

# VOLUNTEER GROUP Insurance Policy Application

Print or type only

which, upon acceptance and approval by **Nationwide Life Insurance Company**—Columbus, Ohio 43216, will become a part of Volunteer Group Insurance Policy Number 902- Office Use Only

**1. Name of Plan Sponsor** Group's Name  
 Address Street City State Zip County

**2. Name of Volunteer Group(s)** \_\_\_\_\_  
 Primarily organized for:  Fighting fires,  other (specify) \_\_\_\_\_  
 Address \_\_\_\_\_

**3. Policy Term:** The policy term starts at **12:01 a.m.** on \_\_\_\_/\_\_\_\_/\_\_\_\_ which is the effective date, and ends at **12:01 a.m.** on \_\_\_\_/\_\_\_\_/\_\_\_\_ which is the first renewal date (12-month policy term).

**4. Schedule of Insurance and Premiums**

Eligible Groups, Coverage and Description of Benefits (Check Group(s) to be Insured, Coverage to be Provided and Benefits and Medical Expense Plan Desired)	Max Benefit Amounts	Premium
<b>A. VOLUNTEER GROUP (such as a volunteer fire department)</b>		
<input type="checkbox"/> (1) Basic Bodily Injury and Smoke Inhalation Coverage		
<input type="checkbox"/> a. Death and Specific Loss (Face Amount)	\$	\$
<input type="checkbox"/> b. Medical Expense: <input type="checkbox"/> primary plan, or <input type="checkbox"/> excess plan	\$	\$
<input type="checkbox"/> c. Weekly Income	\$	\$
<input type="checkbox"/> d. Daily Hospital Indemnity	\$	\$
e. Total Basic Premium		\$
<input type="checkbox"/> (2) Supplemental Coverage for Covered Contagious or Infectious Diseases and Heart or Circulatory Malfunctions (applicable to the benefits elected above— <b>not available in Maryland or New York</b> )		
\$ (Total Basic Premium from (1) e. above) x .25 = (round up to the nearest cent)		\$
(3) Annual Premium Per Volunteer Group Location [(1) e. plus (2)]		\$
(4) Additional premium for each Volunteer Group (complete both a & b):		
a. Ambulance and Rescue Squad Run—\$(Annual Premium per Location from A. (3) above) x .01 =		\$
b. Fire and Other Run—\$(Annual Premium per Location from A. (3) above) x .02 =		\$
<b>Made in the last 12 full months (round up to the nearest cent)</b>		
<b>B. AUXILIARY GROUP (such as ladies' auxiliary unit) Bodily Injury and Smoke Inhalation Coverage</b>		
<input type="checkbox"/> (1) Death and Specific Loss (Face Amount)	\$	\$
<input type="checkbox"/> (2) Medical Expense: <input type="checkbox"/> primary plan, or <input type="checkbox"/> excess plan	\$	\$
<input type="checkbox"/> (3) Daily Hospital Indemnity	\$	\$
(4) Total annual premium for each auxiliary group [B. (1) + B. (2) + B. (3)]		\$
<b>C. YOUTH GROUPS (such as junior firefighters group) Bodily Injury and Smoke Inhalation Coverage</b>		
<input type="checkbox"/> (1) Death and Specific Loss (Face Amount)	\$	\$
<input type="checkbox"/> (2) Medical Expense: <input type="checkbox"/> primary plan, or <input type="checkbox"/> excess plan	\$	\$
(3) Total annual premium for each youth group [C. (1) + C. (2)]		\$

**5. It is understood and agreed that:** (a) the premium will be paid entirely by the plan sponsor and/or eligible group with no contribution made by the eligible persons toward the cost of the insurance; and (b) **all medical expense benefits must include the same plan (primary or excess) for each eligible group to be insured.**

(NY) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

By sending your check to Nationwide Life Insurance Company ("Nationwide"), you give your consent to Nationwide to authorize our financial institution to convert your check into an electronic fund transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment and you will not receive a canceled check. For authorized checking account withdrawal (also called Automated Clearing House or "ACH") call 844-203-2691.

**By signing below, you agree that you have read all of the Fraud Warnings provided with this application.**

Previous Policy Number (if applicable) \_\_\_\_\_  
 Date \_\_\_\_\_  
 Agent's Signature and Number \_\_\_\_\_  
 Agent's Phone Number \_\_\_\_\_  
 Agent's Email Address \_\_\_\_\_

Signature of Applicant \_\_\_\_\_  
 Printed Name and Title of Applicant \_\_\_\_\_  
 Address of Applicant \_\_\_\_\_  
 Applicant's Phone Number \_\_\_\_\_  
 Applicant's Email Address \_\_\_\_\_

Check box if no agent was used.

## Medical Expense Benefit

If, as a result of a covered bodily injury, smoke inhalation, contagious or infectious disease or heart or circulatory malfunction, an insured incurs covered expenses starting within 90 days from the date of the accident causing the injury, we will pay, less the deductible (if any) shown in the application and not to exceed the overall maximum benefit amount, all covered expenses incurred within three years from such date.

**Covered expenses** means the reasonable and customary charges for local ("local" not applicable in a CT contract) professional ambulance service to or from a hospital and or surgical center as well as the following reasonable and customary charges for treatment, services and supplies provided or prescribed by a doctor:

- (1) hospital or surgical center care;
- (2) medical treatment;
- (3) nursing care provided by a licensed nurse;
- (4) X-rays and lab exams;
- (5) prescription drugs and therapeutic services and supplies;
- (6) dental treatment as a result of injury to sound, natural teeth (natural teeth in SC); and
- (7) the following licensed home health care agency services and supplies provided instead of an otherwise required hospital or skilled nursing home confinement:
  - (a) physical, occupational, respiratory and speech therapy,
  - (b) the services of a home health aide and
  - (c) medical supplies.

If excess medical has been elected, we will not pay benefits for covered expenses to the extent they are collectible under certain other policies and/or health plans as stated in the policy. (In PA, the excess medical is excess only of those medical expense benefits payable under the Motor Vehicle Financial Responsibility Law and the Workers' Compensation Law.)

[Coverage is provided under policy form No. GR-9091 et al.](#)

Certain provisions of the policy are summarized in this brochure. All benefits are subject to the policy, which alone constitutes the agreement under which payments are made.

## Weekly Income Benefit

### Total disability

If an insured becomes totally disabled within 90 days from the date of the covered activity involved, we will pay **(subject to any reduction see below)** the weekly income benefit on the following basis:

- (1) benefits start on the first day of total disability;
- (2) weekly benefit amounts are shown in the application. If payment is for part of a week, the daily rate will be 1/7 of the weekly benefit; and
- (3) benefits for a period of total disability will end on the first of these to occur: (a) the death of the insured; (b) when the total disability ends; or (c) when the insured is age 70, provided that, in a MD contract if the insured is age 69 when his or her benefits start, we will pay up to 12 monthly payments. Total disability or totally disabled means disability caused by a covered bodily injury, smoke inhalation, contagious or infectious disease or heart or circulatory malfunction:
  - (1) which, throughout the first 104 weeks, keeps the insured from performing (with reasonable continuity, if a CA contract) the substantial and material duties of his or her regular job;
  - (2) which, after the first 104 weeks, keeps the insured from performing (with reasonable continuity, if a CA contract) the substantial and material duties of any job for which he or she is reasonably suited or qualified by education, training, or experience (also his or her station in life, physical or mental capacity, or age if a CA contract); and
  - (3) during which it is shown that the insured is either
    - (a) under the regular care of a doctor, or (b) at the maximum point of recovery as determined by competent medical authority. Period of total disability (language does not apply in a CA contract) means the period of time when the insured is totally disabled. Successive periods of total disability are treated as one unless:
      - (1) they are separated by at least six months; or
      - (2) the latest is because of an unrelated cause and begins after the insured returns to active work for at least one full day.

### Partial disability

If an insured becomes partially disabled within 90 days from the date of the covered activity involved or immediately following (but not during) a period of total disability, we will pay (subject to any reduction-see below) the weekly income benefit on the following basis:

- (1) benefits start on the first day of partial disability;
- (2) weekly benefit amounts are 1/2 of the weekly income benefit shown in the application (if payment is for part of a week, the daily rate will be 1/7 of the weekly benefit); and

(3) benefits will end on the first of these to occur: (a) the death of the insured; (b) when the partial disability ends; (c) when the number of weeks for which benefits have been paid equals 13; or (d) when the insured is age 70. Partial disability or partially disabled means disability caused by a covered bodily injury, smoke inhalation, contagious or infectious disease or heart or circulatory malfunction:

- (1) which keeps the insured from performing one or more, but not all, of the major daily duties of his or her regular job; and
- (2) during which the insured is under the regular care of a doctor.

**Reduction** means that the weekly income benefit amount payable to an insured for total or partial disability will be reduced as much as is necessary to keep the total of the amount payable plus all of the insured's income from other sources from being more than 75% of his or her gross average weekly earnings from all salaries, wages, commissions, bonuses and other direct job income.

**Income from other sources** means periodic benefits for loss of time payable or provided for the same period of total or partial disability or a part of that period under:

- (1) certain other insurance contracts or retirement plans as stated in the policy;
- (2) an employer, labor management, and/or union sponsored salary continuance, disability or retirement plan;
- (3) Workers' Compensation (and Unemployment Compensation if a CA contract) or similar occupational laws;
- (4) the Social Security Act, the Railroad or Civil Service Retirement Act, any compulsory state disability benefit law or any other loss of time or retirement plan provided by a government authority of any country (including any state, province or political subdivision). Increases in the amounts paid under items (3) and (4) in the paragraph above which occur after the benefit period begins will not be used to further reduce the amount we will pay.

## Daily Hospital Indemnity Benefit

If, as a result of a covered bodily injury, smoke inhalation, contagious or infectious disease, or heart or circulatory malfunction, and on the advice of a doctor, an insured is confined as a hospital inpatient within 90 days from the date of the covered activity involved, we will pay the daily hospital indemnity benefit on the following basis:

- (1) benefits start on the first day of hospital confinement;
- (2) the daily benefit amounts which apply are shown in the application; and
- (3) benefits will end on the first of these to occur: (a) when the confinement ends, or (b) when the number of days for which benefits have been paid equals 365, or (c) the date the insured reaches the age of 70, provided that, in a MD contract if the insured is age 69 when his or her benefits start, we will pay up to 12 monthly payments.

## Death and Specific Loss Benefit

If, as a result of a covered bodily injury, smoke inhalation, contagious or infectious disease or heart or circulatory malfunction, an insured dies or suffers a specific loss within one year from the date of the covered activity involved, we will pay a benefit as specified in the table below. The one-year limit does not apply to the loss of life benefit in a PA or WV contract.

Specific Loss	% of Face Amount
Each Arm	75%
Each Leg	75%
Each Hand	50%
Each Foot	50%
Sight of Each Eye	50%
Speech	50%
Hearing of Each Ear	25%
Thumb and Index Finger of Same Hand	25%

The total payment for all of the losses of an insured because of any one occurrence will not be more than the face amount shown in the application. The loss of the thumb and index finger of the same hand benefit will not be paid if the loss of the hand or arm benefit applies to the same limb. The loss of the hand or foot benefit will not be paid if the loss of the arm or leg benefit applies to the same limb.

## Policy Exclusions & Limitations

We will not pay benefits for expenses incurred for:

- (1) the examination, prescription, purchase or fitting of eye-glasses, contact lenses or hearing aids; or
- (2) treatment by a person employed or retained by the plan sponsor or its subsidiaries or affiliates and for which no charge is normally made; or
- (3) care or treatment by a person who ordinarily lives in the insured's home or is a parent, grandparent, spouse, brother, sister or child of either the insured or the insured's spouse (if a NJ contract, care or treatment furnished by a member of the insured's immediate family).

Nor will we pay benefits for loss or expenses resulting from:

- (4) intentional self-destruction or an attempt at it, or intentional self-inflicted injury (if MO contract, while sane);
- (5) war or an act of war, declared or undeclared; or
- (6) air travel unless the insured is a passenger on a regularly scheduled flight of a properly licensed commercial airline.

## ANNUAL BASIC PREMIUM RATES

Death and Specific Loss				Medical Expense							Weekly Income		Daily Hospital Indemnity		
Maximum Benefit (Face) Amount	Premium			Maximum Benefit Amount	Primary Plan Premium			Excess Plan Premium			Maximum Benefit Amount	Volunteer Group Premium	Maximum Benefit Amount	Premium	
	Volunteer Group	Auxiliary Group	Youth Group		Volunteer Group	Auxiliary Group	Youth Group	Volunteer Group	Auxiliary Group	Youth Group				Volunteer Group	Auxiliary Group
\$5,000	\$11.00	\$3.00	\$2.00	\$500	\$80.25	\$22.75	\$14.80	\$48.25	\$13.60	\$8.90	\$50.00	\$23.00	\$30.00	\$2.70	\$0.90
10,000	22.00	6.00	4.00	1,000	95.00	27.00	17.50	53.00	15.00	9.80	100.00	46.00	40.00	3.60	1.20
15,000	33.00	9.00	6.00	1,500	104.00	29.50	19.25	55.25	15.75	10.20	150.00	69.00	50.00	4.50	1.50
25,000	55.00	15.00	10.00	2,000	109.75	31.00	20.25	56.50	16.00	10.50	200.00	92.00	60.00	5.40	1.80
30,000	66.00	18.00	N.A.	2,500	114.00	32.25	21.25	57.50	16.25	10.60	250.00	115.00	70.00	6.30	2.10
50,000	110.00	30.00	N.A.	3,500	120.00	34.00	22.25	58.50	16.50	10.75	300.00	138.00	80.00	7.20	2.40
75,000	165.00	N.A.	N.A.	5,000	124.00	35.00	23.00	58.75	16.75	10.90	350.00	161.00	100.00	9.00	3.00
100,000	220.00	N.A.	N.A.	10,000	131.75	37.25	24.50	59.50	17.00	11.00	400.00	184.00	125.00	11.25	3.75
125,000	275.00	N.A.	N.A.	15,000	133.00	37.75	24.75	60.50	17.25	11.20	450.00	207.00	150.00	13.50	4.50
150,000	330.00	N.A.	N.A.	25,000	134.50	38.00	25.00	61.50	17.50	11.40	500.00	230.00	175.00	15.75	5.25

**NOTE: After completing the policy application, calculate the total annual premium due on the premium report below.**

### Premium Report (must be completed and sent in with the Application.)

(1) Enter the appropriate "Number of Runs Made in the Last 12 Full Months", the "Rate per Run" and the "Annual Premium" for the appropriate number of: "Volunteer Group Locations", "Auxiliary Groups" and "Youth Groups"; and (2) calculate the "Total Annual Premium Due."	Number of Runs Made in the Last 12 Full Months	Rate per Run (see items 4. A. (4) a&b of Policy Application)	Annual Premium
Ambulance & Rescue Squad Runs		x \$	= \$
Fire and Other Runs		x \$	= \$
Annual Premium for ____ Volunteer Group Location(s)* (see item 4. A. (3) of the Policy Application)			= \$
Annual Premium for ____ Auxiliary Group(s)* (see item 4. B. (4) of the Policy Application)			= \$
Annual Premium for ____ Youth Group(s)* (see item 4.C. (3) of the Policy Application)			= \$
<b>Total Annual Premium Due</b>			<b>= \$</b>

I certify that to the best of my knowledge and belief, the above information is correct and complete.

Date \_\_\_\_\_ by Signature of Applicant \_\_\_\_\_

Day Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

**NOTE:** For authorized checking account withdrawal (also called Automated Clearing House or "ACH") download and complete the Authorization Form found at [www.nationwide.com/ach](http://www.nationwide.com/ach) or for credit card payment call, 844-203-2691.

\* A Volunteer Group Location is a location where the volunteer group stores and maintains its emergency equipment.

## How do you apply and pay for coverage?

Complete ALL fields on the application. Be sure to sign and date where indicated. **We need to receive the completed application and premium payment BEFORE the desired policy effective date.**

### APPLICATION OPTIONS

**Online** at [nationwide.com/grouprotector](http://nationwide.com/grouprotector)

**Mail** the application and Premium Report, if applicable, to GrouProtector / K&K Insurance Group, Inc., PO Box 2338, Fort Wayne IN 46801

**E-mail:** Scan the application and Premium Report, if applicable and email them to [grouprotector@kandkinsurance.com](mailto:grouprotector@kandkinsurance.com). Include payment by filling out, scanning and emailing the ACH form or submit payment with a credit or debit card. If you prefer, you may mail a check (see below).

**Fax:** the application and Premium Report, if applicable, to 260-459-5903. Submit payment by credit or debit card, ACH, or if you prefer you may mail a check (see below).


### PAYMENT OPTIONS

**Pay by mail:** Mail payment to GrouProtector c/o K&K Insurance Group, Inc., PO Box 2338, Fort Wayne, IN 46801


**Pay by credit or debit card:** Call (844) 203-2691

**Pay by electronic check (ACH):** Download and complete the Automated Clearing House (ACH) Authorization Form found at [nationwide.com/ach](http://nationwide.com/ach) and mail, fax or e-mail the ACH form with your application.

## How do you contact us?

 1-844-203-2691  
(8:00 a.m. - 5:00 p.m. ET, M-F)

 1-260-459-5903

 GrouProtector / K&K Insurance Group  
PO Box 2338  
Fort Wayne, IN 46801

 [grouprotector@kandkinsurance.com](mailto:grouprotector@kandkinsurance.com)

 [nationwide.com/grouprotector](http://nationwide.com/grouprotector)



## Fraud Warnings

- (CA) For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- (FL) Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- (KY) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- (LA) It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- (MD) Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- (MO) An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether an insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question(s) appears in this application, you should not renew it.
- (PA) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- (PR) Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggregated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a maximum of two (2) years.
- (WA) Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.
- (All Other States) Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

## Please read these important notices and warnings

All cases are subject to the acceptance of the risk and may be subject to review of prior claims experience.

Unless otherwise specified in the Benefit Provisions, this policy does not provide coverage for sickness or for legal liability.

This policy does not provide basic hospital, basic medical or major medical insurance. (In NY: as defined by the New York State Insurance Department)

(NY) The insurance offered in this brochure is (1) not a deposit; (2) not insured by the Federal Deposit Insurance Corporation; and (3) not guaranteed by the bank, trust company, savings bank, savings and loan associations, federal savings association or national bank.