PROVIDENT

Plans of insurance for the

Mulvane Firefighters Relief Association

Insuring America's Heroes Since 1928

Benefits apply while performing a Covered Activity.

Class 1: All volunteer classes of membership including but not limited to a Volunteer Member, Emergency Volunteer, Auxiliary Member, Fire Corps, Community Volunteer, Board Member, Trustee, Administrative Personnel, Junior Member, Member in Training, Probationary Member, and Part-Time Employees of the Policyholder.

Class 2: Career Personnel of the Policyholder.

Section I: Death Benefits Plan 2				
A.	Covered Injury Death Benefit		\$275,000	
В.	Covered Illness Death Benefit		\$275,000	
C.	HIV Positive Diagnosis Lump Sum Benefit		\$275,000	
D.	Bereavement Benefit	Up to	\$10,000	
E.	Dependent Child Benefit (Per Child)	Up to	\$10,000	
F.	Seat Belt Benefit		\$68,750	
	Airbag Benefit		\$68,750	
G.	Spousal Benefit		\$15,000	
Section II: Impairment Benefits				
A.	Dismemberment, Loss of Speech or Hearing Benefit*	Up to	\$275,000	
B.	Vision Impairments Benefit*	Up to	\$275,000	
C.	Cosmetic Disfigurement from Burns Benefit*	Up to	\$275,000	
D.	Permanent Physical Impairment Benefit*	Up to	\$275,000	
E.	Felonious Assault Benefit	Up to	\$75,000	
F.	Impairment Modification Benefit*	Up to	\$50,000	
G.	Paralysis Benefit*	Up to	\$275,000	
* Benefits payable are based on the percentage of impariment or loss as defined in the policy.				
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Section III: Income Protection including Career Rider

A.	Weekly Total Disability Benefits	Up to	\$1,000
A.i.	Covered Injury Minimum Weekly Total Disability Benefit		\$100
A.ii.	. Covered Illness Minimum Weekly Total Disability Benefit		\$100
A.iii	. Covered Injury Weekly Earned Income Replacement Benefit**	Up to	\$900
A.iv	. Covered Illness Weekly Earned Income Replacement Benefit**	Up to	\$900
B.	Partial Disability Benefit**	Up to	\$1,000
C.	Cost of Living Adjustment	Up to	\$3,000
D.	First Week Disability Benefit**	Up to	\$1,000
E.	Transition Benefit	Up to	\$1,000
F.	Retraining Benefit	Up to	\$20,000

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

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Sectio	n IV: Medical Expenses		Plan 2
A.	Medical Expense Benefit***	Up to	\$75,000
B.	Plastic Surgery Expense Benefit****	Up to	\$25,000

^{****}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: Family Assistance

A.	Daily Hospital Confinement and Outpatient Benefit		\$20
B.	Daily Critical Care Benefit		\$40
C.	Family Expense Benefit	Up to	\$15,000
D.	Occupational Rehabilitation Benefit	Up to	\$10,000
E.	Mental Stress Management Benefit	Up to	\$15,000
F.	Traumatic Incident Benefit	Up to	\$10,000
G.	Health Insurance Premium Benefit	Up to	\$12,000
H.	Surviving Spouse Education Benefit	Up to	\$15,000
I.	Dependent Child Education Benefit	Up to	\$15,000

Plan 2

Annual Premium: \$12,149

The annual payment option offers a one-year rate guarantee.

3-year Installment Premium: \$11,352

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 of the annual

3-year Prepaid Premium: \$32,839

The prepaid payment option offers a three-year rate guarantee which is paid in full at the beginning of the Policy Term and represents a 10% discount off of the annual premium.

Preparation Date: April 1, 2016

Renewal Date: August 22, 2016

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

Underwritten by: AXIS Insurance Company