

**Organization: Michigan Fire Service Instructors Association, U.S.A.  
Grand Rapids, Kent Co., MI**

## **Benefits**

### ***Death Benefits***

Covered Injury Death Benefit .....	\$25,000
Covered Illness Death Benefit .....	\$25,000
HIV Positive Benefit - Optional .....	\$25,000
Bereavement Benefit. ....	\$2,500
Dependent Child Benefit - (each child) .....	\$10,000
Seat Belt Benefit .....	\$6,250

### ***Impairment Benefits***

Dismemberment, Loss of Speech or Hearing Benefit .....	\$25,000
Vision Impairment Benefit.. ....	\$25,000
Cosmetic Disfigurement from Burns Benefit .....	\$25,000
Permanent Physical Impairment Benefit.. ....	\$25,000
Felonious Assault Benefit .....	\$6,250
Impairment Modification Benefit .....	\$15,000

### ***Income Protection***

Maximum Weekly Total Disability Benefit.. ....	\$150
IILA.i. Minimum Weekly Total Disability Benefit.. ....	\$ 50
II LA. ii. Earned Income Replacement Benefit.....	\$100
Partial Disability Benefit. ....	\$150
First Week Total Disability Benefit.. ....	\$0
Cost of Living Adjustments .....	\$450
Transition Benefit .....	\$150
Retraining Benefit. ....	\$20,000

### ***Medical Expenses Benefit***

Medical Expense Benefit .....	\$5,000
Plastic Surgical Expense Benefit .....	\$10,000

### ***Family Assistance***

Weekly Hospital Confinement Benefit.....	\$ 0
Critical Care Benefit .....	\$ 0
Family Expense Benefit.. ....	\$1,000
Rehabilitation Benefit .....	\$500
Mental Stress Management Benefit. ....	\$1,000
Traumatic Incident Benefit.. ....	\$500
Health Insurance Premium Benefit.....	\$500

## ***Optional Auxiliary Person and/or Community Volunteer Coverage***

Covered Injury - Death, Dismemberment, Loss of Speech or Hearing,  
Vision Impairment Benefit ..... Not Covered  
Weekly Total Disability Benefit ..... Not Covered  
Weekly Hospital Confinement Benefit ..... Not Covered  
Medical Expense Benefit ..... Not Covered  
Special Illness Benefit ..... Not Covered

Full Coverage for Auxiliary Members

Full Coverage for Community Volunteers

Benefits for Auxiliary Members Only as above in Section VI

Benefits for Community Volunteers Only as above in Section VI

Benefits for Auxiliary Members and Community Volunteers as above in Section VI

No Benefits for Auxiliary Members or Community Volunteers

## ***Organized League Athletics Benefits***

Covered Injury - Death, Dismemberment, Loss of Speech or Hearing,  
Vision Impairment Benefit.. ..... Not Covered  
Weekly Total Disability Benefit ..... Not Covered  
Weekly Hospital Confinement Benefit ..... Not Covered  
Organized League Athletics Medical Expense Benefit.. ..... Not Covered

If "Primary" we will pay covered medical expenses incurred by an **Insured Person** on a primary basis without regard to benefits that may be paid or payable under any other Valid and Collectible Insurance

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

## AD&D BENEFIT SCHEDULE

### Waiting Period

For persons in an eligible group on or before 12/06/10: none.

For persons entering an eligible group after 12/06/10: none.

### Insured's Amount of AD&D Benefit

Class I: \$10,000, or if an injury causes the Insured's death while the Insured is driving or riding in an emergency service vehicle and wearing a seat belt, the benefit amount will be \$11,000.

### Aggregate liability limit

\$100,000 Per Accident

The following Hazards are provided to the Insured under this Policy.

<u>Class</u>	<u>Specified Hazard(s)</u>	<u>Applicable AD&amp;D Benefit Sum</u>	<u>Minimum Amount</u>	<u>Maximum Amount</u>
I	2233	\$10,000, or if an injury causes the Insured's death while the Insured is driving or riding in an emergency service vehicle and wearing a seat belt, the benefit amount will be \$11,000	-	-

**No benefit will be payable under this policy unless the Injury occurs while the policy is in force.**

**Contact Secretary of this Organization for the appropriate forms to file a claim.**