

Administered by:



183 Leader Heights Road
P.O. Box 2726, York, PA 17405
800.233.1957 or 717.741.0911
Fax: 717.747.7069 | vfis.com

Return completed application to:
benefits@vfis.com

CRITICAL ILLNESS INSURANCE REQUEST FOR PROPOSAL

GENERAL INFORMATION

Name of Organization: _____

Organization's Physical Address: _____
Street City County State Zip Code

Organization's Mailing Address: _____
PO Box City County State Zip Code

Tax ID for Organization: _____ Number of Eligible Persons: _____

Who is Eligible? (Covered Person)

All members of an emergency service organization whose name appears on the roster submitted at policy inception will be considered Covered Persons. New members are eligible for coverage at the next anniversary date upon receipt of an updated roster. Coverage terminates on the policy expiration date when a member is no longer with the organization and therefore not listed on the renewal census.

Consider of Coverage:

- The coverage must be in effect for a Covered Person for at least 90 days prior to the diagnosis of the condition.
- The Covered Person must survive for a period of 30 days after the diagnosis.
- The Covered Person is under age 75 when first diagnosed with cancer.

Proposed Benefits	Option 1 <input type="checkbox"/>	Option 2 <input type="checkbox"/>	Option 3 <input type="checkbox"/>
Accidental Death and Dismemberment	\$10,000	\$10,000	\$10,000
Aggregate Limit	\$500,000 per covered person	\$500,000 per covered person	\$500,000 per covered person
Critical Illness (Covered Illnesses – Cancer, Heart Attack, Kidney Failure and Stroke)	\$10,000	\$20,000	\$30,000

Name of Producing Agency: _____

Producer Address: _____

Producer Email: _____ Agency Telephone Number: _____

COMPLETE IF COVERAGE TO BE BOUND

I hereby request coverage to be bound effective: _____

Signature

Name

Title

July 2022