MEMORANDUM

Date: November 25, 2013

To: Common Council
From: Pamela A. Captain, City Attorney

RE: Volunteers' Medical and Accidental Death & Dismemberment Insurance (CVMIC Group Purchase Insurance)

At the November 18, Administration Committee meeting a question arose as to whether library volunteers were included within the 39 volunteers upon which the premium quote was issued. Yes. Mike Brunn worked with the various departments, including the volunteer coordinator for the library, to come up with the estimated number of volunteers. The volunteer activities include shelving books, small maintenance projects, annual book sale at the library; moving, registering people and administrative type duties at health clinics.

Some additional information about the coverage:

What are the key coverage components? Primary medical expense and accidental death & dismemberment

Who is considered a volunteer? Individual volunteering – City approved activity (Receives no W-2)

If the City desires we can add additional volunteer activities to be covered by providing a list of the activities to the insurance carrier along with a description of duties and number of volunteers.

Alderman Langdon asked about the number of other communities purchasing this coverage from CVMIC. We are informed that thus far seven communities have subscribed for the 2014 coverage year.

City of Menasha

Michael Brunn, HR Department
140 Main Street
Menasha, WI 54952

PROPOSAL OF INSURANCE

Volunteer Accident Insurance

PRESENTED BY

Susan Blankenburg , Area Senior Vice President

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November 13, 2013

Volunteer Accident Insurance Group Purchase Program

Blanket Accident Coverage

Who is Covered

All volunteers of the enrolled Village, City or Municipality whose premium has been paid.

Coverages and Maximum Amounts

Accidental Death Benefit	$	25,000
Accidental Dismemberment Benefit	$	25,000
Accidental Death & Dismemberment Aggregate Limit	$	250,000
Accident Medical Expense Benefit (Primary)	$	100,000
Deductible		nil
Incurral Period		90 Days
Benefit Period		52 Weeks
Dental Maximum, per Tooth, per Accident	$	250
Catastrophe Cash Benefit (Lump Sum)	$	50,000
Incurral Period		30 Days
Waiting Period		6 Months
Weekly Accident Indemnity Benefit	$	300
Elimination Period		30 Days
Benefit Period		13

Maximum Amounts are used to determine the amounts payable under each Benefit. Actual amounts payable will not exceed the maximums and may be less than the maximums under circumstances described in the policy.

Descriptions of Coverage:

The following are brief descriptions of your coverages. For complete details, please refer to the actual policy forms.

Accidental Death Benefit:

If injury to the Insured results in death within 365 days of the date of the accident that caused the injury, the company will pay 100% of the Maximum Amount.

Descriptions of Coverage, cont'd:

Accidental Dismemberment Benefit:

If injury to the insured results, within 365 days of the date of the accident that caused the injury, any loss scheduled in the policy, the Company will pay the percentage of the Maximum Amount for that loss:

For Loss of	Percentage
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
The Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of the Same Hand	25%

Accidental Death and Dismemberment Reduction Schedule

The maximum amount used to determine the amount payable for a loss will be reduced if the insured is age 70 or older on the date of the accident causing the loss. The maximum amount allowed is reduced to a percentage of the maximum amount payable that would be used if the insured were under age 70 on the date of the accident, according to the following schedule:

Age on Date of Accident	Percentage of Under Age 70 Maximum Amount
70-74	65%
75-79	45%
80-84	30%
85 and older	15%

Weekly Accident Indemnity Benefit:

If, as a result of an injury, the insured is rendered Totally Disabled within 30 days of the accident that caused the injury, the Company will pay a benefit after 30 days of Total Disability due to that injury in any one Period of Disability, retroactive to the first day of Total Disability in that Period of Disability. The amount of the benefit per week is the lesser of: (1) the weekly maximum amount scheduled or 2) 66.67% of Weekly Earnings. This benefit will pay for up to 13 weeks.

Catastrophe Cash Benefit:

If injury to the insured results, within 30 days of the date of the accident that caused the injury, in Paralysis or Coma, the Company will pay a benefit under the conditions described in this Rider. In order for a benefit to be payable, the Paralysis or Comp must continue for a waiting period of six (6) consecutive months, and must by determined by a Physician to be permanent and irreversible at the end of the Waiting Period and must result in Disability.

Descriptions of Coverage, cont'd

Catastrophe Cash Benefit, cont'd:

The benefit payable is based on the percentage of the Maximum Amounts shown below for the causes of Disability shown below:

Cause of Disability	Percentage
Coma	100%
Paralysis of Two or More Limits (Upper and/or Lower)	100%
Paralysis of One Limb (Upper or Lower)	50%
Paralysis of Other Body Part/s	Determined case by case

Accident Medical Expense Benefit:

If an insured suffers an injury that, within 90 days of the date of the accident that caused the injury, requires him or her to be treated by a Physician, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to the maximum amount per insured for all injuries caused by the same accident. This benefit is payable only for such charges incurred within 52 weeks after the date of the accident causing the injury.

Exclusions

Exclusions include, but are not limited to:

- Suicide or self-inflicted injury or any attempts at same
- Travel or flight in or on any vehicle used for aerial navigation if the Insured is performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft
- Sickness, disease or infections of any kind
- Military service of any state or country;
- Participation in any team sport or other athletic activity

Premium Payment Terms

- Premium will be billed to you by Gallagher/San Francisco

Changes/Developments

It is important that we be advised of any changes in your operations that may have a bearing on the validity and/or adequacy of your insurance. The types of changes that concern us include, but are not limited to, those listed below:

1. Changes in any operation such as expansion to other states or new products.
2. Mergers and/or acquisition of new companies.
3. Any new assumed contractual liability, granting of indemnities, or hold harmless agreements.
4. Circumstances which may require increased liability insurance limits.
5. Any changes in fire or theft protection, such as the installation of or disconnection of sprinkler systems, burglar alarms, etc. This includes any alterations to same.
6. Immediate advice of any changes to scheduled equipment such as contractors' equipment, electronic data processing, etc.
7. Property of yours that is in transit, unless we have previously arranged for the insurance.
8. Any changes in existing premises, including vacancy, whether temporary or permanent, alterations, demolition, etc. Also, any new premises either purchased, constructed, or occupied.

Bindable Quotation & Compensation Disclosure Schedule

Client Name: City of Menasha

COVERAGE(S)	CARRIER NAME(S)	EST ANNUAL PREMIUM 1	COMM. % OR FEE 2	WHOLESALER, MGA OR INTERMEDIARY NAME 3	COMM % / FEE $ 4	AJG OWNED? YES/NO
Volunteer Accident Insurance	National Union Fire Ins Co of Pittsburgh, PA	$300.30	20%	N/A	N/A	N/A

Some carriers pay Gallagher supplemental or contingent commissions in addition to the policy commission. Contingent commissions are typically contingent upon performance factors such as growth, profit, volume or retention, while supplemental commissions are not. These supplemental or contingent commissions may range from less than 1% up to 10 % of the policy premium. Please refer to the Contingent and Supplemental Commission Disclosure or contact your Gallagher representative for additional information.

1. A written quotation was received from this carrier.
2. The commission rate is a percentage of annual premium excluding taxes & fees.