



## 24-HOUR ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PROPOSAL

**Date Prepared:** 4/7/2016

**Policyholder Name:** Mulvane Firefighters Relief Association

**Proposed Effective Date:** 8/22/2016

**Policyholder State:** KS

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.

**Covered Class:**

Class A: All Active Members of the Policyholder

Class B: All Active Members of the Policyholder

**Type of Coverage:**

24-Hour Coverage

Line-of-Duty Coverage

**Number of Insured Persons (Active Members):** 34

Quote Options:	OPTION 1
AD&D Principal Sum:	Class A: \$250,000 Class B: \$300,000
Premium Mode for Class A & B coverage	
a) Annual:	\$5,986.00
b) 3-year, pre-paid:	\$16,161.00
Premium Mode for Class A coverage only	
c) Annual:	\$4,983.00
d) 3-year, pre-paid:	\$13,453.00

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

### AD&D (continued)

<b>Covered Loss</b>	<b>Benefit Amount (% of Principal Sum)</b>
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 <sup>nd</sup> , 3 <sup>rd</sup> , or 4 <sup>th</sup> 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 12<sup>th</sup> 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:

<b>Covered Loss</b>	<b>Benefit Amount (% of Principal Sum)</b>
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.

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