

## **Title 19: Department of Insurance**

### **Part 7: Fire Marshal's Office**

#### **Part 7 Chapter 15: First Responder Health and Safety Act Claims Procedures**

##### **Rule 15.01. Purpose**

The Mississippi Legislature in 2019 passed the Mississippi First Responders Health and Safety Act (“Act”) which establishes a mechanism for the state, counties, municipalities or fire protection districts to provide monetary benefits to first responders stricken by an occupational-related cancer. In an effort to fund this program, the Mississippi First Responders Health and Safety Trust Fund (“Fund”) was created by the Legislature in order to assist the state, municipalities, counties and fire protection districts with providing benefits required under the Act, with the Commissioner of Insurance administering this Fund. As the program becomes effective on January 1, 2024, this Regulation has been promulgated to provide guidance to the state, counties, municipalities, and fire protection districts in filing claims on behalf of eligible first responders for these monetary benefits.

Source: *Miss. Code Ann.* § 25-15-401 – 25-15-411 (Rev. 2018).

##### **Rule 15.02. Program Description**

First responders face a significantly higher risk of developing cancer due to exposure to carcinogens encountered in the line of duty. The connection between occupational cancer and firefighting is well-established. Smoke from the average house fire contains more than 140 hazardous chemicals, including carcinogens like arsenic and benzene. The program established under the Act provides benefits to first responders that are diagnosed with certain occupational related cancers as an alternative to workers compensation. If a first responder files for workers’ compensation due to the occupational cancer, they waive eligibility under this program.

Source: *Miss. Code Ann.* § 25-15-401 through 25-15-411 (Rev. 2018).

##### **Rule 15.03. Definitions.**

For purposes of this Regulation, the following words shall have the following meanings unless the context clearly indicates otherwise:

- A. “Cancer” means a disease caused by an uncontrolled division of abnormal cells in a part of the body or a malignant growth or tumor resulting from the division of abnormal cells. “Cancer” is limited to cancer affecting the bladder, brain, colon, liver, pancreas, skin, kidney, gastrointestinal tract, reproductive tract, leukemia, lymphoma, multiple myeloma, prostate, testicles and breast.

- B. “Firefighter” means any firefighter who has ten (10) or more years of service and is employed by the State of Mississippi, or any political subdivision thereof, on a full-time duty status, and any firefighter who has ten (10) or more years of service and is registered with the State of Mississippi, or a political subdivision thereof, on a volunteer firefighting status.
- C. “Law enforcement officer” means any officer who has been certified by the Mississippi Board on Law Enforcement Officer Standards and Training and has ten (10) or more years of service.
- D. “First responder” means any firefighter and law enforcement officer as defined in paragraphs (B) and (C) of this section.
- E. “Metastasized cancer” means the cancer is caused by an occupational hazard and that there are one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue and that either:
  - a. There is metastasis, and surgery, radiotherapy or chemotherapy is medically necessary;
  - b. There is a tumor of the prostate, provided that it is treated with radical prostatectomy or external beam therapy; or
  - c. The first responder has terminal cancer, his or her life expectancy is twenty-four (24) months or less from the date of diagnosis, and will not benefit from, or has exhausted, curative therapy.
- F. “Nonmetastasized cancer” means the cancer is caused by an occupational hazard and:
  - a. There is carcinoma in situ such that surgery, radiotherapy or chemotherapy has been determined to be medically necessary;
  - b. There are malignant tumors which are treated by endoscopic procedures alone; or
  - c. There are malignant melanomas.
- G. “Mississippi First Responders Health and Safety Trust Fund”, also referred to as “Fund”, means the special fund created by the Mississippi Legislature to assist the state, municipalities, counties and fire protection districts with providing benefits required by the Mississippi First Responders Health and Safety Act. The Fund is administered by the Commissioner of Insurance.

Source: *Miss. Code Ann.* §§ 25-15-403, 25-15-405 and 25-15-411 (Rev. 2018)

**Rule 15.04 Eligible Claimants and Benefits.**

Eligible first responders who are diagnosed with certain occupational related cancers shall be entitled to receive the following benefits:

A. Lump sum benefits:

- a. First responders with metastatic cancers that require surgery, radiation or chemotherapy or those diagnosed with terminal cancer will receive a payout of Thirty-five Thousand Dollars (\$35,000.00), in lieu of pursuing workers compensation coverage, depending on the severity of the cancer and life expectancy, and upon providing proof of diagnosis by a board-certified physician in the medical specialty of the particular cancer.
- b. First responders with nonmetastasized cancer will receive a payout of Six Thousand Two Hundred Fifty Dollars (\$6,250.00) in lieu of pursuing workers compensation coverage, and upon providing proof of diagnosis by a board-certified physician in the medical specialty of the particular cancer.
- c. The combined total of benefits received by any first responder under paragraphs (a) and (b) of this subsection during his or her lifetime shall not exceed Fifty Thousand Dollars (\$50,000.00).
- d. An eligible first responder who dies as a result of a compensable type of cancer, or circumstances arising out of the treatment of a compensable type of cancer, but does not submit sufficient proof of claim prior to the first responder's death, is entitled to receive benefits specified in paragraphs (a) and (b) of this subsection and the benefits may be made available to the deceased first responder's beneficiary or beneficiaries.

B. Disability benefits:

- a. Nonvolunteer first responders may receive disability benefits beginning six months after the date of disability at 60% of their monthly salary up to Five Thousand Dollars (\$5,000.00) per month, the first payment shall be made six (6) months after the total disability and shall continue for thirty-six (36) consecutive monthly payments unless the first responder regains the ability to perform his or her duties as determined by reevaluation under subsection (d) of this section, at which time the payments shall cease the last day of the month of reevaluation;
- b. Volunteer firefighters may receive disability benefits beginning six months after the date of disability in an amount up to One Thousand Five Hundred Dollars (\$1,500.00) per month, the first payment shall be made six (6) months after the total disability and shall continue for thirty-six (36) consecutive

monthly payments unless the first responder regains the ability to perform his or her duties as determined by reevaluation under subsection (d) of this section, at which time the payments shall cease the last day of the month of reevaluation;

- c. The monthly benefit shall be subordinate to any other benefit actually paid to the first responder solely for such disability from any other source, not including private insurance purchased solely by the first responder;
- d. Any first responder receiving the monthly benefits may be required to have his or her condition reevaluated. In the event any such reevaluation reveals that such person has regained the ability to perform duties as a first responder, then his or her monthly benefits shall cease the last day of the month of reevaluation; and
- e. In the event that there is a subsequent recurrence of a disability caused by a specified cancer, which precludes the first responder from serving as a first responder, he or she shall be entitled to receive any remaining monthly payments.

Any first responder who was simultaneously a member of more than one (1) fire or police department at the time of diagnosis shall not be entitled to receive benefits from or on behalf of more than one (1) fire or police department. The first responder's primary place of employment shall maintain coverage for the eligible first responder. A first responder shall only be eligible for these benefits if the cancer diagnosis occurs on or after the first responder's effective date of coverage, which shall be ten (10) years after their first date of employment or service.

Benefit payments will be paid to the eligible first responder on the first working day of each calendar month. Benefit payments made under the Mississippi First Responders Health and Safety Act are excluded from gross income and thus are not taxable.

Furthermore, an otherwise eligible first responder shall be precluded from the benefits listed under this section if he or she has filed for workers' compensation for the same diagnosis of cancer.

Source: *Miss. Code Ann.* §25-15-405 (Rev. 2018)

**Rule 15.05. Filing of Claims.**

An eligible first responder shall file a claim form with the Mississippi Insurance Department, a copy of which is attached hereto as Exhibit "A". The claim form must also provide written verification of the diagnosis by a board-certified physician in the medical specialty appropriate for the type of cancer diagnosed that the cancer was caused by an occupational hazard.

The claim may be filed electronically or through the U.S. Mail.

If sent via U.S. Mail:

Mississippi Insurance Department  
ATTN: First Responder Health and Safety Program  
P.O. Box 79  
Jackson, MS 39205-0079.

If sent electronically:

[FirstResponderFund@mid.ms.gov](mailto:FirstResponderFund@mid.ms.gov)

Within thirty (30) days of receipt, the claimant will be notified of the award of benefits, or that additional information will be needed in order to approve the claim. If a claim is denied, the reason for denial will be provided: to the claimant. Reasons for denial may include, but are not limited to, that the claimant was not eligible, that the cancer did not fall under the list of occupational cancer, or that the claimant has failed to submit the necessary documentation required to approve the claim.

Source: *Miss. Code Ann.* §25-15-409 (Rev. 2018)

#### **Rule 15.06. Appeals**

If the claim is denied, the claimant has the right to appeal within thirty (30) days of receipt of notification denying benefits. The appeals process consists of two steps: reconsideration and a contested hearing.

Reconsideration is intended to be an informal resolution of a claim. If the claimant disagrees with the original determination, he or she may request reconsideration by submitting a written request to the Mississippi Insurance Department's Legal Division. The claimant will receive a written decision of reconsideration.

If the claimant disagrees with the decision of reconsideration, he or she may request a hearing within fifteen (15) days of the decision of reconsideration before a hearing officer appointed by the Commissioner. This hearing shall be governed by the Administrative Hearings provision in 19 *Miss. Admin. Code*, Pt. 1, Rule 15.08. The decision made by the hearing officer will be the final decision of the Mississippi Insurance Department.

Source: *Miss. Code Ann.* §25-15-409 (Rev. 2018)

#### **Rule 15.07. Reevaluation of Disability Benefits**

Any first responder receiving disability benefits may be required by the state, county, municipality or fire protection district for whom he or she works to have his or her condition reevaluated to determine if that first responder has regained the ability to perform the duties of a first responder. If that reevaluation indicates that the first responder has regained the ability to perform the duties of a first responder, then the monthly disability benefits shall cease on the last day of the month the reevaluation was conducted. If there is no reevaluation performed, but the first responder's treating physician determines that the first responder is again able to perform

the duties of a first responder, then the disability benefits shall cease on the last day of the month that the physician made the determination.

Source: *Miss. Code Ann.* §25-15-405 (Rev. 2018)

**Rule 15.08 Alternative Insurance Coverage**

By January 1, 2024, the state, municipality, county or fire protection district is required to provide proof of insurance coverage that meets the requirements of the Act, or shall show satisfactory proof of the ability to pay such compensation to ensure adequate coverage for all eligible first responders to the Commissioner of Insurance. In an effort to assist the state, municipalities, counties and fire protection districts with funding these benefits, the Mississippi First Responders Health and Safety Trust Fund (“Fund”) was created by the Legislature in order to assist these entities with providing the benefits required under the Act, with the Commissioner of Insurance administering this Fund. However, while the state, municipalities, counties and fire protections districts may access these funds, they are not required to do so and may choose to provide funding for these benefits by using an alternative method.

Instead of using the Funds as administered by the Commissioner of Insurance, the state or any municipality, county or fire protection district may provide alternative methods to provide coverage that meets the requirements of the Act. If the state or any municipality, county or fire protection district decides to use another method to provide the required benefits, they must submit the form attached hereto as Exhibit “B” to the Commissioner of Insurance by January 1, 2024, and by January 1<sup>st</sup> of each year thereafter, of their continued intention to use an alternative method.

Source: *Miss. Code Ann.* §25-15-409 (Rev. 2018)

**Rule 15.09. Severability**

If any provision of this Regulation, or the application of the provision to any person or circumstance shall be held invalid, the remainder of the Regulation, and the application of the provision to persons or circumstances other than those to which it is held invalid, shall not be affected

Source: *Miss. Code Ann.* § 83-5-1 (Rev. 2022)

**Rule 15.10. Effective Date.**

This Regulation shall be in effect on and after January 1, 2024.

Source: *Miss. Code Ann.* § 25-15-409 (Rev. 2018)

MS Insurance Department Use Only:	
Application #:	Receipt Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Claimant type: <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Fire Fighter

**APPLICATION FOR BENEFITS  
FIRST RESPONDER HEALTH AND SAFETY ACT TRUST FUND**

**Mail to:** MISSISSIPPI INSURANCE DEPARTMENT  
 c/o LEGAL DIVISION – FIRST RESPONDER FUND  
 P.O. Box 79  
 Jackson, MS 39205-0079

**Email to:** FirstResponderFund@mid.ms.gov

**A. APPLICANT INFORMATION – to be completed and signed by the APPLICANT or legal representative.**

Applicant’s Name: \_\_\_\_\_ SSN: \_\_\_\_\_

If applying on behalf of a deceased first responder, please provide your name and relationship to deceased first responder \_\_\_\_\_  
 (Name) (Relationship)

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Gender:  Male  Female

Street Address: \_\_\_\_\_  
 Street (Apt.#) City State Zip Code

Mailing Address: \_\_\_\_\_  
 City State Zip Code

Home Phone Number \_\_\_\_\_ Cell/Other Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name and Address (Fire District if Volunteer Fire Fighter):

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Please indicate if you are a Firefighter: \_\_\_\_\_ Volunteer: \_\_\_\_\_

Law enforcement officer \_\_\_\_\_

Please indicate dates of service: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Tell us about your diagnosis, type, and prognosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you filed or do you plan to file for Workers' Compensation relating to this diagnosis?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Physician/Healthcare Provider Information:

Physician Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Benefits Requesting:

\_\_\_\_\_ Lump Sum

\_\_\_\_\_ Monthly Benefits

**Certification: I hereby certify that the above information is true and complete to the best of my knowledge. I know that any misrepresentation herein may lead to a rejection of this application and the Mississippi Insurance Department has the right to pursue civil and/or criminal action for the misrepresentation of such information.**

\_\_\_\_\_  
**Applicant's Signature**

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

\_\_\_\_\_  
**Representative (If signing on behalf of a deceased first responder)**

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



**B. PHYSICIAN CERTIFICATION. To be completed and signed by the PHYSICIAN treating you for event.**

Diagnosis/Condition: \_\_\_\_\_

Does the applicant's cancer diagnosis meet the following definition:

A disease caused by an uncontrolled division of abnormal cells in a part of the body or a malignant growth or tumor resulting from the division of abnormal cells. "Cancer" is limited to cancer affecting the bladder, brain, colon, liver, pancreas, skin, kidney, gastrointestinal tract, reproductive tract, leukemia, lymphoma, multiple myeloma, prostate, testicles and breast.

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, the applicant does not meet the criteria for benefits under the Fund.

Please identify if the cancer is metastasized or nonmetastasized based upon the following definitions:

\_\_\_\_\_ "Metastasized cancer" - the cancer is caused by an occupational hazard and that there are one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue and that either:

- There is metastasis, and surgery, radiotherapy or chemotherapy is medically necessary;
- There is a tumor of the prostate, provided that it is treated with radical prostatectomy or external beam therapy; or
- The first responder has terminal cancer, his or her life expectancy is twenty-four (24) months or less from the date of diagnosis, and will not benefit from, or has exhausted, curative therapy.

\_\_\_\_\_ "Nonmetastasized cancer" - the cancer is caused by an occupational hazard and:

- There is carcinoma in situ such that surgery, radiotherapy or chemotherapy has been determined to be medically necessary;
- There are malignant tumors which are treated by endoscopic procedures alone; or
- There are malignant melanomas.

Has this patient been treated for the same/similar condition prior to this diagnosis? If so, list related diagnosis and dates of treatment: \_\_\_\_\_

Is this patient permanently disabled due to cancer?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is this patient temporarily disabled due to cancer?

Yes \_\_\_\_\_ If yes, anticipated return to work date: \_\_\_\_\_

No \_\_\_\_\_

**Certification: I certify that the above information is true and complete to the best of my knowledge. I know that any misrepresentation herein may lead to a rejection of the patient's application and the Mississippi Insurance Department has the right to pursue civil and/or criminal action for the misrepresentation of such information.**

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Name (Please Print)

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Email Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Tax ID.: \_\_\_\_\_

Patient ID#: \_\_\_\_\_

**NOTE: Please make a copy of the employee's signed Authorization for Release of Records (Section D) for your records.**

**C. EMPLOYMENT INFORMATION. To be completed and signed by your EMPLOYER.**

Name of Employer (Fire District if Volunteer Fire Fighter)

\_\_\_\_\_  
Mailing Address City State Zip Code

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Employee's Job Title: \_\_\_\_\_

Employee's Dates of Service: \_\_\_\_\_

For the purposes of determining eligibility for benefits, Section 25-15-405, Mississippi Code Annotated (1972) sets forth the following definitions:

**“Fire fighter”** means any firefighter who has ten (10) or more years of service and is employed by the State of Mississippi, or any political subdivision thereof, on a full-time duty status, and any firefighter who has ten (10) or more years of service and is registered with the State of Mississippi, or a political subdivision thereof, on a volunteer firefighting status.

**“Law enforcement officer”** means any officer who has been certified by the Mississippi Board on Law Enforcement Officer Standards and Training and has ten (10) or more years of service.

**This employee \_\_\_\_\_ does \_\_\_\_\_ does not (check one) meet the criteria of one of the above definitions.**

**(Please attach a copy of the employee's Professional Certificate as being qualified to be a Mississippi Law Enforcement Officer or Fire Fighter to this application.)**

If Applicant is requesting monthly benefit payments, please provide the average hours per week the employee worked prior to this incident: \_\_\_\_\_ hours/week

Monthly salary \$ \_\_\_\_\_

Annual Salary \$ \_\_\_\_\_

Last work date: \_\_\_\_\_

Has the employee returned to work? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide date employee returned to work: \_\_\_\_\_

Is Applicant receiving Workers' Compensation for this medical event?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide any other information you feel is pertinent to the Applicant/Employee's application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification: I certify that the above information is true and complete to the best of my knowledge. I know that any misrepresentations herein may lead to a rejection of the applicant's application and the Mississippi Insurance Department has the right to pursue civil and/or criminal action for the misrepresentation of such information.**

**Furthermore, I will notify the Mississippi Insurance Department in writing the exact date this employee returns to work. This notification shall be submitted to the Department no later than ten days after the employee returns to work.**

\_\_\_\_\_  
**Employer Name (Please Print)**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

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

**NOTE:** Please make a copy of the employee's signed Authorization for Release of Records (Section D) for your records.

**D. AUTHORIZATION FOR RELEASE OF RECORDS.** To be completed by APPLICANT.

For the purpose of evaluating my eligibility for benefits including checking for and resolving any issues that may arise regarding incomplete or incorrect information on my application, I hereby authorize the disclosure of information from my physician/healthcare provider and from my employer to the Mississippi Insurance Department or its authorized representatives.

Health information may be disclosed by any physician or healthcare provider that has any records or knowledge about the incident referred to on this application. Non health information including earnings or employment history or any other facts deemed appropriate by the Mississippi Insurance Department or its authorized representatives to evaluate my application may be disclosed by any entity, person, or organization that has records about me, including but not limited to my employer, employer representative and compensation sources.

Any information the Mississippi Insurance Department or its authorized representatives obtain pursuant to this authorization will be used only for the purpose of evaluating and administering my application for benefits. The Mississippi Insurance Department or its authorized representatives will not disclose any information unless permitted by federal and/or state laws. I further authorize the Mississippi Insurance Department to notify my employer of any benefits received and any employer responsibilities as related to my claim.

This authorization is valid for two (2) years from its execution, and a copy is as valid as the original. I know that I may request a copy of this authorization to request this information. This authorization may be revoked by me at any time except to the extent the Mississippi Insurance Department or its authorized representatives have relied on the authorization prior to notice of revocation. If revoked, the Mississippi Insurance Department or its authorized representatives may not be able to evaluate my application for benefits. I may revoke this authorization by sending written notice to: Mississippi Insurance Department, c/o Legal Division - First Responder Fund, P. O. Box 79, Jackson, MS 39205.

You may refuse to sign this form; however, the Mississippi Insurance Department or its authorized representatives will not be able to evaluate your application or administer your claim for benefits. I am the individual to whom this authorization applies or that person's legal representative.

_____	_____
Applicant's Signature	Date
_____	_____
Applicant's Printed Name	SSN
_____	_____
Representative (If signing on behalf of a deceased first responder)	Date

**STATE OF MISSISSIPPI**

**COUNTY OF \_\_\_\_\_**

**Personally came and appeared before me, the undersigned authority in and for said county and state, the within named \_\_\_\_\_, who acknowledged to me that he signed and delivered the above forgoing waiver on the date therein mentioned and for the purpose therein expressed.**

**Given under my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

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**NOTARY PUBLIC**

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**My Commission Expires:**

Source: *Miss. Code Ann.* § 25-15-409 (Rev. 2018)

**NOTIFICATION OF ALTERNATIVE INSURANCE COVERAGE  
FIRST RESPONDER HEALTH AND SAFETY ACT BENEFITS**

**Mail to: MISSISSIPPI INSURANCE DEPARTMENT  
c/o LEGAL DIVISION – FIRST RESPONDER FUND  
P.O. Box 79  
Jackson, MS 39205-0079**

**Email to: FirstResponderFund@mid.ms.gov**

By January 1, 2024, the state, municipality, county or fire protection district is required to provide proof of insurance coverage that meets the requirements of the First Responder Health and Safety Act, or must show satisfactory proof of the ability to pay such compensation to ensure adequate coverage for all eligible first responders to the Commissioner of Insurance.

The state, municipalities, counties and fire protection districts may use the Mississippi First Responders Health and Safety Trust Fund ("Fund") to provide the benefits required under the Act, with the Commissioner of Insurance administering this Fund. However, while the state, municipalities, counties and fire protections districts may access these funds, they are not required to do so and may choose to provide funding for these benefits by using an alternative method.

**Completion of this form shall provide written notice to the Commissioner of Insurance of the entity’s proof of either insurance coverage or other ability to pay the compensation for any eligible first responder that they are responsible for providing said benefits.**

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Name of Entity

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Mailing Address City State Zip Code

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

The above named entity is hereby advising the Commissioner of Insurance that it will not be accessing funds from the Mississippi First Responders Health and Safety Trust Fund to pay for any benefits it may owe to an eligible first responder for calendar year \_\_\_\_\_.  
The entity has obtained the following funds in order to pay said benefits:

\_\_\_\_\_ Insurance Coverage

- Proof of Insurance must be attached
- Coverage amounts must be included

\_\_\_\_\_ Self-Funded

- Proof of self-funded plan must be attached
- Coverage amounts must be included

\_\_\_\_\_ Other Funding Mechanism

- Proof of Funding must be attached
- Coverage amounts must be included

**Certification: I certify that the above information is true and complete to the best of my knowledge. I know that any misrepresentations herein may lead to the Mississippi Insurance Department pursuing civil and/or criminal action for the misrepresentation of such information.**

\_\_\_\_\_  
**Entity Representative Name (Please Print)**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

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

Source: *Miss. Code Ann.* § 25-15-409 (Rev. 2018)