



UNWAVERING SUPPORT



FOR UNCOMMON HEROES®

VFW AUXILIARY

# CRITICAL CANCER INSURANCE PLAN

A Special VFW Auxiliary Member Benefit

## Secure, Valuable Coverage for your Auxiliary Members

Cancer can be a physically and emotionally devastating disease. Unfortunately, many people overlook the potential of a debilitating financial impact. Having a plan in place allows the focus to be on the recovery instead of worrying about the bills.

Approximately 38.5% of women and men will be diagnosed with cancer at some point during their lifetime.<sup>1</sup>

Despite these nearly 1 in 2 odds, many families lack immediate access to emergency cash. This added financial strain further contributes to the suffering associated with this disease.<sup>2</sup>

By enrolling in the VFW Auxiliary-sponsored supplemental Critical Cancer Insurance Program, your Auxiliary members can secure the financial protection necessary in the event of a cancer diagnosis and resulting treatment.

### BENEFITS OVERVIEW

The VFW Auxiliary's Critical Cancer Insurance Plan provides a cash benefit for defined critical cancer conditions to help cover out of pocket medical and other non-medical expenses. The Benefit Amount is paid one time for each Critical Condition, up to the policy Maximum Benefit Amount. Insureds with a cancer diagnosis can use the lump sum benefit payment for any purpose they choose: paying off deductibles, child care, transportation costs, loss of income, or any other financial need. The plan is ideal for your members who want to supplement their primary insurance with a plan to help manage the costs associated with a cancer diagnosis, beyond the expected payments for treatments. If an **Insured Person** receives benefits under this policy for a covered Critical Condition, he or she can receive benefits for a different covered Critical Condition as long as the date of **Diagnosis** is separated by at least 6 months. A member is eligible to be insured if they are age 70 or less. Coverage terminates at age 85.

### PROGRAM HIGHLIGHTS

- Each Auxiliary can choose the benefit amount desired for their members
- Guaranteed Acceptance (however, members are subject to a 12-month pre-existing condition limitation\*)
- Cash Benefits are paid directly to the member
- Benefits are paid regardless of any other insurance
- All Members are automatically included in the program
- An Auxiliary may enroll anytime if the Auxiliary chooses to have the Critical Cancer Insurance program and proper premium amount is submitted to AmWINS, the program administrator.

*\*Pre-Existing Condition means any illness, disease, injury, mental illness or condition for which medical advice, Diagnosis, care or treatment: 1) was received by an Insured Person; 2) was recommended to an Insured Person; or 3) would have been sought by a reasonably prudent person, during the six (6) month period before becoming insured under this policy. No Benefit Amount will be paid under this policy for a Covered Condition caused by or resulting from, directly or indirectly, a Pre-Existing Condition. This Pre-Existing Condition exclusion only applies for twelve (12) months, beginning with the effective date of the Insured Person's insurance.*

COVERAGE ELIGIBILITY CONDITIONS INCLUDE:		PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F	PLAN G
Type 1 Cancer	A malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.	\$100	\$200	\$300	\$400	\$500	\$750	\$1000
Type 2 Cancer	Cancer where the tumor cells still lie within the tissue of origin without having invaded neighboring tissue.	\$50	\$100	\$150	\$200	\$250	\$375	\$500
Skin Cancer	Squamous or Basal Cell Carcinoma as diagnosed by a licensed Physician.	\$25	\$50	\$75	\$100	\$125	\$187.50	\$250

ANNUAL PREMIUM PER MEMBER	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F	PLAN G
	\$2.46	\$4.92	\$7.38	\$9.84	\$12.30	\$18.38	\$24.50

The maximum Benefit Amount paid for each Insured Person under this policy is 200% for all occurrences combined for all Covered Conditions. Coverage under this policy ceases when the Lifetime Maximum Amount has been reached.

*Please refer to the Description of Coverage for complete description of each critical condition and their exclusions. This is a supplement to health insurance and is not a substitute for major medical coverage. If your Auxiliary is located in Alaska, Arizona, Arkansas, Delaware, Maine, Maryland, Minnesota, Montana, North Carolina, Oregon, South Dakota or Utah please contact (800) 550-5287 for further information.*

## IMPORTANT QUESTIONS & ANSWERS

### HOW DO I ENROLL THE MEMBERS OF MY AUXILIARY AND ARE ALL MEMBERS INCLUDED?

Choose one of the 7 Plans, and multiply the Plan rate by your full active membership count as of June 30th of the prior year. Submit the enclosed Enrollment Form and a check for the calculated premium to AmWINS, the program administrator. The seven plan choices and associated rates are included in this brochure.

This group program requires 100% participation of your active membership including Life Members. Coverage automatically terminates for an insured person once the policy Maximum Benefit Amount has been reached.

Make the check payable to AmWINS Group Benefits and send both the check and enrollment form to:

VFW Auxiliary Critical Cancer Insurance Plan c/o  
AmWINS Group Benefits  
P.O. Box 153085  
Irving, TX 75015-2501

### WHEN DOES COVERAGE FOR MY AUXILIARY BECOME EFFECTIVE?

Coverage is effective on the first day of the calendar month following the date the Enrollment Form and premium is received by AmWINS. Coverage is in effect for 12 months following the effective date.

### HOW DO I REPORT CHANGE IN MEMBERSHIP DURING THE YEAR AND HOW DOES THAT AFFECT THEIR COVERAGE?

New, reinstated and transfer members who join your Auxiliary during the insurance plan year are automatically covered at no cost until the next renewal date. Coverage will be effective on the day he or she joins the Auxiliary. Coverage for those members who cancel their membership during the year will terminate on the day they cancel their VFWA membership.

### WILL MY AUXILIARY RECEIVE EVIDENCE OF INSURANCE?

Each Local Auxiliary will receive a Description of Coverage. The National VFW Auxiliary is the Master Policyholder.

#### Plan Exclusions

Insurance does not apply to any accident, sickness, accidental bodily injury, or loss caused by or resulting from directly or indirectly:

- The Insured Person's alcoholism or drug or substance abuse. In addition, the insurance does not apply to any confinement in a detoxification facility or drug or alcohol rehabilitation facility that is not also a Hospital or part of a Hospital.
- a Pre-Existing Condition. This Pre-Existing Condition exclusion only applies for twelve (12) months, beginning with the effective date of the Insured Person's insurance.
- a Covered Condition that has been Diagnosed or to any surgical procedures that have been performed outside of the United States or its Territories, unless the Diagnosis can be verified by a Physician licensed to practice within the United States or its Territories.
- a Covered Condition caused by or resulting from, directly or indirectly, the Insured Person's refusal of the following recommended medical treatment: a. a Physician has recommended treatment with angioplasty or Coronary Artery By-Pass Graft for coronary artery disease, the Insured Person refuses treatment, and the Insured Person suffers a Heart Attack; or b. a Physician has recommended treatment for a brain aneurysm or carotid artery stenosis, the Insured Person refuses treatment, and the Insured Person suffers a Stroke; or c. a Physician has recommended a Diagnostic biopsy or Diagnostic/therapeutic excision of a mass or lesion suspected of being Cancer, the Insured Person refuses and the Insured Person develops Type 1 Cancer, Skin Cancer, or Type 2 Cancer.
- any Covered Condition caused by or resulting from, directly or indirectly, the Insured Person participating in military action while in active military service with the armed forces of any country or established international authority.
- a Covered Condition caused by or resulting from, directly or indirectly, an Insured Person's suicide, or attempted suicide or intentionally self-inflicted injury while the Insured Person is sane.
- any loss caused by or resulting from, directly or indirectly any illness not specifically listed as a Covered Condition.
- any Covered Condition caused by or resulting from, directly or indirectly, war, undeclared war, civil war, insurrection, rebellion, revolution, warlike acts by a military force or personnel, any action taken in hindering or defending against any of these, the destruction or seizure of property for a military purpose or any consequences of any of these acts regardless of any other direct or indirect cause or event, whether covered or not, contributing in any sequence to the loss.

*This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by Federal Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself. This policy provides limited benefits on a fixed indemnity basis. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to <http://www.HealthCare.gov>.*

1. (2017, American Cancer Society, Inc., Surveillance Research).

2. (Financial Strain and Cancer Outcomes- Journal of Clinical Oncology Vol. 34. May 20,2016. Robert M. Kaplan, Agency for Healthcare Research and Quality, Rockville MD).