



Family Coverage

Fractures

\$8 to \$1,500, spouse
 \$4 to \$500, children
 (Example: Fractured arm - \$500, spouse/\$250, children)

Dislocations

\$20 to \$1,350, spouse
 \$10 to \$450, children
 (Example: Dislocated Shoulder - \$500, spouse/\$250, children)

Ruptured Disc or Torn Knee Cartilage

First contract year - \$100, Thereafter - \$400

Tendon and Ligament Repair

\$400 to \$600

Lacerations Requiring Stitches

\$50 to \$200, depending on length

Hospital Confinement

\$1,200 per month/\$40 per day
 (Three months maximum per occurrence)

Accidental Death & Dismemberment

\$3,000 Travel on public conveyance
 \$1,000 Other accidental deaths
 \$1,000 Double loss, \$500 Single loss
 \$500 More than one toe or finger
 \$250 One toe or finger

Medical Fees up to \$100

Ambulance \$25 per occurrence

Blood or Plasma \$50

Appliances \$25

Eye Injury \$100

2nd & 3rd Degree Burns up to \$600

Read Your Policy Carefully

This outline provides a very brief description of the important features of your policy. This is not an insurance contract, please refer to the policy language for exact benefits. The contract sets forth the rights and obligations for you and PFIA; it is important that you read your contract carefully.

Optional Riders

Increased Total Disability Benefits Rider

Benefits: Payment for total disability is increased:

On-the-job covered injury \$200/month

Off-the-job covered injury \$400/month

Premiums: Annual \$63.00, Semi-annual \$31.50,
 Quarterly \$15.75, ACH/Salary savings \$5.25.

Non-Fatal Gunshot Wound Rider

Benefits: Payment for a gunshot wound requiring overnight hospitalization within 24 hours after the accident. If you are shot more than once, payment will be made for the first wound.

Total benefit payment \$1,000.

Non-Fatal Burn Rider

Increased Specific Injury Benefit up to \$1,000.

Monthly Cost Per Benefit

Check boxes of benefits desired

- Basic Plan\$29.34
- Increased Income5.25
- Spouse Rider5.25
- Gunshot Wound.....1.00
- Burn Rider1.00

Account Representative



“Each Other’s Keeper”

ACCIDENT ONLY

**Protection Plan
 for the Entire Family**

POLICE AND FIREMEN'S INSURANCE ASSOCIATION
 101 East 116th Street • Carmel, Indiana 46032 • 317-581-1913

www.pfia1913.org

Outline of Premiums

Issue Ages	18-70	0-23
Accident Premium	Spouse	Child
Annual	\$63.00	\$48.00
Semi-annual	31.50	24.00
Quarterly	15.75	12.00
ACH/Salary Savings.....	5.25	4.00



Basic Plan without Riders
Issue ages - 18 to 70

Annual.....	\$352.00
Semi-annual	176.00
Quarterly	88.00
ACH/Salary Savings	29.34



Accidental Injuries & Death Benefits

Accidental Disability Income

\$800 per month • *Off-the-Job* disabilities*
 \$400 per month • *On-the-Job* disabilities**
 (12 months income per occurrence)

Additional Disability Income Rider

If additional coverage:
 \$400 per month • *Off-the-Job* disabilities
 \$200 per month • *On-the-Job* disabilities
 (12 months income per occurrence)

Accidental Hospital Confinement

\$1,200 per month/\$40 per day • *Off-the-Job*
 \$900 per month/\$30 per day • *On-the-Job*
 (Three months maximum per occurrence)

Accidental Dismemberment

Double loss:
 \$12,000 • *Off-the-Job*, \$6,000 • *On-the-Job*
 Single loss:
 \$6,000 • *Off-the-Job*, \$3,000 • *On-the-Job*

More than one finger or toe - \$500
 One finger or toe - \$250

Accidental Death

\$40,000 Travel on public conveyance
 \$32,000 Licensed motor vehicle

Other:
 \$24,000 • *Off-the-Job*, \$12,000 • *On-the-Job*

Medical Fees

up to \$250 • *Off-the-Job* injuries

Physical Therapy

up to \$250 • *Off-the-Job* injuries (Members Only)

Fire photos courtesy of NOFD District Chief, Chris Mickal

Specified Injury/Service Benefits

Fractures

\$12 to \$2,250, depending on severity
 (Example: Fractured arm - \$750)

Dislocations

\$30 to \$2,025, depending on severity
 (Example: Dislocated Shoulder - \$750)

Ruptured Disc or Torn Knee Cartilage

First contract year - \$100
 Thereafter - \$400

Tendon and Ligament Repair

\$400 to \$600

2nd & 3rd Degree Burns

up to \$600, depending on size and degree

Lacerations Requiring Stitches

\$50 to \$200, depending on length

Ambulance

\$100 per occurrence

Air Ambulance • *Off-the-Job* only

\$1,500 per occurrence

Blood or Plasma

\$200 per occurrence

Appliances

\$100 (crutches/wheelchair)

Eye Injury

\$100

Emergency Treatment • *On-the-Job* only

\$125 - *If you are injured in a covered accident and are not eligible for any other benefits.*



* *Off-the-Job* means while not working at any job for pay or benefits.

** *On-the-Job* means while you are working at any job for pay or benefits or acting in an official capacity.

