

## Huntsville, Alabama

308 Fountain Circle Huntsville, AL 35801

## Cover Memo

Meeting Type: City Council Regular Meeting Meeti	ng Date: 12/7/2023	File ID: TMP-3628
<b>Department:</b> Human Resources		
Subject:	Type of Action:	Approval/Action
Resolution authorizing the Mayor to execute a propose Program and the City of Huntsville for the purpose of benefit to Active Paid Firefighters.	eal for Coverage to the Alab providing a Firefighter Car	pama First Responders Benefit neer and Long-Term Disability
Resolution No.		
<b>Finance Information:</b>		
Account Number: 1005-00-00000-517045-0000000	0	
<b>City Cost Amount:</b> \$71,945.88		
<b>Total Cost:</b> \$71,945.88		
<b>Special Circumstances:</b>		
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 4 □ Distric	et 5 🗆
Additional Comments: This resolution is needed to Alabama Act #2019-361.	o continue the Firefighter b	enefit required under State of

## RESOLUTION NO. 23-\_\_\_\_

**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 The Hartford Life and Accident Insurance Company; 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 three (3) pages and the date of <u>December 7, 2023</u>, 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-Treasurer of the City of Huntsville, Alabama.

**ADOPTED** this the 7<sup>th</sup> day of December, 2023.

	President of the City Council of the City of Huntsville, Alabama
<b>APPROVED</b> this the 7 <sup>th</sup> day of De	
	Mayor of the City of Huntsville, Alabama



# Alabama First Responders Benefits Program PO Box 382408 Birmingham, AL 35238 Phone #: 1-800-23-CANCER

## **INVOICE**

Date	
12/1/2023	

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

Policy Period: 1/1/2024 - 1/1/2025

Total 37,909.68 34,036.20

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	\$71,945.88
Previously Paid	\$0.00
Total Now Due	\$71,945.88



## **Alabama First Responders Benefits Program**

## **Proposal for Coverage**

Effective Date: January 01, 2024

**Anniversary Date: January 01** 

#### Member 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 includes <u>legislated cancers</u>. Enhanced coverage will provide benefit for all 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."

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

*.		Option 1:Bas	ic 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	382	\$99.24	\$37,909.68
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			\$37,909.68

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

Firefighter Class	Count	LTD Plan Rate	LTD Plan Premium
Paid Career/Volunteer Certified	382	\$89.10	\$34,036.20
Non-Certified Volunteer	0	\$0.00	\$0.00
		TOTAL	\$34,036.20

All three of the above 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.

#### FIREFIGHTER PAID CANCER COVERAGE:

		Option 1:Bas	ic Plan	110	Option 2:Enhanced 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
Enhanced Coverage Only	\$250 Non-Invasive Skin Cancer (once per lifetime)

Long Term Disability Plan	Benefit	Elimination Period	
Paid Career Firefighter	\$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.