IMPORTANT NOTICE: Coverage under the policy does not constitute comprehensive health insurance coverage (a/k/a/ "major medical insurance"). It therefore does not satisfy the "minimum essential coverage" requirements of the Patient Protection and Affordable Care Act. Coverage will not satisfy the individual responsibility requirements of section 5000A of the Internal Revenue Code.

CRITICAL ILLNESS INSURANCE

Coverage Guide | Questionnaire

Designed especially for Texas emergency service personnel and their families

VFIS® OF TEXAS

An Independent Producer and Regional Director for VFIS

A serious illness can happen at any time, affecting your paid and unpaid emergency response personnel physically, emotionally and financially. Critical Illness insurance can help by offering a lump sum payment for a covered illness so your crew can focus on what matters the most.

Plan Highlights

- Group policy issued to your organization ("the Policyholder")
- Eligible employees, including paid and unpaid emergency response personnel, are automatically covered
- Includes coverage for eligible spouses and dependents
- Benefits are paid directly to the covered insured

Eligibility

Class	Description of Class
I	All active, employees, including paid and unpaid personnel, of the emergency service district (Policyholder) under age 75
II	All Eligible Spouses of Class I Insureds
III	All Eligible Dependent Children of Class I Insureds

If a husband and wife are both eligible to be covered as Insureds, one but not both, is eligible for dependent coverage for their Eligible Dependent Children.

Terms of Coverage

Insured Person's Effective Date
Coverage for a person in an eligible class of persons shown above will become effective on the date the following criteria are met: 1) the Policy has been issued to the Policyholder and is in effect; 2) the person becomes a member of an eligible class of persons; and 3) the first premium for the person's coverage is paid.

Actively At Work Requirement
If a person is not actively at work on the last scheduled work day coincident with or preceding the date his or her insurance would otherwise become effective, insurance will not be effective until the date such person returns to and remains actively at work.

Insured Person's Termination Date
An Insured Person's coverage under the Policy ends on the earliest of: 1) the date the Policy is terminated; 2) the premium due date if premiums are not paid when due; 3) attainment of age 75 for an Insured or Insured Spouse or attainment of the limiting age for an Insured Dependent Child; or 4) the date the Insured Person ceases to be eligible for coverage under the Policy.

Benefits

Critical Illness Diagnosis Benefit
If, while coverage under the Policy is in force, an Insured Person is Diagnosed with a Critical Illness by a Physician, the Company will pay a benefit, subject to the Benefit Payment Conditions. Once a Critical Illness has been so Diagnosed and a First Diagnosis Benefit has become payable to an Insured Person for that Critical Illness, Recurrence Benefit(s) may become payable for a recurrence of that same Critical Illness but a First Diagnosis Benefit for a separate and subsequently Diagnosed Critical Illness will not be payable unless that subsequently Diagnosed Critical Illness is medically unrelated to the previously Diagnosed Critical Illness.

Benefit Payment Conditions
Payment of benefits upon the first Diagnosis of the Critical Illnesses listed below is subject to the following:

1. the Diagnosis is made within the United States;
2. the Diagnosis is made while the Insured Person's coverage is in force under the Policy;
3. payment is not precluded by any general or specific exclusion or limitation set forth in the Policy or any failure to meet any condition precedent set out below;
4. the Insured Person survives for at least 30 days after the date the Critical Illness is Diagnosed.

Invasive Cancer
If an Insured Person is first Diagnosed with Invasive Cancer after the Coverage Effective Date, the Company will pay the Benefit Amount for Invasive Cancer shown in the Schedule of Benefits below. If a First Diagnosis Benefit for Invasive Cancer has been paid to or on behalf of an Insured Person under the Policy and, more than 12 months following the first Diagnosis, such Insured Person is Diagnosed as having had a subsequent occurrence of Invasive Cancer, the Company will pay the Recurrence Benefit Amount for Invasive Cancer shown in the Schedule of Benefits.

In-Situ Cancer
If an Insured Person is first Diagnosed with In-Situ Cancer after the Coverage Effective Date, the Company will pay the Benefit Amount for In-Situ Cancer shown in the Schedule of Benefits. If a First Diagnosis Benefit for In-Situ Cancer has been paid to or on behalf of an Insured Person under the Policy and, more than 12 months following the first Diagnosis, such Insured Person is Diagnosed as having had a subsequent occurrence of In-Situ Cancer the Company will pay the Recurrence Benefit Amount for In-Situ Cancer shown in the Schedule of Benefits.

Heart Attack
If an Insured Person is Diagnosed as having suffered a Heart Attack after the Coverage Effective Date, the Company will pay the Benefit Amount shown for Heart Attack in the Schedule of Benefits. If a First Diagnosis Benefit for Heart Attack has been paid to or on behalf of an Insured Person under the Policy and, more than 12 months following the first Diagnosis, such Insured Person is Diagnosed as having had a subsequent Heart Attack, the Company will pay the Recurrence Benefit Amount for Heart Attack shown in the Schedule of Benefits.

Kidney (Renal) Failure
If an Insured Person is first Diagnosed with Kidney (Renal) Failure after the Coverage Effective Date, the Company will pay the Benefit Amount for Kidney (Renal) Failure shown in the Schedule of Benefits.

If a First Diagnosis Benefit for Kidney (Renal) Failure has been paid to or on behalf of an Insured Person under the Policy and, more than 12 months following the first Diagnosis, such Insured Person is Diagnosed as having had subsequent Kidney (Renal) Failure, the Company will pay the Recurrence Benefit Amount for Kidney (Renal) Failure shown in the Schedule of Benefits.

Coronary Artery Bypass
If an Insured Person is first Diagnosed with a condition that necessitates a Coronary Artery Bypass and receives the Coronary Artery Bypass, after the Coverage Effective Date, the Company will pay the Benefit Amount for Coronary Artery Bypass shown in the Schedule of Benefits.

If a First Diagnosis Benefit for Coronary Artery Bypass has been paid to or on behalf of an Insured Person under the Policy and, more than 12 months following the first Diagnosis, such Insured Person is Diagnosed with a subsequent condition that necessitates a Coronary Artery Bypass and receives the Coronary Artery Bypass, the Company will pay the Recurrence Benefit Amount for Coronary Artery Bypass shown in the Schedule of Benefits.

Stroke
If an Insured Person is first Diagnosed with having suffered a Stroke after the Coverage Effective Date, the Company will pay the Benefit Amount for Stroke shown in the Schedule of Benefits. If a First Diagnosis Benefit for Stroke has been paid to or on behalf of an Insured Person under the Policy and, more than 12 months following the first Diagnosis, such Insured Person is Diagnosed as having had a subsequent Stroke, the Company will pay the Recurrence Benefit Amount for Stroke shown in the Schedule of Benefits.

Organ Transplant
If an Insured Person is first Diagnosed as needing an Organ Transplant and such Insured Person undergoes the Organ Transplant after the Coverage Effective Date, the Company will pay the Benefit Amount for Organ Transplant shown in the Schedule of Benefits.

Coma
If an Insured Person is first Diagnosed as being Comatose after the Coverage Effective Date, the Company will pay the Benefit Amount for Coma shown in the Schedule of Benefits.

Loss of Sight, Speech or Hearing
If an Insured Person is first Diagnosed as having suffered Loss of Sight, Speech or Hearing after the Coverage Effective Date, the Company will pay the Benefit Amount for Loss of Sight, Speech or Hearing shown in the Schedule of Benefits.

Diagnostic Requirements

All Critical Illnesses – The Company reserves the right to have any Critical Illness Diagnosis reviewed by a Physician of its choosing. In the event of any dispute or disagreement regarding the appropriateness or correctness of the Diagnosis, the Company shall have the right to request an examination of either the Insured Person or the evidence used in arriving at such Diagnosis by an independent acknowledged expert selected by

Diagnostic Requirements (continued)

the Company in the applicable field of medicine.

The opinion of such expert as to such Diagnosis shall be binding on both the Insured Person and the Company.

Invasive Cancer and In-Situ Cancer – must be positively Diagnosed by a Physician certified to practice pathological anatomy or osteopathic pathology, upon the basis of a microscopic examination of fixed tissues, or preparations from the hemic system. Such Diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspected tumor, tissue and/or specimen. Clinical Diagnosis alone does not meet this standard.

Heart Attack – The Diagnosis of Heart Attack must be based on an event which contains all of the following criteria: (1) associated new electrocardiographic (EKG) changes which support the Diagnosis; (2) concurrent diagnostic elevation of cardiac enzymes above normal levels; and (3) confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.

Kidney (Renal) Failure – The Diagnosis of End Stage Renal Disease must be based on chronic irreversible failure of the function of at least one kidney requiring regular hemodialysis or necessitating a kidney transplant.

Coronary Artery Bypass - The Diagnosis of the condition that necessitates the need for a Coronary Artery Bypass must be made by a cardiologist and based on angiographic evidence of the underlying disease.

Stroke – The Diagnosis of Stroke must be made by a licensed neurologist and based on documented neurological deficits and confirmatory neuroimaging studies.

Coma – The Diagnosis of Coma must indicate that permanent neurological deficit is present.

Loss of Sight, Speech or Hearing – The Diagnosis of Loss of Sight, Speech, or Hearing must be made by a licensed professional or specialist in the applicable field of medicine. The Diagnosis of Loss of Sight must indicate that corrective visual acuity is greater than 20/200 in both eyes or the field of vision is less than 200 degrees in both eyes. The Diagnosis of Loss of Speech must include documented evidence of the illness for the continuous 12-month period prior to the Diagnosis. The Diagnosis of Loss of Hearing must be established by an audiometric and auditory threshold test. The auditory threshold cannot be more than 90 decibels while utilizing a hearing aid.

Definitions

Cancer means Invasive Cancer and In-Situ Cancer as defined herein and any skin cancer which is a malignant melanoma with a depth of 1mm or deeper or greater than Clark level 2.

Coma means a profound state of unconsciousness that lasts for a period of at least 14 consecutive days and from which the Insured Person cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

Coronary Artery Bypass means the use of non-coronary blood vessel or blood vessels (either artery or vein) to surgically bypass obstructions in a native coronary artery or arteries.

Critical Illness means any of the following illnesses: Invasive Cancer, In-Situ Cancer, Heart Attack, Kidney (Renal) Failure, Coronary Artery Bypass, Stroke, Organ Transplant, Loss of Sight, Speech or Hearing, Coma.

Diagnosed/Diagnosis means a definitive and unequivocal diagnosis made by a Physician: 1) based upon the use of clinical and/or laboratory investigations as supported by the Insured Person's medical records; and 2) meeting any Diagnostic Requirements for the particular Critical Illness being diagnosed.

Domestic Partner means a same or an opposite sex partner who has met all of the following requirements for at least 12 consecutive months immediately preceding the Coverage Effective Date: 1) resides with the Insured; 2) shares financial assets and obligations with the Insured; 3) is not related by blood to the Insured to a degree of closeness that would prohibit a legal marriage; 4) is at least the age of consent in the state in which they reside; and 5) neither the Insured or Domestic Partner is married to anyone else, nor has any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

Eligible Spouse means the Insured's legal spouse or Domestic Partner under age 75.

Eligible Dependent Child(ren) means the Insured's: (a) unmarried children or grandchildren, including natural, step, foster or adopted children from the moment of placement in the home of the Insured, under age 25 (26 if attending an accredited institution of higher learning on a full time basis); and (b) child(ren) whom the Insured must provide medical support pursuant to an order issued under Texas Family Code or enforceable by a Texas court, and dependent on the Insured for support and maintenance. Grandchildren must be a dependent of the Insured for federal income tax purposes at the time of application for coverage.

Any unmarried Eligible Dependent Children of the Insured covered under the Policy before reaching the age limit specified above, who are incapable of self-sustaining employment by reason of mental or physical incapacity, and who are primarily dependent on the Insured for support and maintenance, may continue to be eligible under the Policy beyond that age limit for as long as the Policy is in force, but only if they remain continuously covered under the Policy. The Company may request that the Insured submit satisfactory proof of the Eligible Dependent Child(ren)'s incapacity and dependency to the Company within 60 days before the Eligible Dependent Child(ren) reach the age limit specified above. If the Insured fails to furnish the requested proof before the Eligible Dependent Child(ren) reach the age limit, coverage for the Eligible Dependent Child(ren) will not be extended past the age limit. If coverage is extended, the Company may request that the Insured submit satisfactory proof of the Eligible Dependent Child(ren)'s continued incapacity and dependency to the Company on an annual basis. If the Insured fails to furnish the requested proof within 31 days of the request, coverage for the Eligible Dependent Child(ren) will terminate at the end of that 31-day period.

Heart Attack means the death of a portion of the heart muscle as

a result of inadequate cardiac blood supply to the relevant area.

Invasive Cancer means a disease which is manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. *For the purposes of this definition, it does **NOT** mean the following:* pre-malignant lesions, benign tumors or polyps; leukoplakia; hyperplasia; carcinoid; any tumors in the presence of any human immuno-deficiency virus (HIV); polycythemia; stage 1 Hodgkin's disease; stage A prostate cancer; Duke's stage A colon cancer; intraductal non-invasive breast cancer; stage 0 or 1 transitional cell carcinoma of urinary bladder; and Any skin cancer other than malignant melanoma with a depth of 1mm or deeper or greater than Clark level 2. T1N0M0 (TNM Classification System) papillary carcinoma of the thyroid less than 1 cm in diameter; Chronic Lymphocytic Leukemia RAI stage 0; In-Situ Cancer.

In-Situ Cancer means carcinoma cancer that is confined to the organ where it first developed and has not spread to other parts of the body. In-Situ Cancer includes Stage 1 Hodgkin's disease.

Kidney (Renal) Failure means end stage failure which: 1) presents as a chronic irreversible failure of at least one of the kidneys to function; and 2) necessitates treatment by regular renal dialysis or kidney transplant.

Loss of Sight, Speech, or Hearing means the irreversible loss of sight in both eyes, the irreversible loss of the ability to speak, or the irreversible loss of hearing for all sounds in both ears.

Organ Transplant means having undergone surgery as a recipient of a transplant as follows: 1) human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or 2) whole human organs limited to: heart, lung, liver, or pancreas because of the irreversible end stage failure of such organ.

*For the purpose of this definition, Organ Transplant does **NOT** mean:* 1) other stem cell transplant; or 2) part of an organ transplant.

Insured means a person: 1) who is a member of an eligible class of persons as described in the Eligibility section; 2) for whom premium has been paid; and 3) while covered under the Policy. However, an Insured does not include any person covered under the Policy solely as an Insured Dependent.

Injury means bodily injury: 1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force, and 2) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

Insured Dependent means an Insured Spouse or an Insured Dependent Child.

Insured Dependent Child(ren) means the Insured's Eligible Dependent Child(ren): 1) whom the Insured has elected to cover under the Policy; 2) for whom premium has been paid; and 3) while covered under the Policy.

Insured Person means an Insured, or an Insured Dependent.

Insured Spouse means the Insured's Eligible Spouse: 1) whom the Insured has elected to cover under the Policy; 2) for whom premium has been paid; and 3) while covered under the Policy.

Physician means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured Person; 2) an Immediate Family Member; or 3) retained by the Policyholder.

Sickness means an illness or disease which requires treatment by a Physician.

Stroke means: 1) a cerebrovascular incident caused by infarction of brain tissue, cerebral hemorrhage, thrombosis, or embolization from an extra-cranial source lasting more than 24 hours; and 2) producing measurable neurological deficit persisting for at least 30 days following the occurrence of the Stroke. The following are not considered Strokes: 1) Transient Ischemic Attacks (TIAs); 2) Vertebro-Basilar Insufficiency; and 3) Incidental Findings on imaging studies.

Transient Isechemic Attack (TIA) means a neurological condition or event with the signs and symptoms of a stroke, but which disappear within a short period of time with no residual signs, symptoms, deficits, or abnormalities that are revealed or shown on neuroimaging studies.

General Exclusions

The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. the Insured Person's suicide, or intentional self inflicted Injury or Sickness, while sane or insane.
2. the Insured Person's being under the influence of an excitant, depressant, hallucinogen, narcotic, other drug or intoxicant including those taken as prescribed by a Physician.
3. the Insured Person's commission of or attempt to commit an assault or felony.
4. the Insured Person's engaging in an illegal activity or occupation.
5. the Insured Person's voluntary participation in a riot.
6. any illness, loss or condition specifically excluded from the definition of any Critical Illness.
7. war, whether declared or not
8. balloon angioplasty, laser relief of an obstruction, and/or other intra-arterial procedure.
9. any Injury or Sickness covered under any state or federal Workers' Compensation, Employer's Liability law or similar law.

Notice of Claim

Written notice of claim must be given to the Company within 20 days after an Insured Person's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company at AIG, Personal Accident Claims Department, P.O. Box 25987, Shawnee Mission, KS 66225, or to any authorized agent of the Company with information sufficient to identify the Insured Person, is deemed notice to the Company.

Class I and II Only (Schedule of Benefits)

Face Amount

CRITICAL ILLNESS BENEFITS	Plan 1	Plan 2	Plan 3
Invasive Cancer			
First Diagnosis Benefit	$10,000	$20,000	$30,000
Recurrence Benefit	$2,500	$5,000	$7,500
In-Situ Cancer			
First Diagnosis Benefit	$2,500	$5,000	$7,500
Recurrence Benefit	$625	$1,250	$1,875
Heart Attack			
First Diagnosis Benefit	$10,000	$20,000	$30,000
Recurrence Benefit	$2,500	$5,000	$7,500
Kidney (Renal) Failure			
First Diagnosis Benefit	$10,000	$20,000	$30,000
Recurrence Benefit	$2,500	$5,000	$7,500
Coronary Artery Bypass			
First Diagnosis Benefit	$10,000	$20,000	$30,000
Recurrence Benefit	$2,500	$5,000	$7,500
Stroke			
First Diagnosis Benefit	$10,000	$20,000	$30,000
Recurrence Benefit	$2,500	$5,000	$7,500
Organ Transplant			
First Diagnosis Benefit	$5,000	$10,000	$15,000
Coma			
First Diagnosis Benefit	$2,500	$5,000	$7,500
Loss of Sight, Speech or Hearing			
First Diagnosis Benefit	$2,500	$5,000	$7,500

Class III Only (Schedule of Benefits)

Face Amount

CRITICAL ILLNESS BENEFITS	Plan 1	Plan 2	Plan 3
Invasive Cancer			
First Diagnosis Benefit	$2,500	$5,000	$7,500
Recurrence Benefit	$625	$1,250	$1,875
In-Situ Cancer			
First Diagnosis Benefit	$1,250	$1,250	$2,500
Recurrence Benefit	$312.50	$312.50	$625
Heart Attack			
First Diagnosis Benefit	$2,500	$5,000	$7,500
Recurrence Benefit	$625	$1,250	$1,875
Kidney (Renal) Failure			
First Diagnosis Benefit	$2,500	$5,000	$7,500
Recurrence Benefit	$625	$1,250	$1,875
Coronary Artery Bypass			
First Diagnosis Benefit	$2,500	$5,000	$7,500
Recurrence Benefit	$625	$1,250	$1,875
Stroke			
First Diagnosis Benefit	$2,500	$5,000	$7,500
Recurrence Benefit	$625	$1,250	$1,875
Organ Transplant			
First Diagnosis Benefit	$1,250	$1,250	$2,500
Coma			
First Diagnosis Benefit	$1,250	$1,250	$2,500
Loss of Sight, Speech or Hearing			
First Diagnosis Benefit	$1,250	$1,250	$2,500

Critical Illness Insurance

Email the completed questionnaire to VFIS of TX, email **benefits@winstarins.com**.

PRODUCER INFORMATION

Producer of Record: Keith Brandstedter II

Producer Company Name: Glatfelter Insurance Group

Street Address: 183 Leader Heights Road

City: York State: PA ZIP: 17402

Phone: 800.233.1957 Email: benefits@vfis.com

Website Address: glatfelters.com

(Only appropriately licensed and appointed producers can sell, solicit, and negotiate insurance products with prospective customers.)
Standard commission for this program is 20 percent.

PROPOSED POLICYHOLDER INFORMATION

Proposed Policyholder Legal Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ FEIN Number: _____

Website Address: _____

CHOICE OF COVERAGE

The premium rates shown below are per Policy year and are based on a per headcount for Class I Insureds. Rates may vary based upon prior claims history.

CRITICAL ILLNESS BENEFITS	☐ Plan 1	☐ Plan 2	☐ Plan 3
Premium Rates	**$174.00**	**$346.00**	**$520.00**

PREMIUM CALCULATION

1. Select only one plan option for the entire group.
2. Fill in the number of Class I Insured Persons.
3. Insert the rate per person per selected Plan from the Premium Rates section and multiply the number of participants by the rate per person/per year to calculate premium.

# of Class I insured persons _____ X _____ Rate per Insured person/Premium = _____

Continued >

PROPOSED COVERAGE EFFECTIVE DATE

Coverage becomes effective on the proposed date only if the insurance company has received the completed questionnaire and approved the risk on or before the proposed effective date. If the completed questionnaire is received after the proposed effective date, coverage will not take effect until the insurance company receives and accepts the questionnaire and approves the risk.

Please enter the proposed effective date in the spaces below. The coverage period is one (1) year from the organization's Policy effective date.

_____ / _____ / _____

APPROVAL

We will review the completed questionnaire promptly and notify you if coverage will be provided, or if there are any problems, miscalculations or omissions that would prevent us from issuing coverage.

PREVIOUS INSURANCE *(rates may vary from this brochure based on prior claim history)*

If a critical illness insurance program has been in force for your organization's employees, please provide the current policy and the loss runs and declaration pages for the past five (5) years.

☐ Check here if no prior coverage

Upon review, more detail may be requested.

SIGNED STATEMENT

All information on the questionnaire is correct to the best of my knowledge. I understand that the insurance company must accept and approve this questionnaire before coverage is effective. I agree that the insurance company may audit my records to verify proper payment. By signing below, I acknowledge that I have read, understand and agree to the terms and conditions of this coverage as presented in this brochure.

Authorized representative name (print) _____

Signature _____

Title (print) _____

Date _____

Email the completed questionnaire to VFIS of TX, email **benefits@winstarins.com**.