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1	ENDORSED PROGRAM	
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-irefighter Entity Name:		
Street:		
City:	State:	
County:	Postal Code:	
Primary Contact:	Secondary Contact:	
Title:	Title:	
Email:	Email:	
Phone Number:	Phone Number:	

Please enter your Eligible Firefighter counts in the designated portion of the grid below to generate your estimated quote. Eligible Firefighter means a firefighter who has been employed or has served as an active volunteer for at least 12 consecutive months in the industry. Please email your completed form to cancerinsurance@alfrbp.com for approval.

Please note that this quotation is simply an estimate of the annual premiums expected based on the firefighter counts provided. Binding is subject to receipt of a full census with the names and start dates of all Eligible Firefighters, and an executed Application.

CANCER AND DISABILITY COVERAGE									
Firefighter Class	Firefighter Count	Basic Plan (Cancer and LTD)	Estimated Basic Plan Premium	Enhanced Plan (Cancer and LTD)	Estimated Enhanced Plan Premium				
Paid Career		\$176.58		\$188.34					
Certified Volunteer		\$176.58		\$188.34					
Non-Certified Volunteer		\$133.38		\$145.14					
	-	TOTAL		TOTAL					

All 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. Individual plan rates are available upon request.

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