

INSURANCE

IESMA continues to offer its members a low cost VFIS insurance plan to cover accidental death or injuries sustained on duty or while participating in EMA/ESDA sponsored projects.

WHEN DOES COVERAGE APPLY? Coverage is provided when a Member performs any normal duty of the department, whether it is an emergency or non-emergency duty. Travel to and from these duties is covered. The activity must be performed under the direction of an officer. Good Samaritan Acts are also covered.

TERM OF COVERAGE : The term of this insurance policy is January 1 to December 31 of any given calendar year. The policy cannot be pro-rated, but late enrollment is allowed.

CLASS I—PLAN A - \$10.00 PER YEAR—(For members not employed)

Accidental Death Benefit— Maximum Amount \$10,000
 Accidental Dismemberment Benefit, Max Amt: \$10,000
 Accident Medical Expense Benefit—Maximum amount \$1,000
 Weekly Accident Indemnity Benefit—Weekly Maximum Amt: NONE

CLASS II—PLAN B—\$16.00 PER YEAR- (For members employed)

Accidental Death Benefit—Max. Amt. \$10,000
 Accidental Dismemberment Benefit, Max Amt: \$10,000
 Accidental Dismemberment Benefit, Max Amt: \$10,000
 Accident Medical Expense Benefit—Max Amt \$1,000
 Weekly Accident Indemnity Benefit—Weekly Max Amt \$100 Max # Weeks: 104 weeks

CLASS III—Plan C—\$29.00 PER YEAR—(For full-time, salaried EMA Coordinators)

Accidental Death Benefit—Max. Amt \$10,000
 Accidental Dismemberment Benefit, Max Amt: \$10,000
 Accident Medical Expense Benefit—Max Amt \$1,000
 Weekly Accident Indemnity Benefit—Weekly Max Amt \$100 Max # of weeks: 104 weeks

HOW TO SPECIFY BENEFICIARIES

Individual(always show relations 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

VFIS

BENEFICIARY DESIGNATION FOR ACCIDENT & SICKNESS POLICY

Name of Organization _____ State _____

Member's/Employer 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 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 _____

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Accidental Death Benefit—Maximum Amount \$10,000
Accidental Dismemberment Benefit, Max Amt: \$10,000
Accident Medical Expense Benefit—Maximum amount \$1,000
Weekly Accident Indemnity Benefit—Weekly Maximum Amt: NONE

() **CLASS II—PLAN B—\$16.00 PER YEAR- (For members employed)**

Accidental Death Benefit—Max. Amt. \$10,000
Accidental Dismemberment Benefit, Max Amt: \$10,000
Accidental Dismemberment Benefit, Max Amt: \$10,000
Accident Medical Expense Benefit—Max Amt \$1,000
Weekly Accident Indemnity Benefit—Weekly Max Amt \$100 Max # Weeks: 104 weeks

() **CLASS III—Plan C—\$29.00 PER YEAR—(For full-time, salaried EMA Coordinators)**

Accidental Death Benefit—Max. Amt \$10,000
Accidental Dismemberment Benefit, Max Amt: \$10,000
Accident Medical Expense Benefit—Max Amt \$1,000
Weekly Accident Indemnity Benefit—Weekly Max Amt \$100 Max # of weeks: 104 weeks

THIS FORM MUST BE FILLED OUT, SIGNED, AND RETURNED WITH CORRECT PAYMENT AND MEMBERSHIP APPLICATION TO IESMA, NANCY J. SCHILLING, TREASURER, P.O. BOX 99, EVANSVILLE, IL 62242.