

RESOLUTION NO. 2- 2026

Offered by Councilmember Hudak

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, 2026 through February 28, 2027, and the same hereby is, accepted in an amount not to exceed \$4,641 per year. A copy of which offer is attached hereto as Exhibit "A" and incorporated herein fully as if by reference.

SECTION 2. It is found and determined that all formal actions of this Council concerning and relating to the adoption of this Resolution were adopted in an open meeting of this Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements including Section 121.22 of the Ohio Revised Code.

SECTION 3. 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, 2024; 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: 2-17-26


President of Council

ATTEST:

Clerk of Council


Mayor

2/18/2026

EXHIBIT A



**Accident & Sickness
Summary of Coverages**

PREPARED FOR:

VILLAGE OF RICHFIELD

Date Prepared: Monday, January 12, 2026

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 Volunteer / Career</u>	
VFP 4336-05001G-00	03/01/2026	03/01/2027	\$2,252	\$1,994	\$258
CFP 5336-00132G-00	03/01/2026	03/01/2027	\$2,389	\$0	\$2,389

Underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company with its principal place of business at 1271 Ave of the Americas, FL 37, New York, NY 10020-1304, currently authorized to transact business in all states and the District of Columbia under policy series V70000.

GENERAL INFORMATION

First Named Insured: VILLAGE OF RICHFIELD

Mailing Address: 4410 WEST STREETSBORO ROAD
RICHFIELD, OH 44286

Additional Participating Organization/Policyholders

Policy VFP 4336-05001G-00
VILLAGE OF RICHFIELD FIREMEN'S ASSOCIATION

Policy CFP 5336-00132G-00
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 30 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 30 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, hockey, lacrosse, soccer, boxing, rugby, skiing and martial arts, or any extreme sport activity, like bungee jumping, hang gliding, and BASE jumping 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. Occurs during and resulting from a member's participation in a Covered Activity; or
2. Directly results from participation in a Covered Activity.
3. Occurs within 48 hours of participation in a "Strenuous Emergency Activity" and death is a result of Cardiovascular Malfunction; or
4. If the Injured Person received Medical Treatment for Cardiovascular Malfunction within 48 hours of participation in a "Strenuous Emergency Activity" and death to the

Injured Person occurs within 30 days of participation in that "Strenuous Emergency Activity" and death is a result of Cardiovascular Malfunction;

5. Illness also includes the Mandatory Quarantine of an Injured 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 Benefit Amount.....	\$30,000
Spousal Benefit Amount.....	\$15,000
Memorial Benefit Amount.....	\$5,000
Dependent Elder Benefit Amount.....	\$10,000
Repatriation Benefit Amount.....	\$2,500
Burial and Cremation Benefit Amount.....	\$10,000

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 Cardiovascular Malfunction within 48 hours of an emergency response or training exercise requiring active physical participation
- d. due to Cardiovascular Malfunction which a member received Medical Treatment within 48 hours of an emergency response or training exercise requiring active physical participation and the death due to the Cardiovascular Malfunction, occurs within 30 days.

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

MEDICAL EXPENSE BENEFITS	Limit
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
Traumatic Incident Benefit Amount.....	\$1,000
Traumatic Incident Maximum Amount.....	\$5,000
Critical Incident Stress Management Maximum Amount.....	\$25,000
Family Expense Benefit (per day).....	\$100
Family Bereavement and Trauma Counseling Benefit	
Maximum Amount (per person).....	\$1,000
Emergency Medical Transportation Benefit	
Maximum Amount.....	\$50,000
Family Travel Expense Maximum Amount.....	\$7,500

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 Benefit if a member requires counseling care as a result of involvement in a Traumatic Incident with the Policyholder and/or Participating Organization within 180 days of the Traumatic Incident.

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.

Emergency Medical Transportation Benefit: Is paid if, as a result of an Injury or Illness, a member requires Emergency Medical Transportation while they are outside a 50-mile radius from the nearest Hospital or medical facility.

The **Family Travel Benefit** is paid to the member's spouse or the other person chosen who incurred the eligible expenses.

VOLUNTEER

OTHER BENEFITS	Limit
Occupational Retraining Benefit Maximum Amount.....	\$20,000
Coma Permanent Impairment Benefit Monthly Amount.....	\$1,500
Transition Benefit.....	Included
Felonious Assault Benefit Amount.....	\$62,500
Home Alteration and Vehicle Modification Benefit Maximum Amount.....	\$50,000
Dependent Care Expense Benefit Amount (per day, each dependent)	\$75
Maximum Amount.....	\$25,000

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.

Coma Permanent Impairment: If a member suffers an Injury or Illness which results, within thirty days of the causative Covered Activity, in a Permanent Coma, We will pay the Coma Permanent Impairment Benefit Monthly Amount shown in the Schedule each month, for a maximum of 36 months, during the life of the member. We will make these payments retroactive to the first day of the Permanent Coma.

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.

Dependent Care Expense Benefit: If a member is Totally Disabled due to a covered Injury or Illness, We will reimburse Dependent Care Expense that are newly incurred by the member up to 182 days.

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..... 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 30 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.

CAREER

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 Benefit Amount.....	\$30,000
Spousal Benefit Amount.....	\$15,000
Memorial Benefit Amount.....	\$5,000
Dependent Elder Benefit Amount.....	\$10,000
Repatriation Benefit Amount.....	\$2,500
Burial and Cremation Benefit Amount.....	\$10,000

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 Cardiovascular Malfunction within 48 hours of an emergency response or training exercise requiring active physical participation
- d. due to Cardiovascular Malfunction which a member received Medical Treatment within 48 hours of an emergency response or training exercise requiring active physical participation and the death due to the Cardiovascular Malfunction, occurs within 30 days.

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.

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.

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CAREER

MEDICAL EXPENSE BENEFITS	Limit
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
Traumatic Incident Benefit Amount.....	\$1,000
Traumatic Incident Maximum Amount.....	\$5,000
Critical Incident Stress Management Maximum Amount.....	\$25,000
Family Expense Benefit (per day).....	\$100
Family Bereavement and Trauma Counseling Benefit	
Maximum Amount (per person).....	\$1,000
Emergency Medical Transportation Benefit	
Maximum Amount.....	\$50,000
Family Travel Expense Maximum Amount.....	\$7,500

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 Benefit if a member requires counseling care as a result of involvement in a Traumatic Incident with the Policyholder and/or Participating Organization within 180 days of the Traumatic Incident.

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

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Emergency Medical Transportation Benefit: Is paid if, as a result of an Injury or illness, a member requires Emergency Medical Transportation while they are outside a 50-mile radius from the nearest Hospital or medical facility.

The **Family Travel Benefit** is paid to the member's spouse or the other person chosen who incurred the eligible expenses.

CAREER

OTHER BENEFITS	Limit
Occupational Retraining Benefit Maximum Amount.....	\$20,000
Coma Permanent Impairment Benefit Monthly Amount.....	\$1,500
Transition Benefit.....	Not Included
Felonious Assault Benefit Amount.....	\$62,500
Home Alteration and Vehicle Modification Benefit Maximum Amount.....	\$50,000
Dependent Care Expense Benefit Amount (per day, each dependent)	\$75
Maximum Amount.....	\$25,000

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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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.

Dependent Care Expense Benefit: If a member is Totally Disabled due to a covered Injury or Illness, We will reimburse Dependent Care Expense that are newly incurred by the member up to 182 days.

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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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.)