



## GMA - GIRMA Georgia First Responder PTSD Program Proposal for Coverage

**Effective Date: January 1, 2025**

**Anniversary Date: January 1**

**Member: Augusta-Richmond County**

**Member Number: 0000011**

**Insurer: Metropolitan Life Insurance Company (MetLife)**

There are two coverage components required by House Bill 451 (2024) effective January 1, 2025:

- 1) Lifetime Critical Illness Lump Sum PTSD Diagnosis Benefit
- 2) Lifetime Long-Term PTSD Disability Benefit (Income Replacement)

The GMA-GIRMA Critical Illness Lump Sum PTSD Diagnosis Benefit and Long-Term Disability (Income Replacement) coverage components are designed to comply with House Bill 451 when purchased together. However, a city is permitted to purchase only one component if you have existing coverage that complies with the new law.

**Estimated annual premiums are based on the Eligible First Responder census data provided by the city. While the premiums below are estimated annual amounts, the city will be billed on a semiannual basis in an amount that reflects the city's updates to the census.**

<b>Component 1: Lump Sum PTSD Diagnosis Benefit –</b>		
<b>All First Responders</b>		
Lifetime Benefit per first responder:	\$3,000	<b>(Mandated Limit)</b>
<b>Lump Sum PTSD Diagnosis Benefit - Estimated Annual Premium for All First Responders:</b>		<b>\$40,894.00</b>

<b>Component 2: PTSD Disability Limit</b>		
<b>Employed First Responders</b>		
Monthly benefit:	60% of pre-disability first responder earnings	
Maximum monthly benefit per first responder:	\$5,000	
<b>Estimated Annual Premium for Employed First Responders:</b>		<b>\$90,678.00</b>
<b>Volunteer First Responders</b>		
Monthly Benefit per first responder:	\$1,500	
<b>Estimated Annual Premium for Volunteer First Responders:</b>		<b>\$0.00</b>
<b>PTSD Disability Limit – Estimated Annual Premium for All First Responders:</b>		<b>\$90,678.00</b>
<b>Estimated Annual Premium for Components 1 &amp; 2: Lump Sum PTSD Diagnosis Benefit and PTSD Disability Benefit</b>		<b>\$131,572.00</b>

This proposal is valid for 30 days after proposal is issued or until the effective date, whichever is later. This overview is not a part of the policy(ies) and does not provide or explain all provisions of the policy(ies).

11/4/2024



## **Optional Limits for Consideration:**

The coverage limits reflected for Lump Sum PTSD (\$3,000) and PTSD Disability Benefit (60% of earnings for employees and \$1,500/month for volunteers) on Page 1 of the Proposal for Coverage reflect the mandated amounts required by HB 451. However, if your city would like to purchase additional limits above the mandated amounts, the pricing is outlined in the table below. You can select a higher limit for Lump Sum PTSD only, a higher limit for PTSD Disability only, or a higher limit for both coverages. To elect a higher limit, please check the box beside the chosen limit(s).

**\*If you do NOT want to elect a higher limit, you can disregard this form. If optional limits are not selected, coverage will default to the minimum required limits in HB 451.**

**In order to bind coverage for this program (mandated OR optional limits), the executed Application and Participation Agreement as well as the enrollment documents are required.**

Lump Sum PTSD Diagnosis Limit	Total Premium Cost at Higher Limit	Check to increase limit
\$5,000	\$140,462.00	
\$10,000	\$163,576.00	
\$15,000	\$186,690.00	

PTSD Disability Benefit (Class 2 Volunteers ONLY)	Total Premium Cost at Higher Limit	Check to increase limit
\$2,000	\$131,572.00	

This document must be signed and returned to Lockton at [gfrptsd@lockton.com](mailto:gfrptsd@lockton.com) for the higher limits to be effective.

City Name: \_\_\_\_\_

Name of Authorized City Employee: \_\_\_\_\_

Title of Authorized City Employee: \_\_\_\_\_

Signature of Authorized City Employee: \_\_\_\_\_

Date: \_\_\_\_\_

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