



Alabama First Responder Benefits Program

APPLICATION AND PARTICIPATION AGREEMENT

Employers participating in the Alabama First Responder Benefits Program shall complete this Application and Participation Agreement to purchase firefighter cancer coverage fully insured by The Hartford for Lump Sum Cancer Benefits and Long Term Disability benefits. Once approved by The Program's Administrator, the Participating Firefighter Employer Entity will receive a one-page Schedule of Benefits identifying the purchased coverage, and a link to the Policy for the purchased coverage, so it may make these available to Eligible Firefighters.

1. Paid Career Firefighters (Mandated by ACT 2019-361)

Instructions: Please select a box under both A and B.

- A. Lump Sum Cancer Benefit Plan
 - Option 1: Basic Plan (Legislated Cancers Only)
 - Option 2: Enhanced Plan (All Cancers)

- B. Long Term Disability Plan
 - Coverage for all cancers (\$3,000 monthly benefit)

2. Certified Volunteer Firefighters

Instructions: Please make an election for whether you, as an employer, choose to purchase coverage on behalf of your Certified Volunteers.

- Employer Paid
- Firefighter Paid

Instructions: Please select a box under both A and B.

- A. Lump Sum Cancer Benefit Plan
 - Option 1: Basic Plan (Legislated Cancers Only)
 - Option 2: Enhanced Plan (All Cancers)

- B. Long Term Disability Plan
 - Coverage for all cancers (\$3,000 monthly benefit)

3. Non-Certified Volunteer

Instructions: Please make an election for whether you, as an employer, choose to purchase coverage on behalf of your Non-Certified Volunteers.

- Employer Paid
- Firefighter Paid



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Instructions: Please select a box under both A and B.

- A. Lump Sum Cancer Benefit Plan
 - Option 1: Basic Plan (Legislated Cancers Only)
 - Option 2: Enhanced Plan (All Cancers)

- B. Long Term Disability Plan
 - Coverage for all cancers (\$1,500 monthly benefit)

Participating Firefighter Employer Entity is applying for and agreeing to purchase the Lump Sum Cancer Benefit and Long Term Disability. (See Attached Proposal for Estimated Premiums):

The coverage elected above automatically renews at each anniversary date per the Attached Proposal, based on then-current premiums established by the Administrator. Coverage may be terminated in accordance with the terms of the Firefighter Cancer Policy or for Employer's failure to comply with the terms of this Agreement.

By signing below, I acknowledge my authority to submit this Application and Participation Agreement on behalf of the entity named below and the entity's agreement to all terms this Application and Participation Agreement. I also certify that I am authorized to sign on behalf of the participating Firefighter Employer Entity. The roster of eligible firefighters that have been submitted for the accompanying proposal has been verified against the eligibility outlined within **ACT 2019-361** and I certify that all firefighters meet these eligibility requirements.

Name of Entity «This.Member»

Signature	Date
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Print Name	Title
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