

# Huntsville, Alabama

#### 305 Fountain Circle Huntsville, AL 35801

## Cover Memo

Meeting Type: City Council Regular Meeting Meeting Date: 1	11/21/2024 <b>File ID:</b> TMP-4829	
<b><u>Department:</u></b> Human Resources		
Subject:	Type of Action: Approval/Action	
Resolution authorizing the Mayor to execute a proposal for Cov Program and the City of Huntsville for the purpose of providing benefit to Active Paid Firefighters.		
Resolution No.		
Finance Information:		
Account Number: 1005-00-00000-517045-00000000-		
City Cost Amount: \$74,017.62		
<b>Total Cost:</b> \$74,017.62		
Special Circumstances:		
Grant Funded: N/A		
Grant Title - CFDA or granting Agency: N/A		
Resolution #: N/A		
Location: (list below)		
Address: N/A  District: District 1 □ District 2 □ District 3 □ District	ict 4  District 5	
Additional Comments: This resolution is needed to continue Alabama Act #2019-361.	the Firefighter benefit required under State of	f

#### RESOLUTION NO. 24-\_\_\_\_

WHEREAS the State of Alabama passed Act #2019-361 on June 4, 2019 for the purpose of requiring supplemental cancer insurance for all paid career firefighters; and

**WHEREAS** the Alabama League of Municipalities has endorsed the Alabama First Responders Benefits Program for the purpose of providing a Firefighter Cancer and Disability benefit to Active Paid Firefighters and underwritten by First Responders Insurance Company, Inc.; and

**WHEREAS** the City of Huntsville desires to continue to provide a Firefighter Cancer benefit for all City of Huntsville Paid Career Firefighters in compliance with the State of Alabama legislation; and

**NOW, THEREFORE, BE IT RESOLVED** by the City Council of the City of Huntsville, Alabama, that the Mayor be, and he is hereby authorized to execute a proposal for coverage between the Alabama First Responders Benefits Program and the City of Huntsville, on behalf of the City of Huntsville, a municipal corporation in the State of Alabama, which said agreement is substantially in words and figures similar to that certain document attached hereto and identified as <u>Alabama First Responders Benefit Program Proposal for Coverage</u>, consisting of <u>three (3)</u> pages and the date of November 21, 2024, appearing on the margin of the first page, together with the signature of the President or President Pro Tem of the City Council, an executed copy of said document being permanently kept on file in the Office of the City Clerk of the City of Huntsville, Alabama.

ADOPTED this the 21st day of November, 2024.

President of the City Council of the City of Huntsville, Alabama

APPROVED this the 21st day of November, 2024.

Mayor of the City of Huntsville, Alabama



### Alabama First Responders Benefits Program PO Box 382408 Birmingham, AL 35238

Date

**INVOICE** 

10/31/2024

Name / Address Huntsville Attn: Byron Thomas 308 Fountain Circle Huntsville, AL 35801

Policy Period: 1/1/2025 - 1/1/2026

Description	Qty	Total
Critical Illness/Cancer - Enhanced - Career - Certified	393	39,001.32
Long Term Disability - Career/Non-Career - Certified	393	35,016.30

Please remit within 30 days to the following: Alabama First Responders Benefits Program P.O. Box 382408 Birmingham, AL 35238

Web Site:

WWW.ALFRBP.COM

ACH Instructions available upon request.

Total	\$74,017.62
Previously Paid	\$0.00
Total Now Due	\$74,017.62



## **Alabama First Responders Benefits Program**

#### **Proposal for Coverage**

Effective Date: January 01, 2025 Anniversary Date: January 01

**Insured Name: Huntsville** 

There are two coverage components required by ACT 2019-361 effective January 1, 2020:

1) Critical Illness (Lump Sum Cancer Benefit)

2) Long-Term Disability (Income Replacement)

Legislation requires that the employer provide both Critical Illness (Lump Sum Cancer Benefit) and Long-Term Disability (Income Replacement) to all Paid Career Firefighters. The employer also has the option to provide these same two benefits for Certified Volunteer and Non-Certified Volunteer firefighters.

In addition, you have the option to choose between a Basic Plan and Enhanced Plan for all classes:

**Basic coverage** provides benefits for <u>legislated cancers</u>. Legislated cancers include "bladder, blood, brain, breast, cervical, esophageal, intestinal, kidney, lymphatic, lung, prostate, rectum, respiratory tract, skin, testicular, and thyroid cancer, leukemia, multiple myeloma, Hodgkin's lymphoma, and non-Hodgkin's lymphoma." **Enhanced coverage** will provide benefit for all cancers.

#### **EMPLOYER PAID CANCER COVERAGE:**

		Option 1:Basic Plan			Option 2:Enhanced Plan	
Firefighter Class	Count	Basic Plan Rate	Basic Plan Premium	Count	Enhanced Plan Rate	Enhanced Plan Premium
Paid Career	0	\$0.00	\$0.00	393	\$99.24	\$39,001.32
Certified Volunteer	0	\$0.00	\$0.00	0	\$0.00	\$0.00
Non-Certified Volunteer	0	\$0.00	\$0.00	0	\$0.00	\$0.00
		TOTAL	\$0.00			\$39,001.32

#### **EMPLOYER PAID LONG-TERM DISABILITY COVERAGE:**

Firefighter Class	Count	LTD Plan Rate	LTD Plan Premium
Paid Career/Certified Volunteer	393	\$89.10	\$35,016.30
Non-Certified Volunteer	0	\$0.00	\$0.00
		TOTAL	\$35,016.30

All of the 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.

Should the employer decline to purchase coverage for Certified Volunteer and Non-Certified Volunteer firefighters, the individuals have the option to purchase the benefit on their own at a higher rate. Please refer to the pricing below of the estimated annual cost that would be passed along to the individual firefighter. Payments for individual coverage must be made to the Firefighter's Department and remitted to us.

#### FIREFIGHTER PAID CANCER COVERAGE:

		Option 1:Basic Plan			Option 2:En	hanced Plan
Firefighter Class	Count	Basic Plan Rate	Basic Plan Premium	Count	Enhanced Plan Rate	Enhanced Plan Premium
Certified Volunteer	0	\$0.00	\$0.00	0	\$0.00	\$0.00
Non-Certified Volunteer	0	\$0.00	\$0.00	0	\$0.00	\$0.00
		TOTAL	\$0.00			\$0.00

#### FIREFIGHTER PAID LONG-TERM DISABILITY COVERAGE:

Firefighter Class	Count	LTD Plan Rate	LTD Plan Premium
Certified Volunteer	0	\$0.00	\$0.00
Non-Certified Volunteer	0	\$0.00	\$0.00
		TOTAL	\$0.00

#### **SUMMARY OF BENEFITS:**

Lump Sum Cancer Plan	Benefit
Cancer Benefit Amount	\$25,000
Invasive Cancer	\$25,000 (100% of coverage amount)
Non-Invasive Cancer	\$6,250 (25% of coverage amount)
Lifetime Maximum Benefit Per Firefighter	\$50,000
Recurrence Benefit (% of coverage amount)	100%, 90 days of separation period
Full and a Communication of the	\$250 Non-Invasive Skin Cancer (once per lifetime)
Enhanced Coverage Only	Benign Brain Tumor (100% of coverage amount)

Long Term Disability Plan	Benefit	Elimination Period
Paid Career	\$3,000 Maximum Monthly Benefit	180 Days
Certified Volunteer	\$3,000 Maximum Monthly Benefit	180 Days
Non-Certified Volunteer	\$1,500 Maximum Monthly Benefit	180 Days
Benefit Duration	3 Years	
Definition of Disability	3 Years own occupation	

If you have questions, please do not hesitate to reach out to us:

#### 1-800-23-CANCER

#### cancerinsurance@alfrbp.com

Actual Program benefits, rates, terms and conditions are subject to change based on regulatory requirements and changes in employer operations or information. This proposal does not include all of the policy terms, conditions, limitations, and exclusions which provide the full detail of coverages and take precedence over this proposal.

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