



## SARASOTA FIREFIGHTERS INSURANCE TRUST FUND

c/o Resource Centers, LLC  
4360 Northlake Blvd. Suite 206  
Palm Beach Gardens, FL 33410

561.624.3277 (phone)  
800.452.2454 (toll free)  
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***Martin A. Ferris, Founding Chairman***

DATE

NAME

ADDRESS

ADDRESS

RE: Sarasota Firefighters' Insurance Trust Fund- New Retiree

Dear NAME,

Congratulations on your eligibility for benefits from the Sarasota Firefighters Insurance Trust Fund ("Trust Fund"). The Trust Fund was created over 20 years ago by Local 2546 as a means of further securing long term affordable health care for its members. It is governed by a five person Board of Trustees composed of both current and retired firefighters which is responsible for all of its affairs.

In order for you to become enrolled and begin receiving benefits, enclosed please find the following forms which require your completion, signature and return to our office:

- **Health Trust Application**
- **Direct Deposit Form**
- **Retiree Information Form**
- **Beneficiary Form**
- **Benefit Election Form**

Among your benefit options (i.e. .Benefit Election Form), instead of receiving the "Life" or normal benefit form, you may elect to receive a 10-Year Certain form of benefit. This form guarantees a survivor benefit to your designated beneficiary in exchange for a lower monthly payment for up to 10 years (i.e. 120 monthly deposits) from the date of your benefit eligibility. In the event of your death prior to your having received 120 deposits, your designated beneficiary will be eligible to continue to receive monthly deposits in the same amount for the remainder of your prescribed 10 year period. At that point, benefit payments would cease and your beneficiary would only be entitled to any remaining balance in your account from which to claim reimbursement. Should you elect the 10-Year Certain form and live past the first 10 years (or 120 monthly deposits), your monthly benefit will then revert back to the Life or normal form of benefit amount payable at that time, however, your designated beneficiary will no longer be eligible to receive any additional benefit deposits once you pass away. Nonetheless, as is always the case, any balance remaining in your benefit account after you die will continue to be available for distribution to your designated beneficiary.

The current Life or normal form of benefit is \$840 per month. The 10-Year Certain benefit amount is actuarially adjusted based upon your age at the time of election. Based on our records,

your adjusted benefit would be \$**AMOUNT**. **Please note that your selection of a benefit form is irrevocable once payments have begun.**

I have also attached a form to use when submitting recurring and/or non-recurring reimbursement claim requests. This form may also be downloaded from our website at: [Sarasota@ResourceCenters.com](mailto:Sarasota@ResourceCenters.com). Claims may be submitted online through our website at [www.ResourceCenters.com](http://www.ResourceCenters.com); or via email to [Sarasota@ResourceCenters.com](mailto:Sarasota@ResourceCenters.com); or via fax to 561-624-3278; or mail to 4360 Northlake Blvd, Suite 206, Palm Beach Gardens, FL 33410.

Once we receive your completed, executed and notarized paperwork, an online account will be created for you. Reimbursements and banking information or address changes are due by the 15th calendar day of each month. Reimbursement payments are paid to Participants on the last business day of the month.

Please feel free to contact me directly should you have any questions or comments.

Regards,

Amber McNeill  
Administrator

Enclosures