



VFIS of Texas/Regnier & Associates

3420 Executive Center Drive, Suite 301 • Austin, Texas 78731-1626
(512) 448-9928 • (800) 252-9435 • Fax (512) 448-9929

March 9, 2015

Webb County VFD
7210 E Saunders Hwy59 Unit A&B
Laredo, TX 78041

RE: Accident & Sickness Expiration: 04/18/15

Dear Araceli,

The above captioned policy will be expiring on the date indicated. Enclosed is your policy on CD, a Schedule of Coverage and invoice for the annual renewal premium. Please remit payment to our office by 04/18/15.

We are pleased to inform you that your coverage has been renewed under our new enhanced A&S policy! This new policy includes benefit upgrades and several new benefits. Please see the enclosed flyer for an overview of these benefit upgrades and changes.

You may be eligible for grant money under HB3667 to reimburse your cost for this policy. Go to <http://www.vfistx.com/grant-information.html> for more information on this grant or contact our office.

This policy is written with medical payments paid EXCESS of Workers Compensation and the premium is based accordingly. As such, this policy WILL NOT PAY any medical coverage if no WC coverage is in force at the time of claim. For your protection, please verify that you do have WC coverage in effect. If you do not have WC coverage, your A&S policy will need to be amended to PRIMARY medical coverage and the premium adjusted for the higher Primary rates.

Your current policy does not cover Full-time Employees (25 hrs or more per week) with the exception of Administrative Staff. If you have or will have Full-time Employees in the future, please contact us to obtain a quote for a Career Rider.

If you are interested in a quote for increased limits or optional benefits, please let us know. Should you have any questions or if we can be of any service whatsoever, please do not hesitate to contact me. Thank you for your continued business!

REMINDER: PLEASE BE SURE TO KEEP UPDATED BENEFICIARY CARDS ON FILE FOR ALL MEMBERS.

Sincerely,

Cherry Guidry
Account Manager



/CG
Encl.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

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

SCHEDULE OF COVERAGE - VOLUNTEER

Policy Number: VFP-4444-1244E-0

Policyholder: WEBB COUNTY
(Name and Address) 7210 E SAUNDERS HWY 59
UNIT A & B
LAREDO, TX 78041

Policy Effective Date: 4/18/2015 Term: 1 Year

Policy Termination Date: 4/18/2016 Premium: \$6,206

This Schedule of Coverage provides only those benefits that have a specified amount entered opposite the name of the benefit. Benefits that are followed by the word "none" are not provided under this policy.

PART COVERAGE

I. Loss of Life Benefits

A. Accidental Death Benefits

(1) Accidental Death Benefit Amount	\$100,000
(2) Seat Belt Benefit Amount	\$25,000
(3) Safety Vest Benefit Amount	\$25,000
(4) Military Death Benefit Amount	\$15,000

B. Illness Loss of Life Benefit Amount

\$100,000

C. Dependent Child and Education Benefit Amount

\$30,000

D. Spousal Support and Education Benefit Amount

\$15,000

E. Memorial Benefit Amount

\$5,000

F. Dependent Elder Benefit Amount

\$5,000

G. Repatriation Benefit Amount

\$2,500

II. Lump Sum Living Benefits

A. Accidental Dismemberment and Paralysis Benefit Principal Sum

\$100,000

B. Vision Impairment Benefit Principal Sum

\$100,000

C. Injury Permanent Impairment Benefit Principal Sum

\$100,000

D. Heart Permanent Impairment Benefit Principal Sum

\$100,000

E. Illness Permanent Impairment Benefit Principal Sum

\$100,000

F. Cosmetic Disfigurement Resulting From Burns Benefit Principal Sum

\$100,000

G. HIV Positive Lump Sum Living Benefit Principal Sum

\$100,000

- III. **Weekly Income Benefits**
 - A. Total Disability Benefits
 - (1) Total Disability Weekly Amount (first 28 days)\$500
 - (2) Total Disability Maximum Weekly Amount (after 28 days)\$500
 - (3) Total Disability Minimum Weekly Amount.....\$125
 - B. Partial Disability Benefits
 - (1) Partial Disability Weekly Amount (first 28 days)\$250
 - (2) Partial Disability Maximum Weekly Amount (after 28 days)\$250
 - (3) Partial Disability Minimum Weekly Amount\$63
 - C. Disability Benefits General
- IV. **Occupational Retraining Benefit Maximum Amount** \$20,000
- V. **Weekly Injury Permanent Impairment Benefit** Yes No
- VI. **Medical Expense Benefits**
 - A. Medical Expense Benefit Maximum Amount.....\$100,000
 - Medical Expense Benefit Options
 - (1) Excess of Workers' Compensation or No-Fault Auto Insurance Benefits
 - (2) Primary Medical Expense Benefit.....
 - B. Cosmetic Plastic Surgery Maximum Amount\$25,000
 - C. Post-Traumatic Stress Disorder Maximum Amount\$25,000
 - D. Critical Incident Stress Management Maximum Amount\$25,000
 - E. Family Expense Benefit Amount (per day).....\$100
 - F. Family Bereavement and Trauma Counseling Benefit Amount (per person)\$1,000
- VII. **Transition Benefit** Yes No
- VIII. **Felonious Assault Benefit Amount** \$50,000
- IX. **Home Alteration and Vehicle Modification Benefit Maximum Amount** \$50,000
- X. **Optional Benefits**
 - A. Weekly Hospital Benefit Amount..... NONE
 - B. First Week Total Disability Benefit Amount NONE
 - C. Coordinated 28 Day Total Disability Benefit Amount NONE
 - D. Extended Total Disability Benefit Yes No
 - E. Long-Term Total Disability Benefit..... Yes No
 - F. Cost Of Living Adjustment (COLA) Benefits
 - (1) Weekly Injury Permanent Impairment COLA..... Yes No
 - (2) Long-Term Total Disability COLA..... Yes No
 - G. Extra Expense Benefit
 - Extra Expense Benefit Monthly Amount.....\$500
 - Extra Expense Benefit Maximum Amount.....\$12,000
 - H. 24-Hour Accident Benefit Amount..... NONE
 - I. Off-Duty Accident Benefit Amount..... NONE

SCHEDULE OF FORMS AND RIDERS

POLICY FORMS ATTACHED AT ISSUANCE:

V50000NUFIC	Schedule of Coverage - Volunteer
V50004NUFIC	Blanket Accident and Sickness Insurance Policy – Volunteer Members
V50018NUFIC-TX	Texas Residents Rider
53593DBG	Important Notice
89644 (06/13)	Economic Sanctions Endorsement

SCHEDULE OF POLICYHOLDERS/PARTICIPATING ORGANIZATIONS

ADDITIONAL ENTITIES:

WEBB COUNTY FIRE DEPARTMENT

VFIS of Texas
 3420 Executive Center Dr #301
 Austin, TX 78731
 Phone: 800-252-9435 Fax: 512-448-9929

INVOICE NO. 26858		Page 1
ACCOUNT NO.	OP	DATE
WEBBC-1	CG	03/09/2015
PRODUCER		
Danny J Kerecman		
BALANCE DUE ON		
04/18/2015		
AMOUNT PAID	AMOUNT DUE	
	\$6,206.00	

Webb County VFD
 7210 E Saunders Hwy59 Unit A&B
 Laredo, TX 78041

itm #	Due Date	Type	Policy #	Description	Amount
81121	04/18/15	A&S	VFP-4444-1244E	Policy renewal	\$6,206.00
				Invoice Balance:	\$6,206.00

WE APPRECIATE YOUR CONTINUED BUSINESS!

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EXCESS AUTHORIZATION FORM

I certify that the employees and/or volunteers (circle one or both) of Webb County VFD are covered by Workers' Compensation Policy # _____ with policy dates _____ to _____ written thru _____ (insurance company). I understand that our VFIS Accident & Sickness policy is written with medical coverage "Excess" of Workers' Compensation and that there is NO medical coverage under our VFIS Accident & Sickness policy if no Workers' Compensation coverage is in effect at the time of claim.

Signed: _____

Print Name: _____

Title: _____

Organization Name: _____

Date: _____

Phone: _____

Send to: *VFIS of Texas, 3420 Executive Center Drive, #301, Austin, TX 78731-1626 or fax 512-448-9929*