

Alabama Association of Volunteer Fire Departments

October 18, 2021



Dear Chief:

Once again, it is time to renew or sign up new firefighters with a low cost, Accidental Death and Disability insurance policy provided by this association. As you know, this is one of the least expensive policies available for your firefighters. I urge you to act on this benefit for your firefighters and their families before their current present policy ends December 31, 2021.

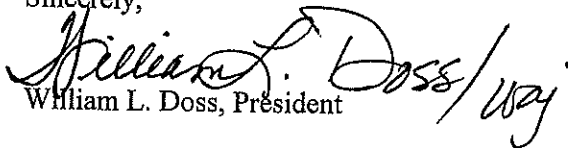
Our firefighters are the heart and soul of our service. Without these individuals, we would not have a volunteer fire service in our state. I do suggest your department provide one of these policies for your firefighters. This is a small price to pay to benefit those who you ask to lay their lives, as well as the welfare of their families, on the line for your department and community.

As leaders of our service, we must make every effort to protect the lives of our volunteers. At the same time, in the event a firefighter is disabled and his/her paycheck stops, there should be some financial assistance to the family to help pay the bills. Please bring the insurance issue to the attention of your Board of Directors and firefighters as soon as possible. Make copies of the form on the back of this letter for each individual to be covered.

For your firefighters to have 12 months coverage for 2022, each policy must be renewed no later than December 31, 2021. The firefighters in your department are the most important part of your operation. Protect them, just as you protect your community.

If you have any questions, please contact the AAVFD office at 1-888-972-2833 or 334-262-2833. You may also send your questions via email to aavfd@mindspring.com. A blank enrollment form is provided on the back of this letter to be used for making as many copies as you need for your department.

Sincerely,


William L. Doss, President

REMINDER

- Please be sure your membership **dues are paid** for your fire department **before** mailing in your insurance enrollments forms and payment.
- **DO NOT** put an email address on the enrollment form. We need a street address for mailing your newsletters.
- **The enrollment form must be signed by the enrollee only.** No one else is allowed to sign for the enrollee. This would disqualify the enrollment. Please take the time to have each of your insurance enrollees sign the enrollment form at the bottom personally.
- Please note the **Oct 2021 rate changes** at the bottom of the form.
- Please use the **blank form on the back** of this letter by making as many copies as you need.
- Please **do not use old forms**.
- Remember...this is an **annual policy** and requires a **new form each year**.
- Please **send originals** so there's a better chance of reading them correctly, but be sure to keep a copy.



Alabama Association of Volunteer Fire Departments

The voice for Alabama's volunteer fire fighters.

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

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

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 \$28.00 **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 \$17.00 **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 (2022)

PLEASE NOTE NEW RATES BELOW

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 #: (Last 4 Only) _____ Date of Birth : _____ (mm/dd/yyyy)

Name of Beneficiary: _____ Enrollee's Phone # _____ - _____ - _____

Enrollee's Street Address (**NOT EMAIL**): _____ City, St, Zip: _____

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

Check One: _____ \$10,000/\$50 Fire Related, \$5,000 All Other @ **\$17.00 annually**

_____ \$20,000/\$100 Fire Related, \$10,000 All Other @ **\$28.00 annually**

(Revised 10/9/21) FDC 38 Signature _____ Date: _____
