

# South Dakota Firefighters Association Application

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

Accidents are the leading cause of death for Americans under the age of 37...

Every 13 minutes, someone dies in a car accident.

Every 27 minutes, someone is killed by an accident in their home.

Every 62 minutes, another person dies while working.

*National Safety Council Statistical Report – 1993.*

Your Firefighters Association recognizes these risks and has already approved an Accidental Death and Dismemberment program that will pay \$10,000 in the event of your death from any covered accident, on or off the job. The cost of this program is only \$6.00 per year and is incorporated into your SDFA 100% membership dues. This coverage is for the year, July 1 to June 30.

Once your department has become a 100% member of the SDFA and you are included on their department roster, then you may apply for the additional \$50,000 Supplemental Accidental Death and Dismemberment Insurance for the year, July 1 to June 30. It is available for \$30.00 a year per member and each member needs to complete an Enrollment Form each year. Enrollment Forms cannot be postmarked before April 1 or after July 1 of each year. Any payments received after July 1 will be declined and returned. If you chose to pay for the additional \$50,000 Supplemental Accidental Death and Dismemberment Insurance do the following:

1. Complete Enrollment Form
2. Make check in amount of \$30.00 per member payable to Fischer Rounds & Associates, Inc.
3. Mail after April 1 and prior to July 1 to: Russ Hendrix, Fischer Rounds & Associates, Inc., PO Box 218, Pierre, SD 57501-0218.

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## Enrollment Form for Group Accident Insurance

Underwritten by Zurich American Insurance Company

Name of Fire Department \_\_\_\_\_

Your Name (Last, First, Middle) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Your Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

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

You must be an active member of the South Dakota Firefighters Association to continue coverage. If you terminate membership in the association mid-year, your Supplemental AD&D coverage will terminate at the end of the policy year. The policy year for both plans is July 1 to June 30 and must be renewed annually. Coverage is underwritten through Zurich American Insurance Company located in Schaumburg, Illinois.

## Accidental Death Benefit

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

If the conveyance in which an Insured is riding disappears, is wrecked, or sinks, and the person is not found within 365 days of the event, We will presume the person lost his or her life as a result of Injury. If travel in such conveyance was covered under the terms of this Policy, We will pay the Principal Sum, subject to all Policy terms.

If an Insured is exposed to weather because of an accident and this results in a loss of life, We will pay the Principal Sum, subject to all Policy terms and conditions.

## Accidental Dismemberment Benefit

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

Loss of both hands or both feet .....	Principal Sum
Loss of one hand and one foot .....	Principal Sum
Loss of one hand or one foot plus the loss of sight of one eye .....	Principal Sum
Loss of sight of both eyes .....	Principal Sum
Loss of speech and hearing .....	Principal Sum
Loss of speech or hearing .....	Half of Principal Sum
Loss of one hand; one foot; or sight of one eye .....	Half of Principal Sum
Loss of thumb and index finger of the same hand .....	Quarter of Principal Sum

For purposes of this Covered Benefit, Loss shall mean:

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

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

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

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

### Limitations

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

- A. any civilian aircraft with a current and valid normal transport or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government. This aircraft must be operated by a pilot with a current and valid:
  1. medical certificate; and
  2. pilot certificate with proper rating to pilot such aircraft.
- B. any aircraft which is not subject to a certificate of airworthiness; whose design and customary and regular purpose is for transporting passengers; and which is operated by the Armed Forces of the United States of America or the Armed Forces of any foreign government.

### Exclusions and limitations

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