



# D.V.F.A. & L.A.D.V.F.A., Inc. - Mutual Relief Association

## Definitions & Explanations of Form 211 Accident & Health Policy

### Section VII: Organized League Athletics Coverage

	Option 1	Option 2
A. Covered Injury Death, Dismemberment, Loss of Sight, Speech or Hearing	\$25,000	\$35,000
B. Weekly Total Disability Benefit	\$210	\$350
C. Weekly Hospital Confinement Benefit	\$105	\$175
D. Medical Expense Benefit	\$5,000	\$7,500

**This section applies to departments who wish to purchase the coverage for their league softball team.**

**Annual Organized League Coverage: Per Department** **\$1,504.00** **\$2,950.00**

- A. Organized Athletics Death Benefit** - Also paid for loss of sight, speech or hearing.
- B. Weekly Total Disability Benefit** - If an Insured Person is totally disabled, benefits can be payable for up to a period of 1,825 days. Partial Disability is payable at one half of the Weekly Total Disability Benefit.
- C. Weekly Hospital Confinement Benefit** - Payable up to 730 days.
- D. Medical Expense Benefit** - Payable for Covered Injury medical costs.

### Disclosure Statement

Your insurance or benefits provider can offer you advice and guidance as you select the policy and provider most appropriate for your needs. At Provident Agency, in partnership with UnumProvident, we offer compensation to your advisor for the important role these professionals play in the sale of our products and services. Provident Agency may also be eligible for additional incentive compensation from UnumProvident based on in force block size and persistency. We support disclosure of advisor compensation so that customers can make an informed buying decision.

If you would like additional information about the compensation programs our company offers, you may go to [www.providentbenefits.com](http://www.providentbenefits.com). Should you have additional questions or want more specific information, please mail a written request to our main office at PO Box 11588, Pittsburgh, PA 15238. You may also fax your request to 412-963-0415. Your request must be on official letterhead and be signed by an officer of your organization.

This is only an outline. Please see Specimen Policy

Form 211-DE issued by Provident Life and Accident Insurance Company, 1 Fountain Square, Chattanooga, TN, 37402.

This program administered by Provident Agency, Inc., PO Box 11588, Pittsburgh, PA 15238. Call us toll-free at 800-447-0360

[www.providentbenefits.com](http://www.providentbenefits.com)