

Request for Insurance Reimbursement for Local Governments

In accordance with Tenn. Code Ann. §	8-27-404,	isis
	(Local Govern	ment/Agency)
notifying the Commissioner of Finance	and Administration that the lo	cal government will continue
to provide health insurance benefits to	the surviving spouse and child	lren, including any unborn
child, of the deceased first responder, _	(Name of first responder)	, who was killed in the
line of duty on(Date of death)	_for a period not to exceed tw	to (2) years after the death of
the first responder.		
The local government's portion of	the health insurance premiu	m for which it is seeking
reimbursement is	Further, the local government	ment requests reimbursement
on the following periodic basis:		
Monthly	Quarterly	Annually
The local government further agrees to	notify the Commissioner of F	inance and Administration
and the Commissioner of Commerce a	nd Insurance of any change the	at would alter the amount of
premium and benefits for which reimbu	ursement is sought, coverage a	nd eligibility of parties under
the plan or timing of requested reimbur	rsement. Finally,	is
designated as the local official whom t	he State should contact for any	questions regarding this
application and can be reached at	(E-mail)	and (Telephone)
By signing below, I affirm that the info by making a false statement in this app Tenn. Code Ann. § 39-16-702(a)(4).		
Signature of Local Official		Date



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