



# **New Jersey State Firemen's Association**

- Discuss the duties of the Board of Trustees
- Explain the different levels of Relief
- Discuss completing each Relief Application
- Explain Health Care Program
- Questions & Answers

# Board of Trustees

- In December, the Board of Representatives shall elect members to the Board of Trustees. (This Year's Representatives elect next year's officers).
- Not less than 3 nor more than 15 Trustees allowed.
- The terms of office can be divided equally into 3-year terms.
- Must elect a Trustee Chairperson and Trustee Secretary from amongst their group.
- Trustee Chairperson presides over all meetings of the Board and reports to the Board of Representatives
- Trustee Secretary handles Applications for Relief
- Trustee Secretary keeps and records all minutes of the meetings of the Board of Trustees

# Board of Trustees

- Must meet twice a year even if there is no relief applications.
- If you do not get quorum, call a **special meeting** – and keep calling special meetings until you do get quorum – prior to Year End.
- Reviews Applications for Relief (with applicant if necessary)
- Assist in completing the application if needed
- Makes a Recommendation on an Application For Relief to the Board of Representatives
- No person shall hold office as a Trustee and Representative
- Trustees cannot be Local Relief Association Officers

# Death Claims – Report of Investigations

- Form 303 (5/05)  
Report of Investigation
- Widow, children, parent, caregiver, funeral director, others after investigation
- Will be sent out as needed

FORM 303

Association # \_\_\_\_\_ 999  
Company # \_\_\_\_\_ 00  
Line # \_\_\_\_\_ 0002

**NEW JERSEY STATE  
FIREMEN'S  
GENERAL RELIEF FUND**

NEXT ADV. COM. MEETING March 21, 2023  
NAME OF DECEASED JANE SMITH CLAIM No. 0090386  
ASSOCIATION STATE OF NEW JERSEY DATE FORM ISSUED 03/21/2023

**REPORT OF INVESTIGATION  
ACCORDANCE WITH**

ARTICLE VI, SECTION 2 of the General Relief Fund Rules quoted below:  
Section 2. Effective March 27, 2010, an approved claim shall be paid, as determined by the Advisory Committee, to the surviving spouse, civil union partner or domestic partner, children, father and/or mother, caregiver and/or funeral home.  
In the event that the relationship are deceased at the time the claim herein is filed the said claim shall be submitted to the Local Relief Association who shall investigate said claim and they shall determine if the claim should be allowed and if so, to whom the funds should be disbursed. The Local Relief Association shall thereafter submit the results of its investigation to the Advisory Committee.

**REPORT ON ABOVE CLAIM**

It is requested by the Advisory Committee that the Local Board of Trustees investigate, therefore, it is necessary that the following information be submitted:

**INFORMATION EXPLANATORY OF THIS CLAIM**

Statement of expenses incurred by the decedant:  
\_\_\_\_\_  
\_\_\_\_\_

Attach undertaker's bill, and, if paid, by whom \_\_\_\_\_

Statement of financial assets or estate of decedant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information explanatory of this claim:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form should be returned within 90 days, properly executed, death certificate with raised seal affixed must accompany this form

N.J.S.F.A. 5/05

This benefit does not become part of an estate; it is exempt from Federal Income Tax and Estate Tax, also it is exempt from N. J. Income Tax, Inheritance and Estate Tax. (RE:N.J.A.C. 18:26-6.15 and N.J.S.A. 54:34-4 (e))

**RECOMMENDATION OF INVESTIGATION BY THE BOARD OF TRUSTEES:**

After a fair and impartial investigation the Trustees of the \_\_\_\_\_ Firemen's Relief Association recommend to the Advisory Committee of the New Jersey State Firemen's Association that this claim - shall be paid \_\_\_\_\_ or not paid \_\_\_\_\_ as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed -  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Trustees of Investigation Date \_\_\_\_\_

THE BOARD OF REPRESENTATIVES at a meeting \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year received the report of the Board of Trustees on this claim and certify to the correctness of same and approved the recommendation of the Trustees.

The Board of Representatives  
\_\_\_\_\_  
\_\_\_\_\_ Local Relief Ass'n  
\_\_\_\_\_  
\_\_\_\_\_ President  
\_\_\_\_\_  
\_\_\_\_\_ Treasurer  
Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Secretary

**NOTE:**  
If the decision of the Advisory Committee is appealed it shall be in accordance with Article VI, Section 16, of the General Relief Fund Rules.

# Local Relief Examination Worksheet

- Relief Applications will be collected at your County Caucus Meetings.
- Do not need to bring in ones that were already approved for Special and Supplementary Relief.
- All Applications will be reviewed in State Office.
- Then returned to the Local Association.
- Checklist is available for viewing on the Forms tab of our website.
- Make sure that they are complete before turning them in for review.

## NEW JERSEY STATE FIREMEN'S ASSOCIATION FIELD EXAM: RELIEF APPLICATION CHECKLIST

The attached Application for Local Relief Association \_\_\_\_\_ in county \_\_\_\_\_ for \_\_\_\_\_ has been reviewed and the following is noted:

\_\_\_ Application is in good order.

\_\_\_ The following, deficiencies are noted:

\_\_\_ Missing Association/Company/Line number on one or all pages.

\_\_\_ Missing information in sections 1-6.

\_\_\_ lacking supporting documentation of Income and expenses.

\_\_\_ proof of income

\_\_\_ Copies of current bills.

\_\_\_ Additional bills needed.

\_\_\_ Not using current Relief Applications.

\_\_\_ Missing Signatures-Applicant /Trustees/ Officers.

\_\_\_ Missing recommended action/amount by Trustees and/or final action/amount by Representatives.

\_\_\_ Missing check numbers and/or amounts paid.

\_\_\_ Amount granted previous years should have amount filled in or "N/A".

\_\_\_ Applicant demonstrated "Need" and Special Relief should have been applied for.

Additional Comments:

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If deficiencies were noted, moving forward, please take the necessary action to avoid repeating them.

Thank you for your cooperation.

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

# Three Relief Levels

- Local Relief (see scale)
  - Based on prior Y/E balance
  - Funds paid from the Local Assoc.
  - Must be voted on by Representatives at a meeting
  
- Special Relief (\$9,000 – Local level)
  - Funds paid from the State Assoc.
  - Must be voted on by Representatives at a meeting
  - **Million-dollar Associations pay Special Relief after Advisory Committee Approval.**
  - **Must be approved by the State Office**
  
- Supplementary Relief (4 X Local)
  - Funds paid from the Local Assoc.
  - Must be voted on by Representatives at a meeting
  - **Must be approved by the State Office before the Local Association pays any amounts.**
  
- Medicaid Recipients not eligible

**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 02/25/2023

LOCAL RELIEF ASSOCIATION PRIOR Y/E ASSET RANGE (DOLLARS)			LOCAL RELIEF LIMIT STEP 1	SPECIAL RELIEF LIMIT STEP 2	SUPPLEMENTARY RELIEF LIMIT STEP 3
\$ 0	TO	\$ 10,000	\$ 1,500.00	\$ 7,500.00	\$ 6,000.00
\$ 10,001	TO	\$ 20,000	\$ 1,750.00	\$ 7,250.00	\$ 7,000.00
\$ 20,001	TO	\$ 50,000	\$ 2,000.00	\$ 7,000.00	\$ 8,000.00
\$ 50,001	TO	\$ 80,000	\$ 2,250.00	\$ 6,750.00	\$ 9,000.00
\$ 80,001	TO	\$ 120,000	\$ 2,750.00	\$ 6,250.00	\$ 11,000.00
\$ 120,001	TO	\$ 160,000	\$ 3,000.00	\$ 6,000.00	\$ 12,000.00
\$ 160,001	TO	\$ 200,000	\$ 3,250.00	\$ 5,750.00	\$ 13,000.00
\$ 200,001	TO	\$ 250,000	\$ 3,500.00	\$ 5,500.00	\$ 14,000.00
\$ 250,001	TO	\$ 350,000	\$ 3,750.00	\$ 5,250.00	\$ 15,000.00
\$ 350,001	TO	\$ 500,000	\$ 4,000.00	\$ 5,000.00	\$ 16,000.00
\$ 500,001	TO	\$ 750,000	\$ 4,250.00	\$ 4,750.00	\$ 17,000.00
\$ 750,001	TO	\$ 1,000,000	\$ 4,500.00	\$ 4,500.00	\$ 18,000.00
\$ 1,000,001	TO	\$ ABOVE	\$ 5,750.00	\$ 3,250.00	\$ 23,000.00

\* Funded and paid for by the Local Relief Association.

\*\* Funded and paid by the NJSFA office. Local Associations with 1,000,001 dollars or more will fund it after it is approved by NJSFA office.

ADOPTED BY THE EXECUTIVE COMMITTEE OF THE NEW JERSEY STATE FIREMEN'S ASSOCIATION 2/25/2023.

Special Relief Fund Application (Form 113) must be completed after Local Relief Payment Scale (Step 1) has been fully 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 for Associations under 1,000,001 dollars **after approval by the Advisory Committee** and paid by the local association if 1,000,001 dollars or over **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 to be considered for the current calendar year.

LOCAL RELIEF LEVELS FOR A GIVEN YEAR ARE CALCULATED BASED ON YOUR PRIOR YEAR DECEMBER 31<sup>st</sup> ASSOCIATION BALANCE AND DO NOT CHANGE DURING THE YEAR EVEN IF YOUR ASSOCIATION Balance CHANGES WITHIN THE YEAR.

# Local Relief

- Form 101 (Rev. 5-24)
  - Application for Local Relief which is required for all relief paid.
  - Members & non-remarried surviving spouse are eligible (member was qualified).
  - Application is available on our State Website under the forms tab.
  - Each Section must be filled out.
  - The applicant must sign, along with the Trustees and Officers.
  - Must explain the statement of **NEED**.
  - Must have **supporting documentation** for all income and expenses listed.
  - Once approved it must be voted on by the Representatives at a meeting after the Trustees recommendation.



**APPLICATION FOR LOCAL RELIEF FORM #101**  
New Jersey State Firemen's Association

**GUIDELINES FOR COMPLETING THE APPLICATIONS FOR RELIEF**

All sections of the Relief Application must be completed as follows:

Association/Company/Line number to be filled in by the Local Relief Association on **all pages**.

**Section 1** – Completed by the Local Relief Association and verification of eligibility to receive Relief must be made.

**Section 2** – Completed by the applicant (basic information).

**Section 3** – Applicant should check the appropriate box for reason of requesting relief.

**Section 4** – Completed by the applicant (check appropriate boxes).

**Section 5** – Completed by the applicant.

All lines must show an amount or "0." Answers to these questions should provide an overview as to the value of the applicant (applicant's assets).

**Section 6** - Statement of need – Completed by the applicant.

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 and attached to the relief application.

**Section 7** - To be filled in by applicant making application. All Lines must show Amount or "0."

This section is broken down into three areas: Monthly Income, Monthly Expenses, and One Time/Special Expenses Net (each area needs to be completed).

Very important - all household income (including spouse/partner/roommate) and expenses must be reported to determine the net monthly financial position of the applicant (household). All areas filled in must be **supported by attaching documents** to justify the number entered. This information should give you the financial position of the applicant.

**Section 8** – Applicant must sign application.

**Section 9** - Completed by the Board of Trustees making the investigation.

Trustee Chairman and Trustee Secretary must make sure all areas of this section are completed. The Board of Trustees must sign and date when finished.

**Section 10** – Completed by the Local Officers and the Board of Representatives.

The Local Secretary and the Local Treasurer must make sure all areas of this section are completed. The Local Officers must sign and date when finished, Treasurer must fill in and include the amounts of relief approved in previous years along with the check numbers and amounts of relief for the current year.

Review Form 101 to be certain that all instructions have been followed and all sections of the form have been fully completed. All information given must be held in strict confidence.

**REFER TO THE TRUSTEE MANUAL FOR FURTHER ASSISTANCE AND INSTRUCTIONS IN COMPLETING THIS APPLICATION.**

**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 \_\_\_\_\_

Phone No. \_\_\_\_\_ Occupation \_\_\_\_\_ No. of dependent children \_\_\_\_\_

Spouse/Partner/Roommate \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

**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 \$ \_\_\_\_\_

**APPLICATION FOR LOCAL 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 or Mortgage \$ \_\_\_\_\_  
 Taxes (not incl. w/mort.) \$ \_\_\_\_\_  
 Equity (Second Mortgage) \$ \_\_\_\_\_

**Utilities:**

Gas \$ \_\_\_\_\_  
 Electric \$ \_\_\_\_\_  
 Cell phone \$ \_\_\_\_\_  
 Water/Sewer \$ \_\_\_\_\_  
 Cable/Internet \$ \_\_\_\_\_

Food \$ \_\_\_\_\_  
 Clothing \$ \_\_\_\_\_  
 Credit Card Payments \$ \_\_\_\_\_

**Loans:**

Auto \$ \_\_\_\_\_  
 Personal \$ \_\_\_\_\_  
 Student \$ \_\_\_\_\_

**Insurances:**

Auto \$ \_\_\_\_\_  
 Home (not incl. w/mort.) \$ \_\_\_\_\_  
 Medical (not incl. w/ Pay) \$ \_\_\_\_\_  
 Life \$ \_\_\_\_\_

**Other:**

Monthly Prescriptions \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

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

**One Time / Special Expenses Net**

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

**Total One Time / Special 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.

**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.**

ASSN. NO. COMP. NO. LINE NO

**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. ACTION: BOARD 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.

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 \_\_\_\_\_

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

**10. 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 \$ \_\_\_\_\_

Amount granted previous year \$ \_\_\_\_\_

Amount granted 2 years ago \$ \_\_\_\_\_

Amount granted 3 years ago \$ \_\_\_\_\_

Amount granted 4 years ago \$ \_\_\_\_\_

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

# Relief Application Guidance Document

- Last three pages of the Local Relief Application.
- Was written to help guide in completing the application.
- Assist Trustees and Local Officers in understanding the relief process.
- Explains recurrent applicants.
- Lists some items that are not covered by Relief.

## Relief Application Guidance Document

**This document is provided to offer general guidelines for providing financial relief to those in need.**

- If an applicant requires financial relief assistance, he or she must complete a Local Relief Application (form # 101) first. The applicant should be assisted in completing the Local Relief Application by the Trustees from his or her local association.
  - Blank copies of the Local Relief Application may be obtained from the Local Relief Association Secretary, from the State Association office, from the State Association website under the forms section, or by contacting the Executive Committee member for the applicant's respective county.
- 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 to the balance of their natural life. Documentation must be provided substantiating a special needs classification for a dependent.
- 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 deciding of the need for relief.
    - 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.
  - The applicant must also document their monthly living expenses.
    - Any monthly expense listed should have a copy of a bill attached verifying the amounts listed.
    - 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 in 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.
    - If the applicant is requesting relief due to medical expenses the applicant must provide original copies of all invoices and an explanation of benefits received from any medical insurance provider reflecting what has been paid and what is still due and owing. The unreimbursed amount would be considered an eligible medical expense.

- Relief funds are not intended to automatically reimburse 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.
- 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 must also show what income they have now.
- 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.
- 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.
- 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.
- **ALL RELIEF APPLICATIONS MUST HAVE PROPER SUPPORTING DOCUMENTATION.**
  - The Trustees that review the application are responsible to ensure 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.
- In most cases, an applicant's expenses should exceed their income when examining their monthly income and expenses.
  - 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.
- 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 arrangements, etc. In short, each local association knows their own membership better than anyone else.
- An applicant is expected to use the resources that he or she has readily available to meet their needs when applicable. This could include an applicant's regular checking account, emergency funds, and cash on hand within reason. 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.

### Recurrent Applications for Relief

- There may be some cases where an individual files an application 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 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, or 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 includes wearing apparel, accessories, and eyeglasses.
- Elective or cosmetic surgery.
- Flowers for funerals, wakes, hospital stays, 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, and timeshare properties.
- Luxury items such as boats, airplanes, etc.

**Individuals that are Medicaid recipients are not eligible for relief payments due to US Government rules covering Medicaid.**

# Special Relief

- Form 113 (Rev. 5-24)
  - **After** Local Maximum is given
  - **Up to** \$9,000 minus local level
  - Members & non-remarried surviving spouse are eligible (member was qualified)
  - Application is available on our State Website under the forms tab.
  - Must be voted on by the Representatives at a meeting
  - Must have a supporting letter
  - **Must be approved by State Advisory Committee**

**APPLICATION FOR SPECIAL RELIEF FORM #113**  
New Jersey State Firemen's Association

**GUIDELINES FOR COMPLETING THE APPLICATIONS FOR RELIEF**

All sections of the Relief Application must be completed as follows:

Association/Company/Line number to be filled in by the Local Relief Association on **all pages**.

**Section 1** – Completed by the Local Relief Association and verification of eligibility to receive Relief must be made.

**Section 2** – Completed by the applicant (basic information).

**Section 3** – Applicant should check the appropriate box for reason of requesting relief.

**Section 4** – Completed by the applicant (check appropriate boxes).

**Section 5** – Completed by the applicant.

All lines must show an amount or "0." Answers to these questions should provide an overview as to the value of the applicant (applicant's assets).

**Section 6** - Statement of need – Completed by the applicant.

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 and attached to the relief application.

**Section 7** - To be filled in by applicant making application. All Lines must show Amount or "0."

This section is broken down into three areas: Monthly Income, Monthly Expenses, and One Time/Special Expenses Net (each area needs to be completed).

Very important - all household income (including spouse/partner/roommate) and expenses must be reported to determine the net monthly financial position of the applicant (household). All areas filled in must be **supported by attaching documents** to justify the number entered. This information should give you the financial position of the applicant.

**Section 8** – Applicant must sign application.

**Section 9** - Completed by the Board of Trustees making the investigation.

Trustee Chairman and Trustee Secretary must make sure all areas of this section are completed. The Board of Trustees must sign and date when finished.

**Section 10** – Completed by the Local Officers and the Board of Representatives.

The Local Secretary and the Local Treasurer must make sure all areas of this section are completed. The Local Officers must sign and date when finished.

**Section 11** – Completed the New Jersey State Firemen's Advisory Committee

Review Form 113 to be certain that all instructions have been followed and all sections of the form have been fully completed. All information given must be held in strict confidence.

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

**REFER TO THE TRUSTEE MANUAL FOR FURTHER ASSISTANCE AND INSTRUCTIONS IN COMPLETING THIS APPLICATION.**

ASSN. NO.    COMP. NO.    LINE NO

Date \_\_\_\_\_

**1. This Special Relief Application (Form 113) must be submitted 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 applicant's 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

**2.** Applicant (Mr. Mrs. Ms.) \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Occupation \_\_\_\_\_ No. of dependent children \_\_\_\_\_

Spouse/Partner/Roommate \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

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

Did the 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 \$ \_\_\_\_\_

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

Form 113  
Rev. 05/24

ASSN. NO.	COMP. NO.	LINE NO.
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**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 or Mortgage \$ \_\_\_\_\_

Taxes (not incl. w/mort.) \$ \_\_\_\_\_

Equity (Second Mortgage) \$ \_\_\_\_\_

**Utilities:**

Gas \$ \_\_\_\_\_

Electric \$ \_\_\_\_\_

Cell phone \$ \_\_\_\_\_

Water/Sewer \$ \_\_\_\_\_

Cable/Internet \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Credit Card Payments \$ \_\_\_\_\_

**Loans:**

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

Personal \$ \_\_\_\_\_

Student \$ \_\_\_\_\_

**Insurances:**

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

Home (not incl. w/mort.) \$ \_\_\_\_\_

Medical (not incl. w/ Pay) \$ \_\_\_\_\_

Life \$ \_\_\_\_\_

**Other:**

Monthly Prescriptions \$ \_\_\_\_\_

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

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

**One Time / Special Expenses Net**

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

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

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

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

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

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

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

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

**Total One Time / Special 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.

Form 113  
Rev. 05/24

ASSN. NO.	COMP. NO.	LINE NO.
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**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. ACTION: BOARD 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.

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 \_\_\_\_\_

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

**10. 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 \_\_\_\_\_

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

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

Signed \_\_\_\_\_ Member Signed \_\_\_\_\_ President

Signed \_\_\_\_\_ Member Signed \_\_\_\_\_ Treasurer

Signed \_\_\_\_\_ Chairmen Signed \_\_\_\_\_ Field Examiner

# Supplementary Relief

- Form 102 (Rev. 5-24)
  - **After** Maximum of Local and Special are paid.
  - Members & non-remarried surviving spouse are eligible (member was qualified)
  - Applications are available on our State Website under forms.
  - Must be completely filled out
  - Must be voted on by the Representatives at a meeting
  - Local Association can vote to recommend **an amount up to** 4 x the local level – however it can be less.
  - Total amount based on calendar year
  - Must have a supporting letter from the Local Association and **current** supporting documentation
  - **Must be approved by the State Advisory Committee before Local Association pays.**
  - All Relief approved in a given year must be paid out by December 31<sup>st</sup> of that year. No “carry-overs” to the next year.



APPLICATION FOR SUPPLEMENTARY RELIEF FORM #102  
New Jersey State Firemen's Association

**GUIDELINES FOR COMPLETING THE APPLICATIONS FOR RELIEF**

All sections of the Relief Application must be completed as follows:

Association/Company/Line number to be filled in by the Local Relief Association on **all pages**.

**Section 1** – Completed by the Local Relief Association and verification of eligibility to receive Relief must be made.

**Section 2** – Completed by the applicant (basic information).

**Section 3** – Applicant should check the appropriate box for reason of requesting relief.

**Section 4** – Completed by the applicant (check appropriate boxes).

**Section 5** – Completed by the applicant.

All lines must show an amount or "0." Answers to these questions should provide an overview as to the value of the applicant (applicant's assets).

**Section 6** - Statement of need – Completed by the applicant.

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 and attached to the relief application.

**Section 7** - To be filled in by applicant making application. All Lines must show Amount or "0."

This section is broken down into three areas: Monthly Income, Monthly Expenses, and One Time/Special Expenses Net (each area needs to be completed).

Very important - all household income (including spouse/partner/roommate) and expenses must be reported to determine the net monthly financial position of the applicant (household). All areas filled in must be **supported by attaching documents** to justify the number entered. This information should give you the financial position of the applicant.

**Section 8** – Applicant must sign application.

**Section 9** - Completed by the Board of Trustees making the investigation.

Trustee Chairman and Trustee Secretary must make sure all areas of this section are completed. The Board of Trustees must sign and date when finished.

**Section 10** – Completed by the Local Officers and the Board of Representatives.

The Local Secretary and the Local Treasurer must make sure all areas of this section are completed. The Local Officers must sign and date when finished.

**Section 11** – Completed by the New Jersey State Firemen's Association Advisory Committee.

Review Form 102 to be certain that all instructions have been followed and all sections of the form have been fully completed. All information given must be held in strict confidence.

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

**REFER TO THE TRUSTEE MANUAL FOR FURTHER ASSISTANCE AND INSTRUCTIONS IN COMPLETING THIS APPLICATION.**

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 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 applicant's 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  Incl. with this appl

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

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

Phone No. \_\_\_\_\_ Occupation \_\_\_\_\_ No. of dependent children \_\_\_\_\_

Spouse/Partner/Roommate \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

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

Did the 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 \$ \_\_\_\_\_

**APPLICATION FOR 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 or Mortgage \$ \_\_\_\_\_  
 Taxes (not incl. w/mort.) \$ \_\_\_\_\_  
 Equity (Second Mortgage) \$ \_\_\_\_\_

**Utilities:**

Gas \$ \_\_\_\_\_  
 Electric \$ \_\_\_\_\_  
 Cell phone \$ \_\_\_\_\_  
 Water/Sewer \$ \_\_\_\_\_  
 Cable/Internet \$ \_\_\_\_\_

Food \$ \_\_\_\_\_  
 Clothing \$ \_\_\_\_\_  
 Credit Card Payments \$ \_\_\_\_\_

**Loans:**

Auto \$ \_\_\_\_\_  
 Personal \$ \_\_\_\_\_  
 Student \$ \_\_\_\_\_

**Insurances:**

Auto \$ \_\_\_\_\_  
 Home (not incl. w/mort.) \$ \_\_\_\_\_  
 Medical (not incl. w/ Pay) \$ \_\_\_\_\_  
 Life \$ \_\_\_\_\_  
**Other:** \$ \_\_\_\_\_  
 Monthly Prescriptions \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

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

**One Time / Special Expenses Net**

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

**Total One Time / Special 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.

**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.**

ASSN. NO. COMP. NO. LINE NO

**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. ACTION: BOARD 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.

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 \_\_\_\_\_

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

**10. 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 \_\_\_\_\_

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

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

Signed \_\_\_\_\_ Member Signed \_\_\_\_\_ President

Signed \_\_\_\_\_ Member Signed \_\_\_\_\_ Treasurer

Signed \_\_\_\_\_ Chairmen Signed \_\_\_\_\_ Field Examiner

# Reasons for Relief

- Relief has many examples, and each case is different.
- The Board of Trustees must evaluate each case separately and make a determination based on their knowledge of the applicant. The State Office is available to help guide you if needed.
- 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. However, an applicant is not expected to go further into debt before applying for and receiving relief funds.

# Reasons for Relief

## Examples of Reasons for Relief

- **Loss of Job**, 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.). The applicant needs to document what their income was and what income was lost for the period (including any unemployment or disability received). The applicant should also be prepared to explain steps taken to reduce expenses during the period of income loss.
- **Medical bills** that create a hardship that the member is not able to meet. When 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, and what medical insurance covered or didn't cover.
- **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 caused by a natural disaster. One-time large expenses should be evaluated on a case-by-case basis. Applicant must document what insurance paid out or was denied by the insurance company.

# Income vs Expenses - Section 7

## ◦ Monthly Income

- This should be simply the applicant's monthly income received from all sources of income that the applicant may have.
- Primary Income: Applicant's primary source of income, Full-Time Job.
- Secondary Income: Applicant may have an additional source of income, a Part-Time Job.
- Dependents: This should include household income of any other member in the house earning a paycheck (spouse/adult children/parents).
- Property: This is used for any rental income or other investment properties.
- Social Security: Applicant's or Spouses monthly social security (if any) & any adult children.
- Other Income: can be anything else that the applicant is receiving as a monthly income (i.e. health care assistance or other relief paid within that calendar year).
- All items listed must be supported with documentation, copies of pay stubs or copies of bank statements showing the direct deposits. If the income is not listed as a monthly amount the applicant is required to adjust the amount to show it as a monthly income (i.e. weekly or biweekly paychecks).

# Income vs Expenses - Section 7

- **Monthly Expenses Net**
- This is simply the list of all monthly expenses for the applicant's household expenses. Each line in this section needs to be completed, a zero can be entered for any expense that the applicant does not have. All items listed in this section must be supported with documentation, copies of bills etc. (bank statements showing the list of all expenses can be used but must be easily identified in the statement). The expense should be listed as a monthly number if the copy of the bill is listed as a yearly amount the applicant is required to adjust the amount to show it as a monthly expense.
- Credit card statements should be examined to break out eligible and ineligible expenses. If listed charges have already been reported as expenses on the application, then no duplication of expenses can be listed as a credit card expense. Simply, if the applicant is using the credit card to pay for monthly bills/expenses they should not also be listed as a monthly expense. Efforts should be made to create a payment program or workout agreement with credit card companies in the event of large credit card debit. The applicant should be encouraged to seek credit counseling particularly where their debt load is high and difficult to manage.
- To be as brief as possible (in most cases) the Applicant's Monthly Income MUST be lower than the Applicant's Monthly Expense to be considered for relief. This number is figured out by comparing both total Monthly Income numbers with the total Monthly Expenses numbers.
- Copies of supporting documentation for every dollar value on this page must be supplied with the 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.

# Health Care

## Assistance Program

- Form 114 Rev. 5/24
- **Member** is receiving some type of rehabilitation or ongoing remedial care.
- Can be at home, adult daycare facility, rehab facility, long term care facility.
- Care must be from a **licensed** caregiver working through a **licensed** firm
- **Reimburse** Firefighter **up to** \$6,000 per month towards in Home Care, Adult Day-Care, and rehab facility.
- For full time 24/7 Nursing Home facility, the reimbursement is **up to** \$12,000 per month.
- Renewable yearly.
- **Not** for direct medical treatment, room & board, rent, house cleaning, yard work or any similar service. Can still apply for Relief if member has other additional need.
- Reimbursement begins the month application is stamped received in the State Office and is reviewed/approved by the State Advisory Committee. Not retroactive beyond that.
- Application is available on our State Website under forms tab.  
Medicaid Recipients are not Eligible.

**Health Care Assistance Application**

Assoc. No. - Comp. No - Line No.

Application Date \_\_\_\_\_

The \_\_\_\_\_ Firemen's Relief Assn. of \_\_\_\_\_ County wish to have financial assistance for Health Care considered for their member listed below.

Member Name \_\_\_\_\_ DOB \_\_\_\_\_ Male / Female

Reimbursement/Renewal Mailing Address \_\_\_\_\_

Applicant Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Does applicant live alone? Yes / No

**MUST provide the medical statement of need and a medical certification letter from the doctor for the services: i.e. Applicant needs assistance with personal hygiene, transferring, walking.**

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

Signature of Applicant \_\_\_\_\_ (see reverse side for additional required information)  
**All information provided on this application is true and accurate to the best of my knowledge.**

**This program does not cover various types of services such as Assisted Living facilities or senior living type facilities, lawn care, property maintenance, maid service, meal preparation companies, or any similar types of service. It is for the direct medical care of the individual in need.**

The applicant needs  In Home Care  Memory Care  Nursing Home  Adult Day Care

Is this part of a workers compensation claim or a Personal Injury Protection claim, or a co-pay? Yes / No  
Has applicant applied for or is receiving Medicaid? Yes/ No If no, projected date member will be eligible \_\_\_\_\_  
Has applicant applied for or is receiving Medicare? Yes/ No If no, projected date member will be eligible \_\_\_\_\_

**A copy of the Agency contract with pricing MUST be included.**

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

Projected cost for care of applicant per month \$ \_\_\_\_\_  
Is the applicant receiving any funds to cover any portion of this expense? Yes / No Amount \$ \_\_\_\_\_  
Medicare  Long Term Insurance  Medicare Supplement  VA Assistance   
Name of other funding source/s \_\_\_\_\_ Net Balance \$ \_\_\_\_\_  
Requested monthly amount of assistance \$ \_\_\_\_\_

**Local Relief Association Sign-offs**

It has come to the attention of the Trustees and Representatives of the above listed Relief Association that our member and or Spouse would benefit from the use of the Health Care Assistance Program. We have reviewed the information provided to us and request the NJSFA consider this application for final approval. (Note: This does not need to wait for a regularly scheduled meeting)

Signatures: President \_\_\_\_\_ Treasurer \_\_\_\_\_

**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) \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

Name, Phone Number & Email of POA

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email Address \_\_\_\_\_

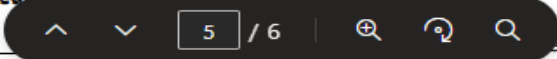
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email Address \_\_\_\_\_

- Applications will be accepted on the date they are stamped into the state office.
  - If the application is incomplete and/or missing items, the applicant will be advised either by email or letter and have 30 days to complete the application.
  - Applications once complete will go to the Advisory Board for final approval at the scheduled meetings.
- Applicants will have 60 days from the date of service to turn in all bills and proof of payment to the state office for reimbursement. Bills more than 60 days old will not be reimbursed.
  - Reimbursements are made after receiving all the bills and proof of payment for a given month (net of any other payments). Only one Check will be made out from the State Office for each monthly reimbursement.

**NJSFA State Office Advisory Committee**

Meeting Date: \_\_\_\_\_ Approved / Denied Projected Amount \_\_\_\_\_

Chairman \_\_\_\_\_





# Health Care

## Reimbursement Levels

- The amount you are eligible to receive reimbursement for is listed on the chart to the right.
- It is based on the number of months you have toward qualifying status.
- The type of service you are receiving also determines the maximum up to amount.
- You are reimbursed based on the bills and proof of payment that is submitted.
- You are only reimbursed for the actual amount of eligible costs which may be less than the full amount for your level on the chart.

Form 114 (REV 05/24)

### Benefit Reimbursement Up-To Levels

Based on submitted bills and proof of payment

#### Home Care, Adult day Care

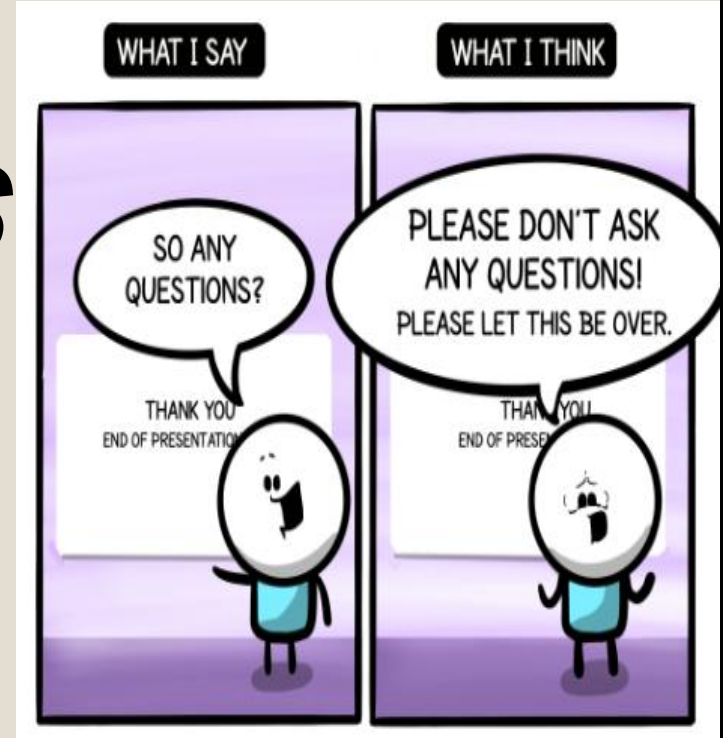
- 1 month to 11 months qualifying time – reimbursement up to \$750.00/month
- 12 months to 23 months qualifying time – reimbursement up to \$1,500.00/month
- 24 months to 35 months qualifying time – reimbursement up to \$2,250.00/month
- 36 months to 47 months qualifying time – reimbursement up to \$3,000.00/month
- 48 months to 59 months qualifying time – reimbursement up to \$3,750.00/month
- 60 months to 71 months qualifying time – reimbursement up to \$4,500.00/month
- 72 months to 83 months qualifying time – reimbursement up to \$5,250.00/month
- 84 months and greater (fully qualified) – reimbursement up to \$6,000.00/month

#### Nursing Home, Long Term Care Facility – 24/7 care in-facility

- 1 month to 11 months qualifying time – reimbursement up to \$1,500.00/month
- 12 months to 23 months qualifying time – reimbursement up to \$3,000.00/month
- 24 months to 35 months qualifying time – reimbursement up to \$4,500.00/month
- 36 months to 47 months qualifying time – reimbursement up to \$6,000.00/month
- 48 months to 59 months qualifying time – reimbursement up to \$7,500.00/month
- 60 months to 71 months qualifying time – reimbursement up to \$9,000.00/month
- 72 months to 83 months qualifying time – reimbursement up to \$10,500.00/month
- 84 months and greater (fully qualified) – reimbursement up to \$12,000.00/month



# ***Questions And Answers***



Please stop using the seven deadly words of the Fire Service

“But we always did it that way”.



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