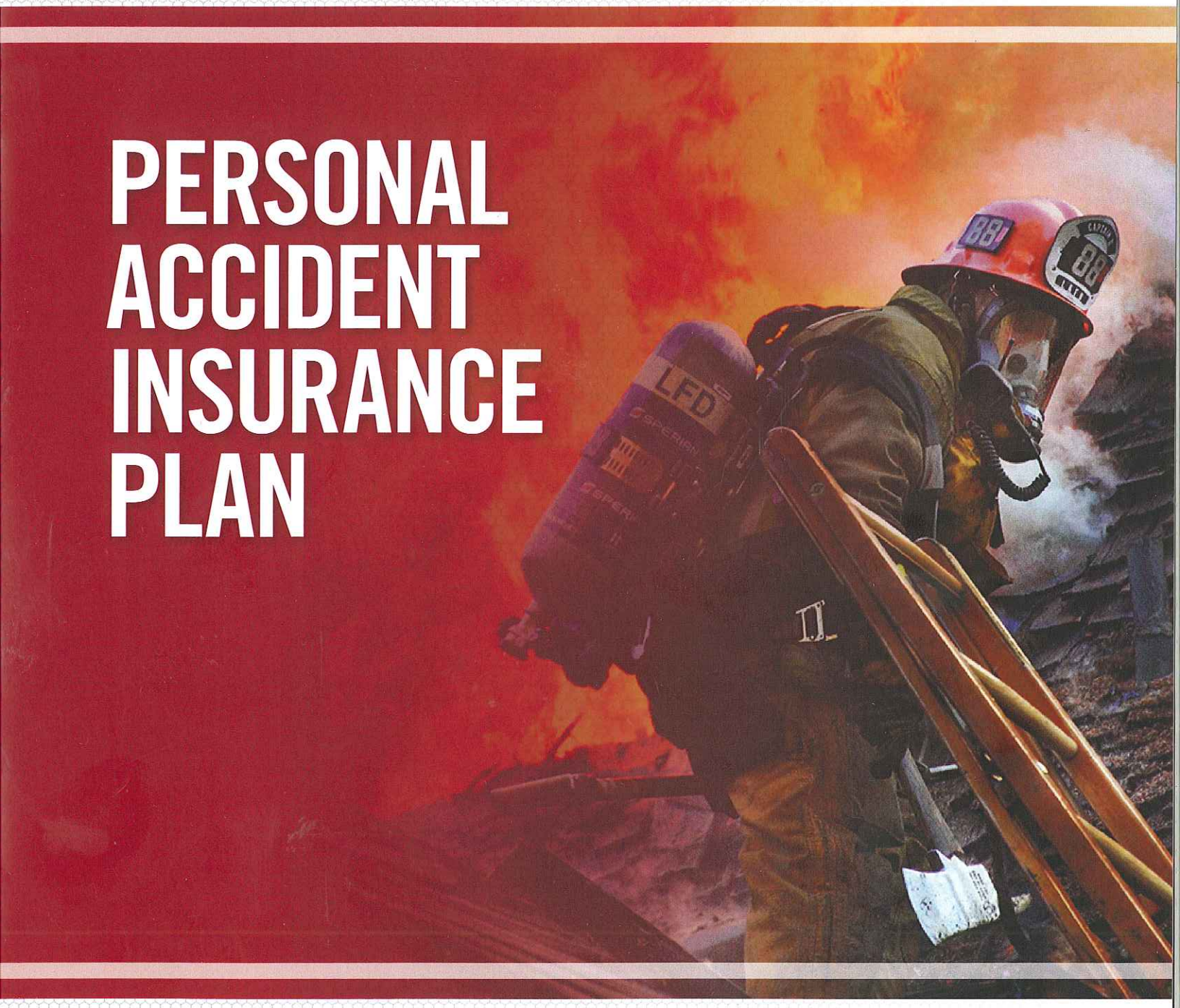
PERSONAL ACCIDENT INSURANCE PLAN



CALIFORNIA PROFESSIONAL FIREFIGHTERS
INSURANCE TRUST

HIGHLIGHTS

Today, more than ever, shouldn't you be prepared for the unexpected? Accident insurance can be extremely important to you and your family in the event one of you is involved in an accident. No matter what precautions we take, accidents DO happen.

CPF Insurance Trust is providing you with the opportunity to purchase Accidental Death & Dismemberment (AD&D) coverage through convenient payroll deductions, if available. You can purchase coverage for yourself and your spouse and/or children. You choose the plan that fits your needs.

COVERAGE

If you enroll, you (and your eligible family members if you enroll under any Family Plan) are covered 24-hours a day, 365 days a year against covered accidents occurring in the course of business or pleasure. Coverage is provided for Injuries caused by accidents that occur on or off the job, at home, while traveling by plane, train, automobile, or any other public or private air, land or water conveyance (except as limited by the EXCLUSIONS).

COVERAGE OPTIONS AND AMOUNTS OF INSURANCE

Option 1 - Member Only Coverage

You may choose an amount of insurance as follows: $25,000 to $500,000 in increments of $25,000. Your Principal Sum equals the amount of insurance you choose subject to the reduction schedule described later in this brochure.

"Annual Salary" means your annual base compensation exclusive of overtime, bonuses, commission, profit sharing or any other form of remuneration.

Option 2 - Member, Spouse and Dependent Children Family Coverage Bundled

You may choose an amount of insurance for yourself as described in Option 1 above. The Principal Sum applicable to your covered dependents is an amount based upon the composition of your family at the time of loss and is expressed as a percentage of your Principal Sum as follows:

If your covered dependent child suffers a loss payable under the Program and you have a covered spouse at the date of the loss, that child's Principal Sum will equal 10% of your Principal Sum up to a maximum of $75,000. If you do not have a covered spouse on the date of the loss, that child's Principal Sum will equal 15% of your Principal Sum up to a maximum of $75,000.

If your covered spouse suffers a loss payable under the Program and there is no covered dependent child on the date of the loss, your spouse's Principal Sum will equal 50% of your Principal Sum. If there is a covered dependent child, your spouse's Principal Sum will equal 40% of your Principal Sum.

HOW TO ENROLL

New members may enroll using the attached form or you may enroll on-line by visiting **www.cpf-insurance.com.**

ELIGIBILITY

Class I.

All active members in good standing, employees of the California Professional Firefighters, its affiliates and members of the California Professional Firefighters Insurance Trust who are not in Class III.

Class II.

All Class I Insureds who elect the buy-up optional coverage.

Class III.

All Eligible Spouses and Eligible Dependent Children* of Class I Insureds.

REDUCTION SCHEDULE

The amount payable for a loss will be reduced for covered persons aged 70 or older on the date of the accident causing the loss with respect to any benefit provided by the Program where the amount payable for the loss is determined as a percentage of that person's Principal Sum. The amount payable under that benefit is a percentage of the amount that would otherwise be payable, according to the following schedule:

Ages on Date of Accident	Percentage of Amount Otherwise payable
70-74	65%
75-79	45%
80-84	30%
85 and older	15%

Premiums for all covered persons aged 70 and older will be based on 100% of the Principal Sum in effect as though the covered person were under age 70. "Age" as used above refers to the covered person's age at that person's most recent birthday, regardless of the actual time of birth.

COST OF INSURANCE

The cost for Class I coverage is $ .06 per $1,000 per month.
The cost for Class II coverage is $.04 per $1,000 per month.
The cost for Class III coverage is $.03 per $1,000 per month.

PRINCIPAL SUM INSURED	MEMBER ONLY COVERAGE (Class I)	MEMBER ONLY BUY UP COVERAGE* (Class II)	FAMILY COVERAGE** (Class III)
$100,000	$6.00	$4.00	$3.00
$200,000	$12.00	$8.00	$6.00
$300,000	$18.00	$12.00	$9.00
$400,000	$24.00	$16.00	$12.00
$500,000	$30.00	$20.00	$15.00

*Buy Up Coverage premium amounts (Class II) and Family Coverage (Class III) premium amounts in addition to Member Only rate (Class I).

**Family Coverage premium amount in addition to the Member Only Rate. (Examples: Member Only + Member Buy Up + Family Coverage = $13.00 or (Member Only + Family Coverage = $9.00)

**Dependent Child(ren) means the Insured's unmarried children, including natural, step, foster or adopted children from the moment of placement in the home of the Insured, under age 19 (25 if attending an accredited institution of higher learning on a full time basis) and primarily dependent on the Insured for support and maintenance. (Class III)

BENEFITS AND COVERAGES

Accidental Death, Dismemberment, and Paralysis

If a covered loss occurs within 365 days after the date of the covered accident causing the loss, the Plan will pay in one payment the indicated percentage of Principal Sum as follows:

Loss of Percentage

Life 100%
Loss of two or more members 100%
Loss of speech and hearing in both ears 100%
Loss of one member 50%
Loss of speech or hearing in both ears 50%
Loss of hearing in one ear 25%
Loss of thumb and index finger of the same hand 25%
Quadriplegia 100%
Paraplegia 75%
Hemiplegia 50%

Member means hand, foot or eye. Loss means: with regard to hand or foot, actual severance through or above the wrist or ankle joints; with regard to eye, entire and irrecoverable loss of sight in that eye; with regard to speech and hearing, entire and irrecoverable loss of the ability to speak and/or hear in that ear; with regard to thumb and index finger, actual severance through or above the metacarpophalangeal joints; with regard to Quadriplegia, complete and irreversible paralysis of both upper and lower limbs; with regard to Paraplegia, the complete and irreversible paralysis of both lower limbs; with regard to Hemiplegia, the complete and irreversible paralysis of the upper and lower limbs on one side of the body. *Only one benefit, the largest to which you are entitled, is payable for all losse resulting from one accident.*

Coma Benefit (Available to covered dependents if enrolled)

Pays a benefit of up to 1% of the Principal Sum, up to a maximum of 100% of the Principal Sum if a covered coma occurs within 365 days of the date of the covered accident and lasts for at least 30 days. No benefits are payable for the first 30 days.

Felonious Assault Benefit - Percentage of Principal Sum

(Not Applicable to covered dependents)

Pays an additional benefit equal to 25% of a covered person's principal sum if a covered person suffers a specified covered loss as a result of a felonious assault.

Tuition Benefit

Pays an additional benefit equal to the least of 1) the actual tuition, 2) 5% of your or your covered spouse's Principal Sum as applicable, or 3) $2,500, if you or your covered spouse suffers a covered accidental death, so that your covered eligible dependent children can continue or commence under certain circumstances their education in an institution of higher learning. Also pays an additional benefit equal to the lesser of 1) the actual tuition, 2) 5% of your Principal Sum, or 3) $3,000 if you suffer a covered accidental death so that your covered spouse can continue or commence under certain circumstances his or her education in an institution of higher learning or so that your covered eligible spouse can enroll in a professional or trade training program to obtain an independent source of support or to enrich his/her ability to earn a living.

Seat Belt Benefit

Pays an additional benefit of 10% to a maximum of $20,000 of the covered person's Principal Sum, if a covered person suffers a covered accidental death while operating or riding as a passenger in a private passenger automobile if it is verified that such person was wearing a properly-fastened, original, factory installed seat belt or, if the covered person is a child, a properly installed and fastened child restraint device as defined by state law.

AIG Assist***

Travel Assistance Services are provided only while the covered individual is traveling a distance of 100 miles or more away from their residence or permanent place of assignment for business or pleasure travel. Members may enroll on-line by visiting **www.cpf-insurance.com.**

*** Travel Assistance Services are provided by AIG International Services, a Member of American International Group, Inc. (AIG).

OPTIONAL BUY-UP COVERAGES

(Not Applicable to Covered Dependents)

Occupational HIV Benefit

Pays a monthly benefit up to a maximum of $500, if you test positive for Human Immunodeficiency Virus (HIV) within 365 days of the date of a covered occupational incident causing the condition. The benefit is payable if, within 72 hours of the covered occupational incident you 1) report it to the Company and the Policyholder in writing; and 2) undergo a Food and Drug Administration (FDA) approved preliminary screening test for HIV or Hepatitis which indicates negativity with respect to the presence of any antibodies or antigens to such disease.

Severe Burn Benefit

Pays benefits if a covered person suffers a covered severe burn as specified below:

Specified Body Area	Maximum Percentage of Covered Person's Principal Sum
Face and Neck and Head	99.0%
Hand and Forearm Below Elbow Joint (Right)	22.5%
Hand and Forearm Below Elbow Joint (Left)	22.5%
Upper Arm Below Shoulder Joint to Elbow Joint (Right)	13.5%
Upper Arm Below Shoulder Joint to Elbow Joint (Left)	13.5%
Torso Below Neck to Shoulder Joints and Hip Joints (Front)	36.0%
Torso Below Neck to Shoulder Joints and Hip Joints (Back)	36.0%
Thigh Below Hip Joint to Knee Joint (Right)	9.0 %
Thigh Below Hip Joint to Knee Joint (Left)	9.0 %
Foot and Lower Leg Below Knee Joint (Right)	27.0%
Foot and Lower Leg Below Knee Joint (Left)	27.0%

Effective Date

Coverage for an insured, spouse, or dependent child begins on the latest of:
(1) the policy effective date;
(2) the date the first premium for the insured, spouse, or dependent child's coverage is paid when due;
(3) if individual enrollment is required, the date written enrollment is received by the policyholder;
(4) the date the person becomes a member of an eligible class of persons as described in the Eligibility section of this brochure; or
(5) the coverage effective date.

Termination Date

Coverage for an insured, spouse, or dependent child ends on the earliest of:
(1) the date the policy is terminated;
(2) the premium due date if premiums are not paid when due;
(3) the date the insured person, spouse, or dependent child requests, in writing, that his or her coverage be terminated; or
(4) the date the insured person, spouse, or dependent child ceases to be a member of any eligible class(es) of persons as described above

POLICY EXCLUSIONS

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury.

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism;
2. sickness, or disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any either of these;
3.travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Covered Person is: a) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or b) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or c) riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Covered Person's employer;
4. declared or undeclared war, or any act of declared or undeclared war;
5. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
6. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Covered Person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.);
7. the Covered Person being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance;
8. the Covered Person being under the influence of drugs unless taken under the advice of and as specified by a Physician;
9. the Covered Person's commission of or attempt to commit a felony;
10. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment;
11. stroke or cerebral vascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.

IMPORTANT NOTICE

This handout provides you with an easy-to-understand summary of the Voluntary Personal Accident Insurance Program of California Professional Firefighters (the "Policyholder") as underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. (the "Insurance Company") under Policy Number SRG 9108982 (called "the Policy" in this brochure). Although it is the present intention of the Policyholder and the Insurance Company to keep the Policy in force indefinitely, the Policy may be terminated on any premium due date by either party by giving 90 days advance written notice to the other party or at any time by mutual written consent of the Insurance Company and the Policyholder.

If any conflict should arise between the contents of this handout and the Policy or if any point is not covered herein, the terms of the Policy will govern in all cases.