

# ***NEW JERSEY STATE FIREMEN'S ASSOCIATION***



## ***SECRETARY/ TREASURER MANUAL***

February 2020

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## INTRODUCTION

**This manual is for the edification and education of local officers.**

**It is recommended that the up to date Compendium and the By-Laws of Local Firemen's Relief Associations are read by all officers.**

**This manual has taken time and effort in its preparation. We hope it will bring a better understanding of the various forms needed for the operation of the New Jersey State Firemen's Association.**

# ***NEW JERSEY STATE FIREMEN'S ASSOCIATION***

1711 Route 34 South • Wall Township, New Jersey 07727

Telephone: (732) 798-8137 • (800) 852-0137

Fax: (732) 938-2580

**Robert F. Ordway, President**  
**Joseph T. Hankins, Vice President**  
**Barry J. Osborn, CPA, Treasurer**  
**Frank P. Cavallo, Esq., Counsel**

**Thomas J. Pelaia, Secretary**  
**Brian E. Martone, 1st Asst. Secretary**  
**Richard K. Dreby, 2nd Asst. Secretary**  
**James J. Kenny, Field Examiner**

**Directions to: New Jersey State Firemen's Association**  
**1711 Route 34 South**  
**Wall Township, NJ 07727**

## **From the Garden State Parkway:**

Take the Garden State Parkway (both North and South) to Exit 98 Follow signs for Route 34 North. Follow Route 34 North for 2 traffic lights Airport Blvd. Take the Jug Handle and cross Route 34 and continue to the first right which is the entrance to our parking lot. Entrance is off the parking lot.

## **From Route 195:**

Take Route 195 East to Exit 35B. Follow signs for Route 34 North. Follow Route 34 North for 2 traffic lights Airport Blvd. Take the Jug Handle and cross Route 34 and continue to the first right which is the entrance to our parking lot. Entrance is off the parking lot.

## **From Route 18:**

Take Route 18 South to Exit 19B. Merge onto Route 34 South. At the Route 34/Route 33 Traffic Circle take first exit and follow Route 34 South for 2 traffic lights. Turn right and make the first right into parking lot. Entrance is off the parking lot.

# ***NEW JERSEY STATE FIREMEN'S ASSOCIATION***

1711 Route 34 South • Wall Township, New Jersey 07727-3934

Telephone: (732) 798-8137 • (800) 852-0137

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**James J. Kenny, Field Examiner**

## **RECORDS RETENTION**

- A. - Financial records: Retain for 7 Years
- B. - Account Ledgers: - Retain – Permanent
- C. - Bank Books, statements, checks, deposit slips, etc: Retain 7 Years
- D. - Yearly Financial Report: Retain 7 Years
- E. - Relief Applications: Retain 7 Years
- F. - Correspondence: Retain 3 Years
- G. - Minutes: Retain - Permanent
- H. - Membership records (Master List): Retain 2 Years
- I. - Abridged Minutes Reports: Retain 1 Year
- J. - Active Membership Report (Green Sheets): Retain 2 Years

**Should you have any questions on the above or any other items, please call the office.**

## NOT-SEATED AT STATE CONVENTION

### **What does “Not-Seated” mean?**

- Delegates, Chief or Alternates shall not be seated at the Convention during the year the delinquency occurs.
- Exempt Delegate or their Alternate and Life Members may be seated but will not receive expenses towards the convention.
- The Officers of the Local Relief Association shall not be eligible to receive their expenses or salary for the year the delinquency occurs.
- The Executive Committee may impose the additional penalty on any local association, the withholding of the assessment check. State Statute 43:17-47 permits this to be done.
- Continued failure to file reports on time will lead to further penalties including being put “OUT OF ACCORD”.
- Although penalties have been enforced your reports are still required to be submitted to the State Office.

# OUT OF ACCORD

## **What does “Out of Accord” mean?**

- State Firemen’s Office handles all operations.
- No new Membership Applications shall be accepted.
- Service time stops for Members working toward qualification.
- Lost time can never be re-established. (No back time).
- Local Officers relieved of their positions. (If applicable)
- All Relief Applications shall be approved by the State Office.
- No seating of Delegates at Annual State Convention.
- Life Members may attend the Convention, but shall not receive expenses.
- No salaries shall be paid.
- No expenses shall be paid during out of accord status.

## **HOW DO I GET ON THE SECURED WEB-SITE ?**

### **For: Local Association Secretaries and Treasurers**

- Web-site address: Enter, [www.njsfa.com](http://www.njsfa.com)
- Click on information needed on Menu on the left side of the screen.
- If you are the Secretary or Treasurer of record, then enter your Association's

ISO #

Association Number (#)

Your last name in CAPITAL letter (Upper case) immediately followed by the last four (4) numbers of your social security number.

Examples:

SMITH8234

ROBINSON SR2346 (Space after name)

LEONARD 3<sup>rd</sup>8649 (Space after name)

- Follow instructions as presented for all programs.
- If you are having problems, please do not hesitate to contact the Association office.





# **SECRETARY'S DUTIES**

## SECRETARY

As per Article V, Section 5 of the 2010 By-Laws of the Local Firemen's Relief Association, the following is an explanation of some of the duties assigned to the Secretary:

### Membership

1. Recording and Maintaining Minutes.
  - a. The Secretary is responsible for seeing that the book containing the Minutes is of a sturdy construction to protect the contents.
  - b. The entries should be neat and concise. Entries may be printed, typed, or computer generated. A loose leaf binder is recommended.
  - c. Entries should cover all business transacted at the meeting.
  - d. Names of members of the Board of Representatives making motions and seconds **must** appear in the Minutes.
  - e. The Secretary **must** receive **written** notification from each company as to the names of persons elected to serve as Representatives.

Some of the subjects to be covered by Minutes:

New Members – List name, date and line number

Name of person or code number and amount granted for relief.

Report of Executive Committee Abridged Minutes.

Election of Officers

Payment to Delegates, Life Members, and Officers Expenses

The names of anyone receiving money and the amounts **must** appear in the minutes.

Secretary to keep a copy of Treasurer's report with his minutes

**Names of the Board of Representatives making motions and seconds on all expenditures of monies.**

2. Responsibility for Membership Application Form 100-100A

- a. Make sure form 100A, Physical Examination is administered by a **New**

**Jersey Licensed Physician, Nurse Practitioner or Physician's Assistant.**

Form 100 is Physical Guidelines and Informational.

- b. Review form after completion. Make sure all lines have been completed.

- c. The date of admittance of any new member is to be recorded as of the date received and approved in the State Association Office. (This provision shall apply to all applications received after January 1, 2020). The Physical Application will be valid for a period of 1 year from date of the physical.

- d. Make sure all proper signatures are affixed.

- e. Make sure this form is completed as soon as possible so the individual can be protected. Be sure that all probationary members are included.

- f. Make sure that the form has been notarized with the Notaries date of expiration and signature.

- g. Only submit **ORGINIAL** form. No copies will be accepted.

3. Responsibility for Active Firemen's Membership Report,

Form #109 and #109A

- a. Make sure form is completed and all proper signatures are affixed.
- b. All members working towards qualification should appear on this form.
- c. The total number of allowable drills shall not exceed twenty-four (24) per year. If more than 24 drills are reported, the State Office will only use 24, the maximum allowable drills in the calculation of percentages.
- d. Qualifying Certificate (Form #110) will be issued by the State Office upon completion of the required time in accordance with the rules and regulations.

4. Exempt Association

Many Associations receive requests or information regarding the State Exempt Association. The member should be informed to go to the Exempt Association Website, [NJSEFA.org](http://NJSEFA.org) where they can get application and information.

## USE OF FUNDS

5. Responsibility for Application for Local Relief Form # 101, #101A, and #101B.
  - a. Make sure that all parts of the form are together when sent to applicant.  
Form # 101, #101A & # 101B
  - b. It is the responsibility of the Secretary, President and Treasurer to see that all lines of form #101 have been completed before they affix their signatures thereto. **Rubber signature stamps are not authorized.**

COMPENDIUM – 2010  
GENERAL RELIEF FUND RULES  
Article VII - Financial Relief Assistance (Page 31-32)

Section 1. Provisions in N.J.S.A. 43:17-3 permits the funds of any local Firemen's Relief Association incorporated under this article to be used for fire fighters and their immediate family with a proven need for financial assistance. Such payments are **not** to be considered automatic.

- (a) Eligibility is restricted to any fire fighter on local association current membership list having a line number and a service code other than those not eligible (Double XX). Not only during their lives, but after their death, in accordance with such reasonable rules and regulations that the Executive Committee of the New Jersey State Firemen's Association may from time to time Establish, Alter, Amend and Supplement. Members with a (Z) designation are eligible for benefits during their lifetime only.
- (b) Qualifications of need are those established by the Executive Committee and defined under ARTICLE VII, SECTION 3 OF THE LOCAL RELIEF BY-LAWS.

Section 2. Financial Relief Assistance shall be judged on need and must be by application fully executed using (Forms 101, 102 and 113).

Section 3. Financial Relief Assistance shall be governed by the "Relief Assistance Scale" for maximum allowable payments to an individual in any calendar year. (See scale in the By-Laws of Local Firemen's Relief Associations).

Yearly following the audit of each local association's financial report, any change in assets affecting the current permissible payment scale will be authorized with notification letter to the secretary and treasurer and to be effective June 1<sup>st</sup> of the current year of the audited reporting year.

6. Responsibility for application for Special Relief Fund.
  - a. Make sure that all parts of Form #113 are together.
  - b. Please refer to Paragraph 1, Form #113 as to what is necessary for filing an application.
  - c. It is the responsibility of the Secretary, President and Treasurer to see that all lines of Form #113 have been completed before they Affix their signature thereto.
  - d. Deadline for submittal to the State Office is December 1<sup>st</sup> of each year.
  
7. Responsibility for application for Supplementary Relief.
  - a. Make sure that all parts of the forms are together.
  - b. Please refer to Form #102A as to what is necessary for filing an application.
  - c. It is the responsibility of the Secretary, President and Treasurer to see that all lines on Form #102 have been completed before they affix their signatures thereto.
  - d. Deadline for submittal to the State Office is December 1<sup>st</sup> of each year.

## **DELEGATES TO ANNUAL CONVENTION**

8. Notice of Delegates Elected, Form #104
  - a. It is the responsibility of the Secretary to complete form #104, via the web.
  - b. The Secretaries signature shall be affixed.

## **NOTICE OF EXEMPT DELEGATES**

9. Notice of Exempt Delegates Elected, Form #105
  - a. It is the responsibility of the Secretary to see that Form #105 is completed.
  - b. The Secretary shall see that the correct Exempt Association Officers and Relief Association Officers have properly affixed their signatures to Form #105.

## GENERAL FUND RULES

### Article III – Section 14

- a. Failure to file reports on time shall result in no delegates being seated at the Convention during the year the delinquency occurs.
  - b. The Exempt Delegate or their Alternate and Life Members from a local association that did not file on time, **may be seated** but will **not** receive expenses towards the convention.
  - c. The Executive Committee may impose an additional penalty on any local association, the withholding of the assessment check. State Statute 43:17-45 and 43:17-47 permits this to be done. (see chart on page 34)
10. Delegate or Alternate Expense Voucher Form #106 and Life Member Expense Voucher #107.
- a. It is the responsibility of the Secretary/Treasure to see that Forms #106 and #107 are properly executed, including check numbers and signatures off all recipients and officers. **Rubber signature stamps are not authorized.**
  - b. Upon completion, the Secretary shall return completed Forms #106 & #107 to the State Office no later the Nov 1, of the current year.



## DEATH CLAIMS

### 11. Notice of Death

- a. It shall be the responsibility of the Secretary, upon the death of a member, to complete Form #300 on the website and forward it to the State Office as soon as possible.
- b. Attach obituary notice where possible.
- c. Indicate if Line of Duty death.

STANDARD PROOF OF CLAIM

12. It shall be the responsibility of the Secretary, upon receiving the Standard Proof of Claim Form #301 from the State Office to complete said form in its entirety including: Name of Claimant, Signatures of Claimant, verified by a Notary Public, Certified Death Certificate, Obituary notice if available and Signatures of the Relief Officers. **Rubber signature stamps are not authorized.** The Secretary will then forward the Proof of Claim to the State Office.

PROOF OF CLAIM - POWER OF ATTORNEY, FORM #302

13. It shall be the responsibility of the Secretary, upon receiving Form #302, to complete said form in its entirety including: Name and signature of Claimant, verified by a Notary section for Claimant; A Certified Death Certificate with attached obituary notice and Power of Attorney signed by all next of kin and signatures of the local Relief Officers. **Rubber signature stamps are not authorized.** The Secretary will then forward Proof of Claim to the State Office.

REPORT OF INVESTIGATION, FORM #303

14. It shall be the responsibility of the Secretary that, upon receiving Form #303 from the State Office, the secretary will see that it is given to the Board of Trustee's for their investigation as to the facts of the Claim.

Upon completion of the investigation, the Secretary will make sure all sections have been completed including: Recommendations and signatures of Trustees and local Relief Officers. **Rubber signature stamps are not authorized.** The Secretary will then forward Report of Investigation to the State Office, along with the Certified Death Certificate and a copy of the Funeral bill if applicable.

If, at any time you need assistance on any problem, please call 1-800-852-0137,

or write New Jersey State Firemen's Association, 1711 Route 34 South,

Wall Township, NJ 07727-3934 or via e-mail.

ORGANIZATION TABLE

LOCAL RELIEF ASSOCIATION

MEMBERSHIP

REFER TO PAGE 1 - ARTICLE III - 2010 LOCAL BY-LAWS

BOARD OF REPRESENTATIVES - \*

Initially, each Company, before the second Monday in December, elects not more than three Representatives, (one for one year term; one for a two year term, and a third for a three year term). Thereafter, in each year, at said election, one for three years.

In addition, not more then (3) members from the Local Exempt Association shall be elected, (one for a one year term; one for a two year term and one for a three year term).

\*A letter must be submitted to the Local Association Secretary from each Company and Exempt Association as to the Representatives elected.

Likewise, in each subsequent year, one for three years.

The balance of the Board, aside from the Officers, shall consist of:

President of the Fire Department (if any), of such fire association or department and the chief, or, if there be no chief, then the next highest ranking officer, shall constitute a Board of Representatives and shall hold office until their successors be chosen and until their successors shall meet for the purpose of holding the annual election of officers, as provided in N.J.S.A. 43:17-11. The President of a local fire company is not statutorily mandated a position on the Board of Representatives. When there is more than one (1) fire company operating as a fire department then and only then does the President of the fire department become a member of the Board of Representatives.

This is the make-up of the Board of Representatives.

BOARD OF OFFICERS - \*\*

On or before the third Monday in December, the Board of Representatives shall elect from among their own members (Board of Representatives) or out of the whole membership of the Association, a:

President	Secretary
Vice President	Treasurer

BOARD OF TRUSTEES - \*\*

On or before the third Monday in December, in every year, the Board of Representatives shall elect from among their own number, or out of the whole membership of the Association, not more than five members for the Board of Trustees, except that, at the first election, not less than three or more than fifteen Trustees, who will be divided by the Board of Representatives into three classes, to hold office for one year term, two year term and three year term (not more than five to each of the three classes), so that one class will go out of office each year, and each year after the first election, not more than five Trustees shall be elected at the annual election in December, and hold office for a term of three years.

Also, the new Board of Trustees, shall at once, each year, immediately after their election, elect a Chairman and Secretary. \*\*\*\*

NOTE: No person shall at any time serve on both of said Boards of Representatives and of the Trustees, but if elected to both shall resign one or the other, as he or she may see fit. (Refer to Art. III, Section 4, page 3, 2010 Local By-Laws for this wording). Officers should not serve as a Trustee.

COMMITTEES \*\*\*\*\*

At the first meeting in each year, the newly elected President of the Local Association or Board of Officers shall appoint the following regular Committees from among the Representatives; or from the whole membership, not more than five persons to each Committee:

Auditing Committee

- \* Reference-2010 Local By-Laws - Article III - Section 2, page 2
- \*\*        "        "        "        "        "        " - Article III - Section 3, page 2-3
- \*\*\*       "        "        "        "        "        " - Article V - Section 10, page 5
- \*\*\*\*       "        "        "        "        "        " - Article VIII- Section 1 & 2, page 9

Also note..... - Article IX - Section 1 & 2, page 9

## **SUGGESTED GUIDELINES for PREPARING a RESOLUTION**

1. A resolution cannot be contrary to the Statutes of the State of New Jersey.
2. All resolutions must be submitted on the official letterhead of the Local Relief Association. (Not Fire Company or Fire Department letterhead).
  - (a) A resolution must deal with one subject only.
  - (b) A resolution cannot pertain to money. (Money resolutions can only be presented by the Executive Committee. Ref: Salaries).
  - (c) A resolution dealing with amending the Constitution and By-Laws must refer to the particular rule to be changed and must carry a 2/3 vote at the Convention.
  - (d) A resolution should be carefully checked for spelling, grammar and proper wording before submission.
  - (e) All resolutions must be signed by the Local Association President and attested to by the Secretary of the local association and dated.
3. The respective County Executive Committeeman must sign a resolution, to assure his knowledge of such submission as to form only.
  - (a) A space should be provided for this signature on the bottom of the resolution.
4. Any and all resolutions must be filed in the office of the New Jersey State Firemen's Association not later than **May 1**, of each year.
5. A resolution in being prepared and warranting advance concern of proper clarification can be had by;
  - (a) Submitting a written request over the signature of the local relief secretary to the President of the New Jersey State Firemen's Association.
  - (b) It is suggested that the Roberts Rule of Order should be followed when attempting to draft a resolution.
  - (c) See attached sample.

11/16/85  
Rev. 11/05  
Rev. 09/06  
Rev. 11/10

**SAMPLE**

\_\_\_\_\_ Relief Association

\_\_\_\_\_, New Jersey

If you do not have a printed letterhead for the Local Relief Association a typewritten one will be accepted.

**Context of Resolution**

**Unacceptable wording:** Wording that directs, orders or demands the Executive Committee to take immediate action which is contrary to State Statutes, Rules or Regulations of the New Jersey State Firemen's Association.

**Acceptable Wording:** Wording that request the Executive Committee to review or recommend action to adopt the intent of the resolution.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attested by Secretary

\_\_\_\_\_  
President (Signature required)

\_\_\_\_\_  
Attested by Executive Committeeman  
(Signature)



# MEETING

## GUIDELINES FOR LOCAL RELIEF ASSOCIATIONS

- January** File Relief Officers Listing Report (Due Feb. 1 st.)  
Complete and file Financial Standing Report (Due Feb. 20<sup>th</sup>)  
File Active Firemen's Membership Report (Due Feb. 28 th.)  
Audit Treasurers books, which must include a letter of certification from the Auditing Committee.  
Treasurers Report – December and Annual  
File Notice of Delegates Elected (Due May 1 st)  
File Notice of Exempt Delegate Elected (Due May 1 st)
- April** Acknowledge February Executive Committee Meeting Abridged Report  
Treasurers Report – January thru March
- July** Acknowledge May Executive Committee Meeting Abridged Report  
Review Resolutions (if applicable)  
Provide Caucus location and instructions  
Treasurers Report – April thru June  
Acknowledge receipt and deposit of Assessment Check (Direct Deposit)
- October** Report of Convention including delegate's attendance  
Payment of Delegate Expenses – List names, check numbers with a motion to pay  
File Delegate & Life Member Expense Vouchers (Due Nov. 1 st)  
Acknowledge July & September Executive Committee Meeting Abridged Reports  
Treasurers Report – July thru September
- December** Acknowledge November Executive Committee Meeting Abridged Report  
Receipt of letters referencing Company Representatives elected  
Election of Officers & Trustees  
Treasurers Report – October & November

**Note:** Associations holding more than five (5) meetings may adjust agenda accordingly

# ANNUAL MEETING – DECEMBER

- A regular meeting of the N.J. Firemen's Relief Assn. Verona, was called to order at 7:30 P.M. by Pres. Rich Luzzi.
- The roll was called & recorded.
- **Life Members Present:** S. Weinberg, R. Luzzi, D. Shatzel, M. Burdett, W. Harrington, P. McEvoy, P. Polisenio, R. Laitta, W. DeWitt and N. Polisenio.
- Minutes of the previous meeting were read. Motion to accept by M. Burdett and 2<sup>nd</sup>. by W. Harrington to approve as read. **Motion Approved.**
- **Communications:** Received from State Office, (1) Officers Listing Report for 2007. (2) Abridged Report of the Executive Committee Meeting held Thursday September 1, 2006 in Wildwood, (3) Abridged Report of the Executive Committee Meeting held Saturday November 18, 2006 in East Orange. (4) Compendium changes, new deadline for submitting Resolutions, (5) Revised Resolution Guidelines and Format, (6) Active Membership (%) Report for both companies. (7) Electronic Filing questionnaire, (8) Letter requesting Community Center Ballroom for 2007 Caucus, (9) Copies of Expense Vouches mailed to East Orange Office, (10) Election results from Co. # 1 and the Exempt Assoc. for a Representative for a three-year term.
- **Unfinished Business:** Secretary read excerpts from the two abridged minutes and then they were passed around for all to read.
- **New Business:** None
- **Elections of Officers:** M. Burdett made a motion and it was seconded by P. Polisenio to re-elect the present slate of Officers for the year 2007. **All approved.**

**The following members, were elected as Representatives for a three- year term,**

- Patrick McEvoy representing Co. # 1.
- William Harrington representing Co. # 2
- Vincent Salvatore representing the Exempt Assn.

M. Burdett made a motion and it was seconded by N. Polisenio and approved for the following,

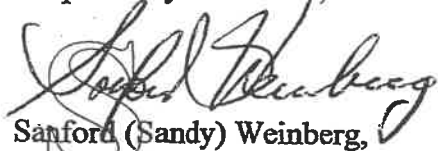
**The following members were elected as Trustees for a one-year term,**

- William DeWitt representing Co. # 1
- Arnold Zipf representing Co. # 2
- Paul Polisenio representing the Exempt Assn.

- **Treasurer's Report:** D Shatzel reported that the balance on hand as of Dec. 20, 2006 was \$ 307,966.92. Motion by W. Harrington and seconded by M. Harrington, to approve the Treasurers report. **All approved.**
- **Auditors:** W. Harrington & E. Pope.

- Final roll call. (Total members in attendance, 10).
- Motion by M. Burdett and seconded by P. Polisenio to adjourn the meeting. Motion approved.
- Meeting Adjourned at 7:45 P.M.

Respectfully Submitted,

  
Sanford (Sandy) Weinberg,  
Secretary

A

M

P

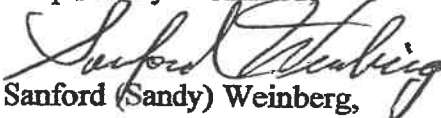
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E

# REGULAR MEETINGS

- Pres. Rich Luzzi called a regular meeting of the N.J. Firemen's Relief Assn. Verona, to order at 7:30 P.M.
- The roll was called & recorded.
- **Life Members Present:** S. Weinberg, R. Luzzi, D. Shatzel, M. Burdett, W. Harrington, C. Magatti, P. McEvoy, W. Schill, V. Salvatore, P. Polisenio, L. Burdett, J. Hayes, H. Goodman, R. Laietta, E. Pope, and B. DeWitt.
- **Minutes** of the previous meeting were read. Motion to accept by E. Pope, 2<sup>nd</sup> by P. McEvoy. Motion Approved.
- **Communications:** Received from the State Office, (1) Convention (Red Book) Minutes, (2) Notice of Convention Delegates Elected, (3) Notice of Convention Exempt Delegate Elected, (4) 2007 Housing Questionnaire, (5) Legislative Summit Meeting, (6) New member accepted 1-8-07, Matthew J. Valentine # 371-02-0179.
- **Unfinished Business:** Secretary Weinberg reminded the Officers that the percentage reports must be submitted as soon as possible.
- **New Business:** (1) Received the elected representative for a three-year term from Co. # 2, which is William Harrington. (2) The Auditing Committee will be W. Harrington and E. Pope.  
**Elections:** The Following Delegates & Alternates elected.  
**Delegates,**  
A motion was made by M. Burdett and seconded by P. McEvoy to elect **Glenn Gifford**.  
A motion was made by M. Burdett and seconded by P. McEvoy to elect **Steven Tedesco**.  
A motion was made by N. Polisenio and seconded by W. Harrington to elect **Steven Hayes**.  
**Alternates,**  
A motion was made by V. Salvatore and seconded by P. McEvoy to elect **Andrew Burde**.  
A motion was made by N. Polisenio and seconded by W. Schill to elect **Steven Giblin**.  
A motion was made by M. Burdett and seconded by P. McEvoy to elect **Brian Shatzel**.  
Chief, Lawrence Burdett and Alternate Charles Magatti  
All Approved.  
It was also reported that the Exempt Assoc. elected the following:  
Delegate – Richard Neale                      Alternate – Merle Burdett
- **Treasurer's Report:** D Shatzel reported that the balance on hand as of Jan 17, 2007 was \$ 317,742.14. Motion by W. Harrington and seconded by M. Burdett, to approve the Treasurers report. All approved.
- Final roll call. (Total in attendance, 19).
- Motion by M. Burdett & 2<sup>nd</sup> by V. Salvatore, to adjourn the meeting at 8:03 P.M. Motion approved.

Respectfully Submitted,

  
Sanford (Sandy) Weinberg,  
Secretary

# SPECIAL MEETING – SEPTMBER

- A regular meeting of the N.J. Firemen’s Relief Assn. Verona, was called to order at 7:00 P.M. by Pres. Rich Luzzi.
- Flag Salute and a moment of silence for departed members.
- The roll was called & recorded.
- **Life Members Present:** R. Luzzi, S. Weinberg, D. Shatzel, P. Polesino, W. DeWitt, R. Laietta, J. Hayes and L. Burdett. Guest A. Burde.
- Minutes of the previous meeting were read. Motion by V. Salvatore and seconded by C. Magatti to accept the minutes as read. All approved.
- **Communications:** (1) Maintenance form and discharge papers submitted to State office for Michael Snyder to be reinstated as an active member, (2) Letter from Robert Peters announcing that he is running for Essex County Executive Committeeman, (3) Three (3) new members, Thomas J. McMahon Line # 371-02-0186 as of 07-27-09, Michael C. Juliano Line # 371-02-0187 as of 08-11-09 and Kevin Toscano Line # 371-02-0118 as of 09-04-09 (4) Attendance record of Delegates and Life Members who attended the 2009 Caucus, (5) Submitted Authorization form and Voided Check for Direct deposit of future assessment checks, (6) Notice and cards mailed out for Sept. 29, 2009 meeting, (7) Received Convention total attendance report, complete voting report and Verona’s Convention attendance report .
- **Bills:** None
- **Unfinished Business:** None
- **New Business:** Treasurer Zazzera reported that one of our CD,s had matured @ \$ 124,612.05 from Sovereign Bank. After a lengthy discussion a motion was made by P. McEvoy and seconded by C. Magatti to move that money into two (2) – one (1) year CD’s and split the money between them. All approved.

On a motion from C. Magatti and seconded by P. McEvoy to authorize Delegate Convention expenses as approved by the Representatives and the State Office at \$ 595.00 each. Motion approved.

### Delegates

Andrew Burde	\$ 595.00	Charles Magatti (Chief)	\$ 595.00
Steven Giblin	\$ 595.00	Glenn Gifford (Ex.)	\$ 595.00
Nick Poliseno	\$ 595.00		

On a motion from M. Burdett and seconded by H. Goodman to authorize Life Member Convention expenses as approved by the Representatives and the State Office as follows, \$ 300.00 each. Motion approved.

**12 Life Members**

Merle Burdett	\$ 300.00	Kevin Gifford	\$ 300.00
William DeWitt	\$ 300.00	Robert Knodle Jr.	\$ 300.00
William Harrington	\$ 300.00	James Hayes	\$ 300.00
Richard Luzzi	\$ 300.00	Robert Laietta	\$ 300.00
Raymond McEvoy	\$ 300.00	Richard Neale	\$ 300.00
Paul Livelli	\$ 300.00		
Lawrence Burdett	\$ 300.00		

- **Treasurer's Report:** P. Zazzera reported that the balance on hand as of Sept. 29, 2009 was \$ 388,680.14. Motion by V. Salvatore and seconded by P. McEvoy to approve the Treasures report. All approved (See Attached).
- Final roll call. (Total members in attendance, 17)
- Motion by P. Polisenno and seconded by M. Burdett to adjourn the meeting. Motion Approved.
- Meeting Adjourned at 7:40 P.M.

Respectfully Submitted,  
*Sanford Weinberg*  
Sanford (Sandy) Weinberg,  
Secretary

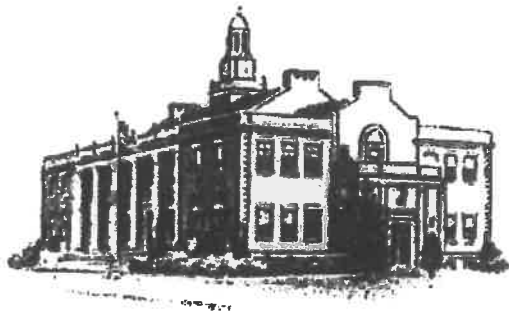
M

P

L

E

Fire Department  
375 Franklin Street



Telephone  
(973) 680-4153  
Fax  
(973) 680-4165

**TOWNSHIP OF BLOOMFIELD**  
Bloomfield, New Jersey 07003-3487

December 1, 2019

Bloomfield Firemen's Relief Association  
Bloomfield Fire Headquarters  
Bloomfield, N.J. 07003  
Attn: Thomas J. Pelaia, Secretary

Dear Secretary Pelaia:

The following are the results of the Board of Representation Elections and the Board of Visitors Election for 2020.

Station #1	Steven Motzer Fred Mamay
Station #2	Hugh Flaherty Joseph Coletta
Station #3	Richard Rannou
Station #4	John Gray
Volunteer Co.	Thomas Mesuk
Board of Visitors (3-Year Term)	David Flanagan

Very truly yours,



Louis Venezia  
Fire Chief

LV/db

**Bloomfield Exempt Firemen's Association  
Fire Headquarters  
375 Franklin St.  
Bloomfield, NJ 07003**

November 29, 2016

David Flanagan, President  
Bloomfield Firemen's Relief Association  
PO Box 85  
Bloomfield, NJ 07003

Dear President Flanagan,


The following members have been elected to the Board of Representatives for 2017:

Steven Motzer  
Derek Hernandez  
David Flanagan

The following member has been elected to the Board of Trustees for a 3 year term:

John Gray

Very truly yours,

  
Thomas J. Pelaia  
Secretary



# NEW JERSEY STATE FIREMEN'S ASSOCIATION

## LOCAL RELIEF ASSOCIATION AUDIT COMMITTEE

\_\_\_\_\_ FIREMEN'S RELIEF ASSOCIATION # \_\_\_\_\_

This is to certify that the Audit Committee of the \_\_\_\_\_  
Firemen's Relief Association has completed a review of the financial records for  
the year ending December 31, 20\_\_\_\_ and found them to be in order. This  
review included the following:

- Verifying each check issued has 3 original authorized signatures.
- All checks issued were approved by motions and invoices and receipts were reviewed.
- Verifying year end balances to bank letters or statements.
- Inspection of bank documents to insure all accounts are in the name of the Association.

### AUDIT COMMITTEE

Signature

Print Name

Committee Chairman: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Committee Member: \_\_\_\_\_

State of New Jersey            )  
                                                  )     ss  
County of \_\_\_\_\_        )

On \_\_\_\_\_, 20\_\_\_\_ before me, \_\_\_\_\_, Notary Public in and for said county, personally  
appeared \_\_\_\_\_, (signer(s)) who has/have satisfactorily  
identified him/her/themselves as the signer(s) to the above referenced document.

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

(Affix Notary Stamp Here)

My Commission Expires:

NEW JERSEY STATE FIREMEN'S ASSOCIATION

WAIVER OF MEMBERSHIP

Date: \_\_\_\_\_

To whom it may concern,

I, \_\_\_\_\_, fully understand and accept the State Statute (43:17-9) and the rules of the New Jersey State Firemen's Association. With the understanding by not filing the required Membership Application that was given to me by the \_\_\_\_\_ Firemen's Relief Association Secretary that I am not, nor is my family, entitled to relief or any other benefits that may be derived. Also, my next of kin are not entitled to any Burial Benefit.

\_\_\_\_\_  
(SIGNATURE)

REFUSAL TO SIGN FORM

\_\_\_\_\_  
(PRINTED)

\_\_\_\_\_  
(WITNESS)

\_\_\_\_\_  
(SIGNED)

\_\_\_\_\_  
(PRINTED)

\_\_\_\_\_  
(WITNESS)

\_\_\_\_\_  
(SIGNED)

NOTARY

State of New Jersey County of \_\_\_\_\_

\_\_\_\_\_ being duly sworn doth depose and says the above statements are true.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature of Notary

## ARTICLE III - SECTION 14

Important Reports	Form No.	Compendium Referral	Responsible Officers	Signatures Required	Date mailed		File on Line	Date due in State Office
					from State Office	Week of		
Officers Listing	103	None	Secretary	Secretary	December 1st		<b>MANDATORY</b>	February 1st
Financial Report	200	43:17-31 (a) Page 12 Article V (c)	Treasurer	President Treasurer Chairman of Audit Comm	December 1st		Yes	February 20th <b>ORIGINAL HARD COPY REQUIRED or Emailed Computer Generated report</b>
Membership Report	109	Article III (b) Section 1 Page 23	Secretary	President Secretary Commanding Officer	January 1st		Yes	February 28th <b>ORIGINAL HARD COPY REQUIRED or Emailed Computer Generated report</b>
Convention Delegates (from Relief Association)	104	43:17-42 (a) Page 16 Article VI (b) Sections 1.2 Page 12 Article V (c), Sec 9, Pg 6	Secretary	Secretary (Relief)	December 1st		<b>MANDATORY</b>	May 1st
Convention Delegates (from Exempt Association)	105	43:17-43 (a) Page 16 Article VI (b) Sections 1.2 Page 12 Article V (c), Sec 9 Pg 6	Secretary	Secretary (Exempt) Secretary (Relief)	December 1st		<b>MANDATORY</b>	May 1st
Delegates & Life Members Expense Vouchers	106 107	43:17-35	Secretary	President Secretary Treasurer	End of June		No	November 1st <b>ORIGINAL HARD COPY REQUIRED or Emailed Computer Generated report</b>
Quarterly Local Relief Paid	110	43:17-35	Treasurer	None			<b>MANDATORY</b>	Apr 30, July 30 Oct 30, Jan 30

Note: Hard Copy Required reports must be returned to the State Office via Return Receipt.  
Reports must be received in the State Office or Postmarked before midnight of the due date.

\* FAILURE TO FILE REPORTS ON TIME WILL RESULT IN NO DELEGATES BEING SEATED AT THE CONVENTION DURING THE YEAR THE DELIQUENCY OCCURS. LIFE MEMBERS MAY BE SEATED BUT WILL NOT RECEIVE CONVENTION ALLOWANCE. OFFICERS WILL NOT RECEIVE EXPENSES OR SALARY FOR THAT YEAR ALSO, POSSIBLE LOSS OF ASSESSMENT FUNDING PER STATE STATUTES 43:17-45 and 43:17-47.

**Revised 5/1/2020**



# **TREASURER'S DUTIES**

## TREASURER

As per Article V, Sections 3 and 4 of the By-Laws of the Local Firemen's Relief Association, the following is an explanation of duties and responsibilities assigned to the Treasurer.

### Treasurer's Journal

1. It shall be the responsibility of the treasurer to maintain a bound journal or three (3) hole loose leaf binder to accept computer generated statements of all money transactions of the local Relief Association. The journal or binder shall consist of two parts; one showing receipts and the other showing disbursements.

### Financial Report

2. a. It shall be the responsibility of the Treasurer to make a financial report to the local Board of Representatives at regularly scheduled meetings.  
b. A copy of this report is to be retained by the Secretary and placed on file immediately following the meeting minutes and the current balance being made part of the meeting minutes.

### Checks

3. It shall be the responsibility of the Treasurer to see that all checks have at least three (3) signatures affixed, including the Treasurer.

**Checks must not be pre-signed.**

# Administrative Expenses

Note: Total Administrative expenses are limited to 15% (8% for subsidy association) of Gross Receipts from 2% and Surplus Lines Insurance Tax and Interest Earned for the current year).

Officer and Committee Salaries      Only approved local committees may be paid -  
Representatives, Trustees, Audit

Printing Expense  
    Letterheads  
    Envelopes  
    Meeting notices

Stationary and Postage

Safe Deposit Rental                      Documentation over \$ 75.00

Bank Service Charges                    Documentation over \$ 100.00

Others\*      (Note: Individual purchases over \$ 500.00 require preapproval from the State Office).

## Approved:

Computers	See note	Purchases must be solely for the use of Relief Association
Printers	See note	Purchases must be solely for the use of Relief Association
Printer Supplies		Purchases must be solely for the use of Relief Association
Repairs to approved Office Equipment		
File Cabinets	See note	Purchases must be solely for the use of Relief Association
Notary Fees	Documentation over \$ 25.00	
Accounting Fees	Documentation over \$ 100.00	

## Non Approved:

Rental of meeting space  
Refreshments for meetings  
Memorial or Recognition Items  
    Flowers  
    Bunting  
    Plaques  
Firematic Equipment

**State Office approval required for Attorney's Fees**

**This guideline is not inclusive nor exclusive of a legitimate expense incurred by a local association in the normal conduct of business. Please contact the State Office in the event of an unspecified expense.**

# ***NEW JERSEY STATE FIREMEN'S ASSOCIATION***

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Fax: (732) 938-2580

**Robert F. Ordway, President**  
**Joseph T. Hankins, Vice President**  
**Barry J. Osborn, CPA, Treasurer**  
**Frank P. Cavallo, Esq., Counsel**

**Thomas J. Pelaia, Secretary**  
**Brian E. Martone, 1st Asst. Secretary**  
**Richard K. Dreby, 2nd Asst. Secretary**  
**James J. Kenny, Field Examiner**

## **ASSOCIATION TREASURER**

# **NOTICE**

## **QUARTERLY RELIEF REPORTS**

## **FILING DEADLINES**

### **RECEIVED BY:**

**FIRST QUARTER**

**APRIL 30**

**SECOND QUARTER**

**JULY 30**

**THIRD QUARTER**

**OCTOBER 30**

**FOURTH QUARTER**

**JANUARY 30**

*Visit us on the web at [www.njsfa.com](http://www.njsfa.com)*







# MEMBERSHIP

## MEMBERSHIP

Page 7 - 2010 Compendium

N. J. S. A. 43:17-9 - Membership

The Membership of such corporation shall consist, without any formal election thereto, of the officers and members of such fire engine, hook and ladder, hose and supply company or companies, fire association or fire department, or board of fire wardens, as shall be under the supervision or control of the governing board or body of the municipality or fire district and who, at the time of their becoming eligible for membership in the New Jersey State Firemen's Association, shall be not less than 18 years of age and not more than 45 years of age and shall furnish evidence of good health in accordance with such reasonable rules and regulations as the Executive Committee of the New Jersey State Firemen's Association shall from time to time establish; the officers and members of any non-profit corporation and associations incorporated pursuant to N.J.S. 15A: 1-1 et seq; and the officers and members of any association therein of exempt firemen. The whole body of the membership of such corporation shall have the same rights therein as the charter members thereof.

## GENERAL RELIEF FUND RULES

Page 21, 22 & 23 - 2010 Compendium - ARTICLE III - LOCAL RELIEF  
ASSOCIATION

Page 23, 24, 25 & 26 - 2010 Compendium - ARTICLE IV - MEMBERSHIP

Page 26, 27 & 28 - 2010 Compendium - ARTICLE V - PHYSICAL  
EXAMINATION

- A. Form 100 - Membership Application
- B. Form 100-A - Physical Examination Guidelines
- C. Form 109 - Active Firemen's Membership Report-Initial
- D. Form 109-A - Active Firemen's Membership Report-Final
- E. Form 110 - Membership Qualifying Certificate
- F. Form 111 - Exempt Certificate

MILITARY LEAVE  
2010 COMPENDIUM  
GENERAL RELIEF FUND RULES  
ARTICLE IV – MEMBERSHIP

Section 6. Military Leave – Restoration to Membership

- (a) Members will be granted military leave and will restored to membership in accordance with 38 U.S.C. 4312 et seq.
- (b) Members who enter active duty in the Armed Forces of the United States and request a military leave, shall be restored to membership as if such person had been an active member continuously from the time of such person's entering the Armed Forces, until the time of such person's return to fire services and to the Local Relief Association, subject to the limitation in sub paragraph (c) below.
- (c) A member is entitled to be restored to active membership with full credit if the total of such person's military service does not exceed five (5) years, providing the member returns to the Local Relief Association. If the service is in excess of five (5) years and at the request of the Federal Government, the extension shall be granted. Proper documentation must be submitted to the Local Relief Association for any extension upon the members return.
- (d) Should the member choose to re-enlist on a voluntary basis into the military, only the initial period of enlistment as outlined under sub-paragraph (c) above shall be credited to membership in the association.

When a member of this association listed on the Active Membership report (Form #109) and has not qualified, enters Active Duty status in the Armed Forces and request a military leave, the secretary of the local relief association shall notify the State Office on Maintenance Form (#108). The information required is the actual date the member enters the Armed forces. This information should appear in the "REMARKS" section on the form. When a member returns, Form #108 shall be used again indicating the date of return along with a copy of the discharge papers.

When the Active Firemen's Membership report (Form 109) is completed, please mark alongside of the members name (Columns 5 thru 8 (**Military**)). See attached Sample.

This procedure should be repeated each year until the member returns from the Armed Services, but cannot exceed a period of five (5) years from the date of entrance into the service.

2010

MEMORANDUM

SUBJECT: MILITARY LEAVE

As a result of articles in the 2010 Compendium the following procedure must be followed:

1. Upon receipt of the maintenance form an entry in the remarks section must be made.

“MILITARY LEAVE - DATE OF ENTRY \_\_\_\_\_”

2. When returning from the military, the date of discharge must be entered also in the remarks section.

3. Credits will be given upon discharge for the time in the military, not to exceed 60 total months. Extensions cannot be granted unless approved by an officer of the state association.

## MAINTENANCE FORM #108

### When to use Form #108

1. To request a change of name (Be sure to show full name and fax, scan or mail in documentation to the State Office) \*
2. To request removal due to RESIGNATION \*\*
3. To request removal due to SUSPENSION \*
4. To request a change in a PERCENTAGE on record \*
5. To request a change on HISTORY or DATA on a member, i.e. Social Security #, Date of Birth \*
6. To request a REPLACEMENT of a Life Member Card that was lost or mutilated.
7. Leave of Absence (Include military leave) \*

\* Fill in information under remarks

\*\* Fill in information in appropriate box

### How to complete Form #108

Maintenance Form #108 must be entered online via the web page.

Go to [www.njsfa.com](http://www.njsfa.com) click Secretary Reports, sign in by entering ISO#, Association # and Password.

Click Maintenance Form #108

Enter the Association #, company# and Line #

Fill in appropriate box and click to submit

SAMPLE ONLINE ENTRY FORM

ASSOC. NO. 575	ASSOCIATION NAME Anytown Firemen's Relief		COMPANY NO. 2	COMPANY NAME My Company		LINE NO. 590
LAST NAME Doe	FIRST NAME John	M.I.	BIRTH DATE 8-3-54	INITIATION DATE 6/1980	SERVICE START 6/1980	PHYSICAL TEST RECORD 12345
RESIGNED DATE	SERVICE CODE *	QUALIFYING NO. 2006.23456123	LIFE-MEMBER L		SOCIAL SECURITY NUMBER 999-99-9999	
CURRENT YEAR PERCENTAGE	REMARKS					

A.

## MOVING

### FROM ONE RELIEF ASSOCIATION TO ANOTHER

1. ALL

Below are the procedures for completing an Application for Membership for a Member Changing Associations. **NOTE:** Please make sure that the applicant checks off the box on both two lines above her/his signature so that their current records can be transferred properly.

2. NOT QUALIFIED

A Membership Application for a member **not Qualified** must be completed for the new association with the required physical (reverse side of application) by a licensed New Jersey Physician, Nurse Practitioner or Physician's Assistant. There is not time limit unless the member falls under State Statute 43:17-9 covering age requirements.

**The application must be received at the State Office within 1 year of the Date of the Physical. If received after 1 year the application will be returned to have the member take a new physical.**

3. NOT QUALIFIED (Over 45 years of age)

A Membership Application for an existing member not covered by State Statute 43:17-9, with the required physical (reverse side of application) by a licensed New Jersey Physician, Nurse Practitioner or Physician's Assistant, must be completed for the new association and the application is received at the State Office, **within 90 days** (window of opportunity) from the date of resignation from the previous association.

4. QUALIFIED

Those members who are qualified and move from one relief association to another relief association need only to resign from the current Relief Association and completely fill out the front of the Membership Application.

The Local Relief Secretary should immediately forward the new application for membership to the State Office.

When the paperwork has been processed the applicant will receive a new line number and the Local Relief Secretary will receive acknowledgement.

B.

## MOVING

### FROM ONE COMPANY TO ANOTHER COMPANY WITHIN THE SAME LOCAL RELIEF ASSOCIATION.

#### ALL

1. Below are the procedures for completing an Application for Membership for a Member Changing Associations. **NOTE:** Please make sure that the applicant checks off the box on both two lines above her/his signature so that their current records can be transferred properly.
2. A new application for membership must be completed for the new company with no physical (reverse side of application).
3. The application will require the following:
  - a. All information normally filled in on the top portion of the application must be completed.
  - b. The signature of the Relief Secretary and the Chief of the Department must be completed.

Note: This means that a sworn statement is **not** required, **nor** is a new Municipal Approval date or Clerk's signature required.

**The Local Relief Secretary must immediately forward the new application for membership to the State Office.**

**When the paperwork has been processed the applicant will receive a new line number and the Local Secretary will receive acknowledgement.**



# *NEW JERSEY STATE FIREMEN'S ASSOCIATION*

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Frank P. Cavallo, Esq., Counsel

Thomas J. Pelaia, Secretary  
Brian E. Martone, 1st Asst. Secretary  
Richard K. Dreby, 2nd Asst. Secretary  
James J. Kenny, Field Examiner

## NOTICE

### LATE FILING OF REPORTS

At the Executive Committee meeting of July 16, 2011 the late filing of reports was discussed and the following was approved by the 21 Executive Committeemen at the September 15, 2011 meeting.

All Officers of the Local Relief Associations must also bear the responsibility of the Secretary and Treasurer to ensure that all required reports and paperwork is received in the NJSFA office by the required due date.

This would be in compliance with the General Relief Fund Rules, Article III - Local Relief Association, Section 14, page 22-23 which reads as follows:

- Section 14
- (a) Failure to file reports on time shall result in no Delegates, Chief or Alternates being seated at the convention during the year the delinquency occurs.
  - (b) Exempt Delegate or their Alternate and Life Members from a Local Relief Association that did not file on time, may be seated but will not receive expenses toward the convention.
  - (c) The officers of the Local Relief Association that fails to meet the filing deadline will not be eligible to receive their expenses or salary for the year the delinquency occurs.
  - (d) The Executive Committee may impose an additional penalty on any local association, the withholding of the assessment check. Statute 43:17-35 permits this to be done. The Penalty was approved at the May 16, 2009 Executive Committee meeting.

In the future **No Appeals** will be heard by the Executive Committee dealing with Article III, Section 14 of the General Relief Fund Rules. All other matters may be submitted for an appeal.

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Thomas J. Pelaia, Secretary  
Brian E. Martone, 1st Asst. Secretary  
Richard K. Dreby, 2nd Asst. Secretary  
James J. Kenny, Field Examiner

Dear Secretary,

Enclosed please find the Membership Applications that you requested.

Reminder: It is the Secretaries responsibility to review the entire Application before forwarding to the State Office, to make sure all information and all required signatures and seals have been completed.

- a. Make sure form 100A, Physical Examination Guidelines is attached to form 100, Membership Application (Tan) **Rev 5/19, when giving forms to an applicant.**
- b. **Review form after completion. Make sure all lines, including the Physical Test Record have been completed and signed.**
- c. Municipal Approval, which is recorded as the Municipal acceptance date of any new member along with the authorized signature, must be completed.
- d. Make sure all proper signatures including, the applicant's is affixed.
- e. Make sure the form is completed as soon as possible so the individual can be protected. (Probation period is a local consideration).
- f. Make sure form is notarized. This includes the signature, seal and date of Commission expiration.
- g. Only submit the **ORIGINAL** (Tan) form 100. **Copies will not be accepted.** (Always make a copy for your records).
- h. **Do Not Return Form# 100A, to the State Office.**

(Notes taken from the Secretary/Treasurer Manual, Secretaries Duties).

Encls:

# ***NEW JERSEY STATE FIREMEN'S ASSOCIATION***

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Telephone: (732) 798-8137 • (800) 852-0137

Fax: (732) 938-2580

## **THIS NOTICE IS FOR YOUR INFORMATION.**

### **Privacy Notice for our (Potential) Members – Please review it carefully**

The New Jersey State Firemen's Association (NJSFA) and each Officer and the Office Staff and all the Local Associations throughout the state strongly believe in protecting the confidentiality and security of the information we receive about you. This notice refers separately to the New Jersey State Firemen's Association and each of the Local Associations by using the terms "us", "we", or "our". This notice describes our privacy policy and describes how we treat the information we receive about you.

**Why We Receive and How We Use Information:** We receive the initial information via a Membership Application and Physical Test Record, Form #100. The purpose of this application is to permit membership in our organization. This information is used to make sure the applicant is in compliance with New Jersey Statutes and our Compendium and By-Laws.

**How We Receive Information:** We get most of the information from you. The Secretary of the Local Relief Association forwards the application form to our office. The information that you give us when applying for membership generally provides the information we need. If we need to verify information or need additional information, we may obtain information from third parties such as physicians, hospitals and other medical personnel. Information collected may relate to your health or other information stated on the application.

**How We Protect Information:** We treat information in a confidential manner. Our Officers, Advisory Committee and Office Staff are required to protect the confidentiality of information. We access information only when there is an appropriate reason to do so. We also have safeguards to protect information. All Officers, Advisory Committee members and Office Staff are required to comply with our policies.

**Information Disclosure:** We may disclose any information when we believe it necessary for the operation of our Association, or where disclosure is required by law. The application if in question may be forwarded to our Association Medical Doctor for evaluation. We do not make any other disclosures of information to other organizations or companies who may want to sell their products or services to you. We will not sell your name or application information to any organization, corporation or catalog company.

**Access to and Correction of Information:** Generally, upon written request, we will make available your personal information for your review. Information received in connection with, or in anticipation of, any claim or legal proceeding will not be made available. If you notify us that the information is incorrect, we will review it. If we agree, we will correct our records. This will be included under "Disclosure of Information".

**AFTER COMPLETING YOUR PHYSICAL, SEPARATE THIS SHEET FROM THE APPLICATION AND PHYSICAL PAGE. PLEASE RETAIN THIS PAGE AND DO NOT RETURN IT TO YOUR LOCAL ASSOCIATION OR TO THE STATE OFFICE.**

**ONCE COMPLETED, RETURN THE ATTACHED APPLICATION/PHYSICAL  
TO THE LOCAL RELIEF ASSOCIATION SECRETARY.**

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## **PHYSICAL EXAMINATION GUIDELINES**

### **VALID FOR ONE (1) CALENDAR YEAR FROM THE DATE OF THE PHYSICAL**

1. **AGE:** Must be at least 18 years of age and not older than 45 years of age.
2. **EYES:** Must be 20/50 corrected, monocular vision permitted (with glasses, contacts, or surgical procedures).
3. **HEARING:** Loss of hearing acuity so as to be unable to perceive sounds within normal voice range with or without hearing aid.
4. **NOSE:** Any significant nasal obstruction to free breathing not subject to correction by surgery.
5. **MOUTH:** Conditions which impair ability to communicate.
6. **NECK:** Problems resulting from (a) Goiter; (b) Limited range of motion, which prohibits turning, extension or free movement of the neck; (c) Tracheotomy – existing openings at the lower portion of the neck connecting the windpipe to the outside environment for the purpose of easy breathing.
7. **PULMONARY:** Problems resulting from (a) Loss or removal of a lung; (b) Any pulmonary disorder which would limit the applicant's ability to perform; (c) Pulmonary Function Test below normal; (d) Chronic Obstructive Pulmonary Disease/Asthma.
8. **CARDIO PULMONARY SYSTEM:** Problems resulting from Heart Disease or Cardiomegaly.
9. **PERIPHERAL VASCULAR SYSTEM:** Problems resulting from (a) Varicose veins; (b) Aneurysms; (c) Lymphedema; (d) Thrombophlebitis; (e) Arteriosclerosis Obliterans; (f) Buerger's Disease; (g) Raynaud's Disease; (h) Arterio-Venous Fistula; (i) High Blood Pressure, not able to be corrected by medication. Acceptable blood pressure reading should be as follows (a) Systolic not higher than 150 but not lower than 90; (b) Diastolic maximum should be 100 mmhg and minimum 50 mmhg.
10. **ABDOMEN:** Problems resulting from (a) Organomegaly; (b) Signs of tenderness in an area; (c) Presence of masses such as hernias of various types.
11. **GENITOURINARY SYSTEM:** Problems arising from (a) Presence of abnormal masses; (b) Abnormal discharges from any of the orifices; (c) Active venereal Diseases; (d) Parasitic diseases; (e) Varicocele and Varices; (f) Hydrocele.
12. **MUSCOLO-SKELETAL SYSTEM:** Problems arising from (a) Congenital malformation; (b) Limitation of Motion; (c) Weakness; (d) Impairment or absence of one or more of the digits on either or both hands; (e) Impairment of function of the hands; (f) Missing toes if it interferes with ambulation; (g) Deformities of the spine, pelvis or extremities.
13. **OTHERS:** Problems arising from (a) Disqualification for psychiatric conditions must be determined by local agencies; (b) Allergic conditions which are chronic and incapacitating; (c) Severe Anemia; (d) Active Peptic Ulcer; (e) Diabetes; (f) History of epilepsy or seizures other than documented febrile convulsions in childhood; (g) Alcoholism or drug addiction; (h) Removal of vital organs; (i) Any other condition not listed above which would render the applicant incapable of performing their duties as a firefighter.

**THESE MEDICAL GUIDELINES ARE TO BE FOLLOWED BY A PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT LICENSED IN THE STATE OF NEW JERSEY WHEN EXAMINING AN APPLICANT FOR MEMBERSHIP. ANY ABNORMAL FINDINGS MUST BE EXPLAINED IN THE REMARKS SECTION OF THE APPLICATION. ALL SECTIONS OF THE PHYSICAL MUST BE COMPLETELY AND PROPERLY FILLED OUT OR THE APPLICATION WILL BE RETURNED.**

ASSOCIATION #	COMPANY #	LINE #
FOR STATE OFFICE USE ONLY		

**New Jersey State  
Firemen's Association  
Application for Membership**

Form 100 – REV 5/19

Date \_\_\_\_\_

Relief Association Name \_\_\_\_\_ Assoc. Number \_\_\_\_\_ Municipality \_\_\_\_\_ County \_\_\_\_\_

Fire Company Name \_\_\_\_\_ Fire Department Name \_\_\_\_\_

Applicant Name \_\_\_\_\_  
 First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Home Address \_\_\_\_\_  
 Street \_\_\_\_\_ Municipality \_\_\_\_\_ Zip Code \_\_\_\_\_ # of years \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth Place \_\_\_\_\_ SS # \_\_\_\_\_  
**(REQUIRED)**

Applicant Phone Number \_\_\_\_\_ Applicant Email Address \_\_\_\_\_

Have you ever applied to be a member of the NJSFA?  Yes  No If yes, when \_\_\_\_\_ where \_\_\_\_\_

If you have a line number with another Relief Association:  Stay with previous Association  Move records to new Association

**Signature of Applicant (witnessed by a Notary Public):** \_\_\_\_\_

State of New Jersey, County of \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_ before me, \_\_\_\_\_, Notary Public in and for said county, personally appeared \_\_\_\_\_, (signer) who has satisfactorily identified himself/herself as the signer to the above referenced document.

My Commission Expires: \_\_\_\_\_ Notary Public Signature \_\_\_\_\_ (Affix Notary Stamp here)

Signature of Relief Association Secretary \_\_\_\_\_ Signature of Chief of Department \_\_\_\_\_

Type of Firefighter the Applicant will be:  Career (full time paid)  Volunteer

**Municipal/Fire District Approval:** I hereby certify that this applicant was admitted to active membership in the Department and has been approved by the governing body of \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Municipal Clerk/Board of Fire Commissioners: \_\_\_\_\_

- A. Application portion should be completed by Applicant – Typed or Printed ONLY
- B. Application must have the Physical Test Record completed by a New Jersey Licensed Physician, Nurse Practitioner or Physician's Assistant
- C. The completed Application and Physical Test Record must be returned to the Local Relief Secretary
- D. The Local Relief Secretary shall review the application for completeness, attain the proper signatures, and forward to the NJSFA State office.

The Applicant is not a member of the NJSFA until the completed **ORIGINAL** application is received **AND** approved at the NJSFA State office.



# **REMINDER**

Please be advised that the

**ACTIVE FIREMEN'S MEMBERSHIP REPORT,**

**FORM 109**

must be returned fully executed to the State Office,

on or before **February 28, 20XX**, as per

Article III, Section 14 (Page 22-23)

The penalty for failure in not meeting the Deadline Date is:

**NO SEATING WILL BE RECOGNIZED FROM YOUR**

**ASSOCIATION AT THE 20XX CONVENTION FOR**

**YOUR DELEGATES, CHIEF or ALTERNATES.**

**Exempt Delegates/Alternates and Life Members may be seated but  
will not receive expenses.**

**The Officers will not be eligible to receive their expenses or salary for  
that year and**

**The Executive Committee may impose an additional penalty, the**

**withholding of the assessment check.**

**State Statute 43:17-35 and 43:17-45**

# Membership Reports – Manual Entry

## INSTRUCTIONS FOR MANUAL ENTRIES

Membership reports for the year 2019 are enclosed. You must complete this form as instructed below, have it signed by the Commanding Officer (Chief), President and Secretary of the Relief Association and then mail it in (it should be sent with a tracking number) **The Deadline for submission of this report is February 28, 20XX**

At the top of the form we require the following: On the line to the right of "FIRE COMPANY RESPONDED TO (a)", you must enter the total number of fire alarms the company responded to. On the line that appears to the left of "Drills" you must enter the total drills the company had during the year (NO MORE THAN 24. If the total entered exceeds 24, the member will only be credited with 24)) The total of these 2 figures should be entered on the line next to "TOTAL" (c).

Boxes 1, 2, 3 and 4 are pre-filled. Please review these boxes and if you find an error or something spelled wrong please add or correct the information on the sheet. Please pay special attention to box 4 and make sure there is a "P" for Career or "V" for volunteer. If the entry is wrong, please correct this also

The Figures that are required in boxes 5, 6, 7 and 8 are as follows:

- Box 5- This figure must be the same as (c) TOTAL FIRE ALARMS & DRILLS for all members who have served a full year. \*
- Box 6- This figure must be the Total Number of Fire Alarms that the member responded to in 2019 (it must be less than or equal to Box 5.
- Box 7- This figure must be the total number of drills that the member responded to in 2019. (it must be less than or equal to (b) and less than 24).
- Box 8- This figure must be the total of Box 6 and Box 7.



- Box 9 – Leave Blank, it will be calculated when entered into our computer

\* If a new member has a service start date of anything other than 1/2019 the total fires and drills shown in Box 5 should be only the total of fires and drills the company responded to since the member joined the company.

After you have completed with the forms, once again you must have them signed and then mail it in (it should be sent with a tracking number). **ALL COMPANY FORMS in an ASSOCIATION MUST BE SUBMITTED AT ONE TIME.**

**VERY IMPORTANT:** All removals of members listed on this report must be reported via Maintenance Report (Form 108) or electronically under Secretary Reports on the Home Page of [www.njsfa.com](http://www.njsfa.com). Also, if a member has entered the military service please refer to page 26 of the 2010 Compendium (Grey) Article IV – Section 6.

Since this form is now a one part you should make a copy for your records. As in the past when we have completed and finalized all percentage calculations, an updated Membership Report and Detail Sheet will be sent to you.

Should you have any questions please call the State Office for Assistance.

**The Deadline for submission of this report is February 28, 20XX**

**AND REMEMBER: DEADLINES ARE CLOSER THAN THEY APPEAR!**

**ACTIVE FIREMEN'S MEMBERSHIP REPORT**  
January 1, 2018 to December 31, 2018

Printed By  
GTHOMAS  
11/4/2018

Finalized By

**FIRE CO. #1 - ANYTOWN FIRE DEPARTMENT - BURLINGTON**

FIRE COMPANY RESPONDED TO (a) 78 FIRE ALARMS + (b) 22 DRILLS = TOTAL (c) 100 FIRE ALARMS AND DRILLS

1	2	3	4	5	6	7	8	9
LINE NO.	NAME: LAST, FIRST MI	SERVICE START	CAREER (P) OR VOLUNTEER (V)	TOTAL COMPANY FIRE ALARMS & DRILLS (c) OR PRORATED TOTAL	FIRE ALARMS MEMBER ATTENDED	DRILLS MEMBER ATTENDED	TOTAL MEMBER ATTENDED	% - CANNOT EXCEED 100%
0328	Dreby, Richard	5/1971	✓	100	60	15	75	
0343	Martone, Brian	7/1955	✓	100	50	10	60	
0345	Ordway, Robert	2/1970	P					
0359	Hankins, Joseph	7/1975	✓	90	40	1	41	
0357	Osborn, Barry	3/1965	✓	100	20	5	25	
0369	Kenny, James	2/1965	✓	100	15	15	30	

**\* MAXIMUM NUMBER OF DRILLS NOT TO EXCEED 24 \***  
We hereby attest that the above information is true and factual to the best of our knowledge.

PRINT NAME - COMMANDING OFFICER \_\_\_\_\_

SIGNATURE - COMMANDING OFFICER \_\_\_\_\_

PRINT NAME - RELIEF ASSOCIATION PRESIDENT \_\_\_\_\_

SIGNATURE - RELIEF ASSOCIATION PRESIDENT \_\_\_\_\_

PRINT NAME - RELIEF ASSOCIATION SECRETARY \_\_\_\_\_

SIGNATURE - RELIEF ASSOCIATION SECRETARY \_\_\_\_\_

NAME OF ASSOCIATION: PERTH AMBOY

DATE: \_\_\_\_\_

ORIGINAL(S) (WITH LIVE SIGNATURES) ARE TO BE FILED IN THE OFFICE OF THE NEW JERSEY STATE FIREMEN'S ASSOCIATION ON OR BEFORE FEBRUARY 28TH OF THE CURRENT YEAR.  
IT IS RECOMMENDED THAT THE ORIGINAL(S) BE SENT IN UTILIZING A "TRACKING NUMBER" TO THE STATE OFFICE.

# Membership Reports – Online entry

## INSTRUCTIONS FOR WEB ENTRIES

Membership reports for the year 2019 are enclosed. You may complete this form on the web, then print it out, have it signed by the Commanding Officer (Chief), President and Secretary of the Relief Association and then **either scan all companies into a PDF File and E-Mail it to [LocalReports@njsfa.com](mailto:LocalReports@njsfa.com)** or mail it in (it should be sent with a tracking number). If you scan and e-mail the reports, then they do not have to be mailed. **The Deadline for submission of this report is February 28, 20XX**

The instructions to enter the statistics via the web are as follows:

Click the tab Secretary's Reports on the NJSFA.com web site, and then click Update Membership Reports

Choose a Company that you want to enter. (Remember you must do all Companies before finalizing your report).

Your Association Number and the Company that you selected is now on the sheet

At the top of the form we require the following: In the box to the right of "Number of Fires", you must enter the total number of fire alarms the company responded to. In the box next to "Number of Drills", you must enter the total number drills the company had during the year (NO MORE THAN 24). If more than 24 the computer will default to 24. The total of these 2 figures should appear then appear next to total.

The first 3 columns are pre-filled. Please review these lines and if you find an error or something spelled wrong please add or correct the information on the sheet after it is printed and before it is scanned.

The Figures that are required in other columns are as follows:

- "Total"- This figure must be the same as the TOTAL that appears on the top for all members who have served a full year. \*
- "Fire" - This figure must be the Total Number of Fire Alarms that the member responded to in 2019. If the number is more than in the box "Number of Fires" above, the system will give you a notice and reject the entry when you save changes.
- "Drills"- This figure must be the total number of drills that the member responded to in 2019. If more than 24 is reported, the computer will reject your entry also.
- "%"- the system will automatically calculate this and enter it
- PD / VOL - Make sure there is a "P" for Career or "V" for volunteer. If the entry is wrong, please correct this using the pull-down menu.

**\* If a new member has a service start date of anything other than 1/2019, the total fires and drills shown in "TOTAL" Column should be only the total of fires and drills the company responded to since the member joined the company.**

Once you are completed with the forms click **Save Changes**. Once all companies are complete and saved you must **FINALIZE the report**. You must finalize the report on the main page of the Secretary Reports. Print the report, get the President, Secretary and Chief to sign them, Scan and E-mail it to [LOCALREPORTS@njsfa.com](mailto:LOCALREPORTS@njsfa.com) , or mail it (You should get a tracking number if sending it by mail). You also should make a copy for your records.

**VERY IMPORTANT:** All removals of members listed on this report must be reported via Maintenance Report (Form 108) or electronically under Secretary Reports on the Home Page of [www.njsfa.com](http://www.njsfa.com). Also, if a member has entered the military service please refer to page 26 of the 2010 Compendium (Grey) Article IV – Section 6.

As in the past when we have completed and finalized all percentage calculations, an updated Membership Report and Detail Sheet will be sent to you.

**The Deadline for submission of this report is February 28, 20XX**

**AND REMEMBER: DEADLINES ARE CLOSER THAN THEY APPEAR!**



# NEW JERSEY STATE FIREMEN'S ASSOCIATION

Choose a Company:

[Return to secretary reports menu.](#)

[Greensheets File Maintenance](#)

Association: 125  
Company: 01  
Year: 2019

Number of Fires:  Number of Drills:  Total: 0

Asc	Co	Line	Start Date	Member Name	Attended			PD % VOL
					Total	Fire	Drills	
125	01	0285	082014		0	0	00	V ▾
125	01	0286	022015		0	0	00	V ▾
125	01	0287	052016		0	0	00	V ▾
125	01	0288	112016		0	0	00	V ▾

The MEMBERSHIP QUALIFYING CERTIFICATE is automatically mailed to the Local Secretary after the Active Firemen's Membership Report is updated in the computer. Any member receiving 84 qualified months or better will receive an original certificate.

It is the responsibility of the Local Secretary to make sure the certificate is presented to the member.



# New Jersey State Firemen's Association

## Membership Qualification Certificate

THIS IS TO CERTIFY, that \_\_\_\_\_  
is recorded with the New Jersey State Firemen's Association as a member of the  
\_\_\_\_\_ Firemen's Relief Association entitled to all  
rights and privileges, subject to the statutes, all effective rules and regulations governing the  
membership and local relief association, to which, by acceptance hereof, the holder agrees.

NO: \_\_\_\_\_

\_\_\_\_\_  
President



\_\_\_\_\_  
Secretary

## ARTICLE III - SECTION 14

Important Reports	Form No.	Compendium Referral	Responsible Officers	Signatures Required	Date mailed from State Office	
					Week of	Date due in State Office
Officers Listing	103	None	Secretary	Secretary	December 1st	February 1st
Financial Report	200	43:17-31 (a) Page 12 Article V (c) Section 6, Page 6	Treasurer	President Treasurer Chairman of Audit Comm	December 1st	February 20th
Membership Report	109	Article III (b) Section 1 Page 23	Secretary	President Secretary Commanding Officer	January 1st	February 28th
Convention Delegates (from Relief Association)	104	43:17-42 (a) Page 16 Article VI (b) Sections 1,2 Page 12 Article V (c), Sec 9, Pg 6	Secretary	Secretary (Relief)	December 1st	May 1st
Convention Delegate (from Exempt Association)	105	43:17-43 (a) Page 16 Article VI (b) Sections 1,2 Page 12 Article V (c), Sec 9 Pg 6	Secretary	Secretary (Exempt) Secretary (Relief)	December 1st	May 1st
Delegates & Life Members Expense Vouchers	106		Secretary	President Secretary Treasurer	End of June	November 1st
Quarterly Local Relief Paid	110	43:17-35	Treasurer	None		

**Note: Hard Copy Required reports must be returned to the State Office via Return Receipt.  
 Reports must be received in the State Office or Postmarked before midnight of the due date.**

**\* FAILURE TO FILE REPORTS ON TIME WILL RESULT IN NO DELEGATES BEING SEATED AT THE CONVENTION DURING THE YEAR THE DELIQUENCY OCCURS. LIFE MEMBERS MAY BE SEATED BUT WILL NOT RECEIVE CONVENTION ALLOWANCE. OFFICERS WILL NOT RECEIVE EXPENSES OR SALARY FOR THAT YEAR ALSO, POSSIBLE LOSS OF ASSESSMENT FUNDING PER STATE STATUTES 43:17-45 and 43:17-47.**

**Revised 5/1/2020**



# USE OF FUNDS



## Local Relief Application

This document is provided to offer general guidelines for providing financial relief to those in need. Generally speaking, an applicant's expenses must exceed their income when examining their monthly income and expenses. Individuals that are Medicaid recipients are not eligible for relief payments due to US Government rules covering Medicaid.

If an applicant requires financial relief assistance, he or she must complete a Local Relief Application (white Form 101). The applicant should be assisted in completing the Local Relief Application by the Trustees from his or her fire company. Blank copies of the Local Relief Application may be obtained from the Local Relief Association secretary, from the State Association office, the State Association website or by contacting the Executive Committee member for the applicant's respective county.

The applicant must have a financial need to request financial assistance. There may be one or several circumstances that create this financial need. One could be medical bills that create a hardship that the member is not able to meet. Another could be the loss of income that results from being out of work due to illness, injury or loss of a job or employment (layoffs, plant closing, job elimination, etc.). A one-time event that creates a financial hardship such as a catastrophic event may also be considered. Examples are a fire, a flood or other extreme calamity.

An applicant is expected to use the resources that he or she has readily available to meet their needs. This includes an applicant's regular checking account, emergency funds and cash on hand. Relief funds would be for expenses that exceed those resources.

An applicant is not expected to go further into debt before applying for and receiving relief funds. Obtaining loans and remortgaging a home is a time consuming process at a time when the applicant may not have time to obtain such funds. Further, banks and other lending institutions often use the ability to pay when evaluating a loan option. An applicant in financial distress may not even qualify for a loan so it is unreasonable to expect them to go through this process. Additionally, an applicant is not expected to liquidate their retirement accounts or funds to obtain relief. Doing so often results in a financial penalty that we do not want our members to incur.

The relief application must be completed in its entirety to be considered. This includes identifying all income for the applicant and their spouse, any disability or unemployment compensation, rental income, royalties, social security, or any other income. In joint living arrangements this can present difficulty. While not legally married, a couple may be sharing expenses. In these cases, it is prudent to identify the total household income when making a determination of the need for relief. The applicant must also document their living expenses.

If the applicant is requesting relief due to medical expenses the applicant must provide original copies of all invoices and explanation of benefits received from any medical insurance provider reflecting what has been paid and what is still due and owing. The un-reimbursed amount would be considered an eligible medical expense.

If the applicant is requesting relief due to the loss of income for any reason, the applicant needs to document what their income was and what income was lost plus expenses for the period. The applicant should also be prepared to explain steps taken to reduce expenses during the period of income loss. Examples would include using available funds including emergency savings prior to requesting relief, reducing utility expenses to the extent possible, reducing recreational expenses, etc.

All relief applications must have proper supporting documentation. The Trustees that review the application are responsible to assure that this supporting documentation is made part of the relief application package. All documentation should be originals that may be examined and photocopied and the original bills should then be returned to the applicant. Photocopies made by the trustees should be kept as a part of the relief application package.

The Trustees should require the applicant to provide copies of pay stubs and may also request income statements and complete tax returns to substantiate a request for relief. Any monthly expense listed should have a copy of a bill attached verifying the amounts listed.

The statement of need should be as complete and detailed as necessary to allow the reader to understand the circumstances surrounding the request for relief. If necessary, the statement of need may be typed on a separate page that would then be attached to the relief application.

Relief funds may be used to provide food, heat (e.g. gas, oil, etc.), light (electric power), and other basic necessities. Relief may also be used to pay for eligible expenses that a member owes. Relief may also be used to pay for eligible medical expenses.

The key is there must be need and that need must be documented. Relief is not automatic and is not guaranteed. Every application is to be judged on its own merits. You should also recognize that not all family structures are the same. The traditional nuclear family now comprises less than 50% of all families. We have domestic partnerships, alternative living arrangements, more adult children living with their parents and their own children, unmarried coupling in shared living arrangement, etc. In short, each local association knows their own membership better than anyone else. The larger question is, are the individuals for whom the relief is sought true dependents of the member?

Every relief application must be signed by the applicant, the trustees, and the officers where appropriate. Relief applications should be treated as confidential documents and should not be discussed in public venues.

Who is eligible to apply for relief? Primarily, any member of a Local Relief Association. Under special/rare circumstances, their spouse or dependents are eligible to apply directly for relief. Once a member becomes a qualified member (completion of 84 qualified months of service) that member is entitled to lifetime benefits regardless of their continued membership in a fire company, but can only apply to the Local Relief Association where the membership line number resides. When a "Qualified" member passes away, that member's spouse is also entitled to relief benefits until the spouse dies or remarries. Dependent children are also entitled to relief up to the age that they cease being a dependent. A special needs child that remains a dependent of the member would be entitled for the balance of their natural life. Documentation must be provided substantiating a special needs classification for a dependent.

Relief funds are not intended to automatically reimburse for co-pays or deductibles for medical expenses. They may be calculated in the overall expenses, but expenses must exceed income. One time large expenses should be evaluated on a case by case basis.

Where there is a large or extraordinary medical expense, identify what steps have been taken to establish a payment program or workout agreement with a provider.

Credit card statements should be examined to break out eligible and ineligible expenses. Credit card statements should also be examined to determine if listed charges have already been reported as expenses on the application. Only eligible unduplicated expenses may be considered for payment. This amount should be reflected on the application. Efforts should be made to create a payment program or workout agreement. The applicant should be encouraged to seek credit counseling particularly where their debt load is high and difficult to manage.

## Recurrent Applications for Relief

There may be some cases where an individual files applications for relief on an ongoing basis from one year to the next. There may be occasions where relief is warranted based on an individual's circumstances. An example may be a widow or widower living on a fixed income with limited assets. Conversely, a Local Relief Association may receive applications on a recurring basis because the applicant has taken no action to improve their own situation. The fact is that every application for relief should be judged on its own merits and not all applications warrant approval. As part of reviewing an application for relief the Trustees should consider whether or not it is appropriate to make recommendations to the applicant to make changes to their lifestyle. Other actions that the trustees may suggest if the applicant's situation shows no signs of improving over the long term include seeking financial counseling, downsizing their homes, or even filing for bankruptcy. If the member is claiming a disability, ascertain if the member has filed with the Social Security Administration for disability.

## Items that may not be considered or paid for using relief funds

Recreational expenses – this includes vacations, recreational travel, tickets for sporting events, concerts and related type activities, rental vehicles. This also includes club memberships and associated fees, boat slip fees.

Payments for pets including grooming, boarding, veterinarian fees, or food for animals. This also includes animal care such as padding for horses and farm operations.

Note: Service animals such as a Seeing Eye dog may be considered based on financial need and constraints.

IRS and/or Income taxes and penalties, self-employment taxes, excise taxes.

Restitution arising from any civil or criminal proceeding including court ordered payment, arbitration or settlement conferences. This is not to be confused with child support and in particular payment of medical expenses, food or necessary expenses for the welfare of dependents.

Meals at restaurants.

Designer apparel including wearing apparel, accessories, eyeglasses.

Elective or cosmetic surgery.

Flowers for funerals, wakes, hospital stays, get well wishes, or other related type intentions.

Attorney's fees.

Union dues or association dues.

Private school tuition.

Expenses/maintenance fees related to second homes, vacation homes, timeshare properties and luxury items such as boats, airplanes, etc.

## RULES AND GUIDELINES GOVERNING RELIEF FORM 101

1. The question of “NEED” must be answered by all applicants. Relief assistance is not automatic and will only be considered based on merit, documentation and determination by the Local Relief Association.
2. Include all statements (explanation of benefits) from insurance carriers.
3. Include copies of all bills, vouchers, invoices and/or other supporting documents. Copies should show past due balances if they exist.
4. All applications for relief must have at least a total accumulation of \$100.00 or more in expenses.
5. All sections of the Local Relief Application Form 101, must be completed as follows:  
Association/Company/Line number - To be filled in by the Local Relief Association on all pages.  
Section 1 - To be filled in by the Local Relief Association.  
Sections 2-4 - To be filled in by applicant making application.  
Section 5 - To be filled in by applicant making application. All Lines must show Amount or “0.”  
Section 6 - Statement of need – To be filled in by applicant making application  
Section 7 - To be filled in by applicant making application. All Lines must show Amount or “0.”  
Section 8 – Applicant must sign application  
Section 9 - To be filled in by Board of Trustees making the investigation.  
Section 10 - To be filled in by Chairman and Secretary of the Board of Trustees.  
Section 11 - To be filled in by the named Officers of the Board of Representatives.

### Each request for relief assistance requires a new application.

#### INSTRUCTIONS FOR INVESTIGATION OF RELIEF APPLICANTS BY LOCAL RELIEF BOARDS

##### (TRUSTEES AND REPRESENTATIVES)

These guidelines are provided to assist you, the local board with your investigation of the applicant and the completion of relief application, Form 101.

##### RELIEF APPLICATION - FORM 101

The intended use of this form, is to provide the respective boards with information pertaining to the applicant’s request for financial assistance, and in determining the “NEED.”

##### WHAT IS “NEED”

“NEED” IS: Imperative Demand \*\*\* Time of great difficulty \*\*\* Crisis \*\*\* Urgency  
“NEED” is a state of circumstances requiring something!

It is important to remember, while a financial loss may be shown, **there may not be the “NEED.”** “NEED” and financial loss do not necessarily go hand in hand. (Example: The person may have a financial loss, but have financial means and can afford to cover the financial loss without the use of local relief, thus no “NEED” would then exist.

It is expected of each Board that thorough investigation of all sections of the application must be completely filled out.

### All information given must be held in strict confidence.

NEW JERSEY STATE FIREMEN’S ASSOCIATION

**APPLICATION FOR LOCAL RELIEF**  
New Jersey State Firemen's Association

ASSN. NO.    COMP. NO.    LINE NO

Date \_\_\_\_\_

**1. IMPORTANT NOTE:** This application is for local relief only. It must be retained and available for audit. It is imperative that all data requested on this application be answered. To omit any information may delay action on your application.

**PRE-REQUISITE:** Applicant must be a member of the named relief association or dependent spouse, dependent or disabled children in need of relief.

The \_\_\_\_\_ Firemen's Relief Association of \_\_\_\_\_ County  
on behalf of member \_\_\_\_\_

**2.** Applicant (Mr. Mrs. Ms.) \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_  
Phone No. \_\_\_\_\_ Spouse \_\_\_\_\_ Age \_\_\_\_\_ No. of dependent children \_\_\_\_\_

**3. REASON FOR RELIEF REQUEST:** Illness  Injury  Other  : \_\_\_\_\_  
Did injury result from Fire Service? Yes  No  Is request due to loss of income? Yes  No

**4. DO YOU HAVE THE FOLLOWING HOSPITAL/MEDICAL COVERAGE?**

Hospital Coverage     Medicare Coverage     Prescription Drug Coverage     Major Medical Coverage

Others (List) \_\_\_\_\_ Attach all benefit statements

Yes  No  Receiving Medicaid Benefits – Applicants receiving Medicaid Benefits are not eligible to receive relief

**5. ASSETS:**

Assessed Value of Primary Residence \$ \_\_\_\_\_ Monthly Mortgage \$ \_\_\_\_\_

Assessed Value of Other Real Property \$ \_\_\_\_\_ Monthly Mortgage \$ \_\_\_\_\_

Total Value of Personal Property \$ \_\_\_\_\_

INVESTMENT VALUE: Certificates of Deposit \$ \_\_\_\_\_ Stocks \$ \_\_\_\_\_

Saving Accounts \$ \_\_\_\_\_ Bonds \$ \_\_\_\_\_

Checking Accounts \$ \_\_\_\_\_

Other Investments \$ \_\_\_\_\_



ASSN. NO.    COMP. NO.    LINE NO

**NEW JERSEY STATE FIREMEN'S ASSOCIATION AUTHORIZATION AND  
CONSENT FOR RELEASE AND REVIEW OF ANY AND ALL FINANCIAL  
AND MEDICAL RECORDS RELATED TO THIS APPLICATION.**

**8.** The applicant hereby authorizes and consents to the release and review of (his) (her) Financial and Medical records by the New Jersey State Firemen's Association and by (his) (her) Local Relief Association Officers, for the purpose of determining eligibility for relief benefits from the New Jersey State Firemen's Association (and) (or) the local relief association, in accordance with the requirements of N.J.S.A. 43:17-24 and Article VII of the General Relief Fund Rules.

The New Jersey State Firemen's Association is required to protect the confidentiality of information. All Officers are required to comply with our policies. All information provided on this application, is true to the best of my knowledge.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**9. REPORT OF TRUSTEES**

We the undersigned members of the Board of Trustees have investigated the application and find that statements listed on this application (are) (are not) in order.

SIGNATURE \_\_\_\_\_ TRUSTEE – PRINT NAME \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ TRUSTEE – PRINT NAME \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ TRUSTEE – PRINT NAME \_\_\_\_\_

**10. ACTION: BOARD OF TRUSTEES**

The Board of Trustees at a meeting on \_\_\_\_\_ recommend that Relief be (granted) (denied) in the total amount of \$ \_\_\_\_\_

Payable: \$ \_\_\_\_\_ Monthly, \$ \_\_\_\_\_ Quarterly, \$ \_\_\_\_\_ Lump Sum, \$ \_\_\_\_\_ Direct to Vendors (bills)

SIGNATURE \_\_\_\_\_ TRUSTEE CHAIRMAN – PRINT NAME \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ TRUSTEE SECRETARY – PRINT NAME \_\_\_\_\_

**11. ACTION: BOARD OF REPRESENTATIVES**

The Board of Representatives at a meeting held on \_\_\_\_\_ (approved) (modified) (disapproved) the Trustees' recommendation and ordered \$ \_\_\_\_\_ be (Paid) (Filed).

SIGNATURE \_\_\_\_\_ PRESIDENT – PRINT NAME \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ SECRETARY – PRINT NAME \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ TREASURER – PRINT NAME \_\_\_\_\_

Amount approved to date this year \$ _____		<b><u>THIS YEAR'S PAYMENTS</u></b>		
	Check #	Amount	Check #	Amount
Amount granted previous year \$ _____	_____	_____	_____	_____
Amount granted 2 years ago \$ _____	_____	_____	_____	_____
Amount granted 3 years ago \$ _____	_____	_____	_____	_____
Amount granted 4 years ago \$ _____	_____	_____	_____	_____

INSTRUCTIONS FOR THE BOARD OF TRUSTEES AND BOARD OF REPRESENTATIVES

FOR REVIEW OF RELIEF APPLICATION - FORM 101

Review Form 101 and 101-A to be certain that all instructions have been followed and all sections of the form have been **fully** completed.

Association/Company/Line Number should be filled in on all pages and verification of eligibility to receive Relief must be made.

Section 1. Self-explanatory.

Section 2. Self-explanatory.

Section 3. Check the appropriate box for reason of requesting relief.

Section 4. Self-explanatory.

Section 5. Answers to these questions in Section 5 should provide an overview as to the value of the applicant.

Section 6. Details on the determination of "NEED" must be explained.

Section 7. Very important - all income (including spouse) and expenses must be reported to determine the net monthly financial position of the applicant. All areas filled in must be supported by attaching documents.

In Summary: Section 2 through 7 inclusive should provide you with:

- A. The applicant's reason for relief.
- B. Other benefits that have or will be paid.
- C. Assets of the applicant.
- D. Monthly income and expenses of the applicant.

This information should give you the financial position of the applicant.

Section 8. Applicant must sign the application.

Section 9. Minimum of three (3) trustees must sign the application, and give an indication of (are) or (are not) in order.

Section 10. All areas of Section 10 must be completed by the Chairman and Secretary of the Board of Trustees, signed and dated.

Section 11. All areas of Section 11 must be completed by the indicated Officers of the Board of Representatives, signed and dated.

PLEASE NOTE - The Board of Representatives is not mandated to concur with the Board of Trustees recommendation.

Final determination of the application lies with the Board of Representatives.

While these instructions may not cover every circumstance you may be called upon to evaluate, it is hoped that the general concept will assist you in making your determination.

Should you have any questions, please contact:

New Jersey State Firemen's Association  
1711 Route 34  
Wall Township, New Jersey 07727-3934  
Phone 1-800-852-0137  
Fax 1-732-938-2580



**RULES AND GUIDELINES GOVERNING SPECIAL RELIEF FUND FORM 113**

**FORM 102 MUST BE SUBMITTED ON ORIGINAL NJSFA SUPPLIED FORMS**

1. The question of "NEED" must be answered by all applicants. Relief Assistance is **not automatic** and will only be considered on merit, documentation and determination by the local association.
2. Include all statements (explanation of benefits) from insurance carriers.
3. Include all bills, vouchers, invoices or other supporting documents.
4. All applications for relief must have a total accumulation of \$100.00 or more in expenses.
5. Routine dental, eye examinations and eye glasses cannot be considered as "Need."
6. Elective Procedures and Cosmetic surgery cannot be considered as "Need."
7. Loans, car insurance, house insurance, etc. are not to be considered as "Need." but should be considered as monthly expense.
8. Maintenance of property and property taxes are not to be considered as "Need," but should be considered as monthly expense.
9. All sections of the Special Relief Application Form 113, must be completed as follows:

Section 1 - To be filled in by the local relief association.

Section 2 - To be filled in by applicant making application.

Section 3 - To be signed and dated by applicant making application.

Section 4 - To be filled in by Board of Trustees.

Section 5 - To be filled in by Board of Representatives.

Section 6 -- To be completed by the Special Relief Fund Committee with a copy of the application being returned to the Local Relief Association.

**AUTHORIZATION AND CONSENT FOR RELEASE AND REVIEW  
OF ANY AND ALL FINANCIAL RECORDS**

The applicant hereby authorizes and consents to the release and review of (his)(her) financial records by the New Jersey State Firemen's Association and by (his)(her) local association officers, for the purpose of determining eligibility for relief benefits from the New Jersey State Firemen's Association (and)(or) the local relief association, in accordance with the requirements of N.J.S.F.A. 43:17-24 and Article VII of the General Relief Fund Rules.

The New Jersey State Firemen's Association is required to protect the confidentiality of information. All Officers are required to comply with our policies.

# New Jersey State Firemen's Association

1711 Route 34 • Wall Township, New Jersey 07727-3934

Telephone: (732) 798-8137 • (800) 852-0137

Fax: (732) 938-2580

## RELIEF ASSISTANCE SCALE - EFFECTIVE 1/1/2020

LOCAL RELIEF ASSOCIATION PRIOR Y/E ASSET RANGE (DOLLARS)	*		**		*	
	LOCAL RELIEF LIMIT		SPECIAL RELIEF FUND		SUPPLEMENTARY RELIEF LIMIT	
	STEP 1		STEP 2		STEP 3	
\$ 0 TO \$ 10,000	\$ 750.00	\$ 6,750.00	\$ 3,000.00			
\$ 10,001 TO \$ 20,000	\$ 1,000.00	\$ 6,500.00	\$ 4,000.00			
\$ 20,001 TO \$ 50,000	\$ 1,250.00	\$ 6,250.00	\$ 5,000.00			
\$ 50,001 TO \$ 80,000	\$ 1,500.00	\$ 6,000.00	\$ 6,000.00			
\$ 80,001 TO \$ 120,000	\$ 2,000.00	\$ 5,500.00	\$ 8,000.00			
\$ 120,001 TO \$ 160,000	\$ 2,250.00	\$ 5,250.00	\$ 9,000.00			
\$ 160,001 TO \$ 200,000	\$ 2,500.00	\$ 5,000.00	\$ 10,000.00			
\$ 200,001 TO \$ 250,000	\$ 2,750.00	\$ 4,750.00	\$ 11,000.00			
\$ 250,001 TO \$ 350,000	\$ 3,000.00	\$ 4,500.00	\$ 12,000.00			
\$ 350,001 TO \$ 500,000	\$ 3,250.00	\$ 4,250.00	\$ 13,000.00			
\$ 500,001 TO \$ 750,000	\$ 3,500.00	\$ 4,000.00	\$ 14,000.00			
\$ 750,001 TO \$ 1,000,000	\$ 3,750.00	\$ 3,750.00	\$ 15,000.00			
\$ 1,000,001 TO \$ ABOVE	\$ 5,000.00	\$ 2,500.00	\$ 20,000.00			

\* Funded and paid by the Local Relief Association.

\*\* Funded and paid by the N.J.S.F.A. office.

ADOPTED BY THE EXECUTIVE COMMITTEE OF THE NEW JERSEY STATE FIREMEN'S ASSOCIATION, NOVEMBER 16, 2019

EFFECTIVE: JANUARY 1, 2020

Special Relief Fund Application (Form 113) must be completed after Local Relief Payment Scale (Step 1) has been paid and PRIOR TO or AT THE SAME TIME AS Application for Supplementary Relief (Form 102) being submitted. Special Relief is paid by the State Office after approval by the Advisory Committee.

Supplementary Relief must be approved by the State Office Advisory Committee prior to being paid by the Local Association.

Relief is calculated on a calendar year basis and applications for Special and Supplementary Relief must be received in the State Office by December 1st in order to be considered for the current calendar year.

**APPLICATION FOR SPECIAL RELIEF FUND**  
New Jersey State Firemen's Association

ASSN. NO. COMP. NO. LINE NO.

Date \_\_\_\_\_

**1** This application for Special Relief Fund (Form 113) must be submitted in duplicate. A fully executed copy of the Local Relief Application (Form 101) certifying that the maximum scale amount has been paid must also accompany this application. **IT IS NECESSARY** that a letter from the local association be included explaining the applicants reason for requesting this financial assistance.

The \_\_\_\_\_ Firemen's Relief Association of \_\_\_\_\_  
County on behalf of member \_\_\_\_\_

**2** Applicant (Mr. Mrs. Miss) \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Age \_\_\_\_\_ Occupation \_\_\_\_\_  
Spouse \_\_\_\_\_ Age \_\_\_\_\_ Number of dependent children \_\_\_\_\_  
Phone No. \_\_\_\_\_

**3** APPLICANTS ACKNOWLEDGEMENT

I have read the Authorization and Consent statement. All information provided on this application, is true to the best of my knowledge.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**4** ACTION: BOARD OF TRUSTEES

The Board of Trustees at a meeting on \_\_\_\_\_ recommend that Special Relief (be granted) (denied) in the total amount of \$ \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TRUSTEE CHAIRMAN

SIGNATURE \_\_\_\_\_ TRUSTEE SECRETARY

Date \_\_\_\_\_

**5** ACTION: BOARD OF REPRESENTATIVES

The Board of Representatives at a meeting held on \_\_\_\_\_ (approved) (disapproved) the trustee recommendation and ordered same (Paid) (Filed).

This application sent to \_\_\_\_\_ SIGNATURE \_\_\_\_\_ President  
New Jersey State Firemen's Assn.

SIGNATURE \_\_\_\_\_ Secretary

SIGNATURE \_\_\_\_\_ Treasurer

Date \_\_\_\_\_

**6** ACTION: NEW JERSEY STATE FIREMEN'S ASSOCIATION - SPECIAL RELIEF FUND COMMITTEE

Application enclosed is (approved) (disapproved) by the office of the New Jersey State Firemen's Association in the amount of \$ \_\_\_\_\_, Date \_\_\_\_\_, Check No. \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Chairman

SIGNATURE \_\_\_\_\_ Member

SIGNATURE \_\_\_\_\_ Member

SIGNATURE \_\_\_\_\_

**MUST BE SUBMITTED BY DECEMBER 1<sup>ST</sup>. OF THE CURRENT YEAR**

**RULES AND GUIDELINES GOVERNING SUPPLEMENTARY RELIEF FORM 102**  
**FORM 102 MUST BE SUBMITTED ON ORIGINAL NJSFA SUPPLIED FORMS**

1. The question of "NEED" must be answered by all applicants. Relief assistance is **not automatic** and will only be considered based on merit, documentation and determination by the Local Relief Association.
2. Include all statements (explanation of benefits) from insurance carriers.
3. Include copies of all bills, vouchers, invoices and/or other supporting documents. Copies should show past due balances if they exist.
4. All applications for relief must have at least a total accumulation of \$100.00 or more in expenses.
5. All sections of the Supplementary Application Form 102, must be completed as follows:  
Association/Company/Line number - To be filled in by the Local Relief Association on all pages.  
Section 1 - To be filled in by the Local Relief Association.  
Sections 2-4 - To be filled in by applicant making application.  
Section 5 - To be filled in by applicant making application. All Lines must show Amount or "0."  
Section 6 - Statement of need – To be filled in by applicant making application  
Section 7 - To be filled in by applicant making application. All Lines must show Amount or "0."  
Section 8 – Applicant must sign application  
Section 9 - To be filled in by Board of Trustees making the investigation.  
Section 10 - To be filled in by Chairman and Secretary of the Board of Trustees.  
Section 11 - To be filled in by the named Officers of the Board of Representatives.  
Section 12 - To be filled in by State Office with one copy of application being returned to the Local Relief Association.

**INSTRUCTIONS FOR INVESTIGATION OF SUPPLEMENTARY RELIEF APPLICANTS BY LOCAL RELIEF BOARDS**

**(TRUSTEES AND REPRESENTATIVES)**

**INTRODUCTION**

These guidelines are provided to assist you, the local board with your investigation of the applicant and the completion of Supplementary Relief Form 102.

**SUPPLEMENTARY RELIEF - FORM 102**

The intended use of this form, is to provide the respective boards with information pertaining to the applicant's request for supplementary financial assistance, and in determining the "NEED."

**WHAT IS "NEED":** "NEED" IS: Imperative Demand \*\*\* Time of great difficulty \*\*\* Crisis \*\*\* Urgency  
"NEED" is a state of circumstances requiring something!

It is important to remember, while a financial loss may be shown, **there may not be the "NEED."** "NEED" and financial loss do not necessarily go hand in hand. (Example: The person may have a financial loss, but have financial means and can afford to cover the financial loss without the use of local relief, thus no "NEED" would then exist.

It is expected of each Board that thorough investigation of all sections of the application must be completely filled out.

**MUST BE SUBMITTED TO THE STATE OFFICE BY DECEMBER 1<sup>ST</sup> OF THE CURRENT YEAR**

**All information given must be held in strict confidence.**

# New Jersey State Firemen's Association

1711 Route 34 • Wall Township, New Jersey 07727-3934

Telephone: (732) 798-8137 • (800) 852-0137

Fax: (732) 938-2580

## RELIEF ASSISTANCE SCALE - EFFECTIVE 1/1/2020

LOCAL RELIEF ASSOCIATION PRIOR Y/E ASSET RANGE (DOLLARS)	*	**	*
	LOCAL RELIEF LIMIT	SPECIAL RELIEF FUND	SUPPLEMENTARY RELIEF LIMIT
	STEP 1	STEP 2	STEP 3
\$ 0 TO \$ 10,000	\$ 750.00	\$ 6,750.00	\$ 3,000.00
\$ 10,001 TO \$ 20,000	\$ 1,000.00	\$ 6,500.00	\$ 4,000.00
\$ 20,001 TO \$ 50,000	\$ 1,250.00	\$ 6,250.00	\$ 5,000.00
\$ 50,001 TO \$ 80,000	\$ 1,500.00	\$ 6,000.00	\$ 6,000.00
\$ 80,001 TO \$ 120,000	\$ 2,000.00	\$ 5,500.00	\$ 8,000.00
\$ 120,001 TO \$ 160,000	\$ 2,250.00	\$ 5,250.00	\$ 9,000.00
\$ 160,001 TO \$ 200,000	\$ 2,500.00	\$ 5,000.00	\$ 10,000.00
\$ 200,001 TO \$ 250,000	\$ 2,750.00	\$ 4,750.00	\$ 11,000.00
\$ 250,001 TO \$ 350,000	\$ 3,000.00	\$ 4,500.00	\$ 12,000.00
\$ 350,001 TO \$ 500,000	\$ 3,250.00	\$ 4,250.00	\$ 13,000.00
\$ 500,001 TO \$ 750,000	\$ 3,500.00	\$ 4,000.00	\$ 14,000.00
\$ 750,001 TO \$ 1,000,000	\$ 3,750.00	\$ 3,750.00	\$ 15,000.00
\$ 1,000,001 TO \$ ABOVE	\$ 5,000.00	\$ 2,500.00	\$ 20,000.00

\* Funded and paid by the Local Relief Association.

\*\* Funded and paid by the N.J.S.F.A. office.

ADOPTED BY THE EXECUTIVE COMMITTEE OF THE NEW JERSEY STATE FIREMEN'S ASSOCIATION, NOVEMBER 16, 2019

EFFECTIVE: JANUARY 1, 2020

Special Relief Fund Application (Form 113) must be completed after Local Relief Payment Scale (Step 1) has been paid, and PRIOR TO or AT THE SAME TIME AS Application for Supplementary Relief (Form 102) being submitted. Special Relief is paid by the State Office after approval by the Advisory Committee.

Supplementary Relief must be approved by the State Office Advisory Committee prior to being paid by the Local Association.

Relief is calculated on a calendar year basis and applications for Special and Supplementary Relief must be received in the State Office by December 1st in order to be considered for the current calendar year.

**APPLICATION FOR SUPPLEMENTARY RELIEF**  
New Jersey State Firemen's Association

ASSN. NO. \_\_\_\_\_  
COMP. NO. \_\_\_\_\_  
LINE NO. \_\_\_\_\_

Date \_\_\_\_\_

**1. This Supplementary Relief Application, (Form 102) must be submitted in duplicate along with a fully executed copy of the Local Relief Application (Form 101), certifying that the maximum local scale amount has been paid. It is necessary that a letter from the local association be included explaining all about the applicants reason for requesting this financial assistance.**

The \_\_\_\_\_ Firemen's Relief Association of \_\_\_\_\_ County  
on behalf of member \_\_\_\_\_

Has the maximum allowable Local Relief been approved and paid: Yes  No

If applicable, has the maximum allowable Special Relief been approved and paid: Yes  No  N/A  Incl. with this appl.

**2.** Applicant (Mr. Mrs. Ms.) \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Phone No. \_\_\_\_\_ Spouse \_\_\_\_\_ Age \_\_\_\_\_ No. of dependent children \_\_\_\_\_

**3. REASON FOR RELIEF REQUEST:** Illness  Injury  Other  : \_\_\_\_\_

Did injury result from Fire Service? Yes  No  Is request due to loss of income? Yes  No

**4. DO YOU HAVE THE FOLLOWING HOSPITAL/MEDICAL COVERAGE?**

Hospital Coverage  Medicare Coverage  Prescription Drug Coverage  Major Medical Coverage

Others (List) \_\_\_\_\_ Attach all benefit statements

Yes  No  Medicaid Coverage – Applicants receiving Medicaid Benefits are not eligible to receive relief

**5. ASSETS:**

Assessed Value of Primary Residence \$ \_\_\_\_\_ Monthly Mortgage \$ \_\_\_\_\_

Assessed Value of Other Real Property \$ \_\_\_\_\_ Monthly Mortgage \$ \_\_\_\_\_

Total Value of Personal Property \$ \_\_\_\_\_

INVESTMENT VALUE: Certificates of Deposit \$ \_\_\_\_\_ Stocks \$ \_\_\_\_\_

Saving Accounts \$ \_\_\_\_\_ Bonds \$ \_\_\_\_\_

Checking Accounts \$ \_\_\_\_\_

Other Investments \$ \_\_\_\_\_

**APPLICATION FOR LOCAL SUPPLEMENTARY RELIEF**  
New Jersey State Firemen's Association

ASSN. NO.    COMP. NO.    LINE NO

**6. APPLICANT'S STATEMENT OF NEED:** (Attach additional sheet of explanation if necessary)

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

**7. Monthly Income Net**

Primary Monthly        \$ \_\_\_\_\_  
 Secondary Monthly     \$ \_\_\_\_\_  
 Dependents             \$ \_\_\_\_\_  
 Property                \$ \_\_\_\_\_  
 Social Security        \$ \_\_\_\_\_  
 Other Income            \$ \_\_\_\_\_

**Total Monthly Income** \$ \_\_\_\_\_

**Monthly Expenses Net**

Rent                                \$ \_\_\_\_\_  
 Taxes (not incl. w/mort.)    \$ \_\_\_\_\_  
 Mortgage                        \$ \_\_\_\_\_  
**Utilities:**  
     Gas                                \$ \_\_\_\_\_  
     Electric                         \$ \_\_\_\_\_  
     Telephone                      \$ \_\_\_\_\_  
     Water/Sewer                  \$ \_\_\_\_\_  
     Cable                             \$ \_\_\_\_\_  
     Food                              \$ \_\_\_\_\_  
     Clothing                        \$ \_\_\_\_\_  
     Credit Card Payments      \$ \_\_\_\_\_

**Loans:**

    Auto                                \$ \_\_\_\_\_  
     Equity                            \$ \_\_\_\_\_

**Other:**

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**One Time / Special Expenses Net**

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**Total One Time / Special Expenses** \$ \_\_\_\_\_

**Total Monthly Expenses** \$ \_\_\_\_\_

**Copies of supporting documentation for every dollar value on this page must be supplied with application. Expenses listed should be net of any insurance or other reimbursement expected or received. Past due balances should be reflected on copies of statements provided. Deductions from payroll or other income sources should not be repeated on the list of monthly expenses.**

ASSN. NO.    COMP. NO.    LINE NO

**NEW JERSEY STATE FIREMEN'S ASSOCIATION AUTHORIZATION AND  
CONSENT FOR RELEASE AND REVIEW OF ANY AND ALL FINANCIAL  
AND MEDICAL RECORDS RELATED TO THIS APPLICATION.**

**8.** The applicant hereby authorizes and consents to the release and review of (his) (her) Financial and Medical records by the New Jersey State Firemen's Association and by (his) (her) Local Relief Association Officers, for the purpose of determining eligibility for relief benefits from the New Jersey State Firemen's Association (and) (or) the Local Relief Association, in accordance with the requirements of N.J.S.A. 43:17-24 and Article VII of the General Relief Fund Rules.

The New Jersey State Firemen's Association is required to protect the confidentiality of information. All Officers are required to comply with our policies. All information provided on this application, is true to the best of my knowledge.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**9. REPORT OF TRUSTEES**

We the undersigned members of the Board of Trustees have investigated the Application for Supplemental Relief and find that statements listed on this application (are) (are not) in order.

SIGNATURE \_\_\_\_\_ TRUSTEE - PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TRUSTEE - PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TRUSTEE - PRINT NAME \_\_\_\_\_

**10. ACTION: BOARD OF TRUSTEES**

The Board of Trustees at a meeting on \_\_\_\_\_ recommend that Supplemental Relief be (granted) (denied) in the total amount of \$ \_\_\_\_\_

Payable: \$ \_\_\_\_\_ Monthly, \$ \_\_\_\_\_ Quarterly, \$ \_\_\_\_\_ Lump Sum, \$ \_\_\_\_\_ Direct to Vendors (bills)

SIGNATURE \_\_\_\_\_ TRUSTEE CHAIRMAN - PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TRUSTEE SECRETARY - PRINT NAME \_\_\_\_\_

**11. ACTION: BOARD OF REPRESENTATIVES**

The Board of Representatives at a meeting held on \_\_\_\_\_ (approved) (modified) (disapproved) the Trustees' recommendation and ordered \$ \_\_\_\_\_ be (Paid) (Filed).

SIGNATURE \_\_\_\_\_ PRESIDENT - PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ SECRETARY - PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TREASURER - PRINT NAME \_\_\_\_\_

This application sent to the New Jersey State Firemen's Association on \_\_\_\_\_ (date).

**12. ACTION: NEW JERSEY STATE FIREMEN'S ASSOCIATION**

Application enclosed, (approved) (modified) (disapproved) by the office of New Jersey State Firemen's Association in the amount of \$ \_\_\_\_\_ Date \_\_\_\_\_

SIGNED \_\_\_\_\_ Member    SIGNED \_\_\_\_\_ President

SIGNED \_\_\_\_\_ Member    SIGNED \_\_\_\_\_ Treasurer

SIGNED \_\_\_\_\_ Chairman    SIGNED \_\_\_\_\_ Field Examiner



**RULES AND GUIDELINES GOVERNING HEALTH CARE ASSISTANCE**  
**FORM 114 MUST BE SUBMITTED ON ORIGINAL NJSFA SUPPLIED FORMS**

**Introduction**

These guidelines are provided to assist you, the local association with your investigation and completion of the application for Health Care Relief Form # 114.

It is a goal of The New Jersey State Firemen's Association to help provide assistance for care to all of its members who are in need of at home care for as long as possible so they can be close to their family and brother and sister firefighters. Should the level of care be so great that at home care is not possible, the relief assistance will still be considered for care in assisted living or long-term care.

**When to use this assistance form**

The use of this form should be considered when any member of a Local Relief Association has information that another member in good standing of this association:

Is in need of care beyond that which they can provide for themselves;

Is in need of care beyond that which a spouse, family member, or friend can or will provide.

**Things to consider**

The member needs help doing laundry, attending to their personal hygiene, shopping for food or supplies, cooking, changing bandages or attending to other medical needs.

The spouse works or has other obligations during the day and member cannot be left alone in residence.

Does the member have any insurance that will cover any or all of the cost for the necessary services?

How many hours a day the member needs assistance.

How many days a week the member needs assistance.

All applications are valid for one year and each application will need to be resubmitted annually from date of original approval, or if the reason for the original application changes.

If the local association denies the applicant, please contact the state office for the appeal process at (800)-852-0137.

These funds may not be used by guests of the New Jersey Firemen's Home.

Once a member applies for or receives Medicaid this benefit will cease.

Application is valid for one year from date of approval by the New Jersey State Firemen's Association.

**All sections of the Health Care Assistance Application must be completed as follows:**

Local Relief Association fills in:

Association Number, Company Number and Line Number  
Date  
Relief Association and County

Member fills in:

Statement of Need  
All personal information  
Agency information  
Projected cost

Member fills in:

Authorization Release Form on back of application

**NOTE: ONCE COMPLETED GIVE TO THE LOCAL RELIEF ASSOCIATION**

Local Relief Association fills in:

Date of meetings  
Trustees and Local Officers Sign  
Forward to New Jersey State Firemen's Association

The New Jersey State Firemen's Association will notify the Local Relief Association and the member on the approval or denial of the application.

**APPROVED APPLICATION:**

The member will mail the monthly bill to the:

New Jersey State Firemen's Association  
1711 Route 34 South  
Wall Township N.J. 07727

The New Jersey State Firemen's Association will mail the check to the member to pay the Agency.

**Health Care Assistance Application**

**Form 114**

ASSN. No. \_\_\_\_\_ Comp. No \_\_\_\_\_ Line No. \_\_\_\_\_ Date \_\_\_\_\_  
The \_\_\_\_\_ Firemen's Relief Assn. of \_\_\_\_\_ County wish to have  
financial assistance considered for their member listed below.

Member Name \_\_\_\_\_ DOB \_\_\_\_\_ Male / Female, Married / Widowed /Single

Member Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Member Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Does member live alone? Yes/ No

Name of care giver \_\_\_\_\_ Relationship to member \_\_\_\_\_

Contact information \_\_\_\_\_

Statement of need: \_\_\_\_\_

Signature of member \_\_\_\_\_

All information provided on this application is true and accurate to the best of my knowledge. The member is currently receiving  No care  In Home Care  Assisted Living Facility or Long-Term Care.

The member is in need of  In Home Care  Assisted Living Facility or Long-Term Care.

Has member applied for or receiving Medicaid? Yes/ No, if no projected date member will be eligible \_\_\_\_\_

Name of agency providing care \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Agency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Agency must be licensed in the state where care will be provided. License # \_\_\_\_\_

Projected cost for care of member per month \$ \_\_\_\_\_

Does member have insurance to cover any portion of this expense? Yes/No, amount covered \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Requested monthly amount of assistance \$ \_\_\_\_\_

At a meeting held on \_\_\_\_\_ the Local Relief Association board of Trustees recommended assistance be granted/ denied.

Signature \_\_\_\_\_ Trustee Chairman, Signature \_\_\_\_\_ Trustee Secretary

At a meeting held on \_\_\_\_\_ the local relief association board of Representatives recommended assistance be granted/ denied.

President \_\_\_\_\_ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

State Office Advisory Board Meeting Date \_\_\_\_\_ Approved/ Denied, Amount \_\_\_\_\_

Chairman \_\_\_\_\_

## AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I hereby authorize the New Jersey State Firemen's Association to receive and/or release information as necessary, to obtain appropriate services for

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Guardian's Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Guardian's Signature

\_\_\_\_\_  
Date

Name & Phone Number of POA

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

I give New Jersey State Firemen's Association permission to release information to the following family/friends.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship



# **OFFICER REPORTS**

## OFFICERS LISTING REPORT

Page 8 - 2010 Compendium

N. J. S. A. 43:17-13 - OFFICERS AND TRUSTEES.

The board of representatives shall, on or before the third Monday in December in every year, elect by ballot from among their own number, or out of the whole membership of that association a president, vice-president, treasurer and secretary, who shall be the board of officers of the corporation, and not more than five members of a board of trustees.

At the first election after the incorporation or reincorporating, there shall be elected not less than three nor more than fifteen trustees, who shall then be divided by the representatives, by lot, into three classes, of not more than five persons each, those of the first class to hold office for one year, those of the second class to hold office for two years, and those of the third class to hold office for three years after the date of their election, so that one class shall go out of office each year, and in each year after the first election not more than five trustees, who shall hold office for three years and the date of their election, shall be elected at the annual election.

The trustees may be elected in the same manner and from the same source as the representatives are chosen, in which case they shall be divided by the representatives, by lot, into three classes for the aforesaid terms. When the term of any trustee so elected expires, his successor shall be selected from the same source as that from which the trustee chosen, and shall hold office for three years after the date of his election.

All of the officers and trustees shall hold office until their respective successors are elected.

Page 3 & 4 - By-Laws of Local Firemen's Relief Association - 2010

### Article III - MEMBERSHIP AND OFFICERS

Section 3. The board of representatives on or before the THIRD MONDAY IN DECEMBER, in every year, shall elect, by ballot, from among their own number or out of the whole membership of this Association, a president, vice-president, treasurer and secretary (who shall be the board of officers of the Corporation), and not more than five members of the board of trustees;

At the first election after the incorporation or reincorporating, there shall be elected not less than three nor more than fifteen trustees, who shall then be divided by the representatives, by lot, into three classes, of not more than five persons each, those of the first class to hold office for one year, those of the second class to hold office for

two years, and those of the third class to hold office for three (3) years after the date of their election, so that one class shall go out of office each year, and in each year after the first election not more than five (5) trustees, who shall hold office for three (3) years and the date of their election, shall be elected at the annual election.

The trustees may be elected in the same manner and from the same source as the representatives are chosen, in which case they shall be divided by the representatives, by lot, into three (3) classes for the aforesaid terms. When the term of any trustee so elected expires, the successor shall be selected from the same source as that from which the trustee was chosen, and shall hold office for three (3) years after the date of the election.

All of the offices and trustees shall hold office until their respective successors are elected. R.S. 43:17-13

Any elected officer or trustee shall be a member of the Local Relief Association, with a line number.

# ***NEW JERSEY STATE FIREMEN'S ASSOCIATION***

1711 Route 34 South • Wall Township, New Jersey 07727-3924

Telephone: (800) 852 0137

Robert F. Ordway, President  
Joseph T. Hankins, Vice President  
Barry J. Osborn, CPA, Treasurer  
Frank P. Cavallo, Esq., Counsel

Thomas J. Pelaia, Secretary  
Brian R. Martone, 1st Asst. Secretary  
Richard K. Dreby, 2nd Asst. Secretary  
James J. Kenny, Field Examiner

Enclosed is the Officer Listing for the year 20##. The 20## Officers are provided on the listing. The 20## Officers Listing **must be submitted from the NJSFA Web page under Secretary Reports**. Only members of your Local Relief Association that have a line number can be President, Vice President, Secretary or Treasurer. **Address, phone numbers, and E-Mail addresses are required when the report is submitted**. It is no longer necessary to mail a copy to your Executive Committeeman. When you submit the Officers Listing on the Web you do not have to mail a copy to the State Firemen's Office.

If at any time during the year, there is a change in Officers or their address and phone numbers, **written notification** must be sent to this office and your Executive Committeeman.

This form must be submitted on the Web on or before **February 1, 20##**. Please make a copy of this form and keep it for your records.

The penalty for failure to meet the deadline is:

**NO SEATING WILL BE RECOGNIZED FROM YOUR ASSOCIATION AT THE 20## CONVENTION FOR YOUR DELEGATES, CHIEF or ALTERNATES.**

**THE OFFICERS WILL NOT BE ELIGIBLE TO RECEIVE THEIR EXPENSES OR SALARY FOR THAT YEAR AND THE EXECUTIVE COMMITTEE MAY IMPOSE AN ADDITIONAL PENALTY, THE WITHHOLDING OF THE ASSESSMENT CHECK PER STATE STATUTE 43:17-35 AND 43:17-45.**

Very truly yours

*Thomas J. Pelaia*

Thomas J. Pelaia  
Secretary



# SAMPLE ONLINE ENTRY FORM

Wednesday, February 5th, 2008



## NEW JERSEY STATE FIREMEN'S ASSOCIATION

★ LEADERSHIP ★ MEMBERSHIP ★ BENEFITS ★

### Officers Listing Entry

County: 07 ESSEX  
Association: 131 GLEN RIDGE  
Election Date: \_\_\_\_\_

#### Current Officers

##### PRESIDENT

LINE: 9999 COMPANY: 01  
ROBERT ORDWAY  
1711 ROUTE 34 SOUTH  
  
WALL TOWNSHIP NJ, 07727  
(800) 852-0137

roberto@njsfa.com

##### VICE PRESIDENT

LINE: 9999 COMPANY: 01  
JOSEPH HANKINS  
1711 ROUTE 34 SOUTH  
  
WALL TOWNSHIP NJ, 07727  
(800) 852-0137

josephh@njsfa.com

##### SECRETARY

LINE: 9999 COMPANY: 01  
THOMAS PELAIA  
1711 ROUTE 34 SOUTH  
  
WALL TOWNSHIP NJ, 07727  
(800) 852-0137

thomasp@njsfa.com

##### TREASURER

LINE: 9999 COMPANY: 01  
BARRY J OSBORN  
1711 ROUTE 34 SOUTH  
  
WALL TOWNSHIP NJ, 07727  
(800) 852-0137

##### CHIEF

LINE: COMPANY: 00

#### New Officers

##### PRESIDENT

No Change

LINE: COMPANY:  
FIRST: MI: NAME:  
ADDRESS LINE 1:  
ADDRESS LINE 2:  
CITY: STATE: ZIP:  
HOME PHONE:({  
CELL PHONE:({  
OFFICE PHONE:({ EXT:  
EMAIL:

##### VICE PRESIDENT

No Change

LINE: COMPANY:  
FIRST: MI: LAST:  
ADDRESS LINE 1:  
ADDRESS LINE 2:  
CITY: STATE: ZIP:  
HOME PHONE:({  
CELL PHONE:({  
OFFICE PHONE:({ EXT:  
EMAIL:

##### SECRETARY

No Change

LINE: COMPANY:  
FIRST: MI: LAST:  
ADDRESS LINE 1:  
ADDRESS LINE 2:  
CITY: STATE: ZIP:  
HOME PHONE:({  
CELL PHONE:({  
OFFICE PHONE:({ EXT:  
EMAIL:

##### TREASURER

No Change

LINE: COMPANY:  
FIRST: MI: LAST:  
ADDRESS LINE 1:  
ADDRESS LINE 2:  
CITY: STATE: ZIP:  
HOME PHONE:({  
CELL PHONE:({  
OFFICE PHONE:({ EXT:  
EMAIL:

##### CHIEF

No Change

LINE: COMPANY:  
FIRST: MI: LAST:  
ADDRESS LINE 1:  
ADDRESS LINE 2:  
CITY: STATE: ZIP:  
HOME PHONE:({  
CELL PHONE:({  
OFFICE PHONE:({ EXT:  
EMAIL:

[Return to the Secretary menu Page](#)

## **MEMO TO: All Local Secretaries**

We have noted considerable uncertainty in the proper handling of a member who requests a move from one company to another company within the local relief association or from one relief association to another association.

We have attempted, with the attached instructions, to outline the procedure to follow in the event such a situation arose.

I call your attention to the 2010 Compendium & General Relief Fund rules which States as follows:

### Article IV, Section 9, Page 26

**SECTION 9.** The date of admittance of any member is to be recorded as of the date received and approved in the State Office. The physical application will be valid for a period of **ONE YEAR** from the date of the physical.

### Article V, Section 4, Page 27

**SECTION 4.** The physical examination shall consist of the following Medical Guidelines that are to be followed by a physician, nurse practitioner or physician's assistant licensed in the State of New Jersey when examining an applicant for membership. The date of the original physical examination is acceptable up to **ONE YEAR**.

Should you have any questions now or in the future on this subject, please call the State Office.

A.

## MOVING

### FROM ONE RELIEF ASSOCIATION TO ANOTHER

1. ALL

Below are the procedures for completing an Application for Membership for a Member Changing Associations. **NOTE:** Please make sure that the applicant checks off the box on both two lines above her/his signature so that their current records can be transferred properly.

2. NOT QUALIFIED

A Membership Application for a member **not Qualified** must be completed for the new association with the required physical (reverse side of application) by a licensed New Jersey Physician, Nurse Practitioner or Physician's Assistant. There is no time limit unless the member falls under State Statute 43:17-9 covering age requirements.

**The application must be received at the State Office within 1 year of the Date of the Physical. If received after 1 year the application will be returned to have the member take a new physical.**

3. NOT QUALIFIED (Over 45 years of age)

A Membership Application for an existing member not covered by State Statute 43:17-9, with the required physical (reverse side of application) by a licensed New Jersey Physician, Nurse Practitioner or Physician's Assistant, must be completed for the new association and the application is received at the State Office, **within 90 days** (window of opportunity) from the date of resignation from the previous association.

4. QUALIFIED

Those members who are qualified and move from one relief association to another relief association need only to resign from the current Relief Association and completely fill out the front of the Membership Application.

The Local Relief Secretary should immediately forward the new application for membership to the State Office.

When the paperwork has been processed the applicant will receive a new line number and the Local Relief Secretary will receive acknowledgement.

B.

## MOVING

### FROM ONE COMPANY TO ANOTHER COMPANY WITHIN THE SAME LOCAL RELIEF ASSOCIATION.

#### ALL

1. Below are the procedures for completing an Application for Membership for a Member Changing Associations. **NOTE:** Please make sure that the applicant checks off the box on both two lines above her/his signature so that their current records can be transferred properly.
2. A new application for membership must be completed for the new company with no physical (reverse side of application).
3. The application will require the following:
  - a. All information normally filled in on the top portion of the application must be completed.
  - b. The signature of the Relief Secretary and the Chief of the Department must be completed.

Note: This means that a sworn statement is **not** required, **nor** is a new Municipal Approval date or Clerk's signature required.

**The Local Relief Secretary must immediately forward the new application for membership to the State Office.**

**When the paperwork has been processed the applicant will receive a new line number and the Local Secretary will receive acknowledgement.**



# **FINANCIAL REPORTS**

## LOCAL FINANCIAL STANDING (Annual)

Pages 12-13 2010 Compendium

N. J. S. A. 43:17-31 - ANNUAL STATEMENTS OF LOCAL ASSOCIATIONS AND BIENNIAL REPORTS OF THE EXECUTIVE COMMITTEE.

On or before February 20th in every year, each local fireman's relief association, however incorporated, shall file a financial report with the field examiner of the New Jersey State Firemen's Association who then shall file a sworn statement with the Secretary of State on or before May 1<sup>st</sup> showing:

- a. The names of its representatives, trustees and other officers, and the amount of their respective fees or salaries; if any.
- b. The names of the applicants approved for relief during or within the year next preceding the statement and the amount of money paid to each of them;
- c. The receipts and expenses during the year, which expenses shall be stated in detail; and
- d. The amount of money or other property in its possession at the date of making the statement and how the money is invested or secured or where it is deposited.

A sworn duplicate of the statement shall, at the same time, be filed with the Secretary of the New Jersey State Firemen's Association. The Executive Committee thereof shall forthwith make an examination of the statement to determine whether the local Association has complied with the requirements of this chapter relating thereto.

Financial Forms - (Sets)

Form #200, #200-A and #200-B.

Following pages contain sample of Form #200, pages 1 - 4 & Insert A - D, which is sent out to the Treasurers each year. The other #200 Forms are not included. A replacement copy will not be sent out each year unless there are some very major changes in the document.

# NOTICE

FINANCIAL STANDING REPORT AVAILABLE ON THE N.J.S.F.A WEBSITE

[www.njsfa.com](http://www.njsfa.com)

CLICK ON FINANCIAL - FOLLOW INSTRUCTIONS

## COMPUTER CODES

### INSERT C

#### REPRESENTATIVES

CHIEF - C  
EXEMPT - E

#### TRUSTEES

CHAIRMAN - C  
SECRETARY - S

### INSERT D - SALARIES

PRESIDENT - 1  
VICE PRESIDENT - 2  
SECRETARY - 3  
TREASURER - 4

REPRESENTATIVES - 10  
TRUSTEES - 11  
COMMITTEES - 14

**TWO (2) NOTORIZED ORIGINALS MUST BE SUBMITTED**

Financial Standing Report(s) Form 200, 200A, and 200B may be printed from Website

**ORIGINAL COPY**

**FORM 200**

**TRENTON COPY**

**FORM 200-A**

# REMINDER

FORMS 200, 200A, AND  
**200B** ARE EXACTLY THE  
SAME EXCEPT FOR THE  
COLOR OF THE PAPER.

THE INSTRUCTIONS FOR  
MANUAL ENTRY ARE FOR  
ALL 3 FORMS



# Annual Financial Standing Report – Manual Entry

## INSTRUCTIONS TO HELP PREPARE YOUR 2019 FINANCIAL REPORT

THE FINANCIAL REPORT (FORM 200) HAS PROVISIONS FOR RECORDING YOUR RECEIPTS AND DISBURSEMENTS IN AN ORDERLY MANNER IN PREPARATION FOR EXAMINATION.

It is suggest that you first complete the inserts “A” & “B” and “C” & “D”. Entries on these pages will be helpful in completing the Form 200.

### PAGE #1 – FORM 200

- DATE: Use the date you complete your report.
- ASSOCIATION NUMBER: This is preprinted on your report.
- I.S.O. NUMBER: This is preprinted on your report.
- FEDERAL I.D. NUMBER: This is preprinted on your report.
- N.J. INCORPORATION NUMBER: This is preprinted on your report.
- Lines 1, 2, 3, & 4. This is preprinted on your report.
- Line 5. Date of 2019 meetings. (See ARTICLE IV – MEETINGS on page 3 of the 2010 BY-LAWS OF LOCAL FIREMEN’S RELIEF ASSOCIATION.)
- Lines 6, 7, 8, & 9. Names, addresses, company and line number of officers elected for the year 2020.
- Line 10. Information on your local Exempt Association status. Your Exempt Association must be legally incorporated under State Statute Title 15-A to qualify to send a delegate to the Convention.
- Line 11. This line is self-explanatory.

**NOTE: SEE FOOTNOTE BOTTOM OF FORM IN RED**

### PAGE #2 – FORM 200 – RECEIPTS

- Line 1. This is preprinted on your report.
- Line 2. This is preprinted on your report.
- Line 3. This is preprinted on your report.

### TOTAL INSURANCE.

- Line 3a Lines 2 & 3 will be preprinted.

Add the sum of Lines 2 & 3.  
(Total Insurance).

Line 4. This figure is found on Insert A, Totals All Bonds, Column 4.

Line 5. This figure is the total of interest earned for the period January 1, 2019 - December 31, 2019 (See page 7 of these instructions). This must be verified by each bank with a letter in conformance with the sample instruction letter issued by the State Office (Page 11) or a copy of your bank statement displaying your December 31 year-end balance and interest earned signed by two local association officers must accompany forms 200 & 200 A. The 1099 INT statement can also be used.

Line 5a TOTAL INTEREST.

Add Lines 4 & 5. Place total on Line "TOTAL INTEREST."

Line 5b TOTAL INS. & INT.

Add Lines 3a & 5a – "TOTAL INSURANCE" and "TOTAL INTEREST."  
Place total on Line 5b-"TOTAL INS. & INT."

**NOTE:** 15% OF THIS LINE (TOTAL INSURANCE and INTEREST) is the maximum amount that can be used for ADMINISTRATIVE EXPENSES.  
(Line 30, Page 3) "TOTAL".

Those receiving subsidy may only use 8% of this line for ADMINISTRATIVE EXPENSES (Line 30, Page 3) "TOTAL".

Line 6. This is preprinted on your report.

Line 7. In the event an investment must be sold & it is sold at a loss, the loss is shown on this line as a negative (-) amount. Insert A Column 3 (Contact the Field Examiner in the State Office on how to calculate the loss).

Line 8. This line is for other items and should only be used when instructed by the NJSFA Office.

Line 8a MISCELLANEOUS RECEIPTS

Add Lines 6, 7, 8. Place total on Line 8a – MISC. RECEIPTS.

Line 9. This figure will be the result of adding Line TOTAL INS. & INT. and MISC. RECEIPTS. **This must be the same figure as the one on Page 3, Line 36.**

**PLEASE PAY ATTENTION TO THE STATEMENT UNDER "ASSET DATA INSTRUCTIONS."**

(a) A Bank Certification Letter from each bank, signed by a Bank Official OR a copy of your bank statement displaying your 12/31 Year-End Balance and signed by two local association officers must

Accompany Form 200 and 200 A to mailed to the New Jersey State Firemen's Association.

(a-1) All Bank Certifications must show account number and balance As of December 31, 2019, and interest earned for the year January 1, 2019 to December 31, 2019. A duplicate copy of each Certification must be retained for your association file.

- Line 10. List each bank/investment account balance.
- Line 11. Enter the Total amount of all bank balances on this Line.
- Line 12. Enter all "Deposits in Transit" included in TOTAL RECEIPTS (line 12). provided the amount has not been credited & is not included in the December 31, 2019 Bank Certification. Attach copy of Deposit Slip verifying the amount.
- Line 12a. Add lines 11 & 12.
- Line 13. Enter Total Outstanding Checks listed on Page 3, Line 39.
- Line 14. This figure will be found by Deducting Line 13 from Line 12-a.
- Line 15. This figure is found on Insert A, Total All Bonds, Column 2.
- Line 16. This figure will be found by adding Line 14 & 15 Total Assets. List on Line 35, Page 3.

PAGE #3 – FORM 200 – DISBURSEMENTS

- Line 17. This figure will be found after totaling the local relief paid on Insert B. (Grand Total Local Relief Paid).
- Line 18. This is preprinted on your report. If incorrect, enter corrected Figure(s) and attach documentation.
- Lines 19, 20, 21 & TOTAL is on Line 22. Lines 19, 20 are preprinted on your report. (If Line 21 is used "Others", Total on line 22 must be changed.
- Lines 23, 24, 25, 26, 27, 28, 29. Place figures on proper lines from Insert D. Add and place totals on Line 30.

All items listed on line 23-29 above must be shown on Insert D, Administrative Expense, and must be accompanied by a copy of cancelled checks and/or a copy of an itemized bill when it is called for on Insert D. In addition if the following circumstances apply; follow instructions indicated below:

- Line 26. SAFE DEPOSIT BOX  
If your Safe Deposit Box Rental Fee is over \$75.00, attach a copy of your cancelled Association check or bill to Insert D.

(NOTE – Only if over \$75.00 is this necessary).

- Line 27. BANK SERVICE CHARGE  
If your Bank Service Charge is over \$100.00, attach a copy of document or documents, in support of amount charged. (NOTE – only if over \$100.00 for year).
- Line 28. ACCOUNTANT FEES  
List fees paid here.
- Line 29. OTHER  
Insert D, Miscellaneous must be used to list disbursements. Should your total accumulated Notary Fees exceed \$25.00, please request an itemized receipt from the Notary, showing date, item & charge for each service.
- Line 30. Total Lines 23 thru 29.  
  
The Total shown on line 30, cannot be more than 15%, 8% for those receiving subsidy of the line shown as Total Ins. & Int. on page 2, Line 5b.
- Line 31. This is preprinted on your report State Filing Fee.
- Line 32. This can be used only if instructed by the NJSFA Office
- Line 33. Add total of Line 31 and 32. Place on Line 33.
- Line 34. Total Lines 17 through 33 and insert total on Line 34.
- Line 35. Place figure from Line 16, page 2 on Line 35.
- Line 36. Add Lines 34 and 35. Place total on Line 36. **This figure must be the same as figure on Line 9.**
- Line 37. This figure is found on Page 2 Line 12-a.
- Line 38. List all outstanding checks by check number and dollar amount.
- Line 39. Total Checks Outstanding on Line 39.
- Line 40. Actual Balance December 31, 2019. Subtract Line 39 from Line 37 and place amount on Line 40. Verify this is the same amount on Line 16 page 2
- PAGE #4 – FORM 200
- Section I Place the names of all officers and titles having access to safe deposit box.
- Section II Place the names of all officers and titles authorized to sign checks.
- Section III Fill in all the appropriate areas. **This must be answered.**

It is important that the Auditing Committee review (physically see), all Investments, (CD's, Zero's, Bank Books, Savings Account Books, etc.). The Committee should also make sure that all investments are in the name of the Association (and not in a "Street Name", Broker or Bank Name). Please pass this information along to the Auditing Committee.

Section IV To be completed by Notary Public. Make sure President, Treasurer and Chairman of Auditing Committee sign. Expiration Date of Notary must appear on form.

Section V Place the information on designated lines. (Association name and Name of City/Town).

**IMPORTANT NOTE: For the report to prove line 36, page 3 MUST equal the amount shown on Line 9, page 2.** In the event they are not equal review all amounts shown in your report and compare against your Treasurer Journal to see that Bank amounts agree and all Disbursements are accounted for. If you still cannot determine why a difference exists, it is suggested you call the Field Examiner in the State Office for an appointment to meet in the State Office to review all your source documentation.

#### INSERT A

Schedule A. This section is for Brokerage Accounts (U.S., etc. + Zero Coupon Bonds). It is not for CD Accounts. Include a complete description (type of Bond), Date of Purchase & Insert appropriate info under columns (1) thru (4), & Total at bottom of this section. Place Total of column (4) on Line 4 & Total of column (2) on Line 15 of Form 200, page 2. (Also, please refer to separate instructions for Zero Coupon investment, supplied to those who have invested in Zero Coupons only).

**NOTE: Should you have Zero Coupon Bonds or other Broker Investments, you must attach a copy of the Year- End statement.**

#### INSERT B

Add all lines on relief paid by your Association from January 1, 2019 up to and including December 31, 2019. Place final figure on Page 3, line 17.

If, at any time, you should have trouble in finding a line number for anyone who is applying for relief, please contact the State Office at 1-800-852-0137. You must show Company & Line No. on this form. Be sure to show status of Member (check box).

**NOTE: Recipients of Supplementary Relief approved by N. J. State Firemen's Assn. must be preceded with an "\*" asterisk when listing.**

#### INSERT C

Names and terms of all Representatives and Trustees for **2019** must be listed. Year = Final year of 3 year term

Also, names of Trustee Officers are to be listed on the lines provided.

If you should need more space, please list on a separate sheet.  
Company number and Line numbers must be shown on form.

**NOTE:** Representatives cannot be Trustees and Trustees cannot be Representatives.

INSERT D

ADMINISTRATIVE EXPENSE

List all monies paid to Officers or Committee Members. Add and List on Page 3, Line 23.

For items shown with a “\*”, under Administrative Expense, please list by name, showing line # and amount received. For “OTHERS” please indicate reason for receiving Administrative Expense. Please attach a separate sheet for these payments listed on Insert D.

List all items purchased. Add and list on Page 3, Line 29. Copy of cancelled organization check to be sent with report, along with copy of itemized bill – refer to instructions for Line 29 & 30.

GENERAL INFORMATION

**ASSET CERTIFICATION:** Such certification must be requested by each Treasurer from each financial institution and for each account showing the interest and balance for the year ending December 31, 2018. All letters of certification must be on bank letterhead and signed by an Officer. A copy of your Bank Statement displaying your 12/31 year-end balance and/or your interest earned for the year, copy of your 1099, witnessed by two local association officers is acceptable in place of the bank letter. (See samples of certifications attached to these instructions.) Attach the **ORIGINAL CERTIFICATION** to Form 200 (Original copy), copies to Form 200-A (Trenton copy) and Form 200-B (Local copy).

**DEPOSITS:** Your State Treasurer requests that all deposits on checks received must be made promptly. The back of the checks when being deposited **must be endorsed** saying:

FOR DEPOSIT ONLY  
Name of Relief Association  
Account Number

**ANNUAL AUDIT:** All treasurers’ books must be audited at the local level (See Note 1) and the Audit Committee form submitted. Audit Chairman must sign the Financial Standing Report. Refer to Instructions page 5, (Page #4 – Form 200 – Section III).

Note 1 By-laws of Local Firemen’s Relief Association  
Article IX Duties of Committees Section 1

**INTERNAL REVENUE SERVICE REQUIREMENTS (IRS): Any compensation to Officers, Representatives or Trustees, etc. receiving \$600.00 or more in Administrative Expense and/or Expense Allowance, must be reported to the IRS on Form 1099 and the companion Form 1096. Forms must be filed prior to February 1, 2020.**

**REMINDER:** Administrative Expenses for Local Officers and or Committees must be combined and considered with Convention Delegate or Life Member payments an individual receives. If the sum is \$600.00 or more, the above procedure should be followed. (See Exhibit 1)

All local associations must file with the Internal Revenue Service on the 15<sup>th</sup> day of the 5<sup>th</sup> month after the Association's accounting period ends either Form 990, Form 990EZ or 990-N based on Receipts and/or Assets.

A copy of such filing must be sent to the State Office, and a copy retained in your file. Failure to file will lead to a fine by the IRS of up to \$25.00 per day or more.

**FILING FEE AND REPORT FOR SECRETARY OF STATE:** All reports for the Secretary of State (Trenton) will be handled by the office of the New Jersey State Firemen's Association. Be sure the white copy marked for Trenton is submitted to State Office along with the Original Form 200.

\*Filing fee has been withheld from your insurance receipts and shown on the annual distribution check stub. Therefore, no action is required by your Association.

\*White copy for Trenton, Form 200-A will be bulk delivered to Trenton, by the N. J. State Firemen's Association.

**FILING YOUR FINANCIAL REPORT:** There can be no relaxing to the filing of this report. Should a bank delay by not having your Bank Certification Letters available on time, or they are not correct, speak to and obtain the name of the involved Bank Manager (or person in charge) and in the event you cannot get your problem resolved call the Field Examiner in the State Office –1-800-852-0137, provide details of your problem.

Remember, all reports are to be returned via Certified Mail (Return Receipt Requested). Reports are due not later than February 20, 2020. Failure to file on time is clearly defined under Article III, Section 14, Page 22 & 23 of the 2010 Compendium, and supported by a chart printed on Page 34 of this same Compendium.

Should you wish to schedule a meeting with the Field Examiner or Treasurer at the State Office, we ask that arrangements be made in advance, and as soon as possible.

#### STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

1. Accounting Period – January 1 to December 31.
2. Cash Receipts
- 3.

All Associations shall record receipts in the accounting period they are available for deposit. If interest or dividend checks are dated on or before December 31, they are to be included in the 2019 financial reports.

For example: A bank mails a check to the treasurer dated December 31, 2019. This check is received by the Treasurer January 3, 2019. The Treasurer would

include the interest in the 2019 financial records.

4. Cash Disbursements

5.

All Associations shall record disbursement checks in the accounting period they are dated.

For example: A check dated December 31, 2019 and cashed January, 2020 is a check to be recorded in the 2019 financial records as an outstanding check.

It is important that all lines be completed on the Financial Report – Form 200, and if nothing is entered, please show: “Zero” / “0” / “None” / or just a line “—”, to show that you have considered that line.



DISTRIBUTION OF MATERIAL IN FILING YOUR FINANCIAL REPORTFINANCIAL REPORT

Form 200 - ORIGINAL COPY- (WHITE) – FOR New Jersey State Firemen’s Assoc. 1711 Route 34 South Wall Township, NJ 07727 -MAIL- Certified Mail, Return Receipt Requested (Form 200)	Insert A & B	Insert C & D	Bank Cert. Letters	Check List	Audit Comm. Letter
	Yes	Yes	Yes	Yes	Yes

Form 200-A-Trenton Copy (WHITE) – Send to State Office, Along with Form 200 – Original Copy- (White) (Form 200-A)	Insert A & B	Insert C & D	Bank Cert. Letters	Check List	Audit Comm. Letter
	Yes	Yes	Yes	No	Yes

**\*If you are able to duplicate Bank Letters for the Trenton Copy, it will be appreciated.**  
Please attach to Trenton Copy Form 200-A. Thank you.

DO NOT send direct to TRENTON

Form 200-B Local Association File Copy This copy to be retained by Local Association. (Form 200-B)	Insert A & B	Insert C & D	Bank Cert. Letters	Check List	Audit Comm. Letter
	Yes	Yes	Yes	Yes	Yes

USE PRE-PRINTED SELF-ADDRESSED TOUCH AND SEAL ENVELOPE FOR MAILING

FINANCIAL REPORTS AND SUPPORTING DATA TO STATE OFFICE

NOTE: DEADLINE – FEBRUARY 20, 2020

PLEASE NOTE: **Filing a report that is not complete in every respect, and does not prove out does not meet the requirement of the February 20, 2020 filing deadline.**

Thank you for your cooperation in this matter.

Your Local Relief Association Letterhead

December 22, 2019  
 (Suggesting mailing date to Bank)

To be addressed to Bank:

**SAMPLE**

Gentlemen:

I am mandated by State Statute to provide Bank Certification letters on Bank letterhead for all accounts we have with your bank. These letters must accompany my annual Treasurers' Report, with a deadline filing date of February 20, 2020. Listed below is a suggested format for use on your bank letter. It must list account number, type of account, interest earned for 2019, and the total Account Balance on deposit for each account as of December 31, 2019.

A further requirement is that bank letters must carry the signature of one bank official with the bank seal if available. The writer would appreciate this information prior to January 10, 2020.

Very truly yours,

John James, Treasurer  
 Springfield Boro, F.R.A.  
 827 Hill Street  
 Springfield Boro, N.J. 00001

Suggested format

The following accounts of the \_\_\_\_\_ Relief Association are being maintained by this bank.

Account No.	*Type of Account	2019 Interest Earned	Total Account Balance December 31, 2019 (include interest)	If Acct. closed List Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\*CD, Savings, Checking, etc.

# New Jersey State Firemen's Association

# FINANCIAL STANDING

# 2019

**TRENTON COPY: (Four Page Form) - White**

To be notarized over the signature of local association President, Treasurer and Chairman of the Auditing Committee and must be filed in the office of the New Jersey State Firemen's Association, 1711 Route 34 South, Wall Township, NJ 07727 on or before **FEBRUARY 20, 2020**, along with bank letter(s) or signed bank statements and insert sheets **A-B & C-D**.

**REPORT MUST BE MAILED CERTIFIED MAIL,  
RETURN RECEIPT REQUESTED**

**DATE**

ASSOC. NO.

I.S.O. NO.

FEDERAL IDENTIFICATION NO.

N.J. INCORPORATION NO.

THE \_\_\_\_\_ FIREMEN'S RELIEF

ASSOCIATION, COUNTY OF \_\_\_\_\_ for the year ending December 31, 2019.

**NAMES OF OFFICERS FOR YEAR OF THIS REPORT 2019**

TITLE	CO. NO.	LINE NO.	NAME
1. President			
2. Vice President			
3. Secretary			
4. Treasurer			
5. GIVE DATES OF MEETINGS HELD DURING YEAR: _____			
	JANUARY	APRIL	JULY
			OCTOBER
			DECEMBER

**NAMES AND ADDRESSES OF OFFICERS ELECTED FOR 2020**

TITLE	CO. NO.	LINE NO.	NAME	Address
6. President				
7. Vice President				
8. Secretary				
9. Treasurer				

10. Exempt Association - Do you have one? Yes  No

11. Officer in charge, upon whom process may be served

Name \_\_\_\_\_

Title \_\_\_\_\_

**PLEASE NOTE: Filing a report that is not complete in every respect, and or does not prove out, does not meet the requirement of the February 20, 2020 filing deadline. Must be postmarked no later than February 20, 2020.**

**RECEIPTS**

**1. TOTAL ASSETS (as of Dec. 31, 2018, last year's report)** \$

<b>GROSS INSURANCE MONEY</b>	<b>2. Surplus Lines</b>		
	<b>3. 2% Perm. Tax</b>		
			<b>3-a \$</b>
		<b>TOTAL INSURANCE</b>	
<b>INTEREST</b>	<b>4. Bonds (Insert A, Totals - All Bonds, Column 4)</b>		<b>5-b \$</b>
	<b>5. Bank Interest (Savings &amp; Check Acct., CD, MM)</b>		
		<b>5-a \$</b>	
		<b>TOTAL INTEREST</b>	
<b>MISC. RECEIPTS</b>	<b>6. Subsidy</b>		
	<b>7. Bonds Investment Loss (-) Gain (+) (Insert A, Totals - All Bonds, Column 3)</b>		<b>8-a \$</b>
	<b>8. Misc. (Use as instructed by NJSFA)</b>		
		<b>MISC. RECEIPTS</b>	

**9. TOTAL RECEIPTS + 2018 TOTAL ASSETS (Line 1) (Must be same as Line 36)**

**ASSET DATA INSTRUCTIONS**

A Bank Certification Letter from each bank, signed by a Bank Official OR a copy of your bank statement displaying your 12/31 year-end balance and signed by two Local Association Officers (other than the treasurer) must accompany Forms 200 and 200A to be mailed to the New Jersey State Firemen's Association.  
 All Bank Certifications must show account number and balance as of December 31 and interest earned for the calendar year January 1, to December 31. A duplicate copy of each Certification must be retained for your Association file.

<b>10. Balance ALL Banks (List)</b>	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
<b>11. TOTAL ALL BANKS</b>		\$
<b>12. Add "Deposit in Transit" - attach Deposit slip</b>		\$
<b>12-a. Sub-Total (Add lines 11 &amp; 12)</b>		\$
<b>13. Outstanding Checks (From Line 39)</b>		\$
<b>14. Sub-Total (Subtract line 13 from 12-a)</b>		\$
<b>15. Bond Actual Value 12/31/19 (Insert A, Totals - All Bonds, Column 2)</b>		\$
<b>16. TOTAL ASSETS (Add Lines 14 &amp; 15)</b>		\$

**DISBURSEMENTS**

<b>17. Local Relief Paid (Insert B)</b>		\$		
<b>18. CONVENTION EXPENSES</b>	Delegates	<b>18a \$</b> <hr/> <b>TOTAL CONV. EXP.</b>		
	Life Members			
<b>ASSESSMENT WITHHELD</b>	19. Surplus Lines			
	20. 2% Perm. Tax			
	21. Others			
	<b>22. Total Assessment</b>	\$		
<b>ADMINISTRATIVE EXPENSES (INSERT D)</b>	23. Officer, Trustees, Representatives	\$		
	24. Printing Expense & Stationary	\$		
	25. Postage Expense	\$		
	26. Safe Deposit Rental	\$		
	27. Bank Service Charges	\$		
	28. Outside Accountant	\$		
	29. Misc. (Form Insert D)	\$		
	<b>30. TOTAL ADMINISTRATIVE</b>	\$		
<b>STATE FILING FEE</b>	31. Sec'y of State Filing Annual Report (Withheld)	\$		
	32. Misc. (Use as instructed by NJSFA)	\$		
	<b>33. TOTAL STATE</b>	\$		
<b>34. TOTAL DISBURSEMENTS</b>		\$		
<b>35. Total Assets (Line 16)</b>		\$		
<b>36. TOTAL (Must be the same as line 9)</b>		\$		
<b>RECONCILE- MENT OF BANK BALANCE</b>	37. Assets before outstanding checks deduction (Same as Line 12-a) Dec. 31, 2019		\$	
	38. List Outstanding Checks Dec. 31, 2019 and amount			
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	<b>39.</b>	<b>Total Checks Outstanding</b>		\$
<b>40.</b>	<b>Actual Balance Dec. 31, 2019</b>		\$	











# NEW JERSEY STATE FIREMEN'S ASSOCIATION

## LOCAL RELIEF ASSOCIATION AUDIT COMMITTEE

\_\_\_\_\_ FIREMEN'S RELIEF ASSOCIATION # \_\_\_\_\_

This is to certify that the Audit Committee of the \_\_\_\_\_  
Firemen's Relief Association has completed a review of the financial records for  
the year ending December 31, 20\_\_\_\_ and found them to be in order. This  
review included the following:

- Verifying each check issued has 3 original authorized signatures.
- All checks issued were approved by motions and invoices and receipts were reviewed.
- Verifying year end balances to bank letters or statements.
- Inspection of bank documents to insure all accounts are in the name of the Association.

### AUDIT COMMITTEE

Signature

Print Name

Committee Chairman: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Committee Member: \_\_\_\_\_

State of New Jersey            )  
                                                  )        ss  
County of \_\_\_\_\_        )

On \_\_\_\_\_, 20\_\_\_\_ before me, \_\_\_\_\_, Notary Public in and for said county, personally  
appeared \_\_\_\_\_, (signer(s)) who has/have satisfactorily  
identified him/her/themselves as the signer(s) to the above referenced document.

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

(Affix Notary Stamp Here)

My Commission Expires:



# ***NEW JERSEY STATE FIREMEN'S ASSOCIATION***

## **CHECKING ACCOUNT CONFIRMATION & IRS FILINGS**

THIS COMPLETED FORM MUST BE RETURNED WITH THE FINANCIAL STANDING REPORT

**ASSOC. NAME** \_\_\_\_\_

**ASSOC. #** \_\_\_\_\_

1. ELECTRONIC DEPOSIT OF 2% CHECK

HAS CHECKING ACCOUNT BEEN CHANGED SINCE LAST YEAR

NO \_\_\_\_\_

YES \_\_\_\_\_

IF YES - SEND A COPY OF CHECK FROM NEW ACCOUNT AND FILL IN:

FINANCIAL INSTITUTION NAME \_\_\_\_\_

ROUTING # \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF LOCAL TREASURER

\_\_\_\_\_  
PRINT NAME OF LOCAL TREASURER

\_\_\_\_\_  
DATE

2. IRS FORM 990 SHALL BE FILED BY MAY 15<sup>TH</sup> OF EACH YEAR WITH THE ORIGINAL TO IRS AND A COPY TO THE NJSFA OFFICE IN WALL TOWNSHIP

\_\_\_\_\_  
SIGNATURE OF LOCAL TREASURER

\_\_\_\_\_  
PRINT NAME OF LOCAL TREASURER

\_\_\_\_\_  
DATE

3. FILING OF IRS FORM 1099-MISC (IF REQUIRED) HAS BEEN COMPLETED AND COPIES HAVE BEEN GIVEN TO EACH LOCAL MEMBER AFFECTED.

\_\_\_\_\_  
SIGNATURE OF LOCAL TREASURER

\_\_\_\_\_  
PRINT NAME OF LOCAL TREASURER

\_\_\_\_\_  
DATE

# Annual Financial Standing Report – Online Entry

The reports with live or scanned signatures and all support documents are due in our office by February 20<sup>th</sup>.

There is a lot of information that you can enter before the year has ended. We suggest you get that out of the way in December and then all you will have to concentrate on is the final numbers. You can enter the **YEAR 2019** Representatives, Trustees, Bank Names, Bond names, Relief recipients, etc. and then after 1/1, enter the final numbers. As soon as you get the bank/bond information – CHECK IT FOR ACCURACY – DO NOT ASSUME THEY GAVE YOU ACCURATE YTD & Y/E INFORMATION.

## **And remember: Deadlines are closer than they appear!**

1. Go to our website [www.njsfa.com](http://www.njsfa.com)
2. Click on the Treasurer Reports tab
3. Enter your:      ISO number XXX  
                          Association number XXX  
                          Your Password \*\*\*\*\*      (contact our office if you are having sign-in issues)
4. Select Enter/Update Financial Information
5. **For all screens, if you enter any information, always select Next to go to the next screen before selecting the Return to Financial Reports Menu.** The Next icon does some internal updating that needs to be completed before returning to the main finance screen.
6. **If you are having any problems or questions, no matter how trivial, call our office immediately. Do not wait until it is too late and the report does not get in on time. The deadline for receipt in our office is February 20<sup>th</sup>.**
7. Insert C – Representatives (that served during the year being reported - **2019**)
  - a. Enter the Company Number and Line Number for a Representative in the boxes towards the bottom of the screen. The individual's name should automatically be filled in by the system. If the Individual is the Department Chief, enter a C in the sixth box. If the individual is a Representative from your local Exempt's Association, enter an E in the sixth box. If the information is correct, click the Add Representative icon located directly below where you are entering the information. You should see the information populate the area above. Continue for each representative until they are all entered. If you need to, you can update or delete a member by using the icons to the right of the entries. Remember, you are entering the reporting year Representatives and not next year's Representatives.
  - b. If the Chief or one of the Representatives from the Exempt Association is not a member of your Local Relief Association, use 9999 as their line number and type in the individual's name by overwriting where it says INVALID LINE NUMBER. The Chief and Exempt Representatives are the only individuals that you might do this for.
  - c. When all of the Representatives have been entered, click the Next icon to advance to the next screen.

8. Insert C – Trustees (that served during the year being reported - 2019)

- a. Enter the Company Number and Line Number for a Trustee in the boxes towards the bottom of the screen. The individual's name should automatically be filled in by the system. If the Individual is the Chairperson of the Trustees, enter a C in the sixth box. If the individual is the Secretary of the Trustees, enter an S in the sixth box. If the information is correct, click the Add Trustee icon located directly below where you are entering the information. You should see the information populate the area above. Continue for each Trustee until they are all entered. If you need to, you can update or delete a member by using the icons to the right of the entries. Remember, you are entering the reporting year Trustees and not next year's Trustees.
- b. If the Trustee from the Exempt Association is not a member of your Local Relief Association, use 9999 as their line number and type in the individual's name by overwriting where it says INVALID LINE NUMBER. The Exempt Trustees are the only individuals that you might do this for.
- c. When all of the Trustees have been entered, click the Next icon to advance to the next screen.

9. Banks – Bank Information

- a. Enter the Bank Name and the Year End Bank Balance as shown on the Bank Statement or Bank Letter. Click the Update icon to the right after you enter each line. If you need to, you can abbreviate the bank name. If you have less than 20 accounts, please use a separate line for each individual account and put the last three or four digits of the account number as part of the name. If you have more than 20 accounts, you will have to consolidate/group some of the accounts by Bank name. As you are entering and updating the lines, you should see the Total Banks balance at the bottom of the screen change. If you need to, you can update or delete an account by using the icons to the right of the entries.
- b. When all of the bank balances have been entered, click the Next icon to advance to the next screen.

10. Banks – (cont.)

- a. Enter the total interest of all of your bank accounts.
- b. Enter the outstanding checks that have not cleared your checking account as of 12/31. Enter the check number and amount of each individual check and click the Add A Check icon for each one. If you need to, you can update or delete a check by using the icons to the right of the entries.
- c. Enter the total amount of Deposits in Transit. Deposits in Transit are deposits made into your account that for some reason did not clear and are not reflected in the Bank Statement or Bank Letter balance.
- d. When all of the miscellaneous bank information has been entered, click the Next icon to advance to the next screen.

11. Schedule A – All Bonds Owned by the Association – if you had no bonds, click the Next icon to advance to the next screen.

- a. Any bond/portfolio service or misc. charges/costs should be listed on the Misc. Administrative Expense section of the Disbursements screen.

- b. If your bond portfolio has a cash/money market account, that should be listed on the bank accounts screen.
- c. Enter each bond – one per line
  - i. Enter the name/description of the bond
  - ii. Enter the date originally purchased
  - iii. Enter the Starting bond value
    - 1. If the bond was owned prior to January 1<sup>st</sup> of the report year, enter the 12/31 value from last year's report.
    - 2. If the bond was purchased during the year, enter the bond purchase value
  - iv. Was the bond sold during the year – enter Y or N. **This question must be answered.**
    - 1. Bonds sold (Y) during the year will not be added in to the Year-End assets value.
    - 2. Bonds not sold (N) will be added into the Year End assets.
  - v. Ending bond value
    - 1. If the bond was sold during the year, enter the value at sale.
    - 2. If the bond was held past 12/31, enter the value of the bond as of 12/31.
  - vi. Enter total Dividend/Interest received during the year.
    - 1. If you had dividend/interest reinvestment, in addition to listing the amount received on this line, you will need to enter a new line showing the total initial value of the bonds purchased through reinvestment. If the ending bond value for this added line of reinvestment/purchase was included in a previous line, enter zero (0) for the sale/year-end cost.
  - vii. If the information is correct, click the Add A Bond icon located directly below where you are entering the information. If you need to, you can update or delete a line by using the icons to the right of the entries. Continue adding each bond.
    - 1. If you said Y to the Bond Sold question, the Bond Values at the bottom right does not update.
    - 2. If you said N to the Bond Sold question, the Bond Values at the bottom right will update with the Year End value
  - viii. You may click the Recalculate Totals icon at any time to update the total for overall year-end assets.
- d. When all of the bond information has been entered, click the Next icon to advance to the next screen.

## 12. Receipts

- a. Review the Receipts screen which should show subtotals/totals of the information you previously entered.
- b. You should not enter any information on this screen unless instructed to by someone from the NISFA office.
- c. After reviewing the information, click the Next icon to advance to the next screen.

## 13. Insert D – Administrative Expenses

- a. Select the title from the drop down menu (these are the only individuals eligible to receive Administrative Expenses). Enter the individual's Company number and Line number. If it is a "9999" person (Chief or Exempt) you will have to type the name in by overwriting where it says Invalid Line Number. Enter the dollar amount received. Do not include Convention Delegate/Life Member payments – that is reported elsewhere. If the information is correct, click the Add Admin Expense

icon located directly below where you are entering the information. You should see the information populate the area above. Continue for each individual until they are all entered. If you need to, you can update or delete a line by using the icons to the right of the entries.

- b. The maximum amount that can be paid to any one individual for Administrative Expenses is \$10,000.00. The maximum amount of **ALL** Administrative Expenses, including Miscellaneous Administrative Expenses on a later screen, is 15% (8% for Associations receiving Subsidy funds) of Gross Insurance Money and Interest (Line 5-b). The Total Administrative Expenses can be found on Line 30. Please call if you have any questions on the amount allowed.
- c. When all of the Individual Administrative Expenses have been entered, click the Next icon to advance to the next screen.

#### 14. Insert B – Local Relief Paid

- a. Enter the Company number and Line number of the individual who received Relief. The member's name should populate the name field. If the payment is for the spouse of a member that passed away over 30 years ago, the line number may not be in our system and you will have to type the name in by overwriting the Invalid Line Number message. Answer the four questions by putting a Y in any that apply. You do not have to put an N in for no. The system will fill that in where it sees a blank. If you received approval to pay Supplemental Relief, make sure you answer Y in that column. The amount of relief received should be the total of Regular and Supplemental Relief together. Do not split it up over two lines. Do not include any Special Relief paid out by the NJSFA State Office.
- b. If the information is correct, click the Add Local Relief icon located directly below where you are entering the information. You should see the information populate the area above. Continue for each individual until they are all entered. If you need to, you can update or delete a line by using the icons to the right of the entries.
- c. When all of the Individual Relief Recipients have been entered, click the Next icon to advance to the next screen.
- d. Relief is **NOT** part of Administrative Expenses and is not part of the 15% (8% for Associations receiving Subsidy funds) maximum allowable.

#### 15. Disbursements

- a. A number of categories will have data filled in already based on previous screen entries. Review the pre-filled entries for accuracy.
- b. Under the Administrative Expenses heading, fill in the gross amounts of expenses for the year for the five categories listed. After you enter the totals for these five categories, you will need to click the Recalculate Totals icon near the bottom to have the system add the amounts into the overall totals.
- c. In the section Miscellaneous Administrative Expenses (Not in categories above), add any other items not previously covered. For example if you received permission from the NJSFA State Office to purchase a laptop, this is where you would list it. Describe the purchase and enter the dollar amount.
- d. If the information is correct, click the Add Misc. Expense icon located directly below where you are entering the information. You should see the information populate the area above. Continue for each item until they are all entered. If you need to, you can update or delete a line by using the icons



to the right of the entries. After you enter all of your misc. purchases, you will need to click the Recalculate Totals icon near the bottom to have the system add the amounts into the overall totals.

- e. When all of the Administrative Expenses on this screen have been entered, click the Next icon to advance to the next screen.

#### 16. Elected Officers for next year

- a. The information on this screen is a requirement by the State of New Jersey, Department of Banking & Insurance. The information entered does **NOT UPDATE** NJSFA State Office records for who the new officers are or their home address records. That information is updated from the Annual Officers Listing report. For any change of officers or their home address, make sure it has been submitted by the Secretary on the proper form.
- b. Enter the Company number and Line number of the Officer. The name fields should populate based on that.
- c. Add the Officers home address and answer the two questions with a Y or N. If you do not have a safe deposit box, answer N for all four officers. You should be answering Y to all four officers as you need 3 of these 4 individuals to sign your checks.
- d. Once the information is entered and is correct for all four officers, click the Next icon to advance to the next screen.

#### 17. General Information

- a. Fill in the information for each question. For this screen, you may have to put the approximate date of your local audit or come back to this screen to enter and reprint the page before getting signatures.
- b. Once the information is entered and is correct, click the Finish icon to advance to the Treasurer Reports screen. At this point, you can still go back in at a later time to correct or add information

18. You will want to see if you are in balance by clicking on the Check if Report Balances icon on the main Treasurer's Report screen. The screen will tell you whether or not the report balances and if not, how much you are off by.

- a. If you are not in balance, did you:
  - i. Finish entering all data
  - ii. Transpose any numbers
  - iii. Enter any wrong numbers by hitting the wrong keys
  - iv. Enter information in the wrong spot.
  - v. Duplicate any misc. expense that was already added into the categories
  - vi. Compare this year's report to last year's report, so you do not leave any banks or bonds off
  - vii. Skip any officers or relief recipients while entering
  - viii. Check that the bank letters or statements are correct and match what you show in your records for 12/31 balance, YTD interest, YTD bank charges
  - ix. Compare the amount written on the checks to what the bank deducted for that check.
- b. If you still cannot find the difference:
  - i. Have another local member or officer take a look
  - ii. Call your Executive Committeeperson or the NJSFA State office for assistance.
  - iii. **DO NOT WAIT. GET ASSISTANCE ASAP!!**

## 19. You Balance!!

- a. Print out the three reports.
- b. Have your local audit
- c. Get all the proper signatures/notarization
- d. Make copies of all required supporting documentation to include with the reports
- e. Make sure you reviewed all documents that came in the Annual Financial Standing package that you received and everything is filled out and if required, included in the envelope back to us
- f. Send in Forms 200 & 200A along with all support documents requested. (certified mail, UPS, Fed Ex)
- g. Go online after a few days and see if we show it as received on the reports tab.

**Filing reports that are not complete in every respect, and/or do not balance, does not meet the requirement of the February 20<sup>th</sup> filing deadline. Reports that balance must be received in the State Office by February 20<sup>th</sup> or must be postmarked on or before February 20<sup>th</sup>. Failure to meet the filing deadline will result in your Association not being seated at the Convention as well as other penalties.**

# ATTENTION TREASURERS!!!

Effective with the 2019 Financial Standing Reports that are completed online, you can scan the complete report in one file and E-mail it to LocalReports@njsfa.com in lieu of mailing the original report.

The complete report consists of the following scanned as one file in a PDF Document.:

- 1) Form 200 printed out including inserts A, B(including Statements from Brokers), C and D, signed by the President, Treasurer and Audit Committee Chairman and Notarized.
- 2) Bank Letters or bank statements signed by 2 officers (other than the Treasurer)
- 3) Checklist completed and signed by the Treasurer
- 4) Checking Account Confirmation Form
- 5) Audit Committee Form – Notarized

If you submit these forms by Email, Form 200a is not required. We will make a copy for the State of New Jersey.

**REMEMBER: All of these forms MUST be scanned into ONE PDF FILE**



# **CONVENTION DELEGATES**

## DELEGATES TO ANNUAL CONVENTION

Page 16 - 2010 Compendium

### N. J. S. A. 43:17-42 - DELEGATES AND REPRESENTATIVES OF LOCAL RELIEF ASSOCIATIONS.

On or before May 1<sup>st</sup> in each year, the board of representatives of each duly incorporated local firemen's relief association in this state shall choose, out of the whole body of the membership thereof, three delegates to the convention or meetings of the New Jersey State Firemen's Association and three alternates, one or more of whom shall act in the place of any delegate or delegates so chosen who may be unable to attend the convention or meeting of the New Jersey State Firemen's Association. They, together with the chief, or if there is no chief, the next highest ranking officer, shall represent the corporation at the meetings of the New Jersey State Firemen's Association.

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### N. J. S. A. 43:17-43 - DELEGATES OF EXEMPT FIREMEN'S ASSOCIATIONS.

On or before May 1<sup>st</sup> in every year, each duly incorporated exempt firemen's association shall choose, by ballot, one delegate and one alternate who shall act in the place of the delegate who may be unable to attend the convention or meeting of the New Jersey State Firemen's Association out of the whole body of the membership thereof, who shall represent and vote for the local exempt firemen's association at the convention or meetings of the New Jersey State Firemen's Association. This delegate or alternate shall have the same rights, powers and privileges as the delegates elected to the New Jersey State Firemen's Association by the local firemen's relief associations.

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### ARTICLE VI - Delegates to Convention

Section 1: Each duly incorporated Firemen's Relief Association in this State which has been approved by the Executive Committee of this Association shall be entitled to send three (3) Delegates or Alternates to each Annual Convention or meeting of this Association, together with the Chief of the Department or the next highest ranking line officer, who shall serve as a delegate by virtue of the office, and one (1) Delegate or Alternate of the duly organized Exempt Association, if any. Payment of their expense by the Local Relief Association they represent shall be made within such limitation as established by the Executive Committee.

Section 2: The regularly elected Alternates may serve as "at large" for any Delegate position with the exception of the Chief or Exempt Delegate who have elected specific alternates.

Section 3: All members elected as Officers, Executive Committeemen of the New Jersey State Firemen's Association, or members of the Board of Managers of the New Jersey Firemen's Home, shall upon election be granted Life Membership, and any firefighters who shall have served for ten (10) convention sessions as a Delegate shall be eligible for election by the Executive Committee as Life Members of this Association, and shall upon being so elected, be entitled to all convention privileges. The proceedings of the Convention will be the official attendance record.

Convention Expenses shall be allowed within such limitations as established by the Executive Committee.

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- A. Form 104 - Notice of Delegates Elected.
- B. Form 105 - Notice of Exempt Delegate Elected.

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N. J. S. A. 43:17-29 - EXPENSES OF ATTENDING CONVENTION OF STATE ASSOCIATION: PAYMENT.

Each firemen's relief association may pay to such delegates, life members and chief or the next highest ranking officer of the department as shall attend and represent it and to each delegate who shall attend and represent the local exempt firemen's association at the annual convention of the New Jersey State Firemen's Association the cost incurred by them for travel, lodging, and other expenses as determined by the executive committee of the New Jersey State Firemen's Association in accordance with R.S. 43:17-35 and the rules and regulations adopted by the New Jersey State Firemen's Association. Nothing contained in this article shall authorize the payment of such expenses a second time to any delegate.

GENERAL RELIEF FUND RULES

Page 33 - 2010 Compendium, A. Administration Forms-Local Associations

- Form 106 - Delegate Expense Voucher
- Form 107 - Life Member Expense Voucher

CONVENTION  
OF THE  
NEW JERSEY STATE FIREMEN'S ASSOCIATION

Wall Township, New Jersey 07727  
December 1, 20XX

TO LOCAL FIREMEN'S RELIEF ASSOCIATION:

Secretary:

At the meeting of our Executive Committee held on November 16, 2019 the following recommendations were adopted:

WE RECOMMEND THAT INVITATION TO ELECT DELEGATES AND ALTERNATES BE EXTENDED TO ALL RELIEF ASSOCIATIONS WHO WERE IN ACCORD WITHIN THIS STATE ASSOCIATION AS OF DECEMBER 31, 20XX.

**PLEASE KEEP IN MIND N.J.S.A. 43:17-42 WHEN ELECTING THE CHIEF DELEGATE WE WILL NOT ACCEPT ANY OTHER NAME AS A DELEGATE FOR THE CHIEF EXCEPT THE NAME OF THE CHIEF THAT IS LISTED ON THE OFFICERS LISTING FORM THAT HAS BEEN SUBMITTED FROM EACH ASSOCIATION.**

WE FURTHER RECOMMEND THAT THE CREDENTIALS OF DELEGATES AND ALTERNATES ELECTED BE FILED IN THIS STATE ASSOCIATION OFFICE NOT LATER THAN MAY 1, 2020 FOR CERTIFICATION OF DELEGATES AND ALTERNATES AS TO THEIR ELIGIBILITY TO SERVE.

COPY OF THE RECOMMENDATIONS TO BE MADE PART OF THE INVITATION AND RECORDED IN THE ABRIDGED REPORT OF THIS MEETING IN FULL.

ANY ASSOCIATION WHICH MAY FAIL IN FILING ITS CREDENTIALS BY MAY 1, 2020 WILL NOT BE SEATED AT THE 2019 CONVENTION.

Therefore, we wish to announce that the ONE HUNDRED FORTY-THIRD ANNUAL CONVENTION OF THIS STATE ASSOCIATION will be held in CONVENTION HALL, located at Burk Avenue and the Boardwalk, Wildwood, New Jersey, on the XXth and XXth of September, 20XX

THE FIRST SESSION OF THE CONVENTION will be called to order promptly at 1:00 o'clock FRIDAY AFTERNOON, SEPTEMBER XX 20XX and the SECOND SESSION will be held on SATURDAY MORNING, AT 10:00 o'clock, SEPTEMBER XX, 20XX.

Registration:	Friday	9:30 a.m. to 12:30 p.m.
	Saturday	7:30 a.m. to 9:45 a.m.

THE INDIVIDUAL CREDENTIALS WILL BE FORWARDED TO ALL ASSOCIATIONS, WHICH HAVE FILED THE NAMES OF THEIR DELEGATES ELECTED ON OR BEFORE MAY 1, 2020.

Fraternally yours,

THOMAS J. PELAIA  
Secretary, NJSFA

# ***NEW JERSEY STATE FIREMEN'S ASSOCIATION***

1711 Route 34 South • Wall Township, New Jersey 07727-3934

Telephone: (732) 798-8137 • (800) 852-0137

Fax: (732) 938-2580

**Robert F. Ordway, President**  
**Joseph T. Hankins, Vice President**  
**Barry J. Osborn, CPA, Treasurer**  
**Frank P. Cavallo, Esq., Counsel**

**Thomas J. Pelaia, Secretary**  
**Brian E. Martone, 1st Asst. Secretary**  
**Richard K. Dreby, 2nd Asst. Secretary**  
**James J. Kenny, Field Examiner**

December 1, 20XX

To: All Local Secretaries:

Notice of Relief Elected Delegates Elected and Notice of Exempt Delegate Elected forms are now open. These forms must be submitted via the web page. The link is located under the Secretary Reports tab on the left side of the page. A copy is not required to be sent via mail to our office. This form must be completed and finalized by May1, 20XX. Please make a copy of these forms for your records.

**Please Note: The Chief Delegate is not to be entered on Form 104. This information will be entered directly from the Officers Listing submitted to us by February 1, 20XX.**

Changes to the elected delegates and alternates may be made up to August 31, 20XX. **No changes will be accepted after that date.**

**THIS FORM WILL ONLY BE ACCEPTED VIA THE WEB SITE.**

Very truly yours,

*Thomas J. Pelaia*

Thomas J. Pelaia  
Secretary



# **REMINDER** **NOTICE**

Please be advised that the

**NOTICE OF DELEGATES &/or**

**NOTICE OF EXEMPT DELEGATES ELECTED**

**FORMS 104 & 105**

Must be Electronically Filed to the State Office,

Via the web-site at

[www.njsfa.com](http://www.njsfa.com)

under

**Secretary's Reports**

It is not required to send a hard copy to the State Office.

# Web Delegate Entry Screen

NJ State Firemen's Association x +  
 njsfa.com/sec/delegate.aspx?a=131&y=2020  
 Apps Google My Yahoo WAlped a the free Imported from IE Facebook United Airlines - Ad- Investments Swift 811 Sign in to your acc. Home Other bookmarks

**NJSFA Notice of Delegate Elected Edit**  
 Association: 131 GLEN RIDGE  
 County: 07 ESSEX  
 Return to previous screen.  
 Make any changes to the delegates and click update to save.  
 Meeting Date: 01/15/2021

Delegates						
Card #	Assn #	Co #	Line #	Last Name	First Name	MI
1						
2						
3						

Alternates						
Card #	Assn #	Co #	Line #	Last Name	First Name	MI
1						
2						
3						

Chief						
Card #	Assn #	Co #	Line #	Last Name	First Name	MI
4	131	0				

Alternate Chief						
Card #	Assn #	Co #	Line #	Last Name	First Name	MI
4						

After updating delegates you must finalize by clicking here to submit to state office  

 \* Double click on delegate checkbox from the spreadsheet screen will add a delegate to the state

# Web Exempt Delegate Entry Screen

NJ State Firemen's Association

njsefa.com/sec/exempts.aspx?A=97&yr=2020

NEW JERSEY STATE FIREMEN'S ASSOCIATION

NJSEFA Notice of Exempt Delegate Elected Edit  
Association: 97 EAST ORANGE  
County: 07 ESSEX

[Return to secretary menu.](#)

Make any changes to the delegates and click update to save.

Meeting Date:

Exempt Delegate						
Card #	Assn #	Co #	Line #	Last Name	First Name	MI
5						

Exempt Alternate						
Card #	Assn #	Co #	Line #	Last Name	First Name	MI
5						

After updating delegates and exempts you must finalize by clicking here, to submit to state offices. Submitting delegate changes from the secretary menu will also submit to the state offices.

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Type here to search

11-07-2018 10:20:00 AM

# **NOTICE**

Please be advised that the enclosed

**NOTICE OF DELEGATES ELECTED &  
NOTICE OF EXEMPT DELEGATES ELECTED  
FORMS 104 & 105**

must be returned fully executed to the State Office,

on or before **May 1, 20XX.**

The penalty for failure in not meeting the Deadline Date is:

**NO SEATING WILL BE RECOGNIZED FROM YOUR  
ASSOCIATION AT THE 20XX CONVENTION FOR  
YOUR DELEGATES, CHIEF or ALTERNATES.**

**Exempt Delegates/Alternates and Life Members may be  
seated but will not receive expenses.**

**The Officers will not be eligible to receive their expenses or  
salary for that year and**

**The Executive Committee may impose an additional  
penalty, the withholding of the assessment check.**

**State Statute 43:17-45 and 43-17-47**

# NOTICE

Please be advised that the enclosed

## **DELEGATE & EXEMPT DELEGATE**

(If Applicable)

## **EXPENSE VOUCHER**

**&**

## **LIFE MEMBERS EXPENSE VOUCHERS**

## **FORMS 106 & 107**

must be returned fully executed to the State Office,

on or before **November 1, 20XX** or

**Postmarked November 1, 20XX.**

The penalty for failure in not meeting the Deadline Date is:

**NO SEATING WILL BE RECOGNIZED FROM YOUR**

**ASSOCIATION AT THE 20XX CONVENTION FOR**

**YOUR DELEGATES, ALTERNATES, CHIEF**

**and Life Members that attend will not receive expenses.**

**ALSO LOCAL ASSOCIATION OFFICERS WILL NOT BE ELIGIBLE TO**

**RECEIVE THEIR EXPENSES OR SALARY FOR THAT YEAR**

**and possible loss of 2% assessment funding.**



**NEW JERSEY STATE FIREMEN'S ASSOCIATION  
LIFE MEMBER  
EXPENSE ALLOWANCE VOUCHER**

**FORM 107**

ASSOCIATION NAME \_\_\_\_\_

ASSOCIATION NO. \_\_\_\_\_

**THIS FORM MUST BE RECEIVED, COMPLETE, AT THE STATE OFFICE BY THE DEADLINE  
DUE DATE OF NOVEMBER 1, 20XX OR POSTMARKED NOVEMBER 1, 20XX.**

**The undersigned certify they have received allowance for sessions attended and expenses incurred.**

NAME - PRINT	LINE No.	SIGNATURE	CHECK No.	AMOUNT PAID
S				
A				
		M		
		P		
		L		
			E	

TOTAL LIFE MEMBER

\$ \_\_\_\_\_

**The undersigned certify the above life members attended all sessions and incurred expenses for which payment is received.**

APPROVED BY: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

\_\_\_\_\_  
PRESIDENT (SIGNATURE)

\_\_\_\_\_  
SECRETARY (SIGNATURE)

\_\_\_\_\_  
TREASURER (SIGNATURE)

**SUBSIDY**

**NOTICE**

**SUBSIDY**

Please be advised that the enclosed

**DELEGATE & EXEMPT DELEGATE**

(If Applicable)

**EXPENSE VOUCHER**

**&**

**LIFE MEMBERS EXPENSE VOUCHERS**

**FORMS 106 & 107**

must be returned fully executed to the State Office,

on or before **November 1, 20XX** or

**Postmarked November 1, 20XX.**

The penalty for failure in not meeting the Deadline Date is:

**NO SEATING WILL BE RECOGNIZED FROM YOUR**

**ASSOCIATION AT THE 20XX CONVENTION FOR**

**YOUR DELEGATES, ALTERNATES, CHIEF**

**and Life Members that attend will not receive expenses.**

**ALSO LOCAL ASSOCIATION OFFICERS WILL NOT BE ELIGIBLE TO**

**RECEIVE THEIR EXPENSES OR SALARY FOR THAT YEAR**

**and possible loss of 2% assessment funding.**



NEW JERSEY STATE FIREMEN'S ASSOCIATION  
DELEGATE (OR ALTERNATE)  
EXPENSE ALLOWANCE VOUCHER

# SUBSIDY

ASSOCIATION NAME \_\_\_\_\_ ASSOCIATION NO. \_\_\_\_\_

**THIS FORM MUST BE RECEIVED, COMPLETE, AT THE STATE OFFICE BY THE DEADLINE  
DUE DATE OF NOVEMBER 1, 20XX OR POSTMARKED NOVEMBER 1, 20XX.**

The undersigned certify they have received allowance for sessions attended and expenses incurred.

NAME - PRINT	LINE No.	SIGNATURE	CHECK No.	AMOUNT PAID
	A			
		M		
		P		
		L		

TOTAL DELEGATE

\$ TE

The undersigned certify the above delegates attended all sessions and incurred expenses for which payment is received.

APPROVED BY: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

RESIDENT (SIGNATURE) \_\_\_\_\_

SECRETARY (SIGNATURE) \_\_\_\_\_

TREASURER (SIGNATURE) \_\_\_\_\_





# New Jersey State Firemen's Association

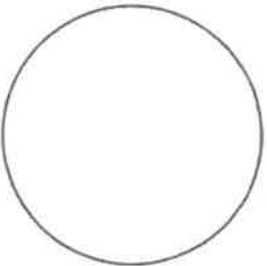


This will certify that \_\_\_\_\_ a member of the  
\_\_\_\_\_ Firemen's Relief Association having fulfilled  
all requirements has been elected to life member of the  
State Convention with all the rights and privileges thereof.

\_\_\_\_\_  
PRESIDENT

\_\_\_\_\_  
SECRETARY

\_\_\_\_\_  
DATE





**UNDER CONSTRUCTION**