



# Cancer Resource Guidebook

(C.R.G.B.)

## Denver Fire Department

Your resource in understanding the claim process from your first diagnosis

# Cancer Resource Guidebook

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# Cancer Resource Guidebook

## A message from your Fire Chief

Cancer is the leading cause of death among firefighters. According to the World Health Organization (WHO) firefighting has been reclassified as 'carcinogenic' and according to the National Institute for Occupational Safety and Health (NIOSH) firefighters have a 15 percent higher risk of cancer related deaths compared to the general public. Knowing all of these facts, as a Denver Firefighter and a public civil servant, your sole mission is to help those in need. Be it a medical emergency or a structure fire, each and every day you don your badge and uniform, and you selflessly protect lives and property. These individuals you do not know, but still, you selflessly and courageously put yourself in harm's way to help and serve those in need.

Cancer is one of the most dangerous and unrecognized threats to health and safety we as Firefighters will ever face. In your time of need, it is your family, your friends, and your department who are here for you. Let this Cancer Resource Guidebook (CRGB) and the Administration of the Denver Fire Department, in kind, serve you and your family and help you through this difficult time; the same way you have always helped others in their times of need. The goal of our department and the intent of this C.R.G.B. are to answer your questions and help guide you down the path to wellness and recovery. We will get through this difficult time together, side by side, your immediate family and your Fire Department family. As you have always been there for others, we are now here for you.

Respectfully,



Fire Chief Desmond G. Fulton  
Denver Fire Department

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## A: Acronyms and Definitions

AMA – American Medical Association

CBA – Collective Bargaining Agreement

CCMSI – Cannon Cochran Management Services, Inc

COSH – Council/Committee for Occupational Safety and Health

DFD – Denver Fire Department

EAP – Employee Assistance Program

EPI – Evaluation of Permanent Impairment

FAL – Final Admission of Liability

FPPA – Fire and Police Pension Association

GAL – General Admission of Liability

IAFF – International Association of Firefighters

LOD – Line of Duty

MMI – Maximum Medical Improvement

PMI – Permanent Medical Impairment

VCAP – Voluntary Cancer Award Program

Workers' Compensation Cost Containment

Salary Continuation

Presumptive Cancer Rule

Death, disability, or impairment of health of a firefighter of any political subdivision who has completed five or more years of employment as a firefighter, caused by cancer of the brain, skin, digestive system, hematological system, or genitourinary system and resulting from his or her employment as a firefighter; shall be considered an occupational disease.

Any condition of impairment of health described in subsection (1) f this section:

Shall be presumed to result from a firefighter's employment if, at the time of becoming a firefighter or thereafter, the firefighter underwent a physical examination that failed to reveal substantial evidence of such condition or impairment of health that pre-existed his or her employment as a firefighter;

Shall not be deemed to result from the firefighter's employment if the firefighter's employer or insurer shows by preponderance of medical evidence that such condition or impairment did not occur on the job.

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## B: Resources

### B.1 Cancer Wellness Resources

There are several different resources available to help you navigate through the diagnosis and treatment of cancer. These resources range from help in navigating the medical side of cancer and understanding the disease, help with financial issues, and help to mentally cope with diagnosis of cancer for both you and your family.

Note, when searching the internet for resources pertaining to cancer be cautious on the websites you visit, as some can cause more harm than help. This is especially true when visiting blogs in dealing with cancer, while some can be comforting, others can be disturbing. The websites below are recognized nationally as leaders in cancer (occupational disease) research, treatment, and support.

#### **B.1.1 Understanding Cancer: American Cancer Society – [www.cancer.org](http://www.cancer.org)**

The American Cancer Society, by far, is the most comprehensive website relating to cancer. Several resources are available including specific resources relating to different cancers.

#### **B.1.2 National Cancer Institute – [www.cancer.gov](http://www.cancer.gov)**

This United States Government website is a comprehensive site giving information on different types of cancer, their treatment, research, causes, prevention, screening, statistics, and resources for coping.

#### **B.1.3 Your Physician**

Your physician can help you with information that pertains to your diagnosis and help you obtain resources. Your physician is an integral part of your team in helping you navigate through this time in you and your family's life.

#### **B.1.4 Colorado Professional Firefighters (CPFF) – [www.cpfffoundation.com](http://www.cpfffoundation.com)**

This United States Government website is a comprehensive site giving information on different types of cancer, their treatment, research, causes, prevention, screening, statistics, and resources for coping.

#### **B.1.5 Firefighter Cancer Support Network (FCSN) – [www.firefightercancersupport.org](http://www.firefightercancersupport.org)**

The Firefighter Cancer Support Network is a national network made up of firefighters and medical professionals to support firefighters and their families who have been diagnosed with cancer. They also provide cancer related training to fire departments throughout the nation.

#### **B.1.6 Kaiser Permanente – [www.kaiserpermanente.org](http://www.kaiserpermanente.org)**

Members must ask for the First Responder Physical to get the full cancer screenings. This is the most comprehensive physical to help find cancers. Kaiser Permanente provides information regarding cancer. If you are a patient in the Kaiser system, this website will help you navigate your medical records, pharmacy, appointments with your physicians and access resources to help cope with cancer. Also, your Kaiser physician will be able to give you information regarding your type of cancer, treatments, and help coping.

#### **B.1.7 OnCOLink – [www.oncolink.org](http://www.oncolink.org)**

OnCOLink was the first cancer information website on the internet, started in 1994, and remains one of the largest. This award-winning site is maintained by a group of oncology healthcare professionals who understand the needs of patients, caregivers, and healthcare professionals. OnCOLink's content is continually updated and ranges from treatment and disease information for a newly diagnosed patient, support through the side effects of treatment, and into survivorship.

#### **B.1.8 Mesotheliomahub – [www.mesotheliomahub.com/mesothelioma/risk-factors/firefighters-and-mesothelioma/](http://www.mesotheliomahub.com/mesothelioma/risk-factors/firefighters-and-mesothelioma/)**

This website focuses on information specific to mesothelioma and firefighters. It is an information site about

asbestos and its related dangers to firefighters. It will give you resources and other links to explore for more information.

**B.1.9 Sarah Cannon** – [www.sarahcannon.com/asksarah/](http://www.sarahcannon.com/asksarah/)

If you want to learn more about Sarah Cannon, have questions about cancer or simply need guidance through diagnosis, visit askSARAH and connect with a compassionate care provider.

**B.2 Resources available through the Denver Fire Department**

**B.2.1 Peer Support**

Peer support is a peer driven support community. The members are both Denver Firefighters and Professional staff who have been trained in mental health issues. For a complete list of all peer support members, please contact the peer support team at 720-593-6282 or visit [www.denverfirepeersupport.com](http://www.denverfirepeersupport.com).

**B.2.2 Local 858** – [www.iaff858.org](http://www.iaff858.org)

Local 858 has several resources available to help firefighters with cancer. Local 858 is a valuable resource regarding the Cancer Presumptive Legislation. The Health and Benefits Director can assist you in obtaining resources from Kaiser, the Denver Fire Department, and others. They also have a large number of resources available from the International Association of Firefighters (IAFF). Contact your Health and Benefits Director should you have questions at 303-228-5350.

**B.2.3 Employee Assistance Program (EAP) Guidance Resources** – [www.guidanceresources.com](http://www.guidanceresources.com)

Guidance Resources, contracts with the City and County of Denver to provide EAP services. Services available include counseling, financial information and resources, legal support and resources, and work-life solutions. Work-life solutions give you help with childcare, pet care, home repair resources, and many others. When contacting Guidance Resources, you can visit the website or call 1-877-327-3854. You will need a Company Web I.D., which is DENVER EAP.

**B.2.4 Wellness Program**

The Denver Fire Department, in cooperation with the Local 858, is committed to developing an overall wellness/fitness system to maintain uniformed personnel's physical and mental health. Through participation by all uniformed personnel in the department, this program will provide for rehabilitation and remedial support for those in need. For more information, please call the DFD Wellness Coordinator at 720-865-4095.

**B.2.5 Mental Resiliency Coordinator** – [DFDResiliency@denvergov.org](mailto:DFDResiliency@denvergov.org)

The Resiliency Coordinator will facilitate open and honest communication. The goal is to build trust, awareness, and confidence by utilizing vetted resources. A further goal is to foster environments that provide healthy lifestyles, appropriate coping, and safe work environments. Office contact: 303-944-4259. Cell contact: 303-386-6230.

**B.2.5 Department Physician** – [DFDPhysician@denvergov.org](mailto:DFDPhysician@denvergov.org)

The Department Physician is available as a medical resource to you and your family, primarily by helping to navigate the complexities of the health care system and your treatment plan, assisting with management of your work status and answering any questions you may have. Physician cell contact: 1-646-496-8945.

**B.3 Workers' Compensation Resources** – <https://cdle.colorado.gov/dwc/injured-workers>

For those whose claims are eligible under Workers' Compensation, The Colorado Department of Labor and Employment, Division of Workers' Compensation, oversees the Colorado Workers' Compensation law, policy, procedures, and their implementation in the State of Colorado. Their website has a significant number of beneficial tools including education materials and benefit calculators. They can be reached at 303-318-8700, 1-888-390-7936 (toll free), or [cdle\\_wccustomer\\_service@state.co.us](mailto:cdle_wccustomer_service@state.co.us).

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## C: Colorado Firefighter Cancer Trust

### C.1 Colorado Firefighter Cancer Benefits Trust – [www.cfhtrust.com](http://www.cfhtrust.com)

#### C.1.1 Overview

In 2007 State legislation was passed creating a presumption that certain types of cancer, when contracted by a firefighter with five or more years of service, was considered work related and caused by employment as a firefighter. This presumption moved the burden of proof from the firefighter to the employer but did not result in the ease of access to Workers' Compensation benefits expected. In 2017 State legislation created the Voluntary Cancer Award Program (VCAP) to address this concern by providing an alternative to the Workers' compensation system for firefighters who met the five-year employment requirement. The VCAP is a defined benefit program providing an immediate specified payment upon diagnosis of any of the following five currently covered cancers: brain, skin, digestive, hematological, or genitourinary. In 2021 the Trust added breast cancer as a diagnosis approved for coverage under the VCAP. Additionally, the Colorado Firefighter Heart and Cancer Benefits (CFHC) Trust Committee voted to add thyroid cancer coverage for all firefighters beginning July 1, 2022. The intent of the benefit is to cover any deductible or out-of-pocket costs you incur while in treatment. There is no requirement on how the benefit payment is spent.

The presumptive legislation applies to all firefighters with five or more years of service and has no defined termination date once a firefighter has retired. However, the VCAP eligibility terminates ten years after a firefighter retires or ends service. In such case, a firefighter would still qualify for Workers' Compensation benefits. If your cancer claim qualifies for coverage under the City's Workers' Compensation program see section D – Workers' Compensation.

#### C.1.2 VCAP Advantages for firefighters

- 1) **Investigation not Required:** When adjusting a cancer claim, it can take several months for an employer to obtain medical records and investigate prior employment, lifestyle, family history, and your medical history. When coverage is provided through the VCAP, you will no longer be subject to this type of an investigation.
- 2) **More Claims will be Eligible for Compensation:** More claims will be accepted on receipt of diagnosis with one of the six covered cancers. No investigation into the cause of the cancer will be needed upon confirmation of eligibility.
- 3) **Faster Pay Outs:** Claim process will be streamlined, and payments will start within ten days of confirmation to the Trust of a diagnosed cancer. Note, some award levels may be paid out over multiple payments.
- 4) **Line of Duty Benefits:** A diagnosis of cancer will enable eligibility as a line of duty event (see important medical benefit information in C.1.4 below).

#### C.1.3 Eligibility Requirements

The following conditions must be met to qualify for the VCAP benefit:

- 1) The City and County of Denver must be an active member of the VCAP Trust at the time of diagnosis.
- 2) Employment as a firefighter for five years (if part-time or volunteer firefighter, in active service for ten years). A break in active service of no more than one year will not be considered a break in continuous full-time employment for full-time firefighters.
- 3) A physical examination must have occurred at, or after, being hired, and prior to diagnosis.

#### C.1.4 Medical Benefit Payments

Your personal health benefit plan covers all medical care related to your cancer treatment. There is no provider requirement by the City or the Trust. You will continue the care as directed by your personal physician. Important: While cancer covered under the VCAP is considered Line of Duty, do not note that treatment is covered under a Workers' Compensation policy on your physician's treatment forms, as by participating in the VCAP, coverage is moved out of the Workers' Compensation system to the Trust.

### C.1.5 Initiating a VCAP Claim

Upon diagnosis of cancer covered under the VCAP program, notify DFD Administration, who will notify the Trust. Information required in the notice includes your name, address, contact information, date of event, treating medical facility and attending physician. The Trust's Claims Administrator will contact you to complete the official VCAP benefit claim form linked [here](#) and attached as Exhibit A.

Your treating physician will provide the Trust's Claims Administrator the Proof of Loss which must include diagnosis documentation supported by clinical, radiological, histological, pathological, and/or laboratory evidence. If it is not reasonably possible to provide proof of claim within 90 days after the date of the diagnosis for which an award is claimed or date of covered loss for which an award is claimed, it must be given no more than three years after the date of diagnosis.

The following awards are based on the stage of the Cancer at time of diagnosis. Please refer to the Cancer Type and Stage Chart (below) to identify award Levels.

<b>Award Level</b>	<b>Coverage Conditions</b>	<b>Applicable Award</b>
Zero A	Diagnosis that is covered for \$1,000 in treatment and medication paid by the provider	\$231
Zero B	Diagnosis that is covered for \$2,000 in treatment and medication paid by the provider	\$463
Zero C	Diagnosis that is covered for \$4,000 in treatment and medication paid by the provider	\$925
Zero D	Diagnosis that is covered for \$6,000 in treatment and medication paid by the provider	\$1,388
Zero E	Diagnosis that is covered for \$8,000 in treatment and medication paid by the provider	\$1,850
Zero F	Diagnosis that is covered for \$10,000 in treatment and medication paid by the provider	\$2,313
One	<i>Please see Type and Stage Chart below</i>	\$4,626
Two	<i>Please see Type and Stage Chart below</i>	\$10,407
Three	<i>Please see Type and Stage Chart below</i>	\$21,971
Four	<i>Please see Type and Stage Chart below</i>	\$30,644
Five	<i>Please see Type and Stage Chart below</i>	\$37,149
Six	<i>Please see Type and Stage Chart below</i>	\$47,990
Seven	<i>Please see Type and Stage Chart below</i>	\$80,513
Eight	<i>Please see Type and Stage Chart below</i>	\$102,195
Nine	<i>Please see Type and Stage Chart below</i>	\$199,765
Ten	<i>Please see Type and Stage Chart below</i>	\$264,811

The following describes the stage of the Cancer and the designated Award Level for purposes of awards under this voluntary Firefighter Cancer Awards Program:

STAGE OF CANCER →	0	1	2	3	4
TYPES OF CANCER ↓					
Skin	(Award 0) Abnormal cells are found in the squamous cell or basal cell layer of the epidermis	(Award 0) Confined to skin as thick as 10mm	(Award 1) Grown thicker up to 4mm, but not spread	(Award 6) Has spread to either nearby skin or nearby lymph nodes	(Award 8) Has spread to an internal organ, or is found on the skin far from the original melanoma, squamous cell carcinoma, or basal cell carcinoma.
Digestive (Stomach, as an example)	(Award 0) Limited to the inner lining layer of the stomach and have not grown into deeper layers	(Award 2) Has grown into the inner layer of the wall of the stomach, but it has not spread to any lymph nodes or other organs	(Award 5) Stage 2 has two types depending on severity of the spread. In general, the cancer is still limited to local tissues and lymph nodes at this stage	(Award 7) Stage 3 also has two types depending on severity of the spread. At this Award, the cancer may or may not spread to nearby organs or structures	(Award 9) A cancer of any size that has spread to distant parts of the body in addition to the area around the stomach
Genitourinary (Prostate, as an example)	(Award 0) No evidence of tumor in the prostate	(Award 2) Found in the prostate only and is usually made up of cells that look more like healthy cells and is likely to grow slowly	(Award 4) Has not spread outside of the prostate gland, but the cells are usually more abnormal and may tend to grow more quickly. It has not spread to lymph nodes or distant organs	(Award 6) Has spread beyond the outer layer of the prostate into nearby tissues. It may also have spread to the seminal vesicles	(Award 9) Any tumor that has spread to other parts of the body, such as the bladder, rectum, bone, liver, lungs, or lymph nodes
Hematological including Thyroid	(Award 0) Too many lymphocytes in the blood, but there are no other signs or symptoms of leukemia. chronic lymphocytic leukemia is indolent	(Award 0) Has lymphocytosis and enlarged lymph nodes. The patient does not have an enlarged liver or spleen, anemia, or low levels of platelets	(Award 3) Has lymphocytosis and an enlarged spleen and/or liver and may or may not have swollen lymph nodes	(Award 6) Has lymphocytosis and anemia. The patient may or may not have swollen lymph nodes and an enlarged liver or spleen	(Award 8) Has lymphocytosis and low levels of platelets. The patient may or may not have swollen lymph nodes, an enlarged liver or spleen, or anemia

<b>Brain</b>	<b>(Award 0)</b> In general, the cancer cells are still located in the place they started and have not spread to nearby tissues in the brain	<b>(Award 2)</b> A separate group of tumors called juvenile pilocytic astrocytoma (JPA). The term "juvenile" does not refer to the age of the patient, but the type of cell. This is a non-cancerous, slow-growing tumor that can often be cured with surgery. It is different from a low-grade astrocytoma or Grade II glioma, which are likely to come back after treatment	<b>(Award 5)</b> Tumor does not have dead cells in the tumor, called necrosis, but shows an abnormally large number of cells, called hypercellular	<b>(Award 8)</b> Tumor is hypercellular and has cells that are actively dividing, called mitosis. It is often called anaplastic astrocytoma	<b>(Award 10)</b> Tumor is usually a glioblastoma, also called glioblastoma multiforme or GBM. Cells in the tumor are actively dividing, and it has blood vessel growth and areas of dead cells in addition to the factors common to grade II and III tumors
<b>Breast</b>	<b>(Award 1)</b> No evidence of cancer cells outside breast; not invading nearby tissues. Cancer cells are only in the ducts of breast tissues. Non-invasive.	<b>(Award 2)</b> Type A: Tumor up to 2 cm confined to breast and lymph nodes are not compromised Type B: Small cancer cells found in lymph nodes but no tumor in breast or tumors only 2cm or less in breast	<b>(Award 5)</b> Type A: No tumor or small tumor less than 2cm in breast and cancer cells are found in 1-3 auxiliary lymph nodes; or a tumor between 2cm and 5cm in breast but has not spread to lymph nodes Type B: A tumor between 2cm and 5cm in breast and has spread to lymph nodes; or a tumor larger than 5cm but has not spread to lymph nodes	<b>(Award 7)</b> Type A: Any tumor size and has spread to 4-9 lymph node Type B: Tumor has spread to chest wall. It may or may not have spread to up to 9 lymph nodes Type C: Any tumor size and has spread to 10 or more lymph nodes	<b>(Award 8)</b> Tumor is any size and has spread to other organs

### Additional Awards

Coverage Conditions	Applicable Awards
Payment to the provider for actual cost for rehabilitative or vocational training employment services and educational training relating to the <b>Cancer</b> diagnosis;	Up to \$28,910 for services
Payment if a <b>Covered Individual</b> incurs cosmetic disfigurement cost resulting from a covered <b>Cancer</b> ; and	Up to \$11,564 payment
If the <b>Cancer</b> is diagnosed as terminal, the <b>Covered Individual</b> will receive a lump sum payment as an accelerated payment toward the awards due in the Awards section above.	Up to \$28,910 lump sum payment

Please review the full [2022-Trust-Cancer-Coverage-Plan-Document.pdf](https://cfhtrust.com/2022-Trust-Cancer-Coverage-Plan-Document.pdf) (cfhtrust.com) VCAP Cancer Coverage Plan for complete details.

### C.1.6 Time of Payment of Claims

Trust will pay the Award Level due as follows:

- a) Award Level 0 as a lump sum after an explanation of benefits from physician is received;
- b) Award Level 1 as a lump sum after adequate proof of loss is filed;
- c) Award Level 2 through 10 at a rate of \$4,000 paid twice monthly from the date of diagnosis, less any applicable offsets; or
- d) Immediately after Trust receive the proof of loss following the end of our liability. Any awards due will be paid when the Claims Administrator receives written (or authorized electronic) proof of loss.

### C.1.7 Additional Awards

By participating in the VCAP, additional awards may be available to you including:

Covered Conditions	Applicable Award
Payment to the provider for actual cost for rehabilitation or vocational training employment services and educational training related to the cancer diagnosis.	Up to \$27,250 for services
Payment if you incur cosmetic disfigurement cost resulting from a covered cancer.	Up to \$10,900 payment
If the cancer is diagnosed as terminal, you will receive a lump sum payment as an accelerated payment toward the awards due in the awards section above.	Up to \$27,250 in advance lump sum payment

Please review the full [VCAP Cancer Coverage Plan](#) for complete Plan details.

### C.1.8 Salary Continuation

Time off work for treatment of your work-related cancer is handled by the Safety Human Resources Leave team. Per the 2021 Collective Bargaining Agreement, you will receive 100% of your salary until your doctor determines you have reached Maximum Medical Improvement (MMI).

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## D: Workers' Compensation

### D.1 Workers' Compensation Overview

If your cancer was diagnosed prior to the City and County of Denver joining the Trust, you have less than five years of service as a firefighter, or you retired/ended service as a firefighter more than ten years prior to your diagnosis, you may still file a claim under the City's Workers' Compensation Program.

An employer who participates in a Voluntary Firefighter Cancer Benefits Program through the Trust, created pursuant to Part 4 of Article 5 of Title 29, C.R.S., is not subject to the worker's compensation cancer presumption set forth in C.R.S. § 8-41-209; however, when an employer ends its participation in the Trust, the employer will become subject to cancer presumption in C.R.S. § 8-4-209.

#### D.1.1 Risk Management

The Risk Management Division of the City's Department of Finance oversees Workers' Compensation claims for the City employees. Workers' Compensation claims are initiated by calling the Ouch Line at 303-436-OUCH (6824). The Ouch Line is staffed by Denver Health personnel and acts as both medical triage line as well as the initial report of a work-related injury.

### D.2 Initiating a Workers' Compensation Claim

**IMPORTANT! It is best to file a claim as soon as you become aware of a potential cancer diagnosis you believe to be work related. Colorado has a two-year Statute of Limitations to file a claim. The two years begin when you become aware of the illness.** The date of the occupational disease onset is likely the date the cancer diagnosis is made. The presumption applies only to diagnoses made after May 17, 2007. Regardless of severity, it is recommended that all cancers of the brain, digestive system, hematological system, genitourinary system, and skin must be reported. If you are currently employed by the City, notify your supervisor after calling the Ouch Line. Your supervisor must complete the "Supervisor Report of Accident or Incident" form and submit to Risk Management directly.

#### D.2.1 Calling the Ouch Line

The Ouch Line will ask you a series of questions needed to establish a claim, such as your name, social security number, address, work title, personal email and cell phone number. Providing this personal contact information is important so that your Claims Adjuster can reach you. The Ouch Line will also ask questions on the nature of your illness.

You will be provided a list of the City's designated Workers' Compensation clinics (designated to treat injured workers). Select your preferred clinic (note, you will be able to change this designated clinic once in the first 90 days after reporting your claim. Talk to your claims adjuster if you wish to make a change). For cancer claims, your personal physician will continue to treat your medical condition. The designated Workers' Compensation clinic will determine work restrictions and monitor the progress of treatment.

#### D.2.2 Your Designated Workers' Compensation Clinic

It is important that you make an appointment and see your designated Workers' Compensation clinic as soon as possible to establish any work restrictions. Once you have seen the designated clinic submit the paperwork to DFD Administration either in-person or confirm receipt of paperwork before leaving the clinic. This must be done for each visit.

### D.3 Workers' Compensation Claim Process

#### D.3.1 Assigned Claims Adjuster

The Workers' Compensation Unit within the Risk Management Division will receive the Ouch Line report and assign your claim to an adjuster. Generally, this is an adjuster who works for Cannon Cochran Management

Services, Inc. (CCMSI). Your adjuster is your primary contact for your Workers' Compensation claim and can answer any questions you have on the claims process.

### **D.3.2 Determine Eligibility**

The adjuster first must determine if your claim is eligible under the legislation. Determining eligibility (which means verifying illness occurred in the course and scope of and arises out of your employment, that you have worked at least five years as a fire fighter, that the type of cancer is of the type covered under the presumptive legislation, and that the claim was filed before the Statute of Limitations expired) is a responsibility of the adjuster, in coordination with your doctors and other medical professionals. The process may seem bureaucratic and burdensome, but it is important and required on all claims. If a claim does not meet the criteria for coverage, it must be paid for by your personal health care insurer. Your medical history, as well as employment history will need to be gathered to make a determination on eligibility. You will receive an opening packet which includes your adjuster's contact information, and the authorization forms you must sign for your adjuster to obtain information from your personal care physician and any other doctors you have seen in the past. It is important that you sign the authorizations and return them to your adjuster as soon as possible, so that eligibility can be determined. The adjuster will review the prior medical records and may send them to an oncologist or epidemiologist for review to determine whether (a) the cancer is covered by C.R.S. §8-41-209 and (b) whether there are other risk factors for the cancer. After reviewing reports from medical professionals, the adjuster will make a final decision on whether to accept or contest the claim.

### **D.3.3 Notice of Contest**

**IMPORTANT! The City must notify the Division of Workers' Compensation within thirty days of receipt of the claim, whether the claim is accepted or denied. This is not enough time to receive and review the information needed in order to make a determination. Therefore, a Notice of Contest must be filed. This Notice of Contest does not automatically mean that the City is permanently denying the claim. This simply means more time is needed to review the documentation in order to determine eligibility under the law. There is no legal time limit for the city to make a final determination as to whether your claim is compensable. However, every attempt is made to obtain the back-up documentation and make a decision in a timely manner.** During this time, please continue treatment with your personal care physician. Document any expenses you incur and be sure to discuss them with your adjuster. Incurred expenses MAY be reimbursable. Your adjuster can provide you with more information, including the type of documentation needed.

### **D.3.4 Accepted Claims**

If the claim is accepted, your adjuster will file a General Admission of Liability (GAL) with the Division of Workers' Compensation for medical and wage-loss benefits. Your adjuster will contact you to discuss the next steps. You can continue to receive care for the cancer through your authorized treating physician. You will need to visit your designated provider periodically to determine work restrictions and the progress of treatment.

### **D.3.5 Denied Claims**

If the claim is not accepted, your adjuster will notify you. Denial of a claim means that your adjuster was not able to determine that your claim meets the criteria for eligibility under the legislation and that your personal health insurance must continue to pay for your medical treatment. If you disagree with this decision, you may ask for a legal hearing before an Administrative Law Judge in the Office of Administrative Court to determine whether the cancer is compensable and/or to resolve any other disputed issues. You have two years to file an application for hearing after receiving the diagnosis. Your adjuster will provide you with more information about the denial and how to apply for a hearing. The first step is to file an application for hearing. Ten to twenty days after the filing of the application, the Office of Administrative Courts sets a date for the hearing. Typically, this is about three to four months later. You may wish to consult an attorney through this process. The city will be represented by an attorney. See Exhibit B for an example of the Notice of Contest form.

## **D.4 Rights in a Workers' Compensation Case**

For occupational disease claims arising out of the course and scope of employment, an employee's exclusive legal remedy against the city is under the Colorado Workers' Compensation Act.

Although you may be eligible for disability benefits in addition to medical benefits, you are not entitled to compensation for other items such as pain and suffering, loss of enjoyment of life, or loss of future wage-earning capacity.

The Workers' Compensation benefits available to you are:

#### **D.4.1 Medical Treatment**

Retain copies of any medical records received.

#### **D.4.2 Temporary Disability**

If your claim is accepted, the Workers' Compensation Act allows you to receive temporary, total, or partial disability benefits while receiving this care and while you are unable to perform your full duties at work.

**D.4.2.1** Under the Workers' Compensation Act, temporary total disability benefits are paid at two-thirds of your average weekly wage up to a maximum weekly amount. This amount is adjusted annually. However, firefighters who are unable to work due to a work-related injury or occupation disease are entitled under the City Charter (section 9) to receive their full salaries for up to one calendar year or 2,080 hours.

**D.4.2.2** Temporary disability benefits are required to be paid once every two weeks. Initially, it may take longer to receive the first check. These benefits stop when the firefighter: 1) is released to full duty (even if still in treatment), 2) reaches Maximum Medical Improvement (MMI), or 3) refuses a written offer of modified work within your physical restrictions.

**D.4.2.3** While you are an active firefighter, you will likely use vacation and/or sick leave while awaiting eligibility determination. Upon acceptance of a claim, this time will be reimbursed.

**D.4.2.4** Should you not return to work and are determined to be disabled under the Fire and Police Pension Association (FPPA), the payment for FPPA disability benefits will offset a portion of Temporary Disability total benefits and Permanent Disability total benefits. If you are determined by the FPPA to be totally disabled, as a result of your occupational disease, there is a beneficial tax treatment of FPPA benefits.

**D.4.2.5** Even though you may have serious doubts about the ability to perform the requirements of your job, if any authorized treating physician clears you to return to work, even with restrictions such as "Modified Duty", you must try to return to work. You must report to your supervisor with your restrictions and offer to return to work under those restrictions. If the clearance to return to work is refused, you must advise the DFD Administration. If you return to work and cannot do the job due to your occupational disease, then you should:

- 1) Inform your supervisor.
- 2) Call to make an appointment with the authorized treating physician.

**D.4.2.6** As of 2021, the Denver Fire Department Collective Bargaining Agreement provides 100% salary continuation until you have reached Maximum Medical Improvement (MMI). This benefit only applies to accepted/qualifying cancer claims.

#### **D.4.3 Permanent Partial Disability**

Once your authorized treating physician determines you have reached Maximum Medical Improvement (MMI), your temporary disability benefits cease even if you are unable to work due to the occupational disease. At this point, you may be entitled to Permanent Medical Impairment (PMI) benefits based on an impairment rating determination under the AMA Guideline to the Evaluation of Permanent Impairment (EPI) (Third Ed.) (Revised). The determination of the extent of impairment, if any, will be determined by the medical opinion from an authorized treating physician certified to perform ratings by the Division of Workers' Compensation.

#### **D.4.4 Permanent Medical Impairment (PMI)**

If your physical determines you have permanent medical impairment, allowable benefits are determined annually by the State. Your claims adjuster will provide you with the benefits applicable to your claim.

#### **D.4.5 Permanent Total Disability (PTD)**

If you are permanently unable to earn wages in any employment due to a compensable cancer claim, you will receive lifetime payments based on two-thirds of your average weekly wage subject to the state maximum amounts at the time of disability. Your claims adjuster will provide you with the amount to which you are eligible to receive.

#### **D.4.6 Dependent Benefits (if applicable)**

If you were to die as a result of a compensable cancer claim, your dependents, usually your spouse and your children under 21 years of age would be entitled to receive two-thirds your average weekly wage up to the state maximum. Your claims adjuster will work with your dependents on receipt of this benefit.

#### **D.4.7 Disfigurement (if applicable)**

If the compensable work injury or treatment results in permanent scarring or disfigurement, you can pursue a disfigurement award. Please contact your adjuster for information on the Division of Workers' Compensation maximum scarring award amount, which is determined based on the date of the initial injury.

#### **D.4.8 Mileage Benefits**

Record mileage to and from authorized treating physician and therapy visits and submit them to your adjuster. Your adjuster has a form to help you keep track of mileage in connection with all medical treatment, including physical therapy and chiropractic visits attended as part of your Workers' Compensation case. The DFD Administration can submit these forms and request mileage compensation on your behalf.

#### **D.5 Salary Continuation**

Time off work for treatment of your work-related cancer is handled by the Safety Human Resources Leave Team. Per the 2021 Collective Bargaining Agreement, you will receive 100% of your salary until your doctor determines you have reached Maximum Medical Improvement (MMI).

#### **D.6 Medical Treatment Issues**

In the majority of cases, do not expect the occupational disease specialist to be familiar with any of the DFD cancer presumption procedures. Any reimbursement to an authorized treating physician is subject to the Division of Workers' Compensation's medical fee schedule. Under the Workers' Compensation Act, authorized treating physicians are prohibited from attempting collection against individuals for authorized treatments. See C.R.S. §8-42-101 (d). However, if the treatment is rendered outside of the chain of authorization it could become your liability since most health benefit policies exclude payment for work-related occupational diseases.

You always retain the right to reject treatment. However, should treatment be rejected you may be considered at Maximum Medical Improvement (MMI) and any entitlement to any temporary disability benefits may stop. If there is a choice between surgery and a less invasive treatment, this choice, likely, will be given to you by the authorized treating physician. If you wish to challenge the authorized treating physician's impairment rating or determination that you have reached Maximum Medical Improvement (MMI), the Division of Workers' Compensation runs an Independent Medical Examination (IME) program. An individual requesting the exam pays the exam fees, which are currently around \$1,000.

The process of selecting an authorized treating physician to do the IME is complicated. It is recommended that you seek assistance, if needed, up to and including, the assistance of an attorney before applying for the Division IME. You have a right to future medical benefits as long as it is ordered by the authorized treating physician. You also have the right to re-open the case in certain limited situations.

Attend all testing and/or therapy appointments, do all home treatment exercise programs, and live within the physical limitations set by the authorized treating physician. If you are unhappy with the care you are receiving, please contact your adjuster. You are encouraged to maintain personal records regarding such things as how long the authorized treating physician spent talking at your appointment and examination, what the authorized treating physician said, and recommendations. Should your claim be denied, and you decide to appeal, you may be asked to testify about some of these issues later, so you should not rely on memory alone. You should always treat the authorized treating physician with respect and report any problems to your adjuster.

## **D.7 Additional Considerations**

### **Medical Durable Power of Attorney**

The Colorado Medical Durable Power of Attorney lets you name someone, called an agent, to make decisions about your medical care, including decisions about life support if you can no longer speak for yourself. It is advised that you complete this form, included in Exhibit C, and provide copies to all treating clinics and physicians.

### **Consulting an Attorney**

For your protection, it is critical to respond in a legally appropriate way to any legal documents submitted. Because of the complexity of the Workers' Compensation Act, and to protect your rights, you may consider consulting an attorney at your own expense. If you hire an attorney, the adjuster cannot communicate with you directly. All communications must be made through your attorney.

# Cancer Resource Guidebook

## Exhibit A – CFHTrust Form

[03-16-22-Cancer-Claim-Form-Fillable-Copy.pdf](http://cfhtrust.com/03-16-22-Cancer-Claim-Form-Fillable-Copy.pdf) (cfhtrust.com)



### Colorado Firefighter Heart and Cancer Benefits Trust Cancer Claim Form

A claim is being filed for the covered cancer type below:

- Skin    Digestive    Genitourinary    Brain    Hematological    Breast    Thyroid

Description of the severity of the cancer, including the current cancer stage:

Body Part:  
Cancer Type:  
Cancer  
Stage:  
Description:

### Section I – Employer Information (to be completed by the Employer)

Employer Name		Coverage Number (from Memorandum of Coverage)
Employer Address		Manager's Phone Number
Covered Individual Name	Covered Individual Date of Birth	Covered Individual Social Security Number
Covered Individual Address (Street Address, City, State and ZIP Code)		Covered Individual Phone Number and Email
Date of Diagnosis	Employer's Workers' Compensation Carrier and Policy Number:	

**Note:** Please also include a copy of the Diagnosis Report (if available).

Employer and Covered Individual must attest that eligibility for benefits under this program has been met by certifying the following statements.

**The above-named Covered Individual:**

- Is an active full-time (FT), part-time (PT), or volunteer (Vol.) employee of the department    FT    PT    Vol    Retired
- Is a full-time employee with 5 years or is a part time/volunteer employee who has at least 10 years of active service (36 hours of training each year) with any fire protection services department.   Yes   No
- Was listed on the last census filed with the Trust?

If "no", please explain:

- Performs duties that are directly involved with the provision of fire protection services
- Has not filed a claim or is expected to file a claim under any workers' compensation policy
- Has had a physical examination that would have reasonably found covered cancer
- To my knowledge has not consumed (e.g., smoked, chewed) tobacco or vaping products in the past 5 years

	Yes		No	
	Yes		No	
	Yes		No	<input type="checkbox"/> Unknown
	Yes		No	<input type="checkbox"/> Unknown
	Yes		No	

I hereby certify that the Covered Individual is a member of the Cancer Award Program under the above referenced Coverage Plan.

\_\_\_\_\_  
Title of Manager

\_\_\_\_\_  
Name of Manager (please print)

\_\_\_\_\_  
Signature of Manager

\_\_\_\_\_  
Date Signed

## Section II – to be completed by Covered Individual

The Covered Individual must attest that eligibility for benefits under this program have been met by certifying the following:

Is an active full-time (FT), part-time (PT), or volunteer (Vol.) employee of the department

FT  PT  Vol

Is a full-time with 5 years or part-time/volunteer employee who has at least 10 years of active service (36 hours of training each year) with any fire protection services department

Yes  No  Retired

Was listed on the last census filed with the Trust

Yes  No

If “no”, please explain:

Performs duties that are directly involved with the provision of fire protection services

Yes  No

Has not filed a claim or is expected to file a claim under any workers’ compensation policy

Yes  No  Unknown

Has had a physical examination that would have reasonably found cancer

Yes  No  Unknown

I have not consumed (i.e smoked, chewed) tobacco and vaping products in the past 5 years

Yes  No

The following section is for Volunteers only.

Normal Occupation	Normal Occupation Work Hours	Name of Normal Occupation Employer	
Address of Normal Occupation Employer		Contact Phone Number	Contact Fax Number
Contact Name for Normal Occupation Employer		Duties Unable to Perform for Normal Occupation	
Last Year Active as Volunteer (36 hrs. of Training)			

All Covered Individuals are required to complete the following section.

Physician’s Name	Physician’s Phone Number	Physician’s Fax Number
Physician’s Address (Street Address, City, State and ZIP Code)		
Attending Oncologist’s Name	Oncologist’s Phone Number	Oncologist’s Fax Number
Oncologist’s Address		
Other Information (please explain):		

*Covered Individual Signature Required:* I hereby certify the above information to be true and accurate to the best of my knowledge.

\_\_\_\_\_  
Name of Covered Individual (please print)

\_\_\_\_\_  
Signature of Covered Individual

\_\_\_\_\_  
Date Signed

**\*Please attach a copy of the physician’s diagnosis and the last medical examination record to this claim form.**

**Section III – Fraud Warning Statement (to be signed by Employer and Covered Individual)**

Any person who knowingly and with intent defrauds any insurance company or other person files an application for Coverage or statement of claim containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I hereby certify the foregoing statements made by me on this form to be true to the best of my knowledge. I am aware that if any of the foregoing statements on this form made by me are willfully false, I may be subject to penalties, which may include criminal prosecution.

_____ Signature of Manager	_____ Name of Manager (please print)	_____ Date Signed
-------------------------------	---	----------------------

_____ Signature of Covered Individual	_____ Name of Covered Individual (please print)	_____ Date Signed
--	--	----------------------

## Section IV – Authorization to Obtain and Disclose Information

To: Any health care provider, employer, benefit plan, insurer, financial institution, consumer reporting agency, educational institution, or Federal, State, or Local Government Agency, including the Social Security Administration and Veterans Administration. I authorize you to disclose to the Trust's Claims Adjusters at Sedgwick Claims Management Service, P.O. Box 14493, Lexington, KY 40512-4493, a complete copy of any and all of the following personal or privileged:

\_\_\_\_\_  
Covered Individual's Name (please print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Last 4 Digits of SSN

Any and all medical information or records, including x-ray films, medical histories, physical, mental or diagnostic examinations, and treatment notes, alcohol or drug abuse, and mental health, as such information may be related to my claim for benefits; work information and history including job duties; information on any insurance coverage and claims filed, including all records and, information related to such coverage and claims. The information obtained by use of this Authorization will be used for the purpose of evaluating and administering my claim for an Award under my employer's coverage plan. Such information shall be referred to herein collectively as "My Information." I understand that I have the right to revoke this Authorization for future disclosures, except to the extent action has been taken in reliance upon this Authorization. I must revoke this Authorization in writing directly to the Trust's Claims Administrators at Sedgwick Claims Management Service.

**ALSO UNDERSTAND** that once My Information has been disclosed to the Trust/Sedgwick Claims Management Service as permitted under this Authorization, it may be re-disclosed by the Trust/Sedgwick Claims Management Service as permitted by law or my further authorization authorize the Trust/Sedgwick Claims Management Service to use or disclose My Information (i) to my employer for: a) functions related to accommodating my disability; b) responding to claims related to accommodation or adverse or discriminatory treatment related to my claim; c) responding to any litigation or agency charge document production request or lawful subpoena; d) federal or state Family & Medical Leave Act administration; e) matters relating to its workers' compensation arrangements; or f) fulfilling fiduciary obligations under my benefit plan; (ii) to the administrator or other service providers of my employer's benefit plan or other benefit plans of my employer for plan-related functions; (iii) to any claim system used for claims processing or insurance broker to carry out functions related to my benefit plan or claim; (iv) to any health care professional who has treated or evaluated me or who may do so; (v) to other persons or entities performing business or legal services related to my claim; (vi) to my employer's workers' compensation insurance carrier or administrator; (vii) as may be lawfully required; or (viii) as may be necessary to prevent or detect perpetration of a fraud.

I understand that information disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient. I understand that I have the right to revoke this Authorization for future disclosures that the Trust/Sedgwick Claims Management Service may make unless the Trust/Sedgwick Claims Management Service has taken action in reliance upon this Authorization. I must revoke this Authorization in writing directly to the Trust/Sedgwick Claims Management Service. I understand that my medical treatment or payment for medical benefits cannot be conditioned on my allowing the Trust/Sedgwick Claims Management Service to re-disclose My Information. The authorizations set forth herein expire two years from the date listed below, or upon my revocation, if earlier, but will not exceed the term of my coverage under the policy or benefit plan, except as may be necessary to prevent or detect perpetration of a fraud. I understand that I am entitled to receive a copy of this Authorization upon request. A photocopy or facsimile of this Authorization shall be valid as the original. If there is a conflict between a prior request for restriction on the disclosure of My Information and this Authorization, this Authorization will control.

\_\_\_\_\_  
Name of Covered Individual (please print)

\_\_\_\_\_  
Signature of Covered Individual

\_\_\_\_\_  
Date Signed

*The Trust provides claim administration service through Sedgwick Claims Management Service.*



Colorado Firefighter Heart and Cancer Benefits Trust Cancer Claim Form

Section V – Attending Physician’s Statement for Cancer Diagnosis Award

To be completed by the Covered Individual

Name of Covered Individual	Social Security Number	Date of Birth
Address of Covered Individual (Street Address, City, State and ZIP Code)		
Name of Employer	Coverage Number	
I hereby authorize release of information on this form by the below named physician for the purpose of claim processing.		
_____ Name of Covered Individual (please print)		
_____ Signature of Covered Individual		_____ Date Signed

To be completed by the Attending Physician

Patient Name (please print)	Social Security Number	Date of Birth
Diagnosis and Concurrent Conditions (ICD-9 code)		
When did symptoms first appear? Date _____		
When did the patient first consult you for this condition? Date _____		
Has patient ever had same or similar condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes,” provide the date and a description below.		
Date of Condition: _____		
Description of previous similar condition:		
Nature of suggested treatment and estimates of reasonable time frame off work:		

Attending Physician’s Statement for Cancer Diagnosis Award continues next page

## Section V – Attending Physician’s Statement for *Cancer Diagnosis Award* (continued)

### To be completed by the Attending Physician

Is patient still under your care for this condition?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date _____					
Did you refer patient to another physician?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If “yes,” please provide the following:					
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____ Name of Referred Physician (please print)</span> <span>_____ Phone Number</span> </div>										
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;">                 Address of Referred Physician (Street Address, City, State and ZIP Code)             </div>										
Duration of time that the patient cannot continuously work at Normal Occupation*? From _____ Through _____										
Duration of time that the patient can perform some but not all duties of their Normal Occupation*? From _____ Through _____										
<b>*LIMITATION</b> If there is a limitation, please check:	<input type="checkbox"/>	Standing Walking	<input type="checkbox"/>	Climbing Stooping	<input type="checkbox"/>	Bending Lifting	<input type="checkbox"/>	Use of Hands Psychological	<input type="checkbox"/>	Sitting Other:
Attending Physician’s Name (please print)								Phone Number		
License Number								Fax Number		
Street Address (Street Address, City, State and ZIP Code)										
SSN or EIN				Degree				Specialty		
<div style="margin-bottom: 20px;">                 _____                  Name of Physician (please print)             </div> <div style="display: flex; justify-content: space-between;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Signature of Physician</span> <span>Date Signed</span> </div>										

# Cancer Resource Guidebook

## Exhibit B – Notice of Contest Form

[Notice of Contest Instructions](#)

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT DIVISION OF WORKERS' COMPENSATION

### NOTICE OF CONTEST

TO: WC #  
Social Security #  
Date of Injury  
Insurer Claim # Insurer  
Name Employer Name

Pursuant to Section 8-43-203, C.R.S., the undersigned employer or insurance carrier hereby notifies the claimant and the Division of Workers' Compensation that liability for the above-referenced claim is contested/denied for the following reason:

- Further Investigation for \_\_\_\_\_
- Injury/Illness Not Work-Related
- No Insurance Coverage \_\_\_\_\_
- Third-Party Involvement
- Other (please describe) \_\_\_\_\_

#### NOTICE TO CLAIMANT:

You may request an expedited hearing on the issue of compensability by filing an **Application for Hearing and Notice to Set and a Request for Expedited Hearing** with the Office of Administrative Courts. These forms *must* be filed within 45 days from the date of mailing on this Notice of Contest. If you don't file within 45 days, the hearing will be set within the usual time limits. You may call the Office of Administrative Courts in Denver at 303.866.2000, in Grand Junction at 970.248.7340, or in Colorado Springs at 719.576.2958, to obtain the forms.

Claim Representative \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_

**CERTIFICATE OF MAILING:** Copies of this document were placed in the U.S. mail or delivered to the following parties this \_\_\_\_\_ day of \_\_, \_\_\_\_.

List names and addresses of all persons copied: Claimant:

Claimant's Attorney: Employer:

Carrier's Attorney:

Division of Workers' Compensation: (Only electronic filing accepted.)

By: \_\_\_\_\_

### INSTRUCTIONS / DEFINITIONS

**Type or print legibly.**

**TO:** List the name and address of the injured worker to whom the Notice of Contest is mailed.

**WC#:** List the Workers' Compensation number assigned by the Division to the claim.

**Social Security #:** List the Social Security number of the claimant.

**Date of Injury:** List the date of injury associated with the claim.

**Insurer Claim #:** List the claim number assigned by the carrier or self-insured to the claim.

**Insurer Name:** List the name of the carrier or self-insured associated with the claim.

**Employer Name:** List the name of the employer associated with the claim.

**Reason for Contesting Claim:** Check only **ONE** reason for contesting the claim. If "Further Investigation" is checked, list the reason for the investigation. If "No Insurance Coverage" is checked, a reason can be listed. Use "Other" only if a listed option does not apply. If "Other" is checked, include a description.

**Claim Representative:** List the name of the individual claim adjuster who manages the claim.

**Phone #:** List the telephone number, including area code, of the claim representative.

**Address:** List the mailing address of the claim representative.

**Certificate of Mailing Date:** List the day, month, and year that this Notice of Contest was placed in the U.S. mail or delivered to the claimant and other parties. The date mailed and the date the form is completed are not always the same date.

**Names and Addresses:** List the name and mailing address of each party to the claim to whom this Notice of Contest was mailed or delivered. Space is provided for the claimant, claimant's attorney, employer, carrier's attorney, and the Division of Workers' Compensation. Complete name and address as appropriate.

The Division's copy of the Notice(s) of Contest is required to be filed electronically. All other parties' copies must be mailed.

**By:** The claim representative completing the form must sign the form as a representative of the carrier or self-insured attesting to the validity of the certification date.

**Block #:** List the block number assigned to the carrier or self-insured associated with the claim.

**Adj. Code:** If applicable, list the adjuster code assigned to the third-party administrator adjusting the claim.

**Division of Workers' Compensation 633 17th St., Suite 400  
Denver, CO 80202-3626  
303.318.8700**

WC74 -Rev 04/08

# Cancer Resource Guidebook

## Exhibit C – Power or Attorney

### [Sample Fillable PDF Form](#)

#### ADDENDUM TO MEDICAL DURABLE POWER OF ATTORNEY – RECOMMENDED, NOT REQUIRED

##### 1. Signature of the Appointed Agent

Although not required by Colorado law, my signature below indicates that I have been informed of my appointment as a Healthcare Agent under Medical Durable Power of Attorney for *(name of Declarant)*

I accept the responsibilities of that appointment, and I have discussed with the Declarant his or her wishes and preferences for medical care in the event that he or she cannot speak for him- or herself.

I understand that I am always to act in accordance with his or her wishes, not my own, and that I have full authority to speak with his or her healthcare providers, examine healthcare records, and sign documents in order to carry out those wishes. I also understand that my authority as a Healthcare Agent is only in effect when the Declarant is unable to make his or her own decisions and that it automatically expires at his or her death.

If I am an alternate Agent, I understand that my responsibilities and powers will only take effect if the primary Agent is unable or unwilling to serve.

\_\_\_\_\_  
*Primary Agent's Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Alternate Agent #1 Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Alternate Agent #2 Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

##### 2. Signature of Witnesses and Notary

The signature of two witnesses and a notary seal are not required by Colorado law for proper execution of a Medical Durable Power of Attorney; however, they may make the document more acceptable in other states.

This document was signed by *(name of Declarant)*

\_\_\_\_\_  
in our presence, and we, in the presence of each other, and at the Declarant's request, have signed our names below as witnesses. We declare that, at the time the Declarant signed this document, we believe that he or she was of sound mind and under no pressure or undue influence. We are at least eighteen (18) years old.

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Address*

##### Notary Seal (optional)

State of \_\_\_\_\_  
County of \_\_\_\_\_ }  
SUBSCRIBED and sworn to before me by

\_\_\_\_\_, the Declarant,

and \_\_\_\_\_

and \_\_\_\_\_

witnesses, as the voluntary act and deed of the Declarant  
this day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

# Cancer Resource Guidebook

## Closing Remarks

To the men and women of the Denver Fire Department who have selflessly helped those in need in the past, and those who currently protect lives and property, your service will always be remembered and appreciated. We hope you found this Cancer Resource Guidebook (C.R.G.B.) both informative and helpful. As this C.R.G.B. guides you through the process back to personal wellness and recovery, the Denver Fire Department is by your side. Should you require additional information or clarification, please contact the DFD Administration at 720-913-3455.

Sincerely,

DFD Administration

# Cancer Resource Guidebook

## Cancer Trust Flowchart – Appendix 1

### Cancer Trust Flowchart

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# Cancer Resource Guidebook

## Workers' Compensation Flowchart – Appendix 2

### Workers' Compensation Flowchart

