

Georgia Interlocal Risk Management Agency ("GIRMA")

Fund Participation Election Form for Prospective Member Entities Joining GIRMA On or After January 1, 2018 [Attach to Intergovernmental Contract]

As stated in Section 6.1 of the Intergovernmental Contract, a GIRMA member must participate in at least one Fund established by the GIRMA Board of Trustees. The Intergovernmental Contract and GIRMA Bylaws apply to all GIRMA members, regardless of the Fund or Funds in which they participate. Terms and conditions specific to a Fund are set forth in the Coverage Description for the Fund.

A coverage description for Fund A is on file with the Georgia Department of Insurance and is provided to new Fund A members after approval of membership in Fund A. A copy of the coverage description for Fund A is available to prospective members upon request. A coverage description for Fund B will be filed with the Georgia Department of Insurance and made available upon request to Fund B members after approval of membership in Fund B.

All Prospective Members joining GIRMA on or after January 1, 2018 must complete this Fund Participation Election Form.

Please select the Fund or Funds in which the Prospective GIRMA Member named below will participate. This completed Form will be attached to the Resolution to Become a Member of the Georgia Interlocal Risk Management Agency (GIRMA) and Participate in One or More of GIRMA's Funds. If Fund B is selected, the Prospective Member also must complete the attached **FIREFIGHTER CANCER COVERAGE APPLICATION AND PARTICIPATION AGREEMENT**.

Fund A	Fund B
<p>Coverage of:</p> <ul style="list-style-type: none">• Property liability• Automobile physical damage and liability• Law enforcement liability• General liability• Public official liability• Employee benefits liability• Fidelity (including crime and all bonds) liability• Data and network security liability	<ul style="list-style-type: none">• Firefighter Cancer lump sum and disability coverage required by Georgia House Bill 146, 2016-2017 Regular Session• Coverage is fully insured by Hartford Insurance

The [Name of Prospective Member Entity] City of Marietta elects to join [choose one or both] Fund A X Fund B (FIREFIGHTER CANCER COVERAGE APPLICATION AND PARTICIPATION AGREEMENT required). Membership in the Fund or Funds selected shall be effective on the date of approval by Georgia Municipal Association, Inc., the Program Administrator for GIRMA.

By: R. Steve Tumlin, Jr. Title: Mayor Date: 12-13-2017

Print Name of Authorized Signer: R. Steve Tumlin