



Colorado Firefighter Heart and Cancer Benefits Trust Cancer Award Program Enrollment Packet

Enrolling your department in the Cancer Program is easy. Please ensure that all of the four documents listed below are reviewed, updated, and returned to us via email or regular mail. If you prefer to complete this process online, contact us at cfhtrust@mcgriff.com, otherwise you can complete these enclosed forms: (The **Firefighter Census Form** is a separate document not in this packet)

1. **Estimated Contribution Form** – tell us the number of firefighters eligible for coverage
2. **Firefighter Census Form for the July 1, 2017 to July 1, 2018 coverage period** – all eligible firefighters during the coverage period must be scheduled on the Form
3. **Representative and Alternate Designation Form** – appoint a representative and an alternate representative to the Trust
4. **Resolution**– the new resolution to be executed by your governing body to acknowledge your participation in the Cancer Award Program

To be eligible for the Cancer Award Coverage, full time firefighters must be active employees with at least 5 years of continuous service. Eligible part time or volunteer firefighters must have at least 10 years of active service and maintain at least 36 hours of training each year. Any sworn firefighters, whether responding to fire or providing behind-the-scene support, would qualify, should they have met the other requirements. Eligible support roles include fire prevention and community outreach as well as mechanics and dispatch positions so long as they became eligible as sworn firefighters before moving to administrative positions.

When determining eligibility, the years of service can be combined from any fire departments; however, part time and volunteer services must be appropriately weighted for eligibility. To assist you, we have designed an [eligibility worksheet](#) (linked) for you.

Once we receive and verify your information, an invoice will be sent to you for payment. We will provide a Memorandum of Coverage to you as a paid receipt and a declaration page as soon as your payment is received.

The Colorado Special Districts Property & Liability Pool reimburses its workers' compensation members for the Cancer Award Program contributions. Contact the Pool if you would like to get a quote. You may also contact your own carrier to see if they offer similar reimbursement programs.

Let us know if you have any questions about the eligibility or enrollment process. We can be reached at toll-free 1-844-769-6650 or cfhtrust@mcgriff.com.



Colorado Firefighter Heart and Cancer Benefits Trust

Cancer Program Enrollment Update Form

Organization: (please enter the name and mailing address of your organization)

FDID	Effective Date	Expiration Date
	07/01/2017	6/30/2018

Please enter the number of eligible firefighters in the worksheet below. The current annual contribution is \$265 for a full time firefighter and \$86 for a part time or volunteer firefighter.

Please also provide your FDID number above.

		Eligible FF Count
No. of Full Time Firefighter (FF)		
2017 Rate	X	\$265
<i>Subtotal</i>	=	
No. of Part Time Firefighter		
2017 Rate	X	\$86
<i>Subtotal</i>	=	
No. of Volunteer Firefighter		
2017 Rate	X	\$86
<i>Subtotal</i>	=	
Estimated Annual Contribution		=

Accepted by: _____

Date: _____

To effect coverage, please sign, date and return this Form with payment before the requested effective date. Scan or fax is acceptable. This Invoice itself does not bind coverage. Named Organization must adopt the Resolution to join the Trust and sign the Trust Agreement. Payment must be received prior to inception of coverage.

Please Remit to: Colorado Firefighter Heart and Cancer Benefits Trust
c/o McGriff, Seibels & Williams, Inc.
PO Box 1539
Portland, OR 97207-1539
Toll Free: 503-943-6649



Designation of Member Representative and Alternate Member Representative for the Colorado Firefighter Heart and Cancer Benefits Trust

Pursuant to Section 8.6 of the Trust Agreement for the Colorado Firefighter Heart and Cancer Benefits Trust (Trust), the **Governing Body** of the _____ (member's legal name) designates the following individuals as its Member Representative and Alternate Member Representative to the Trust to represent the member's interest in Trust matters on behalf of the member:

Member Representative (Print name)

Alternate Representative (Print name)

Association with / Position in Department

Association with / Position in Department

Representative's Mailing Address

Alternate's Mailing Address

Representative's Phone Number

Alternate's Phone Number

Representative's Email Address

Alternate's Mailing Email Address

Date Authorized: _____

Authorized Governing Body Signature: _____

Signor's Governing Body Position: _____

RESOLUTION NO. _____

**A RESOLUTION ADOPTING AND ENTERING INTO THE TRUST AGREEMENT FOR
THE COLORADO FIREFIGHTER HEART AND CANCER BENEFITS TRUST AND
TAKING OTHER ACTIONS IN CONNECTION THEREWITH**

WHEREAS, under state law, specifically, Part 3 of Article 5 of Title 29, Colorado Revised Statutes (C.R.S.), an employer as defined therein is required to maintain certain firefighter heart and circulatory malfunction benefits in accordance with and subject to the requirements and limitations of said Part 3; and

WHEREAS, under state law, specifically, Part 4 of Article 5 of Title 29, Colorado Revised Statutes (C.R.S.), an employer as defined therein may participate in the voluntary firefighter cancer benefits program to provide certain cancer benefits in accordance with and subject to the requirements and limitations of said Part 4; and

WHEREAS, in order to provide such benefits, an employer, which includes _____ (the “[District/City/Town/Authority]”) is authorized to participate in a multiple employer health trust; and

WHEREAS, the governing body of the _____ [District/City/Town/Authority] has authority under Article XIV, Section 18(2)(a) of the Colorado Constitution, and Sections 10-3-903.5, 29-1-201, et seq., 29-5-302, and 29-5-402, C.R.S., as amended, to participate with other employers in a multiple employer health trust for the provision of such benefits and for related claims handling, risk management, and other functions and services related to such benefits; and

WHEREAS, the governing body has reviewed the Trust Agreement for the Colorado Firefighter Heart and Cancer Benefits Trust, a copy of which is attached hereto as Exhibit A, by and through which the Members (as defined therein) desire to establish a trust (the “Trust”) and provide a benefit plan that provides firefighter heart and circulatory malfunction benefits and a benefit plan that provides cancer benefits consistent with the provisions of Part 3 and Part 4 of Article 5 of Title 29, C.R.S., as specified in the Colorado Firefighter Heart and Circulatory Malfunction Benefits Plan and Colorado Firefighter Cancer Benefits Plan (collectively, the “Plan”); and

WHEREAS, the Members intend that the Trust, together with the Plan, shall constitute an irrevocable trust exempt from taxation under Internal Revenue Code Section 115; and

WHEREAS, the governing body finds that membership and participation in the Trust and Plan would be in the best interests of the _____ [District/City/Town/Authority], its employees and its taxpayers; and

WHEREAS, the governing body by this enactment desires to adopt and enter into the Trust Agreement for the Colorado Firefighter Heart and Cancer Benefits Trust, and to take other actions in connection therewith.

NOW, THEREFORE, BE IT RESOLVED that the _____ [governing body] of the _____ [District/City/Town/Authority] hereby:

1. Approves the contract entitled Trust Agreement for the Colorado Firefighter Heart and Cancer Benefits Trust, a copy of which is attached hereto as Exhibit A and incorporated into this Resolution by this reference (the "Trust Agreement").
2. Authorizes and directs the presiding officer of the governing body to execute the Trust Agreement on behalf of the _____ [District/City/Town/Authority].
3. Directs that staff transmit to the Colorado Firefighter Heart and Cancer Benefits Trust (the "Trust"), McGriff, Seibels & Williams Inc., PO Box 1539, Portland, OR 97207-1539, executed and attested copies of this Resolution and such Trust Agreement.
4. Designates _____ as its initial Member Representative to the Trust and designates _____ as its initial Alternate Representative to the Trust, such persons having the addresses stated below.
5. Representative Mailing Address: _____

Representative E-mail address: _____

Alternate Representative Mailing Address: _____

Alternate Representative E-mail address: _____
6. Understands that, with the adoption of this Resolution and subject to the terms of the Trust Agreement, the _____ [District/City/Town/Authority] becomes a Member of the Trust, with its participation to commence effective as of the date determined in accordance with the Trust Agreement. The governing body of the _____ hereby requests, unless other dates are later

designated by the governing body, that coverage should begin on the following dates for the following type of coverage:

Date	Coverage
_____	Heart and Circulatory Award Coverage
_____	Cancer Award Coverage

IN WITNESS WHEREOF, this Resolution was adopted by a majority vote of the _____ [governing body] of the _____ [District/City/Town/Authority] on the _____ day of _____, 201__.

ATTEST:

Sign: _____
Print Name: _____
Title: _____

Presiding Officer

Name in Print

Title