**Cancer Insurance Acknowledgement**

The Public Safety Cancer Insurance Policy Program is administered by PSPRS for eligible fire fighters, certified peace officers, corrections officers, detention officers or other members as defined by statute. A.R.S. §§ 38-641 through 38-645.

You are enrolled in the cancer insurance program; You will automatically receive an extension of this plan into retirement as prescribed in statute.

***Please review and initial the items below pertaining to your cancer insurance eligibility after retirement.***

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|  |  | I understand that my cancer insurance coverage will continue at no cost to me for an extended period of time. This extension period is calculated at a rate of 5 months for every year of credited service, including years in DROP.(A.R.S. 38-644). |
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|  |  | I understand if I am submitting a claim, I have 24 months from the date the claim was incurred to submit my claim to PSPRS. Claims can be denied if not received within this time frame. |
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|  |  | I understand that if I have received a diagnosis of cancer prior to the completion of my cancer coverage extension period, I may continue in the plan if I pick up the cost of the annual premium from that date forward. (PSPRS will send a 90-day notification to you prior to the completion of the extension period).  Premiums are set annually by the Board of Trustees per statute (A.R.S. 38-641), not to exceed $180 per year, and are invested by PSPRS in a trust used to pay members claims. |
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|  |  | I understand that if I have had no diagnosis of cancer prior to the ending of my cancer coverage extension period, my plan will terminate. |
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|  |  | I understand that I would not be eligible for benefits under the program if there is any evidence that the cancer that forms the basis for a benefit claim under the program existed before my membership in the Public Safety Personnel Retirement System: or the Corrections Officer Retirement Plan: or my participation in the Public Safety Personnel Defined Contribution Retirement Plan. |
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|  |  | I understand that there is a plan document available for my review at [www.psprs.com](http://www.psprs.com) |

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| PRINT Member’s Name |  | Date |
| Member’s Signature | | |