



# Huntsville, Alabama

305 Fountain Circle  
Huntsville, AL 35801

## Cover Memo

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**Meeting Type:** City Council Regular Meeting **Meeting Date:** 12/18/2025

**File ID:** TMP-6330

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**Department:** Human Resources

**Subject:**

**Type of Action:** Approval/Action

Resolution authorizing the Mayor to execute a proposal for Coverage to the Alabama First Responders Benefit Program and the City of Huntsville for the purpose of providing a Firefighter Cancer and Long-Term Disability benefit to Active Paid Firefighters.

Resolution No.

**Finance Information:**

**Account Number:** N/A

**City Cost Amount:** \$ 81,551.22

**Total Cost:** \$ 81,551.22

**Special Circumstances:**

**Grant Funded:** N/A

**Grant Title - CFDA or granting Agency:** N/A

**Resolution #:** N/A

**Location: (list below)**

**Address:**

**District:** District 1 ☐ District 2 ☐ District 3 ☐ District 4 ☐ District 5 ☐

**Additional Comments:** This resolution continues the Firefighter benefit required under State of Alabama Act #2019-361.

**RESOLUTION NO. 25-\_\_\_\_\_**

**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 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 Alabama First Responders Benefit Program Proposal for Coverage, consisting of three (3) pages and the date of December 18, 2025, 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 18<sup>th</sup> day of December, 2025.

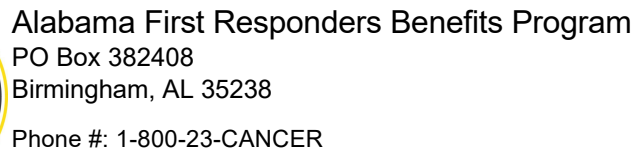
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President of the City Council of  
the City of Huntsville, Alabama

**APPROVED** this the 18<sup>th</sup> day of December, 2025.

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Mayor of the City of  
Huntsville, Alabama



## Date

12/11/2025

Huntsville  
Attn: Byron Thomas  
308 Fountain Circle  
Huntsville, AL 35801

Policy Period: 1/1/2026 - 1/1/2027  
Account ID: 200-0056-HUNTSV-AL

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

ACH Instructions available upon request.

Web Site:

WWW.ALFRBP.COM

<b>Subtotal</b>	\$81,551.22
<b>Previously Paid</b>	\$0.00
<b>Total Now Due</b>	\$81,551.22



## Alabama First Responders Benefits Program

### Proposal for Coverage

**Effective Date: January 01, 2026**

**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 legislated cancers. 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:

Firefighter Class	Count	Option 1:Basic Plan		Count	Option 2:Enhanced Plan	
		Basic Plan Rate	Basic Plan Premium		Enhanced Plan Rate	Enhanced Plan Premium
Paid Career	0	\$0.00	\$0.00	433	\$99.24	\$42,970.92
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
<b>TOTAL</b>			\$0.00			\$42,970.92

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

Firefighter Class	Count	LTD Plan Rate	LTD Plan Premium
Paid Career/Certified Volunteer	433	\$89.10	\$38,580.30
Non-Certified Volunteer	0	\$0.00	\$0.00
<b>TOTAL</b>			\$38,580.30

**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:

Firefighter Class	Count	Option 1:Basic Plan		Count	Option 2:Enhanced Plan	
		Basic Plan Rate	Basic Plan Premium		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
<b>TOTAL</b>			\$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
<b>TOTAL</b>			<b>\$0.00</b>

## 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
<b>Enhanced Coverage Only</b>	\$250 Non-Invasive Skin Cancer (once per lifetime)
	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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