

COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM REQUEST FORM

The Board of County Commissioners meets the 1st and 3rd Thursday of each month at 5:30 p.m. in the Columbia County School Board Administrative Complex Auditorium, 372 West Duval Street, Lake City, Florida 32055. All agenda items are due in the Board's office one week prior to the meeting date.

Today's Date: August 28, 2019	Meeting Date: September 5, 2019	
Name: David Kraus	Department: Bcc Administration	
Division Manager's Signature:		
1. Nature and purpose of agenda item:		
Cancer Coverage for Firefighters based upon o	change in State Law.	
2. Recommended Motion/Action:		
Motion to approve and accept Cancer Benefit I	Insurance Policy	

3. Fiscal impact on current budget.

This item has no effect on the current budget.

District No. 1 - Ronald Williams
District No. 2 - Rocky Ford
District No. 3 - Bucky Nash
District No. 4 - Toby Witt
District No. 5 - Tim Murphy



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

MEMORANDUM

TO: Columbia County Board of County Commissioners

FR: David Kraus, Assistant County Manager

DATE: August 29, 2019

RE: Firefighter Cancer Benefit Mandate

The Florida Legislature approved the creation of Florida Statute 112.1816 that grants firefighters benefits upon a diagnosis of certain cancers. Under this law, the County would need to pay for the reimbursement of out-of-pocket deductibles and copayments for cancer treatments covered by group health insurance policy, and a lump sum cash payout of \$25,000. There is also an additional death benefit of \$75,000.

To qualify, the firefighter must have been employed for at least 5 continuous years, not used tobacco products in the preceding 5 years and not have held other employment with a greater risk of cancer in the preceding 5 years. This is provided as an alternative to workers' compensation. Firefighters are eligible for 10-years post-employment.

The County has received the attached quote from our insurance carrier for a policy to cover this new risk. Staff is requesting the Columbia County Board of County Commissioners approve adding this coverage to our insurance portfolio.

BOARD MEETS FIRST AND THIRD THURSDAY AT 5:30 P.M.

PART OF THE BROWN & BROWN TEAM

FIREFIGHTER CANCER BENEFIT INSURANCE PROPOSAL PREPARED FOR



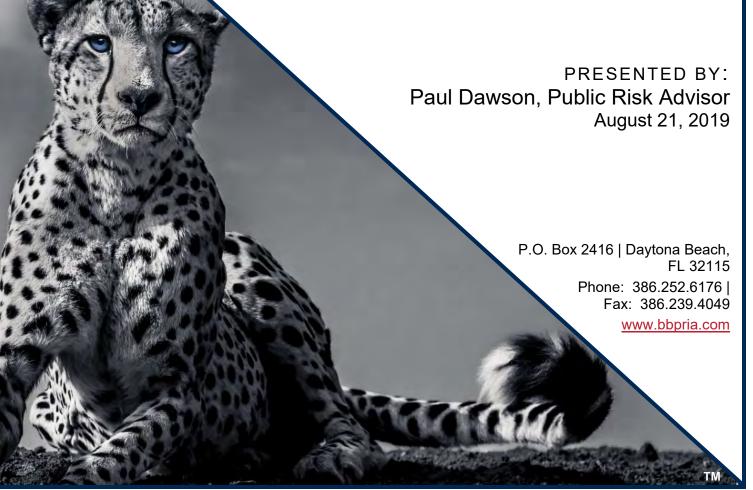




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Our Story

Public Risk Insurance Advisors (PRIA) is a proud member of the Brown & Brown family - an 80vear-old, publicly traded, Florida corporation currently ranked as 6th largest insurance brokerage in the United States of America, Our Brown & Brown family is now more than 10,000 teammates, spanning from London to Los Angeles. Through our collaborative efforts, we design, place, and service more than \$20 Billion in annual products. insurance We passionately undertake these efforts on behalf of our clients ranging from individuals and small businesses. to state governments and Fortune 500 companies.

The PRIA team is a highly-specialized unit of insurance advisors 100% trained to deliver industry-leading services to public entities in the State of Florida. Since 1992, we have continuously refined that specialization and enhanced our services, while becoming the largest public entity brokerage in Florida. Our team provides Property & Casualty and Employee Benefits services to governments from Key West to the Panhandle and represents more than 250 clients.

We have proven over nearly three decades of service to local governments that we are a highly sophisticated and accountable team of insurance professionals, laser-focused on providing both world-class brokerage services and concierge-level support to our clients. We have built our reputation by empowering our governmental clients to outperform their industry peers, lower their cost of risk, and enhance their employee benefits programs - all while staying within their annual budgetary constraints. Our team is committed to serve those who serve the public – and provide superior service to our clients, their staff, and their employees.



An Introduction to Your Service Team

(386) 239-7245	mmontgomery@bbpria.com
(386) 239-4044	rrussell@bbpria.com
(386) 239-4045	pdawson@bbpria.com
(386) 239-4047	mmartin@bbpria.com
(386) 239-4060	bcottrell@bbpria.com
(386) 944-5805	kstoekel@bbpria.com
(386) 333-6047	mperry@bbpria.com
(386) 239-4043	vreedy@bbpria.com
(386) 239-8823	bobrien@bbpria.com
(386) 239-4050	mblake@bbpria.com
(386) 239-4042	pjenkins@bbpria.com
	рјенкинѕшорна.сош
(386) 239-4056	kbryan@bbpria.com
(386) 239-4056 (386) 239-4048	.,
. ,	kbryan@bbpria.com
(386) 239-4048	kbryan@bbpria.com dcoggon@bbpria.com
	(386) 239-4044 (386) 239-4045 (386) 239-4047 (386) 239-4060 (386) 944-5805 (386) 333-6047 (386) 239-4043 (386) 239-8823 (386) 239-4050

Certificate Requests: certificates@bbpria.com Claim Reporting: claims@bbpria.com

Our Service Team philosophy focuses on accountability at all levels of account management. Our goal is not simply to meet your service needs, but to exceed them. All the employees at PRIA are dedicated to achieving this goal and distinguishing ourselves from the competition.



Firefighter Cancer Benefit

<u>Term</u>: TBD/Annual

<u>Company</u>: ACE American Insurance Company

(Rated A++ XV by A.M. Best)

Eligibility	Exposure
Class 1: All Full-time Firefighters of the Policyholder who <u>have been</u> employed for at	30
least 5 continuous years (Cancer Diagnosis & Cancer Death)	
Class 2: All Full-time Firefighters of the Policyholder who <u>have not been</u> employed for at least 5 continuous years (Cancer Death Benefit Only)	23
Class 3: All former Full-time Firefighters of the Policyholder who were employed for at least 5 continuous years and who have terminated their employment with the Policyholder after the Policy Effective Date and elected to continue coverage in his or her employer-sponsored health plan or group health insurance trust fund (Cancer Diagnosis Benefit Only)	0

Plan Benefits & Covered Activities:	Limit:
First Diagnosis Cancer Benefit:	
Class 1 Lump Sum Benefit	\$25,000
Accidental Death Benefit:	
Class 1 Principal Sum	\$75,000
Class 2 Principal Sum	\$75,000
First Diagnosis Benefit Continuation:	
Class 3 Lump Sum Benefit	\$25,000

Important Notice:

This proposal helps satisfy the Lump Sum Benefit requirements of Florida Law Section 112.1816 **ONLY**. It does not provide all rights and benefits as prescribed in 112.1816.



Firefighter Cancer Benefit

Terms & Conditions included but not limited to:			
Who Is Eligible for Insurance?	An individual in one of the eligible classes shown in the <i>Schedule of Benefits</i> is eligible for coverage.		
When Does Coverage Go into Effect?	Insurance for an eligible individual is effective on the latest of the policy effective date or the date he or she becomes eligible.		
	Coverage for an eligible individual who is not in active service on the date insurance would otherwise be effective will not go into effect until he or she returns to active service.		
When Does Coverage Terminate?	An insured individual's coverage will end on the earliest of the date the policy terminates; the period ends for which premium is paid; or the date he or she is no longer eligible.		

Benefits & Features included but not limited to:			
First Diagnosis Cancer Benefit	We will pay the benefit shown in the Schedule of Benefits if a Firefighter is first diagnosed with Cancer while covered under this Policy and has been employed by the Policyholder for at least 5 continuous years. We will pay the First Diagnosis Cancer Benefit only once regardless of whether the Firefighter is diagnosed with more than one of the Covered Cancers.		
First Diagnosis Benefit Continuation	If a Firefighter terminates employment with the Policyholder and elects to continue coverage in his or her employer-sponsored health plan, we will continue the First Diagnosis of Cancer Benefit for 10 years from the date of termination.		
Accidental Death Benefit	If a Firefighter dies as the direct result of a Covered Cancer or treatment of a Covered Cancer while covered under this Policy, We will pay the Principal Sum shown in the Schedule of Benefits.		



Firefighter Cancer Benefit

Exclusions included but not limited to:

We will only pay benefits for a Covered Cancer or resulting from the treatment of a Covered Cancer. We will not pay benefits for:

- any illness or disease except for a Covered Cancer diagnosed while coverage under this Policy is in force;
- any other disease or incapacity that has been caused, complicated, worsened or affected by, or as a result of, Covered Cancer.
- a Covered Cancer or treatment of a Covered Cancer that is diagnosed prior to the Effective Date of a Firefighter's coverage.
- for first Diagnosis Cancer Benefits or First Diagnosis Benefit Continuations, any Covered Cancer unless the Firefighter has been or was employed by his or her employer for at least 5 continuous years.
- for death or medical expenses for which the Firefighter receives benefits under any Worker's Compensation Act, as an alternative to coverage under this Policy.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.



Firefighter Cancer Benefit Glossary of Terms

Please note, certain words used in this document have specific meanings.

"Covered Cancer" means a medical diagnosis by a Doctor of any of the following types of cancer. A Doctor certified as an Oncologist must confirm the diagnosis in writing.

- 1. Bladder cancer
- 2. Brain cancer
- 3. Breast cancer
- 4. Cervical cancer
- 5. Colon cancer
- 6. Esophageal cancer
- 7. Invasive skin cancer
- 8. Kidney cancer
- 9. Large intestinal cancer
- 10. Lung cancer
- 11. Malignant melanoma
- 12. Mesothelioma
- 13. Multiple myeloma
- 14. Non-Hodgkin's lymphoma
- 15. Oral cavity and pharynx cancer
- 16. Ovarian cancer
- 17. Prostate cancer
- 18. Rectal cancer
- 19. Stomach cancer
- 20. Testicular cancer
- 21. Thyroid cancer

"Covered Loss" or "Covered Losses" means a condition covered under the Policy.

"Doctor" means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Firefighter that is appropriate for the conditions and locality. It will not include a Firefighter or a member of the Firefighter's Immediate Family or household.

"Employer" means a state board, commission, department, division, bureau or agency, or a county, municipality, or other political subdivision of the state.

"Firefighter" means an individual employed as a full-time firefighter within the fire department or public safety department of an Employer whose primary responsibilities are the prevention and extinguishing of fires; the protection of life and property; and the enforcement of municipal, county and state fire prevention codes and laws pertaining to the prevention and control of fires.

"Insured" means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person.

"We," "Our," "Us" means the insurance company underwriting this insurance or its authorized agent.



Premium Recapitulation

		<u>Annual</u>	Check Option	
		<u>Premium</u>	<u>Accept</u>	<u>Reject</u>
Firefighter Cance	r Benefit	\$7,865.00		
	request the underwriters to bind cover			
acknowledge receip proposal.	t of the Compensation and Financial Co	ondition Disclosure(s) provided i	n this
	(Signature)			
	(Name & Title)			
	(Data)			
			s) provided i	ii uiis



Notes of Importance:

- 1. Quotes provided in the proposal are valid until 10/01/2019. After this date terms and conditions are subject to change by the underwriters.
- 2. Premiums are subject to change if all lines of coverage quoted are not bound. **Premiums are subject to 25% minimum premium upon binding.**
- 3. Not all coverages requested may be provided in this quotation.
- 4. The total premium is due within 30 days of inception. Premium financing can be arranged if needed.
- 5. Quote is not bound until written orders to bind are received from the insured and the Company subsequently accepts the risk.
- 6. Should signed application reveal differing details/data than original application received, the entire quote/binder is subject to revision and possible retraction.
- 7. Higher limits of liability may be available. Please consult with your agent.
- 8. This proposal is based upon exposures to loss made known to the Public Risk Insurance Advisors. Any changes in exposures (i.e. new operations, new acquisitions of property or change in liability exposure) need to be promptly reported to us in order that proper coverage may be put into place.
- 9. This proposal is intended to give a brief overview. Please refer to coverage agreements for complete information regarding definition of terms, deductibles, sub-limits, restrictions and exclusions that may apply. In the event of any differences, the policy will prevail.



Retail Compensation Disclosure

In addition to the commissions or fees received by us for assistance with the placement, servicing, claims handling, or renewal of your insurance coverages, other parties, such as excess and surplus lines brokers, wholesale brokers, reinsurance intermediaries, underwriting managers and similar parties, some of which may be owned in whole or in part by Brown & Brown, Inc., may also receive compensation for their role in providing insurance products or services to you pursuant to their separate contracts with insurance or reinsurance carriers. That compensation is derived from your premium payments. Additionally, it is possible that we, or our corporate parents or affiliates, may receive contingent payments or allowances from insurers based on factors which are not client-specific, such as the performance and/or size of an overall book of business produced with an insurer. We generally do not know if such a contingent payment will be made by a particular insurer, or the amount of any such contingent payments, until the underwriting year is closed. That compensation is partially derived from your premium dollars, after being combined (or "pooled") with the premium dollars of other insured's that have purchased similar types of coverage. We may also receive invitations to programs sponsored and paid for by insurance carriers to inform brokers regarding their products and services, including possible participation in company-sponsored events such as trips, seminars, and advisory council meetings, based upon the total volume of business placed with the carrier you select. We may, on occasion, receive loans or credit from insurance companies. Additionally, in the ordinary course of our business, we may receive and retain interest on premiums you pay from the date we receive them until the date of premiums are remitted to the insurance company or intermediary. In the event that we assist with placement and other details of arranging for the financing of your insurance premium, we may also receive a fee from the premium finance company.

Questions and Information Requests: Should you have any questions or require additional information, please contact this office at 386-252-6176 or, if you prefer, submit your question or request online at http://www.bbinsurance.com/customerinquiry.shtml.



Guide to Bests Ratings			
Best Category	Rating	Description	
Secure	A++	Superior	
Secure	A+	Superior	
Secure	Α	Excellent	
Secure	A-	Excellent	
Secure	B++	Very Good	
Secure	B+	Very Good	
Vulnerable	В	Fair	
Vulnerable	B-	Fair	
Vulnerable	C++	Marginal	
Vulnerable	C+	Marginal	
Vulnerable	С	Weak	
Vulnerable	C-	Weak	
Vulnerable	D	Poor	
Vulnerable	Е	Under Regulatory Supervision	
Vulnerable	F	In Liquidation	
Vulnerable	S	Rating Suspended	
Not Rated	NR-1	Insufficient Data	
Not Rated	NR-2	Insufficient Size and/or operating experience	
Not Rated	NR-3	Rating Procedure Inapplicable	
Not Rated	NR-4	Company Request	
Not Rated	NR-5	Not Formally Followed	
Rating Modifier	u	Under Review	
Rating Modifier	q	Qualified	
Affiliation Code	g	Group	
Affiliation Code	p	Pooled	
Affiliation Code	r	Reinsured	

Guide to Best's Financial Size Categories			
Reflects size of	I	Less than \$1,000,000	
insurance company	II	\$1,000,000 - \$2,000,000	
based on their	III	\$2,000,000 - \$5,000,000	
capital, surplus	IV	\$5,000,000 - \$10,000,000	
and conditional	V	\$10,000,000 - \$25,000,000	
reserve funds in	VI	\$25,000,000 - \$50,000,000	
U.S. dollars.	VII	\$50,000,000 - \$100,000,000	
	VIII	\$100,000,000 - \$250,000,000	
	IX	\$250,000,000 - \$500,000,000	
	X	\$500,000,000 - \$750,000,000	
	XI	\$750,000,000 - \$1,000,000,000	
	XII	\$1,000,000,000 - \$1,250,000,000	
	XIII	\$1,250,000,000 - \$1,500,000,000	
	XIV	\$1,500,000,000 - \$2,000,000,000	
	XV	Greater than \$2,000,000,000	

Public Risk Insurance Advisors always strives to place your coverage with highly secure insurance companies. We cannot, however, guarantee the financial stability of any carrier.

CHUBB

Letter of Intent

It is our intention to accept the proposal of the Cancer Insurance Policy offered by ACE American Insurance Company, a member insurer of the Chubb Group of Insurance Companies.

ignature:	
itle:	
ompany:	
ate:	
ffective Date of Coverage:	

Full-time Firefighters:

Number of Eligible Full-time Firefighters who have been employed by the Policyholder for at least 5 continuous years (First Diagnosis Lump Sum and Death Benefits):

Number of Eligible Full-time Firefighters who have been employed by the Policyholder for <u>less</u> than 5 continuous years (Death Benefits):

Number of Full-time Firefighters who have terminated employment with the Policyholder after 7/1/2019 and have continued coverage in his or her employer-sponsored health plan (First Diagnosis Lump Sum Continuation Benefits):