Date: 6/8/09

Accident & Sickness Insurance					A 48
	VFIS - Current	VFIS - Renewal	TMR & Associates, Inc.	Meadbrook Insurance Group	Aflac
		National Union Fire Insurance			4.6
	Company of Pittsburgh, PA.	Company of Pittsburgh, PA.	Hartford Life	Hartford Life	Aflac
COVERAGE	AMOUNT OF INSURANCE	AMOUNT OF INSURANCE	AMOUNT OF INSURANCE	AMOUNT OF INSURANCE	AMOUNT OF INSURANCE
Loss of Life Benefits					
A. Accidental Death Benefits					AL 0.115
(i) Accidental Death Indomnity Benefit	\$100,000	\$100,000	\$100,000	\$100,000	No Grid Responses
(Ii) Seat Belt Benefit Amount	\$10,000	\$25,000	\$10,000	\$10,000	
B. Illness Loss of Life Benefit	\$100,000	\$100,000	\$100,000	\$100,000	
C. Dependent Benefit Amount (Per Dependent Child)	\$10,000	\$10,000	\$10,000	\$10,000	
D. Spousal Support Benefit Amount	\$5,000	\$5,000	\$5,000	\$5,000	
E. Memorial Benefit Amount	\$2,000	\$2,000	\$2,000	\$2,000	
Lump Sum Living Benefits					
A. Accidental Dismemberment Principal Sum	\$100,000	\$100,000	\$100,000	\$100,000	
B. Vision Impairment Benefit	\$100,000	\$100,000	\$100,000	\$100,000	
C. Permanent Physical Impairment Principal Sum - Injury Only	\$100,000	\$100,000	\$100,000	\$100,000	
D. Cosmetic Disfigurement Resulting From Burns Principal Sum	\$100,000	\$100,000	\$100,000	\$100,000	
E. HIV Positive Benefit	\$100,000	\$100,000	\$100,000	\$100,000	
F. Heart Permanent Impairment	NA	\$100,000	NA	NA	
G. Illness Permanent Impairment	NA	\$100,000	NA	NA	
Weekly Income Benefits					
A, Total Disability Benefit		*			
(1) Total Disability Weekly Income Benefit (first 28 days)	\$300	\$300	\$300 <sup>1</sup>	See below	
	\$900	\$900	\$900 <sup>1</sup>	See below	
(2) Total Disability Maximum Weekly Amount (after 28 days)	•	•	\$75 <sup>1</sup>	See below	
(3) Total Disability Minimum Weekly Amount	\$75	\$75	\$/5	See below	
B. Partial Disability Benefit					
<ol><li>Partial Disability Weekly Income Benefit (first 28 days)</li></ol>	\$150	\$150	\$150 <sup>1</sup>	NA	
(2) Partial Disability Maximum Weekly Amount (after 28 days)	\$450	\$450	\$450 <sup>1</sup>	NA	
(3) Partial Disability Minimum Weekly Amount	\$38	\$38	\$38 <sup>1</sup>	NA	
C. Occupational Retraining Benefit Maximum Amount	\$20,000	\$20,000	\$20,000	\$20,000	
D. Weekly Permanent Physical Impairment Benefit	Included	Included	Included	See below	
E. Optional Weekly Permanent Physical Impairment COLA Benefit	Yes	Yes	Yes <sup>1</sup>	NA	
E. Optional Woodly Formation Crystola Important GOE Footbox					
Medical Expense Benefits				0.40.000	
A. Medical Expense Maximum Amount	\$10,000	\$10,000	\$10,000	\$10,000	
B. Cosmetic/Plastic Surgery Maximum Amount	\$10,000	\$10,000	\$10,000	\$10,000	
C. Post Traumatic Stress Disorder Maximum Amount	\$10,000	\$10,000	\$10,000	\$10,000	
D. Critical Incident Stress Management Maximum Amount (Per Covered		\$2,500	\$2,500	\$2,500	
E. Family Expense Benefit	\$100	\$100	\$100	\$100 NA	
F. Continuation of Health Insurance Premium Maximum Amount	NA	\$12,000	NA	NA NA	
G. Transition	NA	Included	NA NA	* *	
H. Felonious Assault	NA	Included	NA NA	NA NA	
Home Alternation and Vehicle Modification Maximum Amount	NA	\$15,000	NA	NA	تد
Grand Total Vol. and Career Prem. For 3 Yr Annual Installments	\$26,738	\$22,794	\$21.384	\$26,940	-
Orang Total For and Oalest Frem For Viti Annual Hataminanta	ψ	**************************************	Assumed Family Rate	Assumed Family Rate	
			10% flat	\$2,500 per year	

Permanent total disability benefit provided under this policy is equal to the death benefit chosen by the employee provided the injury is sustained prior to age 70. This benefit is payable either on:

a. A lump sum basis or

b. a weekly pay out of 1/500 of the applicable sum as long as the total disability exists for a maximum of 500 weeks. Example total disability benefits of the full 100k would pay \$200 per week for up to 500 weeks

<sup>&</sup>lt;sup>1</sup>Same Hartford quote from two separate agencies - template completed different