RURAL VOLUNTEER FIRE DEPARTMENT INSURANCE PROGRAM
(HB 3667)

NOTICE OF OPEN ENROLLMENT / ACCEPTING APPLICATIONS

This special notice is being provided to announce the open enrollment period for calendar year 2012.

Protect your firefighters from the unexpected expenses that can come from an accident by acquiring any combination of compensation insurance for firefighters (Workers’ Compensation, Death, and/or Disability Insurance) purchased from Texas insurance companies.

PROGRAM DESCRIPTION...
The Texas Rural Volunteer Fire Department Insurance Program (HB 3667) is a grant program, not an insurance program. It is designed to reimburse volunteer fire departments for the purchase of insurance from private insurance companies.

WHAT IS ELIGIBLE...
Eligible coverage includes any combination of compensation insurance for firefighters (Workers’ Compensation, Death, and/or Disability Insurance) purchased from Texas insurance companies. Policies in force for calendar year 2012 are eligible. The insurance coverage must include a workers’ compensation or similar benefit, and a death benefit.

HOW MUCH WILL IT PAY...
The program will reimburse up to $96.00 per firefighter covered in calendar year 2012.

WHO IS ELIGIBLE...
Any chartered, non-profit volunteer fire department operated by its members is eligible. Any part-paid/part-volunteer department is also eligible, provided the number of paid members is 20 or less. Departments may enter into agreements with cities or counties in order to qualify for coverage and/or special premiums.

All eligible departments must participate in a firefighter certification program administered under Section 419.071 of the Texas Government Code (Texas Commission on Fire Protection), or by the State Firemen’s and Fire Marshal’s Association of Texas (SFFMA), or by the National Wildfire Coordinating Group (NWCG).
APPLICATION PROCEDURE

TO APPLY, PLEASE SUBMIT BEFORE AUGUST 31, 2012:

1) Application for Workers’ Compensation Insurance Assistance (Form FO-408)
2) Request for Taxpayer Identification Number and Certification (Form W-9)
3) Roster of fire department members.
4) Copy of a Payroll Classification Schedule Page 1 and 2, or a copy of the current year (2012) paid insurance policy, or payment Receipt for a Workers’ Compensation Insurance Policy, or Death Insurance Policy, or Disability Insurance Policy.

IMPORTANT NOTES:

- The policy or payment documents must show the cost of the policy for the coverage period.
- All required reimbursement documents must accompany the 2012 grant application form.
- Applications, either complete or incomplete, arriving after August 31, 2012 are not eligible for reimbursement.

Submit Via Mail or Fax to:

Texas Forest Service
Emergency Services Grants Unit
200 Technology Way, Suite 1162
College Station, Texas 77845-3424

Fax: 979-845-6160

The Application for Workers’ Compensation Insurance Assistance (Form FO-408), Request for Taxpayer Identification Number and Certification (Form W-9), and Fire Department Roster may be acquired from the following websites or by contacting the Texas Forest Service:

College Station (979) 458-5540

http://www.tamu.edu/ticc/  http://texasforestservice.tamu.edu