

Authorized Representative (Print Name)

MONTANA MUNICIPAL INTERLOCAL AUTHORITY QUOTE FOR WORKERS' COMPENSATION OPTIONAL PRESUMPTION COVERAGE FOR VOLUNTEER FIREFIGHTERS

Coverage Quote for Presumption Coverage for Volunteer Firefighters		
Member:	City of Sidney	
Coverage Period:	July 1, 2022 through June 30, 2023	
· · · · · · · · · · · · · · · · · · ·	on coverage for certain cancers and oth er chooses to elect and pay for that cov presumption coverage.	
cost for presumption coverage is <i>in</i> coverage for each volunteer firefigh	age for the above coverage period is \$1 addition to the amount due for the stanter, which is \$6.766 per \$100 of payrolley's roster as of September 30, 2022, page 1	ndard workers' compensation I. Presumption coverage
form to Sandy Lang at slang@mmia July 31, 2022. If no response is reco	of Sidney accepts or rejects this options net or via fax to Sandy's attention at 40 eived by that date, MMIA will assume concoverage for your volunteer firefighte	06-449-7440 no later than overage is rejected. The next
For questions or concerns, please c	ontact Alan Hulse at 406-495-7014 or Sa	andy Lang at 406-495-7013.
Accept Optional Presumption Cove in addition to \$6.766 per \$100 of p	rage Quote for Volunteer Fire Fighters ayroll.	of \$108/firefighter per year
Authorized Representative (Print Name	e) Signature	 Date
Reject Optional Presumption Cove in addition to \$6.766 per \$100 of p	rage Quote for Volunteer Fire Fighters ayroll.	of \$108/firefighter per year

Signature

Date