



Accident & Sickness
Summary of Coverages

PREPARED FOR:

ROWAN COUNTY FIRE & RESCUE DEPTS.

Date Prepared: Monday, September 13, 2010

Preface

This summary provides a brief description of the benefits provided under the VFIS program. Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company (NAIC #19445) under Policy series V40001 NUFIC, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038, currently authorized to transact business in all states and the District of Columbia. This summary is not binding on your organization, VFIS or the insurance companies we represent. Actual coverage is provided only by the Policy. The Policy will contain reductions, limitations, exclusions and termination provisions. For complete description of the coverage please refer to the Policy.

All benefits described in this summary are based on an Insured Person's participation in a **Covered Activity**. The term "**Member**" used throughout this proposal refers to an **Insured Person**.

Policies included in this summary

Policy Number	Effective Date	Expiration Date	Total Policy	Premium Breakdown	
			Premium	Volunteer	Career
VFP-4634-2167D-00	08/01/2009	08/01/2012	\$120,806	\$110,241	\$10,565

Who is Covered?

Coverage is provided for ALL membership classes. This includes auxiliary Members, junior Members, Members in training, officers, directors, and trustees. Non-Member volunteers asked to participate by the organization are also covered. Deputized bystanders are covered at the time of the emergency while participating in the emergency.

Benefits do not change based on membership class. For example, junior Members are entitled to the same benefits as fully trained emergency response volunteers. Benefits are also available for career Members for an additional premium.

When Does Coverage Apply?

Coverage is provided when a Member performs any normal duty of the emergency service organization when under the direction of an officer, whether it is an emergency or non-emergency duty. Travel to and from these duties is covered. Good Samaritan acts are also covered.

Most non-league sport activities held on behalf of and for the benefit of the department are covered. We do not provide benefits for football, ice or field hockey, lacrosse, soccer, or boxing events. League sports can be covered but require a separate rider purchased in addition to the base policy.

0905.061



LOSS OF LIFE VOLUNTEER BENEFITS

Coverage	Limit
Accidental Death Indemnity Benefit.....	\$100,000
Accidental Death Seat Belt Benefit.....	\$25,000
Illness Loss of Life Benefit.....	\$100,000
Dependent Child Benefit.....	\$10,000
Spousal Support Benefit.....	\$5,000
Memorial Benefit.....	\$2,000

Accidental Death Indemnity Benefit

Death benefits are paid when a Member dies as a result of an injury while participating in a covered activity.

Seat Belt Benefit

If a Member was wearing a properly fastened seatbelt at the time of a motor vehicle accident which caused death, we will pay an additional death benefit to the beneficiary.

Illness Loss of Life Benefit

Death benefits are paid when a Member dies as a result of an illness while participating in a covered activity.

Dependent Child Benefit

An additional lump sum benefit is paid for each surviving dependent child of a Member. This benefit is paid to the legal guardian of the child(ren).

Spousal Support Benefit

The surviving spouse of a married Member will receive an additional lump sum death benefit. This benefit can be used to help provide for final expenses, grief counseling, etc.

Memorial Benefit

The deceased Member's department (Policyholder) will receive a lump sum benefit in the event of a Member's death. This benefit can be used for items such as final expenses incurred by the department, establishing a memorial or trust fund or it may be given to the beneficiaries.



LUMP SUM LIVING VOLUNTEER BENEFITS

Coverage	Limit
Accidental Dismemberment Benefit.....	\$100,000
Vision Impairment Benefit.....	\$100,000
Injury Permanent Impairment Benefit.....	\$100,000
Heart Permanent Impairment Benefit.....	\$100,000
Illness Permanent Impairment Benefit.....	\$100,000
Cosmetic Disfigurement Resulting From Burns.....	\$100,000
HIV Positive Lump Sum Living Benefit.....	\$100,000

Accidental Dismemberment Benefit

If the Member has an accidental injury and suffers a dismemberment, a lump sum will be paid to the Member in accordance with the chart in the policy. If the Member suffers more than one dismemberment in any one accident, only one amount, the largest, will be paid.

Vision Impairment Benefit

If a Member has an accidental injury which causes permanent vision impairment, a lump sum will be payable to the Member in accordance with the chart in the policy.

Injury Permanent Impairment Benefit

The policy pays a lump sum benefit from 1% - 100% of the principal sum based on the degree of impairment determined by a physician using the American Medical Association's Guide. If the permanent impairment rating reaches 90% or higher, 125% of the principal sum is payable.

Heart Permanent Impairment Benefit

If a Member has been on total disability for 26 weeks due to a covered heart impairment, the policy will pay a lump sum benefit in accordance with the chart in the policy. The benefit will be based on the severity of the heart impairment and age of the Member. The benefit payable is between 12.5% and 125% of the principal sum. The policy benefit criteria includes:

- NY Heart Guidelines which indicates the degree of physical limitation
- Left Ventricular Ejection Fraction (LVE) which measures the heart function
- Age of the Member

No benefit is due if a Member had an existing LVE of 35% or lower prior to the date of the covered activity.



Illness Permanent Impairment Benefit

If a Member is totally disabled for five years as a result of a covered illness, the policy will pay a percentage of the principal sum in a lump sum as follows:

- 50% if the Member is unable to return to their own occupation
- 75% if the Member is unable to return to any gainful occupation
- 125% if the Member is approved for, or meets the eligibility criteria for Social Security disability benefits

If a Member has received a Heart Permanent Impairment Benefit and later becomes eligible for payment under this benefit for the same condition, the amount payable under this benefit is reduced by the amount previously paid under the Heart Permanent Impairment Benefit. The percentages shown above will also apply to the total amount payable.

Cosmetic Disfigurement Resulting From Burns

If a Member suffers a cosmetic disfigurement due to a burn classified as a full thickness or third degree burn as a result of an injury, we will provide a lump sum benefit to the Member in accordance with the chart in the policy.

HIV Positive Lump Sum Living Benefit

If a Member contracts Human Immunodeficiency Virus (HIV) as a direct result of participation in a specific covered activity, a lump sum benefit is payable to the Member. If the Illness Loss of Life Benefit or the Illness Permanent Impairment Benefit and the HIV Positive Lump Sum Living Benefit are both payable under the policy as a result of any one illness, only the largest lump sum amount will be paid.



WEEKLY INCOME DISABILITY VOLUNTEER BENEFITS

Coverage	Limit
Weekly Income Total Disability (first 28 days).....	\$300
Weekly Income Total Disability (after 28 days).....	\$300
Weekly Income Total Disability Minimum.....	\$100
Weekly Income Partial Disability (first 28 days).....	\$150
Weekly Income Partial Disability (after 28 days).....	\$150
Weekly Income Partial Disability Minimum.....	\$50

Total Disability

If a Member is temporarily unable to perform all of the duties of his or her regular occupation because of an injury or illness, we will pay a weekly income benefit.

First Four Weeks of Total Disability: For the first 28 days (four weeks) of total disability, we will pay the amount shown for each week. This weekly amount will be paid regardless of the amount of lost income and even if the Member is receiving income benefits from other sources such as Workers' Compensation. If the Member has not lost income, this first 28 day weekly amount will still be provided.

Beginning on the Fifth Week of Total Disability: After the first 28 days (through the 260th week) we will pay up to the weekly benefit amount shown. This scheduled amount will be offset by other valid and collectible insurance or Workers' Compensation. We do not consider individual disability plans or Social Security benefits as other sources of income and will not offset our income benefit against these sources of income. The combination of other group income benefits and our weekly income benefit after the first 28 days will not be more than the Member's average weekly wage. If there is no income loss (e.g., homemakers, retirees, students, etc.), the Member will receive the minimum benefit.

During the five years when our disability benefits are available, if a Member returns to their own job or chooses to return to a different job, the income benefits will stop. If, within five years of returning to work, the Member becomes disabled again because of the original injury/illness, the Member may return to our weekly disability benefit for the remaining unused benefit period. Our benefit for total disability is payable for up to five years. The definition of disability will not change during this five year period.

Partial Disability

If a Member is temporarily unable to perform one or more, but not all, of the duties of his or her regular job because of an injury or illness, we will pay one half of the weekly income Total Disability benefit payable. The benefit for partial disability is payable for up to one year.



WEEKLY VOLUNTEER BENEFITS

Coverage	Limit
Weekly Injury Permanent Impairment Benefit.....	Included
Optional Weekly Injury Permanent Impairment COLA Benefit.....	Not Included

Weekly Injury Permanent Impairment Benefit

We will pay a weekly benefit for the rest of a Member's life if he or she becomes permanently impaired due to an accidental injury. To receive the benefit, the impairment rating must be 50% or greater. Unique features include:

- Paid weekly for the life of the Member
- Paid even if the Member returns to work in any job
- Paid in addition to any benefit paid or payable under the policy

Payment begins on the 261st week (or 521st week if Extended Total Disability is selected) after the event that caused the impairment. An impairment value is assigned only after the Member's impairment has reached a point where it will no longer improve or respond to continued therapy/rehabilitation.

Optional Weekly Injury Permanent Impairment COLA Benefit

After a Member has collected total disability under the Weekly Injury Permanent Impairment Benefits for 52 consecutive weeks, the weekly benefit is adjusted based on the increase in the Consumer Price Index-Urban (CPI-U). The annual adjustment made each July 1 is compounded. There is no maximum limit on the benefit or the CPI-U percentage used to calculate the increase in the weekly benefits.



MEDICAL EXPENSE VOLUNTEER BENEFITS

Coverage	Limit
Medical Expense Benefit.....	\$25,000
Benefits Paid: Excess of Workers' Compensation	
Cosmetic Plastic Surgery.....	\$10,000
Post Traumatic Stress Disorder.....	\$10,000
Critical Incident Stress Management.....	\$2,500
Family Expense Benefit.....	\$100

Medical Expense Benefit

If injury or illness causes a Member to incur expenses for medical care, we will pay the cost of any reasonable and customary expenses. The maximum amount we will pay is noted in the policy. Medical expenses include items such as:

- Medical, hospital or surgical treatments
- Home health care
- 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 tests
- Post-exposure or preventive inoculations as a result of participation in a covered activity

Cosmetic Plastic Surgery

If a Member needs skin grafting or plastic surgery because of an injury for which medical expense benefits are paid or are payable, we will pay for the reasonable and customary expenses of the surgery.

Post Traumatic Stress Disorder

This benefit is paid when a Member suffers from Post Traumatic Stress Disorder as a result of witnessing or being involved in a traumatic incident. If the stress from participating in a single covered activity where a traumatic incident occurred causes health problems and the Member seeks or requires hospital or medical treatment, we will pay for the reasonable and customary expenses up to the benefit limit.

Critical Incident Stress Management

When the department requires the use of a Critical Incident Stress Management Team, we will pay for the cost of the expenses incurred by the team. These expenses include meals, lodging, and necessary travel. The team must be requested and authorized by the policyholder and needed due to a specific covered activity where a traumatic incident occurred. The maximum amount payable is noted in the policy.

Family Expense Benefit

When a Member is admitted to a hospital for three or more consecutive days for an accidental injury or an illness, we will pay a daily benefit to the Member. Once a Member has been in the hospital for 3 days, the benefit will be calculated from the first day of hospitalization. After such hospital confinement, we will provide 50% of the scheduled daily benefit for each day the Member participates in outpatient physical therapy.

This benefit is payable for a combined maximum of 26 weeks for any one accidental injury or illness regardless of whether it is paid at 100% or 50%. This benefit is paid in addition to other income and medical benefits and does not require the Member to submit expenses or prove lost wages in order to receive the benefit.



VOLUNTEER BENEFITS

Coverage	Limit
Occupational Retraining Benefit.....	\$20,000
Continuation of Health Insurance Premium Benefit.....	\$12,000
Transition Benefit.....	Included
Felonious Assault Benefit.....	Included
Home Alteration and Vehicle Modification Benefit.....	\$15,000

Occupational Retraining Benefit

If an injury or an illness causes permanent total disability, we will pay for job-related retraining. This benefit is paid if the Member decides to enroll in an institution of higher learning or for a professional or trade training program. The goal of any school or training program must be to teach the knowledge and skills needed to return to a job which he or she is able to perform. The retraining program must be agreed upon by us and the Member. The expenses which will be paid for by this benefit include (but are not limited to) items such as tuition, books, and training materials. The amount listed is the maximum benefit.

Continuation of Health Insurance Premium Benefit

We will reimburse any Member's group health insurance premiums if : (1) as a result of an accidental injury or an illness the Member becomes totally disabled; (2) we have paid total disability benefits for six weeks; and (3) the Member is now responsible to maintain their own employer-provided health insurance. This coverage does not apply if the Policyholder provides health insurance benefits for the Member. The benefit also does not apply for a Member who is: (1) self-employed under item 4 of the average weekly wage definition; or (2) an officer or partner in any organization that purchases health insurance for the Member. The amount listed is the maximum benefit.

Transition Benefit

We will pay a weekly Transition Benefit equivalent to the last Total Weekly Disability Benefit if, while the Member is receiving total disability benefits, he or she is terminated from his or her regular employment and remains unemployed after total disability benefits end under the policy. This benefit is payable as long as the Member remains unemployed up to a maximum of 26 weeks.

Felonious Assault Benefit

This benefit is payable if the Member suffers one or more losses for which benefits are payable under the Accidental Death Indemnity Benefit, Accidental Dismemberment Benefit, Cosmetic Disfigurement Resulting from Burns Benefit, Injury Permanent Impairment Benefit, Heart Permanent Impairment Benefit, Illness Permanent Impairment Benefit or Vision Impairment Benefit as the result of a felonious assault that is directed at the Member while the Member is participating in a covered activity. The amount payable under this benefit is an additional 50% of the total amount payable under all of the benefits specified above. Only one benefit is payable for all losses as a result of the same felonious assault. This benefit is not applicable to Members who are police officers.

Home Alteration and Vehicle Modification Benefit

If a Member suffers an injury or illness payable under the policy and as a direct result of such loss is now required to make home alterations and/or vehicle modifications, this benefit is payable for expenses incurred within one year after the date of the accident or onset of illness, up to the benefit limit, for all such losses caused by the same accident or sickness.



OPTIONAL VOLUNTEER BENEFITS

Coverage	Limit
Weekly Hospital Indemnity Benefit	Not Included
Additional Disability Weekly Benefit	Not Included
Extended Total Disability Benefit	Not Included
Organized Team Sports (Refer to Policy for details).....	Not Included
24-Hour Accidental Death and Dismemberment Benefit	Not Included
Off-Duty Activity Accidental Death and Dismemberment Benefit	\$100,000

Weekly Hospital Indemnity Benefit

With this benefit, a Member will receive an additional weekly income benefit when he or she is hospitalized or requires outpatient physical therapy for either an injury or illness. This benefit is payable if the Member is eligible to receive a weekly disability income benefit.

The benefit begins on the first day the Member is admitted to the hospital or begins outpatient physical therapy. The benefit is available for a maximum period of 52 weeks and is paid in addition to other weekly income benefits. If benefits are payable for less than a week, we will pay 1/7 of the benefit otherwise payable for each full day the Member is in the hospital or receives out-patient physical therapy. If the Member is in an intensive, cardiac or critical care unit, the Weekly Hospital Indemnity Benefit amount shown is doubled.

Additional Disability Weekly Benefit

This benefit provides an additional income payment for the first week of total disability as a result of an injury or illness. This benefit is payable if the Member is eligible for total disability benefits. If the Member is totally disabled for less than one full week, we will pay a daily benefit for each day of disability. This daily benefit will be 1/7 of the listed maximum benefit. This benefit is paid in addition to other weekly income benefits.

Extended Total Disability Benefit

If the Member is totally disabled, we will increase the maximum benefit period as indicated under the total disability benefit from 260 to 520 weeks.

Organized Team Sports

We will pay this benefit if injury or loss of life to a Member results from participation in (including travel directly to and from) a specific organized team league event, including a game or practice. Refer to the policy for complete benefit details.



24-Hour Accidental Death and Dismemberment Benefit

This benefit provides a lump sum amount if a Covered Person* dies or suffers a dismemberment due to an accidental injury. The benefit is paid if the death or dismemberment is caused by a covered activity or an off-duty activity.

If the Member dies or suffers a dismemberment as a result of a covered activity in the line of duty, then the benefits from both this optional coverage and the policy will be paid.

If the Member dies or suffers a dismemberment as a result of an off-duty activity, only the benefit from this optional coverage will be paid.

Off-Duty Activity Accidental Death and Dismemberment Benefit

This benefit provides a lump sum amount if a Covered Person* dies or suffers a dismemberment due to an accidental injury. The benefit will be paid only if the injury is caused by an off-duty activity. Only one optional accidental death benefit is available under the policy. This benefit can be equal to or lesser than the policy loss of life limit.

* "Covered Person" as used in the optional Accidental Death & Dismemberment benefits described above means all Members who are listed on the Policyholder's roster. The roster will be maintained and periodically updated by the Policyholder. The roster will be kept on file with the Policyholder and a copy provided to VFIS.

Please note: Coverage provided under the optional 24-Hour / Off-Duty Accidental Death and Dismemberment benefits cannot be issued until a roster listing the covered Members is submitted.



CAREER PERSONNEL RIDER

Coverage

Career Personnel Rider.....Included

Career personnel have the same coverages and limits as Volunteers with the following Amendments:

- (1) The definition of Member is amended to include those paid employees of a Policyholder (which is primarily staffed by volunteers). A paid employee is one who looks to the Policyholder for his or her primary means of living while he or she is acting within the scope of his or her employment. An employee will be deemed to look to the Policyholder for his or her primary source of income if he or she: (1) averages 25* hours or more employment per week; or (2) is salaried and works a schedule of more than 25* hours per week. The time frame used to determine the average hours or the salaried schedule will be the same used to calculate the average weekly wage.
- (2) The following benefits are available only to volunteers and not paid employees:
 - Weekly Injury Permanent Impairment Benefit
 - Optional Weekly Injury Permanent Impairment COLA Benefit
 - Transition Benefit
 - Extended Total Disability Benefit
- (3) The Continuation of Health Insurance Premium Benefit applies only if the paid employee does not receive health insurance benefits from the Policyholder.
- (4) In no event will coverage provided to such Members by way of this rider be in lieu of any worker's compensation act or similar law.

* May vary by state.



ON DUTY DEATH BENEFITS

- WORKER'S COMPENSATION
 - MINIMUM (VOLUNTEERS ONLY) \$222,400
 - MAXIMUM.....\$333,600
- PSOB.....\$318,111
- NC DEATH BENEFIT\$ 50,000
- NCSFA and/or NCAREMS BENEFITS
- VFIS ACCIDENT and SICKNESS and GROUP TERM LIFE COVERAGE IF PROVIDED

WORKERS' COMPENSATION

- HEART ATTACKS, STROKES AND OTHER CIRCULATORY PROBLEMS WILL NORMALLY NOT BE COMPENSABLE
- FOR ANY ACCIDENT TO BE COMPENSABLE THE EVENT MUST MEET THE DEFINITION OF "AN ACCIDENT" AS DEFINED BY STATUTE.

ON DUTY DISABILITY BENEFITS

- WORKERS' COMPENSATION WEEKLY DISABILITY: (**VOLUNTEERS ONLY**)
 1. STARTS 8TH DAY OF DISABILITY (WILL PAY 1ST WEEK AFTER 21 DAYS)
 2. 2/3 OF WAGES EARNED AT REGULAR JOB ONLY - NOT TO EXCEED \$834 PER WEEK AND NOT LESS THAN \$556 PER WEEK.

ON DUTY DISABILITY BENEFITS

- WORKERS' COMPENSATION WEEKLY DISABILITY: **FULL AND PART-TIME**

EMPLOYEES

1. 2/3 OF WAGES RECEIVED FROM THE JOB YOU WERE WORKING AT THE TIME OF INJURY.
2. MAXIMUM - \$834 PER WEEK
3. MINIMUM - \$ 30 PER WEEK

BENEFITS

WHILE NOT ON DUTY

- WORKER'S COMPENSATION...NONE
- PSOB.....NONE
- NC DEATH BENEFIT.....NONE
- NCSFA ACCIDENTAL DEATH...\$ 5,000
- VFIS GROUP TERM LIFE INSURANCE
IF PROVIDED

GOING FROM A VOLUNTEER TO A PART-TIME

- **EMPLOYEE**
THE VOLUNTEER EARNS \$900 PER WEEK AT THIS REGULAR OCCUPATION. IF HE IS INJURED AS A VOLUNTEER FOR THE FIRE DEPARTMENT HE WOULD RECEIVE 2/3 OF HIS REGULAR EARNINGS OR \$556 WHICH EVER IS GREATER. SO IN THIS CASE THE VOLUNTEER WOULD RECEIVE \$600 PER WEEK. IN THE EVENT OF DEATH HIS HEIR WOULD RECEIVE THIS AMOUNT FOR AT I FAST

GOING FROM A VOLUNTEER TO A PART-TIME EMPLOYEE

- ASSUME THIS SAME VOLUNTEER WERE TO BE EMPLOYED BY HIS DEPARTMENT ON A PART-TIME BASIS AND AVERAGED RECEIVING \$200 PER WEEK AND WAS INJURED OR KILLED WHILE WORKING FOR THE FIRE DEPARTMENT. HE WOULD BE PAID 2/3 OF \$200 OR \$133 PER WEEK. IN THE EVENT OF DEATH HIS HEIRS WOULD RECEIVE THIS AMOUNT FOR AT LEAST 400 WEEKS OR A TOTAL OF

VERY IMPORTANT INFORMATION ABOUT A&S

- Illness means any disease, sickness, or infection of an Insured Person while coverage is in force as to the insured person. The illness must: (1) manifest itself during a specific Covered Activity with the result that the Insured Person interrupts participation in such Covered Activity in order to receive immediate medical treatment; or

VERY IMPORTANT INFORMATION ABOUT A&S

(2) directly result from participation in a Covered Activity and also result in the Insured Person receiving medical treatment within 48 hours of participation in such Covered Activity.

The requirement that the medical treatment be received within 48 hours is waived for Infectious Diseases. Medical treatment means treatment by a Physician or at a Hospital for the Illness.

Example #1 – Wesley Chapel VFD, Inc.

On August 11, 2007 a member of the department, while responding to an alarm, lost control of the engine and overturned. The member was killed. The member was survived by his wife and 2 dependent children.

On August 14, 2007 the following checks were written:

- \$190,000 to his family
- \$ 2,000 to the department as a Memorial Benefit

Example #2 – Coldwater VFD, Inc.

On February 11, 2008, James Arthur was killed while responding to a call in his personal vehicle. The deceased firefighter was not wearing seat belts. On February 14, 2008 the following checks were issued:

- \$100,000 to his family
- \$ 2,000 to the department as a Memorial Benefit

Example #3 – Warren County Firemen's Association

Since 2000 the Association has lost 8 members and their VFIS Accident and Sickness Policy has paid out \$832,521 for these 8 members.

Example #4 – Davidson County Firemen's Association

On June 1, 2004, Kenneth Beal, a member of Davidson Rescue Squad, had a massive heart attack while returning from the Post Office to pick-up the department's mail which resulted in his death. The claim was not reported by the department until June 29, 2005. On July 12, 2005 the following checks were issued:

- \$105,057.14 to the family
- \$ 2,000 to the department as a Memorial Benefit

Example # 5 – Level Cross VFD, Inc.

On May 5, 2005, Michael Childress died of a heart attack while on duty for his department. The claim was not reported to VFIS until February 9, 2010. On February 16, 2010 the following checks were issued:

- \$115,000 to his family
- \$ 2,000 to the department as a Memorial Benefit

FORMULA - HOW TO FIGURE

1. What are the wages per week at regular occupation? _____
 2. What are the wages per week at part-time job? _____
 3. A&S Policy has Death Benefits of? _____
(Include Group Term Benefit if available.)
Policy has Weekly Disability Benefits for 1st 28 days of? _____
 5. Policy has Weekly Disability Benefits After 28 Days of? _____
-
- a) Work Comp will pay _____ per week for full time salary (#1 above x .667 (66/23) =)
 - b) Work Comp will pay _____ per week for part-time salary (#2 above x x .667 =)
 - c) Death Benefit if Death Occurs while working at full time occupation is \$ _____
(#a x 400 weeks = \$)
 - d) Death Benefit if Death Occurs while working at part-time occupation is \$ _____
(#b x 400 weeks = \$)
 - e) Gap that needs to be filled is \$ _____ (a minus b minus #4= \$)
 - g) Gap that needs to be filled for Death Benefit is \$ _____
(c minus d minus #5 = \$)

ACCIDENT/SICKNESS CLAIM REPORT

Please Complete and Mail To:

PLEASE COMPLETE THIS FORM
IN FULL FOR PROMPT SERVICE.

NOTE: IMPORTANT STATE INFORMATION
ON REVERSE SIDE



VFIS of NC., INC.
P.O. Box 12825, Raleigh, NC 27605
(800)726-1228 or 919-755-1401
(FAX) 919-755-1125

DATE OF THIS REPORT _____

TO BE COMPLETED BY INJURED PERSON

Name _____ Home Telephone No. (AC) _____
Work Telephone No. (AC) _____
Soc. Sec. No. _____
Home Address _____ City _____ State _____ Zip _____
Date of Accident or Organization's Activity _____ Year: _____ Occurred _____ am
Date of Birth _____ Sex _____ Weight _____ Height _____ Marital Status _____
Full-Time/Regular Occupation _____ Income: Weekly _____ Yearly _____
Name and address of full-time employer _____
Employer Telephone No.: _____ Length of employment in this work: _____

Please completely answer the next three questions:

1. What activity were you involved in when injured or became ill?

2. How did accident or sickness occur?

3. What is your injury or sickness?

Give date of first day of full-time occupation missed due to above accident and sickness _____

Give date you were able to return to work _____

Attending Physician's Name, Address and Telephone Number _____

Name and Address of Hospital _____
Dates Hospitalized
From _____ Year
To _____ Year

AUTHORIZATION TO DOCTOR, HOSPITAL, CLINIC, OR WORKERS' COMPENSATION CARRIER TO RELEASE MEDICAL INFORMATION

Please furnish VFIS, Inc. with information they may request regarding details of my past medical history and physical condition. A photostatic copy of this authorization shall be considered as valid as the original. Your help is greatly appreciated.

Signature of Injured Member or Next of Kin _____ Relationship _____ Date _____

TO BE COMPLETED BY OFFICIAL OF NAMED INSURED ORGANIZATION (must be other than Injured Person)

• Was the injured person a member of your organization at the time of the above described incident? Yes No
• If claimant is a member of organization, please circle type of member: junior adult auxiliary (Circle one)
• Was the injured person engaged in an authorized activity of your organization at the time of injury or commencement of sickness? Yes No
• Name and Address of Insured Organization _____
• Policy Number _____
• Organization Telephone Number _____
• Home Telephone Number of Official Signing Below _____

I certify that the above is true.

• Signed _____ • Title _____ • Date _____



ATTENDING PHYSICIAN'S STATEMENT

Please Complete and Mail To:

VFIS OF NC
PO BOX 12825, RALEIGH, NC 27605
(fax) 919-755-1125 - 800-726-1228 OR 919-755-1125

PLEASE COMPLETE THIS FORM
IN FULL FOR PROMPT SERVICE.

NOTE: IMPORTANT STATE INFORMATION
ON REVERSE SIDE

Name of Patient _____ Age _____
Address _____ Telephone _____
Regular Occupation _____
Name of Insured Organization _____ Policy No. _____

IMPORTANT

Have Insured Member (Patient) sign following Authorization

I hereby authorize any hospital, physician, or other person who has attended me or examined me to furnish to VFIS, Inc., any and all information with respect to any accident or illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Signature _____
Insured Member Patient

PART B - TO BE COMPLETED BY ATTENDING PHYSICIAN

Dear Doctor:

The above named individual has filed a claim for benefits as a result of the Accident/Sickness for which he is currently or has been under your care. In order that we might give his claim proper attention, would you kindly answer the following questions at your earliest convenience and forward completed form to us. *The Company does not assume any expense incidental to the completion of this form.

- (1) Diagnosis and Concurrent Conditions
(2A) When Did Symptoms First Appear or Accident Happen?
(B) When Did Patient Consult You For This Condition?
(C) Has Patient Ever Had Same or Similar Condition?
(3A) Nature of Surgical Procedure, If Any (Describe Fully)-
(B) If Performed in Hospital, Give Name and Address -
(4) What other Services, If Any, Did You Provide Patient?
(5) Is Patient Still Under Your Care For This Condition?
(6A) How Long Was or Will Patient Be Continuously Totally Disabled...
(B) How Long Was or Will Patient Be Partially Disabled?
(C) Approximate Date Patient Will Return To Work If Still Disabled.

Date _____ Signature _____
Street Address _____ City or Town _____ (attending physician) _____ (degree) _____ (telephone no.) _____
Zip Code _____ State or Providence _____

Beneficiary Designation for Accident & Sickness Policy

This form should be retained in the files of your department or organization and reviewed and updated on a regular basis. Please Print.

Name of Organization _____ State _____

Member's /Employee's Name _____

Member's Date of Birth _____ Date Member Joined Organization _____

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary (Please refer to back of form for examples)

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share %

Name _____ Relationship _____ Date of Birth _____ Share %

Contingent

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share %

Name _____ Relationship _____ Date of Birth _____ Share %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature _____ Date _____

Specifying Beneficiaries

Individual (always show relationship to the insured)	*Primary Beneficiary	**Contingent Beneficiary	Second Contingent Beneficiary
One Beneficiary	Jane Ann Jones, wife, 100%	(leave blank)	(leave blank)
One Primary Beneficiary and one Contingent Beneficiary	Jane Ann Jones, wife, 100%	David Lee Jones, son, 100%	(leave blank)
Two primary beneficiaries and one contingent beneficiary	Arthur Leo Jones, father, 50% Grace Hays Jones, mother 50%	Marie Jones Ford, sister, 100%	(leave blank)
One Primary Beneficiary, unnamed children as first Contingent Beneficiary and two second Contingent Beneficiaries	Jane Ann Jones, wife, 100%	Children born of my marriage to Jane Ann Jones, to share equally	Arthur Leo Jones, father, 50% Grace Hays Jones, mother, 50%
Unequal distribution (always use percentages)	Grace Hays Jones, mother, 50% Mary Jones Ford, sister, 25% William Roger Jones, brother, 25%	Surviving Primary Beneficiaries share equally in the portion designated for any Beneficiary(ies) who predeceases the insured	(leave blank)
Insured's Estate	Executors, Administrators or Assigns of the Insured	(leave blank)	(leave blank)

* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

** Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.