

GEORGIA FIREFIGHTERS' CANCER BENEFIT PROGRAM



Firefighter Acknowledgments [To Be Maintained by the Firefighter and City of Marietta]

I have received the following information from the City of Marietta:

- 1. Schedule of Benefits:** This document provides evidence of the coverage being provided by this program. The components purchased by the City are in compliance with HB 146.
- 2. Informational Flyer:** The flyer provides an overview of the coverage being provided, as well as Frequently Asked Questions on Page 2.

Firefighter Name: _____

Start Date of firefighter services for the City of Marietta: _____

By signing this document, I acknowledge and understand:

- The City of Marietta offers the firefighter cancer coverage (“Coverage”) described on the Schedule of Benefits, effective on the date stated in the Schedule of Benefits.
- I have received a copy of the Schedule 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 of Marietta until I have completed a Waiting Period of 12 consecutive months of my regularly scheduled firefighter services for the City of Marietta.
- Firefighter services I provide for entities other than the City of Marietta do not count toward the Waiting Period for my Coverage through the City of Marietta.
- If I stop providing my regularly scheduled firefighter services for the City of Marietta 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 of Marietta 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 of Marietta, it is my responsibility to check with Human Resources to determine when my Coverage through the City of Marietta 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 of Marietta or through another legally organized fire department, I must send the completed continuation forms and the required premiums to The Hartford,**

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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 of Marietta 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.thehartford.com/gma-firefighters***.

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 of Marietta Department of Human Resources and Risk Management.