

VFIS Accident & Sickness Benefits Summary of Coverage- On Duty Only

Howie Centre Volunteer Fire Department

Policy Number: VFP VFP9133882

GENERAL INFORMATION

This is only a brief description of coverage(s) available under this policy. The policy contains conditions, reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the policy. Should there be any conflict between this Summary of Coverage document and the policy, the policy shall govern under all circumstances.

Insured Person Include:

- *Any Volunteer member of the Policyholder
- *A paid on call volunteer (includes members that receive a monthly or annual stipend)
- *A junior member or Auxiliary member
- *A commissioner, director, trustee or person acting in a similar position
- *A non-member deputized at the scene of an emergency by one of your officers, but only for the duration of the emergency or non-member who is requested to participate by the Policyholder

Covered Activities Include but are not limited to:

Emergency Response, Classroom and Training Exercises, Meetings & Conventions, Firematic Events, Fundraising, Official Functions (i.e. installation dinners), Travel to and from all normal duties, authorized Public Safety Events, Administrative and Maintenance Duties.

Exclusions:

This policy will not cover any loss caused by, or resulting from, the following:

- Suicide or any attempt at it, while sane or insane, or intentionally self-inflicted injuries.
- Injuries that happened while flying except:
 - a) as a passenger on a commercial aircraft; or
 - b) as a passenger on any aircraft while taking part in a Covered Activity.
- Injuries that happen while flying as a crew member or during parachute jumps from the aircraft.
- War or any act of war, whether declared or undeclared
- Mental or emotional disorders except as specifically provided for covered Post Traumatic Stress Disorder.
- Treatment of alcoholism or drug addiction and any complications arising there from, except loss caused by injury sustained during and resulting from a Covered Activity.
- Illness except as provided by the policy.
- Military service of any province or country
- Cancer, except as provided by the Cancer Benefit.



If NA appears for the On Duty or Off Duty Coverage this means Not Applicable and No Coverage in effect.

On Duty-Schedule of Coverage	Amount	Benefit Notes
Loss of Life Benefits:		
Accidental Death Benefit	\$100,000	
Seat Belt Benefit	\$25,000	
Safety Vest Benefit	\$25,000	
Military Death Benefit	\$15,000	
Illness Loss of Life Benefit	\$100,000	
Dependent Child Benefit	\$30,000	Per Dependent
Spousal Support Benefit	\$15,000	
Memorial Benefit	\$5,000	
Dependent Elder Benefit	\$5,000	Per Dependent
Repatriation Benefit	\$20,000	
Lump Sum Benefits:		
Accidental Dismemberment Benefit	\$100,000	% of impairment
Quadra, Para, Hemiplegia (Paralysis)	\$200,000	% of impairment
Vision Impairment	\$100,000	% of impairment
Home Alteration & Vehicle Modification	\$50,000	
Injury Permanent Impairment Benefit	\$100,000	% of impairment
Illness Permanent Impairment Benefit	\$100,000	% of impairment
Heart Impairment Benefit	\$100,000	% of impairment
Cosmetic Disfigurement (Burns) Benefit	\$100,000	% of impairment
HIV Positive Benefit (100% Paid Upfront)	\$100,000	Lump Sum
Felonious Assault Benefit	\$50,000	Lump Sum
Cancer Benefit	\$5,000	Lump Sum
Coma Benefit (Pays monthly on top of other benefits)	\$1,000	36 Months
Weekly Income Benefits:		
Total Disability Weekly Amount (first 28 Days)	\$300	PTSD & Cancer
Total Disability Weekly Amount (after 28 Days)	\$300	260 Weeks
Total Disability Minimum Weekly Amount	\$100	260 Weeks
Partial Disability Weekly Amount-% of Total Disability	50%	52 Weeks
Transition Benefit	Included	26 Weeks
Occupational Retraining Benefit Maximum	\$20,000	
Medical Expense Benefits:		
Medical Expense Maximum	\$6,000	
Cosmetic/Plaster Surgery Maximum	\$25,000	
Post Traumatic Stress Disorder Maximum	\$25,000	
Critical Incident Stress Management Max	\$25,000	
Family Expense Benefit Amount (per day)	\$100	1st Day to 26 Weeks
Family Bereavement & Counseling Benefit	\$1,000	Per Person
Weekly Permanent Physical Impairment Benefit (Lifetime)	\$900	% of impairment
Optional Benefits:		
Weekly Hospital Indemnity Benefit	\$300	104 Weeks
Extended Total Disability for 10 years	YES	520 Weeks
Extended Total Disability to Age 70	YES	Up to Age 70
First Week Total Disability Benefit Amount	NA	

BENEFIT PROVISIONS

Accidental Death	<i>Payable for death due to a covered accidental injury. No Time Limit.</i>
Seat Belt	<i>Payable when death occurs while wearing a properly fastened seat belt.</i>
Safety Vest	<i>Payable when death occurs while wearing an approved safety vest while acting as a pedestrian at a MVA or while directing traffic.</i>
Military Death Benefit	<i>Provided when death occurs while serving or training for the Canadian Armed Forces or Reserve Unit.</i>
Illness Loss of Life	<i>Payable when death due to illness occurs during or as a result of a Covered Activity. Also payable for death due to heart attack or stroke within 48 hours of an Emergency Response or of physical participation in a training exercise.</i>
Dependent Child	<i>Payable for each Dependent Child when a line of duty death benefit is payable.</i>
Spousal Support	<i>Payable to a surviving spouse when a line of duty death benefit is payable.</i>
Memorial	<i>Payable to the department when a line of duty death benefit is payable.</i>
Dependent Elder	<i>Payable for each Dependent Elder when a line of duty death benefit is payable.</i>
Repatriation	<i>Payable for expense incurred to return member's body to area of residence when death occurs outside 50 kilometers.</i>
Accidental Dismemberment & Paralysis	<i>% of Principal Sum based on area and degree of injury as indicated in the policy. The Principal Sum is doubled for hemiplegia, paraplegia or quadriplegia..</i>
Vision Impairment	<i>If vision is impaired, a % of the Principal Sum is provided based on the degree of impairment.</i>
Home Alteration & Vehicle Modification	<i>Payable for home alteration or vehicle modification costs necessary due to a covered Injury or Illness. Cost must be incurred within 3 years.</i>
Injury Permanent Impairment	<i>% of Principal Sum payable based on degree of Permanent Impairment as determined by Physician and the AMA Guide. When impairment is 90% or more, 125% of the Principal Sum is payable.</i>
Illness Permanent Impairment	<i>If Total Disability remains after 5 years, % of Principal Sum as follows: 50% payable for one who cannot return to their own occupation. 100% payable when one cannot return to any gainful occupation.</i>
Heart Permanent Impairment	<i>The indicated % is paid based on degree of heart function impairment. This is reviewed when 26 weeks of Total Disability have been paid.</i>
Cosmetic Disfigurement from Burns-	<i>The indicated % is paid for disfigurement due to full thickness burns.</i>
HIV Positive Benefit	<i>Provides the full Principal Sum for a covered HIV positive result.</i>
Felonious Assault	<i>Additional benefit will be paid if loss is due to a Felonious Assault and due to a Covered Activity.</i>
Cancer Benefit	<i>When Life Threatening Cancer is diagnosed during the policy term, requires medical treatment and the cancer is eligible or approved by Workers' Compensation, the Cancer Benefit is payable.</i>
Cost of Living	<i>Benefit increases each July 1, after 52 weeks consecutive weeks. 5% minimum - 10% maximum per Consumer Price Index (CPI). Annual increases apply each subsequent year.</i>
Coma Benefit	<i>If a member suffers Injury or Illness and within 30 days of Covered Activity is in a Permanent Coma, a monthly benefit is paid in addition to other benefits collected. Payable up to 36 months.</i>

Weekly Income Benefits	<i>1st 28 days – Benefit selected paid regardless of other sources of income. PTSD & Cancer if qualified, is payable for 1st 4 Weeks.</i> <i>Note:</i> Partial Disability Benefit Limits are 50% of the Total Disability limit. <i>After 28 days – Benefit equals:</i> <ul style="list-style-type: none"> • Up to 100% of Average Weekly Wage, less other income benefits paid or payable. • Not to exceed Maximum Benefit Amount • Not less than Minimum Benefit Amount <i>Benefit Periods:</i> <i>Total Disability:</i> <ul style="list-style-type: none"> • 260 weeks, 520 weeks or to Age 70. <i>Partial Disability:</i> <ul style="list-style-type: none"> • 52 weeks
Occupational Retraining Benefit	<i>Pays for occupational retraining if the Insured becomes permanently Totally Disabled and we agree to a rehabilitation program. Covers costs for tuition, books, etc.</i>
Medical Expense	<i>Covers reasonable and customary medical expenses in excess of any provincial or federal hospital and/or medical plan.</i>
Cosmetic Plastic Surgery	<i>Covers reasonable and customary expense for covered plastic surgery.</i>
Post-Traumatic Stress Disorder	<i>Covers reasonable and customary expense for medical treatment of Post-Traumatic Stress Disorder.</i>
Critical Incident Stress Management	<i>Covers reasonable and customary costs incurred or fees charged by a Critical Incident Stress Management Team for transportation, meals, lodging, etc.</i>
Family Expense	<i>Provided when hospital confinement is necessary due to an Injury or Illness.</i>
Family Bereavement & Trauma	<i>Provided when a family member seeks counselling due to a line of duty death or member experiencing a Traumatic Incident.</i>
Weekly Permanent Physical Impairment (WPPI)	<i>Income benefit that is payable for life with 50% or greater impairment rating. Paid in addition to other benefit paid or payable under the policy. Payable even if the Member returns to work.</i>
Weekly Hospital Indemnity	<i>If purchased, pays an additional weekly disability benefit if confined to the hospital. This benefit is not affected by other disability plans or workers compensation. Will double if in Critical Care. Payable for 52 Weeks</i>
Extended Total Disability 10 yrs- Optional	<i>Adds another 260 weeks to Total Disability for a total of 520 weeks.</i>
Long Term Total Disability To Age 70-Optional	<i>This policy will extend the Total Disability time period from 520 weeks to up to Age 70. This will be extended for both Injury and Illness and the Insured Person must not be able to perform 85% of Gainful Occupation. Non Income earners can not perform 2 out of 6 Daily Living Activities</i>
COLA's for either WPPI or Long Term Disability-Optional	<i>When purchased, provides minimum of 5% inflationary increase on weekly benefits payable under Weekly IPI or Long-Term Total Disability.</i>
Transition	<i>If an member is terminated from their job while on Total Disability and remains unemployed after the Total Disability payment period ends, this weekly benefit is payable up to 26 weeks.</i>

Underwritten by: **AIG Insurance Company of Canada**
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**OFF DUTY SCHEDULE OF COVERAGE
ACCIDENTAL BODILY INJURY ONLY**

Below is an overview of the optional Off Duty (24 Hr) Coverage. At no time, will benefits for the Off Duty Coverage apply when benefits are collected under the On Duty Policy. Only one benefit will be payable. Junior Firefighters and Non Members are not eligible to purchase this coverage.

Member Only Coverage	Amount	Duration
Accidental Death & Dismemberment (AD&D)	\$100,000	
Paralysis (Quadra, Hemi or Paraplegia)	\$200,000	
Seat Belt Benefit (15% of the AD&D Benefit)	\$15,000	
Repatriation Benefit	\$20,000	
Day Care Benefit	\$5,000	4 Years
Dependent Child Education Benefit	\$5,000	4 years
Spousal Education Benefit	\$20,000	
Identification Benefit	\$15,000	
Funeral Expense	\$5,000	
Bereavement Benefit	\$5,000	
Felonious Assault Benefit	\$10,000	
Parental Care Benefit	\$10,000	
Coma Benefit (Payment is per month)	\$1,000	100 Payments
Vision Impairment Benefit	\$100,000	
Home Alteration & Vehicle Modification	\$20,000	
Rehabilitation Benefit	\$20,000	
Family Transportation	\$20,000	
Psychological Therapy	\$10,000	
Accident Weekly Disability-7 Day Waiting Period	\$300	104 Weeks
Accident Weekly Disability- Non Income Earners	\$100	13 Weeks

Optional Family Coverage

For those members choosing the optional family coverage, the following benefits will be available based on your family status at the time of loss. See below.

	Spouse	Dependent
Accidental Death & Dismemberment (AD&D)		
Spouse Only(60%) or Dependent Child/ren (20%)	\$60,000	\$20,000
Spouse (50%) and Dependent Child/ren (15%)	\$50,000	\$15,000
Max Paralysis (Depends on Family Status Above)	\$120,000	\$40,000
Max Seat Belt (Depends of Family Status Above)	\$9,000	\$3,000
Funeral Expense	\$5,000	\$5,000
Psychological Therapy	\$10,000	\$10,000
Identification Benefit	\$15,000	\$15,000
Repatriation Benefit	\$20,000	\$20,000
Home Alteration & Vehicle Modification	\$20,000	\$20,000
Day Care Benefit (Maximum \$5,000/yr Max 4 yrs)	\$5,000	
Accident Weekly Disability-Spouse Only 13 wks	\$100	

Spouse shall mean either:(1) a Husband or Wife; or (2) for same sex unions or opposite sex unions, an individual who has been publicly represented as the life partner of the Insured Person and has been residing with the Insured Person.

Dependent Child/ren shall mean persons that are either natural children (legitimate, illegitimately, adopted children, step-children or infants to which the Insured Person is loco parentis; and
(1) under 23 years of age and unmarried and dependent upon the Insured Person for maintenance and support, or
(2) under 26 years of age and unmarried and in attendance at an institute of higher learning and dependent upon the Insured Person for maintenance and support; or
(3) by reason of mental or physical infirmity, is incapable of self-sustaining employment and is totally dependent upon the Insured Person for support within the terms of the *Income Tax Act of Canada*.

AD&D	Payable for death due to a covered accidental injury. Death must occur within 365 days.
Paralysis	Hemiplegia, paraplegia or quadriplegia, will pay two times the Principal Sum. Loss must occur within 365 days.
Seat Belt	Payable when death occurs while wearing a properly fastened seat belt.
Repatriation	Payable for expense incurred to return member's body to area of residence when death occurs outside 50 kilometers.
Day Care Off Duty Coverage	Up to four years of day care costs may be reimbursed for the lesser of: 1) the actual cost charged by the day care center; 2) 5% of Benefit Amount; or 3) \$5,000/yr. 4) Child must be under age 13 and currently or subsequently enrolled in an accredited day care center within one year.
Dependent Child Education	Up to four years of education costs may be reimbursed for the lesser of: 1) the actual annual tuition; 2) \$5,000/yr; or 3) 5% of Principal Sum. 4) Child must be beyond grade 12 and currently and continuously enrolled.
Spousal Education	Payable for Spouse's incurred costs within 30 months for professional or trade training to obtain an independent source of income.
Identification Benefit	Payable to one immediate family member for travel, food and lodging when identification is required.
Funeral Expense	Payable for reasonable expenses incurred within one year for cremation, burial or funeral.
Bereavement Benefit	Payable for reasonable expenses incurred within one year for grief counselling.
Felonious Assault	When loss of life occurs, 10% of the Principal Sum will be paid where loss of life was deliberately caused and at the Insured Persons Regular Occupations Employer.
Parental Care Benefit	Additional death benefit is payable to eligible Dependent Elders.
Coma Benefit	Payable for a covered injury when coma results. Provided in increments of 1% per month.
Vision Impairment	Payable for a covered injury when coma results. Provided in increments of 1% per month. Each Eye is worth 50% of said amount.
Home Alternation & Vehicle Modification	Payable for home alteration or vehicle modification costs necessary due to a covered Injury. Cost must be incurred within one year.
Rehabilitation	Payable for occupational training when needed due to dismemberment.
Family Transportation	Payable for costs incurred for one family member to travel to a hospital beyond 50 kilometers for a covered injury.
Psychological Therapy	Payable for Psychological Therapy when needed due to dismemberment
Accident Weekly - Member Only	Total Disability is provided as follows for covered injuries: 1) disability must begin within 60 days or 120 days if surgery delays disability; 2) seven (7) day waiting period required; 3) begins the eighth (8th) day and is payable up to 104 weeks; 4) payable to 100% Average Weekly Wage up to policy limit; and 5) coordinated with other disability plans and workers compensation. Note: Non-wage earners qualify for \$100 a week for 13 weeks.
Accident Weekly - Spousal Only	If a spouse becomes disabled "Off Duty" as a result of an accident, the policy pays the schedule amount listed with the following conditions 1) Disability commences within 60 days; 2) 7 Day waiting period must take place; of 3) Payable up to 13 weeks. We will pay a flat \$100/week.

This is only a brief description of coverage(s) available under this policy. The policy contains conditions, reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the policy. Should there be any conflict between this Summary of Coverage document and the policy, the policy shall govern under all circumstances.