



Accident & Sickness
**INDIANA POLICE RESERVE
OFFICER PROGRAM**



Indiana Police Reserve Officer Program?

Who Qualifies?

When established by local ordinance of the governing body, this program provides benefits for appointed Police Reserve Officers as defined in Indiana Code 36-8-3-20. Police Reserve Officers may not be members of the regular police department.

This program is available to Police Reserve Officers covered by the medical treatment and burial expense provision of the Workers' Compensation Law (IC 22-3-2 through IC 22-3-6) and Workers' Occupational Disease Law (IC 22-3-7).

Who Is Covered?

Police Reserve Officers (Members) appointed by the governing body.

All Police Reserve Officers must be properly appointed and have completed the training and probationary period specified by the written regulations of the department.

When You Are Covered?

Police Reserve Officers are covered for Injury or Illness resulting from participation in a Covered Activity. A Covered Activity is a normal duty of a Police Reserve Officer, including travel to and from such activity, as defined by the written regulations of the department. Normal duties include, but are not limited to:

- Crowd control.
- Security for school corporations.
- Accident investigation.
- Making arrests - if properly certified.
- Search and seizures of persons or property - if properly certified.
- Approved classroom or field training activities in preparation for appointment during the probationary period.

Illness means any disease, sickness, or infection which:

- 1. manifests itself during a specific Covered Activity and the member interrupts his participation in the activity in order to receive immediate medical treatment; or*
- 2. directly results from participation in a Covered Activity and medical treatment is received within 48 hours of participation. (The 48 hour time frame is waived for infectious diseases.)*

Plan Coverage

\$150,000 Principal Sum*

\$290 Weekly Disability

\$75,000 Medical Expense

*Principal Sum is the maximum amount payable in the event of a covered Accidental Death, Accidental Dismemberment or Injury Permanent Impairment.

Loss of Life Benefits

Death Benefit – We will pay a Death Benefit when a Member dies as a result of an Injury or Illness while participating in a Covered Activity.

Seat Belt Benefit – We will pay an additional amount if a Member was wearing a properly fastened seat belt at the time of a motor vehicle accident which caused death.

Safety Vest Benefit – We will pay an additional amount if a Member was wearing an approved safety vest and death occurs when struck as a pedestrian at a motor vehicle accident or while directing traffic.

Military Death Benefit – We will pay a Death Benefit if a Rostered Member's death occurs due to bodily injury while serving in the United States Military or their respective Guard or Reserve units. Death must occur within 12 months.

Dependent Child and Education Benefit – If a Death Benefit is payable, we will pay an additional benefit for each surviving Dependent Child.

Spousal Support and Education Benefit – If a Death Benefit is payable, we will pay an additional benefit to the surviving spouse of a married Member.

Memorial Benefit – If a Death Benefit is payable, then the deceased Member's department will receive an additional lump sum benefit.

Dependent Elder Benefit – If a Death Benefit is payable, we will pay a benefit for each surviving Dependent Elder.

Repatriation Benefit – If a Death Benefit is payable, we will pay the expense to transport the deceased Member, when their body is beyond a 30 mile radius from their current primary residence at the time of death.

Lump Sum Living Benefits

We will pay these benefits if a Member suffers accidental dismemberment, hearing or vision impairment. The dismemberment hearing and vision impairment benefit is a percentage of the principal sum. See percentage charts in the policy.

Accidental Dismemberment and Paralysis Benefit – If a Member sustains a covered Injury and suffers dismemberment or paralysis, a lump sum benefit will be payable based on the extent of the Injury.

Vision Impairment – If a Member sustains a covered Injury which causes permanent vision impairment, a lump sum will be payable based on the extent of the Injury. In no event will benefits be paid for both Vision Impairment Benefit and Accidental Dismemberment and Paralysis Benefit for the Injury to the same eye sustained while participating in the same Covered Activity.

Injury Permanent Impairment – We will pay a lump sum benefit to a Member who suffers permanent loss of use of a body part as a result of an Injury. An impairment value is assigned after the Member has reached maximum medical rehabilitation, and the Member's medical condition is considered stable or non-progressive. Injury resulting in Quadriplegia, Paraplegia or Hemiplegia, will be paid at 200% of the Principal Sum. Uniplegia will be paid at 100% of the Principal Sum.

Benefits for an Injury due to a Permanent Impairment paid under this provision will be in addition to any Accidental Dismemberment Benefit or Vision Impairment Benefit paid or payable under the policy. However, in no event will the total amount of benefits payable as a result of any one accident exceed 100% of the largest Principal Sum shown in the Schedule for these benefits, unless:

- (1) the Permanent Impairment rating for an Injury is 90% or higher in which case 125% of the Principal Sum is payable, or
- (2) an Injury resulting in Quadriplegia, Paraplegia or Hemiplegia, in which case 200% of the Principal Sum is payable.

Heart Permanent Impairment – This lump sum benefit is payable if a Member suffers a Heart Permanent Impairment which results in at least 26 weeks of Total Disability.

The benefit due is calculated by multiplying the benefit percentage due and the Principal Sum. The benefit is further modified by the Member's age on the date of the heart impairment, according to the following table:

- Age 40 or less – 125% of the amount payable
- Age 41 to 65 – 75% of the amount payable
- Age 66 or over – 50% of the amount payable

No benefit is payable if a Member had a pre-existing Left Ventricular Ejection Fraction of 35% or lower prior to the Covered Activity causing the Heart Permanent Impairment.

Illness Permanent Impairment – If an Illness to a Member results in 260 weeks of Total Disability Benefits, the following percentage of the Illness Permanent Impairment Benefit shown in the schedule will be payable:

- 50% If the Member is unable to return to their occupation.
- 75% If the Member is unable to return to any Gainful Occupation.
- 125% If the Member has been approved or, if not eligible, otherwise meets the eligibility criteria for Social Security disability benefits.

If a Member has received a Heart Permanent Impairment Benefit and later becomes eligible for payment under this benefit for the same condition, the amount payable under this benefit is reduced by the amount previously paid under the Heart Permanent Impairment Benefit. The percentages shown above will also apply to the total amount payable.

Cosmetic Disfigurement – If a Member suffers a cosmetic disfigurement due to a burn classified as a full thickness or third degree burn, as a result of an Injury, We will provide a lump sum benefit to the Member. The payment amount is based on the amount of surface area and body part burned. Burns to body parts that are more visible will result in a higher benefit than burns occurring to less visible body parts.

HIV-Positive Benefits – If a Member contracts Human Immunodeficiency Virus (HIV) as a direct result of participation in a specific Covered Activity a lump sum benefit is payable to the Member. If either the Illness Loss of Life Benefit or the Illness Permanent Impairment Benefit is payable and the HIV Positive Lump Sum Living Benefit is also payable, only the largest lump sum amount will be paid.

Weekly Income Benefits

Total Disability Benefit/Weekly Income Benefit

If a Member is unable to perform all of the material and substantial duties of their own occupation because of an Injury or Illness, we will pay the Total Disability Weekly Income Benefit.

- **First 28 Days of Total Disability**

For the first 28 days of Total Disability, the Total Disability Benefit Amount selected will be paid regardless of the amount of lost income and is not coordinated with income from other sources (e.g. Workers' Compensation).

- **After 28 Days of Total Disability**

We will pay up to 100% of the Member's pre-disability average income not to exceed the weekly benefit amount shown in the Schedule. The amount payable will be offset by Other Valid and Collectible Insurance or payable Workers' Compensation.

After 52 weeks of Total Disability, on July 1st disability benefits will increase a minimum of 5% up to 10% maximum based on the Consumer Price Index.

Based on your benefit selection, Total Disability is payable up to two hundred sixty (260) weeks.

Partial Disability Benefit/Weekly Income Benefit

If a Member is unable to perform one or more, but not all, of the duties of their own occupation because of an Injury or Illness, We will pay the Partial Disability Weekly Income Benefit shown in the Schedule for the first 28 days of Partial Disability. The calculation will be similar to the Total Disability Benefit after 28 days.

The benefit for Partial Disability is payable for up to 52 weeks.

If 52 weeks of Total Disability has been paid and the Consumer Price Index applied to the benefit, should the Member become Partial/Partially Disabled, the Consumer Price Index will be applied on July 1st to the Partial Disability Benefit up to a minimum of 5% up to 10% maximum.

OCCUPATIONAL RETRAINING BENEFIT

If an Injury or an Illness prevents a Member from holding a Gainful Occupation, We will pay Covered Retraining Expenses. This benefit is paid if the Member enrolls in an institution of higher learning or a professional or trade training program. The objective of any professional or trade training program must be to return the Member to a job for which he or she is suited. The professional or trade training program must be agreed upon by Us and the Member.

Medical Expense Benefits

Medical Expenses - If Injury or Illness causes a Member to incur expenses for medical care, We will pay the cost of any Reasonable and Customary Expenses in excess of the benefits paid or payable under Workers' Compensation, up to the limit in the schedule.

Medical expenses include items such as:

- Medical, hospital or surgical treatment;
- Home Health Care;
- Nursing services prescribed and monitored by a physician;
- Post-exposure Prophylaxis Protocol (PEP) treatment, when such treatment is advised by the attending physician;
- Infectious Disease screening test(s); and
- Post-exposure preventive inoculations as a result of participation in a Covered Activity.

Cosmetic Plastic Surgery - If a Member needs skin grafting or plastic surgery because of an Injury for which Medical Expense Benefits are paid or payable, We will pay for the Reasonable and Customary Expenses of the surgery, up to the policy limit.

Post-Traumatic Stress Disorder - We will pay Reasonable and Customary Expenses when a Member suffers from Post-Traumatic Stress Disorder as a result of participation in a specific Covered Activity in which a Traumatic Incident occurred.

Critical Incident Stress Management Benefit - When the department requires the services of a Critical Incident Stress Management Team (CISMT), We will pay the expenses incurred by the team. These expenses include meals, lodging and necessary travel. The CISMT must be requested and authorized by the department.

Family Expense Benefit - When a Member is admitted as an inpatient to a Hospital for a covered Injury or Illness, We will pay a daily benefit to the Member.

Family Bereavement and Trauma Counseling Benefit - We will pay this benefit if an Accidental Death or Illness Loss of Life Benefit is payable, or if a Member's participation in a Covered Activity in which a Traumatic Incident occurred, requires a Member's spouse, Dependent Child or resident Immediate Family Member to require counseling.

Transition Benefit - We will pay a weekly Transition Benefit equivalent to the last Total Weekly Disability Benefit if, while a Member is receiving Total Disability benefits, they are involuntarily terminated from their regular employment and remain unemployed after Total Disability ends under this plan. This benefit is payable as long as the Member remains unemployed up to a maximum of 26 weeks.

Home Alteration and Vehicle Modification Benefit - We will pay expenses incurred within three years of the date of Injury or Illness, if a Member requires alterations to their home and/or modifications to their vehicle as a direct result of a covered permanent and irrevocable loss. This benefit is payable in excess of benefits paid or payable under any Workers' Compensation act, no fault automobile insurance plan, and any Other Valid and Collectible Insurance.

Exclusions

We will not cover any loss caused by or resulting from:

- 1) suicide or any attempt at it, or intentionally self-inflicted injuries;
- 2) injuries that happen while flying except:
 - a) as a passenger on a commercial aircraft; or
 - b) a passenger on any aircraft while taking part in a Covered Activity;
- 3) injuries that happen while flying as a crew member, or during parachute jumps from the aircraft;
- 4) war or any act of war, whether declared or undeclared;
- 5) mental or emotional disorders, except as specifically provided for covered Post-Traumatic Stress Disorder;
- 6) treatment of alcoholism or drug addiction and any complications arising from it, except loss caused by Injury sustained during and resulting from a Covered Activity;
- 7) illness, except as provided by the policy;
- 8) military service of any state or country;
- 9) any form of football, hockey, lacrosse, soccer, boxing, rugby and martial arts;
- 10) any league sports event, except as covered under the Organized Team Sports Rider;
- 11) Cancer; or
- 12) Injury or Illness caused by making an arrest, conducting a search or seizure , or as a result of carrying a firearm when the Insured Person has not completed the appropriate written training requirements associated with these activities.

This is only a brief description of the coverage(s) available. The Policy contains conditions, reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. The VFIS Accident and Sickness program is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa, with its principal place of business at 175 Water Street, 15th Floor, New York, NY 10038

If there are any conflicts between this document and the Policy, the Policy shall govern.

In 1969, VFIS pioneered specialized insurance coverage designed to meet the unique needs of America's Emergency Service Organizations. Neglected and misunderstood by many insurance companies, the emergency service industry was in need of an innovative approach to insurance products and risk management services. VFIS accepted the challenge, and today provides insurance, education, training and consulting to more Emergency Service Organizations in North America than any other provider.

VFIS forged a partnership with fire and emergency medical service leaders that allows for the continuing development of policy and program enhancements, specialized education and consulting for management needs. VFIS is committed to protecting the resources of Emergency Service Organizations and promoting the health and interest of its members. Wherever and whenever the welfare of our clients is at stake, VFIS is there to lead or support their efforts with a level of dedication no imitator can duplicate.

"First on the Scene ... Still Responding."®

*Represented by
Public Risk Underwriters of Indiana, LLC
302 S. Reed Road
P.O. Box 1247
Kokomo, IN 46903-1247
(800) 382-8837
www.ipep.com*



183 Leader Heights Road
P.O. Box 2726 · York, PA 17405
(717) 741-0911 · (800) 233-1957
vfis.com

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Application for VFIS Indiana Police Reserve Officer Program

1. Insured's Information

Name of Insured _____

Mailing Address _____

City _____

State _____ Zip _____ County _____

Contact Person _____

Telephone () _____

Name of organization (if different than insured) _____

2. Underwriting Data

a) Does the enabling statute authorize arrests, search or seizure or carrying a firearm?

Yes No

b) If yes, how many officers have successfully completed the pre-basic course authorizing these powers? _____

(Indiana Code 5-2-1-9(f))

c) Number of reserve officers who have not completed the course. _____

d) Is the department covered by Workers' Compensation? _____

3. Plan Effective Date

Requested date of coverage _____

(Effective date of coverage must be later than the date application signed)

*If coverage is provided, premiums will be determined based on roster maintained at insured's headquarters and subject to annual audit.

4. Signature of Insured

Signature of person providing information

Printed name of person providing information

Title _____

Date _____

5. Agent Information

Agency Name _____

Agency Address _____

Address Telephone () _____

Signature of Agent

Please send me more information on the VFIS Accident & Sickness Program.

Coverage will be bound upon approval of the VFIS underwriting department.



Please forward this application to your agent or VFIS.

GENERAL FRAUD WARNING NOTICE

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject the person to criminal and civil penalties.