



GUIDE TO FILING A CANCER CLAIM

BEFORE STARTING A CLAIM, PLEASE REVIEW THE CHECKBOXES BELOW.

IF YOU HAVE ANY QUESTIONS OR CONCERNS,

PLEASE CONTACT ZORRINA HARMON AT CANCER@SCFIREFIGHTERS.ORG.

DEPARTMENT RELATED CANCER CLAIMS

1. To initiate a claim, please visit the following website at: www.scfirefighterscancer.com.

- You will need to fully complete the contact form by entering your information as the Claimant, as well as the information of the Chief/Authorized Member of the Fire Department or Forestry. If a fully completed contact form is submitted Monday through Friday before 3:00 p.m. EST, a First Notice of Claim (FNOC) form will be sent to you at the email address you provided by the end of the same business day. Request received after 3:00 p.m. EST Monday through Friday will be sent by 10 a.m. EST the next business day. Upon receipt of the form, please follow the steps provided in the email.

2. Once the FNOC is completed and submitted, email Cancer@scfirefighters.org:

- ☐ **Two forms** of proof that you are a South Carolina resident such as 1) a Drivers Licenses or State Approved ID (unexpired) and 2) a utility bill (no more than 90 days old with same name and address as claimant) **OR** a copy of lease or mortgage (with same name and address as claimant).
- ☐ Proof that you were an active firefighter for a South Carolina Fire Department/Forestry for 5 continuous years (Ex: Certificate of Fire Department Associations available through the State Fire Marshal's Office is preferred, or a Membership Application indicating date, meeting minutes accepting member into membership, or a letter from FD indicating length of active service).
- ☐ If retired, terminated, or separated from the fire department, proof that your diagnosis occurred within 10 years of active fire service (Ex: Certificate of Fire Department Associations available through the State Fire Marshal's Office is preferred, or meeting minutes identifying separation/retirement of the member, a letter from FD indicating official date of termination, separation, or retirement).
- ☐ Proof of a definitive and unequivocal diagnosis on or after July 1, 2021, made by a physician specializing in the condition for which the benefits are being claimed. Pathology report from a biopsy is preferred. In its absence, on a case by case basis, we will review MRI, CT Scans, Pet Scans, or other testing that may support the diagnosis.
- ☐ The Cancer Expense Reimbursement Benefit is available to cover deductibles, co-insurance, or co-pays. For reimbursement: Please present a HCFA1500, UB04, or CMS1500 (that includes an applicability of assignment and any balance due), related Primary Health Insurance Explanation of Benefits (EOB), and any receipts regarding proof that payment has been made.

(See Page 2 for Cancer Related Death Claims)

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CANCER RELATED DEATH CLAIMS

***Eligibility requirements for Death Claims are identical to Department Related Cancer Claims shown above.**

1. To initiate a claim, please visit the following website at: www.scfirefighterscancer.com.
 - The beneficiary will need to fully complete the contact form by entering the decedent's information as the Claimant, as well as the information of the Chief/Authorized Member of the Fire Department or Forestry. If a fully completed contact form is submitted Monday through Friday before 3:00 p.m. EST, a FNOC form will be sent to you at the email address you provided by the end of the same business day. Request received after 3:00 p.m. EST Monday through Friday will be sent by 10 a.m. EST the next business day. Upon receipt of the form, please follow the steps provided in the email.
2. Once the FNOC is completed and submitted, email Cancer@scfirefighters.org the following:
 - Provident or department specific Beneficiary Form, or notarized letter from secretary on department letterhead certifying there is no beneficiary form available.
 - Pathology report from a biopsy is preferred. In its absence, on a case by case basis, we will review MRI, CT Scans, Pet Scans, or other testing that may support the diagnosis if not previously presented.
 - Death Certificate.
 - Medical records to support such death was a result of a Line of Duty Cancer or the treatment of such cancer (if necessary, the claim administrator will request these records).
 - Name(s) of the hospital(s) and medical provider(s) who treated the decedent related to the Line of Duty Cancer.
 - If applicable, any court documents naming an Administrator, Executor of the Estate, or applicable trust documentation.

YOU CAN MAIL OR EMAIL ALL CORRESPONDENCE TO:

South Carolina Firefighters Insurance Services

PO Box 211725

Columbia, SC 29221

(you can also fax to 803-454-1806, or email Cancer@scfirefighters.org)



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Firefighter Cancer Health Care Benefit insurance coverage is underwritten by AXIS Insurance Company under form series number VFCD-001-0220-SC. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the policy.



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