



Kansas Peace Officers Association

Death Benefit Coverage and Accidental Death & Dismemberment Insurance

As an Active (including Retiree), Life or Sr. Life Member you are Covered

The Kansas Peace Officers Association (KPOA) shall pay a minimum \$500 death benefit to all active members in good standing, or \$1,000 death benefit if the member was a full-time officer at the time of death, or \$2,000 if the member was killed in the line of duty or later died as a direct result of a line of duty injury or illness as approved by the Death Benefit Fund Committee.

In addition, the Association covers all Active (including Retirees), Life and Sr. Life Members with Accidental Death & Dismemberment Insurance which includes:

- **\$2,500 Accidental Death** benefit - business or pleasure.
- **\$2,500 Line of Duty** benefit - will pay in **addition** to the Accidental Death benefit when killed while performing law enforcement duties.
- **\$2,500 Felonious Assault** benefit is paid in **addition** to the Accidental Death and Line of Duty Benefits when loss of life results from use of force equivalent to a felony under the jurisdiction in which the line of duty accident occurred.

Additional Benefits are paid when a member is involved in an accident that directly results in one of the following losses:

- ▶ Loss of speech \$1,250
- ▶ Loss of hearing (*both ears*) \$1,250
- ▶ Reattachment of hand or foot \$1,250
- ▶ Loss of hands or feet \$2,500
- ▶ Loss of hand or foot \$1,250
- ▶ Loss of thumb and index finger of same hand \$625
- ▶ Loss of sight, both eyes \$2,500
- ▶ Loss of sight, one eye \$1,250
- ▶ Quadriplegia \$2,500
- ▶ Paraplegia \$1,875
- ▶ Hemiplegia \$1,250
- ▶ Uniplegia \$ 625

▶ **Seat Belt** benefit pays in **addition** to other applicable benefits if killed as a result of an automobile accident while properly utilizing a seat belt, as evidenced by a police report. \$2,500

▶ **Occupant Protection Device** benefit pays in **addition** to other applicable benefits if killed as a result of an automobile accident while protected by a properly deployed air bag. This benefit is only paid if the Seat Belt benefit is payable. \$2,500

▶ **Common Carrier** benefit in **addition** to the Accidental Death Benefit if killed while riding on a qualified land, air, or water transportation. \$2,500

EXAMPLES OF FULL DEATH BENEFIT (DB) COVERAGE INCLUDING AD&D:

DUTY RELATED DEATH:

- ▶ Non-Accidental Death:
 - ▶ **\$2,000 KPOA DB**
- ▶ Line of Duty Accidental Death:
 - ▶ \$2,500 Accidental Death +
 - ▶ \$2,500 Line of Duty
 - ▶ **Total Benefit: \$5,000 + \$2,000 KPOA DB**
- ▶ Line of Duty/Felonious Assault:
 - ▶ \$2,500 Accidental Death +
 - ▶ \$2,500 Line of Duty +
 - ▶ \$2,500 Felonious Assault
 - ▶ **Total Benefit: \$7,500 + \$2,000 KPOA DB**
- ▶ Line of Duty/Vehicular Death:
 - ▶ \$2,500 Accidental Death +
 - ▶ \$2,500 Line of Duty +
 - ▶ \$2,500 Seat Belt +
 - ▶ \$2,500 Occupant Protection
 - ▶ **Total Benefit: \$10,000 + \$2,000 KPOA DB**

NON-DUTY RELATED DEATH:

- ▶ Non-Accidental Death:
 - ▶ **\$500 minimum KPOA DB or \$1,000 if full-time officer**
- ▶ Accidental Death
 - ▶ \$2,500 Accidental Death +
 - ▶ \$500 minimum KPOA DB or \$1,000 if full-time officer
- ▶ Vehicular Accident Death:
 - ▶ \$2,500 Accidental Death +
 - ▶ \$2,500 Seat Belt +
 - ▶ \$2,500 Occupant Protection +
 - ▶ \$500 minimum KPOA DB or \$1,000 if full-time officer

KPOA Death and AD&D Insurance Beneficiary Designation

Beneficiary Designation:

Beneficiary designations are not required but are available for special beneficiary needs. Without a designation, benefits are paid in the following order: *member's spouse if living. If not, equally to living children; if none, equally to living parents; if none, equally to living brothers and sisters; if none, to the estate.*

IMPORTANT: If you desire to name specific beneficiaries, please complete and sign this form and return it electronically as soon as possible through DocuSign or by mail to KPOA, P.O. Box 2592, Wichita, KS 67201. You may also complete, scan and e-mail the completed form to kpoa@kpoa.org.

Member Data:

Full Name: _____

Social Security Number (Last Four): XXX-XX-_____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Beneficiary Designation Examples:

1. **One beneficiary only:** Mary J. Smith, wife.
1. **Primary and contingent beneficiary:** Mary J. Smith, wife, if living; otherwise the children born of the marriage of the insured to Mary J. Smith equally, or equally to the survivor(s).
2. **Two or more beneficiaries, equal amounts:** William S. Smith, father, Alice C. Smith, sister, and Richard B. Smith, brother equally or to the survivor(s).
3. **Unequal amounts:** 50% to Mary J. Smith, wife, 25% each to Alice C. Smith, sister, and Richard B. Smith, brother, and the share of any deceased beneficiary to be paid in equal shares to the survivor(s).

Designated Beneficiary/Beneficiaries: *(Please include name, relationship, % amount, address and phone number.)*

Member's Signature: _____ Date: _____

This page must be signed and dated by the member to be valid.