

South Dakota Firefighters Association / Supplemental AD&D Information

Dear Chief and Members:

Members: Since 1998 your South Dakota Firefighters Association has provided an Accidental Death and Dismemberment program that will pay \$10,000 in the event of your death from any covered accident, on or off the job. In addition to the AD&D policy the Association, in 2015 approved an Accident & Health (Line of Duty) policy that will pay \$10,000 in the event of a death from a covered accident on the job (Line of Duty). The policy year for both policies are 1/1/2018 –12/31/2018 and are **incorporated into your SDFFA 100% membership dues.**

Once your Department has become a 100% member of the SDFFA, each member has the opportunity to purchase an additional \$50,000 Supplemental Accidental Death and Dismemberment Insurance. The policy coverage period will be, 1/1/2018 –12/31/2018 and the yearly premium will be **\$45.00/member.** Members will now have the ability to increase the amount of the Supplemental AD&D up to \$250,000. This can be purchased now in increments of \$50,000 for \$45.00 per \$50,000 of desired coverage. The Supplemental AD&D policy will be following the Association renewal dates. Checks need to be made payable and mailed to Fischer, Rounds & Associates, Inc, before January 15, 2018.

You can find the application on the South Dakota Firefighters Association website: www.sdfirefighters.org. You can ask for an application by calling 605-224-9223 or email Shane Lehrkamp at tlightfield@fischerrounds.com with additional questions.

Please send only the enrollment forms and checks for the Supplemental Accidental Death and Dismemberment to Fischer, Rounds & Associates, Inc.

REMEMBER, the only requirement for eligibility for this program is 100% membership in the South Dakota Firefighters Association. If you are not currently on the Roster, you are NOT eligible.

Chiefs: Your Department's 100% Membership also provides \$10,000 of Accidental Death and Dismemberment and a \$10,000 Line of Duty (Accident & Health) policy for each of your firefighters.

If your department or a Firefighter is interested in the Supplemental AD&D please have them fill out the Enrollment form.

Yours in Firefighting,

Trevor Lightfield
Fischer, Rounds & Associates, Inc
605-224-9223

South Dakota Firefighters Association / Supplemental AD&D Enrollment Form

Help prepare yourself and your family for the financial hardships caused by a serious accident with Supplemental/Voluntary Accidental Death and Dismemberment Insurance.

Once your department has become a 100% member of the SDFFA and you are included on their department roster, then you may apply for the additional \$50,000 Supplemental/Voluntary Accidental Death and Dismemberment Insurance for the year, 1/1/2018 –12/31/2018. It is available for **\$45.00 per member per \$50,000. Each member** needs to complete an Enrollment Form each year. Amounts up to \$250,000 can now be purchased in increments of \$50,000 for the 1/1/2018 –12/31/2018 policy year. Enrollment for the Accidental Death and Dismemberment policy ends January 15, 2018.

To enroll for the Supplemental Accidental Death and Dismemberment, each member must:

1. Make sure their name is on the Department Roster sent to SDFFA
2. Complete “South Dakota Firefighters Association / Supplemental AD&D Enrollment Form” (must be done each year)
3. Issue check for \$45.00 per member per \$50,000 of desired insurance, up to \$250,000, payable to Fischer Rounds & Associates, Inc.
4. Mail completed enrollment form/forms and a check to: Fischer Rounds & Associates, Inc., PO Box 218, Pierre, SD 57501-0218. Enrollment forms and checks received after January 15, 2018 will be returned.

Example of an insured wanting \$100,000 in Supplemental AD&D Coverage:

 2 increments (\$50,000) for a total of \$100,000.

 2 increments X \$45.00 = \$90.00 amount check will be written for.

Enrollment Form for Group Accident Insurance - Underwritten by AXIS Insurance Company

Desired amount per member: _____ (Up to \$250,000 in increments of \$50,000)

Name of Fire Department _____

Your Name (Last, First, Middle) _____ Date of Birth _____

Your Beneficiary _____ Relationship _____

Your Signature _____ Date _____

(If you do not name a beneficiary, the benefit will pay as dictated in the Policy (spouse, children, parents, estate).

You must be an active member of the South Dakota Firefighters Association to continue coverage. If you terminate membership in the association mid-year, your Supplemental/Voluntary AD&D coverage will terminate at the end of the policy year. The policy year for all three plans is 1/1/2018 –12/31/2018 and must be renewed annually. Coverage is underwritten through AXIS Insurance Company, administered by Provident Agency, Inc

Accidental Death Benefit

If an Insured dies as a result of a covered Injury, We will pay the Principal Sum. The death must occur within 365 days of the Injury.

Accidental Death & Dismemberment Schedule

If an Injury to an Insured results in any of the following Losses, We will pay the benefit shown. The Loss must occur within 365 days of accident. The benefit amounts are based on the Insured's Principal Sum.

Loss of Life.....	Principal Sum
Loss of two or more Hands or Feet	Principal Sum
Loss of Sight of Both Eyes.....	Principal Sum
Loss of One Hand or One Foot plus the loss of Sight of One Eye	Principal Sum
Loss of Sight of Both Eyes.....	Principal Sum
Loss of Speech and Hearing (both ears).....	Principal Sum
Loss of speech or hearing	50% of Principal Sum
Loss of one hand; one foot; or sight of one eye	50% of Principal Sum
Loss of thumb and index finger of the same hand	25% of Principal Sum
Loss of all Four Fingers of Same Hand	25% of Principal Sum
Loss of all Toes of the Same Foot...	25% of Principal Sum
Exposure & Disappearance Benefit.....	Included

In addition, coverage also includes:

Coma Benefit
Medical Evacuation Benefit + Repatriation Benefit
Paralysis Benefit
Seat Belt Benefit + Airbag Benefit
Travel Assistance Services

For purposes of this Covered Benefit, Loss shall mean:

1. For a foot or hand, actual severance through or above an ankle or wrist joint;
2. Actual severance through or above the metacarpophalangeal joint of a thumb or index finger;
3. Total and permanent loss of sight;
4. Total and permanent loss of speech; or
5. Total and permanent loss of hearing.

If more than one Loss arises out of the same accident, We will pay only one benefit. This will be the largest one. If an Insured can recover benefits under both the Accidental Dismemberment Benefit and the Accidental Death Benefit, the most We will pay is the Principal Sum.

Twenty-four Hour Accident Protection Excluding Corporate Owned or Leased Aircraft

The hazards insured against by this Policy are:
An Injury sustained by an Insured anywhere in the world.

Limitations

Air travel coverage is limited to a loss sustained during the trip, while the Insured is a passenger, riding in or on, board or getting off:

- A. any civilian aircraft with a current and valid normal transport or commuter type standard airworthiness certificate as

defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government. This aircraft must be operated by a pilot with a current and valid:

1. medical certificate; and
 2. pilot certificate with proper rating to pilot such aircraft.
- B. any aircraft which is not subject to a certificate of airworthiness; whose design and customary and regular purpose is for transporting passengers; and which is operated by the Armed Forces of the United States of America or the Armed Forces of any foreign government.

Common Exclusions

- A. A Loss shall not be a Covered Loss if it is caused by, contributed to, or resulted from:
 1. suicide, attempted suicide, or a purposeful self-inflicted wound;
 2. war or any, act of war, declared or undeclared;
 3. an Insured's involvement in any type of active military service;
 4. illness, disease or infection;
 5. travel or flight in an aircraft except to the extent stated in the Hazards;
 6. Medical or surgical treatment, anesthesia, medical malpractice;
 7. Voluntary use of any drug or narcotic and use of any vehicle or Conveyance while under the influence;
 8. the Insured's participation in the commission or attempted commission of any felony;
 9. if the Insured is the pilot, operator, member of the crew or cabin attendant of a covered aircraft; or
 10. unless We have previously consented in writing to the use, coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:
 - a. any aircraft other than those expressly stated above.
 - b. any aircraft being used for, or in connection with, aerial photography;
 - c. any conveyance or aircraft being used for tests or experimental purposes;
 - d. any aircraft that requires a special permit or waiver from the agency that has jurisdiction over the conveyance, even if granted;
 - e. any aircraft owned or controlled by, or under lease to the Policyholder or an Insured or a member of an Insured's household;
 - f. any aircraft operated by the Policyholder or one of its employees including members of an employee's household; or
 - g. any conveyance used in a race or speed test.

Note: This is an outline only. Please refer to the actual Contract for full details.

Revised 5/28/14