



ALABAMA FIRST RESPONDERS BENEFITS PROGRAM

CONTINUATION OF COVERAGE APPLICATION

Employer/Department Name: _____

Policy Number: _____

EMPLOYEE/FIREFIGHTER INFORMATION

Employee/Firefighter Name: _____

Date of Birth: _____ Last 4 of SSN: XXX-XX-_____

Email Address: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

EMPLOYER/DEPARTMENT INFORMATION

Date of Scheduled/Actual Termination of Coverage: _____

Termination Reason: _____

Employer/Department Contact Name: _____

Contact Phone: _____ Contact Email: _____

Firefighter/Employee Position: _____

BENEFICIARY INFORMATION

In the event of death, the beneficiary designation will apply to the Cancer and Long-Term Disability coverages provided by FRBP, if applicable. Beneficiary designations may be changed upon written request.

In the event of death, the primary beneficiary is first in line to receive benefits if living at the time of the claimant's death.

1) Primary Beneficiary Full Name (First, MI, Last): _____

Address (Street, City, State, & Zip): _____

Relationship to Claimant: _____ Date of Birth: _____ SSN: _____

Phone Number: _____ Email Address: _____

CONTACT US:

1 (800) 23-CANCER | cancerinsurance@alfrbp.com | www.alfrbp.com



In the event of death, the contingent beneficiary(ies) will receive benefits if the primary beneficiary is not living at the time of claimant's death. If more than one contingent beneficiary is named, the percentages must equal 100%.

1) Contingent Beneficiary Full Name (First, MI, Last): _____

Address (Street, City, State, & Zip): _____

Relationship to Claimant: _____ Date of Birth: _____ SSN: _____

Phone Number: _____ Email Address: _____ Percent: _____

2) Contingent Beneficiary Full Name (First, MI, Last): _____

Address (Street, City, State, & Zip): _____

Relationship to Claimant: _____ Date of Birth: _____ SSN: _____

Phone Number: _____ Email Address: _____ Percent: _____

This application should be completed and submitted prior to retirement or the effective date of termination. Please note this application must be received by Alabama First Responders Benefits Program (FRBP) within 91 days of the date that coverage terminates under the Employee/Firefighter's former plan with their Employer/Department. **Requests received more than 91 days after coverage terminates will be denied.**

First year premiums for Continuation of Coverage will be pro-rated based on a calendar year, and must be paid within the 91 days of the date that coverage terminates under Employee/Firefighter's former plan with their Employer/Department. Please call FRBP to determine actual premium amount due for first year premiums. Subsequent premium payments must be paid annually in advance by bank draft. Please note that premiums are fully earned.

Continuation of Coverage is only available for the coverage(s) that you were insured for under your Employer/Department's plan. If an Employer/Department terminates its coverage(s), any Firefighter continuing coverage(s) under that Employer/Department's plan will automatically be terminated.

Firefighter/Employee/Applicant Signature

Date Signed

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.

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