



# Colorado Firefighter Voluntary Cancer Coverage Award Plan

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## Plan Summary of Awards

Plan administered by McGriff  
Effective *01/01/2025*

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**COLORADO FIREFIGHTER CANCER AWARD TRUST  
COVERAGE PLAN DOCUMENT**

This Coverage Plan Document represents coverage under the **Voluntary Cancer Award Program** and shall cover the voluntary and legal liability of **Members** of the Trust established under Part 4 of Article 5 of Title 29 of the Colorado Revised Statutes (C.R.S.), as well to defend **Members** from any actions brought by a **Covered Individual** against the **Member** regarding the interpretation of this statute.

*This Coverage is intended to be read in its entirety. In order to understand all the limitations to the Schedule of Awards and the applicable provisions/conditions, exclusions to its awards and general definitions please read all the coverage provisions carefully.*

<b>Coverage Declarations</b>	
<b>Coverage Effective Date</b>	July 1, annually or upon execution of Member Resolution, Trust Agreement, and receipt of payment by <b>Trust Administrator</b> .
<b>Coverage Period</b>	The twelve-month period beginning July 1, at 12:00 a.m. and ending June 30 at 11:59 p.m.
<b>Contribution Due Date</b>	July 1, annually or at the inception of coverage.
<b>Contribution</b>	As determined by the <b>Trust Administrator</b> annually, subject to prorated changes for midterm adjustments.

**GENERAL DEFINITIONS**

Please note that certain words used in this Coverage Plan have specific meanings. These terms will be capitalized and in bold print throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the *Schedule of Awards*.

<b>Cancer</b>	Means cancer that originates as a cancer of the brain, skin, breast (beginning January 1, 2021), digestive system, hematological system, thyroid (beginning July 1, 2022), lung (beginning July 1, 2024), genitourinary system, or additional cancers as defined by the <b>Trust</b> .
<b>Claim Administrator</b>	Processes claim information, makes claim determinations as respects to coverage plan and makes appropriate payments on behalf of the <b>Trust, where the Employer is a Member or an Enrolled Employer in the Trust</b> .
<b>Covered Individual</b>	Means a <b>Firefighter, Hazardous Materials Trooper, Part-Time Firefighter, and Volunteer Firefighter</b> who meets the coverage requirements as defined in Coverage Provisions of this Coverage Plan Document.
<b>Directly Involved with the Provision of Fire Protection Services</b>	Means being currently on active duty with fire operations.

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<b>Employer</b>	Means an “employer” as defined by C.R.S. § 29-5-402 (3) (including a municipality, special district, fire authority, county improvement district, the Division of Fire Prevention and Control beginning July 1, 2020, or the Colorado Department of Public Safety beginning August 7, 2023) which employs one or more <b>Firefighters, Hazardous Materials Troopers, Part-Time Firefighters, or Volunteer Firefighters</b> and participates in the Trust for purposes of providing benefits to all <b>Covered Individuals</b> under its employment, pursuant to Part 4, Article 5 of Title 29, C.R.S. It includes Enrolled Employer for the purposes of providing Cancer Program Benefits to Covered Individuals, pursuant to Part 3, Part 4, Part 5 of Article 5 of Title 29, C.R.S. <b>Employer</b> does not include a power authority created pursuant to C.R.S. § 29-1-204 or a municipally owned utility.
<b>Enrolled Employer</b>	Means an Employer, which is not a full participating Trust member, but which has administratively been enrolled for its Volunteer Firefighter(s) and Part time Firefighter(s) in the Trust for the provision of a Cancer Program.
<b>Firefighter(s)</b>	Means a full-time active employee of an <b>Employer</b> who regularly works at least one thousand six hundred (1,600) hours in any calendar year and whose duties are directly involved with the provision of fire protection services and who is not a <b>Volunteer Firefighter</b> .
<b>Hazardous Materials Trooper</b>	Means a person employed by the Colorado State Patrol (in the Department of Public Safety) to support the regulation of hazardous materials on highways in the state.
<b>Member</b>	Means an <b>Employer</b> who has passed a resolution to join this <b>Trust</b> and has signed the <b>Trust’s</b> Intergovernmental agreement.
<b>Part-Time Firefighter</b>	Means an active employee of an <b>Employer</b> who regularly works less than one thousand six hundred (1,600) hours in any calendar year, whose duties are directly involved with the provision of fire protection services and who is not a <b>Volunteer Firefighter</b> .
<b>Tobacco Product</b>	Means any product, including a vaping product, that is made or derived from tobacco that is intended for human consumption.
<b>Trust</b>	Means the multiemployer trust described in C.R.S. § 10-3-903.5(7)(b)(l) established for the purposes of Part 4 of Article 5 of Title 29, C.R.S. as the Colorado Firefighter Heart, Cancer, and Behavioral Health Benefits Trust.
<b>Trust Administrator</b>	Means the administrator who provides marketing, underwriting, invoicing, accounting, and other membership support services under contract to the <b>Trust</b> .
<b>Volunteer Firefighter</b>	Means a <b>Volunteer Firefighter</b> as defined in C.R.S. § 31-30-1102, including a person meeting this definition who provides volunteer services to a fire authority created by an intergovernmental agreement providing fire protection.

<p><b>Voluntary Firefighter Cancer Awards Program</b></p>	<p>Means a program to cover the voluntary and legal liability of <b>Members</b> of the <b>Trust</b> established under the Part 4 of Article 5 of Title 29, C.R.S. as well to defend <b>Members</b> from any actions brought by a <b>Covered Individual</b> against the <b>Member</b> regarding the interpretation of this statute.</p>
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**SCHEDULE OF AWARDS**

**Member Benefits**

The **Trust** will pay the awards listed below if the **Covered Individual of a Member** suffers from a diagnosis of a covered **Cancer**, subject to the terms, conditions, provisions, and limitations of this Coverage Plan. If the **Member Covered Individual** sustains more than one diagnosis of a covered **Cancer**, awards will be paid for the covered loss for which the largest available award is payable.

<p><b>Aggregate Limit</b></p>	<p>The maximum amount that can be paid to a <b>Covered Individual of a Member</b> as a result of a diagnosis of a covered <b>Cancer</b> is \$306,701.00.</p>
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No more than the Aggregate Limit specified above will be paid for all covered losses suffered by a **Member Covered Individual** as the result of any one diagnosis of a covered **Cancer** or series of related diagnosis of covered **Cancers**, as specified above.

Please read the Definitions, Exclusions, Coverage Provisions/Conditions, Claims and Administrative provisions in order to understand all of the terms, conditions and limitations applicable to these awards and coverage.

**Enrolled Employer Benefits**

Benefits are 57% of the above **Member** Benefit aggregate.

**Awards**

The following awards are based on the stage of the **Cancer** at time of diagnosis, unless a **Covered Individual** can show that their actual out of pocket expenses were higher than the applicable award, in which case up to a \$4,360 limit will apply. Award Level Zero will not be paid in addition to any other Award Level applicable. Please refer to the Cancer Type and Stage Chart (below) to identify Award Levels.

**Member Benefits are 100% of the below schedule**

**Enrolled Employer Benefits are 57% of the below schedule**

Award Level	Coverage Conditions	Applicable Award
Zero A	Diagnosis that is covered for \$1,000 in treatment and medication paid by the provider	\$245
Zero B	Diagnosis that is covered for \$2,000 in treatment and medication paid by the provider	\$491
Zero C	Diagnosis that is covered for \$4,000 in treatment and medication paid by the provider	\$982

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Zero D	Diagnosis that is covered for \$6,000 in treatment and medication paid by the provider	\$1,473
Zero E	Diagnosis that is covered for \$8,000 in treatment and medication paid by the provider	\$1,963
Zero F	Diagnosis that is covered for \$10,000 in treatment and medication paid by the provider	\$2,453
One	<i>Please see Type and Stage Chart below</i>	\$4,907
Two	<i>Please see Type and Stage Chart below</i>	\$11,041
Three	<i>Please see Type and Stage Chart below</i>	\$23,309
Four	<i>Please see Type and Stage Chart below</i>	\$32,510
Five	<i>Please see Type and Stage Chart below</i>	\$39,411
Six	<i>Please see Type and Stage Chart below</i>	\$50,912
Seven	<i>Please see Type and Stage Chart below</i>	\$85,416
Eight	<i>Please see Type and Stage Chart below</i>	\$108,419
Nine	<i>Please see Type and Stage Chart below</i>	\$211,930
Ten	<i>Please see Type and Stage Chart below</i>	\$280,938

The following describes the stage of the **Cancer** and the designated Award Level for purposes of awards under this Voluntary Firefighter Cancer Awards Program:

<b>STAGE OF CANCER</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>TYPES OF CANCER</b>					
<b>Skin</b>	<b>(Award 0)</b> Abnormal cells are found in the squamous cell or basal cell layer of the epidermis	<b>(Award 0)</b> Confined to skin as thick as 10mm	<b>(Award 1)</b> Grown thicker up to 4mm, but not spread	<b>(Award 6)</b> Has spread to either nearby skin or nearby lymph nodes	<b>(Award 8)</b> Has spread to an internal organ, or is found on the skin far from the original melanoma, squamous cell carcinoma, or basal cell carcinoma.

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<b>Digestive (Stomach, as an example)</b>	<b>(Award 0)</b> Limited to the inner lining layer of the stomach and have not grown into deeper layers	<b>(Award 2)</b> Has grown into the inner layer of the wall of the stomach, but it has not spread to any lymph nodes or other organs	<b>(Award 5)</b> Stage 2 has two types depending on severity of the spread. In general, the cancer is still limited to local tissues and lymph nodes at this stage	<b>(Award 7)</b> Stage 3 also has two types depending on severity of the spread. At this Award, the cancer may or may not spread to nearby organs or structures	<b>(Award 9)</b> A cancer of any size that has spread to distant parts of the body in addition to the area around the stomach
<b>Genitourinary (Prostate, as an example)</b>	<b>(Award 0)</b> No evidence of tumor in the prostate	<b>(Award 2)</b> Found in the prostate only and is usually made up of cells that look more like healthy cells and is likely to grow slowly	<b>(Award 4)</b> Has not spread outside of the prostate gland, but the cells are usually more abnormal and may tend to grow more quickly. It has not spread to lymph nodes or distant organs	<b>(Award 6)</b> Has spread beyond the outer layer of the prostate into nearby tissues. It may also have spread to the seminal vesicles	<b>(Award 9)</b> Any tumor that has spread to other parts of the body, such as the bladder, rectum, bone, liver, lungs, or lymph
<b>Hematological including Thyroid</b>	<b>(Award 0)</b> Too many lymphocytes in the blood, but there are no other signs or symptoms of leukemia. chronic lymphocytic leukemia is	<b>(Award 0)</b> Has lymphocytosis and enlarged lymph nodes. The patient does not have an enlarged liver or spleen, anemia, or low levels of platelets	<b>(Award 3)</b> Has lymphocytosis and an enlarged spleen and/or liver and may or may not have swollen lymph nodes	<b>(Award 6)</b> Has lymphocytosis and anemia. The patient may or may not have swollen lymph nodes and an enlarged liver or spleen	<b>(Award 8)</b> Has lymphocytosis and low levels of platelets. The patient may or may not have swollen lymph nodes, an enlarged liver or spleen, or anemia
<b>Brain</b>	<b>(Award 0)</b> In general, the cancer cells are still located in the place they started and have not spread to nearby tissues in the brain	<b>(Award 2)</b> A separate group of tumors called juvenile pilocytic astrocytoma (JPA). The term "juvenile" does not refer to the age of the patient, but the type of cell. This is a non-cancerous, slow-growing tumor that can often be cured with surgery. It is different from a low-grade astrocytoma or Grade II glioma, which are likely to come back after treatment	<b>(Award 5)</b> Tumor does not have dead cells in the tumor, called necrosis, but shows an abnormally large number of cells, called hypercellular	<b>(Award 8)</b> Tumor is hypercellular and has cells that are actively dividing, called mitosis. It is often called anaplastic astrocytoma	<b>(Award 10)</b> Tumor is usually a glioblastoma, also called glioblastoma multiforme or GBM. Cells in the tumor are actively dividing, and it has blood vessel growth and areas of dead cells in addition to the factors common to grade II and III tumors

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<b>Breast</b>	<b>(Award 1)</b> No evidence of cancer cells outside breast; not invading nearby tissues. Cancer cells are only in the ducts of breast tissues. Non-invasive.	<b>(Award 2)</b> Type A: Tumor up to 2 cm confined to breast and lymph nodes are not compromised Type B: Small cancer cells found in lymph nodes but no tumor in breast or tumors only 2cm or less in breast	<b>(Award 5)</b> Type A: No tumor or small tumor less than 2cm in breast and cancer cells are found in 1-3 auxiliary lymph nodes; or a tumor between 2cm and 5cm in breast but has not spread to lymph nodes Type B: A tumor between 2cm and 5cm in breast and has spread to lymph nodes; or a tumor larger than 5cm but has not spread to lymph nodes	<b>(Award 7)</b> Type A: Any tumor size and has spread to 4-9 lymph node Type B: Tumor has spread to chest wall. It may or may not have spread to up to 9 lymph nodes Type C: Any tumor size and has spread to 10 or more lymph nodes	<b>(Award 8)</b> Tumor is any size and has spread to other organs
	<b>(Award 0)</b> No evidence of cancer cells outside the innermost lining of the lung; not invading nearby tissues. Cancer cells are in the top layers of cells lining the air passages	<b>(Award 2)</b> Tumor up to 3 cm confined to the lung and bronchus; tumor 3-4 cm confined to the lung or involving main bronchus but not closer than 2 cm to the carina	<b>(Award 3)</b> Tumor 4-5 cm or tumor of any size that has spread to hilar lymph nodes; tumor 5-7 cm or tumor that has invaded chest wall, diaphragm, phrenic nerve or pleura, or separate tumor nodules in the same lobe	<b>(Award 6)</b> Tumor of any size that has spread to lymph nodes in the mediastinum or tumor larger than 7 cm or invading surrounding structures; tumor of any size with spread to lymph nodes above the collarbone or in the opposite side of the chest	<b>(Award 8)</b> Tumor is any size and has spread to distant parts of the body, or malignant pleural effusion is present

**Additional Awards**

**Member Benefits** are 100% of the below schedule

**Enrolled Employer Benefits** are 57% of the below schedule

<b>Coverage Conditions</b>	<b>Applicable Awards</b>
Payment to the provider for actual cost for rehabilitative or vocational training employment services and educational training relating to the <b>Cancer</b> diagnosis;	Up to \$30,670 for services
Payment if a <b>Covered Individual</b> incurs cosmetic disfigurement cost resulting from a covered <b>Cancer</b> ; and	Up to \$12,268 payment
If the <b>Cancer</b> is diagnosed as terminal, the <b>Covered Individual</b> will receive a lump sum payment as an accelerated payment toward the awards due in the Awards section above.	Up to \$30,670 lump sum payment



## **EXCLUSIONS**

In addition to any award-specific exclusion, awards will not be paid for any diagnosis of a covered cancer, or for any claimed loss or expense occurring, arising, or resulting from:

1. Intentionally self-inflicted injury, suicide, or any self-inflicted injury or suicide attempt.
2. Any act of declared or undeclared war unless specifically provided by this Coverage.
3. Travel or activity outside the contiguous United States.
4. Any cancer which was diagnosed in a **Covered Individual** prior to the date of enrollment of the **Covered Individual** in this **Trust**.

## **COVERAGE PROVISIONS/CONDITIONS**

The following provisions and conditions apply and must be met in order for a **Covered Individual** to be eligible for awards hereunder:

1. The **Covered Individual** is entitled to additional awards if the **Cancer** increases in Award Level, but the amount of any award paid earlier for this **Cancer** will be subtracted from the new award.
2. If a **Covered Individual** dies while owed awards under this Coverage Plan, the awards will be paid to the surviving spouse or domestic partner, if any at the time of death, and if there is no surviving spouse or domestic partner, any surviving children equally. If there is no surviving spouse, domestic partner or child, the obligation of the Trust to pay awards will cease.
3. If a **Covered Individual** returns to employment after a **Cancer** diagnosis, the **Covered Individual** is entitled to the awards in the Schedule of Awards in this Coverage Plan for any subsequent new type of covered **Cancer** diagnosis.
4. An **Employer or Enrolled Employer** who participates in a **Voluntary Firefighter Cancer Benefits Program** through the **Trust**, created pursuant to Part 4 of Article 5 of Title 29, C.R.S., is not subject to the workers' compensation cancer presumption set forth in C.R.S. § 8-41-209; however, when an **Employer or Enrolled Employer** ends its participation in the **Trust**, the **Employer** will become subject to cancer presumption in C.R.S. § 8-4-209.
5. Unless the offset provisions of C.R.S. § 8-42-103(1)(h) have already been taken, the awards paid pursuant to this Coverage Plan must be offset by any payments made under the "Workers' Compensation Act of Colorado," Articles 40 to 47 of Title 8, C.R.S., regardless of when the payments are made. The Trust will have the authority to determine how and when the offsets are implemented. Notice to Workers' Compensation Provider will be made. Further, unless the offset provisions of C.R.S. § 29-5-403(10) have already been taken, in cases where it is determined that a **Covered Individual** has received an award for **Cancer** diagnoses pursuant to C.R.S. § 29-5-403(2) through (9), the aggregate benefits payable for temporary total disability, temporary partial disability, permanent partial disability, and permanent total disability shall be reduced, but not below zero, by an amount equal to the total amount of such cancer diagnosis award. In cases where it is determined that a **Covered Individual** has received cosmetic disfigurement benefits pursuant to C.R.S. § 29-5-403(4)(b), benefits for disfigurement payable pursuant to C.R.S. § 8-42-108 shall be reduced, but not below zero, by an amount equal to such cosmetic disfigurement benefits.
6. The awards in this Coverage Plan are reduced by twenty-five percent [25%] if a **Covered Individual** used a **Tobacco Product** within five [5] years immediately preceding the **Cancer** diagnosis, per C.R.S. § 29-5-403(11).
7. In order for a **Covered Individual** to be eligible for the awards in the Schedule of Awards in this Coverage Plan, the following conditions must be met:

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- a. Prior to the diagnosis of **Cancer** and either in qualifying for a position or any time after the **Firefighter, Hazardous Materials Trooper, Volunteer Firefighter, or Part-Time Firefighter** became employed by an **Employer**, the **Firefighter, Hazardous Materials Trooper, Volunteer Firefighter, or Part-Time Firefighter** had a medical examination that would reasonably have found an illness or injury that could have caused the **Cancer** and no illness or injury was found;
  - b. The **Firefighter or Hazardous Materials Trooper**:
    - (I) Has at least five [5] years of continuous, full-time employment with an **Employer** and
    - (II) Is diagnosed with **Cancer** within ten [10] years after ceasing employment as a **Firefighter or Hazardous Materials Trooper**.
    - (III) A break in service of no more than one [1] year will not be considered a break in continuous full-time employment for purposes of this section. The break in service will not count as part of the five years of service.
  - c. The **Volunteer Firefighter**:
    - (I) Has at least ten [10] years of active service, as used in C.R.S. § 31-30-1122, and has maintained a minimum training participation in the fire department of thirty- six [36] hours each year and
    - (II) Is diagnosed with **Cancer** within ten [10] years after ceasing employment as a **Volunteer Firefighter**.
  - d. The **Part-Time Firefighter**:
    - (I) Has at least ten [10] years of active service and
    - (II) Is diagnosed with **Cancer** within ten years after ceasing employment as a part-time firefighter.
8. Eligibility for coverage for **Firefighters, Hazardous Materials Troopers, Part-Time Firefighters, or Volunteer Firefighters** may be added up to determine eligibility under this coverage by determining the relative percentage of eligibility time of employment for each part-time, volunteer and full-time positions held. When any combination adds up to equal 100%, then the firefighter or **Hazardous Materials Trooper** is eligible.

Example, the person has 7 years' experience as follows:

- Volunteer for 3 years = 30% (3/10<sup>th</sup>, or 30%, of the 10 years required for a **Volunteer Firefighter** to be eligible)
- Part-time for 2 years = 20% (2/10<sup>th</sup>, or 20%, of the 10 years required for a **Part-Time Firefighter** to be eligible)
- Full-time for 2 years = 40% (2/5<sup>th</sup>, or 40%, of the 5 years required a **Firefighter or Hazardous Materials Trooper** to be eligible)

In this example, the firefighter has not yet become eligible because the relative percentages for each position held total 90%, but not 100%.

9. Where a **Covered Individual** is scheduled under more than one **Member** rosters of this **Trust** only one claim for the same Diagnosis will be considered.
10. All **Covered Individuals** must be scheduled annually with the **Trust Administrator** and a **Contribution** must be paid based on the census in order to be eligible to receive an award payment under this Coverage Plan. Newly eligible **Covered Individuals** must be reported on the first census after they have been certified as eligible.
11. The Awards and **Aggregate Limit** payment contained in this Coverage Plan shall be increased by the same percentage and at the same time as any Fire and Police Pension Association increases in the awards paid to its members pursuant to C.R.S. § 31-31-407.
12. An **Employer** that participates in this **Voluntary Cancer Awards Program**, Part 4 of Article 5 of Article 29, C.R.S. will be covered exclusively by this coverage document during such participation.

13. For the purpose of **Employer** policies and benefits a **Cancer** diagnosis is treated as an on-the-job injury or illness. This coverage plan does not affect any determination as to whether the cancer is covered under the "Workers' Compensation Act of Colorado", Articles 40 to 47 of Title 8, C.R.S.

## **CLAIM PROVISIONS**

### **Notice of Claim**

As the claim is formally established as a liability owed to the **Covered Individual** by the **Employer** and where the rules for a qualifying claim are very specific, the **Covered Individual** must work with the **Employer** to substantiate a valid claim by voluntarily providing necessary qualifying information with the **Employer** by written or authorized electronic notice of claim. This notice of claim must be given to the **Claims Administrator** through the **Employer** no more than three years after a diagnosis of a covered **Cancer** for which awards are sought occurs, or the eligibility is reviewed with the **Employer**. If written or authorized electronic/ notice is not given within this period, the claim will not be invalidated or reduced if it is shown that written or authorized electronic notice was given as soon as was reasonably possible. Only one timely claim for each type of **Cancer** needs to be filed to allow the **Trust** to pay or increase the Award Level applicable in this Coverage Plan.

Notice must be given to the **Employer**, which must contact the **Trust Administrator** at:

Colorado Firefighter Heart, Cancer, and Behavioral Health Benefits Trust  
c/o McGriff Insurance Services, Inc.  
P.O. Box 1539  
Portland, OR 97207-1539  
First Report –Toll Free: 844-769-6650 First Report – Fax: 503-943-6622

Notice should include the **Employer's** name, coverage number, and the **Covered Individual's** name, address, contact information, date of event, medical facility, and attending physician along with a signed Medical Release of Information and Waiver form.

### **Claim Forms**

**Claim Administrator** will send claim forms to either the **Covered Individual** or the **Employer** for filing proof of loss upon receiving notice of a claim. If such forms are not sent within 15 days after the **Claim Administrator** receives notice, the proof requirements will be met by submitting, within the time fixed in this Coverage Plan for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made. Claim forms are also available at cfhtrust.com.

### **Covered Individual Cooperation Provision**

Failure of a **Covered Individual** to cooperate in the administration of the claim may result in the termination of the claim. Such cooperation includes but is not limited to providing any information or documents needed to determine whether awards are payable, or the actual award amount due

### **Proof of Loss**

Proof of loss must include diagnoses documentation furnished by a physician and supported by clinical, radiological, histological, pathological, and/or laboratory evidence. If it is not reasonably possible to provide proof of claim within 90 days after the date of the diagnosis for which an award is claimed or date of covered loss for which an award is claimed,

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it must be given no more than three (3) years after the date of diagnosis, subject to the provisions of the Notice of Claim section above. These time limits will not apply during any time period the **Covered Individual** or his or her authorized representative lacks the legal capacity to give proof of claim.

## **Time of Payment of Claims**

The **Trust** will pay the Award Level due as follows:

- a. Award Level 0 as a lump sum after an explanation of benefits from physician is received;
- b. Award Level 1 as a lump sum after adequate proof of loss is filed;
- c. Award Level 2 through 10 at a rate of \$4,000 paid twice monthly from the date of diagnosis, less any applicable offsets; or
- d. Immediately after the **Trust** receives the proof of loss following the end of our liability.

Any awards due will be paid when the **Claims Administrator** receives written (or authorized electronic) proof of loss.

## **Payment of Claims**

All awards will be paid in United States currency to the **Covered Individual**.

## **Denial Review Process**

The Benefit Claims Review Procedure adopted by the Trust Committee, in effect at the time of the **Coverage Period** for which the claim is made, governs the process by which a **Covered Individual** may request review of a denial, in whole or in part, of requested benefits. If a **Covered Individual** and the **Trust** fail to agree on whether benefits under this Coverage Plan are due, the **Covered Individual** may request a review of the denial of benefits, in whole or in part, by submitting a written statement to the **Trust Administrator** within sixty (60) days of the denial; the denial is considered final if no request for review is submitted within sixty (60) days of the notice of denial. The form of the written request, and the details of the review process, are set forth in the Benefit Claims Review Procedure. The **Trust Administrator** will forward timely written review requests to the Claims Review Committee, which will provide a written decision within thirty (30) days, unless special circumstances exist for an extension, in which event the written decision shall be made within ninety (90) days. If a **Covered Individual** is dissatisfied with the decision rendered by the Claims Review Committee, the **Covered Individual** may submit a written request for further review by the Trust Committee within fifteen (15) days of the CRC written decision. The **Trust Administrator** will forward timely written requests for further review to the Trust Committee, which will review the matter at a regular or special meeting and provide a written decision within sixty (60) days, unless special circumstances exist for an extension, in which event the written decision shall be made within ninety (90) days. The decision of the Trust Committee is final, conclusive, and binding upon the **Covered Individual** and all other persons thirty (30) days after the decision is issued.

## **ADMINISTRATIVE PROVISIONS**

### **Changes to This Contract**

This Coverage Plan, and the Trust Agreement and the Benefit Claims Review Procedure, both incorporated herein by reference, make up the entire contract between the **Employer**, **Covered Individual**, and the **Trust**. In the absence of fraud, all statements made by the **Covered Individual** or any **Employer** will be considered representations and not warranties. No written statement made by a **Covered Individual** will be used in any contest unless a copy of the statement is furnished to the **Covered Individual** or personal representative. No change in this Coverage Plan will be valid until approved in accordance with the provisions of the **Trust Agreement** governing amendments to the Coverage Plan. The approval must be noted on or attached to this Coverage Plan. No party may change this Coverage Plan or

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waive any of its provisions.

### **Coverage Effective Date and Termination Date**

Coverage is effective July 1, annually upon a **Member's** payment of contribution or, for a new **Member**, upon enrollment, which includes the **Trust Administrator's** receipt of signed Member Resolution and **Trust Agreement** joining the **Trust** as well as payment of contribution.

Trust may terminate coverage on or after the first anniversary of the coverage effective date, and the Employer may terminate coverage on any contribution due date. Written or authorized electronic notice must be given at least 90 days prior to such contribution due date. Termination will not affect a claim for award of a diagnosis of a covered Cancer that occurs while coverage was in effect.

### **Clerical Error**

Clerical error, whether by the **Covered Individual, Employer, or the Trust** will not deny or void the coverage of any eligible **Covered Individual** that would otherwise have been in effect, nor extend the coverage if that coverage would have otherwise ended or been reduced as provided in this Coverage Plan.

### **Payment in Error**

If an erroneous award payment is made by or on behalf of the **Trust**, the **Trust** may require the **Covered Individual**, the provider of services, or the ineligible person to refund the amount paid in error. The **Trust** reserves the right to correct payments made in error by offsetting the amount paid in error against any future award payments and new claims. The **Trust** also reserves the right to take legal action to correct payments made in error.

### **Conformity with Law**

This Coverage Plan Document shall conform with any determination made by an appropriate jurisdiction regarding changes to the awards payable under Part 4 of Article 5 of Title 29, C.R.S.