



Alabama Association of Volunteer Fire Departments

The voice for Alabama's volunteer fire fighters.

Help the association be a stronger voice for the Alabama volunteer fire service.

Here's how you can support the AAVFD and provide a benefit for you and your family.

The benefits of your help:

- Helps pass legislation that benefits the volunteer fire service, including the Alabama Annuity and Pension Benefit Fund.
- Helps provide training seminars at the annual conference.
- Helps to provide funds for the AAVFD firefighter relief fund.
- Helps pay for Honor Guard for deceased firefighters.
- Helps support the Alabama Fallen Firefighter Memorial at the Alabama Fire College.

Check either a \$20,000 or a \$10,000 **Accidental Death and Disability Policy**.

For \$22.00 **annually** you will receive a \$20,000 Line of Duty Accidental Death benefit, a \$10,000 non-covered activity Accidental Death Benefit and a \$100.00 a week disability for line of duty accidents after a 14 day elimination period up to 52 weeks

For \$14.00 **annually** you will receive a \$10,000 Line of Duty Accidental Death benefit, a \$5,000 non-covered activity Accidental Death Benefit and a \$50.00 a week disability for line of duty accidents after a 14 day elimination period up to 52 weeks

ACCIDENTAL DEATH AND DISABILITY

Insurance Enrollment Form Policy

(coverage ends December 31st each year)

Make check payable to: AAVFD, 660 Adams Ave, Suite 345, Montgomery, AL 36104

Name: _____ SS #: xxx-xx-_____ Date of Birth : _____ (mm/dd/yyyy)

Name of Beneficiary: _____

Your Mailing Add.: _____ City, St, Zip: _____

Fire Dept: _____ County: _____ Phone # _____ - _____ - _____

Check One: _____ \$10,000/\$50 Fire Related, \$5,000 All Other @ **\$14.00 annually**

_____ \$20,000/\$100 Fire Related, \$10,000 All Other @ **\$22.00 annually**

(Revised 10/13) FDC 38 Signature _____ Date: _____

GENERAL OVERVIEW OF COVERAGE. IN ANY CASE OF CONFLICT, ONLY THE WORDING OF THE POLICY SHALL BE APPLICABLE.

INSURANCE

COVERAGE: Principal Sum amount as shown on reverse side of this certificate for Accidental Death/Dismemberment occurring within 90 days of the accident, with 24 Hour coverage for injury sustained anywhere; see exclusions below.
PAYS Principal Sum for LOSS OF: Life; or, both hands and feet; or, sight of both eyes; or, one hand or foot and sight of one eye; or, one hand and one foot; or, speech and hearing. PAYS ONE-HALF Principal Sum for LOSS OF: One hand or foot or sight of one eye; or, speech or hearing. PAYS ONE-QUARTER Principal Sum for LOSS OF: Thumb and index finger of the same hand.

ALSO, Disability Income, in amount per week as shown on reverse side of this certificate, up to 52 weeks, only for accidents when performing duties of a firefighter. Payable when totally and continuously disabled and prevented from performing each and every duty pertaining to his occupation. Has 7-day wait period (payment starts 8th day).

Cost per person remains the same for a calendar year or for any portion thereof.

CLAIMS MUST BE MADE WITHIN 20 DAYS AFTER THE OCCURRENCE. Claims should be submitted to VFIS, 183 Leader Heights Road, P.O. Box 2726, York, PA 17405.

GENERAL STATEMENT OF EXCLUSIONS: IN ANY CASE OF CONFLICT, ONLY THE WORDING OF THE POLICY SHALL BE APPLICABLE.

Any losses from suicide or any attempt thereat while sane or self destruction or any attempt thereat while insane; infections except pyogenic infections caused wholly by a covered injury; war or any act of war, or accident occurring while in the military, naval or air service of any country; accident occurring while operating or learning to operate or performing duties as a member of the crew of any aircraft; participating in team sports or other athletic activities; hernia of any kind; being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

ANY COVERAGE TERMINATES on date the policy is terminated. Further, if an Insured ceases to be an eligible person, or fails to pay a required premium, coverage will terminate at midnight on December 31 of the current insurance (calendar) year.