X	X	NO	NO	X	X	X	NO	NO
Washington		NO	NO	NO	Fire/EMS only	Fire/EMS only	NO	NO	NO	Fire/EMS only	NO	X	Fire/EMS only	NO	NO
West Virginia		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Wisconsin		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO
Wyoming		NO	NO	X	X	X	X	X	NO	X	X	X	X	NO	NO

Request	Able to match all basic plan components for existing groups and new groups	Accelerated Death Benefit	Business Travel	Child Care Center	Child Survivor	COLA	Coma	Common Carrier	Conversion to Individual Policy after Termination	Dependent Education Benefit	Disappearance	Drug & Alcohol Limitation	Felonious Assault	Employees can elect spouse and child life without having any employee voluntary life election	No salary tie on the employee voluntary life election
AXIS Benefit Name	yes, per attached product/state matrix attached	N/A	N/A	Child Care Center	Child Survivor	Escalation Inflation	Coma	Common Carrier	N/A	Special Education	AD&D	exclusion	Felonious Assault & Robbery	N/A	N/A
Alberta		NO	NO	Fire/EMS only	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO
British Colombia		NO	NO	Fire/EMS only	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO
Manitoba		NO	NO	Fire/EMS only	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO
Nanavut		NO	NO	Fire/EMS only	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO
New Brunswick		NO	NO	Fire/EMS only	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO
Newfoundland and Labrador		NO	NO	Fire/EMS only	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO
Northwest Territories		NO	NO	Fire/EMS only	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO
Nova Scotia		NO	NO	Fire/EMS only	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO
Ontario		NO	NO	Fire/EMS only	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO
Prince Edward Island		NO	NO	Fire/EMS only	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO
Quebec		NO	NO	Fire/EMS only	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO
Saskatchewan		NO	NO	Fire/EMS only	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO
Yukon		NO	NO	Fire/EMS only	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO	Fire/EMS only	NO	NO

* Fire/EMS benefits are currently being filed for Law Enforcement. Availability based on State Approval.

Request	Funeral Assistance	Grief Healing Services	Helmet Benefit	Hemiplegia	Layoff/Leave of Absence Coverage	Legal Services	Disability Continuation	Loss of one limb	Loss of Sight (one Eye)	Loss of Speech	Loss of Hearing	Mental Nervous Limitation	Online Reporting
AXIS Benefit Name	Burial & Cremation	FRAP	N/A	Paralysis	N/A	FRAP	equal to disability benefit while disabled	AD&D	AD&D	AD&D	AD&D	Sublimit as part of Accident Medical	can submit claims online but non online reporting
Limits	1k-25k			500-500k			Fire/EMS only	5k - 500k	5k - 500k	5k - 500k	5k - 500k	500-500k	
Alabama	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Alaska	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Arizona	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Arkansas	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
California	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Colorado	NO	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Connecticut	X	X	NO	X	NO	X	NO	X	X	X	X	X	
Delaware	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
District of Columbia	X	X	NO	X	NO	X	NO	X	X	X	X	X	
Florida	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Georgia	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Hawaii	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Idaho	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Illinois	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Indiana	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Iowa	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Kansas	NO	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Kentucky	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Louisiana	Employer Groups only	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Maine	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Maryland	NO	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Massachusetts	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Michigan	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Minnesota	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Mississippi	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Missouri	NO	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Montana	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Nebraska	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Nevada	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
New Hampshire	NO	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
New Jersey	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
New Mexico	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
New York	NO	X	NO	NO	NO	X	Fire/EMS only	X	X	X	X	X	
North Carolina	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
North Dakota	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Ohio	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	

Request	Funeral Assistance	Grief Healing Services	Helmet Benefit	Hemiplegia	Layoff/Leave of Absence Coverage	Legal Services	Disability Continuation	Loss of one limb	Loss of Sight (one Eye)	Loss of Speech	Loss of Hearing	Mental Nervous Limitation	Online Reporting
AXIS Benefit Name	Burial & Cremation	FRAP	N/A	Paralysis	N/A	FRAP	equal to disability benefit while disabled	AD&D	AD&D	AD&D	AD&D	Sublimit as part of Accident Medical	can submit claims online but non online reporting
Oklahoma	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Oregon	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Pennsylvania	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Rhode Island	X	X	NO	X	NO	X	NO	X	X	X	X	X	
South Carolina	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
South Dakota	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Tennessee	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Texas	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Utah	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Vermont	NO	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Virginia	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Washington	Fire/EMS only	X	NO	Fire/EMS only	NO	X	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	
West Virginia	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Wisconsin	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Wyoming	X	X	NO	X	NO	X	Fire/EMS only	X	X	X	X	X	
Alberta	NO	X	NO	Fire/EMS only	NO	X	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	
British Colombia	NO	X	NO	Fire/EMS only	NO	X	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	
Manitoba	NO	X	NO	Fire/EMS only	NO	X	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	
Nanavut	NO	X	NO	Fire/EMS only	NO	X	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	
New Brunswick	NO	X	NO	Fire/EMS only	NO	X	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	
Newfoundland and Labrador	NO	X	NO	Fire/EMS only	NO	X	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	
Northwest Territories	NO	X	NO	Fire/EMS only	NO	X	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	
Nova Scotia	NO	X	NO	Fire/EMS only	NO	X	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	
Ontario	NO	X	NO	Fire/EMS only	NO	X	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	
Prince Edward Island	NO	X	NO	Fire/EMS only	NO	X	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	
Quebec	NO	X	NO	Fire/EMS only	NO	X	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	
Saskatchewan	NO	X	NO	Fire/EMS only	NO	X	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	
Yukon	NO	X	NO	Fire/EMS only	NO	X	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	

* Fire/EMS benefits are currently being filed for Law Enforcement. Availability based on State Approval.

Request	Paraplegia	Pension Contribution Benefit	Portability	Quadriplegia	Rehabilitation Services	Relocation Expense Benefit	Return to Work Incentive	Seat Belt/Air Bag Benefit	Survivor Benefit		Travel Assistance	Will Preparation
AXIS Benefit Name	Paralysis	N/A	N/A	Paralysis	Rehabilitation	Relocation	N/A	Seatbelt, Safety Device	Child Survivor	Elder Survivor	OnCall	N/A
Limits	5k - 500k			5k - 500k	1k - 50k	500 - 100k		up to 25% of death benefit	500 - 50k	500 - 50k		
Alabama	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Alaska	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Arizona	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Arkansas	X	NO	NO	X	X	X	NO	X	X	X	X	NO
California	X	NO	NO	X	X	NO	NO	X	X	X	X	NO
Colorado	X	NO	NO	X	X	NO	NO	NO	NO	NO	X	NO
Connecticut	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Delaware	X	NO	NO	X	X	X	NO	X	X	X	X	NO
District of Columbia	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Florida	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Georgia	X	NO	NO	X	X	X	NO	NO	X	X	X	NO
Hawaii	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Idaho	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Illinois	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Indiana	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Iowa	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Kansas	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Kentucky	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Louisiana ER	X	NO	NO	X	X	Employer Groups only	NO	X	Employer Groups only	Employer Groups only	X	NO
Maine	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Maryland	X	NO	NO	X	X	X	NO	X	X	NO	X	NO
Massachusetts	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Michigan	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Minnesota	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Mississippi	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Missouri	X	NO	NO	X	NO	NO	NO	X	NO	NO	X	NO
Montana	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Nebraska	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Nevada	X	NO	NO	X	X	X	NO	X	X	X	X	NO
New Hampshire	X	NO	NO	X	X	X	NO	X	X	NO	X	NO
New Jersey	X	NO	NO	X	X	X	NO	X	X	X	X	NO
New Mexico	X	NO	NO	X	X	X	NO	X	X	X	X	NO
New York	NO	NO	NO	NO	X	NO	NO	X	X	X	X	NO
North Carolina	X	NO	NO	X	X	X	NO	X	X	X	X	NO

Request	Paraplegia	Pension Contribution Benefit	Portability	Quadriplegia	Rehabilitation Services	Relocation Expense Benefit	Return to Work Incentive	Seat Belt/Air Bag Benefit	Survivor Benefit		Travel Assistance	Will Preparation
AXIS Benefit Name	Paralysis	N/A	N/A	Paralysis	Rehabilitation	Relocation	N/A	Seatbelt, Safety Device	Child Survivor	Elder Survivor	OnCall	N/A
North Dakota	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Ohio	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Oklahoma	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Oregon	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Pennsylvania	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Rhode Island	X	NO	NO	X	X	X	NO	X	X	X	X	NO
South Carolina	X	NO	NO	X	X	X	NO	X	X	X	X	NO
South Dakota	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Tennessee	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Texas School	X	NO	NO	X	X	Employer Groups only	NO	X	Employer Groups only	Employer Groups only	X	NO
Utah	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Vermont	X	NO	NO	X	NO	NO	NO	X	NO	NO	X	NO
Virginia	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Washington	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	Fire/EMS only	Fire/EMS only	Fire/EMS only	X	NO
West Virginia	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Wisconsin	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Wyoming	X	NO	NO	X	X	X	NO	X	X	X	X	NO
Alberta	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	NO
British Columbia	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	NO
Manitoba	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	NO
Nanavut	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	NO
New Brunswick	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	NO
Newfoundland and Labrador	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	NO
Northwest Territories	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	NO
Nova Scotia	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	NO
Ontario	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	NO
Prince Edward Island	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	NO
Quebec	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	NO
Saskatchewan	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	NO
Yukon	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	NO	NO	Fire/EMS only	Fire/EMS only	Fire/EMS only	NO	NO

* Fire/EMS benefits are currently being filed for Law Enforcement. Availability based on State Approval.

Law Enforcement/Public Safety								
Request	Accident Medical Expense	Accidental Death and Dismemberment	Bereavement	Bulletproof Vest	Bomb Scare	Burial & Cremation	Felonious Assault	Child Care Benefit
AXIS Benefit Name	Accident Medical	AD&D	Bereavement & Trauma Counseling	Bulletproof Vest	Bomb Scare, Search or Explosion	Burial & Cremation	Felonious Assault & Robbery	Child Care Center
Limits	500-500k	5k - 250k	50 - 250 per session, Max of \$10k	up to 50% of death benefit	500-250k	1k-25k	500-250k	1k-20k
Alabama	X	X	X	X	X	X	X	X
Alaska	X	X	X	X	X	X	X	X
Arizona	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only
Arkansas	X	X	X	X	X	X	X	X
California	X	X	X	X	X	X	X	X
Colorado	X	X	X	X	NO	NO	NO	NO
Connecticut	X	X	X	X	X	X	X	X
Delaware	X	X	X	X	X	X	X	X
District of Columbia	X	X	X	X	X	X	X	X
Florida	X	X	X	X	X	X	X	X
Georgia	Employer Groups only	Employer Groups only	Employer Groups only	NO	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only
Hawaii	X	X	X	X	X	X	X	X
Idaho	X	X	X	X	X	X	X	X
Illinois	X	X	X	X	X	X	X	X
Indiana	X	X	X	X	X	X	X	X
Iowa	X	X	X	X	X	X	X	X
Kansas	X	X	X	NO	X	NO	X	X
Kentucky	X	X	X	X	X	X	X	X
Louisiana	X	X	X	Employer Groups only	Employer Groups only	X	X	Employer Groups only
Maine	X	X	X	X	X	X	X	X
Maryland	X	X	X	X	X	NO	X	X
Massachusetts	X	X	X	X	X	X	X	X
Michigan	X	X	X	X	X	X	X	X
Minnesota	X	X	X	X	X	X	X	X
Mississippi	X	X	X	X	X	X	X	X
Missouri	X	X	NO	NO	NO	NO	NO	NO
Montana	X	X	X	X	X	X	X	X
Nebraska	X	X	X	X	X	X	X	X
Nevada	X	X	X	X	X	X	X	X
New Hampshire	X	X	X	X	X	NO	X	X
New Jersey	X	X	X	X	X	X	X	X
New Mexico	X	X	X	X	X	X	X	X
New York	NO	X	X	X	X	NO	X	X
North Carolina	X	X	X	X	X	X	X	X
North Dakota	X	X	X	X	X	X	X	X

Law Enforcement/Public Safety

Request	Accident Medical Expense	Accidental Death and Dismemberment	Bereavement	Bulletproof Vest	Bomb Scare	Burial & Cremation	Felonious Assault	Child Care Benefit
AXIS Benefit Name	Accident Medical	AD&D	Bereavement & Trauma Counseling	Bulletproof Vest	Bomb Scare, Search or Explosion	Burial & Cremation	Felonious Assault & Robbery	Child Care Center
Ohio	X	X	X	X	X	X	X	X
Oklahoma	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only
Oregon	X	X	X	X	X	X	X	X
Pennsylvania	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only
Rhode Island	X	X	X	X	X	X	X	X
South Carolina	X	X	X	X	X	X	X	X
South Dakota	X	X	X	X	X	X	X	X
Tennessee	X	X	X	X	X	X	X	X
Texas	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only
Utah	X	X	X	X	X	X	X	X
Vermont	X	X	NO	NO	NO	NO	NO	NO
Virginia	X	X	X	X	X	X	X	NO
Washington	NO	NO	NO	NO	NO	NO	NO	NO
West Virginia	X	X	X	X	X	X	X	X
Wisconsin	X	X	X	X	X	X	X	X
Wyoming	X	X	X	X	X	X	X	X
Alberta	X	X	X	NO	NO	NO	X	X
British Columbia	X	X	X	NO	NO	NO	X	X
Manitoba	X	X	X	NO	NO	NO	X	X
Nanavut	X	X	X	NO	NO	NO	X	X
New Brunswick	X	X	X	NO	NO	NO	X	X
Newfoundland and Labrador	X	X	X	NO	NO	NO	X	X
Northwest Territories	X	X	X	NO	NO	NO	X	X
Nova Scotia	X	X	X	NO	NO	NO	X	X
Ontario	X	X	X	NO	NO	NO	X	X
Prince Edward Island	X	X	X	NO	NO	NO	X	X
Quebec	X	X	X	NO	NO	NO	X	X
Saskatchewan	X	X	X	NO	NO	NO	X	X
Yukon	X	X	X	NO	NO	NO	X	X
* Fire/EMS benefits are currently being filed for Law Enforcement. Availability based on State Approval.								

Law Enforcement/Public Safety

Request	Child Survivor Benefit	College Education Expense	Home Alteration / Vehicle Modification	Owned / Leased Aircraft	Pilot	Coma	Burn	COBRA
AXIS Benefit Name	Child Survivor	College Education Expense	Home Alteration & Vehicle Mod	Aircraft Owned, Leased, etc.	Pilot Crew & Passenger	Coma	Accidental Severe Burn	Cobra
Limits	500 - 50k	25k-100k	2k-50k	up to 100% of death benefit	up to 100% of death benefit	500-500k	up to 100% of death benefit	500-15k
Alabama	X	X	X	X	X	X	X	X
Alaska	X	X	X	X	X	X	X	X
Arizona	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only
Arkansas	X	X	X	X	X	X	X	X
California	X	X	X	NO	NO	X	X	NO
Colorado	NO	X	X	X	X	X	X	NO
Connecticut	X	X	X	X	X	X	X	X
Delaware	X	X	X	X	X	X	X	X
District of Columbia	X	X	X	X	X	X	X	X
Florida	X	X	X	X	X	X	X	X
Georgia	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	NO	Employer Groups only	Employer Groups only
Hawaii	X	X	X	X	X	X	X	X
Idaho	X	X	X	X	X	X	X	X
Illinois	X	X	X	X	X	X	X	X
Indiana	X	X	X	X	X	X	X	X
Iowa	X	X	X	X	X	X	X	X
Kansas	X	NO	X	X	X	X	X	X
Kentucky	X	X	X	X	X	X	X	NO
Louisiana	Employer Groups only	X	X	Employer Groups only	Employer Groups only	X	X	Employer Groups only
Maine	X	X	X	X	X	X	X	X
Maryland	X	X	X	X	X	X	X	X
Massachusetts	X	X	X	X	X	X	X	X
Michigan	X	X	X	X	X	X	X	X
Minnesota	X	X	X	X	X	X	X	X
Mississippi	X	X	X	X	X	X	X	X
Missouri	NO	NO	NO	NO	NO	X	NO	NO
Montana	X	X	X	X	X	X	X	X
Nebraska	X	X	X	X	X	X	X	X
Nevada	X	X	X	X	X	X	X	X
New Hampshire	X	X	X	X	X	X	X	X
New Jersey	X	X	X	X	X	X	X	X
New Mexico	X	X	X	X	X	X	X	X
New York	X	X	X	X	X	NO	NO	X
North Carolina	X	X	X	X	X	X	X	X
North Dakota	X	X	X	X	X	X	X	X

Law Enforcement/Public Safety								
Request	Child Survivor Benefit	College Education Expense	Home Alteration / Vehicle Modification	Owned / Leased Aircraft	Pilot	Coma	Burn	COBRA
AXIS Benefit Name	Child Survivor	College Education Expense	Home Alteration & Vehicle Mod	Aircraft Owned, Leased, etc.	Pilot Crew & Passenger	Coma	Accidental Severe Burn	Cobra
Ohio	X	X	X	X	X	X	X	X
Oklahoma	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only
Oregon	X	X	X	X	X	X	X	X
Pennsylvania	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only
Rhode Island	X	X	X	X	X	X	X	X
South Carolina	X	X	X	X	X	X	X	X
South Dakota	X	X	X	X	X	X	X	X
Tennessee	X	X	X	X	X	X	X	X
Texas	Employer Groups only	NO	Employer Groups only	Employer Groups only	Employer Groups only	X	Employer Groups only	Employer Groups only
Utah	X	X	X	X	X	X	X	X
Vermont	NO	NO	NO	NO	NO	X	NO	NO
Virginia	X	NO	X	X	X	X	X	X
Washington	NO	NO	NO	NO	NO	NO	NO	NO
West Virginia	X	X	X	X	X	X	X	X
Wisconsin	X	X	X	X	X	X	X	X
Wyoming	X	X	X	X	X	X	X	X
Alberta	X	NO	X	NO	NO	X	NO	NO
British Columbia	X	NO	X	NO	NO	X	NO	NO
Manitoba	X	NO	X	NO	NO	X	NO	NO
Nanavut	X	NO	X	NO	NO	X	NO	NO
New Brunswick	X	NO	X	NO	NO	X	NO	NO
Newfoundland and Labrador	X	NO	X	NO	NO	X	NO	NO
Northwest Territories	X	NO	X	NO	NO	X	NO	NO
Nova Scotia	X	NO	X	NO	NO	X	NO	NO
Ontario	X	NO	X	NO	NO	X	NO	NO
Prince Edward Island	X	NO	X	NO	NO	X	NO	NO
Quebec	X	NO	X	NO	NO	X	NO	NO
Saskatchewan	X	NO	X	NO	NO	X	NO	NO
Yukon	X	NO	X	NO	NO	X	NO	NO
* Fire/EMS benefits are currently be								

Law Enforcement/Public Safety						
Request	HIV	Hepatitis	Medical	Evacuation / Repatriation		Rehabilitation
AXIS Benefit Name	HIV Accident	HEP Accident	Accident Medical and Emergency Sickness	Medical Evacuation	Repatriation	Rehabilitation
Limits	up to 100% of death benefit	up to 100% of death benefit	500-500k	1k-500k	1k-500k	1k-50k
Alabama	X	X	X	X	X	X
Alaska	X	X	X	X	X	X
Arizona	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only
Arkansas	X	X	X	X	X	X
California	X	X	X	X	X	X
Colorado	X	X	X	X	X	X
Connecticut	NO	NO	X	X	X	X
Delaware	X	X	X	X	X	X
District of Columbia	X	X	X	X	X	X
Florida	X	X	X	X	X	X
Georgia	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only
Hawaii	X	X	X	X	X	X
Idaho	X	X	X	X	X	X
Illinois	X	X	X	X	X	X
Indiana	X	X	X	X	X	X
Iowa	X	X	X	X	X	X
Kansas	X	X	X	X	X	X
Kentucky	X	X	X	X	X	X
Louisiana	X	X	X	X	X	Employer Groups only
Maine	X	X	X	X	X	X
Maryland	NO	NO	X	X	X	X
Massachusetts	X	X	X	X	X	X
Michigan	X	X	X	X	X	X
Minnesota	X	X	X	X	X	X
Mississippi	X	X	X	X	X	X
Missouri	NO	NO	X	X	X	NO
Montana	X	X	X	X	X	X
Nebraska	X	X	X	X	X	X
Nevada	X	X	X	X	X	X
New Hampshire	NO	NO	X	X	X	X
New Jersey	X	X	X	X	X	X
New Mexico	X	X	X	X	X	X
New York	NO	NO	X	X	X	X
North Carolina	X	X	X	X	X	X
North Dakota	X	X	X	X	X	X

Law Enforcement/Public Safety						
Request	HIV	Hepatitis	Medical	Evacuation / Repatriation		Rehabilitation
AXIS Benefit Name	HIV Accident	HEP Accident	Accident Medical and Emergency Sickness	Medical Evacuation	Repatriation	Rehabilitation
Ohio	X	X	X	X	X	X
Oklahoma	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only
Oregon	X	X	X	X	X	X
Pennsylvania	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only
Rhode Island	X	X	X	X	X	X
South Carolina	X	X	X	X	X	X
South Dakota	X	X	X	X	X	X
Tennessee	X	X	X	X	X	X
Texas	Employer Groups only	Employer Groups only	Employer Groups only	X	X	Employer Groups only
Utah	X	X	X	X	X	X
Vermont	NO	NO	NO	X	X	NO
Virginia	X	X	X	X	X	X
Washington	NO	NO	NO	NO	NO	NO
West Virginia	X	X	X	X	X	X
Wisconsin	X	X	X	X	X	X
Wyoming	X	X	X	X	X	X
Alberta	X	NO	X	NO	NO	X
British Columbia	X	NO	X	NO	NO	X
Manitoba	X	NO	X	NO	NO	X
Nanavut	X	NO	X	NO	NO	X
New Brunswick	X	NO	X	NO	NO	X
Newfoundland and Labrador	X	NO	X	NO	NO	X
Northwest Territories	X	NO	X	NO	NO	X
Nova Scotia	X	NO	X	NO	NO	X
Ontario	X	NO	X	NO	NO	X
Prince Edward Island	X	NO	X	NO	NO	X
Quebec	X	NO	X	NO	NO	X
Saskatchewan	X	NO	X	NO	NO	X
Yukon	X	NO	X	NO	NO	X
* Fire/EMS benefits are currently be						

Municipal Workers/Special Districts

Request	Accident Medical Expense	Accidental Death and Dismemberment	COBRA	Coma	Home Alteration / Vehicle Modification	Medical Evacuation / Repatriation		Rehabilitation	Child Care Benefit	Child Survivor Benefit	College Education Expense
AXIS Benefit Name	Accidental Medical and Emergency Sickness	AD&D	Cobra	Coma	Home Alteration & Vehicle Mod	Medical Evacuation	Repatriation	Rehabilitation	Child Care Center	Child Survivor	College Education Expense
Limits	500-500k	5k - 250k	500-15k	500-500k	2k-50k	1k-500k	1k-500k	1k-50k	1k-20k	500 - 50k	25k-100k
Alabama	X	X	X	X	X	X	X	X	X	X	X
Alaska	X	X	X	X	X	X	X	X	X	X	X
Arizona	X	X	X	X	X	X	X	X	X	X	X
Arkansas	X	X	X	X	X	X	X	X	X	X	X
California	X	X	NO	X	X	X	X	X	X	X	X
Colorado	X	X	NO	X	X	X	X	X	NO	NO	X
Connecticut	X	X	X	X	X	X	X	X	X	X	X
Delaware	X	X	X	X	X	X	X	X	X	X	X
District of Columbia	X	X	X	X	X	X	X	X	X	X	X
Florida	X	X	X	X	X	X	X	X	X	X	X
Georgia	X	X	X	NO	X	X	X	X	X	X	X
Hawaii	X	X	X	X	X	X	X	X	X	X	X
Idaho	X	X	X	X	X	X	X	X	X	X	X
Illinois	X	X	X	X	X	X	X	X	X	X	X
Indiana	X	X	X	X	X	X	X	X	X	X	X
Iowa	X	X	X	X	X	X	X	X	X	X	X
Kansas	X	X	X	X	X	X	X	X	X	X	NO
Kentucky	X	X	NO	X	X	X	X	X	X	X	X
Louisiana	X	X	X	X	X	X	X	X	X	X	X
Maine	X	X	X	X	X	X	X	X	X	X	X
Maryland	X	X	X	X	X	X	X	X	X	X	X
Massachusetts	X	X	X	X	X	X	X	X	X	X	X
Michigan	X	X	X	X	X	X	X	X	X	X	X
Minnesota	X	X	X	X	X	X	X	X	X	X	X
Mississippi	X	X	X	X	X	X	X	X	X	X	X
Missouri	X	X	NO	X	NO	X	X	NO	NO	NO	NO
Montana	X	X	X	X	X	X	X	X	X	X	X
Nebraska	X	X	X	X	X	X	X	X	X	X	X
Nevada	X	X	X	X	X	X	X	X	X	X	X
New Hampshire	X	X	X	X	X	X	X	X	X	X	X
New Jersey	X	X	X	X	X	X	X	X	X	X	X
New Mexico	X	X	X	X	X	X	X	X	X	X	X
New York	NO	X	X	NO	X	X	X	X	X	X	X

Municipal Workers/Special Districts

Request	Accident Medical Expense	Accidental Death and Dismemberment	COBRA	Coma	Home Alteration / Vehicle Modification	Medical Evacuation / Repatriation		Rehabilitation	Child Care Benefit	Child Survivor Benefit	College Education Expense
AXIS Benefit Name	Accidental Medical and Emergency Sickness	AD&D	Cobra	Coma	Home Alteration & Vehicle Mod	Medical Evacuation	Repatriation	Rehabilitation	Child Care Center	Child Survivor	College Education Expense
North Carolina	X	X	X	X	X	X	X	X	X	X	X
North Dakota	X	X	X	X	X	X	X	X	X	X	X
Ohio	X	X	X	X	X	X	X	X	X	X	X
Oklahoma	X	X	X	X	X	X	X	X	X	X	X
Oregon	X	X	X	X	X	X	X	X	X	X	X
Pennsylvania	X	X	X	X	X	X	X	X	X	X	X
Rhode Island	X	X	X	X	X	X	X	X	X	X	X
South Carolina	X	X	X	X	X	X	X	X	X	X	X
South Dakota	X	X	X	X	X	X	X	X	X	X	X
Tennessee	X	X	X	X	X	X	X	X	X	X	X
Texas	X	X	X	X	X	X	X	X	X	X	NO
Utah	X	X	X	X	X	X	X	X	X	X	X
Vermont	X	X	NO	X	NO	X	X	NO	NO	NO	NO
Virginia	X	X	X	X	X	X	X	X	NO	X	NO
Washington	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
West Virginia	X	X	X	X	X	X	X	X	X	X	X
Wisconsin	X	X	X	X	X	X	X	X	X	X	X
Wyoming	X	X	X	X	X	X	X	X	X	X	X
Alberta	X	X	NO	X	X	NO	NO	X	X	X	dependent only
British Colombia	X	X	NO	X	X	NO	NO	X	X	X	X
Manitoba	X	X	NO	X	X	NO	NO	X	X	X	X
Nanavut	X	X	NO	X	X	NO	NO	X	X	X	X
New Brunswick	X	X	NO	X	X	NO	NO	X	X	X	X
Newfoundland and Labrador	X	X	NO	X	X	NO	NO	X	X	X	X
Northwest Territories	X	X	NO	X	X	NO	NO	X	X	X	X
Nova Scotia	X	X	NO	X	X	NO	NO	X	X	X	X
Ontario	X	X	NO	X	X	NO	NO	X	X	X	X
Prince Edward Island	X	X	NO	X	X	NO	NO	X	X	X	X
Quebec	X	X	NO	X	X	NO	NO	X	X	X	X
Saskatchewan	X	X	NO	X	X	NO	NO	X	X	X	X
Yukon	X	X	NO	X	X	NO	NO	X	X	X	X

Schools (Employees and Volunteers)									
Request	Accident Medical Expense	Accidental Death and Dismemberment	Crisis Death	Bereavement and Trauma	Bomb Scare	Catastrophic Benefit	COBRA	Coma	Home Alteration / Vehicle Modification
AXIS Benefit Name	Accidental Medical and Emergency Sickness	AD&D	Crisis Death	Bereavement & Trauma Counseling	Bomb Scare, Search or Explosion	Catastrophic Cash	Cobra	Coma	Home Alteration & Vehicle Mod
Limits	500-500k	5k - 250k	5k - 250k	50 - 250 per session, Max of \$10k	500-250k	5k-250k	500-15k	500-500k	2k-50k
Alabama	X	X	X	X	X	X	X	X	X
Alaska	X	X	X	X	X	X	X	X	X
Arizona	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only
Arkansas	X	X	X	X	X	X	X	X	X
California	X	X	X	X	X	X	NO	X	X
Colorado	X	X	NO	X	NO	X	NO	X	X
Connecticut	X	X	X	X	X	X	X	X	X
Delaware	X	X	X	X	X	X	X	X	X
District of Columbia	X	X	X	X	X	X	X	X	X
Florida	X	X	X	X	X	X	X	X	X
Georgia	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	NO	Employer Groups only
Hawaii	X	X	X	X	X	X	X	X	X
Idaho	X	X	X	X	X	X	X	X	X
Illinois	X	X	X	X	X	X	X	X	X
Indiana	X	X	X	X	X	X	X	X	X
Iowa	X	X	X	X	X	X	X	X	X
Kansas	X	X	X	X	X	NO	X	X	X
Kentucky	X	X	X	X	X	X	NO	X	X
Louisiana	X	X	X	X	Employer Groups only	X	Employer Groups only	X	X
Maine	X	X	X	X	X	X	X	X	X
Maryland	X	X	X	X	X	X	X	X	X
Massachusetts	X	X	X	X	X	X	X	X	X
Michigan	X	X	X	X	X	X	X	X	X
Minnesota	X	X	X	X	X	X	X	X	X
Mississippi	X	X	X	X	X	X	X	X	X
Missouri	X	X	NO	NO	NO	X	NO	X	NO
Montana	X	X	X	X	X	X	X	X	X
Nebraska	X	X	X	X	X	X	X	X	X
Nevada	X	X	X	X	X	X	X	X	X
New Hampshire	X	X	X	X	X	X	X	X	X
New Jersey	X	X	X	X	X	X	X	X	X
New Mexico	X	X	X	X	X	X	X	X	X
New York	NO	X	NO	X	X	X	X	NO	X

Schools (Employees and Volunteers)									
Request	Accident Medical Expense	Accidental Death and Dismemberment	Crisis Death	Bereavement and Trauma	Bomb Scare	Catastrophic Benefit	COBRA	Coma	Home Alteration / Vehicle Modification
AXIS Benefit Name	Accidental Medical and Emergency Sickness	AD&D	Crisis Death	Bereavement & Trauma Counseling	Bomb Scare, Search or Explosion	Catastrophic Cash	Cobra	Coma	Home Alteration & Vehicle Mod
North Carolina	X	X	X	X	X	X	X	X	X
North Dakota	X	X	X	X	X	X	X	X	X
Ohio	X	X	X	X	X	X	X	X	X
Oklahoma	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only
Oregon	X	X	X	X	X	X	X	X	X
Pennsylvania	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only
Rhode Island	X	X	X	X	X	X	X	X	X
South Carolina	X	X	X	X	X	X	X	X	X
South Dakota	X	X	X	X	X	X	X	X	X
Tennessee	X	X	X	X	X	X	X	X	X
Texas	X	X	X	X	X	X	Employer Groups only	X	X
Utah	X	X	X	X	X	X	X	X	X
Vermont	X	X	NO	NO	NO	X	NO	X	NO
Virginia	X	X	X	X	X	X	X	X	X
Washington	NO	NO	NO	NO	NO	NO	NO	NO	NO
West Virginia	X	X	X	X	X	X	X	X	X
Wisconsin	X	X	X	X	X	X	X	X	X
Wyoming	X	X	X	X	X	X	X	X	X
Alberta	NO	NO	NO	NO	NO	NO	NO	NO	NO
British Columbia	NO	NO	NO	NO	NO	NO	NO	NO	NO
Manitoba	NO	NO	NO	NO	NO	NO	NO	NO	NO
Nanavut	NO	NO	NO	NO	NO	NO	NO	NO	NO
New Brunswick	NO	NO	NO	NO	NO	NO	NO	NO	NO
Newfoundland and Labrador	NO	NO	NO	NO	NO	NO	NO	NO	NO
Northwest Territories	NO	NO	NO	NO	NO	NO	NO	NO	NO
Nova Scotia	NO	NO	NO	NO	NO	NO	NO	NO	NO
Ontario	NO	NO	NO	NO	NO	NO	NO	NO	NO
Prince Edward Island	NO	NO	NO	NO	NO	NO	NO	NO	NO
Quebec	NO	NO	NO	NO	NO	NO	NO	NO	NO
Saskatchewan	NO	NO	NO	NO	NO	NO	NO	NO	NO
Yukon	NO	NO	NO	NO	NO	NO	NO	NO	NO

Schools (Employees a								
Request	Evacuation / Repatriation		Rehabilitation	Child Care Benefit	College Education Expense	Child Survivor Benefit	Coverage to/from activity or event	Overnight stays related to the activity
AXIS Benefit Name	Medical Evacuation	Repatriation	Rehabilitation	Child Care Center	College Education Expense	Child Survivor		
Limits	1k-500k	1k-500k	1k-50k	1k-20k	25k-100k	500 - 50k		
Alabama	X	X	X	X	X	X	X	X
Alaska	X	X	X	X	X	X	X	X
Arizona	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	X	Employer Groups only	Employer Groups only	Employer Groups only
Arkansas	X	X	X	X	X	X	X	X
California	X	X	X	X	X	X	X	X
Colorado	X	X	X	NO	X	NO	X	X
Connecticut	X	X	X	X	X	X	X	X
Delaware	X	X	X	X	X	X	X	X
District of Columbia	X	X	X	X	X	X	X	X
Florida	X	X	X	X	X	X	X	X
Georgia	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	X	Employer Groups only	Employer Groups only	Employer Groups only
Hawaii	X	X	X	X	X	X	X	X
Idaho	X	X	X	X	X	X	X	X
Illinois	X	X	X	X	X	X	X	X
Indiana	X	X	X	X	X	X	X	X
Iowa	X	X	X	X	X	X	X	X
Kansas	X	X	X	X	NO	X	X	X
Kentucky	X	X	X	X	X	X	X	X
Louisiana	X	X	X	Employer Groups only	X	Employer Groups only	Employer Groups only	Employer Groups only
Maine	X	X	X	X	X	X	X	X
Maryland	X	X	X	X	X	X	X	X
Massachusetts	X	X	X	X	X	X	X	X
Michigan	X	X	X	X	X	X	X	X
Minnesota	X	X	X	X	X	X	X	X
Mississippi	X	X	X	X	X	X	X	X
Missouri	X	X	NO	NO	NO	NO	X	X
Montana	X	X	X	X	X	X	X	X
Nebraska	X	X	X	X	X	X	X	X
Nevada	X	X	X	X	X	X	X	X
New Hampshire	X	X	X	X	X	X	X	X
New Jersey	X	X	X	X	X	X	X	X
New Mexico	X	X	X	X	X	X	X	X
New York	X	X	X	X	X	X	X	X

Schools (Employees a								
Request	Evacuation / Repatriation		Rehabilitation	Child Care Benefit	College Education Expense	Child Survivor Benefit	Coverage to/from activity or event	Overnight stays related to the activity
AXIS Benefit Name	Medical Evacuation	Repatriation	Rehabilitation	Child Care Center	College Education Expense	Child Survivor		
North Carolina	X	X	X	X	X	X	X	X
North Dakota	X	X	X	X	X	X	X	X
Ohio	X	X	X	X	X	X	X	X
Oklahoma	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	X	Employer Groups only	Employer Groups only	Employer Groups only
Oregon	X	X	X	X	X	X	X	X
Pennsylvania	Employer Groups only	Employer Groups only	Employer Groups only	Employer Groups only	X	Employer Groups only	Employer Groups only	Employer Groups only
Rhode Island	X	X	X	X	X	X	X	X
South Carolina	X	X	X	X	X	X	X	X
South Dakota	X	X	X	X	X	X	X	X
Tennessee	X	X	X	X	X	X	X	X
Texas	Employer Groups only	Employer Groups only	X	Employer Groups only	NO	Employer Groups only	X	X
Utah	X	X	X	X	X	X	X	X
Vermont	X	X	NO	NO	NO	NO	X	X
Virginia	X	X	X	NO	NO	X	X	X
Washington	NO	NO	NO	NO	NO	NO	NO	NO
West Virginia	X	X	X	X	X	X	X	X
Wisconsin	X	X	X	X	X	X	X	X
Wyoming	X	X	X	X	X	X	X	X
Alberta	NO	NO	NO	NO	dependent only	NO	NO	NO
British Columbia	NO	NO	NO	NO	X	NO	NO	NO
Manitoba	NO	NO	NO	NO	X	NO	NO	NO
Nanavut	NO	NO	NO	NO	X	NO	NO	NO
New Brunswick	NO	NO	NO	NO	X	NO	NO	NO
Newfoundland and Labrador	NO	NO	NO	NO	X	NO	NO	NO
Northwest Territories	NO	NO	NO	NO	X	NO	NO	NO
Nova Scotia	NO	NO	NO	NO	X	NO	NO	NO
Ontario	NO	NO	NO	NO	X	NO	NO	NO
Prince Edward Island	NO	NO	NO	NO	X	NO	NO	NO
Quebec	NO	NO	NO	NO	X	NO	NO	NO
Saskatchewan	NO	NO	NO	NO	X	NO	NO	NO
Yukon	NO	NO	NO	NO	X	NO	NO	NO

Emergency Services (Fire, Police, EMS, etc.)

Request	Permanent Impairment for Heart	Permanent Impairment for Illness	Family Expense Benefit	Disability	First Responder Assistance Program (FRAP)	24-hour AD&D Policy	Option to include an additional Line of Duty Injury Death Benefit
Limits	up to 100% death benefit	up to 100% death benefit	up to 50k	up to \$1,500	up to 500k	up to 50k	
Alabama	X	X	X	X	X	X	X
Alaska	X	X	X	X	X	X	X
Arizona	X	X	X	X	X	X	X
Arkansas	X	X	X	X	X	X	X
California	X	X	X	X	X	X	X
Colorado	X	X	X	X	X	X	X
Connecticut	X	X	X	X	X	X	X
Delaware	X	X	X	X	X	X	X
District of Columbia	NO	NO	NO	NO	NO	NO	NO
Florida	X	X	X	X	X	X	X
Georgia	X	X	X	X	X	X	X
Hawaii	X	X	X	X	X	X	X
Idaho	X	X	X	X	X	X	X
Illinois	X	X	X	X	X	X	X
Indiana	X	X	X	X	X	X	X
Iowa	X	X	X	X	X	X	X
Kansas	X	X	X	X	X	X	X
Kentucky	X	X	X	X	X	X	X
Louisiana	X	X	X	X	X	X	X
Maine	X	X	X	X	X	X	X
Maryland	Yes, includes unforeseen medical events	Yes, includes unforeseen medical events	Yes, includes unforeseen medical events	X	X	X	X
Massachusetts	X	X	X	X	X	X	X
Michigan	X	X	X	X	X	X	X
Minnesota	X	X	X	X	X	X	X
Mississippi	X	X	X	X	X	X	X
Missouri	X	X	X	X	X	X	X
Montana	X	X	X	X	X	X	X
Nebraska	X	X	X	X	X	X	X
Nevada	X	X	X	X	X	X	X
New Hampshire	X	X	X	X	X	X	X
New Jersey	X	X	X	X	X	X	X
New Mexico	X	X	X	X	X	X	X
New York	X	X	Yes, includes Cardiac Malfunction	X	X	X	X
North Carolina	X	X	X	X	X	X	X
North Dakota	X	X	X	X	X	X	X
Ohio	X	X	X	X	X	X	X
Oklahoma	X	X	X	X	X	X	X
Oregon	X	X	X	X	X	X	X
Pennsylvania	X	X	X	X	X	X	X
Rhode Island	X	X	X	X	X	X	X
South Carolina	X	X	X	X	X	X	X
South Dakota	X	X	X	X	X	X	X
Tennessee	X	X	X	X	X	X	X
Texas	X	X	X	X	X	X	X

Emergency Services (Fire, Police, EMS, etc.)							
Request	Permanent Impairment for Heart	Permanent Impairment for Illness	Family Expense Benefit	Disability	First Responder Assistance Program (FRAP)	24-hour AD&D Policy	Option to include an additional Line of Duty Injury Death Benefit
Utah	X	X	X	X	X	X	X
Vermont	X	X	X	X	X	X	X
Virginia	X	X	X	X	X	X	X
Washington	X	X	X	X	X	X	X
West Virginia	X	X	X	X	X	X	X
Wisconsin	X	X	X	X	X	X	X
Wyoming	X	X	X	X	X	X	X
Alberta	X	X	X	X	X	Off-duty policy	NO
British Colombia	X	X	X	X	X	Off-duty policy	NO
Manitoba	X	X	X	X	X	Off-duty policy	NO
Nanavut	X	X	X	X	X	Off-duty policy	NO
New Brunswick	X	X	X	X	X	Off-duty policy	NO
Newfoundland and Labrador	X	X	X	X	X	Off-duty policy	NO
Northwest Territories	X	X	X	X	X	Off-duty policy	NO
Nova Scotia	X	X	X	X	X	Off-duty policy	NO
Ontario	X	X	X	X	X	Off-duty policy	NO
Prince Edward Island	X	X	X	X	X	Off-duty policy	NO
Quebec	X	X	X	X	X	Off-duty policy	NO
Saskatchewan	X	X	X	X	X	Off-duty policy	NO
Yukon	X	X	X	X	X	Off-duty policy	NO



PROVIDENT

INSURING AMERICA'S HEROES SINCE 1928®

24-Hour Accidental Death & Dismemberment Coverage for Emergency Services Organizations

Your Trusted Leader for Providing Benefits to Emergency Services Personnel

Provident began serving volunteer fire departments in 1928 with our first blanket Accident and Health insurance policy to protect the financial livelihood of volunteer firefighters. In 1962, we introduced heart & illness related coverage.

With more than 90 years of experience, and our rich history in delivering volunteer firefighter insurance benefits, Provident continues to be a pioneer in developing insurance benefits for firefighters, EMS providers, police officers, arson investigators and other emergency services providers. We offer benefits for you and your family when you need them most.

providentins.com

Provident

P.O. Box 11588
Pittsburgh, PA 15238

Phone: 800.447.0360

Fax: 412.963.0415

Many emergency services organizations seek benefits for their members to provide a source of financial protection in case something goes wrong and as a way to recruit and retain members. Our **24-Hour Accidental Death & Dismemberment** policy offers blanket group coverage for members of your organization--24 hours a day--for covered accidents.

This coverage can be an important addition to the benefits you already make available to your members, which we offer at economical group rates. At a time of need, this policy can offer additional financial protection and help provide support that could make a lasting difference for the member and his/her loved ones.

- **Coverage is available up to \$500,000**
- **Accidental Death & Dismemberment Benefits**
- **Accidental Severe Burn & Disfigurement Benefit**
- **Coma & Paralysis Benefits**
- **Hepatitis C Occupational or Assigned Duties Accident Benefit**
- **Seatbelt & Airbag Benefits**
- **Line-of-Duty Occupational Coverage** - if elected, pays 100% of the Principal Sum for loss of life; up to a \$50,000 maximum benefit

Additional Benefits include:

- **Felonious Assault & Violent Crime Benefit**
- **Home Alteration & Vehicle Modification Benefit**
- **Medical Evacuation Benefit**
- **Rehabilitation Benefit**
- **Prostheses Appliance Benefit**
- **Bereavement & Trauma Counseling Benefit**
- **Burial & Cremation Benefit**
- **Repatriation Benefit**

**Non-insurance Travel Assistance Services such as:*

- **Access to 24/7 Security Assistance Center**
- **Cash Advances**
- **Emergency Travel Arrangements**
- **Translation Services**

THIS IS AN AD&D ONLY POLICY. The Accident & Health insurance coverage is underwritten by AXIS Insurance Company under policy form series number BACC-001-0909. Coverage is subject to exclusions and limitations and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. The amount of benefits provided depends upon the plan selected and the premium will vary with the amount of the benefits selected. These policies are administered by Provident Agency, Inc., and in California, Provident of Pennsylvania Insurance Agency of Pittsburgh, PA. *Disclaimer: The services listed are not insurance and do not provide coverage, they only provide discount and services. These services are not affiliated with AXIS Insurance Company.



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With more than 90 years of experience, and our rich history in delivering volunteer firefighter insurance benefits, Provident continues to be a pioneer in developing insurance benefits for firefighters, EMS providers, police officers, arson investigators and other emergency services providers. We offer benefits for you and your family when you need them most.

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Accident & Health Coverage for Emergency Services Organizations

Those who put their lives on the line for their families, friends and neighbors deserve protection of their own. The Accident & Health insurance coverage available to you through Provident is designed specifically to meet the unique needs of firefighters, EMTs, and other emergency service organization personnel.

We recognize that Workers' Compensation insurance can't always make up for lost wages when members can no longer work, so we offer total and partial disability benefits, including cost of living adjustment and retraining benefits.

This coverage also includes medical expense benefits to help offset the medical costs incurred for injuries or illnesses that result during a covered activity.

Income Protection Benefits

- Weekly Total Disability for Covered Injuries payable up to lifetime
- Weekly Total Disability for Covered Illnesses payable to age 67 or 5 years
- Partial Disability payable to age 67 or 5 years
- First Week Disability
- Cost of Living Adjustment
- Transition
- Retraining

Medical Expense Benefits

- Covered Injury and Illness Expense
- Covered Plastic Surgery Expense

"Provident Agency helped make a difficult situation more bearable. Your help took a lot of stress off my shoulders, which was a large help to my recovery. I think every fire company in the country should know what a tremendous service you offer."

– Scott Fleischer, Firefighter, Firemen's Relief Association of Plumstead Township

Accident & Health Coverage

Your Accident & Health plan also pays benefits to covered members and their families when the member incurs a covered injury or a covered illness in the line of duty, or during any other covered activity, that results in death or disability.

Death Benefits

- Covered Injury Death
- Covered Illness Death
- HIV Positive
- Policyholder Bereavement
- Dependent Child (Per Child)
- Seat Belt
- Airbag[†]
- Final Expense[†]
- Spousal[†]

Impairment Benefits

- Dismemberment
- Loss of Speech or Hearing
- Vision Impairment
- Cosmetic Disfigurement from Burns
- Permanent Physical Impairment
- Felonious Assault
- Impairment Modification
- Paralysis[†]

Additional Benefits for Members and Their Families

Making adjustments to an unexpected new way of life, whether for the member, or his or her family, can lead to high expenses. This plan offers several benefits to help ease that burden, including:

- Daily Hospital Confinement and Outpatient Treatment
- Family Expense
- Daily Critical Care
- Occupational Rehabilitation
- Mental Stress Management
- Traumatic Incident
- Health Insurance Premium
- Surviving Spouse Education[†]
- Dependent Child Education[†]

24/7 Confidential Help for Firefighters

The First Responder Assistance Program* is included with your Accident & Health insurance coverage. This program offers resources and referrals to first responders for issues regarding:

- Stress Management
- Depression
- Family Conflict
- Anxiety
- Grief and Loss
- Relationships
- Financial or Legal
- Addictions
- Problem Gambling
- Child and Elder Care



Dedicated Accident & Health Benefits Specialists

Provident offers this Accident & Health coverage through AXIS Insurance Company, benefits specialists dedicated to meeting the unique needs of groups including volunteers, schools, amateur sports and other participant groups. Coverage is underwritten by AXIS Insurance Company, an insurance company subsidiary of AXIS Capital Holdings Limited Rated A (Excellent) by AM Best and A+ (Strong) by Standard & Poor's.

[†] represents a new benefit

THIS IS A BLANKET ACCIDENT ONLY POLICY. The Accident & Health insurance coverage is underwritten by AXIS Insurance Company under policy form series number VFBACC-001-0513. *THE FIRST RESPONDER ASSISTANCE PROGRAM IS NOT INSURANCE AND IS NOT PROVIDED BY AXIS INSURANCE COMPANY. IT IS A SERVICE PROVIDED THROUGH PROVIDENT BY BHS™ IN PARTNERSHIP WITH RESPONDERS 1st CALL™. Coverage is subject to exclusions and limitations and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. The amount of benefits provided depends upon the plan selected and the premium will vary with the amount of the benefits selected.



Help for Firefighters and Their Families When They Need It Most The First Responder Assistance Program From Provident

Your Trusted Leader for Providing Benefits to Emergency Services Personnel

Provident began serving volunteer fire departments in 1928 with our first blanket Accident & Health insurance policy to protect the financial livelihood of volunteer firefighters. In 1962, we introduced heart & illness related coverage.

With more than 90 years of experience, and our rich history in delivering volunteer firefighter insurance benefits, Provident continues to be a pioneer in developing insurance benefits for firefighters, EMS providers, police officers, arson investigators and other emergency services providers. We offer benefits for you and your family when you need them most.

providentins.com

Provident

P.O. Box 11588
Pittsburgh, PA 15238

Phone: 800.447.0360

Fax: 412.963.0415

According to a recent report in *Reader's Digest*,¹ firefighting is the second most stressful job in the US, with only a position related to active military service ranking higher. Due to the high levels of risk and the unpredictability of the job, anxiety and post-traumatic stress disorders (PTSD) are prevalent among firefighters.²

While many companies offer employee assistance programs (EAPs) to deal with work-life issues, such services are usually not available for volunteer firefighters, who must regularly deal with traumatic events and life-or-death decisions unique to their role, as well as the everyday stresses that most people face. Over time, these pressures can take a serious toll on a firefighter's physical and emotional health.

Confidential Assistance Available 24/7 to Help Firefighters Better Cope

Provident recognizes this service gap, and as a leading provider of benefits for emergency service organizations, offers a solution tailored to the distinct needs of firefighters. *The First Responder Assistance Program is included with the Accident & Health insurance coverage available through Provident.

This first-of-its-kind program provides firefighters and their household family members with confidential counseling, resources, and referrals to assistance for a range of issues, including:

- Stress Management
- Depression
- Family Conflict
- Anxiety
- Relationships
- Financial or Legal Concerns
- Substance Misuse
- Grief and Loss
- Problem Gambling
- Child and Elder Care

As needed, counselors can provide referrals related to insurance benefits and community resources.



Managing Stress for Better Physical and Emotional Health

Stress-related issues often lead to sleep deprivation, depression, and substance abuse, and can often impact personal interactions and overall quality of life. These factors can contribute to a decline in physical and emotional health, which may be life-threatening in an emergency situation.

The First Responder Assistance Program offers a stress management program that includes up to five telephone coaching sessions provided by Masters-degreed counselors who identify stress triggers, teach coping techniques and develop an ongoing stress management plan.

Useful Resources to Lighten the Load of Everyday Life

In addition to the intense stress they may face in the line of duty, first responders still have to deal with many of the same issues and problems that most people do. The First Responder Assistance Program includes consultation, resources and referrals for the everyday concerns that can cause distractions and loss of focus when it's most important. Assistance is available to firefighters for:

- **Family issues** – Child care, elder care and adoption research and referrals
- **Legal needs** – Access to attorneys for 30-minute phone or in-person legal consultation
- **Financial concerns** – Referrals to financial consultants to assist with debt management, credit problems, retirement planning or college funding

Peace of Mind for our Local Heroes

The First Responder Assistance Program from Provident is designed to help firefighters better manage the stressors and struggles they shoulder in their efforts to protect their communities. For all that they sacrifice, let Provident help bring them the peace of mind they deserve any time they need it.

Find out how you can offer Accident & Health coverage with the First Responder Assistance Program from your Provident representative.

¹ NowakJL, Claire. "Most Stressful Jobs in America for 2018." Reader's Digest, Reader's Digest, 2018, www.rd.com/advice/work-career/stressful-jobs-2018/.

² Kim, Jieun E. et al. "Firefighters, Posttraumatic Stress Disorder, and Barriers to Treatment: Results from a Nationwide Total Population Survey." Ed. Soraya Seedat. Web. 27 Aug. 2018.



Critical Illness Coverage for Emergency Services Organizations

Your Trusted Leader for Providing Benefits to Emergency Services Personnel

Provident began serving volunteer fire departments in 1928 with our first blanket Accident and Health insurance policy to protect the financial livelihood of volunteer firefighters. In 1962, we introduced heart & illness related coverage.

With more than 90 years of experience, and our rich history in delivering volunteer firefighter insurance benefits, Provident continues to be a pioneer in developing insurance benefits for firefighters, EMS providers, police officers, arson investigators and other emergency services providers. We offer benefits for you and your family when you need them most.

providentins.com

Provident

P.O. Box 11588
Pittsburgh, PA 15238

Phone: 800.447.0360
Fax: 412.963.0415

Cancer is the second leading cause of death in the United States.¹ According to a study conducted by the National Institute for Occupational Safety and Health, in comparison to the general U.S. population, firefighters are 9 percent more likely to receive a cancer diagnosis and 14 percent more likely to die from the disease.² This alarming statistic—as well as other common health issues including heart attacks, kidney failures, and strokes—has led to critical illness becoming one of the most talked about issues among emergency services workers. Our 24-Hour AD&D coverage includes *Critical Illness Benefits*, offering peace of mind to America's heroes and their families. With this plan, firefighters are covered for both occupational and non-occupational related invasive cancers, heart attacks, kidney failures, and strokes.

Critical Illness Benefits include:

- **Invasive Cancer:** Cancer is the most dangerous threat to firefighters' health and safety.³
- **Heart Attack:** 42% of firefighters' on-duty deaths are due to cardiovascular complications.⁴
- **Kidney Failure:** 37 million people suffer from chronic kidney disease in the United States.⁵
- **Stroke Coverage:** Stroke is a leading cause of serious, long-term disability in the United States.⁶

Critical Illness highlights:

- Coverage options up to **\$30,000** per member.
- No medical questions or exams for coverage to be issued.

THIS IS A BLANKET ACCIDENT ONLY POLICY. The Accident & Health insurance coverage is underwritten by AXIS Insurance Company under policy form series number BACC-001-0909. Coverage is subject to exclusions and limitations and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. The amount of benefits provided depends upon the plan selected and the premium will vary with the amount of the benefits selected. These policies are administered by Provident Agency, Inc., and in California, Provident of Pennsylvania Insurance Agency of Pittsburgh, PA.

References:

¹ CDC. *An Update on Cancer Deaths in the United States*. Atlanta, GA: Division of Cancer Prevention and Control; 2021.

² CDC. *Firefighter Cancer Rates: The Facts from NIOSH Research*. Atlanta, GA: Division of Cancer Prevention and Control; 2018.

³ Reno, Jamie. "Why Cancer Is the Number One Killer of Firefighters." *Healthline*; 2018.

⁴ Smith DL, Haller JM, Korre M, Sampani K, Porto LGG, Fehling PC, Christophi CA, Kales SN. *The Relation of Emergency Duties to Cardiac Death Among US Firefighters*; 2019.

⁵ CDC. *Chronic Kidney Disease in the United States*. Atlanta, GA: US Department of Health and Human Services; 2021.

⁶ CDC. *Stroke Facts*. Atlanta, GA: Centers for Disease Control and Prevention; 2018.



Special Risks Coverage

Your Trusted Leader for Providing Customized Insurance Solutions for Volunteer Organizations and Special Event Teams

Provident Insurance Programs began serving volunteer organizations in 1902 with our first blanket Accident & Health insurance policy to protect the financial livelihood of volunteers within the community. In 1962, we pioneered heart & illness related coverage.

With more than 115 years of experience, and our rich history in providing volunteers with insurance benefits, Provident continues to be a leader in developing insurance solutions for board of trustee members, youth and adult amateur sports groups, associations and affinity groups, day care centers, and camps/clinics/conferences. We offer coverage for you and your family when you need it most.

providentins.com

Provident Insurance Programs
P.O. Box 11588
Pittsburgh, PA 15238

Phone: 800.447.0360
Fax: 412.963.0415

Provident Insurance Programs offers resources specifically dedicated to developing solutions designed to meet the current and future needs of participant groups, including volunteer groups, youth and adult amateur sports organizations, boards of trustees, camps/clinics and conferences, youth and adult activities groups, day care centers, associations, and affinity groups.

Special Risks Benefit Options:

- Accident Medical Expense (AME)
- Accidental Death & Dismemberment (AD&D)
- Short-term and long-term disability benefits
- Customized plans available on an annual or short-term basis
- Coverage for travel to/from an activity/event, including overnight travel
- Paralysis Benefit
- Catastrophic Cash Benefit
- Repatriation Benefit
- Medical Evacuation
- Travel Accident Coverage

Flexible Coverage for the Following Participant Groups:

- Youth and Adult Amateur Sports Groups
- Associations and Affinity Groups
- Camps, Clinics, and Conferences
- Day Care Centers
- Sponsored Events and Activities for both Youths and Adults

THIS IS A BLANKET ACCIDENT ONLY POLICY. The Accident & Health insurance coverage is underwritten by AXIS Insurance Company under policy form series number BACC-001-0909. Coverage is subject to exclusions and limitations and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. The amount of benefits provided depends upon the plan selected and the premium will vary with the amount of the benefits selected.

CONDITIONS OF COVERAGE

This Section describes the Conditions of Coverage under which benefits provided by the Policy become payable. Any benefits are payable only once, even though more than one Condition of Coverage may apply. Please read these and the Common Exclusions sections in order to understand all of the terms, conditions, and limitations of coverage.

24-HOUR COVERAGE (Business & Pleasure)

The Company will pay the Benefit Amount shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, when the Insured Person suffers a Covered Loss that occurs any time while insured by this Policy including riding in or entering or exiting an Aircraft.

Exclusions that apply to this Condition of Coverage are in the Common Exclusions section.

LINE OF DUTY OCCUPATIONAL COVERAGE

The Company will pay the Benefit Amount shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, if the Insured Person suffers a Covered Loss that occurs during a Covered Activity and while the Insured Person is Acting in the Line of Duty.

The Covered Loss must take place while:

1. the Insured Person is on duty, on or off the Policyholder's premises; or
2. Acting in the Line of Duty during response to an emergency while off duty.

Acting in the Line of Duty means acts done according to the standards set by the Policyholder for the type of work in which the Insured Person is engaged.

Exclusions that apply to this Condition of Coverage are in the Common Exclusions section.

BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

The Company will pay the Benefit Amount for any one of the Covered Losses listed in the Schedule of Benefits, subject to all applicable conditions and exclusions, if the Insured Person suffers a loss as a result of a Covered Injury within 365 days of a Covered Accident.

If the Insured Person sustains more than one Covered Loss as a result of the same Covered Accident, the total of Benefits the Company will pay will not exceed the Principal Sum. The Covered Loss must occur within 365 days of the Covered Accident (In PA, loss period does not apply to Loss of Life).

An Aggregate Maximum of ten times the Class A Principal Sum, not to exceed \$1,000,000 applies to the Accidental Death & Dismemberment, Coma, and Paralysis benefits.

Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses, Covered Accidents and Covered Injuries suffered by all Insured Persons as the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. This Aggregate Limit of Indemnity is payable only once. Should more than one Condition of Coverage apply, we will pay the greater amount. If this amount does not allow all Insured Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Insured Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

AD&D (continued)

Covered Loss	Benefit Amount (% of Principal Sum)
Loss of Life	100%
Loss of or Loss of Use of Two or More Hands or Feet	100%
Loss of Sight in Both Eyes	100%
Loss of Speech and Hearing in Both Ears	100%
Loss of One Hand or Foot and Sight in One Eye	100%
Loss of or Loss of Use of One Hand or Foot	50%
Loss of Sight in One Eye	50%
Loss of Speech	50%
Loss of Hearing in Both Ears	50%
Severance and Reattachment of One Hand or Foot	50%
Loss of Thumb and Index Finger of the Same Hand	25%
Loss of all Four Fingers of the Same Hand	25%
Loss of all Toes of the Same Foot	25%
Loss of Thumb	25%
Loss of Index Finger	25%
Loss of Any Joint on Either Hand	6.25%
Loss of 2 nd , 3 rd , or 4 th Finger of Either Hand	12.5%
Loss of Large Toe of Either Foot	5%
Loss of a Joint of a Toe	1%

Exposure and Disappearance If by reason of an Accident occurring while an Insured Person's coverage is in force under this Policy, the Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a Covered Loss for which an Accidental Death or Accidental Dismemberment Benefit is otherwise payable under the Policy, the Covered Loss will be covered under the terms of this Policy. If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a Conveyance in which the Insured Person was an occupant while covered under this Policy, then it will be deemed, subject to all other terms and provisions of this Policy, that the Insured Person has suffered an Accidental Death that would have been payable under the Policy.

Coma Benefit A benefit is payable if an Insured Person suffers a Covered Injury that results in Coma. The Coma must occur within 30 days of the Covered Accident. The benefit amount is 1% of the Principal Sum for the first 11 months, 100% of the Principal Sum in the 12th month.

Paralysis Benefit A benefit is payable if an Insured Person suffers Paralysis as a result of a Covered Injury. If the Insured Person suffers more than one type of Paralysis as a result of the same Covered Accident, only one amount, the largest, will be paid:

Covered Loss	Benefit Amount (% of Principal Sum)
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Uniplegia	25%

ADDITIONAL BENEFITS (subject to the AD&D Principal Sum)

Accidental Severe Burn and Disfigurement Benefit A benefit is payable if an Insured Person suffers a Third Degree Severe Burn and Disfigurement from a Covered Loss, subject to a Maximum of \$100,000.

Percentage of Burn Area	Benefit Amount (% of Principal Sum)
75% - 100%	100%
50% - 74%	75%
25% - 49%	50%
10% - 24%	25%

Hepatitis C Occupational or Assigned Duties Accident Benefit A benefit is payable if the Insured Person suffers a Covered Injury during the performance of Occupational or Assigned Duties and it results in the Insured Person acquiring and testing positive for Hepatitis C within one year of the date of an Occupational or Assigned Duties Covered Accident. The benefit amount is 50% of the Principal Sum, subject to a Maximum of \$50,000.

Seatbelt and Airbag Benefit A benefit is payable if an Insured Person dies from a Covered Accident while wearing a seatbelt and riding in a private passenger automobile. An additional benefit is provided if the Insured Person was also positioned in a seat protected by a properly-functioning and properly-deployed Airbag. The Seatbelt Benefit amount is 25% of the Principal Sum, subject to a Maximum of \$50,000. The Airbag Benefit amount is 10% of the Principal Sum, subject to a Maximum of \$25,000 and the default benefit is \$1,000.

ADDITIONAL BENEFITS (not subject to the Principal Sum)

Felonious Assault and Violent Crime Benefit A benefit is payable for a Covered Loss that occurs during a Felonious Assault or Violent Crime. The Covered Loss must occur within 365 days of the Covered Accident. The benefit is 10% multiplied by the portion of the Benefit Amount applicable to the Covered Loss for Accidental Death and Dismemberment, Coma or Paralysis. Maximum benefit is \$10,000.

Home Alteration and Vehicle Modification Benefit A benefit is payable for when an Insured Person suffers a Covered Loss and, as a result, requires Home Alteration or Vehicle Modification. Home Alteration or Vehicle Modification must occur within 365 days of the Covered Loss. The benefit is 10% multiplied by the portion of the Benefit Amount applicable to the Covered Loss for Accidental Death and Dismemberment, Coma or Paralysis. Maximum benefit is \$10,000.

Medical Evacuation Benefit A benefit is payable if the Insured Person suffers a Covered Loss that requires or warrants Emergency Evacuation, while he or she is outside a 100 mile radius from his or her current place of primary residence. Coverage is included for Emergency Sickness and Traveling Companions. Maximum benefit is 100% of Usual & Customary Charges.

Rehabilitation Benefit A benefit is payable if the Insured Person requires rehabilitation services after sustaining a Covered Loss. Covered Treatment must occur within 365 days of the Covered Accident. The benefit is 10% multiplied by the portion of the Benefit Amount applicable to the Covered Loss for Accidental Death and Dismemberment, Coma or Paralysis. Maximum benefit is \$10,000.

Prosthesis Appliance Benefit A benefit is payable if the Insured Person suffers a Covered Loss that requires use of a Prosthetic Appliance Device. The Covered Loss must occur within 365 days of the Covered Accident. Maximum benefit is \$1,000 per Covered Loss.

Bereavement and Trauma Counseling Benefit A benefit is payable if an Insured Person requires bereavement and trauma counseling as a result of a Covered Death or Covered Loss. Covered Counseling must occur within 30 days of the Covered Accident. Coverage for Immediate Family Members or Fellow Participants is included. The benefit is up to \$100 per session for up to 10 sessions maximum. Maximum benefit is \$1,000 per Covered Loss.

Burial and Cremation Benefit A benefit is payable for the burial or cremation of an Insured Person who dies from a Covered Injury and an Accidental Death benefit is payable. The benefit amount is 10% of the Class A Principal Sum, subject to a Maximum of \$5,000.

Repatriation Benefit A benefit is payable if an Insured Person dies due to a Covered Injury while he or she is outside a 100 mile radius from his or her current place of primary residence. Coverage for Emergency Sickness is included. Coverage is included for Emergency Sickness and Traveling Companions. Maximum benefit is 100% of Usual & Customary Charges.

COMMON EXCLUSIONS

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name:

1. intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;
5. flight in, boarding, or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as:
 - a. a fare-paying passenger on a regularly scheduled commercial or charter airline;
 - b. a passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight; or
 - c. a passenger in a Military Aircraft flown by the air mobility command or its foreign equivalent;
6. travel in any Aircraft owned, leased, operated, or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
7. sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, (including exposure, whether or not Accidental, to viral, bacterial or chemical agents), whether the loss results directly or non-directly from the treatment except for any bacterial infection resulting from an Accidental external cut or wound or Accidental ingestion of contaminated food;
8. voluntary ingestion of any narcotic, drug, poison, gas, or fumes unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
9. an Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
10. medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of a Covered Injury; or
11. benefits will not be paid for services or treatment rendered by any person who is:
 - a. employed or retained by the Policyholder;
 - b. living in the Insured Person's household;
 - c. an Immediate Family Member, including domestic partner, of either the Insured Person or the Insured Person's Spouse; or the Insured Person.

DISCLOSURE STATEMENT

All U.S. insurance coverage described in this proposal is provided by AXIS Accident & Health and underwritten by AXIS Insurance Company. Coverage may not be available in all U.S. states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on state laws. This proposal outlines in general some of the important features of the proposed insurance program. The controlling provisions will be in the Policy, and this proposal is not intended in any way to modify the provisions or their meanings. The policy will be subject to the laws of the state in which it is issued.

This insurance coverage is administered by Provident Agency, Inc. of Pittsburgh, PA and in California, Provident of Pennsylvania Insurance Agency, Inc. of Pittsburgh, PA.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit AXIS Accident & Health from providing insurance, including, but not limited to, the payment of claims. Payment of claims under any insurance policy issued shall only be made in full compliance with all United States economic or trade and sanction laws or regulation, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

TRAVEL ASSISTANCE SERVICES*

(These are not insurance benefits.)

This proposal includes 24/7 access to travel assistance services, provided by Generali Global Assistance, to make arrangements for certain travel assistance services in conjunction with insurance benefits. Generali Global Assistance can make arrangements for these services whenever insured persons and covered family members travel at least 100 miles away from home.

Generali Global Assistance will make arrangements for the following services; however, neither Generali Global Assistance nor this policy will pay expenses associated with these services:

- Access to 24/7 Security Assistance Center
- Cash Advance
- Cultural Information & Embassy / Consular referrals
- Emergency Message Relay
- Emergency Travel Arrangements
- Law-Related Services
- Location of Medical Providers
- Medical Monitoring
- Pre-trip Informational Assistance
- Referral Services
- Replacement of Eyeglasses or Medications
- Translation Services

Generali Global Assistance will make arrangements for the following services:

- Medical Evacuation and / or Medical Repatriation when the Insured Person's or Traveling Companion's Covered Injury or Emergency Sickness warrants emergency evacuation (depending on the cause of the medical condition requiring evacuation or repatriation, this policy may pay for the cost of the evacuation or repatriation when the Medical Evacuation Benefit applies.
- Repatriation of Remains when the insured person or Traveling Companion suffers loss of life due to a Covered Injury or Emergency Sickness. This policy may pay for the cost of the repatriation of remains if the Repatriation Benefit applies.

* Regarding this Travel Assistance Services benefit, please note:

1. *If the expenses associated with the services or any advanced payments are not covered under the insurance policy, the policyholder or the covered person shall be responsible for payment. We reserve the right to recover any amounts paid outside of the terms of the policy from any third party who would otherwise be responsible for payment in the absence of the policy benefits.*
2. *These services are provided by Generali Global Assistance and are not insured benefits. Generali Global Assistance is under contract with AXIS Insurance Company to provide travel assistance services in conjunction with insurance benefits.*

BLANKET ACCIDENT INSURANCE POLICY

Underwritten by:
AXIS INSURANCE COMPANY
(A Stock Company)
(Herein called the Company)

Administrative Office:
1 University Square Drive, Suite 200
Princeton, NJ 08540

Home Office:
111 South Wacker Drive, Suite 3500
Chicago, IL 60606

The Company will pay the benefits of this Policy subject to its provisions. This page and the pages that follow are part of this Policy.

AXIS Insurance Company insures the members of:

Anytown USA Fire Protection District (the Policyholder)

Policy Number: **PRCO-XXXXX-XXXXXXX**

AXIS Insurance Company (referred to as the Company, We, Our, or Us) will pay the benefits provided by this Policy in return for the advance payment of premium. AXIS Insurance Company makes this promise subject to all of this Policy's provisions.

The Policy is a legal contract between the Policyholder and the Company.

This Policy describes the terms and conditions of insurance. This Policy goes into effect subject to its applicable terms and conditions at 12:01 A.M. on the Policy Effective Date at the Policyholder's address. It will remain in effect for the duration of the Policy Term if the premium is paid according to the agreed terms. This Policy terminates at 12:00 A.M., on the day following the last day of the Policy Term unless the Policyholder and the Company agree to continue coverage under this Policy for an additional Policy Term.

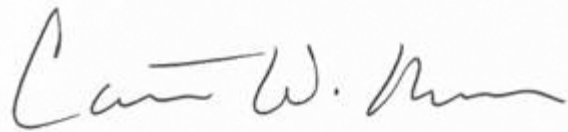
The Company and the Policyholder agree to all the terms of this Policy.

10 Day right to examine this Policy – The Policyholder should read this Policy carefully and contact us promptly with any questions. If the Policyholder is not satisfied for any reason, this Policy may be returned within 10 days of its receipt. We will refund any premiums already paid within 10 days after the Company receives the Policyholder's notice of cancellation of this Policy, and it will be considered never to have been issued.

The President and Secretary of the Company witness this Policy.



Secretary



President

PLEASE READ THIS POLICY CAREFULLY

Plans of Insurance for the Anytown USA Fire Protection District

Benefits apply while performing a Covered Activity.

DISCLOSURE STATEMENT

All U.S. insurance coverage described in this proposal is provided by AXIS Accident & Health and underwritten by AXIS Insurance Company. Coverage may not be available in all U.S. states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on state laws. This proposal outlines in general some of the important features of the proposed insurance program. The controlling provisions will be in the Policy, and this proposal is not intended in any way to modify the provisions or their meanings. The policy will be subject to the laws of the state in which it is issued.

This insurance coverage is administered by Provident Agency, Inc. of Pittsburgh, PA.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit AXIS Accident & Health from providing insurance, including, but not limited to, the payment of claims. Payment of claims under any insurance policy issued shall only be made in full compliance with all United States economic or trade and sanction laws or regulation, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

Insurance policies providing certain health insurance coverage issued or renewed on or after September 23, 2010 are required to comply with all applicable requirements of the Patient Protection and Affordable Care Act (PPACA). However, there are a number of types of insurance that are specifically exempt from the requirements of the PPACA.

Based on our understanding of the current law and regulations, it is our belief that the accident and health benefits provided under this program are exempt from the requirements of the PPACA. Similarly, we do not believe that this accident and health coverage qualifies as minimum essential benefits as set forth in the PPACA. AXIS Insurance Company continues to monitor PPACA laws and regulations to determine any impact on its products. Should there be any change that requires modification of this coverage, we reserve the right to change the policy and rates accordingly.

GENERAL EXCLUSIONS AND LIMITATIONS

The benefits contained in the Policy are subject to the following limitations:

1. All Covered Injuries and Covered Illnesses arising from the same Covered Activity shall be treated as a single Covered Injury or Covered Illness. If the Insured Person sustained a Covered Injury and a Covered Illness from the same Covered Activity and the amount payable or benefit period for a specific benefit is different for Covered Injuries and Covered Illnesses, the Company will pay the higher amount or adhere to the longer benefit period.
2. If an Insured Person suffers a Covered Injury or Covered Illness that is payable under more than one of the following benefits, the most the Company will pay is the greater of the largest principal sum or the largest single benefit amount payable shown on the *Policy Schedule of Benefits* for any benefit for which the Insured Person qualifies: Covered Injury Death Benefit; Covered Illness Death Benefit; HIV Positive Diagnosis Lump Sum Benefit; Dismemberment, Loss of Speech or Hearing Benefit; Vision Impairment Benefit; Permanent Physical Impairment Benefit or Paralysis Benefit.
3. If an Insured Person is covered under more than one Sponsoring Organization Blanket Accident Policy issued by the Company, the total benefits payable will not exceed those payable under the policy that provides the greatest benefit.

This limitation may not apply when multiple Blanket Accident Policies are issued and an Insured Person is also covered under an Accidental Death & Dismemberment Policy.

This limitation will apply when an Insured Person is covered under multiple Blanket Accident Policies; the Insured Person will not be covered under more than one local policy, more than one county policy, or more than one state policy.

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided in the Policy: declared or undeclared war or act of war; suicide or any attempt at it, while sane or insane; or intentionally self-inflicted injuries while sane; mental or emotional disorders, except as specifically provided for by the Traumatic Incident Benefit or the Mental Stress Management Benefit; any Organized League Athletic Event, except as provided under the Policy; or commission of a felony. In addition, benefits will not be paid for services or treatment rendered by any person who is: employed or retained by Sponsoring Organization; living in the Insured Person's household; an Immediate Family Member of either the Insured Person or the Insured Person's Spouse; or the Insured Person.

Plans of Insurance for the Anytown USA Fire Protection District

Benefits apply while performing a Covered Activity.

EXCLUSIONS THAT APPLY TO THE INCOME PROTECTION BENEFITS

In addition to the Exclusions provided under the Policy, no Income Protection Benefits shall be payable in the following instances, unless coverage is specifically provided: (1) during the Insured Person's incarceration in a penal or corrections institution. Payments may resume after incarceration as long as the Insured Person remains Totally Disabled and remains covered under the Policy; or (2) the Insured Person is not receiving Appropriate Care.

LIMITATIONS THAT APPLY TO THE INCOME PROTECTION BENEFITS

1. Total Disability or Partial Disability claims resulting from athletic events that are not Organized League Athletic Events will be limited to a maximum period of up to 156 weeks.
2. In no event will benefits be payable to an Insured Person for more than one disability at the same time.
3. An Insured Person may reopen his or her claim at any time up to 5 years following a period of Total Disability or Partial Disability for either Covered Injuries or Covered Illnesses for which payments were made under this Policy.
4. If an Insured Person is covered by multiple Accident Policies issued by the Company, the total amount of Income Protection Benefits payable under all policies will be a weekly benefit amount up to a maximum of \$1,000.
5. If a Career Personnel Insured Person is approved for disability retirement or otherwise retires, all eligibility for Total Disability or Partial Disability terminates on the effective date of such retirement.

EXCLUSIONS FOR MEDICAL EXPENSE BENEFIT AND THE PLASTIC SURGERY EXPENSE BENEFIT- In addition to the Exclusions provided under the Policy, no Medical Expense Benefit or Plastic Surgery Expense Benefits shall be payable for the following treatments or services, unless coverage is specifically provided:

1. benefits paid or payable under any Workers' Compensation Act or similar law, or under any no fault automobile insurance plan or similar law. If an Insured Person settles a Workers' Compensation claim, including medical expenses under Workers' Compensation, medical expenses rising from the injury or occupational disease that led to the Workers' Compensation claim will be deemed to be payable under Workers' Compensation for purpose of determining Covered Medical Expenses; or
2. any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by the Company to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.

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Benefits apply while performing a Covered Activity.

DESCRIPTION OF BENEFITS

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. HIV Positive Diagnosis Lump Sum Benefit** - If Insured Person tests HIV Positive as a result of participation in a Covered Activity, the Insured Person may choose to receive the HIV Positive Diagnosis Lump Sum 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 Death Benefit or Covered Illness Death Benefit is payable under the Policy, an amount up to the Maximum Benefit Amount will be paid for out-of-pocket expenses actually incurred by the Sponsoring Organization or Participating Organization for the following expenses that are directly associated with an Insured Person's loss of life: 1) reasonable cost of bereavement counseling and 2) the reasonable costs associated with the memorial service, wake, honor guard, or other tribute to the Insured Person. This benefit is payable to the Sponsoring Organization or Participating Organization.
- E. Dependent Child Benefit** - If a Covered Injury or Covered Illness Death Benefit is payable under the Policy, an additional benefit is payable for each Dependent Child.
- F. Seatbelt Benefit** - If a Covered Injury Death Benefit is payable under the Policy and the Insured Person's death occurred in an Accident while he or she was wearing a properly fastened automobile seatbelt, the Seatbelt Benefit is payable.
Airbag Benefit - If the Seatbelt Benefit is payable, the additional Airbag Benefit Amount will be paid if the Insured Person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag) when the Accident occurred.
- G. Final Expenses Benefit** - If a Covered Injury or Covered Illness Death Benefit is payable under the Policy, an additional benefit will be paid for out-of-pocket expenses actually incurred by the beneficiary for expenses directly associated with an Insured Person's loss of life.
- H. Spousal Benefit** - If a Covered Injury Death Benefit or Covered Illness Death Benefit is payable under the Policy, an additional benefit is payable to the Insured Person's Spouse.
- H. Surviving Spouse Education Benefit** - If an Insured Person suffers a Covered Injury Death or Covered Illness Death, a benefit is payable for the surviving Spouse to enroll in an institution of higher learning, professional or trade training program as set forth in a written agreement between the Spouse and the Company which can be periodically reviewed. The Company shall pay the actual costs incurred by the Insured Person for tuition, books and supplies charged by the institution up to the Maximum Benefit Amount provided in the Policy.
- I. Dependent Child Education Benefit** - If an Insured Person suffers a Covered Injury Death or Covered Illness Death and a death benefit is payable under this Policy, a benefit is payable for expenses incurred by each Dependent Child for tuition, fees, books, room and board, transportation and any other costs payable directly to a school, or approved and certified by the school, up to the Maximum Benefit Amount provided in the Policy.

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, an amount equal to 6.25% up to 100% of the Principal Sum is payable, based on the level of loss or dismemberment.
- B. Vision Impairment Benefit** - If the Insured Person, as a result of a Covered Injury, suffers a vision impairment as defined in the Policy, an amount equal to 2.75% up to 100% of the Principal Sum is payable. 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 from Burn 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. This benefit will be paid in addition to any other benefit payable under the Policy, with the exception of a benefit paid under the Dismemberment, Loss of Speech or Hearing Benefit for the same burned area.
- D. Permanent Physical Impairment Benefit** - If an Insured Person suffers a Covered Injury or Covered Illness which results in a Permanent Physical Impairment of a body part, we will pay a PPI Benefit. The impairment percentage assigned by the Physician is multiplied by the Principal Sum to determine the benefit payable.

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- E. Felonious Assault Benefit** - If an Insured Person is participating in a Covered Activity and sustains a Covered Injury caused by a Felonious Assault directed at the Insured Person, an additional benefit is payable.
- F. Impairment Modification Benefit** - This benefit may be payable if, due to Total or Partial Disability, 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. The benefit may pay for alterations to make the Insured Person's residence wheelchair accessible and/or habitable, and modifications to his or her motor vehicle. Impairment modifications are subject to written agreement and other requirements outlined in the Policy.
- G. Paralysis Benefit** - If an Insured Person suffers Paralysis resulting from a Covered Injury or Covered Illness, the Company will pay a percentage of the Principal Sum based on the type of Paralysis, provided that the Paralysis occurs within 365 days.

Section III: Income Protection Benefits

A. Weekly Total Disability Benefits

- A.i. Covered Injury Minimum Weekly Total Disability Benefit** – For Volunteers, payable up to lifetime while the Insured Person is Totally Disabled. For Career Personnel, payable for up to 5 years while the Insured Person is Totally Disabled. Paid in addition to any benefit from any source.
 - A.ii. Covered Illness Minimum Weekly Total Disability Benefit** – For Volunteers, payable up to later of age 67 or five years, whichever is greater while the Insured Person is Totally Disabled. For Career Personnel, payable for up to 5 years while the Insured Person is Totally Disabled. Paid in addition to any benefit from any source.
 - A.iii. Covered Injury Weekly Earned Income Replacement Benefit** – For Volunteers, payable up to lifetime and up to the amount listed in the Policy while the Insured Person is Totally Disabled and the Minimum Weekly Total Disability Benefit is payable. For Career Personnel, payable up to 5 years and up to the amount listed in the Policy while the Insured Person is Totally Disabled and the Minimum Weekly Total Disability Benefit is payable. The amount payable shall be computed by determining the Insured Person's Weekly Earned Income then subtracting the Minimum Weekly Total Disability Benefit and the Loss of Earnings Coverage as defined in the Policy.
 - A.iv. Covered Illness Weekly Earned Income Replacement Benefit** - For Volunteers, payable up to later of age 67 or five years, whichever is greater and up to the amount listed in the Policy while the Insured Person is Totally Disabled and the Minimum Weekly Total Disability Benefit is payable. For Career Personnel, payable up to 5 years and up to the amount listed in the Policy while the Insured Person is Totally Disabled and the Minimum Weekly Total Disability Benefit is payable. The amount payable shall be computed by determining the Insured Person's Weekly Earned Income then subtracting the Minimum Weekly Total Disability Benefit and the Loss of Earnings Coverage as defined in the Policy.
- B. Partial Disability Benefit** - If a Covered Injury or Covered Illness results in a Partial Disability and permits the Insured Person to return to any Reasonable Occupation but at a lower rate of Weekly Earned Income, a benefit is payable of up to the Maximum Weekly Total Disability Benefit which would have been paid had the Insured Person been Totally Disabled. For Volunteers, benefits are payable up to later of age 67 or five years. For Career Personnel, benefits are payable for up to 5 years.
 - C. Cost of Living Adjustments** - Adjustments are made at the greater of 5% or the CPI-U (up to 8%) on the Review Date of the Covered Injury or Covered Illness continuous disability. COLA adjustments are compounded after each Review Date not to exceed three times the Maximum Weekly Total Disability Benefit amount.
 - D. First Week Total Disability Benefit** - For the first week of Total Disability, a benefit is payable. The amount payable shall be computed by determining the Insured Person's Weekly Earned Income then subtracting the Minimum Weekly Total Disability Benefit, the Weekly Earned Income Replacement Benefit and the Loss of Earnings Coverage.
 - E. Transition Benefit** – If an Insured Member is released to return to his or her primary employment after having received disability benefits under this Policy due to Covered Injury or Covered Illness, and their position at their primary employer has been terminated due to said Covered Injury or Covered Illness, disability benefits previously payable will continue to be paid for a period of up to 26 weeks while the Insured Person actively seeks employment.
 - F. Retraining Benefit** - If as a result of a Covered Injury or Covered Illness an Insured Person cannot find and maintain a Regular Occupation, the Company will pay for the Insured Person to enroll in an institution of higher learning, professional or trade training program as set forth in a written agreement between the Insured Person and us which can be periodically reviewed. The Company shall pay the actual costs incurred by the Insured Person for tuition, books and supplies charged by the institution up the Maximum Benefit Amount provided in the Policy. Benefits for disability will continue as provided by the Policy while

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the Insured Person is actively participating in the program.

Section IV: Medical Expense Benefits

- A. Medical Expense Benefit** - If, as a result of a Covered Injury or Covered Illness, an Insured Person incurs charges for Covered Medical Expenses as defined in the Policy, we will pay 100% of the Reasonable and Customary Charges up to the Maximum Medical Expense Benefit Amount provided. This Maximum is payable for all Covered Medical Expenses resulting from the same Covered Injury or Covered Illness.
- B. Plastic Surgery Expense Benefit** - If an Insured Person incurs expenses that exceed the Maximum Medical Expense Benefit Amount provided under the Medical Expense Benefit, an additional amount from Covered Medical Expenses incurred for Medically Necessary plastic surgery due to a Covered Injury will be paid. The additional amount is 25% of the Medical Expense Benefit Amount, but not less than \$25,000

Section V: Additional Benefits

- A. Daily Hospital Confinement and Outpatient Treatment Benefit** - If, due to a Covered Injury or Covered Illness, an Insured Person:
- is admitted to a Hospital on an Inpatient basis, a Daily Benefit Amount is payable for each full day of Inpatient Hospital confinement, not to exceed 730 days;
 - If after a period of being confined as an Inpatient in a Hospital, an Insured Person requires Outpatient physical therapy, rehabilitation and/or follow-up Physician visits, we will pay the Daily Benefit Amount for each day of such Outpatient treatment, not exceed 730 days; or
 - If an Insured Person does not require confinement as an Inpatient in a Hospital, but does require Outpatient physical therapy, rehabilitation and/or follow-up Physician visits, we will pay the Daily Benefit Amount for each day of such Outpatient treatment, not to exceed 365 days.
- For Outpatient treatment, only one payment per day will be made, regardless of the number of appointments the Insured Person attends.
- B. Daily 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, a Daily Benefit Amount is payable for each full day of such confinement, not to exceed 730 days. This payment is in lieu of the Daily Hospital Confinement Benefit.
- C. Family Expense Benefit** - If, as a result of a Covered Injury or Covered Illness, an Insured Person requires medical treatment that causes an Immediate Family Member or a significant other to accompany the Insured Person for treatment or to help treat the Insured Person, a benefit is payable for reasonable expenses actually incurred and not reimbursed by another source 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. Occupational Rehabilitation Benefit** - If an Insured Person is receiving Weekly Total Disability Benefits or Partial Disability Benefits, he or she may be eligible for a rehabilitation program. The Company will pay up to the Maximum Benefit Amount for the program as set forth in a written agreement. The goal of the rehabilitation program will be to return an Insured Person to the workforce in a Reasonable Occupation for which he or she is reasonably suited considering the Covered Injury or Covered Illness sustained.
- E. Mental Stress Management Benefit** - If, as a direct result of being actively engaged in a single emergency incident or repeated active engagement in emergency incidents involving the organization, an Insured Person suffers psychiatric or mental stress, a Mental Stress Management Benefit is payable. The Insured Person must be receiving care by a Physician properly licensed to provide care appropriate for the condition causing the psychiatric or mental stress.
- F. Traumatic Incident Benefit** - A benefit is payable for reasonable expenses for the services provided by a Traumatic Incident Stress Management Team, if such services are requested and authorized by the organization as a result of a Traumatic Incident. 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 Aggregate Maximum Benefit Amount is the maximum that will be paid per Traumatic Incident regardless of the number of persons treated.
- G. Health Insurance Premium Benefit** - If, disability benefits are paid under the Policy, and as a result of a Covered Injury or Covered Illness, the medical or health insurance premiums previously paid the Insured Person's employer have been discontinued, the Company shall pay the amount the employer previously paid for those premiums. The benefit is payable if the Insured Person incurs out of pocket costs for said premiums.

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DEFINITIONS

Accident or Accidental means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place while the Insured Person is covered under this Policy.

Appropriate Care means the determination of an accurate and medically supported diagnosis of the Insured Person's Total or Partial Disability by a Physician, or a plan established by a Physician of ongoing medical treatment and care of the Total or Partial Disability that conforms to generally accepted medical standards, including frequency of treatment and care.

Auxiliary Member means any person who is a member of the auxiliary to the Sponsoring Organization at the time of Covered Injury or Covered Illness.

Benefit Period means the period, shown on the *Policy Schedule of Benefits*, commencing with the date of the onset of the Total Disability or Partial Disability during which benefits are payable.

Career Personnel means employees or members of the organization that receive Weekly Earned Income for regularly working at least 30 cumulative hours per week as an emergency service provider for the Sponsoring Organization.

Community Volunteer means a non-member who helps the Sponsoring Organization and/or the auxiliary of the organization, in a non-emergency capacity such as fund raisers, banquets, etc.

Cosmetic Disfigurement from Burns means a cosmetic disfigurement that is due to a burn that is classified as a third degree or full-thickness burn caused by a source that is thermal, chemical, electrical, or nuclear. The surface area must be documented by a Physician according to the Rule of Nines or the Lund-Browder chart.

Covered Activity means any activity which is normal for an Insured Person while acting on behalf of the Sponsoring Organization and includes travel directly to and from such activity, as well as impromptu action (Good Samaritan) at the scene of an emergency regardless of the Sponsoring Organization's involvement. Covered Activity includes all athletic events sponsored by the Sponsoring Organization with the exception of Organized League Athletic Events, unless such coverage is purchased. The Covered Activity must be performed at the direction, or with knowledge, of an officer of the Sponsoring Organization, unless immediate action is required of the Insured Person at the scene of an emergency not on behalf of the Sponsoring Organization or any other organization.

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

Covered Illness Death means any Covered Illness, other than those related to psychiatric illness or mental stress, contracted or suffered by an Insured Person during or resulting from a Covered Activity while this Policy is in force and results in the death of an Insured Person.

Covered Injury means Accidental bodily injury sustained by the Insured Person during and/or resulting directly from an Insured Person's participation in a Covered Activity while coverage under the Policy is in force (independent of sickness, disease, mental incapacity or any other cause) and which is not otherwise defined as a Covered Illness.

Covered Injury Death means a Covered Injury sustained by an Insured Person during and/or resulting directly from a Covered Activity while this Policy is in force, and which results in the death of an Insured Person.

Covered Medical Expenses means the Reasonable and Customary Charges for any of the following services: medical or surgical treatment, preventative inoculation, Hospital confinement, Home Healthcare, nursing services prescribed and monitored by a Physician, Post exposure Prophylaxis protocol (PEP) treatment, when such treatment is advised by the attending Physician, Infectious Disease screening test (s), or Post exposure preventive inoculations as a result of participation in a Covered Activity.

CPI-U means the Consumer Price Index for all Urban Consumers, published by the United States Department of Labor. The Company reserves the right to use some other similar measurement if the Department of Labor changes or stops publishing the CPI-U.

Dependent Child means the Insured Person's unmarried child who meets the following requirements.

1. a child from birth to 26 years old;
2. a child who is no more than 25 years of age, is a resident of this state, or is not provided coverage as a named subscriber, insured, enrollee, or covered person under any group or individual health benefit plan, or entitled to benefits under Title XVIII of the Social Security Act; or
3. a child who is 26 or more years old, primarily supported by the Insured Person, and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to the Company within 31 days after the date the child ceases to qualify as a

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Dependent Child for the reasons listed above. During the next two years, the Company may, from time to time, require proof of the continuation of such condition and dependence. After that, the Company may require proof no more than once a year.

A Dependent Child, for purposes of this definition, includes the Insured Person's:

1. natural child;
2. adopted child, beginning with any waiting period pending finalization of the child's adoption;
3. stepchild who resides with the Insured Person; and

child for whom the Insured Person is legal guardian, as long as the child resides with the Insured Person and depends on him or her for financial support. Financial support means that the Insured Person is eligible to claim the dependent for purposes of Federal and State income tax returns

If the Insured Person who is the legal guardian of a child is not a step-parent, grandparent, aunt or uncle, then the child must have resided with him or her for at least six consecutive months and intends to reside with Him for an indefinite period of time.

Emergency Volunteer means a person physically present at the time of the emergency, and who is not responding/acting as a member of any emergency service organization, who has been specifically requested to assist by the Chief, Line Officer or other officer in charge of the emergency.

Felonious Assault means any willful or unlawful use of force upon an Insured Person:

1. with the intent to cause bodily injury to an Insured Person;
2. that results in bodily harm to an Insured Person; and
3. that is a felony or misdemeanor in the jurisdiction in which it occurs.

Felonious Assault does not include any willful or unlawful use of force upon an Insured Person by another Insured Person.

HIV means Human Immunodeficiency Virus, a virus that infects lymphocytes and other cells bearing the CD4 marker, the initial infection of which is known as acute retro viral syndrome.

Home Healthcare means Medically Necessary services provided and billed by the Home Health Agency. Such services must be prescribed and supervised by a Physician in accordance with a medical treatment.

Home Health Agency means an entity engaged in arranging and providing nursing services, home health services or other therapeutic and related services. The entity and must be certified by a competent governmental authority in the jurisdiction where the services are rendered, as meeting requirement of Title XVIII of the Social Security Act, as amended, for home health agencies.

Hospital means an institution that meets all of the following:

1. it is licensed as a Hospital pursuant to applicable law;
2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. it is managed under the supervision of a staff of medical doctors;
4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis; and
6. it charges for its services.

Hospital shall include a Veteran's Administration Hospital or Federal Government Hospital and the requirement that a patient must incur an expense as an Inpatient shall be waived.

Infectious Disease means a disease included within the list of potentially life-threatening infectious diseases, developed by the Secretary of Health and Human Services, pursuant to Title XXVI of the Public Health Service Act.

Immediate Family Member means a person who is related to the Insured Person in any of the following ways: Spouse, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), child (includes legally adopted or stepchild), grandparent, grandchild, brother-in-law, sister-in-law, daughter-in-law, son-in-law, mother-in-law, or father-in-law.

Inpatient means confined overnight as a registered bed-patient in a Hospital or other medical facility where at least one day's room and board is charged. The

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confinement must be on the advice of a Physician.

Insured Person means any person who is listed as an Eligible Person on the *Policy Schedule of Benefits*.

Loss of Earnings Coverage means any disability benefits or salary continuance received from:

1. the benefits payable in accordance with any Workers' Compensation Act or Occupational Disease Act or Law, or any other law which provides compensation for an occupational injury;
2. the income benefit provided by or through any automobile insurance plan or any government plan of automobile insurance or similar insurance regulation or law;
3. the salary continuation or severance allowance provided by or through the employer;
4. the disability, retirement or other income benefits provided by or through the employer, the Sponsoring Organization, or the Insured Person; and
5. the amounts paid or payable under any group plan or insurance policy.

Loss of Earnings Coverage does not include disability benefits received from individual disability insurance paid by Insured Person, or any disability benefits payable under the United States Federal Social Security Act. If an Insured Person settles a Workers' Compensation claim, including Loss of Earnings or similar provisions of Workers' Compensation, the presumed amount of those Workers' Compensation benefits shall be considered Loss Earnings Coverage for the entire duration of the Insured Person's Total Disability or Partial Disability.

Medically Necessary means medical services that: (1) are essential for diagnosis, treatment or care of the Covered Injury or Covered Illness for which it is prescribed or performed; (2) meet generally accepted standards of medical practice; and (3) are ordered by a Physician and performed under his or her care, supervision or order.

Nurse means a licensed graduate registered Nurse (R.N.) or a licensed practical Nurse (L.P.N.) who is not:

1. the Insured Person;
2. an Immediate Family Member of either the Insured Person or the Insured Person's Spouse;
3. a person living in the Insured Person's household; or
4. a person employed or retained by the Sponsoring Organization.

Named Insured means any organization listed as a Participating Organization on the *Policy Schedule of Benefits*.

Organized League Athletic Event means any type of sporting event or activity that occurs during a pre-planned schedule of practices, games, matches and/or tournaments over a specific season and may include the usage of a team roster, designated uniforms, umpires/referees, or fees paid to participate.

Organized League Athletic Covered Activity means preparation for, participation in, and travel to and from, an Organized League Athletic Event sponsored or approved by the Sponsoring Organization.

Other Valid and Collectible Insurance means: (1) any group plan, program or insurance policy; (2) any other group hospital, surgical or medical benefit plan; or (3) any union welfare plan or group employer or employee benefit program. Other valid and collectible insurance will not include benefits provided by the United States Social Security Act or any individual disability insurance plan.

Outpatient means an Insured Person who is a patient and is not hospitalized overnight but who visits a Hospital, clinic, or associated facility for diagnosis or treatment.

Partial Disability or Partially Disabled means, for an Insured Person with an occupation producing wages as described in the definition of Weekly Earned Income, the inability to perform one or more, but not all, of the material and substantial duties of his or her own occupation as a result of a Covered Injury or Covered Illness. If an Insured Person does not have an occupation producing wages as described in the definition of Weekly Earned Income, Partial Disability or Partially Disabled means:

1. the inability to perform one or more, but not all of the material and substantial duties of an occupation for which an Insured Person is qualified by reason of education, training or experience; or
2. the inability to perform one or more, but not all of the regular activities of an Insured Person.

An Insured Person must be under the regular care of a Physician during Partial Disability.

Permanent Physical Impairment means a physical impairment or functional abnormality of a body part or parts or loss of at least 10% whole person 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.

Physician means a licensed health care provider practicing within the scope of his or her license and rendering care and treatment to the Insured Person that is appropriate for the condition and locality, and who is not:

1. the Insured Person;

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2. an Immediate Family Member of either the Insured Person or the Insured Person's spouse;
3. a person living in the Insured Person's household;
4. a person employed or retained by the Sponsoring Organization; or
5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.

Police Reserve Officers means all officers and reserve law enforcement members appointed by the Sponsoring Organization. Such persons have completed or are actively enrolled and participating in, the training and probationary period specified by the written regulations of the Sponsoring Organization.

Policy Term means the time period defined for the Sponsoring Organization shown on the *Policy Schedule of Benefits*.

Reasonable and Customary Charge(s) means a charge that:

1. is made for a Covered Medical Expense;
2. does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit or a cardiac care unit, does not exceed the Hospital's most common charge for semi-private room and board); and
3. does not include charges that would not have been made if no insurance existed.

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

Regular Occupation means the Insured Person's primary occupation at the time of disability for which he or she was receiving remuneration.

Review Date means the date after 52 weeks of continuous disability.

Sponsoring Organization means the organization named on the Policy Schedule of Benefits. This includes additional organizations identified by endorsement attached to the Policy.

Spouse means the Insured Person's lawful spouse.

Total Disability or Totally Disabled means that for the first 5 years from the date of a Covered Injury or onset of a Covered Illness, an Insured Person:

1. is not able to perform the substantial and material duties of his or her occupation; and
2. is receiving Appropriate Care .

After 5 years from the date of a Covered Injury or onset of a Covered Illness, Total Disability or Totally Disabled means that due to a Covered Injury or a Covered Illness an Insured Person:

1. is not able to engage in any Reasonable Occupation;
2. is not working at any other occupation; and
3. is receiving Appropriate Care.

Traumatic Incident means an abnormal experience involving the Sponsoring Organization, outside the range of usual human experiences and that includes: 1) line of duty death or serious injury to other Insured Persons; 2) a single incident having multiple casualties; 3) death or serious injury of a child; 4) dealing with victims known to the Insured Person, and 5) similar incidents that would reasonably require mental health care for the entire Sponsoring Organization or a significant number of members of the Sponsoring Organization.

Traumatic Incident Stress Management Team means an organized group of mental health professionals and peer support individuals trained to provide support services to emergency service 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.

Plans of Insurance for the Anytown USA Fire Protection District

Benefits apply while performing a Covered Activity.

Weekly Earned Income means the greater of an Insured Person's:

1. average income earned on a weekly basis at the time the disability starts; or
2. average income earned on a weekly basis 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 an Insured Person, Weekly Earned Income will be computed from an 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 other records which We may reasonably request. Commission earnings will be computed using an average of 24 months of previous commission earnings.

If an Insured Person is self-employed, Weekly Earned Income will be computed from the amount reported by an Insured Person on page 1 of the IRS Form 1040 series, which includes amounts from Schedules C and F, and from qualifying income from Schedule E which is included in the amount reported by an Insured Person on page 1 of IRS Form 1040 series.

If the Insured Person is a commissioned sales person, Weekly Earned Income will be any salary or wages and commissions received from the Employer. This will be based on the Statement of Wages Earned and Taxes Withheld (Form W-2) for the fiscal year ending immediately prior to the date of the Insured Person's disability.

Weekly Earned Income does not include rent, royalties, investment income, passive income, estate and trust income and REIT/REMIC income regardless of an Insured Person's active involvement in generating said forms of income, an Employer's contributions to any deferred compensation plan or pension plan on the Insured Person's behalf, stock options, or any other income not derived directly from an Insured Person's occupational activities.

BLANKET ACCIDENT POLICY/CERTIFICATE

Underwritten by:
AXIS INSURANCE COMPANY
(A Stock Company)
(Herein called the Company)

Administrative Office:
1 University Square Drive, Suite 200
Princeton, NJ 08540

Home Office:
111 South Wacker Drive, Suite 3500
Chicago, IL 60606

POLICYHOLDER: Anytown USA Fire Protection District

POLICY EFFECTIVE DATE: February 15, 2023

POLICY NUMBER: CRTI-XXXXX-XXXXXXX

POLICY TERM: February 15, 2023 through February 14, 2024

POLICY ANNIVERSARY DATE: February 15

STATE OF ISSUE: Pennsylvania

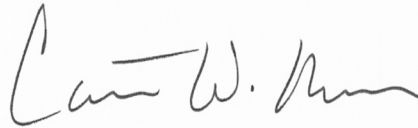
The Policy is a legal contract between the Policyholder and the Company.

This Policy describes the terms and conditions of insurance. This Policy/Certificate goes into effect subject to its applicable terms and conditions at 12:01 A.M. on the Policy Effective Date shown above at the Policyholder's address. It will remain in effect for the duration of the Policy Term shown above if the premium is paid according to the agreed terms. This Policy/Certificate terminates at 12:00 A.M., on the day following the last day of the Policy Term unless the Policyholder and the Company agree to continue coverage under this Policy/Certificate for an additional Policy Term. The laws of the State of Issue shown above govern this Policy/Certificate.

The Company and the Policyholder agree to all the terms of this Policy/Certificate.



Secretary



President

**THIS IS A LIMITED POLICY
IT PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENT ONLY
IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS
THIS POLICY MAY CONTAIN A DEDUCTIBLE
PLEASE READ IT CAREFULLY
NON-PARTICIPATING**

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Underwritten by:
AXIS INSURANCE COMPANY
(A Stock Company)
(Herein called the Company)

Administrative Office:
1 University Square Drive, Suite 200
Princeton, NJ 08540

Home Office:
111 South Wacker Drive, Suite 3500
Chicago, IL 60606

POLICYHOLDER: Anytown USA Fire Protection District

POLICY EFFECTIVE DATE: February 15, 2023

POLICY NUMBER: CRTI-XXXXX-XXXXXXX

POLICY TERM: February 15, 2023 through February 14, 2024

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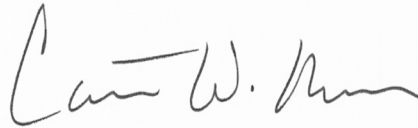
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NON-PARTICIPATING**



CRITICAL ILLNESS INSURANCE PROPOSAL
WITH 24-HOUR ACCIDENTAL DEATH & DISMEMBERMENT

Date Prepared: 02/08/2023

Policyholder Name: Anytown USA Fire Protection District

Policy Number: CRTI-XXXXX-XXXXXXX

Proposed Effective Date: 03/01/2023

Policyholder State: PA

This proposal summary is valid for 90 days from the Date Prepared or 1 day prior to the Proposed Effective Date, whichever date is earlier. This proposal outlines in general some of the important features of the proposed insurance program. The controlling provisions will be in the Policy, and this proposal is not intended in any way to modify the provisions or their meanings. The policy will be subject to the laws of the state in which it is issued.

Covered Class:

Class A: All Active Members of the Policyholder

Type of Coverage:

24-Hour Coverage (Business & Pleasure)

Number of Insured Persons (Active Members): 117

Quote Options:	OPTION 1	OPTION 2	OPTION 3
AD&D Principal Sum:	\$10,000	\$10,000	\$10,000
Critical Illness Benefit:	\$10,000	\$20,000	\$30,000
Annual:	\$10,644	\$20,642	\$30,640

Premium is due within 30 days of the Effective Date of the policy.

CONDITIONS OF COVERAGE

This Section describes the Conditions of Coverage under which benefits provided by the Policy become payable. Any benefits are payable only once, even though more than one Condition of Coverage may apply. Please read these and the Common Exclusions sections in order to understand all of the terms, conditions, and limitations of coverage.

24-HOUR COVERAGE (Business & Pleasure)

The Company will pay the Benefit Amount shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, when the Insured Person suffers a Covered Loss that occurs any time while insured by this Policy including riding in or entering or exiting an Aircraft.

Exclusions that apply to this Condition of Coverage are in the Common Exclusions section.

BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) BENEFITS * **(In CA, DEATH BY ACCIDENTAL MEANS AND DISMEMBERMENT)**

The Company will pay the Benefit Amount for any one of the Covered Losses listed in the Schedule of Benefits, subject to all applicable conditions and exclusions, if the Insured Person suffers a loss as a result of a Covered Injury within 365 days of a Covered Accident. If the Insured Person sustains more than one Covered Loss as a result of the same Covered Accident, the total of Benefits the Company will pay will not exceed the Principal Sum. The Covered Loss must occur within 365 days of the Covered Accident (In PA, loss period does not apply to Loss of Life).

Covered Loss	Benefit Amount (% of Principal Sum)
Loss of Life	100%
Loss of or Loss of Use of Two or More Hands or Feet	100%
Loss of Sight in Both Eyes	100%
Loss of Speech and Hearing in Both Ears	100%
Loss of One Hand or Foot and Sight in One Eye	100%
Loss of or Loss of Use of One Hand or Foot	50%
Loss of Sight in One Eye	50%
Loss of Speech	50%
Loss of Hearing in Both Ears	50%
Severance and Reattachment of One Hand or Foot	50%
Loss of Thumb and Index Finger of the Same Hand	25%
Loss of all Four Fingers of the Same Hand	25%
Loss of all Toes of the Same Foot	25%
Loss of Thumb	25%
Loss of Index Finger	25%
Loss of Any Joint on Either Hand	6.25%
Loss of 2 nd , 3 rd , or 4 th Finger of Either Hand	12.5%
Loss of Large Toe of Either Foot	5%
Loss of a Joint of a Toe	1%

Exposure and Disappearance If by reason of an Accident occurring while an Insured Person's coverage is in force under this Policy, the Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a Covered Loss for which an Accidental Death or Accidental Dismemberment Benefit is otherwise payable under the Policy, the Covered Loss will be covered under the terms of this Policy. If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a Conveyance in which the Insured Person was an occupant while covered under this Policy, then it will be deemed, subject to all other terms and provisions of this Policy, that the Insured Person has suffered an Accidental Death that would have been payable under the Policy.

** An Aggregate Maximum of ten times the Class A Principal Sum, not to exceed \$500,000 applies to the Accidental Death & Dismemberment benefits. Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses, Covered Accidents and Covered Injuries suffered by all Insured Persons as the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. This Aggregate Limit of Indemnity is payable only once. Should more than one Condition of Coverage apply, we will pay the greater amount. If this amount does not allow all Insured Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Insured Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.*

COMMON EXCLUSIONS

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name:

1. intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;
5. flight in, boarding, or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as:
 - a. a fare-paying passenger on a regularly scheduled commercial or charter airline;
 - b. a passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight; or
 - c. a passenger in a Military Aircraft flown by the air mobility command or its foreign equivalent;
6. travel in any Aircraft owned, leased, operated, or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
7. sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, (including exposure, whether or not Accidental, to viral, bacterial or chemical agents), whether the loss results directly or non-directly from the treatment except for any bacterial infection resulting from an Accidental external cut or wound or Accidental ingestion of contaminated food;
8. voluntary ingestion of any narcotic, drug, poison, gas, or fumes unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
9. an Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
10. medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of a Covered Injury; or
11. benefits will not be paid for services or treatment rendered by any person who is:
 - a. employed or retained by the Policyholder;
 - b. living in the Insured Person's household;
 - c. an Immediate Family Member, including domestic partner, of either the Insured Person or the Insured Person's Spouse; or the Insured Person.

CRITICAL ILLNESS BENEFITS RIDER

If, while coverage under the Policy is in force, an Insured Person is Diagnosed with a Critical Illness by a Physician, the Company will pay the Benefit Amount shown in the Rider Schedule, subject to the Diagnostic Requirements and Benefit Payment Conditions listed below. Once a Critical Illness has been Diagnosed and a First Diagnosis Benefit has become payable to an Insured Person for that Critical Illness, no benefits are payable for that Insured Person with respect to the Diagnosis of any other Critical Illness.

CRITICAL ILLNESS BENEFITS:

Heart Attack - If an Insured Person is Diagnosed as having suffered a Heart Attack more than 90 days after the Effective Date of this Rider, the Company will pay 100% of the Face Amount.

Heart Attack means the death of a portion of the heart muscle as a result of inadequate cardiac blood supply to the relevant area.

Invasive Cancer - If an Insured Person is first Diagnosed with Invasive Cancer more than 90 days after the Effective Date of this Rider, the Company will pay 100% of the Face Amount.

Invasive Cancer means a disease which is manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

For the purposes of this definition, it does NOT mean the following: pre-malignant lesions, benign tumors or polyps; leukoplakia; hyperplasia; carcinoid; any tumors in the presence of any human immuno-deficiency virus (HIV); polycythemia; stage 1 Hodgkin's disease; stage A prostate cancer; Duke's stage A colon cancer; intraductal non-invasive breast cancer; stage 0 or 1 transitional cell carcinoma of urinary bladder; any skin cancer other than malignant melanoma with a depth of .75mm or deeper or greater than Clark level 2; T₁N₀M₀ (TNM Classification System) papillary carcinoma of the thyroid less than 1 cm in diameter; chronic Lymphocytic Leukemia RAI stage 0; In-Situ Cancer. In-Situ Cancer means carcinoma cancer that is confined to the organ where it first developed and has not spread to other parts of the body. In-Situ Cancer includes Stage 1 Hodgkin's disease.

Kidney (Renal) Failure - If an Insured Person is first Diagnosed with Kidney (Renal) Failure more than 90 day after the Effective Date of this Rider, the Company will pay 100% of the Face Amount.

Kidney (Renal) Failure means end stage failure which: (1) presents as a chronic irreversible failure of at least one of the kidneys to function; and (2) necessitates treatment by regular renal dialysis or kidney transplant.

Stroke - If an Insured Person is first Diagnosed with having suffered a Stroke more than 90 days after the Effective Date of this Rider, the Company will pay 100% of the Face Amount.

Stroke means: (1) a cerebrovascular incident caused by infarction of brain tissue, cerebral hemorrhage, thrombosis, or embolization from an extra-cranial source lasting more than 24 hours; and (2) producing measurable neurological deficit persisting for at least 30 days following the occurrence of the Stroke.

The following are not considered Strokes: 1) Transient Ischemic Attacks (TIAs); 2) Vertebro-Basilar Insufficiency; 3) Incidental findings on imaging studies.

LIMITATIONS AND EXCLUSIONS:

Generally – Please read your Policy for complete definitions, diagnostic requirements, limitations and exclusions. This is limited benefit coverage. This is not Medicare Supplement coverage.

Pre-Existing Condition Limitation - A Pre-Existing Condition means a disease or physical condition caused by illness or injury for which medical advice or treatment has been received 90 days immediately prior to the effective date of the Insured Person's coverage under the Policy. Benefits provided by this Rider are not payable in connection

with a Pre-Existing Condition for a period ending the earlier of: (1) the end of 12 consecutive months commencing on or after the date the Insured Person has been enrolled for coverage under this Rider during all of which the Insured Person has received no medical advice or treatment in connection with the Pre-Existing Condition; and (2) the end of the 1-year period commencing on the effective date of the Insured Person's coverage under this Rider. A Critical Illness resulting from a Pre-Existing Condition commencing thereafter will be covered unless otherwise excluded by this Policy.

Exclusions - This Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- (a) the Insured Person's suicide, or intentional self-inflicted Injury or Sickness, while sane or insane.
- (b) the Insured Person's being under the influence of an excitant, depressant, hallucinogen, narcotic, other drug; or intoxicant including those taken as prescribed by a Physician.
- (c) the Insured Person's commission of or attempt to commit an assault or felony.
- (d) the Insured Person's engaging in an illegal activity or occupation.
- (e) the Insured Person's voluntary participation in a riot.
- (f) any illness, loss or condition specifically excluded from the definition of any Critical Illness.
- (g) war, whether declared or not, however this does not include loss due to terrorism.

Benefit Payment Conditions - Payment of benefits upon the first Diagnosis of the Critical Illnesses listed below are subject to the following:

1. the Diagnosis is made while the Insured Person's coverage is in force under the Policy;
2. payment is not precluded by any general or specific exclusion or limitation set forth in this Rider or any failure to meet any condition precedent set out below;
3. the Insured Person survives for at least 30 days after the date the Critical Illness is Diagnosed.

EFFECTIVE AND TERMINATION DATES

Insured Person's Effective Date. Coverage for a person in an Eligible Class as shown in the Schedule of Benefits will become effective as follows.

No enrollment is required if a person is not required to contribute towards the cost of coverage. Such person's coverage will become effective on the latest of the following dates:

1. the Policy Effective Date;
2. the date the person becomes a member of an Eligible Class;
3. the date for which the first premium for the person's coverage is paid;
4. the Effective Date of this Rider as shown above.

Insured Person's Termination Date. An Insured Person's coverage ends on the earliest of: (1) the date the Policy is terminated; (2) the end of the Grace Period if premiums are not paid when due; (3) the next anniversary date on or following the date the Insured Person attains age 75; (4) the date the Insured Person requests, in writing, that his or her coverage be terminated; (5) the date the Insured Person ceases to be a member of an Eligible Class.

Termination of coverage will not affect a claim for a Critical Illness benefit or Covered Loss that occurred while the Insured's coverage was in force under the Policy.

If an Insured Person's coverage under the Policy ends for any reason, except nonpayment of premium, while the Insured Person is hospitalized, coverage shall continue for a period of ten consecutive days during a single period of continuous hospitalization.

DISCLOSURE STATEMENT

All U.S. insurance coverage described in this proposal is provided by AXIS Accident & Health and underwritten by AXIS Insurance Company. Coverage may not be available in all U.S. states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on state laws. This proposal outlines in general some of the important features of the proposed insurance program. The controlling provisions will be in the Policy, and this proposal is not intended in any way to modify the provisions or their meanings. The policy will be subject to the laws of the state in which it is issued.

This insurance coverage is administered by Provident Agency, Inc. of Pittsburgh, PA and in California, Provident of Pennsylvania Insurance Agency, Inc. of Pittsburgh, PA.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit AXIS Accident & Health from providing insurance, including, but not limited to, the payment of claims. Payment of claims under any insurance policy issued shall only be made in full compliance with all United States economic or trade and sanction laws or regulation, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").