

SCHEDULE OF COVERAGES

Policyholder:

Mulvane Firefighters' Relief Association
 910 E Main
 Mulvane, KS 67110

Policy Effective Date: 08/22/2007

Policy Expiration Date: 08/22/2010

This policy provides only those following benefits that have a specified amount entered opposite the name of the benefit. 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 Benefits	
	(i) Accidental Death Indemnity Benefit	\$ 250,000
	(ii) Seat Belt Benefit Amount	\$ 25,000
B.	Illness Loss of Life Benefit.....	\$ 250,000
C.	Dependent Benefit Amount (Per Dependent Child).....	\$ 10,000
D.	Spousal Support Benefit Amount.....	\$ 5,000
E.	Memorial Benefit Amount.....	\$ 2,000
II. Lump Sum Living Benefits		
A.	Accidental Dismemberment Principal Sum.....	\$ 250,000
B.	Vision Impairment Benefit	\$ 250,000
C.	Permanent Physical Impairment Principal Sum – Injury Only	\$ 250,000
D.	Cosmetic Disfigurement Resulting From Burns Principal Sum	\$ 250,000
E.	HIV Positive Benefit.....	\$ 250,000
III. Weekly Income Benefits		
A.	Total Disability Benefit	
	(1) Total Disability Weekly Income Benefit (first 28 days)	\$ 1,000
	(2) Total Disability Maximum Weekly Amount (after 28 days).....	\$ 1,000
	(3) Total Disability Minimum Weekly Amount	\$ 250
B.	Partial Disability Benefit	
	(1) Partial Disability Weekly Income Benefit (first 28 days).....	\$ 500
	(2) Partial Disability Maximum Weekly Amount (after 28 days)	\$ 500
	(3) Partial Disability Minimum Weekly Amount.....	\$ 125
IV.	Occupational Retraining Benefit Maximum Amount.....	\$ 20,000
V.	Weekly Permanent Physical Impairment Benefit	
VI.	Optional Weekly Permanent Physical Impairment COLA Benefit.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
VII. Medical Expense Benefits		
A.	Medical Expense Maximum Amount	\$ 50,000
	Medical Expense Benefit Options	
	1. Excess of Workers' Compensation or No-Fault Auto Insurance Benefits.....	<input checked="" type="checkbox"/>
	2. Primary Medical Expense Benefit.....	<input type="checkbox"/>
B.	Cosmetic/Plastic Surgery Maximum Amount	\$ 10,000
C.	Post Traumatic Stress Disorder Maximum Amount	\$ 10,000
D.	Critical Incident Stress Management Maximum Amount (Per Covered Activity).....	\$ 2,500
E.	Family Expense Benefit.....	\$ 100
VIII. Optional Benefits		
A.	Weekly Hospital Indemnity Benefit.....	\$ none
B.	Additional Disability Weekly Benefit.....	\$ none
C.	24 Hour Accidental Death and Dismemberment Benefit.....	\$ 250,000
D.	Non-Covered Activity Accidental Death and Dismemberment Benefit.....	\$ none

001Y1111