



Alabama First Responders Benefits Program

“Quick Quote Form”

Firefighter Entity Name: _____
Street: _____
City: _____ **State:** _____
County: _____ **Postal Code:** _____

Primary Contact: _____ **Secondary Contact:** _____
Title: _____ **Title:** _____
Email: _____ **Email:** _____
Phone Number: _____ **Phone Number:** _____

Instructions:

Please enter your eligible firefighter counts in the highlighted portion of the grid below to generate your estimated quote. Once completed, please return his form to cancerinsurance@alfrbp.com for approval. In order to be eligible, firefighter is required to serve 12 consecutive months as a firefighter.

Note: This quotation is simply an estimate of the annual premiums expected, based on the firefighter counts provided. Binding is subject to receipt of a full census with the names and start dates of all eligible firefighters and an executed Participation and Application Agreement.

Firefighter Class	Firefighter Count	Basic Plan Rate (Critical Illness and LTD)	Estimated Basic Plan Premium	Enhanced Plan Rate (Critical Illness and LTD)	Estimated Enhanced Plan Premium
Paid Career		\$186.48		\$198.24	
Certified Volunteer		\$186.48		\$198.24	
Non-Certified Volunteer		\$138.48		\$150.24	
		TOTAL		TOTAL	

Firefighter Class	Firefighter Count	Basic Plan Rate (Critical Illness ONLY)	Estimated Basic Plan Premium	Enhanced Plan Rate (Critical Illness ONLY)	Estimated Enhanced Plan Premium
Paid Career		\$87.48		\$99.24	
Certified Volunteer		\$87.48		\$99.24	
Non-Certified Volunteer		\$87.48		\$99.24	
		TOTAL		TOTAL	

All the above Firefighter rates above assume that the employer/department will be paying for 100% of the cost of all Firefighters (Career Paid, Certified Volunteer and Non-Certified Volunteers) in the department. Individual Plan rates are available upon request.

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