CITY OF JACKSONVILLE

CITY HALL, ST. JAMES BUILDING
117 WEST DUVAL STREET
JACKSONVILLE, FLORIDA 32202

AFFIDAVIT OF CLAIM PURSUANT TO FLORIDA STATUTE § 112.1816
(current employee)

STATE OF FLORIDA)
)
COUNTY OF DUVAL)

BEFORE ME, the undersigned authority, personally appeared, _____, who being first duly sworn, deposes and says:

1. My name is _____, I am over the age of eighteen (18) and am of sound mind. I give the following information, of which I have personal knowledge, both freely and truthfully, without any threat of coercion or promise of benefit.

INIT_____ 2. I am a current employee of the City of Jacksonville, Jacksonville Fire and Rescue Department (JFRD) and have been employed with JFRD continuously for over five (5) years. My primary responsibilities during my employment with JFRD have been the prevention and extinguishing of fires; the protection of life and property; and the enforcement of municipal, county, and state fire prevention codes and laws pertaining to the prevention and control of fires.

INIT_____ 3. I have not used any tobacco products during the past five (5) years.

INIT_____ 4. In the past five (5) years, I have not been employed in any position other than the JFRD I have not used any tobacco products during the past five (5) years.

5. I have been diagnosed with _____ (type of cancer) cancer by _____ (name of diagnosing physician). I was officially diagnosed on _____ (date of original diagnosis).

6. I ☐ have ☐ do not have a history of cancer. Type of cancer: _____ _____. Date of original diagnosis_____ _____

INIT _____ 7. I am hereby applying for benefits pursuant to Florida Statute § 112.1816, as an alternative to seeking benefits through worker's compensation. I agree that I will not seek worker's compensation benefits for my cancer listed in paragraph 5 above, or the treatment thereof, as required by Fla. Stat. § 112.1816(2). I further certify that I am not seeking benefits for anything I have been compensated for under worker's compensation and that if I subsequently decide to seek worker's compensation benefits for my cancer diagnosis and/or treatment, I will immediately notify _____, or her designated representative within the City the Jacksonville, and such notice will constitute a withdrawal of my application for benefits under Florida Statute § 112.1816.

INIT _____ 8. I agree that I will not seek reimbursement from the City of Jacksonville for any prescription drug coinsurance cost for which I have also been paid, or requested payable, under a separate copy assistance card, copy savings program, copay coupon, or other patient assistance program not provided through my employer; or reimbursement of copays, deductibles or coinsurance for which I have also been paid, or requested payable, under a coordination of benefits as a dependent covered on a secondary basis or by any insurance other than that provided by my employer.

INIT _____ 9. I agree that I will provide all medical documentation requested by the City of Jacksonville regarding my diagnosis of cancer and the treatment thereof, including a medical certification from my treating health care provider and documentation of expenses for which I seek reimbursement from the City of Jacksonville.

INIT _____ 10. I agree that I will be truthful and forthright when informing the City of Jacksonville of my need, if any, for leave due to cancer, or the treatment thereof. I further agree that I will not work in any other positions, with any other employers, while on leave from the City of Jacksonville due to cancer or the treatment thereof.

_____
Signature of Employee/Claimant

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me on this ____ day of _____, 20___, by _____, who is personally known to me or who produced _____ as identification and who did take an oath.

_____
NOTARY PUBLIC, State of Florida