



CLAIM FORM - **Employer/Policyholder** Statement

In furnishing this form, Alabama First Responders Benefits Program ("FRBP") / First Responders Insurance Company, Inc. ("FRIC") do not waive any rights or defenses nor admit liability.

Employer/Policyholder Responsibilities:

- 1) Complete, sign and date this form. For assistance with completing this form, please call 1(800)232-2623. This form is only required once per event.
- 2) Provide a copy of the employee/firefighter's enrollment form/record.
- 3) Submit the form and supporting documentation via email to claims@alfrbp.com, or by mail to FRBP, P.O. Box 382408, Birmingham, AL 35238.

EMPLOYER/POLICYHOLDER INFORMATION

Employer/Policyholder Name	Policy Number
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EMPLOYEE/FIREFIGHTER INFORMATION

Employee/Firefighter Name (First, MI, Last)		Last 4 of SSN	Date of Birth
Location			Date of Hire
Hours Worked/Week	Is employee/firefighter actively working? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Last Worked (if applicable)	Date of Death (if applicable)
If the employee/firefighter is not working or is working less than the minimum hours, indicate why: <input type="checkbox"/> Medical/Protected Leave (FMLA) <input type="checkbox"/> Personal Leave <input type="checkbox"/> Layoff <input type="checkbox"/> Termination/Retirement <input type="checkbox"/> Other (Explain in Additional Information Section)			

CRITICAL ILLNESS/CANCER COVERAGE

Effective Date for Employee/Firefighter Insurance	Premium Paid Through Date
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ADDITIONAL INFORMATION – USE THIS SPACE TO PROVIDE ADDITIONAL INFORMATION AS NEEDED.

FORM CONTINUED ON NEXT PAGE.

EMPLOYER/POLICYHOLDER CERTIFICATION

By signing below, I hereby certify that: 1) the information provided on this form is true and complete according to the records of the employer/policyholder; 2) I have read and understand the "Important Notice – Fraud Warning Statements" that applies to the state of the employer/policyholder; and 3) I agree that this information is subject to audit by FRBP/FRIC and/or its representative.

Signature of Policyholder's Authorized Representative		Date of Signature
Printed Name of Policyholder's Authorized Representative		Title/Position of Authorized Representative
Phone Number	Fax Number	Email Address

FORM CONTINUED ON NEXT PAGE.

The Alabama First Responders Benefits Program (FRBP) "the Program" is provided by First Responders Insurance Company, Inc. (FRIC), an Alabama based insurance Company licensed in the State of Alabama through the Department of Insurance. 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. This communication, including attachments, is for the exclusive use of the addressee and may contain proprietary, confidential, and/or privileged information. If you are not the intended recipient, any use, copying, disclosure, dissemination, or distribution is strictly prohibited. If you are not the intended recipient, please notify the sender immediately by return e-mail, delete this communication and destroy all copies.

IMPORTANT NOTICE – Please read the statement that applies to your state of residence and sign the bottom of this page.

For residents of all states EXCEPT Arizona, Alabama, California, Colorado, Florida, Kentucky, Maine, Maryland, New Jersey, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Tennessee, Virginia and Washington: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For Residents of Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

For Residents of California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For residents of Maine, Tennessee, and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

For Residents of Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit and who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for insurance policy is subject to criminal and civil penalties.

For residents of Ohio: Any person who, with intent to defraud or knowing he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For residents of Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For residents of Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto that the insurer relied upon is subject to a denial and/or reduction in insurance benefits and may be subject to any civil penalties available.

For residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

For residents of Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

For residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

The statements contained in this form are true and complete to the best of my knowledge and belief.

Signature of Employer/Policyholder's Authorized Representative

Date