Glatfelter Specialty Benefits℠
A Division of Glatfelter Insurance Group

183 Leader Heights Road
P.O. Box 2726
York, PA 17405
(800) 233-1957 or (717) 741-0911
Fax: (717) 747-7069

CRITICAL ILLNESS INSURANCE
REQUEST FOR PROPOSAL

GENERAL INFORMATION

Name of Organization: _____

Organization's Address: _____
(Street or PO Box)

_____
(City) (County) (State) (Zip Code)

Contact Name: _____ Email Address: _____

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.

Conditions 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 diagnosis.
- The Covered Person is under age 75 when first diagnosed with cancer.

Proposed Benefits	Option 1 ☐	Option 2 ☐	Option 3 ☐
Accidental Death and Dismemberment	$10,000	$10,000	$10,000
Aggregate Limit	$500,000 per covered accident	$500,000 per covered accident	$500,000 per covered accident
Critical Illness (Covered Illnesses – Cancer, Heart Attack, Kidney Failure and Stroke)	$10,000	$20,000	$30,000

Name of Producing Agency: _____

Producer Address: _____
(Street) (City) (State) (Zip Code)

Producer Telephone: (____) _____ Producer Fax: (____) _____

Producer Email: _____

COMPLETE IF COVERAGE IS TO BE BOUND

I hereby request coverage to be in-force the later of _____/_____/_____ or the date a roster **indentifying** Covered Persons is submitted to VFIS.

_____
Signature Name Title