



type of cancer prior to the diagnosis listed above or if you have a prior diagnosis list the type of cancer and date of original diagnosis. \_\_\_\_\_

6. 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.
7. 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.
8. 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.
9. 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