



First Responder Acknowledgments

[To Be Provided with the Summary of Benefits & Maintained by First Responder and Entity]

The **City of Savannah** (“the City”) provides First Responder PTSD Benefits (“Coverage through the City”) to its employed First Responders* and its volunteer First Responders who are not employed First Responders with another Public Entity.* (*See definitions in the Summary of Benefits.) *This document is not a contract or a description of coverage and does not create any rights. In the event of a conflict, the terms of the applicable Policy control.*

Coverage Status through the City for First Responder Named Below:

Covered through the City if Employed as a First Responder for the City.

Covered through the City if Serving as a Volunteer First Responder for the City and Not Employed as a First Responder by any other Public Entity

NOT COVERED through the City (But Entitled to Similar Coverage) if Serving as a Volunteer First Responder for the City and Also Currently Employed as a First Responder by another Public Entity

Acknowledgments:

I have received a copy of the Summary of Benefits, which applies if I am Covered through the City now or will apply if I become Covered through the City at a later date.

I am able to access GFRPTSDinsurance.com, which contains the full description of the Coverage and its requirements (the Certificate) as well as important Privacy Notices and claim forms.

If I am a volunteer First Responder for the City, I must notify the City if I become employed as a First Responder with any other Public Entity or am no longer employed as a First Responder with any other Public Entity.

If “Not Covered” according to the criteria above, I acknowledge and understand:

- The other Public Entity for whom I am a paid First Responder must provide me similar coverage.
- If I am unsure of whether my coverage is through the City or another Public Entity and I am diagnosed with occupational PTSD, I should submit a claim to MetLife, who will help determine the proper source of any coverage. **I should file any claim for benefits directly with MetLife and I do not need to notify the City that I am making a claim.**

If “Covered” according to the criteria above, I acknowledge and understand:

- The Summary of Benefits applies to me. It is available upon request from my employer, and I can review the full description of the Coverage and its requirements (the Certificate) as well as important Privacy Notices and claim forms on gfrptsdinsurance.com.
- **I should file any claim for benefits directly with MetLife and I do not need to notify the City that I am making a claim.**
- If I am diagnosed with PTSD after termination of my regularly scheduled First Responder services for the City and the PTSD is associated with a traumatic event that occurred while I was



performing First Responder services for the City, I may be eligible for benefits according to the terms of the Certificate available at GFRPTSDinsurance.com.

Name of First Responder _____

Signature: _____ Date: _____