

**RESOLUTION NO. 6-2020 (As Amended 2/13/2020)**

Offered by All of Council

**A RESOLUTION AUTHORIZING THE MAYOR AND THE FINANCE DIRECTOR TO ENTER INTO AN AGREEMENT WITH VFIS FOR ACCIDENT AND SICKNESS INSURANCE COVERAGE FOR VILLAGE FIREFIGHTERS AND DECLARING AN EMERGENCY.**

NOW, THEREFORE, BE IT RESOLVED by the Council of the Village of Richfield, Summit County, and State of Ohio:

SECTION 1. That the Mayor and the Finance Director be, and they hereby are, authorized and directed to enter into an agreement with VFIS for accident and sickness insurance for Village firefighters effective March 1, 2020 through February 28, 2021, and the same hereby is, accepted in an amount not to exceed \$4,463 per year. A copy of which offer is attached hereto as Exhibit "A" and incorporated herein fully as if by reference.

SECTION 2. This Resolution is hereby declared to be an emergency measure necessary for the immediate preservation of the public health, safety and welfare and for the further reason that it is immediately necessary in order to be effective March 1, 2020; wherefore, provided this Resolution receives the affirmative vote of two-thirds of the members of Council elected or appointed, it shall take effect immediately upon its passage and execution by the Mayor; otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

PASSED: 2-18-2020

  
\_\_\_\_\_  
President of Council

ATTEST:  
  
\_\_\_\_\_  
Clerk of Council

  
\_\_\_\_\_  
Mayor



EXHIBIT A



**Accident & Sickness  
Summary of Coverages**

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**PREPARED FOR:**

**VILLAGE OF RICHFIELD**

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Date Prepared: Monday, January 13, 2020

## FOREWORD

This Summary of Coverage is a brief description of benefits provided under your VFIS Accident and Sickness policy. This summary is not binding on your organization, VFIS or the insurance companies we represent. Actual coverage is provided only by the policy. If there are any conflicts between this document and the policy, the policy will govern.

This document reflects **renewal** coverage information that is not yet effective as of the document preparation date.

Please update your benefits as circumstances change. Contact your insurance representative or VFIS to discuss how benefit changes might be beneficial to your members.

### Policies included in this summary

| <u>Policy Number</u> | <u>Effective Date</u> | <u>Expiration Date</u> | <u>Total Estimated Annual Premium</u> | <u>Premium Breakdown</u><br><u>Volunteer / Career</u> |         |
|----------------------|-----------------------|------------------------|---------------------------------------|---|---------|
| VFP 4336-7448E-02    | 03/01/2020            | 03/01/2021             | \$2,342                               | \$2,342   | \$0     |
| CFP 5336-0516E-02    | 03/01/2020            | 03/01/2021             | \$2,121                               | \$0   | \$2,121 |

**Underwritten by** National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company with its principal place of business at 175 Water Street, 15th Floor, New York, NY 10038, currently authorized to transact business in all states and the District of Columbia under policy series V50000.

## GENERAL INFORMATION

**First Named Insured:** VILLAGE OF RICHFIELD

**Mailing Address:** 4410 WEST STREETSBORO ROAD  
RICHFIELD, OH 44286

### Additional Participating Organization/Policyholders

Policy VFP 4336-7448E-02  
VILLAGE OF RICHFIELD FIREMEN'S ASSOCIATION

Policy CFP 5336-0516E-02  
VILLAGE OF RICHFIELD FIREMEN'S ASSOCIATION

## WHO IS COVERED?

Coverage is provided for the following membership classes and any bystander deputized at the time of the emergency.

### **Volunteer coverage**

Volunteers include auxiliary members, junior members, members-in-training, officers, directors, trustees and administrative personnel. Non-member volunteers asked to help are also covered while participating in a Covered Activity. Throughout this summary these personnel are identified as members.

Volunteer members are considered members who are non-compensated, paid on call and/or part-time paid members averaging less than 28 hours a week. Your volunteer coverage does not extend to paid employees (career), except for administrative personnel.

### **Career coverage**

Your coverage provides benefits for career members who are defined as paid employees who work an average of 28 hours or more per week. Administrative personnel are not considered paid employees. The number of paid employees must be reported annually.

## WHEN DOES COVERAGE APPLY?

Coverage applies while a member is participating in a specific Covered Activity.

Coverage is provided when a member performs any normal duty of the emergency service organization when under the direction of an officer, whether it is an emergency or non-emergency duty. Travel to and from these duties is covered.

A Covered Activity also includes an activity that requires immediate action by the member at the scene of an emergency while not acting on behalf of any organization. These activities are commonly called Good Samaritan Acts.

Athletic events for fundraising, social functions attended primarily by members (such as softball games at annual picnics), firematic events, training and athletic events on premise and approved by the organization are also Covered Activities.

Coverage is limited for other athletic events and there is no coverage for league sports (unless a rider is attached to the policy). Football, ice hockey, field hockey, lacrosse, soccer, boxing, rugby, and martial arts are excluded sports. If your emergency service organization is involved in athletic events contact your VFIS representative.

## WHAT BENEFITS ARE PROVIDED?

Benefits are paid for Injury(ies) or Illness(es). An Illness is a disease, sickness or infection which;

1. Manifests itself at a Covered Activity with the member interrupting participation to receive immediate medical treatment, or
2. Directly results from a Covered Activity with the member receiving medical treatment within 48 hours. The time limit is waived for infectious disease.
3. Illness also includes the Mandatory Quarantine of an Insured Person.

Examples of Illness include heart impairment, infectious disease or strokes.

## VOLUNTEER

| LOSS OF LIFE BENEFITS                             | Limit     |
|---|-----------|
| Accidental Death Benefit Amount.....              | \$125,000 |
| Seat Belt Benefit Amount.....                     | \$31,250  |
| Safety Vest Benefit Amount.....                   | \$31,250  |
| Military Death Benefit Amount.....                | \$15,000  |
| Illness Loss of Life Benefit Amount.....          | \$125,000 |
| Dependent Child and Education Benefit Amount..... | \$30,000  |
| Spousal Support and Education Benefit Amount..... | \$15,000  |
| Memorial Benefit Amount.....                      | \$5,000   |
| Dependent Elder Benefit Amount.....               | \$5,000   |
| Repatriation Benefit Amount.....                  | \$2,500   |

We will pay a Death Benefit when a member dies as a result of an Injury or Illness that occurs:

- a. during a specific Covered Activity; or
- b. due to a covered Injury or Illness; or
- c. due to a heart attack or stroke within 48 hours of an emergency response or training exercise requiring active physical participation.

The Memorial Benefit is paid to the members' department to be used at the department's discretion for items such as final expenses, establishing a memorial or trust fund, or to provide financial assistance to beneficiaries.

| LUMP SUM LIVING BENEFITS  | Limit     |
|---|-----------|
| Accidental Dismemberment and Paralysis Benefit Principal Sum..... | \$125,000 |
| Vision Impairment Benefit Principal Sum.....                      | \$125,000 |
| Injury Permanent Impairment Benefit Principal Sum.....            | \$125,000 |
| Heart Permanent Impairment Benefit Principal Sum.....             | \$125,000 |
| Illness Permanent Impairment Benefit Principal Sum.....           | \$125,000 |
| Cosmetic Disfigurement Resulting From Burns Principal Sum.....    | \$125,000 |
| HIV Positive Lump Sum Living Benefit Principal Sum.....           | \$125,000 |

Impairment and Dismemberment Benefits are paid at a percentage of the benefit limit, subject to the specific terms of the policy. However, the HIV Benefit is provided in a lump sum according to the policy terms and conditions.

**VOLUNTEER**

**WEEKLY INCOME BENEFITS**

**Limit / Duration**

|   |              |
|---|--------------|
| During the first 28 days of Total Disability the weekly benefit payable is the limit shown.   | \$350        |
| After 28 days of Total Disability the weekly limit shown is the maximum amount payable. The actual amount payable is equal to 100% of your member's pre-disability wages offset by loss of income benefits received from Workers' Compensation and Other Valid and Collectible Insurance. | \$350        |
| Minimum amount of Total Disability payable after 28 days.   | \$88         |
| Maximum period for which Total Disability benefits are paid.  | 5 years      |
| During the first 28 days of Partial Disability the weekly benefit payable is the limit shown.   | \$175        |
| After 28 days of Partial Disability the weekly limit shown is the maximum amount payable.   | \$175        |
| Minimum amount of Partial Disability payable after 28 days.   | \$44         |
| Maximum period for which Partial Disability benefits are paid.  | 1 year       |
| Weekly Injury Permanent Impairment (Lifetime) Benefit.  | Included     |
| Weekly Injury Permanent Impairment Benefit COLA.  | Not Included |

**Total Disability** means the member is unable to perform all the material and substantial duties of their own occupation.

Total Disability benefits will be increased on July 1, following the first 52 consecutive weeks. Benefits will be increased a minimum of 5% up to a maximum of 10%, based on the increase of the CPI-U.

**Partial Disability** means the member is unable to perform one or more, but not all, of the material and substantial duties of their own occupation.

**Weekly Injury Permanent Impairment Benefit:**

If a member suffers a 50% or greater Permanent Impairment as a result of an Injury, we will pay a weekly benefit equal to the percentage of the Permanent Impairment multiplied by the weekly disability benefit the member was receiving on the 29th day of disability. Payments begin when Total Disability benefits and Extended Total Disability benefits (when selected) end. Weekly Injury Permanent Impairment benefits will continue for life. The member could go back to their own or any other occupation and continue to receive this benefit.

**Permanent Impairment** means a medical condition which is a physical or functional abnormality or loss, which remains after the maximum medical rehabilitation has been achieved, and is considered stable or non-progressive at the time the evaluation is made. The evaluation of Permanent Impairment is based on the current version of the American Medical Association's "Guides to the Evaluation of Permanent Impairment."

### VOLUNTEER

| <b>MEDICAL EXPENSE BENEFITS</b>  | <b>Limit</b> |
|--|--------------|
| Medical Expense Benefit Maximum Amount.....  | \$25,000     |
| Benefits Paid: Excess of Workers' Compensation                                       |              |
| Cosmetic Plastic Surgery Maximum Amount.....   | \$25,000     |
| Post-Traumatic Stress Disorder Maximum Amount.....                                   | \$25,000     |
| Critical Incident Stress Management Maximum Amount.....                              | \$25,000     |
| Family Expense Benefit (per day).....  | \$100        |
| Family Bereavement and Trauma Counseling Benefit<br>Maximum Amount (per person)..... | \$1,000      |

**Post-Traumatic Stress Disorder** means emotional stress resulting from a Traumatic Incident experienced by a member, during participation in a Covered Activity, which adversely affects their psychological and physical well being.

**Traumatic Incident** means an abnormal experience outside the range of usual human experience.

The **Family Expense Benefit** is paid after a member has been admitted to the hospital as a result of an Injury or Illness. For each day a member participates in Out-Patient Physical Therapy, after being hospitalized, 50% of the benefit shown will be paid. This benefit is payable the first day of hospitalization and paid for up to 26 weeks.

The **Family Bereavement and Trauma Counseling Benefit** is paid after a member's death or exposure to a Traumatic Incident due to participation in a specific Covered Activity which results in the member's spouse, Dependent Child, or Resident Immediate Family Member requiring counseling. Treatment must be prescribed and monitored by a Physician.



## VOLUNTEER

| OTHER BENEFITS   | Limit    |
|--|----------|
| Occupational Retraining Benefit Maximum Amount.....                  | \$20,000 |
| Transition Benefit.....  | Included |
| Felonious Assault Benefit Amount.....                                | \$62,500 |
| Home Alteration and Vehicle Modification Benefit Maximum Amount..... | \$50,000 |

**Occupational Retraining:** If, as a result of an Injury or Illness, a member is not able to be gainfully employed and chooses to enroll in school or a training program with the objective of returning to work, we will pay tuition, room and board and other expenses up to the limit shown above. This coverage is in excess of Workers' Compensation and Other Valid and Collectible Insurance. The program must be agreed upon by the member and VFIS.

**Transition Benefit:** If, while receiving Total Disability, a member is terminated from regular employment and remains unemployed after Total Disability benefits end, this benefit will be provided for up to 26 weeks.

**Felonious Assault:** If an Accidental Death, Illness Loss of Life, Accidental Dismemberment and Paralysis, Vision Impairment, Injury Permanent Impairment, Heart Permanent Impairment, Illness Permanent Impairment, Cosmetic Disfigurement or HIV Positive Lump Sum Living benefit is payable as a result of a Felonious Assault while participating in a Covered Activity, we will pay the Felonious Assault benefit maximum amount. Felonious Assault means any willful or unlawful use of force upon the Insured Person with the intent to cause bodily injury; that results in bodily harm; and that is a felony or a misdemeanor.

**Home Alteration and Vehicle Modification:** If, as a direct result of an Injury or Illness that results in a covered permanent and irrevocable loss, a member is required to make alterations to his home and/or vehicle we will pay up to the limit shown above for such alterations incurred within three years of the Injury or Illness causing the loss. This benefit is excess of all other benefits payable including Workers' Compensation.

## VOLUNTEER

| OPTIONAL BENEFITS                                       | Limit        |
|---|--------------|
| Weekly Hospital Benefit Amount.....                     | Not Included |
| First Week Total Disability Benefit Amount .....        | Not Included |
| Coordinated 28 Day Total Disability Benefit Amount..... | Not Included |
| Extended Total Disability Benefit.....                  | Not Included |
| Long-Term Total Disability.....                         | Not Included |
| Long-Term Total Disability COLA.....                    | Not Included |
| Extra Expense Benefit                                   |              |
| Monthly Amount.....                                     | \$500        |
| Maximum Amount.....                                     | \$12,000     |
| 24-Hour Accident Benefit – Injury only.....             | Not Included |
| Off-Duty Accident Benefit – Injury only.....            | Not Included |
| Organized Team Sports.....                              | Not Included |

**Weekly Hospital Benefit** provides members with additional weekly income when hospitalization or outpatient physical therapy is required for a covered Injury or Illness.

**First Week Total Disability Benefit** provides an additional payment for the first week of Total Disability as a result of a covered Injury or Illness.

**Coordinated 28 Day Total Disability Benefit** protects higher wage earners by providing an additional income benefit after coordinating with Total Disability Benefit Weekly Amount (1st 28 days) and Workers' Compensation as a result of a covered Injury or Illness.

**Extended Total Disability Benefit** provides Total Disability benefits for a total of 10 years (an additional 260 weeks) when selected.

**Long-Term Total Disability Benefit** provides Total Disability benefits to age 70, beginning after 10 years (520 weeks) of Total Disability. For this benefit, Total Disability means the inability to perform any Gainful Occupation.

**Extra Expense** benefits will begin after 26 weeks of Total Disability due to a covered Injury or Illness. This benefit will cease when the member is no longer disabled. The Extra Expense Benefit Maximum Amount is the most we will pay.

**24-Hour Accident Benefit – Injury only** benefits are provided to a member who dies or suffers dismemberment, vision loss or paralysis due to an accidental Injury. This benefit is payable for both on-duty and off-duty activities.

**Off-Duty Accident Benefit – Injury only** benefits are provided to a member who dies or suffers dismemberment, vision loss or paralysis due to an accidental Injury. This benefit is payable for off-duty activities.

**Organized Team Sports** rider provides specified coverage for league sports. (Refer to Policy.)

**CAREER PERSONNEL RIDER.....Not Included**

**Career personnel have the same coverages and limits as Volunteers subject to the following:**

- (1) The definition of member is amended to include paid employees of the Policyholder, which is primarily staffed by volunteers. A paid employee is one who works an average 28 hours or more employment per week.
- (2) The following benefit(s) are available only to volunteers and not paid employees:
  - Weekly Injury Permanent Impairment Benefit
  - Weekly Injury Permanent Impairment COLA
  - Transition Benefit
  - Extended Total Disability Benefit
  - Long-Term Total Disability
  - Long-Term Total Disability COLA
  - Extra Expense Benefit
- (3) In no event will coverage provided to paid employees by way of this rider be in lieu of any Workers' Compensation act or similar law.
- (4) Total Disability Elimination Period: Not Included

## CAREER

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| Safety Vest Benefit Amount.....                   | \$31,250  |
| Military Death Benefit Amount.....                | \$15,000  |
| Illness Loss of Life Benefit Amount.....          | \$125,000 |
| Dependent Child and Education Benefit Amount..... | \$30,000  |
| Spousal Support and Education Benefit Amount..... | \$15,000  |
| Memorial Benefit Amount.....                      | \$5,000   |
| Dependent Elder Benefit Amount.....               | \$5,000   |
| Repatriation Benefit Amount.....                  | \$2,500   |

We will pay a Death Benefit when a member dies as a result of an Injury or Illness that occurs:

- a. during a specific Covered Activity; or
- b. due to a covered Injury or Illness; or
- c. due to a heart attack or stroke within 48 hours of an emergency response or training exercise requiring active physical participation.

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## CAREER

### WEEKLY INCOME BENEFITS

### Limit / Duration

|   |              |
|---|--------------|
| During the first 28 days of Total Disability the weekly benefit payable is the limit shown.   | Not Included |
| After 28 days of Total Disability the weekly limit shown is the maximum amount payable. The actual amount payable is equal to 100% of your member's pre-disability wages offset by loss of income benefits received from Workers' Compensation and Other Valid and Collectible Insurance. | \$350        |
| Minimum amount of Total Disability payable after 28 days.   | \$88         |
| Maximum period for which Total Disability benefits are paid.  | 5 years      |
| Total Disability Elimination Period   | 180 days     |
| During the first 28 days of Partial Disability the weekly benefit payable is the limit shown.   | Not Included |
| After 28 days of Partial Disability the weekly limit shown is the maximum amount payable.   | \$175        |
| Minimum amount of Partial Disability payable after 28 days.   | \$44         |
| Maximum period for which Partial Disability benefits are paid.  | 1 year       |
| Weekly Injury Permanent Impairment (Lifetime) Benefit.  | Not Included |
| Weekly Injury Permanent Impairment Benefit COLA.  | Not Included |

**Total Disability** means the member is unable to perform all the material and substantial duties of their own occupation.

Total Disability benefits will be increased on July 1, following the first 52 consecutive weeks. Benefits will be increased a minimum of 5% up to a maximum of 10%, based on the increase of the CPI-U.

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### CAREER

| MEDICAL EXPENSE BENEFITS   | Limit    |
|--|----------|
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| Benefits Paid: Excess of Workers' Compensation                                       |          |
| Cosmetic Plastic Surgery Maximum Amount.....   | \$25,000 |
| Post-Traumatic Stress Disorder Maximum Amount.....                                   | \$25,000 |
| Critical Incident Stress Management Maximum Amount.....                              | \$25,000 |
| Family Expense Benefit (per day).....  | \$100    |
| Family Bereavement and Trauma Counseling Benefit<br>Maximum Amount (per person)..... | \$1,000  |

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### CAREER

| OTHER BENEFITS   | Limit        |
|--|--------------|
| Occupational Retraining Benefit Maximum Amount.....                  | \$20,000     |
| Transition Benefit.....  | Not Included |
| Felonious Assault Benefit Amount.....                                | \$62,500     |
| Home Alteration and Vehicle Modification Benefit Maximum Amount..... | \$50,000     |

**Occupational Retraining:** If, as a result of an Injury or Illness, a member is not able to be gainfully employed and chooses to enroll in school or a training program with the objective of returning to work, we will pay tuition, room and board and other expenses up to the limit shown above. This coverage is in excess of Workers' Compensation and Other Valid and Collectible Insurance. The program must be agreed upon by the member and VFIS.

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## CAREER

| OPTIONAL BENEFITS                                       | Limit        |
|---|--------------|
| Weekly Hospital Benefit Amount.....                     | Not Included |
| First Week Total Disability Benefit Amount .....        | Not Included |
| Coordinated 28 Day Total Disability Benefit Amount..... | Not Included |
| Extended Total Disability Benefit.....                  | Not Included |
| Long-Term Total Disability.....                         | Not Included |
| Long-Term Total Disability COLA.....                    | Not Included |
| Extra Expense Benefit                                   |              |
| Monthly Amount.....                                     | Not Included |
| Maximum Amount.....                                     | Not Included |
| 24-Hour Accident Benefit – Injury only.....             | Not Included |
| Off-Duty Accident Benefit – Injury only.....            | Not Included |
| Organized Team Sports.....                              | Not Included |

**Weekly Hospital Benefit** provides members with additional weekly income when hospitalization or outpatient physical therapy is required for a covered Injury or Illness.

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**Organized Team Sports** rider provides specified coverage for league sports. (Refer to Policy.)



**Our records indicate the Mailing Address for this Insured is as follows:**

VILLAGE OF RICHFIELD  
4410 WEST STREETSBORO ROAD  
RICHFIELD, OH 44286-0000

Please note the address of your actual location may be reflected on the declaration page.



*Glatfelter  
Insurance  
Group*

*A Tradition of Service, Founded on Trust.*

Dear Valued Client:

Thank you for choosing to insure your members with the VFIS Accident and Sickness Program. We share your interest in providing financial security to emergency responders who are injured in the line of duty.

As required, we are providing you with the Glatfelter Insurance Group (GIG) and AIG privacy notices. VFIS, a division of GIG has underwritten Emergency Service Organizations for nearly 40 years.

Emergency responders are at risk of injury on every call, training and department activities. National events have created awareness in our local communities about these dangers. VFIS remains committed to education and training programs that will prevent or reduce the number of serious incidents.

Please visit [vfis.com](http://vfis.com) to access the following:

- **Beneficiary Forms** – review annually to update due to life changes, like marriage. Current beneficiary forms should be retained on file with the department.
- **Claim reports and Attending Physician Statements** – to report injury or illness.
- **Education, Training and Risk Control** programs – utilize for loss prevention.
- **Posters and Literature** – to create awareness and promote safety. Contact Lori Gunderson at 800-233-1957, extension 7291 or at [lgunderson@glatfelters.com](mailto:lgunderson@glatfelters.com).
- **Newsletters and Articles** – with valuable information on current topics and events.

The National Volunteer Fire Council and American Addiction Centers created a Firefighter/EMS Assistance Program. We encourage you to take advantage of this service created by and for emergency responders. Support is a phone call away at 888-731-3473 or visit [NVFC.org/help](http://NVFC.org/help) for additional information regarding the Share the Load campaign.

Thank you for responding to the call for service. We appreciate your business and thank you for insuring with VFIS. Please contact your local agent or VFIS at 800-233-1957.

Sincerely,

Troy Markel, CIC, CRM  
President VFIS

Michael A. Baker, CPCU, CRM  
Director, VFIS Risk Control