GEORGIA FIREFIGHTERS'
CANCER BENEFIT
PROGRAM

GEORGIA MUNICIPAL ASSOCIATION ACCG

Firefighter Acknowledgments

[To Be Maintained by Firefighter and Entity]

I have received the following information from ***City of Roswell*** ("the City")][("the County")]

Firefighter Name: _____

Start Date of firefighter services for the [City, County]: _____

By signing this document, I acknowledge and understand:

- The [City, County] offers the firefighter cancer coverage ("Coverage") described on the Summary of Benefits, effective on the date stated in the Summary of Benefits.
- I have received a copy of the Summary of Benefits, and am able to access the website that contains the full description of the Coverage and its requirements.
- I am not eligible for Coverage through the [City, County] until I have completed a Waiting Period of 12 consecutive months of my regularly scheduled firefighter services for the [City, County].
- Firefighter services I provide for entities other than the [City, County] do not count toward the Waiting Period for my Coverage through the [City, County].
- If I stop providing my regularly scheduled firefighter services for the [City, County] before I have completed the Waiting Period, it is my responsibility to check with Human Resources to determine whether the change to my schedule is approved and I will continue to complete the Waiting Period, or whether I will have to re-start the Waiting Period when I resume my regular schedule.
- Once I have completed the Waiting Period, the [City, County] will pay premiums for the Coverage, and I may check with Human Resources to confirm that Coverage has started for me.
- If I stop providing my regularly scheduled firefighter services for the [City, County], it is my responsibility to check with Human Resources to determine when my Coverage through the [City, County] ends. It is also my responsibility to determine whether I have Coverage due to my continuing firefighter services for any other legally organized fire department that offers the Coverage.
- **To continue the Lump Sum Cancer Benefit when I no longer have Coverage through the [City, County] or through another legally organized fire department, I must send the completed continuation forms and the required premiums to The Hartford, preferably within 31 days of the date the coverage ends, but in no event later than 91 days after the date coverage ends.**
- **To convert the Long Term Disability Benefit when I no longer have Coverage through the [City, County] or through another legally organized fire department, I must send the completed conversion forms, enrollment fee and the required premiums to The Hartford within 30 days of the date Coverage ends.**

- This Firefighter Acknowledgments Form is not a contract or a description of coverage and does not create any rights. In the event of a conflict, the terms of the applicable Policy control.

Firefighter's Signature:_____ Date:_____

Firefighter Certification Number:_____

If you require copies or additional information, including claim forms, you may access that information at www.gfcpinsurance.com.

It is recommended that you keep a copy of this form for you records. A copy of this form also will be maintained by the [City, County] .