

**Our records indicate the Mailing Address for this Insured is as follows:**

TOWN OF TEMPLETON  
160 PATRIOTS ROAD  
EAST TEMPLETON, MA 01438

Please note the address of your actual location may be reflected on the declaration page.

Dear Valued Client:

Thank you for choosing to insure your members with the VFIS Accident and Sickness Program. We share your interest in providing financial security to emergency responders who are injured in the line of duty.

As required, we are providing you with the Glatfelter Insurance Group (GIG) and AIG privacy notices. VFIS, a division of GIG has underwritten Emergency Service Organizations for nearly 40 years.

Emergency responders are at risk of injury on every call, training and department activities. National events have created awareness in our local communities about these dangers. VFIS remains committed to education and training programs that will prevent or reduce the number of serious incidents.

Please visit [vfis.com](http://vfis.com) to access the following:

- **Beneficiary Forms** – review annually to update due to life changes, like marriage. Current beneficiary forms should be retained on file with the department.
- **Claim reports and Attending Physician Statements** – to report injury or illness.
- **Education, Training and Risk Control** programs – utilize for loss prevention.
- **Posters and Literature** – to create awareness and promote safety. Contact Lori Gunderson at 800-233-1957, extension 7291 or at [lgunderson@glatfelters.com](mailto:lgunderson@glatfelters.com).
- **Newsletters and Articles** – with valuable information on current topics and events.

The National Volunteer Fire Council and American Addiction Centers created a Firefighter/EMS Assistance Program. We encourage you to take advantage of this service created by and for emergency responders. Support is a phone call away at 888-731-3473 or visit [NVFC.org/help](http://NVFC.org/help) for additional information regarding the **Share the Load** campaign.

Thank you for responding to the call for service. We appreciate your business and thank you for insuring with VFIS. Please contact your local agent or VFIS at 800-233-1957.

Sincerely,



Troy Markel, CIC, CRM  
President VFIS



Michael A. Baker, CPCU, CRM  
Director, VFIS Risk Control



Call Our Confidential Fire/EMS helpline at:  
**1-888-731-FIRE (3473)**

# IF YOU SEE NO WAY OUT THEN JUST REACH OUT

**MAKE THE CALL TO MAKE THINGS BETTER**

Talk to someone you love. Talk to a friend or colleague.  
Or, talk to counselors trained and experienced in  
the firefighter and EMT culture by calling the national  
Fire/EMS Helpline: **1-888-731-FIRE (3473)**.

**Find resources to Share the Load at [www.nvfc.org/help](http://www.nvfc.org/help).**

**PERSISTENT SADNESS • SUICIDAL THOUGHTS  
SUBSTANCE ABUSE • WORK/LIFE STRESSES**

The Fire/EMS Helpline is in partnership with American Addiction Centers.  
Have questions about the Share the Load™ program? Dial 202-887-5700.







FACTS	WHAT DOES GIG DO WITH YOUR PERSONAL INFORMATION?
<b>Why?</b>	Financial companies choose how they share your personal information. Federal and state laws give consumers the right to limit some but not all sharing. Federal and state laws also require us to tell you how we collect, share and protect your personal information. Please read this notice carefully to understand what we do.
<b>What?</b>	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"> <li>▪ Name, address, age, Social Security number, marital status, assets, income, credit history, demographic information, IP address, browser information</li> <li>▪ Products or services purchased, account balances and payment history, employment information, motor vehicle reports, medical information</li> </ul>
<b>How?</b>	Financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons GIG chooses to share; and whether you can limit this sharing.

Reasons we can share your nonpublic personal information	Does GIG share?	Can you limit sharing?
<b>For our everyday business purposes</b> — as permitted or required by law, such as to process your transactions, maintain your account(s), conduct research including data analytics, respond to court orders/legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes</b> — to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	Yes	No
<b>For our affiliates' everyday business purposes</b> — information about your transactions and experiences	Yes	No
<b>For our affiliates' everyday business purposes</b> — information about your creditworthiness	Yes	Yes
<b>For nonaffiliates to market to you</b>	No	We don't share
<b>To limit our sharing / Questions?</b>	<b>Call us at (800) 233-1957 and ask for the Privacy Coordinator or Legal Department.</b> <b>Please note:</b> When you are no longer a customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.	

Who we are / Companies to which this notice applies
This notice applies to, and is being provided on behalf of, the following Glatfelter Insurance Group affiliates: Arthur J. Glatfelter Agency, Inc., Glatfelter Brokerage Services, Glatfelter Claims Management, Inc., Glatfelter Commercial Ambulance, Glatfelter Healthcare Practice, Glatfelter Insurance Services, Glatfelter Program Managers, Glatfelter Public Practice, Glatfelter Religious Practice, Glatfelter Underwriting Services, Inc., Susquehanna Agents Alliance, LLC, The Glatfelter Agency, Inc., VFIS, VFIS Claims Management, and Volunteer Firemen's Insurance Services, Inc.

What we do	
<b>How does GIG protect my personal information?</b>	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include physical, electronic, and procedural safeguards. We require and train our employees to comply with our privacy standards and policies, which are designed to protect customer information.
<b>How does GIG collect my personal information?</b>	We collect your personal information, for example when you: visit our websites, apply for insurance or pay insurance premiums, file an insurance claim or give us your income information, provide employment information. We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
<b>Why can't I limit all sharing?</b>	Federal law gives you the right to limit only: sharing for affiliates' everyday business purposes – information about your creditworthiness, affiliates from using your information to market to you, sharing for nonaffiliates to market to you. State laws may give you additional rights to limit sharing. See below for more on your rights under state law.

Definitions	
<b>Affiliates</b>	Companies related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> <li>▪ <i>Our affiliates are companies with which we share common ownership and which offer P&amp;C, life and health, and certain benefit products.</i></li> </ul>
<b>Nonaffiliates</b>	Companies not related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> <li>▪ <i>GIG does not share with nonaffiliates so they can market to you.</i></li> </ul>
<b>Joint marketing</b>	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. <ul style="list-style-type: none"> <li>▪ <i>Our joint marketing partners include insurance companies and other companies that provide financial products and services.</i></li> </ul>

Other important information
<p><b>CA and VT Residents:</b> We will not share your information except for our everyday business purposes, for marketing our products and services to you, as required by law, or with your consent. For VT Residents, we also will not share your credit information to our affiliates without your consent. <b>NV Residents:</b> We are providing this notice to you pursuant to NV state law. To stop marketing calls from us follow the directions in the section "To limit our sharing." NV law requires that we also provide you with the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington Street, Suite 3900, Las Vegas, NV 89101; Phone #: 702-486-3132; email: <a href="mailto:bcinfo@ag.state.nv.us">bcinfo@ag.state.nv.us</a>.</p> <p><b>For more information, contact:</b> Glatfelter Insurance Group, <b>Attn:</b> Privacy Coordinator, P.O. Box 2726, York, Pennsylvania 17406, (717) 741-0911, or visit <a href="http://www.glatfelters.com/privacy-policy">www.glatfelters.com/privacy-policy</a>. This privacy page on our website includes a Google Analytics opt-out link.</p>

## HIPAA PRIVACY NOTICE

This HIPAA Privacy Notice is effective as of January 18, 2021.

1. Statement of Our Duties. We are committed to protecting the privacy of your protected health information (PHI). PHI is your individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health plan, your employer, or health care clearinghouse which is then provided to us and that relates to: (i) your past, present or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present or future payment for the provision of health care to you. We are required by law to maintain the privacy of your PHI and to provide you with this notice of our privacy practices and legal duties. We are required to abide by the terms of this notice.

**WE RESERVE THE RIGHT TO CHANGE THE TERMS OF THIS NOTICE AND MAKE ANY NEW PROVISIONS EFFECTIVE TO ALL OF THE PHI WE MAINTAIN ABOUT YOU. IF WE CHANGE OUR NOTICE, WE WILL POST IT ON OUR WEBSITE AND SEND YOU A COPY IN OUR ANNUAL MAILING, OR YOU MAY OBTAIN A COPY OF THE REVISED NOTICE BY CONTACTING OUR PRIVACY COORDINATOR USING THE INFORMATION IN PARAGRAPH 9.**

2. Statement of Your Rights. You have a right to know how we may use or disclose your PHI. This notice informs you of those uses and disclosures. There are certain uses and disclosures of your PHI that we are permitted or required to make by law without your permission. For all other uses and disclosures, we first must obtain your permission or written authorization. In addition, you have the following rights:

- The right to request, in writing, that we place additional restrictions on our uses and disclosures of your PHI. However, we are not obligated to agree to impose any such additional restrictions.
- The right to access, inspect and copy the protected information pertaining to you that we maintain in our files about you, and the right to have us correct or amend any information that we create in error. Requests to access or amend your PHI must be made in writing and sent to the contact person and address provided in paragraph 9.
- The right to receive an accounting of the disclosures of your PHI that we make for purposes other than activities related to your treatment, or our payment functions or other health care operations. You must request an accounting in writing by contacting us at the address in paragraph 9. Your request may be for disclosures made up to 6 years before the date of your request, but in no event, for disclosures made before April 14, 2003.
- The right to request, in writing, that you receive communications about your PHI in a confidential manner, for example, by alternative means or an alternative location, such as your work address or work email.
- The right to request an amendment to your PHI if you believe that your PHI is incorrect or incomplete. Your request must be in writing and explain why the PHI should be amended.
- The right to obtain a paper copy of this notice from us on request.

3. Information We Collect About You. In order to administer your health benefit programs effectively, we collect the following categories of PHI about you from the following sources:

- PHI that we obtain directly from you, in conversations or on applications or other forms that you fill out.
- PHI that we obtain as a result of our transactions with you.
- PHI that we obtain from your medical records or from medical professionals, which is provided by you or to us with your permission.
- PHI that we obtain from other entities, such as health care providers or other insurance companies, in order to service your policy or carry out other insurance-related needs.

4. Uses and Disclosures of Protected Information.

A. *For Treatment, Payment and Operations.* In order to administer your health benefit programs effectively, we use and disclose PHI for certain of our activities, including:

- To Carry Out Treatment Functions. We may use or disclose your PHI without your permission to enable health care providers to provide you with treatment.
- To Carry Out Payment Functions. We may use or disclose your PHI without your permission to carry out activities relating to reimbursing you for the provision of health care, obtaining premiums, determining coverage, and providing benefits under the policy of insurance that you are purchasing, such as enabling a health care provider to make payment arrangements. Such functions may include reviewing health care services with respect to medical necessity, coverage under the policy, appropriateness of care, or justification of charges.
- To Carry Out Certain Operations Relating To Your Benefit Plan. We also may use or disclose your PHI without your permission to carry out certain limited activities relating to your health insurance benefits, including reviewing the competence or qualifications of health care professionals, placing contracts for stop-loss insurance and conducting quality assessment activities.
- To facilitate the underwriting of insurance; however, we are prohibited from using or disclosing your genetic information for the purpose of underwriting insurance.

B. *Uses and Disclosures of PHI to Other Entities.* We also may use and disclose PHI to other covered entities, business associates or other individuals (as permitted by the HIPAA Privacy rule) who assist us in administering your benefit plan and delivering services to its members. In connection with our payment and operations activities, we may contact individuals and other entities ("Business Associates") to perform various functions on our behalf or to provide certain types of services (such as enrollment or member service support). To perform these functions, Business Associates must agree in writing to contract terms designed to appropriately safeguard your PHI.

C. *Other Possible Uses and Disclosures of PHI.* We may use and disclose your PHI without your written permission for the following purposes:

- To plan sponsors of your group health plan to permit the plan sponsor to perform administrative functions, such as to address member questions, concerns or issue regarding claims, benefits, services, coverage, etc., and summary health information about enrollees in the plan to obtain premium bids for health insurance coverage offered through the group health plan or to modify, amend or terminate your group plan.
- To the extent that federal or state law requires the use or disclosure, such as to Health and Human services upon request for purposes of determining compliance with federal privacy laws, as required by law enforcement officials or pursuant to a court order or subpoena.
- As authorized by and to the extent necessary to comply with workers' compensation or other similar programs that provide benefits for work-related injuries or illnesses.
- As authorized by law and to the extent necessary to service insurance policies and benefits that are exempt benefits, such as in connection with servicing life, disability, property and casualty, accident and sickness, workers' compensation and auto insurance or other similar insurance coverage under which benefits for medical care are secondary or incidental to other insurance benefits.
- To a public health authority for purposes of public health activities as permitted or required by law.
- To a coroner/medical examiner for purposes of identifying a deceased person, determining cause of death or for such official to perform other duties authorized by law. Also to funeral directors so they may carry out their duties, and to organizations that handle organ, eye or tissue donation or transplantation.
- To a government authority, including a social service or protective services agency, authorized to receive reports of abuse, neglect or domestic violence or to prevent a serious threat to the health or safety of the public.

D. For Any Purposes to Which You Have Not Objected. Unless you object, we may disclose your PHI to a friend or family member that you have identified as being involved in your health care. We also may disclose your PHI to an entity to assist in disaster relief efforts and so that your family can be notified about your condition, status and location. If you are not present or able to agree to these disclosures of your PHI, then we may determine whether the disclosure is in your best interest.

E. As Permitted By Plan Documents. In certain limited circumstances where we may be acting as a third party administrator, we may disclose your PHI to plan sponsors pursuant to the restrictions imposed on the plan sponsor in the sponsor's plan documents.

5. Required Disclosures of Your PHI. We are required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining compliance with the HIPAA Privacy Rule. We are required to disclose to you most of your PHI that is in a "designated record set" when you request access to this information. We are also required to provide, upon written request, an accounting of any disclosures of PHI that are for reasons other than payment or health benefits operations.

6. Other Uses and Disclosures of Your PHI. Sometimes we are required to obtain written authorization for use and disclosure of your health information. The uses and disclosures that require an authorization under 45 C.F.R. § 164.508(a) are: (i) for marketing purposes; (ii) if we intend to sell your PHI; or (iii) for psychotherapy notes. We do not and will not sell or share your PHI with any non-affiliated third party for any purpose unless you authorize it or it is otherwise permitted by law. Other uses and disclosures of your PHI that are not described above will be made only with your written permission, and any permission that you give us may be revoked by you at any time. However, the revocation will not be effective for information that we already have used or disclosed, relying on the authorization.

7. Questions and Complaints About Use of PHI. If you want more information about our privacy policies or practices or have any questions or concerns, please contact us using the information in paragraph 9. You may submit a written complaint either directly to us or to the U.S. Department of Health and Human Services (HHS) if you believe that your rights with respect to our protection of your PHI have been violated. We will provide you with the address to file your complaint with HHS upon request. To file a complaint with us, you may submit a complaint in writing that includes as many details (such as names and dates) as possible to our Privacy Officer at the address in Paragraph 9. We support your right to protect the privacy of your PHI. You will not be retaliated against in any way for filing a complaint.

8. Our Practices Regarding Confidentiality and Security. We restrict access to PHI about you to those employees who need to know that information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your PHI. We do not engage in fundraising activities using PHI, however, if we did engage in such activity, then you would have the opportunity to opt out of receiving fundraising communications. Subject to applicable regulatory reporting requirements, exceptions and safe harbors, we will notify affected individuals following a breach of their unsecured PHI.

9. Contact Person For Filing Complaint or Obtaining Further Information:

GLATFELTER INSURANCE GROUP  
 ATTN: PRIVACY COORDINATOR / LEGAL DEPARTMENT  
 183 Leader Heights Road, P.O. Box 2726, York, PA 17405  
 (717) 741-0911  
[www.glatfelters.com/privacy-policy](http://www.glatfelters.com/privacy-policy)

**Our Policy Regarding Dispute Resolution.** Any controversy or claim arising out of or relating to our privacy policy, or the breach thereof, shall be settled by arbitration in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.





# FACTS

## Why?

## What?

## How?

### WHAT DOES AMERICAN INTERNATIONAL GROUP, INC. (AIG) DO WITH YOUR PERSONAL INFORMATION?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and Medical Information
- Income and Credit History
- Payment History and Employment Information

When you are *no longer* our customer, we continue to share your information as described in this notice.

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons AIG chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does AIG share?	Can you limit this sharing?
<b>For our everyday business purposes</b> — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, conduct research including data analytics, or report to credit bureaus	Yes	No
<b>For our marketing purposes</b> — to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	Yes	No
<b>For our affiliates' everyday business purposes</b> — information about your transactions and experiences	Yes	No
<b>For our affiliates' everyday business purposes</b> — information about your creditworthiness	No	We don't share
<b>For nonaffiliates to market to you</b>	No	We don't share

## Questions?

For AIG Insurance Companies: Call 866-244-4786; Fax: 212-458-7081 or E-Mail: [CIPrivacy@aig.com](mailto:CIPrivacy@aig.com)

For Pet insurance sold by AIG Insurance Companies: Call 866-937-7387 or E-Mail: [CIPrivacy@aig.com](mailto:CIPrivacy@aig.com)

For LiveTravel, Inc., Travel Guard Group, Inc. or AIG Travel Assist, Inc.: Call 866-244-4786 or E-Mail: [CIPrivacy@aig.com](mailto:CIPrivacy@aig.com)

## Who we are

**Who is providing this notice?** The insurance company subsidiaries of American International Group, Inc. (AIG) underwriting property-casualty, accident & health, life insurance and related services and certain marketing subsidiaries of AIG listed below.

## What we do

**How does AIG protect my personal information?** To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We restrict access to employees, representatives, agents, or selected third parties who have been trained to handle nonpublic personal information.

**How does AIG collect my personal information?** We collect your personal information, for example, when you

- apply for insurance or pay insurance premiums
- file an insurance claim or give us your income information
- provide employment information

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

**Why can't I limit all sharing?** Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes— information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

## Definitions

**Affiliates** Companies related by common ownership or control. They can be financial and nonfinancial companies.

• *Our affiliates include the member companies of American International Group, Inc.*

**Nonaffiliates** Companies not related by common ownership or control. They can be financial and nonfinancial companies.

• *AIG does not share with nonaffiliates so they can market to you.*

**Joint marketing** A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

• *Our joint marketing partners include companies with which we jointly offer insurance products, such as a bank.*

## Other important information

This notice is provided by American Home Assurance Company; AIG Assurance Company; AIG Property Casualty Company; AIG Specialty Insurance Company; Commerce and Industry Insurance Company; Granite State Insurance Company; Illinois National Insurance Co.; Lexington Insurance Company; AIG Insurance Company; National Union Fire Insurance Company of Pittsburgh, Pa.; National Union Fire Insurance Company of Vermont; New Hampshire Insurance Company; The Insurance Company of the State of Pennsylvania; (collectively the "AIG Insurance Companies"). This notice is also provided by certain marketing subsidiaries of AIG, including Morefar Marketing, Inc., LLC, Travel Guard Group, Inc., AIG Travel Assist, Inc. and LiveTravel, Inc. who market insurance or non-insurance products and services to consumers.

**For Vermont Residents only.** We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found using the contact information above for Questions.

**For California Residents only.** We will not share information we collect about you with nonaffiliated third parties, except as permitted by California law, such as to process your transactions or to maintain your account.

**For Nevada Residents Only.** We are providing this notice pursuant to Nevada state law. You may elect to be placed on our internal Do Not Call list by contacting us as listed above. Nevada law requires that we also provide you with the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington Street, Suite 3900, Las Vegas, NV 89101; Phone number: 702-486-3132; email: [aginfo@ag.nv.gov](mailto:aginfo@ag.nv.gov). You may contact the applicable customer service department using the contact information above or by writing to us at Privacy Officer, 175 Water Street, 18th Floor, New York, NY 10038.

You have the right to see and, if necessary, correct personal data. This requires a written request, both to see your personal data and to request correction. We do not have to change our records if we do not agree with your correction, but we will place your statement in our file. If you would like a more detailed description of our information practices and your rights, please write to us at: Privacy Officer, 175 Water Street, 18th Floor, New York, NY 10038.

## NOTICE OF AVAILABILITY OF HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE IS PROVIDED TO YOU FOR INFORMATIONAL PURPOSES ONLY. YOU ARE NOT REQUIRED TO CALL OR TAKE ANY ACTION IN RESPONSE TO THIS NOTICE.

The Notice applies to the insurance products that provide payment for the cost of medical care as issued by the following companies (the “Company”):

American General Life Insurance Company<sup>1</sup>  
The United States Life Insurance Company in the City of New York  
National Union Fire Insurance Company of Pittsburgh, Pa.

In accordance with the HIPAA (Health Insurance Portability and Accountability Act of 1996) Privacy Rule, we are required to notify you of the availability of our HIPAA Notice of Privacy Practices.

If you would like to receive a paper copy of the HIPAA Notice of Privacy Practices, please contact us at:

<b><i>HIPAA Privacy Officer</i></b> 2919 Allen Parkway L3-20 Houston, TX 77019 <a href="mailto:hipaaquestions@aig.com">hipaaquestions@aig.com</a>	
<b>Phone Numbers:</b>	
American General Life Insurance Company (AGL) and The United States Life Insurance Company in the City of New York (US Life)	1-800-231-3655
AIG Financial Network	1-800-888-2452
AIG’s Group Benefits	1-800-346-7692 please follow prompt for claims
Long Term Care	1-888-565-3769
National Union Fire Insurance Company of Pittsburgh, Pa.	1-866-244-4786

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<sup>1</sup> This Company does not solicit business in New York.



# NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15<sup>th</sup> Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

## SCHEDULE OF COVERAGE

**Policy Number:** MHD-4322-0048E-4

**Policyholder:** TOWN OF TEMPLETON  
(Name and Address) 160 PATRIOTS ROAD  
EAST TEMPLETON, MA 01438

**Policy Effective Date:** 7/1/2021 **Term:** 1 Year

**Policy Termination Date:** 7/1/2022 **Premium:** \$19,426

This Schedule of Coverage provides coverage for the following class(es) of **Insured Person(s)**.

- Volunteer Firefighters or Volunteer Emergency Medical Service Persons
- Career Firefighters or Career Emergency Medical Service Persons
- Full-time Police Officers  Part-time Police Officers  Auxiliary Police Officers

Only those benefits that have a specified amount entered opposite the name of the benefit are provided. Benefits that are followed by entry of the word "none" are not provided.

### PART COVERAGE

### AMOUNT OF INSURANCE

#### I. Loss of Life Benefits

- A. Accidental Death Benefit Amount.....\$20,000
- B. Illness Loss of Life Benefit Amount.....\$20,000

#### II. Lump Sum Living Benefits

- A. Accidental Dismemberment and Paralysis Benefit Principal Sum..... \$20,000
- B. Vision Impairment Benefit Principal Sum .....\$20,000
- C. Cosmetic Disfigurement Resulting From Burns Benefit Principle Sum .....\$20,000
- D. HIV Positive Lump Sum Benefit Principal Sum .....\$20,000

#### III. Medical Expense Benefits

- A. Medical Expense Benefit Maximum Amount (Injury and Illness).....\$1,000,000
- B. Aggregate Medical Expense Deductible.....\$30,000

IV. Felonious Assault Benefit Maximum Amount ..... NONE

V. Home Alteration and Vehicle Modification Benefit Maximum Amount ..... NONE

#### VI. Optional Benefits

- A. Weekly Income Benefit  
Total Disability Maximum Weekly Amount..... NONE



## SCHEDULE OF FORMS AND RIDERS

### POLICY FORMS ATTACHED AT ISSUANCE:

V50001NUFIC-MHD	Schedule of Coverage - High Deductible
V50015NUFIC-MHD	Blanket Accident and Sickness Insurance Policy - High Deductible Plan
V50012NUFIC-MA	Subrogation Rider
V50037NUFIC-MA	Massachusetts Statutory Survivor Rider
V50017NUFIC-MA	Hospice Rider
V50018NUFIC-MA	Massachusetts Residents Rider
V50036NUFIC-MA	Mandatory Quarantine Rider
89644-MA	Economic Sanctions Endorsement
OFAC Notice	Office of Foreign Assets Control Notice
141636 (05/21)	Change to Insurer's Address

**SCHEDULE OF POLICYHOLDERS/PARTICIPATING ORGANIZATIONS**

**ADDITIONAL ENTITIES:**

TOWN OF TEMPLETON FIRE DEPARTMENT  
TOWN OF TEMPLETON POLICE DEPARTMENT

# NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038  
(212) 458-5000

(a capital stock company, herein referred to as the Company)

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## NOTICE

This is not comprehensive health insurance coverage. It does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

## BLANKET ACCIDENT AND SICKNESS INSURANCE POLICY HIGH DEDUCTIBLE PLAN

This policy is a legal contract between the **Policyholder** and/or **Participating Organization** named in the application and **Us**. **We** agree to insure certain persons (herein called **Insured Persons**) against loss covered by this policy subject to its provisions, benefits, limitations, and exclusions; however, this policy does not extend the right to file a claim to any **Insured Person(s)**, their estate and/or beneficiary(ies). The persons eligible to be insured are all persons described in this policy as **Insured Persons**. This policy provides accident and sickness insurance to **Insured Persons** while they are participating in a **Covered Activity**.

## CONSIDERATION - TERM

This policy is issued in consideration of the payment of the required premium when due as shown in the **Schedule**. **We** agree to provide the benefits shown in the **Schedule** to **Insured Persons** in accordance with the provisions and conditions of this policy. This policy may be changed or terminated without consent of or notice to each **Insured Person**.

The term of this policy begins on the policy Effective Date and continues in effect until the policy Termination Date, both of which are shown in the **Schedule**, as long as premiums are paid when due, unless otherwise terminated as further provided in this policy. If this policy is terminated, insurance ends on the date to which premiums have been paid. All periods of insurance will begin and end at 12:01 AM Standard Time at the address of the **Policyholder** and/or **Participating Organization**.

## RENEWAL

After the policy Termination Date shown in the **Schedule**, this policy may be renewed for additional periods of time by mutual written consent of **Us** and the **Policyholder** and/or **Participating Organization** at the premium rates set by **Us** for the renewal period. If this policy is not renewed, insurance will stop on the date to which premiums have been paid subject to the Grace Period provision.

## POLICY EFFECTIVE AND TERMINATION DATES

**Effective Date.** This policy begins on the policy Effective Date shown in the **Schedule** at 12:01 AM Standard Time at the address of the **Policyholder** and/or **Participating Organization** where this policy is delivered.

**Termination Date.** **We** may terminate this policy by giving 30 days advance notice in writing to the **Policyholder** and/or **Participating Organization**. This policy may, at any time, be terminated by mutual written consent of **Us** and the **Policyholder** and/or **Participating Organization**. Termination takes effect at 12:01 AM at the **Policyholder** and/or **Participating Organization's** address on the date of termination.

## INDIVIDUAL EFFECTIVE AND TERMINATION DATES

Coverage for an **Insured Person** will take effect on the later of: (1) the policy Effective Date shown in the **Schedule**; or (2) the date he or she becomes an **Insured Person** as defined in this policy.

Coverage for an **Insured Person** will end on the earliest of: (1) the date this policy terminates; (2) the date he or she is no longer an **Insured Person** as defined in this policy; or (3) the date the **Policyholder** and/or **Participating Organization's** coverage ends.

Termination of coverage will not affect any loss resulting from participation in a **Covered Activity** when such participation occurred prior to the date of termination.

## PREMIUM

**Premiums.** Premiums are payable to **Us** at the rates described in the Premium section of the **Schedule**. **We** may change the required premiums as a condition of any renewal of this policy. **We** may also change the required premiums at any time when any change in coverage affecting premiums is made in this policy.

This policy is governed by the laws of the state in which it is delivered.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this policy.



President



Secretary

**PLEASE READ THIS POLICY CAREFULLY**

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## DEFINITIONS

*(Additional defined terms can be found throughout this policy)*

Any term in capitals and quotations or any term in bold type in the policy, application, riders, endorsements, amendments or other attached papers are to be given the meanings as ascribed in this section or as later defined.

**Administrative Personnel** – means a person who works an average of 25 hours or more per week while acting within the scope of his or her employment for the **Policyholder** and/or **Participating Organization**, which does not include any emergency response or any emergency response training as listed in items (1), (2), (3) or (4) under **Covered Activities**.

**Average Weekly Wage** – means an average weekly wage determined by the greater of:

- (1) the weekly average of the total of wages, salaries, tips, or unemployment compensation for the calendar year immediately preceding the year in which the loss occurred;
- (2) the weekly average of wages earned in the 12 months preceding the loss;
- (3) the weekly average of the annualized weekly wage earned in the three months preceding the loss; or
- (4) for the self-employed, the weekly average of the amount taken from Schedule C, E, or F which is reported on IRS Form 1040 as net taxable income, excluding rental, investment or passive income.

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

**Covered Activity** – with respect to **Insured Volunteer Firefighters or Volunteer Emergency Medical Service Persons** or **Insured Career Firefighters or Career Emergency Medical Service Persons**, means any activity, including travel directly to and from such activity which is a normal duty of an **Insured Person**, including any:

- (1) emergency response for fire suppression and rescue or emergency medical activity;
- (2) training exercise which simulates an emergency and where active physical participation is required;
- (3) **Firematic Events or Contests**;
- (4) class room training;
- (5) fund-raising activities including athletic activities solely for the purpose of raising funds for the **Policyholder** and/or **Participating Organization** or other non-profit organization when such fund-raising is performed as an activity of the **Policyholder** and/or **Participating Organization**, except any form of football, hockey, lacrosse, soccer, boxing, rugby or martial arts;
- (6) official functions attended primarily by members of the **Policyholder** and/or **Participating Organization** for which the purpose is to further the business of the **Policyholder** and/or **Participating Organization** (i.e. installation dinners, banquets, etc.);
- (7) official conventions, conferences or meetings of emergency fire, rescue or medical personnel attended by the **Insured Person** on behalf of the **Policyholder** and/or **Participating Organization** including personal travel and activities related to attending such convention, conference or meeting;
- (8) participation in pre-approved covered athletic events or programs conducted on the premises of the **Policyholder** and/or **Participating Organization**;
- (9) authorized public safety education events; and
- (10) administrative or maintenance duties.

Under no circumstance is there coverage for participation in the athletic events listed in Exclusion number 9.

The **Covered Activity** must be performed at the direction, or with the knowledge, of an officer of the **Policyholder** and/or **Participating Organization**, unless immediate action is required of the **Insured Volunteer Firefighters or Volunteer Emergency Medical Service Persons or Insured Career Firefighters or Career Emergency Medical Service Persons** at the scene of an emergency not on behalf of the **Policyholder** and/or **Participating Organization** or any other organization.

**Covered Activity** – with respect to **Insured Police Officers**, means any activity, including travel directly to and from such activity, which is a normal duty of an **Insured Police Officer** under the authority granted by the **Policyholder** and/or **Participating Organization**, including any:

- (1) emergency response where immediate action is required on the part of the **Insured Police Officer** and coverage would have been applicable had that **Insured Police Officer** actually been on duty;
- (2) fund-raising activities including athletic activities solely for the purpose of raising funds for the **Policyholder** and/or **Participating Organization** or other non-profit organization when such fund-raising is performed as an activity of the **Policyholder** and/or **Participating Organization**; and
- (3) class room training and/or performing duties, including physical fitness activities which are part of the **Insured Police Officer's** training curriculum at state certified programs for police/correctional officers.

Under no circumstance is there coverage for participation in the athletic events listed in Exclusion number 9.

The **Covered Activity** must be under the direct supervision of the **Policyholder** and/or **Participating Organization**, unless immediate action is required of the **Insured Police Officer** at the scene of an emergency not on behalf of the **Policyholder** and/or **Participating Organization** or any other organization.

**Firematic Events or Contests** – means practice or participation in an organized event intended to enhance the **Insured Person's** skills or emergency reaction times. These events include, but are not limited to, departmental or interdepartmental:

- (1) apparatus pumping contests;
- (2) battle of the barrel;
- (3) antique pumping;
- (4) hose rolling contests;
- (5) equipment donning contests;
- (6) bucket brigades;
- (7) ladder climbs;
- (8) tug of war contests; and
- (9) apparatus operation rodeos.

**Hemiplegia** - means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body.

**HIV** - means human immunodeficiency virus.

**Hospital** - means a facility which:

- (1) is operated according to law for the care and treatment of injured and sick people;
- (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis;
- (3) has 24 hour nursing service by registered nurses (R.N.'s); and
- (4) is supervised by one or more **Physicians**.

A Hospital does not include:

- (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or
- (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

**Illness(es)** – means any disease, sickness, or infection of an **Insured Person** while coverage under this policy is in force as to the **Insured Person**. The **Illness** must:

- (1) manifest itself during a specific **Covered Activity** with the result that the **Insured Person** interrupts his or her participation in such **Covered Activity** in order to receive immediate **Medical Treatment**; or
- (2) directly result from participation in a **Covered Activity** and also result in the **Insured Person** receiving **Medical Treatment** within 48 hours of participation in such **Covered Activity**. The requirement that **Medical Treatment** be received within 48 hours is waived for **Infectious Diseases**.

**Immediate Family Member** – means the **Insured Person's** spouse, child, parent, brother or sister.

**Infectious Disease(s)** – means an easily transmitted, potentially life-threatening disease resulting from bacterial, viral, fungal, or protozoan infection.

**Injury(ies)** – means accidental bodily injury sustained by the **Insured Person**:

- (1) during and resulting from an **Insured Person's** participation in a specific **Covered Activity** while coverage under this policy is in force as to the **Insured Person**;
- (2) which directly (independent of sickness, disease, mental incapacity or any other cause) causes a loss to the **Insured Person**; and
- (3) which is not otherwise defined as an **Illness**.

The term **Injury**, for the purposes of this policy, will not include human immunodeficiency virus (**HIV**), acquired immune deficiency syndrome (**AIDS**) or **AIDS** related complex (**ARC**), or any heart or circulatory malfunction.

**Insured Career Firefighter(s) or Career Emergency Medical Service Person(s)** – means a **Paid Employee** of the **Policyholder** and/or **Participating Organization** while acting within the scope of his or her employment and while covered under this policy.

**Insured Person(s)** – means one or more of the following classes of persons if coverage is selected for such persons as indicated in the **Schedule**:

- (1) **Insured Career Firefighter(s) or Career Emergency Medical Service Person(s)**;
- (2) **Insured Police Officer(s)**;
- (3) **Insured Volunteer Firefighter(s) or Volunteer Emergency Medical Service Person(s)**.

Under items (1), (2) or (3) above, **Insured Person** also includes:

- (1) **Administrative Personnel**; and
- (2) any bystander deputized at the time of the emergency by an official of the **Policyholder** and/or **Participating Organization** to assist in an emergency, but only during the actual emergency.

**Insured Police Officer(s)** – means any active, full-time, part-time or auxiliary/special police personnel officially designated by the **Policyholder** and/or **Participating Organization**.

**Insured Volunteer Firefighter(s) or Volunteer Emergency Medical Service Person(s)** – means any:

- (1) officially designated member of the **Policyholder** and/or **Participating Organization** while acting as a volunteer firefighter or volunteer emergency medical service person for the **Policyholder** and/or **Participating Organization**;
- (2) junior member or member in training for the fire department or emergency medical service unit;
- (3) commissioner, director, trustee or other similar position associated with the fire department or emergency medical service unit;
- (4) auxiliary member of the fire department or emergency medical service unit;
- (5) non-member who is requested to participate by the fire department or emergency medical service unit;
- (6) volunteer firefighter or volunteer emergency medical service person who receives remuneration for on call duty or out of pocket expenses subject to the following.

An **Insured Volunteer Firefighter or Volunteer Emergency Medical Service Person** will not include a **Paid Employee**.

**Limb(s)** - means entire arm or entire leg.

**Medical Treatment** - means treatment by a **Physician** or at a **Hospital** for the **Illness**

**Other Valid and Collectible Insurance** – means any:

- (1) group plan, program, or insurance policy;
- (2) other group hospital, surgical or medical benefit plan;
- (3) union welfare plans or group employer or employee benefit programs;
- (4) no-fault automobile insurance plan or similar law; or

**Other Valid and Collectible Insurance** will not include benefits provided by the United States Social Security Act or any individual disability insurance plans.

**Paid Employee(s)** – means a person who receives compensation and works an average of 25 hours or more per week for the **Policyholder** and/or **Participating Organization**. The time frame used to determine the average hours or the salaried schedule will be the same time frame used to calculate the **Average Weekly Wage**.

**Paraplegia** - means the complete and irreversible paralysis of both lower **Limbs**.

**Participating Organization(s)** – means a non-profit emergency service organization, municipality or political subdivision that elects coverage under this policy and pays the required premium. The **Participating Organization** is named in the **Schedule** and/or the Schedule of Policyholders/Participating Organizations. Coverage for such **Participating Organization** will be in force at 12:01 A.M. on the policy Effective Date shown in the **Schedule** subject to payment of the required premium. Coverage is limited to **Insured Persons** of any fire, emergency, rescue, police or ambulance department of the municipality or political subdivision specified in the **Schedule**.

**Physician(s)** - means any duly licensed medical practitioner:

- (1) who is acting within the scope of his or her license; and
- (2) who is not the **Insured Person** or an **Immediate Family Member**.

**Policyholder** - means a non-profit emergency service organization, municipality or political subdivision that elects coverage under this policy and pays the required premium. The **Policyholder** is named in the **Schedule**. Coverage for such **Policyholder** will be in force at 12:01 A.M. on the policy Effective Date shown in the **Schedule** subject to payment of the required premium. Coverage is limited to **Insured Persons** of any fire, emergency, rescue, police or ambulance department of the municipality or political subdivision as specified in the **Schedule**.

**Post-Traumatic Stress Disorder** – means emotional distress resulting from a **Traumatic Incident** experienced by an **Insured Person** which adversely affects the psychological and physical well-being of the **Insured Person**.

**Quadriplegia** - means the complete and irreversible paralysis of both upper and both lower **Limbs**.

**Reasonable and Customary Expense** - means an expense which:

- (1) is charged for treatment, supplies or medical services medically necessary to treat the **Insured Person's** condition;
- (2) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred or the applicable charge found in the relevant State Workers' Compensation rate schedule for injured employees; and
- (3) does not include charges that would not have been made if no insurance existed.

**Schedule** - means the Schedule of Coverage which is attached to this policy.

**Traumatic Incident** – means an abnormal experience, outside the range of usual human experiences and includes, but is not limited to:

- (1) line-of-duty death or serious injury to other **Insured Persons**;
- (2) a single incident having multiple casualties;
- (3) death or serious injury of a child; and
- (4) dealing with victims known to the **Insured Person**.

**Uniplegia** - means the complete and irreversible paralysis of one **Limb**.

**We, Us, or Our** refers to National Union Fire Insurance Company of Pittsburgh, Pa.



## **PART I. LOSS OF LIFE BENEFITS**

### **A. ACCIDENTAL DEATH BENEFIT**

Accidental Death Benefit. **We** will pay the Accidental Death Benefit Amount shown in the **Schedule** if **Injury** to an **Insured Person** results in the **Insured Person's** death.

In the event that an Accidental Death Benefit and an Accidental Dismemberment Benefit and/or a Vision Impairment Benefit are payable under this policy as a result of any **Injury** sustained while participating in the same **Covered Activity**, only one benefit, the largest, will be paid.

### **B. ILLNESS LOSS OF LIFE BENEFIT**

If death to an **Insured Person**:

- (1) occurs during a specific **Covered Activity** and is not otherwise payable as an Accidental Death Benefit; or
- (2) occurs due to a covered **Illness** as a result of participation in a specific **Covered Activity** or
- (3) occurs due to a heart attack or stroke within 48 hours of participating in:
  - (a) an emergency response for fire suppression and rescue or emergency medical activity; or
  - (b) a training exercise which simulates an emergency and where active physical participation is required,

**We** will pay the Illness Loss of Life Benefit shown in the **Schedule**.

Either death or **Medical Treatment** for the **Illness** must occur within 48 hours of the **Covered Activity**. The requirement that death or **Medical Treatment** for the **Illness** be within 48 hours is waived for **Infectious Disease**.

No Illness Loss of Life Benefit will be payable if an Accidental Death Benefit is payable under the policy, or if, as a direct result of participation in the same **Covered Activity**, an HIV Positive Benefit was paid to the **Insured Person** under this policy.

**PART II. LUMP SUM LIVING BENEFITS**

**A. ACCIDENTAL DISMEMBERMENT AND PARALYSIS BENEFIT**

If **Injury** to an **Insured Person** results in a “Loss” listed below, **We** will pay the indicated percentage of the Accidental Dismemberment and Paralysis Principal Sum shown in the **Schedule** for the “Loss” suffered. If the **Insured Person** suffers more than one “Loss” as a result of any one **Injury**, only one amount, the largest, will be paid.

**Accidental Dismemberment and Paralysis Chart**

<b><u>For Loss of:</u></b>	<b><u>% of Principal Sum Payable</u></b>
<b>Quadriplegia</b> .....	200%
<b>Paraplegia</b> .....	200%
<b>Hemiplegia</b> .....	200%
<b>Uniplegia</b> .....	100%
Both Hands or Both Feet .....	100%
One Hand and One Foot.....	100%
Entire Sight of Both Eyes .....	100%
One Hand and Entire Sight of One Eye .....	100%
One Foot and Entire Sight of One Eye .....	100%
Speech and/or Hearing .....	100%
One Arm or One Leg .....	100%
One Hand or One Foot .....	50%
Entire Sight of One Eye .....	50%
Both Thumbs .....	50%
One Thumb.....	25%
Each Joint of a Finger or Toe .....	10%

“**Loss**” - means, **Quadriplegia, Paraplegia, Hemiplegia, Uniplegia**, or with reference to the foot, a complete severance through or above the ankle joint; with reference to the hand, the complete severance of the distal, proximal or medial phalanx of four fingers; with reference to the arm or leg, the complete severance through or above the elbow or knee joint; with reference to the thumb, the complete severance at the metacarpophalangeal joint; and with reference to a joint of a finger or toe, the complete severance of a distal, proximal or (where applicable) medial phalanx. “**Loss**” of speech or hearing means the total and irrecoverable loss of speech and/or hearing. “**Loss**” of sight means the total and irrecoverable loss of sight.

In the event that an Accidental Dismemberment Benefit and an Accidental Death Indemnity Benefit are payable under this policy as a result of any **Injury** sustained while participating in the same **Covered Activity**, only one benefit, the largest, will be paid.

**B. VISION IMPAIRMENT BENEFIT**

If **Injury** to an **Insured Person** results in “Permanent Damage” to the **Insured Person’s** eyesight, **We** will pay the indicated percentage of the Vision Impairment Benefit Principal Sum shown in the **Schedule**, for each impaired eye, based on the degree of vision impairment according to the Vision Impairment Chart shown below. This benefit chart will apply separately to each eye.

### Vision Impairment Chart

<u>Vision Impairment</u>	<u>% of Vision Impairment Benefit Payable Per Each Eye</u>
20/20	0.00%
20/30	2.75%
20/40	5.50%
20/50	8.25%
20/60	11.00%
20/80	16.50%
20/100	22.00%
20/120	28.00%
20/150	36.00%
20/180	44.50%
20/200 or poorer	50.00%

If the sight of an eye is less than 20/20 before the "Permanent Damage", **We** will pay a benefit based only upon the additional impairment due to the **Injury**. In no event will **We** pay both an Accidental Dismemberment and Paralysis Benefit for a loss of sight and a Vision Impairment Benefit for **Injury** to the same eye sustained while participating in the same **Covered Activity**.

If a Vision Impairment Benefit is payable, it will be in addition to any Accidental Dismemberment and Paralysis Benefit payable for any non-vision related **Injury** sustained while participating in the same **Covered Activity**. However, in no event will the total amount of benefits payable as a result of any one **Injury** exceed 100% of the largest Principal Sum shown in the **Schedule** for these benefits.

"**Permanent Damage**" - means, with reference to the eyes, irreparable **Injury** which results in permanently impaired vision, but not in total and irrecoverable loss of sight.

### **C. COSMETIC DISFIGUREMENT RESULTING FROM BURNS BENEFIT**

If, as the result of **Injury**, an **Insured Person** suffers a cosmetic disfigurement due to a burn that is classified as a full thickness or third degree burn, **We** will pay the indicated percentage of the Cosmetic Disfigurement Resulting From Burns Principal Sum shown in the **Schedule**.

#### To Determine the Benefit Payable

Any Cosmetic Disfigurement Resulting From Burns Benefit payable under this benefit will be based on a percentage of the Cosmetic Disfigurement Resulting From Burns Principal Sum shown in the **Schedule** and depend on the area of the body which was burned. The benefit payable for any one loss is determined by the following formula:

- (1) First the area of the body that was burned is assigned an area classification factor by using the chart shown below. Each body part is assigned a classification relative to its visible exposure (i.e., the more visible the exposure the higher the classification);
- (2) This area classification factor is multiplied by the percentage of body surface actually burned. The attending **Physician** will determine the percentage applicable to each burn. The chart below lists the maximum allowance percentage for body surface burned for each area classification;
- (3) Steps 1 and 2 will produce a numerical factor that will be multiplied by the Cosmetic Disfigurement Resulting From Burns Principal Sum to determine the percentage of the Cosmetic Disfigurement Resulting From Burns Principal Sum payable under this benefit.

For example, by using the Cosmetic Burn Chart shown below:

- (a) if 100% of the surface of the right hand and forearm were burned the benefit would be  $5 \times 4.5\% = 22.5\%$  of the Cosmetic Disfigurement Resulting From Burns Principal Sum payable; or (b) if 50% of the surface of the right hand and forearm were burned the benefit would be  $5 \times 2.25\%$  (which is 50% of 4.5) = 11.25% of the Cosmetic Disfigurement Resulting From Burns Principal Sum payable.

The following is a burn chart from which benefits can be determined. This chart represents the maximum percentage of the Cosmetic Disfigurement Resulting From Burns Principal Sum payable for a covered cosmetic disfigurement **Injury**. If the **Insured Person** suffers burns in more than one area as a result of any one **Injury**, benefits will not exceed more than 100% of the Cosmetic Disfigurement Resulting From Burns Principal Sum.

### Cosmetic Burn Chart

<u>Body Part</u>	<u>Area Classification</u>	<u>Maximum Allowable % for Area Surface Burned</u>	<u>Maximum % of Cosmetic Disfigurement Resulting from Burns Principal Sum</u>
Face, Neck, Head	11	9.0%	100.0%
Hand & Forearm (Right)	5	4.5%	22.5%
Hand & Forearm (Left)	5	4.5%	22.5%
Upper Arm (Right)	3	4.5%	13.5%
Upper Arm (Left)	3	4.5%	13.5%
Torso (Front)	2	18.0%	36.0%
Torso (Back)	2	18.0%	36.0%
Thigh (Right)	1	9.0%	9.0%
Thigh (Left)	1	9.0%	9.0%
Lower Leg (Right) (below knee)	3	9.0%	27.0%
Lower Leg (Left) (below knee)	3	9.0%	27.0%

The percentage shown is based on 100% of the Body Part identified being burned. Please refer to the **Schedule** for the amount of the Cosmetic Disfigurement Resulting From Burns Principal Sum.

Any Cosmetic Disfigurement Resulting From Burns Benefit payable under this policy will be in addition to any Accidental Dismemberment and Paralysis Benefit or Vision Impairment Benefit payable under this policy. However, in no event will the total amount of benefits payable as a result of any one **Injury** exceed 100% of the largest Principal Sum shown in the **Schedule** for these benefits.

#### **D. HIV POSITIVE LUMP SUM LIVING BENEFIT**

If, as a direct result of participation in a specific **Covered Activity**, an **Insured Person** tests "HIV Positive", **We** will pay the HIV Positive Lump Sum Living Benefit Principal Sum shown in the **Schedule**.

In the event that an HIV Positive Lump Sum Living Benefit and an Illness Loss of Life Benefit are both payable under this policy as a result of any one **Illness** sustained while participating in the same **Covered Activity**, only one benefit, the largest, will be paid.

"**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 supplemental 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).

## PART III. MEDICAL EXPENSE BENEFITS

### A. Medical Expense Benefits

Subject to the "Aggregate Medical Expense Deductible" Amount shown in the **Schedule**, **We** will pay up to the Medical Expense Maximum Amount shown in the **Schedule** for **Reasonable and Customary Expenses** due to any one **Injury** or **Illness**. **We** will pay for necessary:

- (1) medical, **Hospital** or surgical treatment;
- (2) "Home Health Care";
- (3) nursing services prescribed and monitored by a **Physician**;
- (4) Post-exposure Prophylaxis Protocol (PEP) treatment, when such treatment is advised by the attending **Physician**;
- (5) **Infectious Disease** screening test(s);
- (6) Post-exposure preventive inoculations as a result of participation in a **Covered Activity**; or
- (7) **Post-Traumatic Stress Disorder** treatment, when such treatment is prescribed and monitored by a **Physician**.

**We** will not pay any covered medical expenses incurred by an **Insured Person** who is provided coverage under any Workers' Compensation act or whose right to Workers' Compensation benefits has been waived. If benefits are paid or payable under Workers' Compensation, a no fault automobile insurance plan or similar law, or any group insurance, they are not payable under this policy.

Medical expenses must be incurred within 260 weeks after the date of the accident causing the **Injury** or **Illness**.

**"Aggregate Medical Expense Deductible"** - means the sum of all **Reasonable and Customary Expenses** incurred by all **Insured Persons** under this policy as the result of **Injury** or **Illness** that occurred during this policy term. The amount of the deductible is shown in the **Schedule**. No Medical Expense Benefits are payable for charges applied to this deductible.

**"Home Health Care"** - means those nursing and other home health care services provided to an **Insured Person** in his or her place of residence. "Home Health Care" must be:

- (1) performed by a "Home Health Care Practitioner";
- (2) in lieu of confinement in a **Hospital** or nursing facility; and
- (3) pursuant to the orders of the attending **Physician**. Such attending **Physician's** orders must be written and include a plan of care which must be reviewed and approved by the **Physician**.

**"Home Health Care Practitioner"** - means a nurse, medical social worker, home health aide, physical therapist, or other medical practitioner. However, no provider will be considered a "Home Health Care Practitioner" unless such practitioner is:

- (1) duly licensed and/or certified in compliance with all applicable laws and regulations to provide the care received; and
- (2) not an **Insured Person** or an **Immediate Family Member**.



#### PART IV. FELONIOUS ASSAULT BENEFIT

If an **Insured Person** suffers a covered **Injury** or **Illness** as a result of a “Felonious Assault” that is directed at the **Insured Person** while he or she is participating in a **Covered Activity**, and one or more of the following are payable: Accidental Death Benefit, Illness Loss of Life Benefit, Accidental Dismemberment and Paralysis Benefit, Vision Impairment Benefit, Injury Permanent Impairment Benefit, Heart Permanent Impairment Benefit, Illness Permanent Impairment Benefit, Cosmetic Disfigurement Resulting from Burns Benefit, or HIV Positive Lump Sum Living Benefit as provided by this policy, and the Felonious Assault Benefit is indicated in the **Schedule**, **We** will pay the Felonious Assault Benefit Amount.

We will not pay more than the Felonious Assault Benefit Amount shown in the **Schedule** per **Insured Person**.

“Felonious Assault” will not apply to a Police Officer while acting within the scope of his or her employment.

“**Felonious Assault**” - means any willful or unlawful use of force upon the **Insured Person**: (1) with the intent to cause bodily injury to the **Insured Person**; and (2) that results in bodily harm to the **Insured Person**; and (3) that is a felony or a misdemeanor in the jurisdiction in which it occurs.

#### PART V. HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

If an **Insured Person**:

- (1) suffers an **Injury** or **Illness** that is payable under this policy and which results in a permanent and irrevocable loss;
- (2) did not, prior to the date of the **Covered Activity**, require alterations to the home and/or modifications to the vehicle; and
- (3) as a direct result of such **Injury** or **Illness** is now required to make alterations to the home and/or modifications to the vehicle;

**We** will pay the Home Alteration and Vehicle Modification Benefit for “Home Alteration and Vehicle Modification Expenses” that are incurred within three years after the date of the **Injury** or **Illness**, up to the Home Alteration and Vehicle Modification Maximum Amount shown in the **Schedule**, for all such losses caused by the same **Injury** or **Illness**.

**We** will pay any “Home Alteration and Vehicle Modification Expenses” incurred by an **Insured Person** in excess of benefits paid or payable under any Workers’ Compensation act, no fault automobile insurance plan or similar law, and any “**Other Valid and Collectible Insurance**”.

“**Home Alteration and Vehicle Modification Expenses**” means one-time expenses that:

- (1) are charged for:
  - (a) alterations to the **Insured Person’s** residence that are necessary to make the residence accessible and habitable for an impaired individual; and
  - (b) modifications to a motor vehicle owned or leased by the **Insured Person** or modifications to a motor vehicle newly purchased for the **Insured Person** that are necessary to make the vehicle accessible to and/or drivable by the **Insured Person**; and
- (2) do not include charges that would not have been made if no insurance existed; and
- (3) do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred;

but only if the alterations to the **Insured Person's** residence and the modifications to his or her motor vehicle are:

- (1) made on behalf of the **Insured Person**;
- (2) in compliance with any applicable laws or requirements for approval by the appropriate government authorities; and
- (3) agreed to and approved by **Us**.

## **PART VI. OPTIONAL BENEFITS**

### **A. WEEKLY INCOME BENEFIT - Total Disability**

If **Injury** or **Illness** to an **Insured Person** results in "Total Disability" within 30 days of participation in a **Covered Activity**, **We** will pay 60% of the **Insured Person's Average Weekly Wage** up to the Total Disability Maximum Weekly Amount shown in the **Schedule** after 60 days of "Total Disability". The benefit is payable as long as the **Insured Person** remains "Totally Disabled" up to a maximum of 104 weeks. After Total Disability Benefits begin, if an **Insured Person** is "Totally Disabled" for less than a full week, **We** will pay 1/7 of the benefit otherwise payable for each full day the **Insured Person** is so disabled.

If an **Insured Person** is "Totally Disabled" for less than 61 days, no benefit will be payable.

If the **Insured Person** returns to perform the material and substantial duties of his or her occupation for any employer on a full or part-time basis, he or she may return to "Total Disability" status if:

- (1) the **Insured Person** has not been back to work for longer than 30 days; and
- (2) the **Insured Person** is again "Totally Disabled" due to the same **Injury** or **Illness** which caused the original "Total Disability".

Periods of "Total Disability" separated by less than 5 years will be considered as one period of disability unless due to separate and unrelated causes.

**Coordination with Other Income Benefits.** If the **Insured Person** is entitled to "Other Income Benefits" for any week for which a Total Disability Benefit is payable, the amount of the Total Disability Benefit for that week will be reduced, if necessary, so that the sum of the Total Disability Benefit plus all "Other Income Benefits" for that week does not exceed 100% of the **Insured Person's Average Weekly Wage**. If the sum of all "Other Income Benefits" equals or exceeds 100% of the **Insured Person's Average Weekly Wage**, no Total Disability Benefit is payable for that week. If any "Other Income Benefits" are payable on a basis other than weekly, we will calculate the equivalent weekly payment and reduce each Total Disability Benefit accordingly.

**Right to Receive and Release Needed Information.** Certain facts are needed to administer the Coordination with Other Income Benefits provision. **We** have the right to decide which facts are needed. **We** may get needed facts from or give them to any other organization or person. **We** need not tell, or get the consent of, any person to do this. Each person claiming benefits under the Total Disability Benefit must give **Us** any facts **We** need to pay the claim.

**Facility of Payment.** A payment made under some "Other Disability Plan" may include an amount which should have been paid under the Total Disability Benefit. If it does, **We** may pay that amount to the organization which made that payment. That amount will then be treated as though it were a benefit paid under the Total Disability Benefit. **We** will not have to pay that amount again.

**Right of Recovery.** If the amount of the payments made by **Us** is more than **We** should have paid under the Coordination with Other Income Benefits provision, **We** may recover the excess from one or more of:

- (1) the persons **We** have paid or for whom **We** have paid;
- (2) insurance companies; or
- (3) other organizations.

**“Other Disability Plan(s)”** - means:

- (1) any salary continuation or disability plan provided through the **Insured Person’s** employer;
- (2) any group or blanket disability plan (other than this Total Disability Benefit) or similar plan for persons in a group;
- (3) any Workers’ Compensation Act; or (4) the United States Social Security Act or Railroad Retirement Act or any similar plan or act.

**“Other Income Benefits”** - means any amounts that would be provided because of the **Insured Person’s** inability to work due to the **Injury** or **Illness** for which benefits are claimed under this Total Disability Benefit (or due to a related condition) under “Other Disability Plans”, in the absence of provisions with a purpose similar to that of the Coordination with Other Income Benefits provision, whether or not claim is made. However, if any “Other Disability Plan” has a provision to reduce its payments because of Total Disability Benefits under this policy, and if this policy has covered the **Insured Person** longer than that “Other Disability Plan” has, that “Other Disability Plan’s” benefits will not be considered “Other Income Benefits”.

**“Total Disability, Totally Disabled”** – means,

- (1) For an **Insured Person** with an occupation producing wages as described in the definition of **Average Weekly Wage**, the inability to perform all of the material and substantial duties of his or her own occupation.
- (2) If the **Insured Person** does not have an occupation producing wages as described in the definition of **Average Weekly Wage**, “**Total Disability, Totally Disabled**” means:
  - (a) the inability to perform all of the material and substantial duties of an occupation for which the **Insured Person** is qualified by reason of education, training, or experience; or
  - (b) the inability to perform all of the regular activities of the **Insured Person** prior to the covered **Injury** or **Illness**.

The **Insured Person** must be under the regular care of a **Physician** during “Total Disability”.

If an **Insured Person** is approved for disability retirement or otherwise retires, all eligibility for “Total Disability” terminates on the effective date of such retirement.

## EXCLUSIONS

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

- (1) suicide or any attempt at it; or intentionally self-inflicted injuries;
- (2) injuries that happen while flying except;
  - (a) as a passenger on a commercial aircraft;
  - (b) as a passenger on any aircraft while taking part in a **Covered Activity**;
- (3) injuries that happen while flying as a crew member, or during parachute jumps from the aircraft;
- (4) war or any act of war, whether declared or undeclared;
- (5) mental or emotional disorders, except as specifically provided for covered **Post-Traumatic Stress Disorder**;
- (6) treatment of alcoholism or drug addiction and any complications arising from it, except loss caused by **Injury** sustained during and resulting from a **Covered Activity**;
- (7) illness, except as provided by this policy;
- (8) military service of any state or country;
- (9) any form of football, hockey, lacrosse, soccer, boxing, rugby and martial arts;
- (10) any league sports event, except as covered under the Organized Team Sports Rider; or
- (11) "Cancer".

**"Cancer"** - means any disease in which abnormal, unregulated cell growth forms malignant tumors and/or invades nearby tissues. This includes, but is not limited to: carcinoma, sarcoma, leukemia, lymphoma and multiple myeloma, and central nervous system cancers.

## OTHER COVERAGE WITH US

If the **Insured Person** is covered under more than one similar policy issued by **Us**, the total benefits payable will not exceed those payable under the policy which provides the largest benefit. In no event, will coverage for the same covered loss be provided twice to an **Insured Person** who meets the definition of more than one class of persons covered under this policy.

## GENERAL PROVISIONS

**Entire Contract; Changes:** The policy, application(s), riders, endorsements, amendments, or other attached papers make up the entire contract between the **Policyholder** and/or **Participating Organization** and **Us**.

No change in this policy will be valid until approved by one of **Our** executive officers. Such approval must be noted on or attached to the policy. No agent may change or waive any of the provisions of the policy.

**Statements:** In the absence of fraud, all statements made by the **Policyholder** and/or **Participating Organization** or any **Insured Person** will be considered representations and not warranties. No statement will be used to void the insurance or reduce benefits unless they appear in a written instrument signed by the **Policyholder** and/or **Participating Organization** and unless a copy of the statement is furnished to the **Insured Person**, his or her beneficiary or personal representative.

**Incontestability:** The validity of this policy will not be contested after it has been in force for two year(s) from the policy Effective Date shown in the **Schedule**, except as to nonpayment of premiums.

**Grace Period:** This policy has a 31 day grace period. This means if the premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the grace period this policy will remain in force.

**Notice of Claim:** Written notice of claim must be given to **Us** within 30 days after a covered loss occurs, or as soon after as reasonably possible. The notice, with sufficient information to evaluate the claim, must be given by the **Policyholder** and/or **Participating Organization** to **Us** at **Our** executive offices or to one of **Our** authorized agents, which will be deemed notice to **Us**. Only claims submitted by the **Policyholder** and/or **Participating Organization** will be accepted by **Us**.

**Claim Forms:** When **We** receive the written notice of claim, **We** will send the claimant forms for filing proof of loss. If these forms are not furnished within 15 days after receipt of such notice, the claimant will need to meet the proof of loss requirements by giving **Us** written proof of the occurrence, the nature, and the extent of the loss within the time limit stated in the "Proof of Loss" Section. The notice should include the **Insured Person's** name, the **Policyholder** and/or **Participating Organization's** name, and the Policy Number.

**Proof of Loss:** Proof must be given as soon as reasonably possible. If this policy provides for periodic payment for a continuing loss, **We** must be given written proof within 90 days after the end of each period for which **We** are liable. For any other loss, **We** must be given written proof within 90 days after that loss. If it was not reasonably possible to give written proof in the time required, **We** will not reduce or deny the claim for this reason, if the proof is filed as soon as reasonably possible.

**Time of Payment of Claims:** When **We** receive written proof of loss, **We** will pay any benefits due. Benefits that provide for periodic payment will be paid at least monthly. When **Our** liability ends, **We** will pay any remaining balance as soon as **We** receive written proof of loss.

**Payment of Claims:** On behalf of the **Policyholder** and/or **Participating Organization**, any Loss of Life Benefit will be paid in accordance with the beneficiary designation on record with **Us** or the **Policyholder** and/or **Participating Organization**.

If no beneficiary is named, Loss of Life Benefits will be paid to the first surviving class of the following classes: the **Insured Person's** (1) spouse; (2) child(ren); (3) parents; or (4) brothers or sisters. Otherwise, **We** will pay benefits to the **Insured Person's** estate.

We may (at **Our** option) make benefits payable to the **Policyholder** and/or **Participating Organization**.

Any payment **We** make in good faith will end **Our** liability to the extent of the payment.

**Physical Examination and Autopsy:** **We**, at **Our** expense, have the right to have the **Insured Person** examined as often as reasonably necessary while a claim is pending under this policy. **We** may also have an autopsy performed unless prohibited by law.

**Legal Actions:** No legal action may be brought to recover on this policy within 60 days after written proof of loss has been given as required by this policy. No such action may be brought after three years from the time written proof of loss is required to be given.

**Change of Beneficiary:** The **Insured Person** can change the beneficiary at any time by sending a written notice to the **Policyholder** and/or **Participating Organization**. The beneficiary's consent is not required for this or any other change in this policy, unless the designation of the beneficiary is irrevocable.

**Conformity with State Statutes:** Any provision of this policy, which, on its effective date, is in conflict with the laws of the state in which the **Insured Person** resides on that date, is amended to conform to the minimum requirements of such laws.

**Clerical Error:** The insurance of any **Insured Person** will not be affected by a clerical error made by the **Policyholder** and/or **Participating Organization** or **Us**. An error will not continue the insurance of an **Insured Person** beyond the date it would end under the policy terms if the error had not been made.

**Examination and Audit:** **We** will be permitted to examine and audit a **Policyholder** and/or **Participating Organization's** records relating to this policy at: (1) any reasonable time during the policy term; and (2) within two years after the expiration of the policy or until all claims have been settled or adjusted, whichever is later.

**New Entrants:** New eligible persons added from time to time to the group of **Insured Persons** originally insured under this plan will be automatically covered under this policy.

**Duty to Cooperate:** The **Policyholder, Participating Organization** and the **Insured Person** will cooperate with **Us** and assist **Us**, as **We** request, in the investigation of any claim reported under this policy. Neither the **Policyholder, Participating Organization** nor the **Insured Person** will voluntarily make payments, assume obligations, or incur expenses, except at the cost of the **Policyholder, Participating Organization** or the **Insured Person**.

**Not In Lieu Of Workers' Compensation:** This policy is not a Workers' Compensation policy. It does not provide Workers' Compensation Benefits.

**Noncompliance with Policy Requirements:** Any express waiver by **Us** of any requirements of this policy will not constitute a continuing waiver of such requirements. Any failure by **Us** to insist upon compliance with any policy provision will not operate as a waiver or amendment of that provision.

**Misstatement of Age:** If the benefits for which the **Insured Person** is insured are based on age and the **Insured Person** has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. **We** may require satisfactory proof of age before paying any claim.

**Assignment:** This policy is non-assignable. An **Insured Person** may not assign any of his or her rights, privileges, or benefits under this policy.

# NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15<sup>th</sup> Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

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Policyholder: TOWN OF TEMPLETON  
Policy Number: MHD-4322-0048E-4  
Effective Date: 7/1/2021

## SUBROGATION RIDER

This rider is attached to and made a part of the above mentioned policy. It applies only with respect to **Injuries** or **Illnesses** that occur on or after the effective date shown above. Any changes in premium apply as of the effective date of this rider. This rider is subject to all of the provisions, benefits, limitations and exclusions of the policy except as they are specifically modified by this rider. If there is a conflict between the policy and this rider, the terms of this rider will govern. This rider amends the policy in the following manner:

As a condition of receiving benefits under the policy, the **Insured Person** (or, if he or she is deceased, an authorized representative of the **Insured Person**), the **Policyholder** and/or **Participating Organization** agrees to the following, except as may be limited or prohibited by applicable law:

With respect to any **Insured Person, Policyholder** and/or **Participating Organization** to or for whom **We** make payment for loss(es) incurred under the policy, **We** may assume all of the rights and remedies of such **Insured Person, Policyholder** and/or **Participating Organization** to recover damages including but not limited to reimbursement for any loss(es) paid from any "Third Party". That **Insured Person, Policyholder** and/or **Participating Organization** agrees to assist **Us** in preserving those rights against those responsible for such losses, including but not limited to signing forms supplied by **Us**, and must do everything necessary to secure **Our** rights and must do nothing to impair them.

**We** will not pay or be responsible, without **Our** written consent, for any fees or costs associated with the pursuit of a claim, cause of action, or right by or on behalf of an **Insured Person** against any "Third Party" or **Coverage**.

**Coverage** as used in this rider, means no fault motorist coverage, uninsured motorist coverage, underinsured motorist coverage, or any other fund or insurance policy (except this policy and any fund or insurance policy providing the **Policyholder** and/or **Participating Organization** with coverage for any claims, causes of action or rights the insured may have against the **Policyholder** and/or **Participating Organization**).

**Third Party** as used in this rider, means any person, corporation or other entity (except the **Insured Person, Policyholder, Participating Organization** or **Us**).

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this rider:



President



Secretary



# NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15<sup>th</sup> Floor, New York, NY 10038

(212) 458-5000

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Policyholder: TOWN OF TEMPLETON  
Policy Number: MHD-4322-0048E-4  
Effective Date: 7/1/2021

## MASSACHUSETTS STATUTORY SURVIVOR ACCIDENTAL DEATH BENEFIT AND DUTY TO DEFEND RIDER

This rider is attached to and made a part of the above mentioned policy. It applies only with respect to **Injuries** that occur on or after the effective date shown above. Any changes in premium apply as of the effective date of this rider. This rider is subject to all of the provisions, benefits, limitations and exclusions of the policy except as they are specifically modified by this rider. If there is a conflict between the policy and this rider, the terms of this rider will govern. This rider amends the policy in the following manner:

This rider provides coverage for the following class(es) of **Insured Person(s)** – only the applicable checked class(es) will receive coverage:

- Volunteer Firefighters or Volunteer Emergency Medical Service Persons
- Part-time Police Officers  Auxiliary Police Officers

### A. STATUTORY SURVIVOR ACCIDENTAL DEATH BENEFIT

On behalf of the **Policyholder** and/or **Participating Organization**, **We** will pay any statutory death benefit amount the **Policyholder** and/or **Participating Organization** is required to provide under Section 89E(a)(2) of Chapter 32 of the General Laws of Massachusetts if an “Insured Volunteer Emergency Service Provider” suffers an accidental death to which Section 89E(a)(2) applies.

Any benefit paid under this rider will be in lieu of any accidental death benefit that may otherwise be payable under the policy.

“**Insured Volunteer Emergency Service Provider**”, as used in this rider, means all individuals who are:

- (1) covered under the policy as **Insured Persons** and
- (2) listed as volunteer emergency service providers on the **Policyholder** and/or **Participating Organization’s** roster.

The roster must be maintained and periodically updated by the **Policyholder** and/or **Participating Organization**. The roster will be kept on file with the **Policyholder** and/or **Participating Organization**.

### B. STATUTORY SURVIVOR ACCIDENTAL DEATH BENEFIT DUTY TO DEFEND

**We** have the right and duty to defend, at **Our** expense, any claim, proceeding or suit against the **Policyholder** and/or **Participating Organization** for benefits payable under Section 89E(a)(2) of Chapter 32 of the General Laws of Massachusetts. **We** have the right to investigate and settle these claims, proceedings and suits to the extent such benefits may be payable under this rider. The **Policyholder** and/or **Participating Organization** has a duty to cooperate with **Us**, as **We** may request, in the investigation, settlement, or defense of any claim, proceeding or suit.

**We** have no duty to defend a claim, proceeding or suit that is not made under or related to Section 89E(a)(2) of Chapter 32 of the General Laws of Massachusetts. **We** have no duty to defend or continue defending after **We** have paid our applicable limit of liability under this rider.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this rider.



President



Secretary

# NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15<sup>th</sup> Floor, New York, NY 10038  
(212) 458-5000

(a capital stock company, herein referred to as the Company)

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Policyholder: TOWN OF TEMPLETON  
Policy Number: MHD-4322-0048E-4  
Effective Date: 7/1/2021

## HOSPICE RIDER

This rider is attached to and made a part of the above mentioned policy. It applies only with respect to **Injuries** or **Illnesses** that occur on or after the effective date shown above. Any changes in premium apply as of the effective date of this rider. This rider is subject to all of the provisions, benefits, limitations and exclusions of the policy except as they are specifically modified by this rider. If there is a conflict between the policy and this rider, the terms of this rider will govern. This rider amends the policy in the following manner:

If, as a result of an **Injury** or **Illness**, an **Insured Person** has been certified by his or her primary attending **Physician** as having a life expectancy of six months or less and receives care and treatment by a "Hospice", **We** will pay the **Reasonable and Customary Expenses** for each day that a charge is incurred subject to the Medical Expense Benefit Maximum Amount and the Excess Medical Expense Benefit Maximum Amount (if applicable) shown in the **Schedule**. The Hospice Care Benefit is payable for up to the six months. The attending **Physician** must prescribe such services.

**"Hospice"** - means a licensed agency, organization, or unit that provides a centrally administered and autonomous continuum of palliative and supportive care to terminally ill persons and their families. The care must be directed and coordinated by the "Hospice" organization and received primarily in the patient's home, or on an outpatient or short-term inpatient basis in a "Hospice" unit.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this rider:



President



Secretary

Countersigned by \_\_\_\_\_  
Licensed Resident Agent  
(Where required by law)

# NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15<sup>th</sup> Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: TOWN OF TEMPLETON  
Policy Number: MHD-4322-0048E-4  
Effective Date: 7/1/2021

## Massachusetts Residents Rider

This rider is attached to and made a part of the above mentioned policy. It applies only with respect to **Injuries** or **Illnesses** that occur on or after the effective date shown above. Any changes in premium apply as of the effective date of this rider. This rider is subject to all of the provisions, benefits, limitations and exclusions of the policy except as they are specifically modified by this rider. If there is a conflict between the policy and this rider, the terms of this rider will govern. This rider amends the policy in the following manner:

1. The Face Page of the policy is hereby amended to include the following:

The Continuation of Coverage provision and the following notice is added after the section entitled Individual Effective and Termination Dates.

### CONTINUATION OF COVERAGE

If an **Insured Person's** coverage terminates for any reason except for non-payment of premium or termination of the policy, such **Insured Person's** coverage under the policy shall remain in effect for a period of 31 days from the date of termination unless during such 31 -day period the **Insured Person** is otherwise entitled to similar benefits.



This health plan, alone, **does not meet minimum Creditable Coverage standards** and **will not satisfy** the individual mandate that you have health insurance. Please see below for additional information.

**As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1 -877-MA-ENROLL or visit the Connector website (<http://www.mahealthconnector.org>).**

This plan is not intended to provide comprehensive health care coverage and **does not meet Minimum Creditable Coverage standards**, even if it does include services that are not available in the insured person's other health plans.

**If you have any questions about this notice, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its website at [www.mass.gov/doi](http://www.mass.gov/doi).**

2. The **DEFINITIONS** section is modified as follows:

The definition of **Reasonable and Customary Expense** is replaced by:

**Reasonable and Customary Expense** – means an expense which:

- (1) is charged for treatment, supplies or medical services medically necessary to treat the **Insured Person's** condition;
- (2) is the lesser of:
  - (a) the usual charge for similar treatment, supplies or medical services in the locality where the expense is incurred; or
  - (b) the applicable charge in the Massachusetts Workers' Compensation fee schedule for treatment, supplies or medical services; or
  - (c) any payment schedule for medical treatment, supplies or medical services available to either the **Insured Person** or the **Policyholder** and/or **Participating Organization** such as, but not limited to, payment schedules as found or authorized in Massachusetts General Law, Chapter 41, Section 100 and Chapter 41, Section 111N; and
- (3) does not include charges that would not have been made if no insurance existed.

3. **MEDICAL EXPENSE BENEFITS**, Section **A.** is amended as follows:

The following are added to **Reasonable and Customary Expenses** for necessary:

- (7) emergency service provided to an **Insured Person** for an "Emergency Medical Condition"; or
- (8) hypodermic needles or syringes, which are "Medically Necessary", for the purpose of administering medications for a medical condition which is covered under the policy, provided they are prescribed by a **Physician**.

**"Emergency Medical Condition"** - means a medical condition, whether physical or mental, that manifests itself by symptoms of sufficient severity, including but not limited to severe pain, that a prudent lay person, who has an average knowledge of medicine and health, could reasonably expect that in the absence of immediate medical attention would result in:

- (1) placing the health or pregnancy of the person afflicted with such condition in serious jeopardy, or placing the health of others in serious jeopardy;
- (2) serious impairment to such person's bodily functions; or
- (3) serious impairment or dysfunction of any bodily organ or part of such person.

The **Insured Person** has the option of calling the local pre-hospital emergency medical service system by dialing the emergency telephone access number 911, or its local equivalent whenever an **Insured Person** is confronted with an "Emergency Medical Condition".

**"Home Health Care"** - means those nursing and other home health care services provided to an **Insured Person** in his or her place of residence. "Home Health Care" must be:

- (1) performed by a "Home Health Care Practitioner";
- (2) in lieu of confinement in a **Hospital** or nursing facility; and
- (3) pursuant to the orders of the attending **Physician**. Such attending **Physician's** orders must be written and include a plan of care which must be reviewed and approved by the **Physician**. Nursing and other home health care services shall include the following "Medically Necessary" services as needed:

- (a) physical or occupational therapy as a rehabilitative service;
- (b) speech therapy;
- (c) medical social work;
- (d) nutrition counseling; and
- (e) the use of durable medical equipment and supplies to the extent that such additional services are determined to be a "Medically Necessary" component of said nursing and physical therapy.

**"Home Health Care Practitioner"** - means a nurse, medical social worker, home health aide, physical therapist, or other medical practitioner. However, no provider will be considered a "Home Health Care Practitioner" unless such practitioner is:

- (1) duly licensed and/or certified in compliance with all applicable laws and regulations to provide the care received; and
- (2) not an **Insured Person** or an **Immediate Family Member**.

**"Medically Necessary"** as used in this endorsement, means a service that:

- (1) is essential for the diagnosis, treatment, or care of the **Illness or Injury** for which it is prescribed or performed;
- (2) meets the generally accepted standards or medical practice; and
- (3) is ordered by a **Physician** and performed under his or her care, supervision, or order.

4. The following **GENERAL PROVISIONS** are replaced:

**Time of Payment of Claims:** When **We** receive written proof of loss, for other than for loss of time, **We** will pay any benefits due but in no event more than 45 days from receipt of the proof of loss. Subject to **Our** receipt of due written proof of loss, benefits that provide for periodic payment will be paid at least monthly. When **Our** liability ends, **We** will pay any remaining balance as soon as **We** receive written proof of loss. If payment for a medical expense benefit is not made within 45 days from receipt of said proof of loss, **We** will notify the claimant in writing specifying the reasons for the non-payment and/or whatever further documentation is necessary for payment of said claim. If **We** fail to notify the claimant within the 45 day period **We** will pay interest on such benefits. Such interest will accrue starting on the 45<sup>th</sup> day at a rate of 1 ½% per month, not to exceed 18% per year, unless the claim is under investigation because of suspected fraud.

**Physical Examination:** **We**, at **Our** expense, have the right to have the **Insured Person** examined as often as reasonably necessary while a claim is pending under this policy.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, PA witness this Endorsement:



President



Secretary

# NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15<sup>th</sup> Floor, New York, NY 10038

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Policyholder: TOWN OF TEMPLETON  
Policy Number: MHD-4322-0048E-4  
Effective Date: 7/1/2021

## MANDATORY QUARANTINE RIDER

This rider is attached to and made a part of the above mentioned policy. It applies only with respect to **Injuries** or **Illnesses** that occur on or after the effective date shown above. Any changes in premium apply as of the effective date of this rider. This rider is subject to all of the provisions, benefits, limitations and exclusions of the policy except as they are specifically modified by this rider. If there is a conflict between the policy and this rider, the terms of this rider will govern. This rider amends the policy in the following manner:

1. The **DEFINITIONS** section is modified as follows:

The following is added to the definition of **Illness**:

Illness also includes the **Mandatory Quarantine** of an **Insured Person**.

The following definition is added.

**Mandatory Quarantine** - means period of isolation intended to limit the spread of an Infectious Disease. The Mandatory Quarantine of an **Insured Person** must be ordered by appropriate medical officials while acting under the authority of the local, state or federal government.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this rider:



President



Secretary

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**

Executive Offices: 175 Water Street, 15<sup>th</sup> Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT  
CAREFULLY.**

**ENDORSEMENT**

This endorsement, effective 12:01 A.M. 7/1/2021 forms a part of Policy No. MHD-4322-0048E-4 issued to TOWN OF TEMPLETON by National Union Fire Insurance Company of Pittsburgh, Pa.

**ECONOMIC SANCTIONS ENDORSEMENT**

*This endorsement modifies insurance provided under the following:*

The Insurer shall not be deemed to provide cover and the Insurer shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurer, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.



President



Secretary



**IMPORTANT NOTICE TO OUR CUSTOMERS  
REGARDING THE  
OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")**

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Your rights as a policyholder and payments to you, any insured, additional insured, loss payee, mortgagee, or claimant, for loss under this policy may be affected by the administration and enforcement of U.S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL ("OFAC").

The United States imposes economic sanctions against countries, groups and individuals, such as terrorists and narcotics traffickers. These sanctions prohibit US persons from dealing with these sanctioned parties. The purpose of this notice is to inform you that we cannot violate US sanctions by engaging with sanctioned countries or people.

**WHAT IS OFAC?**

OFAC is an office of the Department of the Treasury and acts under presidential wartime and national emergency powers, as well as authority granted by specific legislation, to impose controls on transactions and freeze foreign assets under U.S. jurisdiction. OFAC administers and enforces economic embargoes and trade sanctions primarily against:

- Targeted foreign countries and their agents
- Terrorism sponsoring agencies and organizations
- International narcotics traffickers
- Proliferators of Weapons of Mass Destruction

**PROHIBITED ACTIVITY**

- OFAC enforces certain embargoes and sanctions against designated countries. No U.S. business or person may enter into transactions involving designated "sanctioned" countries.
- OFAC publishes on its website a list known as the "Specially Designated Nationals and Blocked Persons" ("SDNBP") list. No U.S. business or person may enter into transactions involving any person or entity named on the SDNBP list.

Additional information about OFAC Sanctions Programs and Countries can be found at:

<http://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx>

**OBLIGATIONS PLACED ON US BY OFAC**

If we determine that you or any insured, additional insured, loss payee, mortgagee, or claimant are on the SDNBP list or are connected to a sanctioned country as described in the regulations, we must block or "freeze" property and payment of any funds transfers or transactions.

**POTENTIAL ACTIONS BY US**

1. We shall not be deemed to provide cover when it would violate any applicable sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America. You will not receive a return premium unless approved by OFAC. All funds will be placed in an interest bearing blocked account established on the books of a U.S. financial institution.
2. We will not pay a claim or provide any benefit to the extent that such cover, payment of such claim or provision of such benefit would violate any trade or economic sanctions, laws or regulations of the United States of America and we will not defend or provide any other benefits under your policy to individuals, entities or companies to the extent that it would violate any trade or economic sanctions, laws or regulations of the United States of America.

**YOUR RIGHTS AS A POLICYHOLDER**

If funds are blocked or frozen by us in conjunction with the OFFICE OF FOREIGN ASSETS CONTROL, you may complete an "APPLICATION FOR THE RELEASE OF BLOCKED FUNDS" and apply for a specific license to request their release. Forms are available for download at the OFAC website. See

<https://www.treasury.gov/resource-center/sanctions/Pages/forms-index.aspx>

**Edition Date: 5/2016**

## **POLICYHOLDER NOTICE**

Thank you for purchasing insurance from a member company of American International Group, Inc. (AIG). The AIG member companies generally pay compensation to brokers and independent agents, and may have paid compensation in connection with your policy. You can review and obtain information about the nature and range of compensation paid by AIG member companies to brokers and independent agents in the United States by visiting our website at [www.aig.com/producer-compensation](http://www.aig.com/producer-compensation) or by calling 1-800-706-3102.

# **POLICYHOLDER NOTICE**

## **CHANGE TO INSURER'S ADDRESS**

Please be advised that all references to the address 175 Water Street, New York, NY 10038 contained in the Policy, Policy Declarations, riders, endorsements, and Policy notices are hereby deleted in their entirety and replaced with the following:

1271 Ave of the Americas FL 37, New York, NY 10020-1304

All other terms and conditions of the Policy remain the same.