



## **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](mailto: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** – a 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, we will email you a Memorandum of Coverage as a paid receipt and declaration page for coverage. Because you already have workers' compensation coverage through the Colorado Special Districts Property & Liability Pool, you are eligible for a credit to offset your Cancer Award Program contributions. No payment is required.

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](mailto: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 |
|--|---|-------------------|
| <b>No. of Full Time Firefighter (FF)</b> |   |                   |
| 2017 Rate                                | X | \$265             |
| <i>Subtotal</i>                          | = |                   |
| <b>No. of Part Time Firefighter</b>      |   |                   |
| 2017 Rate                                | X | \$86              |
| <i>Subtotal</i>                          | = |                   |
| <b>No. of Volunteer Firefighter</b>      |   |                   |
| 2017 Rate                                | X | \$86              |
| <i>Subtotal</i>                          | = |                   |
| <b>Estimated Annual Contribution</b>     |   | =                 |

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:

| <b>Date</b> | <b>Coverage</b>                      |
|-------------|--------------------------------------|
| _____       | 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