



Description of Volunteer Firefighter Accident Benefits and Provisions



Overview of Hartford Life's Volunteer Firefighter Program:

Volunteer firefighters and volunteer members of ambulance, first-aid and rescue squads need protection against financial loss if they are injured in the line of duty.

The Hartford Volunteer Firefighters Blanket Accident Program is designed to provide this necessary security, including:

- Income protection against loss of earnings if disabled.
- Compensation for loss of life, limb or sight.
- Payment of medical care expenses for injuries.
- Payment of medical care expenses for certain specific diseases.

Our Volunteer Firefighters' Program is not available in:

- Alabama
- Delaware
- Florida
- Indiana
- Mississippi

What Types of Groups Are Eligible For Coverage?

- All volunteer members of the fire company, including members who may receive a nominal fee as a retainer, and/or all volunteer members of volunteer ambulance, first-aid and rescue squads not affiliated with a fire company.
- All paid drivers or employees of the fire company regularly employed as full-time firefighters and/or all paid drivers or employees of volunteer ambulance, first aid and rescue squads not affiliated with a fire company.
- Bystanders who are not members of the fire company or any other voluntary firefighter organization but are deputized in an emergency by the Chief or other official of the organization for an emergency. (NOT applicable where deputizing is not permitted by law).



When Are They Covered?

Insured persons will be covered who are accidentally injured or lose their lives while actually on duty and either at a fire, traveling to or returning from a fire, at a fire drill, at a parade or at a test or trial of any fire-fighting or emergency apparatus; or on an emergency call, or traveling to or returning from an emergency call; or participating in or attending as a volunteer member of the organization (but not as a paid driver or employee) any other regularly approved, supervised activity of the organization; or riding in or on organization apparatus (including a private passenger automobile furnished by the organization for the transportation of the fire chief or other official of the organization) while traveling to or returning from a fire drill, a parade or a test or trial of any fire-fighting apparatus.

Junior firefighters will be covered while actually on duty under the direct supervision of the Fire Chief or other authorized official of the organization.

Members of the Firefighters Auxiliary will be covered while on duty and at a fire, traveling to or returning from a fire, and riding in or on fire company apparatus, going to or returning from a fire drill, parade, or test or trial of any fire-fighting apparatus or participating in or attending as a volunteer member of the organization (but not as a paid driver or employee) any other regularly approved, supervised activity of the organization or riding on organization apparatus (including a private passenger automobile furnished by the organization for the transportation of the fire chief or other official of the organization).

Available Benefits:

Benefit	Brief Description
AD&D Catastrophic Loss Benefit	Pays a lump sum benefit for loss of life, limbs or sight occurring as a result of a covered accident.
Living Benefit Option	Allows the insured person to receive up to the lesser of 50% of the AD&D loss benefit or \$50,000, when life expectancy is 12 months or less due to an injury under this policy
Seat Belt Coverage	Death benefit is paid if loss of life occurs due to a covered seat belt accident. Person must be wearing an unaltered seat belt.
Accident Medical Expense	Pays reasonable expenses incurred (not to exceed the maximum benefit amount selected and in excess of any deductible amount) for Medical Care prescribed by a doctor for treatment of injuries sustained as a result of an accident. This benefit includes medical expenses for skin grafting or plastic surgery due to injury, up to the full amount of the Accident Medical Expense Benefit.
Accident Total Disability	Pays a weekly benefit in the event of Total Disability due to injury. Payable from Day One of disability, amount will be the lesser of 70% of person's average weekly wage or the amount selected by Fire Company for 2 year, 5 year or to age 65 duration. Benefits are reducible by other income such as worker's comp, Social Security and all income from employer or other work.
Accident Partial Disability benefit (automatically included with Accident Total Disability)	Pays a weekly benefit in the event of Partial Disability, if the person has received total disability benefits and then is able to perform one or more substantial duties of their occupation, part time or full time. Allows person to work back to full income earning potential. Is payable for up to 80% of the benefit under Accident Total Disability for the length of time selected by the fire company (2 yrs, 5 yrs or to age 65).
Permanent Total Disability benefit [Must be purchased with AD&D Catastrophic loss and Accident Total Disability Benefit (2 and 5 year benefit plans) are selected]	Pays benefit amount selected, less amount paid for AD&D Catastrophic Loss and/ or Accelerated Death benefit, if person suffered a permanent and total disability and has exhausted his Accident Total Disability benefit. Maximum benefit available same as amount selected under AD&D Catastrophic Loss Benefit.



Definitions:

Actively-at-Work means the Insured Person is performing all the regular duties of his or her occupation on a full-time basis (at least 30 hours per week) at his or her customary place of employment.

Apparatus means, but is not limited to, a fire truck, engine or pumper, hose wagon, ladder truck, patrol ambulance, tournament truck and any other firefighting vehicle.

Average Weekly Wage is the greatest of the Insured Person's total of wages, salaries, tips, and commissions, etc. for the:

1. calendar year immediately preceding the year in which the loss occurred divided by 52 weeks; or
2. twelve months immediately preceding the loss (determined by the sum of the 12 months of income divided by 52); or
3. 3 months immediately preceding the loss multiplied by 4 and then divided by 52 weeks.

The Average Weekly Wage will be verified by the Insured Person's employer and/or tax records.

Emergency Duty means the fighting of a fire or responding to any other emergency call for the Policyholder.

Injury means bodily injury of an Insured Person which results directly and independently of all other causes from accident which occurs while participating in a Covered Activity.

Loss resulting from sickness or disease or medical or surgical treatment therefore, except pus-forming infection which occurs through an accidental wound, is not considered as resulting from injury.

Medical Care means necessary:

- a) medical or surgical treatment, services and supplies;
- b) hospital, nursing and ambulance services;
- c) medically approved home health care as mandated by Connecticut Public Act 75-623; and
- d) emergency medical treatment of accidental ingestion of a controlled drug as mandated by Connecticut Public Act 75-512.

Each item of Medical Care must be:

- a) prescribed by a legally qualified physician other than the Insured Person;
- b) for the sole purpose of treating the injury.

On when used with reference to any conveyance (land, water or air), means in or on, boarding or alighting from the conveyance.



Other Income Benefits means the amount of any benefit for loss of income, provided to the Insured Person or to his or her family, as a result of the period of Disability for which the Insured Person is claiming benefits under this plan. This includes any benefits for which the Insured Person or his or her family is eligible or that are paid to the Insured Person, to his or her family, or to a third party on behalf of the Insured Person, pursuant to any:

- a) temporary or permanent disability benefits under a Workers' Compensation Law, occupational disease law, or from any similar law for Firefighters and rescue personnel;
- b) governmental law or program that provides disability or unemployment benefits as a result of the Insured Person's job with any employer;
- c) plan or arrangement of coverage, whether insured or not, as a result of employment by or association with an Employer or as a result of membership in or association with any group, association, union or other organization;
- d) individual insurance policy where the premium is wholly or partially paid by an employer;
- e) disability benefits under the United States Social Security Act, the Canada Pension Plan, the Quebec Pension Plan, or similar plan or act that the Insured Person, his or her spouse and children, are eligible to receive because of the Insured Person's Disability or because of the Insured Person's retirement, unless the Insured Person was receiving them prior to becoming Disabled;
- f) disability benefits under any employer's Retirement Plan that is wholly or partially funded by employer contributions, unless:
 - a) the Insured Person was receiving it prior to becoming Disabled; or
 - b) the Insured Person immediately transfers the payment to another plan qualified by the United States Internal Revenue Service for the funding of a future retirement.

Other Income Benefits will not include the portion, if any, of such retirement benefit that was funded by the Insured Person's after-tax contributions;

- g) any portion of a settlement or judgment, minus associated costs, of a lawsuit that represents or compensates for the Insured Person's loss of earnings.

Physician means a practitioner of the healing arts acting within the scope of his or her licensure who is other than the person whose sickness or injury is the basis of the claim.

Reasonable Expenses means fees and prices which do not exceed those generally charged for similar Medical Care in the local area where received by the Insured Person. For purposes of this insurance, we reserve the right to determine reasonable charges. An expense is considered to be incurred on the date the Medical Care is rendered.



Total Disability means the Insured Person's complete and continuous inability to:

- a) perform the essential duties of his or her regular occupation until the Weekly Benefit has been paid for 104 weeks; and thereafter,
- b) engage in any gainful occupation for which the Insured Person is or can be reasonably fitted through training, experience, or education.

We, our or **us** means the company named on the face page of this Policy.

Standard Exclusions & Limitations:

This Policy does not cover loss, disability or expense incurred for or as the result of:

- a) intentionally self-inflicted injury, suicide or attempted suicide;
- b) war or any act of war, whether war is declared or not;
- c) an accident occurring while on any aircraft, except while a passenger on an aircraft operated by a passenger airline on a regularly scheduled passenger trip over its established route.

Disability Limitation: This Policy does not cover disability unless the Insured Person is Actively-at-Work at the time disability commences.

Benefit Limitations: If this Policy would pay benefits for:

- a) Loss of Life under more than one Benefit, payment will be made only under the one Benefit that would pay the largest amount for Loss of Life;
- b) Loss of Income for Total Disability under more than one Benefit, payment will be made only under the one Benefit that would pay the largest amount.

This Benefit Limitation does not apply to the Seat Belt Benefit which is payable as an additional benefit if the Insured Person suffers Loss of Life.

Successive Periods of Disability Limitation: Periods of disability:

- a) due to the same or related medical causes; and
- b) separated by less than 90 days during which an Insured Person is Actively-at-Work;

will be considered one period of disability. Periods of disability separated by at least 90 days during which an Insured Person is Actively-at-Work will be considered separate periods of disability.

Concurrent Disabilities: Any one period of disability which is caused by more than one Injury or Sickness will be considered to have resulted from only one cause.



Workers' Compensation Offset: This policy has been issued at a discounted premium on the basis that the Policyholder has purchased Workers Compensation type coverage for both paid and voluntary firefighters and rescue personnel. Therefore, this Policy will not act as a substitute for Worker's Compensation or any other similar statutory plan of compensation for paid or voluntary firefighters and rescue personnel.

If, in the state of the Policyholder's domicile:

- a) participation in the Workers Compensation system is voluntary under the law; and
- b) the Policyholder, after electing this rider for a discounted premium, does not purchase or continue to maintain a plan of Workers Compensation insurance;

this Policy will act as though the underlying Workers Compensation insurance policy was in force. We will reduce the benefits of this policy by the statutorily defined benefits as though the Policyholder had elected to subscribe to and had purchased the Worker's Compensation coverage or similar statutory plan prescribed for firefighters and rescue personnel.



ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) BENEFIT

If an Insured Person's Injury results in any of the following losses listed in this Benefit, we will pay the sum shown opposite the Loss. The amount of the Principal Sum is stated in the Schedule and applies to the Class to which the Insured Person belongs at the time of accident.

We will not pay more than the Principal Sum for all losses due to the same accident.

For Loss of:

Life.....	The Principal Sum
Both Hands or Both Feet or Sight of Both Eyes.....	The Principal Sum
One Hand and One Foot.....	The Principal Sum
Either Hand or Foot and Sight of One Eye.....	The Principal Sum
Hearing in Both Ears and Speech.....	The Principal Sum
Movement of Both Upper and Lower Limbs (Quadriplegia).....	The Principal Sum
Movement of Both Lower Limbs (Paraplegia).....	The Principal Sum
Movement of Both Upper and Lower Limbs of One Side of the Body (Hemiplegia).....	The Principal Sum
Hearing in One Ear and Speech.....	Three-Quarters of The Principal Sum
One Arm or One Leg.....	Three-Quarters of The Principal Sum
Movement of One Upper Limb or one Lower Limb.....	One-Half of The Principal Sum
Speech.....	One-Half of The Principal Sum
Hearing in Both Ears.....	One-Half of The Principal Sum
Either Hand or Foot.....	One-Half of The Principal Sum
Sight of One Eye.....	One-Half of The Principal Sum
Hearing in One Ear.....	One-Quarter of The Principal Sum
Thumb and Index Finger of Either Hand.....	One-Quarter of The Principal Sum
One Thumb.....	One-Twentieth of The Principal Sum
Each Joint of Finger or Toe.....	One Hundredth of The Principal Sum

Loss means with regard to:

- a) hands and feet, complete severance through or above wrist or ankle joints;
- b) sight, speech or hearing, entire and irrecoverable loss thereof;
- c) thumb or index finger, complete severance through or above the metacarpophalangeal joints;
- d) arm or leg, complete severance through or above the elbow or knee joint;
- e) each joint of finger or toe, complete severance through or above the joint of the finger or toe;
- f) movement, complete and irreversible paralysis involving the entire arm with respect to Upper Limb; entire Leg with respect to Lower Limb.

An Insured Person will be deemed to have suffered Loss of Life if:

- a) he or she disappears while engaged in a Covered Activity; and
- b) his or her body has not been found within one year after disappearance.



ACCIDENT MEDICAL EXPENSE BENEFIT

We will pay the Reasonable Expenses:

- a) not to exceed the Maximum Benefit Amount; and
 - b) in excess of the Deductible Amount;
- for Medical Care incurred by the Insured Person due to Injury.

The first expense must be incurred within 26 weeks after the accident.

We will not pay:

- a) more than the Maximum Benefit for all expenses incurred as the result of any one accident;
- b) for expenses incurred more than seven years after the date of the accident;
- c) for expenses which are not incurred by the Insured Person; or
- d) for expenses for which benefits are payable under Workers' Compensation or similar law.

The Maximum Benefit Amount and Deductible Amount are shown in the Schedule.



ACCIDENT TOTAL DISABILITY BENEFIT

We will pay the Weekly Benefit Amount for each week of an Insured Person's Total Disability.

Benefits will continue while the Insured Person remains totally disabled, but not beyond the Maximum Payment Period.

The Total Disability must:

- a) result from Injury;
- b) commence within 30 days after the accident that caused the Injury; and
- c) require the regular care of a legally qualified physician other than the Insured Person.

If the Maximum Payment Period is "to age 65," and the Total Disability begins:

- a) before age 63, the Maximum Payment Period will be to age 65;
- b) on or after age 63, the Maximum Payment Period will be two years.

The Weekly Benefit will be the lesser of:

- a) the amount shown in the Schedule; or
- b) 70 percent of the Insured Person's Average Weekly Wage, reduced by:
 - 1) any Other Income Benefits to which the Insured Person is entitled, including any that could be collected if application for the benefit were made;
 - 2) 50% of income from Rehabilitative Employment;
 - 3) all income from any employer or from any work.

The Insured Person's Weekly Benefit will not be reduced by Other Income Benefits to less than a \$100.00 minimum weekly amount.

For Total Disability of less than one week, one-seventh of the weekly benefit will be payable per day.

The Weekly Benefit Amount and Maximum Payment Period are shown in the Schedule.



Effective Date:

Each person becomes an Insured Person on the date he or she meets the qualifications stated in the Schedule.

Termination: Coverage of each Insured Person ceases on the first to occur of:

- (a) the date the Policy terminates; or
- (b) the date he or she ceases to qualify as an Insured Person.

Termination shall be without prejudice to any claim for loss due to an accident that occurs before the termination date.

Additional Available Benefits:

Cost of Living Adjustment	Family Expense Reimbursement
Rehabilitative Employment	HIV Positive
Accident Partial Disability	Accelerated Benefit (Living Benefit Option)
Permanent Total Disability	Seat Belt Coverage
Heart or Circulatory Malfunction	Education Benefit
Influenza, La Grippe and Pneumonia	Additional Benefit for Loss of Life (NY only)
Contagious and Infectious Disease	Accident Hospital Indemnity
Cosmetic Disfigurement from Burns	Accident/Sickness Hospital Indemnity



COST OF LIVING ADJUSTMENT BENEFIT

If an Insured Person has been Totally Disabled for 12 consecutive months, then we will increase the Weekly Benefit Amount in accordance with the Cost of Living Formula described below. The Cost of Living Adjustment will be made each year on January 1st.

Cost of Living Formula

To determine the Cost of Living Adjustment:

- a) determine the lesser of:
 - 1) 3%; or
 - 2) one half the % change in the Consumer Price Index;
- b) then multiply the Weekly Benefit Amount payable under the Accident Total Disability Benefit; and
- c) add the resulting amount to the Weekly Benefit Amount.

Termination of Cost-of-Living Adjustment

The Cost-of-Living Adjustment will terminate on the earliest to occur of:

- a) the date the Insured Person ceases to be Totally Disabled;
- b) the date this Policy is terminated;
- c) the date the Insured Person has received 10 adjustments.

Consumer Price Index (CPI) means the index published by the Department of Labor which measures on a periodic basis (usually monthly) the change in the cost of typical urban wage earners' and clerical workers' purchase of certain goods and services.

For the purpose of this benefit, the percentage change in the CPI means the difference between the current year's CPI as of October 31, and the prior year's CPI as of October 31, divided by the prior year's CPI.



REHABILITATIVE EMPLOYMENT BENEFIT

If, while an Insured Person is Totally Disabled or Partially Disabled, he or she accepts Rehabilitative Employment, we will continue to pay a Weekly Benefit Amount.

The sum of the Weekly Benefit Amount and total income received from a program of Rehabilitative Employment may not exceed 100% of the Insured Person's Average Weekly Wage. If this sum exceeds the Average Weekly Wage, the Weekly Benefit Amount paid by us will be reduced accordingly.

We reserve the right to review, at the end of every 6 month period, any Rehabilitative Employment an Insured Person participates in while benefits are being paid under the Policy.

If an Insured Person remains Totally Disabled after a period of Rehabilitative Employment, he or she may continue to receive benefits under the Accident Total Disability Benefit or the Partial Disability Benefit, subject to the Maximum Payment Period for such benefit.

Rehabilitative Employment means employment or service which:

- a) prepares a Totally Disabled or Partially Disabled person to resume gainful work; and
- b) is approved, in writing, by us.

The term Rehabilitative Employment will include, when appropriate, any necessary and feasible:

- a) vocational testing;
- b) vocational training;
- c) work-place modification;
- d) prosthesis; and
- e) job placement.



ACCIDENT PARTIAL DISABILITY

We will pay a Weekly Benefit Amount for each week of an Insured Person's Partial Disability. Benefits will continue while the Insured Person remains Partially Disabled, but not beyond the Maximum Payment Period for this Benefit.

Partial Disability must:

- a) commence within 30 days after the accident that caused the Injury; or
- b) immediately follow a period of Total Disability for which benefits are payable under this Policy.

If the Maximum Payment Period is "to age 65", and the Total Disability begins:

- a) before age 63, the Maximum Payment Period will be to age 65;
- b) on or after age 63, the Maximum Payment Period will be two years.

The Maximum Payment Period is applied separately to each period of Partial Disability.

No payment will be made for any day for which a benefit is payable for Total Disability.

To determine the Partial Disability Weekly Benefit Amount, use the following calculation:

$$(A \text{ divided by } B) \times C = D$$

A = The Insured Person's Average Weekly Wage less his or her Current Weekly Earnings.

B = The Insured Person's Average Weekly Wage.

C = The Weekly Benefit payable if the Insured Person was otherwise Totally Disabled. (Disregard all other income from any employer or for any work when determining this figure).

D = The Partial Disability Weekly Benefit Amount payable.

Benefit payments for a Partial Disability will cease on the first to occur:

- a) the date the Insured Person's weekly earnings while he or she is Partially Disabled exceed 80% of his or her Average Weekly Wage; or
- b) the date the Insured Person is eligible for benefits under the Accident Total Disability Benefit due to the same or related causes; or
- c) the date the Insured Person returns to work in an occupation other than his or her own; or
- d) the date that payments under this Benefit have been paid for the Maximum Payment Period.

Current Weekly Earnings means the Insured Person's income during a period of Partial Disability, including income received from any Other Income Benefits.

For Partial Disability of less than one week, one-seventh of the Partial Disability Weekly Benefit Amount will be payable per day.



Partial Disability means a disability that:

- a) continues while the Insured Person is performing at least one of the material duties of his or her own occupation on either a full-time or part-time basis;
- b) causes a loss of earnings of at least 20% and less than 80%; and
- c) requires the regular care of a legally qualified physician other than the Insured Person.

A disability that causes a loss of earnings of 80% or more is considered to be a Total Disability and will be payable under the Accident Total Disability Benefit.

The Weekly Benefit Amount and Maximum Payment Period are shown in the Schedule.

PERMANENT TOTAL DISABILITY BENEFIT

We will pay the Principal Sum for this benefit if the Insured Person's Permanent Total Disability:

- a) resulted from Injury received before the Insured Person attained age 60;
- b) continued without interruption for at least the amount of time shown in the Policy Schedule for the Accident Total Disability Benefit Maximum Payment Period; and
- c) is reasonably expected to continue without interruption until the Insured Person dies.

The Principal Sum is shown in the Schedule.

Any benefits payable under this Benefit will be reduced by any amount which has been paid or is payable for loss caused by the same accident under the Accidental Death and Dismemberment Catastrophic Loss Benefit and under the Accelerated Benefit (Living Benefits Option).



HEART OR CIRCULATORY MALFUNCTION BENEFIT

Death Benefit: We will pay the Principal Sum for this Benefit, if an Insured Person:

- a) sustains Injury, as defined in this Benefit; and
- b) dies within 180 days of the date of Emergency Duty from such Injury.

Medical Expense Benefit: We will pay the Reasonable Expenses:

- a) not to exceed the Maximum Benefit Amount for any one occurrence; and
- b) in excess of the Deductible Amount;

for Medical Care incurred by an Insured Person due to Injury as defined in this Benefit. Such expenses must be incurred within 52 weeks after the date of Emergency Duty.

We will not pay expenses for which benefits are payable under:

- a) Workers' Compensation; or
- b) similar law.

Total Disability Benefit: We will pay the Weekly Benefit Amount for each week of an Insured Person's period of continuous Total Disability. Such period of continuous Total Disability must:

- a) result from Injury as defined in this Benefit; and
- b) commence within 30 days after the date of Emergency Duty; and
- c) require the care of a legally qualified physician other than the Insured Person.

We will not pay this Benefit:

- a) after the period of Total Disability under this Benefit exceeds the Maximum Payment Period; or
- b) when a Weekly Benefit Amount is payable under the Accident Total Disability Benefit in the Policy.

For Total Disability of less than one week, one-seventh of the weekly benefit will be payable per day.

The Weekly Benefit will be the lesser of:

- a) the amount shown in the Schedule; or
- b) 70 percent of the Insured Person's Average Weekly Wage, reduced by:
 - 1) any Other Income Benefits to which the Insured Person is entitled, including any that could be collected if application for the benefit were made;
 - 2) 50% of income from Rehabilitative Employment;
 - 3) all income from any employer or from any work.

The Insured Person's Weekly Benefit will not be reduced by Other Income Benefits to less than a \$100.00 minimum weekly amount.



Injury means a sudden Heart or Circulatory Malfunction if:

- a) the first symptoms of such malfunction are medically diagnosed:
 - 1) while the Insured Person is covered under the Policy; and
 - 2) within 48 hours of the Emergency Duty;
- b) the Insured Person is under age 65; and
- c) the Insured Person has not been medically diagnosed that he or she has, nor received any Medical Care for:
 - 1) a Heart or Circulatory Malfunction; or
 - 2) hypertension, angina, or other heart or circulatory condition; within 5 years prior to the date of the Emergency Duty.

Heart or Circulatory Malfunction refers only to a sudden and serious malfunction of the heart or circulatory system as occurs in a diagnosis of coronary thrombosis, cerebral vascular accident, myocardial infarction, and cardiac arrest. Heart or Circulatory Malfunction does not refer to conditions such as hypertension and angina.

Symptoms, such as shortness of breath, heart pain, numbness of a limb are covered during the first 48 hours following Emergency Duty.

Ongoing symptoms are not covered beyond that 48 hour period unless:

- a) these symptoms first occurred within 48 hours of the Emergency Duty; and
- b) an actual malfunction of the heart or circulatory system has been subsequently diagnosed.

The Principal Sum, Maximum Benefit Amount, Deductible Amount, Weekly Benefit Amount and Maximum Payment Period are shown in the Schedule.



INFLUENZA, LA GRIPPE AND PNEUMONIA BENEFIT

Sickness Death Benefit: We will pay the Principal Sum for this Benefit if the Insured Person dies within 26 weeks of the date of Emergency Duty from Sickness, as defined in this Benefit.

Medical Expense Benefit: We will pay the Reasonable Expenses:

- a) not to exceed the Maximum Benefit Amount; and
- b) in excess of the Deductible Amount;

for Medical Care incurred by the Insured Person due to any one Sickness as defined in this Benefit. Such expenses must be incurred within 52 weeks after the date of Emergency Duty.

We will not pay expenses for which benefits are payable under:

- a) Workers' Compensation Law; or
- b) similar law.

Sickness Total Disability Benefit: We will pay the Weekly Benefit Amount for each week of an Insured Person's period of continuous total disability.

Such period of continuous disability must:

- a) result from Sickness, as defined in this benefit; and
- b) commence within 30 days after the date of Emergency Duty; and
- c) require the care of a legally qualified physician other than the Insured Person.

The Weekly Benefit will be the lesser of:

- a) the amount shown in the Schedule; or
- b) 70 percent of the Insured Person's Average Weekly Wage, reduced by:
 - 1) any Other Income Benefits to which the Insured Person is entitled, including any that could be collected if application for the benefit were made;
 - 2) 50% of income from Rehabilitative Employment;
 - 3) all income from any employer or from any work.

The Insured Person's Weekly Benefit will not be reduced by Other Income Benefits to less than a \$100.00 minimum weekly amount.

For Total Disability of less than one week, one-seventh of the weekly benefit will be payable per day.

We will not pay this Benefit:

- a) after the period of continuous Sickness Total Disability exceeds the Maximum Payment Period; and
- b) when the Weekly Benefit is payable under the Accident Total Disability Benefit in the Policy.

Sickness means influenza, la grippe or pneumonia, if the first symptoms of the sickness are medically diagnosed:

- a) while the Insured Person is covered under the Policy; and
- b) within 10 days of the Emergency Duty.

It does not mean any contagious or infectious disease.

The Principal Sum, Maximum Benefit Amount, Maximum Payment Period, Deductible Amount and Weekly Benefit Amount are shown in the Schedule.



CONTAGIOUS AND INFECTIOUS DISEASE BENEFIT

Disease Death Benefit: We will pay the Principal Sum for this Benefit if an Insured Person dies within 26 weeks of the date of Emergency Duty from Disease, as defined in this Benefit.

Medical Expense Benefit: We will pay the Reasonable Expenses:

- a) not to exceed the Maximum Benefit Amount; and
- b) in excess of the Deductible Amount;

for Medical Care incurred by the Insured Person due to Disease as defined in this Benefit.

Such expenses must be incurred within 52 weeks after the date of. Benefits for HIV, acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC), or any complications arising therefrom, are not covered under this benefit. However, any tests for HIV will be paid under this benefit unless the Policy provides benefits for HIV and related testing under the HIV Positive Benefit.

Payment will not be made for routine expenses incurred for inoculations, immunizations or medicines unless required due to contraction of Disease. Covered expenses will include expenses incurred for preventative treatment of a condition or disease, provided it can be demonstrated that:

- a) exposure to a contagious and/or infectious disease has occurred during a covered activity; and
- b) actual contraction of the disease or condition would result in increased physical harm to the Insured Person.

Payment will not exceed the Maximum Benefit shown in the Schedule for expenses incurred as the result of any one Disease.

We will not pay expenses for which benefits are payable under:

- a) the Accident Medical Expense Benefit; or
- b) Workers' Compensation or similar Law.

Disease Total Disability Benefit: We will pay the Weekly Benefit Amount for each week of an Insured Person's period of continuous total disability. Such period of continuous total disability must:

- a) commence within 30 days after the date of; and
- b) result from Disease, as defined in this benefit; and
- c) require the care of a legally qualified physician other than the Insured Person.

The Weekly Benefit will be the lesser of:

- a) the amount shown in the Schedule; or
- b) 70 percent of the Insured Person's Average Weekly Wage, reduced by:
 - 1) any Other Income Benefits to which the Insured Person is entitled, including any that could be collected if application for the benefit were made;
 - 2) 50% of income from Rehabilitative Employment;
 - 3) all income from any employer or from any work.

The Insured Person's Weekly Benefit will not be reduced by Other Income Benefits to less than a minimum weekly amount.



Disease Total Disability Benefit:(Continued)

For Total Disability of less than one week, one-seventh of the weekly benefit will be payable per day.

Benefits will continue while the Insured Person remains Totally Disabled, but not beyond the Maximum Payment Period shown in the Schedule for this Benefit.

We will not pay this benefit:

- a) after the period of continuous Disease Total Disability exceeds the Maximum Payment Period; and
- b) when a Weekly Benefit is payable under the Accident Total Disability Benefit in the Policy.

Disease means any contagious or infectious disease if the first symptoms of the disease are medically diagnosed:

- a) while the Insured Person is covered under the Policy; and
- b) within 30 days of the Insured Person's exposure while performing the Emergency Duty.

It does not mean influenza, la Grippe, pneumonia, or common colds. Also, HIV, acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC), or any complications arising therefrom, are not covered under this benefit.

The Principal Sum, Maximum Benefit Amount, Deductible Amount, Weekly Benefit Amount and Maximum Payment Period are shown in the Schedule.



COSMETIC DISFIGUREMENT FROM BURNS BENEFIT

If, as a result of participation in a Covered Activity, an Insured Person incurs third or fourth degree burns in one or more than one area of the body, as listed in this benefit, we will pay a benefit amount, not to exceed the Maximum Benefit Amount, for cosmetic disfigurement.

COSMETIC BURN CHART

Body Part	Area Classification	Maximum Allowable %* For Area Surface Burned	Percentage Amount Payable*
Face, Neck, Head	11	9%	99%
Hand & Forearm	5	4.5%	22.5%
Upper Arm	3	4.5%	13.5%
Torso (Front or Back)	2	18%	36%
Thigh	1	9%	9%
Lower Leg (Below Knee)	3	9%	27%

Benefit Calculation

The benefit payable for any one loss is determined by the following formula:

- a) Identify the Area Classification Factor on the Cosmetic Burn Schedule shown in the Chart on this page;
- b) Multiply the Area Classification Factor by the Maximum Allowable Percentage for Area Surface Burned (or a percentage proportional to the total amount of the Body Part actually burned: See *below);
- c) Multiply the result of (b) by the Maximum Benefit Amount to determine the amount of the Maximum Benefit Amount payable under this benefit.

*The percentage shown is based on 100% of the Body Part identified as being burned. If less than 100% of the Body Part is burned, an appropriate corresponding percentage of the Allowable Percentage is to be used in determining the percentage of Maximum Benefit Amount payable.

Sample Calculations for the Cosmetic Disfigurement from Burns Benefit

Example 1:

If the entire upper arm is burned, the benefit is as follows:
 $3 \times 4.5\% = 13.5\%$ of the Maximum Benefit Amount is payable.

Example 2:

If 50% of the upper arm is burned, the benefit is as follows:
 $3 \times 2.25\%$ (which is 50% of 4.5%) = 6.75% of Maximum Benefit Amount is payable.

Example 3:

If the entire thigh is burned, and 50% of the lower leg (below knee) the benefit is as follows:
 $(1 \times 9\%) + (3 \times 4.5\% (50\% \text{ of } 9\%)) = (9\% + 13.5\%) = 22.5\%$ of the Maximum Benefit Amount is payable.

The Maximum Benefit Amount is shown in the Schedule.



FAMILY EXPENSE REIMBURSEMENT BENEFIT

If benefits are payable under the Cosmetic Disfigurement From Burns Benefit, we will also pay benefits for the Reasonable Expenses incurred by the Insured Person's Immediate Family Member(s) when visiting the Insured Person in the Hospital. Expenses must be incurred within 52 weeks from the date of Injury. The Maximum Amount for this Benefit is stated in the Schedule.

Reasonable Expenses incurred by such Immediate Family Member(s) will include expenses for necessary transportation, meals and lodging if:

- a) the Insured Person suffers from a burn payable under the Cosmetic Disfigurement from Burns Benefit; and
- b) the severity of the burn requires hospitalization of the Insured Person at least 50 miles from his or her permanent residence.

Immediate Family Member(s) mean(s) an Insured Person's:

- a) husband or wife;
- b) mother, step-mother or mother-in-law;
- c) father, step-father or father-in-law;
- d) child(ren) or step-child(ren); and
- e) brother(s), sister(s), sister(s)-in-law, brother(s)-in-law, step-brother(s) or step-sister(s).

The Maximum Benefit Amount is shown in the Schedule.



HIV POSITIVE BENEFIT

We will pay an amount equal to the Maximum Benefit Amount for this Benefit as stated in the Schedule, if, as a direct result of participation in an Emergency Duty, an Insured Person tests HIV positive, subject to the following:

- a) an incident report (notice of exposure), in a form acceptable to us, which describes the nature of the exposure to HIV, must be filed with the Policyholder and sent to us within 72 hours of the date the Insured Person:
 - 1) participated in the Covered Activity which caused the exposure to HIV; or
 - 2) received notice that a Treated Patient has tested positive for HIV; and
- b) the Insured Person must not have previously tested positive for HIV, or if the Insured Person previously tested positive for HIV, the Insured Person must have subsequently tested negative to HIV prior to the Emergency Duty Exposure;
- c) the Insured Person must have a preliminary screening test, such as an ELISA or other appropriate Food and Drug Administration (FDA) approved test at an authorized or licensed laboratory (not by the Insured Person), for HIV within 7 days of filing the incident report described in a) above. We must receive:
 - 1) notification of the results of that test from the authorized or licensed laboratory or the Insured Person's attending physician (not by the Insured Person) as soon as reasonably possible;
 - 2) the results of this test must be negative; and
- d) the Insured Person must thereafter test HIV Positive within 52 weeks of the date of participation in the Emergency Duty which caused the exposure to HIV. We must receive notification of HIV Positive test results from an authorized or licensed laboratory or the Insured Person's attending physician (not the Insured Person) as soon as reasonably possible.

We will pay for any costs incurred for HIV tests or any related testing. However, if any HIV test or related testing was paid under any other benefit in the Policy, it will only be paid once for any one exposure. Any testing for HIV or related testing must be performed by a licensed or authorized laboratory, not by the Insured Person.

HIV means human immunodeficiency virus.

HIV Positive means the presence of HIV antibodies in the blood of an Insured Person as substantiated through both a positive screening test enzyme-linked immunosorbent assay, (ELISA) and a positive supplement test such as Western Blot. All such tests must be approved by the Food and Drug Administration (FDA) with the interpretation of positivity as specified by the manufacturer(s).

Treated Patient means a person with whom an Insured Person comes in contact with during rescue or an emergency medical activity as a result of participation in an Emergency Duty.

In no event will benefits be provided for HIV, acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC), or any complications arising therefrom, under any provision of this benefit, except as specifically provided in this Benefit.

Refer the to Schedule for the Maximum Benefit Amount applicable to this Benefit.



ACCELERATED BENEFIT (LIVING BENEFIT OPTION)

We will pay an Accelerated Benefit Amount if the Insured Person:

- a) has a Terminal Condition due to participation in a Covered Activity; and
- b) is under 60 years of age when the Terminal Condition due to participation in a Covered Activity commenced; and
- c) requests in writing that a portion of the amount of his or her Accidental Death and Dismemberment Catastrophic Loss Benefit be paid as an Accelerated Benefit.

The Accelerated Benefit Amount is the lesser of:

- a) 50% of the Insured Person's Accidental Death and Dismemberment Catastrophic Loss Principal Sum Amount; or
- b) the Maximum Benefit Amount stated in the Schedule.

The Insured Person's Amount of Accidental Death and Dismemberment Benefit payable upon his or her death will be reduced by any Accelerated Benefit Amount already received after this benefit.

Example #1: If an Insured Person has a Principal Sum Amount of \$80,000.00 and a Maximum Benefit Amount of \$50,000.00 and requests payment of the Accelerated Benefit Amount:

- a) the Insured Person will receive 50% of the Principal Sum which is \$40,000.00. as the Accelerated Benefit; and
- b) the remaining balance payable upon the death of the Insured Person will be an amount of \$40,000.00.

Example #2: If an Insured Person has a Principal Sum that is \$150,000.00 and has a Maximum Benefit Amount of \$50,000.00 and requests payment of the Accelerated Benefit Amount;

- a) the Insured Person will receive the Maximum Benefit Amount of \$50,000.00; and
- b) the remaining balance payable upon the death of the Insured Person will be \$100,000.00.

The Insured Person should consult a Tax Advisor regarding the applicability of taxes to the Accelerated Living Benefit Option.

Proof of a Terminal Condition and Examination: We reserve the right to require proof of a Terminal Condition. Any diagnosis submitted must be provided by an attending physician licensed to practice in the United States.

If the Insured Person fails to submit proof satisfactory to us that the Insured Person has a Terminal Condition; or refuses to be examined by a physician as may be required by us, then no Accelerated Living Benefit will be payable.

Termination of a Terminal Condition: If the Insured Person no longer has a Terminal Condition, the Insured Person's Amount of Accidental Death and Dismemberment Benefit payable upon the Insured Person's death will be reduced by any Accelerated Living Benefit Amount already received under this benefit.



Limitations: The Accelerated Living Benefit provided herein:

- a) will be subject to all applicable terms and conditions of the Policy; and
- b) will not be available if the Insured Person has already received an Accelerated Living Benefit.

Release from Assignment: If the Insured Person has executed an assignment of interest with respect to the Insured Person's amount of Accidental Death and Dismemberment Catastrophic Loss Benefit Amount, in order to pay benefits under this provision, we must receive a release from the individual to whom the assignment was made before any benefits are payable.

For the purpose of this benefit, the following definitions apply:

Terminal Condition means the Insured Person has a life expectancy of 12 months or less due to Injury as defined under this Policy.

The Principal Sum and Maximum Benefits Amounts are shown in the Schedule.



SEAT BELT COVERAGE BENEFIT

If an Insured Person's Injury results in loss of life due to a Covered Seat Belt Accident as defined in this Benefit, we will pay the Seat Belt Benefit Amount.

The Injury must occur while the Insured Person is:

- a) a passenger riding in; or
 - b) the licensed operator of;
- a duly registered Automobile or Fire Engine, during a Covered Seat Belt Accident.

The Seat Belt Benefit will be paid in accordance with the beneficiary Designation provision.

Automobile means a four wheeled, private passenger, car, station wagon, pick-up truck, van, ambulance or jeep-type vehicle which is not being used as a Common Carrier.

Common Carrier means a conveyance operated by a concern, other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern.

Covered Seat Belt Accident means the unintentional collision of an Automobile or Fire Engine during which the Insured Person is participating in a Covered Activity and is wearing a Seat Belt. A police report must indicate the Insured Person was wearing an unaltered Seat Belt at the time of the accident.

Fire Engine means a motor truck with equipment for fighting fires.

Seat Belt means an unaltered belt, lap restraint, or shoulder restraint installed by the manufacturer of the Automobile or Fire Engine.

Exclusions: This Benefit does not cover loss of life if the Insured Person:

- a) is under the influence of any intoxicant, excitant, hallucinogen, or any narcotic or other drug, or similar substance as verified in the police accident report; and
- b) is operating the Automobile or Fire Engine.

The Seat Belt Benefit Amount is shown in the Schedule.



EDUCATION BENEFIT

If a Principal Sum is payable for Loss of Life under the Accidental Death and Dismemberment Benefit because of the Insured Person's death, we will pay an Education Benefit to the Insured Person's Eligible Spouse and Dependent Child(ren) as provided below.

The Insured Person's Eligible Spouse, to qualify for the Education benefit, must:

- a) enroll at an Institution of Higher Learning within 52 weeks of the death of the Insured; or
- b) be enrolled at an Institution of Higher Learning at the time of the Insured Person's death;

for the purpose of obtaining an independent source of income and maintenance.

The Insured Person's Eligible Dependent Child(ren), to qualify for the Education Benefit, must be:

- a) enrolled as a full-time student at an Institution of Higher Learning beyond the 12th grade level on the date of the Insured Person's death; or
- b) under 21 years of age and, within 52 weeks of the Insured Person's death, enroll as a full-time student at an Institution for Higher Learning.

The benefit payable is the cost for tuition at an Institution for Higher Learning, exclusive of room and board, subject to a Maximum Annual Benefit Amount for 4 consecutive years.

We will not pay this Benefit after the first to occur of:

- a) the completion of our fourth consecutive year of payment under this Benefit to or on behalf of the Insured Person's Spouse or Eligible Dependent Child(ren); or
- b) the end of the 12th consecutive month during which we have not received proof that the Insured Person's Spouse or Eligible Dependent Child(ren) is enrolled at an Institution of Higher Learning.

Eligible Dependent Child(ren) means an Insured Person's unmarried child, stepchild, legally adopted child or foster child who, at the time of the Insured Person's death, was dependent on the Insured Person for at least 50% of his or her support and maintenance.

Spouse means the Insured Person's wife or husband who was not legally separated or divorced from the Insured Person at the time of the Insured Person's death.

Institution of Higher Learning includes, but is not limited to, any state or private university or college, professional or trade school.

The Education Benefit is payable to the Spouse and or each Eligible Dependent Child on the date we have received acceptable proof that the Spouse or Eligible Dependent Child is a student at an Institution of Higher Learning.

Proof, includes but is not limited to:

- a) a letter from the office of the registrar verifying that the Spouse or Eligible Dependent Child is enrolled as a student at the Institution of Higher Learning; and
- b) a bill for tuition at an Institution of Higher Learning.

Other proof submitted may be determined by us as acceptable upon our review.



Upon receipt of acceptable proof, we will pay the lesser of:

- a) the actual expense incurred; or
- b) the Maximum Annual Amount for this Benefit;

for tuition at an Institution of Higher Learning to the Insured Person's Spouse or Eligible Dependent Child. If the Eligible Child is a minor, we will pay the benefit to the Student's legal representative.

The Education Maximum Annual Benefit Amount is shown in the Schedule.

ADDITIONAL BENEFIT FOR LOSS OF LIFE (NEW YORK ONLY)

If an Insured Person's Injury results in Loss of Life which:

- a) is a direct result of participation in Emergency Duty;
- b) occurs within 26 weeks of the date of Emergency Duty;
- c) is paid or payable as a death benefit by the Volunteer Ambulance Workers' Benefit Law, Chapter 64-B of the Consolidated Laws of New York, the Volunteer Firefighters' Benefit Law, Chapter 64-A of the Consolidated Laws of New York or Workers' Compensation; and
- d) is not payable under the Accidental Death and Dismemberment Benefit;

we will pay \$2,000.00 for the Additional Benefit Amount for Loss of Life.

Emergency Duty means the fighting of a fire or responding to any other emergency call for the Policyholder.



ACCIDENT HOSPITAL INDEMNITY BENEFIT*

We will pay the Daily Benefit for each day an Insured Person is Confined if:

- a) the Confinement is due to Injury ; and
- b) the first day of Confinement for the first Benefit Period occurs within 30 days after the accident.

We will not pay the Daily Benefit for:

- a) more than the Maximum Payment Period; or
- b) the last day of a continuous hospital stay unless the hospital charges for a full day of inpatient Confinement.

Confined and Confinement mean:

- a) being admitted to a Hospital for receiving inpatient hospital services; and
- b) the patient is charged for at least one day's room and board by the hospital each time he or she is admitted.

Benefit Period means an interval of time during which the Insured Person is Confined as an inpatient in the hospital. Confinement may be continuous or intermittent. A Benefit Period begins on the day an Insured Person is admitted to the hospital as an inpatient.

Successive periods of hospital Confinement for the same or related causes not separated by a period of ninety days or longer, will be considered as one period of hospital Confinement.

A new Benefit Period begins when the Insured Person is readmitted to the hospital:

- a) for a new injury unrelated to the causes of a prior confinement; or
- b) after such person has been free of hospital confinement for 90 consecutive days.

Hospital means an institution which:

- a) operates pursuant to law;
- b) primarily and continuously provides medical care and treatment of sick and injured persons on an inpatient basis;
- c) operates facilities for medical and surgical diagnosis and treatment by or under the supervision of a staff of legally qualified physicians; and provides 24 hour a day nursing service by or under the supervision of registered graduate nurses (R.N.).

Hospital does not mean any institution or part thereof which is used primarily as:

- a) a nursing home, convalescent home, or skilled nursing facility;
- b) a place for treatment of drug addicts or alcoholics; or
- c) a place for rest, custodial care, or for the aged.

The Daily Benefit and Maximum Payment Period are shown in the Schedule.

****cannot be written with the Influenza, La Grippe and Pneumonia or Contagious & Infectious Disease riders***



ACCIDENT/SICKNESS HOSPITAL INDEMNITY BENEFIT

We will pay the Daily Benefit for each day an Insured Person is Confined if:

- a) the Confinement is due to Injury or Sickness as defined in this Benefit; and
- b) the first day of Confinement for the first Benefit Period occurs within 30 days after the accident or the date the Sickness first manifests itself.

We will not pay the Daily Benefit for:

- a) more than the Maximum Payment Period; or
- b) the last day of a continuous hospital stay unless the hospital charges for a full day of inpatient Confinement.

Confined and **Confinement** mean:

- a) being admitted to a Hospital for receiving inpatient hospital services; and
- b) the patient is charged for at least one day's room and board by the hospital each time he or she is admitted.

Benefit Period means an interval of time during which the Insured Person is Confined as an inpatient in the hospital. Confinement may be continuous or intermittent. A Benefit Period begins on the day an Insured Person is admitted to the hospital as an inpatient. Successive periods of hospital Confinement for the same or related causes not separated by a period of ninety days or longer, will be considered as one period of hospital Confinement.

A new Benefit Period begins when the Insured Person is readmitted to the hospital:

- a) for a new injury unrelated to the causes of a prior confinement; or
- b) after such person has been free of hospital confinement for 90 consecutive days.

Hospital means an institution which:

- a) operates pursuant to law;
- b) primarily and continuously provides medical care and treatment of sick and injured persons on an inpatient basis;
- c) operates facilities for medical and surgical diagnosis and treatment by or under the supervision of a staff of legally qualified physicians; and
- d) provides 24 hour a day nursing service by or under the supervision of registered graduate nurses (R.N.).

Hospital does not mean any institution or part thereof which is used primarily as:

- a) a nursing home, convalescent home, or skilled nursing facility;
- b) a place for treatment of drug addicts or alcoholics; or
- c) a place for rest, custodial care, or for the aged.

Sickness means:

- a) Sickness, as defined in the Influenza, La Grippe or Pneumonia Benefit; and/or
- b) Disease, as defined in the Contagious and Infectious Disease Rider; provided either or both benefits are included in the Policy.

The Daily Benefit and Maximum Payment Period are shown in the Schedule.



Request for Quote:

All quoting will be done by The Hartford. To obtain a quote, please download a Request for Proposal application from our website at <http://www.accidentlines.com/> and forward this to accidentquotes@hartfordlife.com. We will be in contact with you regarding your inquiry in a prompt timeframe.

State Availability:

The above listed optional benefits are available in most states. Please note that due to state requirements, some benefits may be modified and/or restricted in certain states. Furthermore, some states require a specific minimum number of employees in order to issue a quotation.

For More Information:

For additional information, please call your Hartford representative or visit us at www.accidentlines.com. We also have a flexible companion AD&D program that we market with our Group Life product. We'd be happy to send you additional information about this program as well. This brochure explains the general purposes of the insurance program, but in no way changes or affects the policy as actually issued. In the event of any discrepancy between the brochure and the contract, the terms of the contract apply.

You have a 30 day right from Your original Certificate Effective Date to examine Your certificate. If You are not satisfied, You may return it to Us within 30 days of Your original Certificate Effective Date. In that event, We will consider it void from its Effective Date and any premiums paid will be refunded. Any claims paid under The Policy during the initial 30 day period will be deducted from the refund.

Underwritten By:

Hartford Life & Accident Insurance Company, Inc.

Hartford Life Insurance Company, Inc. (New York)

To Be Used With Policy Form:

VP - Form 8682 Schedule, Form SRP-1330 (HLA) policy

VP - Form 8682 Schedule, Form SRP-1330 (HL) policy

GROUP BENEFITS



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