TN Department of Commerce & Insurance

Request for Insurance Reimbursement for Local Governments

In accordance with Tenn. Code Ann. § 8-27-404, _____ is
(Local Government/Agency)

notifying the Commissioner of Finance and Administration that the local government will continue to provide health insurance benefits to the surviving spouse and children, including any unborn child, of the deceased first responder, _____ , who was killed in the
(Name of first responder)

line of duty on _____for a period not to exceed two (2) years after the death of
(Date of death)

the first responder.

The local government's portion of the health insurance premium for which it is seeking reimbursement is _____. Further, the local government requests reimbursement on the following periodic basis:

☐ Monthly ☐ Quarterly ☐ Annually

The local government further agrees to notify the Commissioner of Finance and Administration and the Commissioner of Commerce and Insurance of any change that would alter the amount of premium and benefits for which reimbursement is sought, coverage and eligibility of parties under the plan or timing of requested reimbursement. Finally, _____ is designated as the local official whom the State should contact for any questions regarding this application and can be reached at _____ and _____.
(E-mail) (Telephone)

By signing below, I affirm that the information contained herein is accurate, and I understand that by making a false statement in this application, I am subject to the penalties of perjury pursuant to Tenn. Code Ann. § 39-16-702(a)(4).

_____ _____
Signature of Local Official Date