



# New Jersey State Firefighter's Association

- Discuss required administrative forms, financial reports and burial forms
- Discuss “Due Dates” for required reports
- Discuss membership and meetings
- Go online to show online entry of reports
- Questions & Answers

# New Jersey State Firefighter's Association

- Form 100 & 100A (REV 9/23)
  - Original NJSFA form
  - Membership Application (100)
  - Physical Exam Guidelines (100-A)
  - Required for all members to become members of State Association
  - Physical valid for 1 year
  - 18-57 years of age
  - Available on all officer's tab pages

ASSOCIATION #	COMPANY #	LINE #	
FOR STATE OFFICE USE ONLY			

New Jersey State Firefighter's Association  
 Application for Membership  
 Form 100 – REV 9/25  
 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 been charged with, pled guilty to, or been convicted of a crime involving and/or including arson:  Yes  No

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  
 \* It is the Applicant's responsibility to notify their Local Relief Secretary of any address change throughout their career/membership. \*

I CERTIFY THAT THE INFORMATION CONTAINED ABOVE IS TRUTHFUL, COMPLETE AND ACCURATE. I AM AWARE THAT IF ANY OF THE INFORMATION PROVIDED ABOVE IS FALSE, I AM SUBJECT TO PUNISHMENT UNDER THE LAW.

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 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 application is received AND approved at the NJSFA State office. Email to Localreports@njsfa.com or fax to (732) 938-2580. Original hard copy no longer required.

# New Jersey State Firefighter's Association

Form 100 – REV 9/25

## Physical Test Record (Valid for one (1) year from the Date Examined)

To be filled out by a Physician, Nurse Practitioner or Physician Assistant that is licensed in the State of New Jersey. Once the Physical has been completed, this form must be returned to the Local Relief Association Secretary at the address listed below.

**All sections of the Physical must be properly filled out. If improperly filled out or questions are left blank, the Physical will be returned for correction or completion. NO SECTION CAN BE LEFT BLANK.**

Please Print

Name \_\_\_\_\_  
First Middle Initial Last Sex

W. N. L.

Age \_\_\_\_\_ Height \_\_\_\_\_ Ft. \_\_\_\_\_ In. Weight \_\_\_\_\_ Lbs. Hearing:  Other: \_\_\_\_\_ BP \_\_\_\_\_  
(Numbers Please)

Eyesight: Left \_\_\_\_\_ Right \_\_\_\_\_ Both (Corrected) \_\_\_\_\_  
(Numbers Please) (Monocular Vision Permitted)

Has Applicant any apparent disabilities in:

Facial \_\_\_\_\_ Pulmonary \_\_\_\_\_  
 Cardio Pulmonary \_\_\_\_\_ Vascular \_\_\_\_\_  
 Abdomen \_\_\_\_\_ Genitourinary \_\_\_\_\_  
 Musculo-Skeletal \_\_\_\_\_ Other \_\_\_\_\_

The Applicant is free of any, other than listed above, medical or physical conditions that would cause harm to him/her or any other firefighter(s):  YES  NO (If no, explain below)

Has Applicant ever suffered from injury?  YES  NO If so, what and when? \_\_\_\_\_

Remarks / or rejection is based on: \_\_\_\_\_

**I CERTIFY THAT AS A PRACTICING PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT LICENSED IN THE STATE OF NEW JERSEY, THE APPLICANT IS FREE FROM ANY ACUTE OR CHRONIC DISEASE AND HAS NO PHYSICAL DEFECTS THAT WOULD HINDER HIS/HER ABILITY TO PERFORM THE DUTIES OF A FIREFIGHTER.**

Date Examined \_\_\_\_\_ Examined at \_\_\_\_\_  
Address of office

Examiner's Phone # \_\_\_\_\_ Print Examiner's Name \_\_\_\_\_ Signature of Examiner \_\_\_\_\_  
 Physician  
 Nurse Practitioner  
 Physician Ass't

\* If a Nurse Practitioner or Physician Assistant, please indicate the name of the collaborating or supervising physician \*

NPI Number \_\_\_\_\_ Print Physician's Name \_\_\_\_\_

THE NEW JERSEY STATE FIREFIGHTER'S ASSOCIATION RESERVES THE RIGHT TO HAVE THIS APPLICATION REVIEWED BY A MEDICAL DOCTOR OF ITS CHOICE, INCLUDING A NEW PHYSICAL EXAMINATION IF NECESSARY.

**This Application/Physical must be returned to the local Relief Association Secretary:**

Local Relief Secretary Name \_\_\_\_\_ Address \_\_\_\_\_ Zip code \_\_\_\_\_

## NEW JERSEY STATE FIREFIGHTER'S ASSOCIATION

1711 Route 34 South • Wall Township, New Jersey 07727-3934  
 Telephone: (732) 798-8137 • (800) 852-0137

### PHYSICAL EXAMINATION GUIDELINES

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

- AGE: Must be at least 18 years of age and not older than 57 years of age.
- EYES: Must be 20/50 corrected, monocular vision permitted (with glasses, contacts, or surgical procedures).
- HEARING: Loss of hearing acuity so as to be unable to perceive sounds within normal voice range with or without hearing aid.
- NOSE: Any significant nasal obstruction to free breathing not subject to correction by surgery.
- MOUTH: Conditions which impair the ability to communicate.
- 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.
- 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.
- CARDIO PULMONARY SYSTEM: Problems resulting from Heart Disease or Cardiomegaly.
- 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 140 but not lower than 80; (b) Diastolic maximum should be 100 mmhg and minimum 50 mmhg.
- ABDOMEN: Problems resulting from (a) Organomegaly; (b) Signs of tenderness in an area; (c) Presence of masses such as hernias of various types.
- 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.
- MUSCULO-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.
- 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 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.**

Form 100-A – REV 9/25

# New Jersey State Firefighter's Association

- Form 108
  - Maintenance Form
  - For correcting member information
  - For the removal of members through resignation, leave of absence, suspension, etc.
  - **Submitted Via internet (NJSFA Website) on the Secretary or Treasurer's Report Page**
  - **Hard copy will not be accepted**
  - The last ten online submitted forms are available to view or reprint if needed.

Assoc.	Assoc. Name	Company	Company Name	Line No	County Name	
999	STATE OF NEW JERSEY	0	999 ACCOUNT	2	ESSEX	
Last Name	First Name	MI	Birth Date	Initiation Date	Service Start	Physical Record
SMITH	JANE		12/31/1800	022022	062022	1
Retired Date	Resigned Date	Service Code	Qualifying No	Life Member	Social Security #	Curr. Year %
					999-99-9999	
Remarks:						
<input type="button" value="Submit"/>						
<a href="#">Return to Treasurer Reports menu.</a>						
Copyright © 1999-2007 New Jersey State Firemen's Association All Rights Reserved						

# New Jersey State Firefighter's Association

- Board of Representatives
  - Not more than 3 Representatives from each company and must have line numbers with the Association
  - Not more than 3 from the Exempt Association (if in existence)
  - Chief of Department or highest ranking officer (article III, section 2)
  - May elect on a rotational basis (once every three years) (article III, section 2)
  - MUST meet at least 5 times a year (Jan, Apr, July, Oct, Dec)
  - Only ones able to make motions, seconds and vote at meetings
  - A majority of the Representatives shall constitute a quorum
  - Representatives cannot be Trustees

# New Jersey State Firefighter's Association

- Board of Officers (President, Vice-President, Treasurer, Secretary)
  - Elected by the Board of Representatives at **December** meeting and take office January 1<sup>st</sup>. (article III, section 3)
  - President presides at all meetings of the Board of Representatives
  - V/P acts in the absence of President
  - Treasurer handles all financial responsibilities and reports to the Board of Representatives and also completes various reports
  - Secretary keeps records of meetings, votes made and reports to the Board of Representatives and also completes various reports
  - Local Relief Association Officers can also be Representatives
  - Local Relief Association Officers **cannot** be Trustees

# New Jersey State Firefighter's Association

## ◦ Board of Trustees

- Elected same as is Representatives (article III, section 3)
- Not less than 3 nor more than 15 Trustees allowed (article III, section 3)
- Must elect a Trustee Chairperson and Trustee Secretary from amongst their group (article V, section 11)
- Must meet at least twice a year (article V, section 11)
- Trustee Secretary handles Applications for Relief
- Reviews Applications for Relief (with applicant if necessary)
- Makes a **Recommendation** on an Application For Relief to the Board of Representatives (Article VII, section 3 (a))
- Representatives must vote to approve or deny the Application
- **No person shall hold office as a Trustee and Representative**
- Trustees **cannot** be Local Relief Association Officers

# New Jersey State Firefighter's Association

- Form 103
  - Local Relief Officers Listing
  - **Must be completed and finalized online on the NJSFA website.**
  - Located on the Secretary Reports Tab
  - Must be completed by Feb. 1<sup>st</sup>.
  - Hard copy will not be accepted
  - The Chief's Delegate position is updated by this form.
  - Update phone & email addresses

Officers Listing Entry	
County: 07 ESSEX Association: 131 GLEN RIDGE Election Date: <input type="text"/>	
<b>Current Officers</b>	<b>New Officers</b>
<b>PRESIDENT</b> <input type="button" value="Edit &gt;&gt;"/>	<b>PRESIDENT</b> <input type="checkbox"/> No Change
LINE: 9999 COMPANY: 01 ROBERT ORDWAY 1711 ROUTE 34 SOUTH WALL TOWNSHIP NJ, 07727 (800) 852-0137  roberto@njsfa.com	LINE: <input type="text"/> COMPANY: <input type="text"/> FIRST: <input type="text"/> MI: <input type="text"/> LAST: <input type="text"/> ADDRESS LINE 1: <input type="text"/> ADDRESS LINE 2: <input type="text"/> CITY: <input type="text"/> STATE: <input type="text"/> ZIP: <input type="text"/> HOME PHONE: ( <input type="text"/> CELL PHONE: ( <input type="text"/> OFFICE PHONE: ( <input type="text"/> EXT: <input type="text"/> EMAIL: <input type="text"/>
<b>VICE PRESIDENT</b> <input type="button" value="Edit &gt;&gt;"/>	<b>VICE PRESIDENT</b> <input type="checkbox"/> No Change
LINE: 9999 COMPANY: 01 JOSEPH HANKINS 1711 ROUTE 34 SOUTH WALL TOWNSHIP NJ, 07727 (800) 852-0137  josephh@njsfa.com	LINE: <input type="text"/> COMPANY: <input type="text"/> FIRST: <input type="text"/> MI: <input type="text"/> LAST: <input type="text"/> ADDRESS LINE 1: <input type="text"/> ADDRESS LINE 2: <input type="text"/> CITY: <input type="text"/> STATE: <input type="text"/> ZIP: <input type="text"/> HOME PHONE: ( <input type="text"/> CELL PHONE: ( <input type="text"/> OFFICE PHONE: ( <input type="text"/> EXT: <input type="text"/> EMAIL: <input type="text"/>
<b>SECRETARY</b> <input type="button" value="Edit &gt;&gt;"/>	<b>SECRETARY</b> <input type="checkbox"/> No Change
LINE: 9999 COMPANY: 01 THOMAS PELAIJA 1711 ROUTE 34 SOUTH	LINE: <input type="text"/> COMPANY: <input type="text"/> FIRST: <input type="text"/> MI: <input type="text"/> LAST: <input type="text"/> ADDRESS LINE 1: <input type="text"/>

# New Jersey State Firefighter's Association

- Form 104
  - Notice of Delegates and Alternates Elected
  - **Chief Delegate is updated by the submittal of the Officer's Listing Report**
  - Chief's Alternate must be entered on this form
  - The three at-large Delegates & Alternates are elected by the Representatives
  - Any of the three at-large Alternates can replace any of the three at-large Delegates
  - Chief Alternate can only replace Chief
  - If you have an Exempt Association, they will appear on this screen to be filled in.
  - **Must be completed and finalized online by May 1<sup>st</sup> – Secretary Reports tab.**
  - Hard copy will not be accepted

NJSFA Notice of Delegates Elected Edit  
 Association: 888 NJ ST FIRE-UNIDENTIFIED  
 County: 07 ESSEX  
[Return to secretary reports menu.](#)  
 Make any changes to the delegates and click update to save.  
 Meeting Date:

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	888	1	123	SMITH	JANE	A

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 offices. Submitting delegate changes from the secretary menu will also submit to the state offices.

Copyright © 1999-2007 New Jersey State Firemen's Association  
 All Rights Reserved

# New Jersey State Firefighter's Association Convention Life Members

- To attain Life Membership, you must attend ten sessions of the State Convention
- Each Convention has two sessions (a Friday session & a Saturday session)
- Assuming you attend both sessions, you will be a Life Member after five years
- Does not need to be done in consecutive years
- If an Alternate attends a session in place of the Delegate, the Alternate gets credit towards Life Membership for that session
- Life Membership means you are a Life Member of the State Convention and nothing more.
- There are no Life Members of Local Associations and no benefits at the local level for being a Life Member of the Convention.
- Chiefs and Exempt Delegates that are not members of your Local Relief Association can now get credit towards Life Membership
- You do not have to be a Rep., Officer or Trustee to be elected as a Delegate



# New Jersey State Firefighter's Association

## o Form 106 and 107

- o Delegate and Life Member Expense Vouchers (Pink & Blue)
- o You are being reimbursed for some of the expenses incurred for **ATTENDING** the Convention sessions.
- o **Deadline is November 1<sup>st</sup>.**
- o **If sending, use a tracking # (USPO, UPS, FED EX)**
- o **Can be scanned and emailed to LocalReports@njsfa.com in place of a hard copy. Still required to be received by 11/1 deadline.**

Printed: 01/20/2025  
Printed by: ORDWAY

NEW JERSEY STATE FIREMEN'S ASSOCIATION  
DELEGATE (OR ALTERNATE)  
EXPENSE ALLOWANCE VOUCHER

Finalized:  
Finalized by:

FORM 106

COUNTY OF \_\_\_\_\_  
ASSOCIATION \_\_\_\_\_ ASSOCIATION NO. \_\_\_\_\_

THIS FORM MUST BE RECEIVED, COMPLETE, AT THE STATE OFFICE BY THE DEADLINE  
DUE DATE OF NOVEMBER 1 OF THE CONVENTION YEAR, OR POSTMARKED NOVEMBER 1 OF THE  
CONVENTION YEAR. FORMS CAN BE SCANNED AND EMAILED TO: LocalReports@NJSFA.com

The below listed Delegates (or Alternates) have attended either one or both sessions of the Convention.

NAME	COMPANY NO.#	LINE NO.#	CHECK NO.#	AMOUNT PAID
TOTAL DELEGATE (OR ALTERNATE): _____				

The undersigned certify the above Delegates (or Alternates) attended Convention session(s) and incurred expenses for which payment has been made as indicated above.

CERTIFIED BY: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_

\_\_\_\_\_  
PRESIDENT (SIGNATURE) SECRETARY (SIGNATURE) TREASURER (SIGNATURE)

Page 1 of 1

Printed: 01/20/2025  
Printed by: ORDWAY

NEW JERSEY STATE FIREMEN'S ASSOCIATION  
LIFE MEMBER  
EXPENSE ALLOWANCE VOUCHER

Finalized:  
Finalized by:

FORM 107

COUNTY OF \_\_\_\_\_  
ASSOCIATION \_\_\_\_\_ ASSOCIATION NO. \_\_\_\_\_

THIS FORM MUST BE RECEIVED, COMPLETE, AT THE STATE OFFICE BY THE DEADLINE  
DUE DATE OF NOVEMBER 1 OF THE CONVENTION YEAR, OR POSTMARKED NOVEMBER 1 OF THE  
CONVENTION YEAR. FORMS CAN BE SCANNED AND EMAILED TO: LocalReports@NJSFA.com

The below listed Life Members have attended either one or both sessions of the Convention.

NAME	COMPANY NO.#	LINE NO.#	CHECK NO.#	AMOUNT PAID
TOTAL LIFE MEMBER: _____				

The undersigned certify the above Life Members attended Convention session(s) and incurred expenses for which payment has been made as indicated above.

CERTIFIED BY: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_

\_\_\_\_\_  
PRESIDENT (SIGNATURE) SECRETARY (SIGNATURE) TREASURER (SIGNATURE)

Page 1 of 1

# New Jersey State Firefighter's Association

- Form 110
  - Quarterly Local Relief Paid
  - Relief physically paid (checks written and dated) during the quarter being reported.
  - **REQUIRED to be done online via the NJSFA website no later than April 30<sup>th</sup>, July 30<sup>th</sup>, October 30<sup>th</sup>, January 30<sup>th</sup>.**
  - Located on the Treasurer Reports tab
  - New YTD report available for local use
  - Hard copy will not be accepted

Quarterly Local Relief Paid									
Association: STATE OF NEW JERSEY No: 999									
Quarter Ending: 3/31/2023 <input type="checkbox"/> No Relief To Report. <input type="button" value="Save"/>									
Co. No.	Line No.	Name	Active Y/N?	Widow Widower Y/N?	Retired Y/N?	Local Amt	Special Y/N?	Supplemental Amt	Total Amt
<< Select a Firefighter >> <input type="button" value="Click button to save the Local Relief Payment:"/> <input type="button" value="+ Add Local Relief"/>									
<a href="#">Return to financial menu</a>									
<small>Copyright © 1999-2007 New Jersey State Firemen's Association All Rights Reserved</small>									

# New Jersey State Firefighter's Association

- Form 200 & Form 200 A
  - Annual Financial Report – 12/31 Local Association value & recap of financial activity for that year
  - Via computer entered/printed – Report must prove and have supporting documents attached
  - Administrative Expense limit is on Disbursement entry screen and on Disbursement printed page.
  - **Must do the report online and print out the needed copies. Handwritten versions no longer accepted.**
  - **Hard copies of completed reports with support documentation are REQUIRED to be emailed or delivered to the State Office no later than February 20<sup>th</sup>. (if sending, use a tracking #) (USPS, UPS, FED EX)**
  - In lieu of mailing in the report, you may print out a copy, get all signatures, attach all support documents, and scan & email the file to [LocalReports@njsfa.com](mailto:LocalReports@njsfa.com). Must still be sent/received by 2/20.

## Treasurer Reports

### Annual Financial Standing Report — Year ending: 12/31/2022

Financial Standing Data Entry

Enter/update Financial Information

**\*\* Your financial information is out of balance. \*\***

Out of balance amount: (\$30.50)

**Note:** The Financial Reports below will contain a **DRAFT** watermark *until the report balances and the Financial Report information has been finalized with the State Office*. Once the report is in balance, you will see a "Finalize Step" link above to finalize the report. *Do not send in the "DRAFT" version of printed reports to the State Office.*

[View DRAFT Financial Standing Report - State Office Copy - Report 200](#)

[View DRAFT Financial Standing Report - Trenton Copy - Report 200A](#)

[View DRAFT Financial Standing Report - Local Association Copy - Report 200B](#)

**FINAL STEP - PLEASE NOTE: You must still print Report 200 and Report 200A, have local audit, gather signatures, attach supporting documentation and send to the NJSFA State Office by February 20. It is recommended that the original(s) be sent in utilizing a tracking number to the State Office or you can scan & email the originals to [LocalReports@NJSFA.com](mailto:LocalReports@NJSFA.com).**

# New Jersey State Firefighter's Association

- Administrative Expenses (Stipend) may only be paid in **December** (up to \$ 10,000 to any one person) with the total of all administrative expenses not exceeding the allowable 15%. The 15% dollar amount cap changes every year based on that year's gross revenue for your Association. Can your Association afford to pay the Administrative Expenses? (**8% for Subsidy Associations**). Your local amount appears on the Disbursements page of the entry screens of the Finance Report and on the Disbursements page of the hard copy of that report.
- If you are having trouble getting quorum, one recommendation is that financial consideration be given for all Representatives attending meetings and to be based on actual attendance and not a flat amount for the year.
- If you receive \$2,000 or more, a 1099-NEC **must** be issued. The amount paid for Administrative Expenses cannot be offset with receipts to avoid receiving a 1099.

## 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  
Edward R. Mullen, CPA, Treasurer  
Frank P. Cavallo, Esq., Counsel

Brian E. Martone, Secretary  
Richard K. Dreby, 1st Asst. Secretary  
Stephen C. Fazekas, 2nd Asst. Secretary  
Jennie M. Hollingsworth, Field Examiner

### Administrative Expenses

Note: Total administrative expenses are limited to 15% (8% for subsidy Associations) of gross receipts from 2% and surplus lines of insurance tax, and interest earned for the current year. Call if you have any questions on how to calculate your percentage. The dollar amount limit changes every year.

**Officers and Committee Stipends** – must be approved and paid in the December meeting.

There is a CAP of \$10,000 per officer which is part of the 15% (8% for subsidy Associations) CAP.

The only approved local committees that may be paid are the Representatives and Trustees and must be based on actual attendance. No other committees/members may be paid.

(Note: Any individual purchases over \$500 require preapproval from the State Office).

(Note: ALL computer/electronic purchases regardless of price require preapproval from the State Office).

**Approved Others: ALL PURCHASES MUST BE SOLELY FOR THE USE OF THE RELIEF ASSOCIATION**

Computers – see note above  
Printers – see note above  
Printer supplies – see note above  
Repairs to approved Office Equipment – see note above  
File Cabinets – see note above  
Printing Expenses  
Letterheads, Envelopes, meeting notices  
Postage  
Notary fees - documentation if over \$25  
Accounting fees - documentation if over \$100  
Safe Deposit Box Rental - documentation if over \$75  
Bank Service Charges - documentation if over \$100

**NON-Approved:**

Rental of meeting space  
Refreshments for meetings  
Memorial or Recognition Items – Flowers, bunting, plaques, etc.  
Firematic Equipment  
Dues for other Associations  
Call if a question on any other type of item is not listed

You **MUST** have State Office preapproval for Attorney's fees.

Please contact the State Office in the event of an expense not listed or specified above.

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

Rev. 01/2026

# New Jersey State Firefighter's Association

## IRS 1099-NEC/1096 FILING

- Due to the IRS by February 1<sup>st</sup> and a copy of the 1099-NEC form to the individual.
  - Required for individuals who
    - received \$2,000 or more in Administrative expenses.
    - Or
    - Received \$2,000 or more in Convention expense money and did not provide receipts to reduce the amount to a “net” figure below \$2,000.
    - Or
    - Received \$2,000 or more in combined Administrative and “net” Convention expense money. Receipts are not allowed to be used to reduce the amount of Administrative money received.

# New Jersey State Firefighter's Association

- ANNUAL IRS 990 FILING – 990, 990EZ, or 990N

- **NO LONGER FILED BY THE Local Association**

- **The NJSFA State Office will file**

# New Jersey State Firefighter's Association Field Examinations

## Secretary Examination Worksheet

- Minutes recorded properly
- Board of Representatives making motions
- Letters from Fire Companies stating who the Reps are
- Supporting documentation
- Available for viewing on the Forms tab of our website

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

#### FIELD EXAMINATION - SECRETARY EXAMINATION WORKSHEET

ASSOCIATION NAME \_\_\_\_\_ NO. \_\_\_\_\_ COUNTY \_\_\_\_\_

- |     |  |     |    |
|-----|--|-----|----|
| 1.  | Was discussion/review of prior Field Examination Report held before review?  | YES | NO |
| 2.  | Are minutes contained in a bound book or binder?   | YES | NO |
| 3.  | Are the Representatives the only ones making motions?  | YES | NO |
| 4.  | Are Names and Line Numbers of new members shown?   | YES | NO |
| 5.  | Are Names and Line Numbers of removed members shown?   | YES | NO |
| 6.  | Are all expenses being approved by motions with names and amounts listed?<br><small>(Exception is relief motion which will list application number in place of recipient name)</small> | YES | NO |
| 7.  | Are proper elections with nominations/motions being held and the results listed?   |     |    |
|     | December - April Election of Convention Delegates/Alternates   | YES | NO |
|     | December Election of Officers for the coming year  | YES | NO |
|     | December Election of Trustees (or Fire Company letter naming)  | YES | NO |
| 8.  | Is a letter from each Fire Company attached naming Company Representatives?  | YES | NO |
| 9.  | Is the Treasurer's balance entered in the minutes and copy of report attached?   | YES | NO |
| 10. | Have the contents of the Abridged Report been mentioned/reported to members?   | YES | NO |
| 11. | Has the Association held at least five meetings and roll calls included/attached?  | YES | NO |

RECOMMENDATIONS:

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

Examination made by: \_\_\_\_\_ DATE: \_\_\_\_\_

Examination made by: \_\_\_\_\_ DATE: \_\_\_\_\_

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

# New Jersey State Firefighter's Association Field Examinations

## Treasurer Examination Worksheet

- Bank Statements
- Checks signed (3 of the 4 Officers Signatures) and dated correctly
- Reports and supporting documentation
- Available for viewing on the Forms tab of our website

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

#### FIELD EXAMINATION - TREASURER EXAMINATION WORKSHEET

ASSOCIATION NAME \_\_\_\_\_ NO. \_\_\_\_\_ COUNTY \_\_\_\_\_

- |  |     |        |
|--|-----|--------|
| 1. Was discussion/review of prior Field Examination Report held before review?                                   | YES | NO     |
| 2. Is the Treasurer's Journal in a Bound Book or Computer-Generated reports placed in a binder?                  | YES | NO     |
| 3. Was a check made of all bank statements, all investments, or bank on-line printouts for the period requested? | YES | NO     |
| 4. Were checks listed on bank statements verified to check ledger and journal?                                   | YES | NO     |
| 5. Are any checks in the checkbook pre-signed?   | YES | NO     |
| 6. Were the Delegate and Life Member convention checks dated and cashed after the convention?                    | YES | NO     |
| 7. Were the Delegate and Life Member affidavits done and included?   | YES | NO     |
| 8. Were the Convention Expenses reduced by receipts to below \$600.00?   | YES | NO     |
| 9. Were the Administrative Expenses paid in December (Financial Report – Insert D)?                              | N/A | YES NO |
| 10. Has any Administrative Expense of \$600.00 or more been paid?  | YES | NO     |
| 11. Were 1099 forms issued to the appropriate people and included in the treasurers' records. N/A                | YES | NO     |

RECOMMENDATIONS:

---

---

---

Examination made by: \_\_\_\_\_ DATE: \_\_\_\_\_

Examination made by: \_\_\_\_\_ DATE: \_\_\_\_\_

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

# New Jersey State Firefighter's Association Field Examinations

## Local Relief Examination Worksheet

- Latest applications (Form 101, 2-25) – completely filled out
- Bills, supporting documentation, show of need
- **Will be collected at your county caucus and reviewed in State Office and returned to the Local Association**
- Available for viewing on the Forms tab of our website

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

#### RELIEF APPLICATION CHECKLIST

The attached Application for Local Relief 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: \_\_\_\_\_

---

---

---

---

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)*

# New Jersey State Firefighter's Association

## ◦ Membership – Qualified Status

- Requires 84+ months (7+ years) at the minimum required % of duty participation (Fires & Drills ONLY) for a Qualifying number.
- Currently, the minimum percentage is 25%
- 24-Hour calculation – be consistent, equitable – no bias
- Maximum 24 drills per year allowed towards credit
- Once qualified still eligible for relief, death benefit and health care program (not required to be active) (assuming they have not moved their membership to another Association)
- Once qualified, non-remarried surviving spouse is still eligible for relief
- If member is removed for cause, all benefits cease.

# New Jersey State Firefighter's Association

- Form 109 & 109-A
  - Active Firemen's Membership Report (Final 109-A)(Green Sheets)
  - 24-hour calculation - be consistent, equitable – no bias
  - **Must be completed online only, hard copy is REQUIRED to be emailed or delivered to the State Office no later than February 28<sup>th</sup> (if sending, use a tracking #) (USPS, UPS, FED EX)**
  - **Print out and get all required signatures** and you can then scan & email to **LocalReports@njsfa.com**. The scanned copy must be received by the 2/28 deadline and then a hard copy would not be required.

FORM 109 (REV 10/2019) ACTIVE FIREMEN'S MEMBERSHIP REPORT Page 1 of 1  
 January 1, 2019 to December 31, 2019  
 Printed By: ROBERT 3/17/2020 FIRE CO. # - of - - Finalized By:

FIRE COMPANY RESPONDED TO (a) \_\_\_\_\_ FIRE ALARMS + (b) \_\_\_\_\_ DRILLS = TOTAL (c) \_\_\_\_\_ 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 OR PROMOTED TOTAL	FIRE ALARMS MEMBER ATTENDED	DRILLS MEMBER ATTENDED	TOTAL MEMBER ATTENDED	% - CANNOT EXCEED 100%

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

ORIGINAL(S) WITH LIVE SIGNATURE(S) 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.  
 NEW JERSEY STATE FIREMEN'S ASSOCIATION, 1711 ROUTE 34 SOUTH, WALL TOWNSHIP, NJ 07727-3934

# New Jersey State Firefighter's Association

- Form 300
  - Initial Notice of Death of Member
  - **Must be submitted online via the NJSFA website.** Available for entry by any local officer on all local officer tabs
  - A hard copy will not be accepted.
  - **The Death Benefit is NOT part of the individual's Estate and payment cannot be directed by a Will or any other document.**

<<< DEMO SERVER >>>

Board of Officers
Committees
Association Lists
Treasurer Reports
Secretary Reports
Pres., VP, Chief use
Executive Committee use
Reports Received/Due
Forms
Caucus & Convention
Abridged Reports
Leg. Committee Reports
Manuals
Red Book
Insurance Tax
News & Information
Object of Association
History
Links
Form Submission Tutorials
Firemen's Home
Annual Memorial Services
Home

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

Phone (732) 798-8137  
Toll Free 1-800-852-0137  
Fax (732) 938-2580

OFFICE HOURS  
MONDAY - THURSDAY  
8:00 AM - 4:00 PM  
FRIDAY  
8:00 AM - 1:00 PM

## Notice of Death

Below is Web Site form 300 to send a "NOTICE OF DEATH" to the New Jersey State Firemen's Association. Please complete the form in it's entirety and click the submit button only once.

If you have any questions regarding this form please call the New Jersey State Firemen's Association at: 1-800-852-0137.

**NOTE:** Notice of Death should be forwarded to office within (30) days of death.

### Deceased Information:

Association #: 999

Company #: 0

Line #: 2

Date: 03/21/2023

Advisory Committee  
New Jersey State Firemen's Association

Gentlemen:

I beg to report the death of a member of our Association with the information as follows:

Name SMITH, JANE

Date of Death

Date of Birth 12/31/1800

Address of Deceased - Street

City, State

County

Zip Code

Name of Fire Company 999 ACCOUNT

Date of Admittance

Date of Exemption

Line of duty  
(Must be Documented)  Yes

Claimant Instructions:

# New Jersey State Firefighter's Association

(DBA: 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

## Base Burial Fund Payment Scale

### Qualifying Time Earned / Base Payment Limit

0 Months - \$0.00

1 month, but less than 12 months - \$1,600

12 months, but less than 24 months - \$3,200

24 months, but less than 36 months - \$4,800

36 months, but less than 48 months - \$6,400

48 months, but less than 60 months - \$8,000

60 months, but less than 72 months - \$9,600

72 months, but less than 84 months - \$11,200

84 months or more, and Qualified - \$12,800

The current maximum base payment of \$12,800 is provided on behalf of a qualified member of the Association

Should death occur in the Line-Of-Duty to any member, the maximum base payment benefit will be tripled and payable as specified in General Relief Fund Rules - Article VI - Burial Claims.

Should any member be removed from the rolls for cause, they would no longer be eligible for this benefit, regardless of the number of months of Qualifying Time earned.

Funded and paid by the N.J.S.F.A. State Office.

ADOPTED BY THE EXECUTIVE COMMITTEE OF THE NEW JERSEY STATE FIREFIGHTER'S ASSOCIATION, MAY 2, 2026.

EFFECTIVE: Commencing May 1, 2026 for any member passing away and thereafter.

Association # 999  
Company # 0  
Line # 2

## NOTICE OF DEATH

Submitted: 03/21/2023  
By: ORDWAY

Printed: 03/21/2023  
By: ROBERT

Advisory Committee  
New Jersey State Firemen's Association  
1711 Route 34 South  
Wall Township, NJ 07727

NOTE: Notice of Death should be forwarded to office within(30) thirty days of death.

Gentlemen:

I beg to report the death of a member of our Association with the information as follows:

Name SMITH, JANE  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Date of Notice 03/21/2023  
County \_\_\_\_\_ Date of Death \_\_\_\_\_  
Name Of Fire Company 999 ACCOUNT Date of Birth 12/31/1800  
Date of Admittance / Date of Exemption /  
Line of Duty  Yes  No  
(Proof must be documented)

Name Of Widow(er)

(X indicates claimant)

If decedent and Widow(er) living separately at time of death please state:

Address \_\_\_\_\_  
\_\_\_\_\_

Widow(er) Claimant Phone \_\_\_\_\_

Names of All Children

(X indicates claimant)

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

Child Claimant Phone \_\_\_\_\_

Parents

(X indicates claimant)

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

Parent Claimant Phone \_\_\_\_\_

Caregiver/Relationship

(X indicates claimant)

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

Caregiver Claimant Phone \_\_\_\_\_

Funeral Home

Yes  No

Claimant wants benefit to be paid directly to funeral home.

Address \_\_\_\_\_

Funeral Home Phone \_\_\_\_\_

FIREMENS RELIEF ASSOCIATION

STATE OF NEW JERSEY

Address \_\_\_\_\_

Secretary Signature \_\_\_\_\_

KINDLY ENCLOSE OBITUARY NOTICE

Form 300 - Revised 12/2020

# New Jersey State Firefighter's Association

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

**NEW JERSEY STATE  
FIREMEN'S  
GENERAL RELIEF FUND  
STANDARD PROOF OF CLAIM**

FORM 301  
Rev. 1-1-21

NEXT ADV. COM. MEETING March 21, 2023

CLAIM No. 0090386 Received March 21, 2023 Forwarded 03/21/2023

Full Name JANE SMITH Social Security No. \_\_\_\_\_

Former member of 999 ACCOUNT Relief Ass'n STATE OF NEW JERSEY

Date of joining 02/2022 Date of retirement from active duty \_\_\_\_\_

Date of death 03/21/2023 Place of death \_\_\_\_\_ Age \_\_\_\_\_

Line of Duty \_\_\_\_\_ Yes (Proof must be documented)

Date of birth 12/31/1800 Place of birth \_\_\_\_\_

Residence at death \_\_\_\_\_  
(Street) (Town) (Zip Code)

Full name and mailing address of Claimant:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
(Street) (Town) (State) (Zip Code)

Signature of Claimant \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

(Notary: Print (claimant name) \_\_\_\_\_ being duly sworn on her/his oath or affirmation according to law,  
says: I am the person who signed the foregoing claim and statements therein made are true.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ (Signature of Notary) (Expiration date of Commission)

CERTIFIED BY STATE OF NEW JERSEY RELIEF ASSOCIATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Mailing Address of Secretary E-Mail Address

This form should be returned within 90 days, properly executed, death certificate with raised seal affixed must accompany proof of claim. 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. (RF: N.J.A.C. 18:26-6.15 and N.J.S.A. 54:34(c))

Approved and ordered paid: **STATE OFFICE USE ONLY**

Chairman \_\_\_\_\_ Advisory Committee \_\_\_\_\_  
Date \_\_\_\_\_ Attest \_\_\_\_\_  
Secretary \_\_\_\_\_

- Form 301 (1/21) - Proof of Claim –
- Required on every notice of death claim
- Will be sent out to the Secretary (or designated officer) after online receipt of Form 300.
- A certified copy of the Notice of Death is required along **with** a copy of the funeral bill.
- Proof of payment may be required.



# New Jersey State Firefighter's Association

- Form 303 (5/05) – Report of Investigation
- Widow, children, parent, caregiver, funeral director, others after investigation
- Will be sent out as needed.
- Proof of payment will be required along with a copy of the funeral bill.

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 decedent:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

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.505

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. (R.E.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.

## Guidelines for Local Relief Association Minutes

There are a minimum of five (5) mandatory meetings a year – January, April, July, October and December. Special meetings can be called in between the mandatory meetings if necessary. If quorum is not achieved at one of the five (5) mandatory meetings, a special meeting should be called as soon as possible when quorum can be achieved. Attendance of the Representatives must be recorded in the minutes or attached.

Motions can only be made, seconded and voted on by the Representatives. Officers cannot vote unless they are Representatives. Trustees cannot vote. Only Representatives are counted for Quorum. There are no alternates for the Representatives or Chief.

The names of the Representatives making and seconding **any** motions must be included in the minutes as well as the result of the vote.

A motion must be made to approve and/or correct the previous meetings minutes.

If the motion involves money, the specific dollar amount(s) must be included in the motion.

Officers and Convention Delegates (and Alternates) are elected by the Representatives. The individual names and positions must be stated in the motion.

Applications for Relief are voted on by the Representatives. The motion must include the application number (depending on how it is presented) and the dollar amount (if any) that is approved. A relief application is not decided until the Representatives vote, and no one should be telling the applicant anything positive or negative prior to that vote. If the motion is to approve relief, the motion should also state whether you are paying the individual or directly paying the individual's bills.

Each Fire Company and local Exempt Association must submit a letter prior to the January meeting stating who the Representatives are for that coming year. Mention should be made in the minutes and a copy of the letter attached to the minutes.

Minutes should include the mention of receiving and discussion of the State Executive Committee's Abridged Minutes. If you receive notice of acceptance of a new member, the new member's name and line number should be recorded in the minutes. Any other correspondence received from the state office should be reflected in the minutes.

Any correspondence from your County Executive Committee Person should be reflected in the minutes.

The Treasurer should be submitting a report at every meeting and the treasury balance should be listed in the minutes and a copy of the Treasurer's report should be attached to the minutes.

A copy of the report of local audit should be attached to the minutes and mention of the audit included in the minutes

Mention should be made of reports that have been submitted to the State Office and whenever possible, a copy should be attached to the minutes. The mandatory reports should **NOT** be held until the next local meeting, but should be submitted to the State Office as soon as possible and a mention after the fact.

If you even think about asking yourself if it should be included in the minutes, you should probably include it.

**Minutes are your legal protection.**

## Timetables & Guidelines for Local Relief Associations

December	Pay Officer/Administrative Expenses – Can only be done at the December Meeting Election of Officers for the following year – Submit Officers Listing Election of Delegates & Alternates for next convention – Submit Delegates Report Election of Exempt Delegate & Alternate at Local Exempts Meeting – Submit Exempt Delegate Report December 31 <sup>st</sup> – 4 <sup>th</sup> quarter ends – Submit Quarterly Relief Paid Report for any relief you paid out with checks dated in October, November and December.
January	Local Audit of Treasurer’s books and Year End Financial Report – Submit Financial Report Tabulate response numbers for non-qualified members for prior year - Submit Membership Report (Green Sheets) Submit & distribute IRS 1099/1096 forms for the prior year to the IRS & individuals affected. <b><u>NJSFA State Office now submits the IRS 990 form.</u></b>
March	March 31 <sup>st</sup> – 1 <sup>st</sup> quarter ends – submit Quarterly Relief Paid Report for any relief you paid out with checks dated in January, February and March.
May	Confirm with your bank that you received the direct deposit of Insurance monies.
June	June 30 <sup>th</sup> – 2 <sup>nd</sup> Quarter ends – submit Quarterly Relief Paid Report for any relief you paid out with checks dated in April, May and June.
July	Distribute Delegates cards Review Convention Resolutions if any Confirm County Caucus location & time and make sure the Chief and Delegates are aware
July/August	Delegates attend their County Caucus or be penalized \$100.00 from their Convention Allowance. No one is paid to attend the Caucus including Alternates.
September	After the Convention, we urge you to call a special meeting to approve payment to Delegates & Life Members & submit forms 106 & 107, Delegates & Life Member Expense forms. Attendance report is online and can be downloaded. September 30 <sup>th</sup> – 3 <sup>rd</sup> quarter ends – submit Quarterly Relief Paid Report for any relief you paid out with checks dated in July, August and September.
December	See above. Start the cycle over again.

Relief Association Officers **must** be elected at the December meeting and they take office January 1<sup>st</sup>.

If you hold your December/Final Year End meeting in November due to potential conflicts, then that is when the election takes place.

**Checks for admin/expenses or stipends must still be dated in December.**

**This Year's Representatives elect next year's officers.**

If you do not get quorum, call a special meeting – and keep calling special meetings until you do get quorum – **prior to Year End.**

**Please stop using the seven deadly words of the Fire Service**

**“But we always did it that way”.**

# New Jersey State Firefighter's Association

Rev. 01/2026

## LIST OF REPORTS

<b>Important Reports</b>	<b>Form #</b>	<b>Responsible Officers</b>	<b>Signatures Required</b>	<b>File Online</b>	<b>Date due in State Office</b>
Officers Listing	103	Secretary	None	Yes	February 1st
Financial	200	Treasurer	President Treasurer Audit Comm.	Yes	February 20th
Membership (Green Sheets)	109	Secretary	President Secretary Chief	Yes	February 28th
Convention Delegates – Local Relief / Exempt	104	Secretary	None	Yes	May 1st
Delegate & Life Members Expense Vouchers	106/107	Secretary	President Secretary Treasurer	Yes	November 1st
Quarterly Local Relief Paid	110	Treasurer	None	Yes	April 30 <sup>th</sup> , July 30 <sup>th</sup> , October 30 <sup>th</sup> , January 30 <sup>th</sup>

The reports with Signatures Required those reports can be completed online then printed out signed and either mailed to the state office or scanned and emailed to [localreports@njsfa.com](mailto:localreports@njsfa.com) hard copies of those reports are required.

# New Jersey State Firefighter's Association

## ○ Guideline for Retention of Documents

### ***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  
Edward R. Mullen, CPA, Treasurer  
Frank P. Cavallo, Esq., Counsel

Brian E. Martone, Secretary  
Richard K. Dreby, 1st Asst. Secretary  
Stephen C. Fazekas, 2nd Asst. Secretary  
Jennie M. Hollingsworth, Field Examiner

#### **Records Retention Schedule**

The following retention requirements exist for local relief associations:

A. Financial Records:	Retain for 7 Years
B. Account Ledgers:	Must be Permanently Maintained.
C. Bank Books, Statements, checks, deposit slips, and similar financial transaction documents:	Retain for 7 Years
D. Yearly Financial Report:	Must be Permanently Maintained.
E. Monthly Financial Report:	Retain for 3 Years
F. Relief Applications:	Retain for 7 Years
G. Correspondence:	Generally, 3 Years
H. Minutes:	Must be Permanently Maintained.
I. Abridged Minutes:	Retain 1 Year
J. Membership Records (Master List):	Retain 3 Years
K. Active Membership Report (Green Sheets):	Retain 3 Years
L. OPRA Request and Responses:	Retain 3 Years

Electronic Correspondence – As previously discussed, electronic communications should be maintained on Local Association accessible networks so that such communications regarding Association business can be preserved. If they have not done so already following my January 2022 communication Local Associations should immediately work with their municipality, fire district, fire department or fire company to establish these accounts. Association members should avoid using electronic communication options, such as text messaging, to conduct Association business because of the difficulties with preservation requirements.

While it is fine to have documents scanned as a backup, any document identified above with a lifetime preservation period must be maintained in a hardcopy form. Efforts to protect the documents from fire and flood damage should be made. Associations should also be wary of the electronic system being used for a backup. For example, a series of government agencies previously backed-up documents to disks and compact discs and are now experiencing difficulties finding computers that still read such devices. Further “the cloud” is simply another computer in another location and efforts must be taken to ensure that all privacy is maintained if documents are being scanned and stored electronically.

Should you have any questions on the above or a document not listed, please call the office.

Updated: January 2026

4881-4549-9202, v. 1

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

# New Jersey State Exempt Firefighter's Association

- Form 111-A,B,C,D
  - 4-page Certificate of Exemption
    - Required to be completed locally to become an EXEMPT member of the **EXEMPT FIREMEN'S ASSOCIATION**
  - Completed by Secretary and signed by Fire Chief, City Clerk, BA or Mayor, and County Clerk.
  - Filed: A – Secretary
    - B – State Firemen's Association
    - C – Member
    - D – County Clerk

**On-line version is available on the NJSEFA web site.**

Association Number: \_\_\_\_\_ Physical Test Number: \_\_\_\_\_  
Company Number: \_\_\_\_\_  
Line Number: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

Certificate issued to: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Fire Company: \_\_\_\_\_ Town or City: \_\_\_\_\_  
Date of joining Company: \_\_\_\_\_ Date of Exemption: \_\_\_\_\_

Certificates signed by following Governing Officials:  
Filed with County Clerk: \_\_\_\_\_ Filed with State Association: \_\_\_\_\_  
Remarks: \_\_\_\_\_

Local Relief Secretary Copy Form 111-A  
09/2016

---

Association Number: \_\_\_\_\_ Physical Test Number: \_\_\_\_\_  
Company Number: \_\_\_\_\_  
Line Number: \_\_\_\_\_

**CERTIFICATE OF EXEMPTION**  
To be filed in the office of the New Jersey State Firemen's Association

**IT IS HEREBY CERTIFIED** that \_\_\_\_\_, a member of the \_\_\_\_\_ Fire Department, has served the required number of years as an active firefighter and is entitled to this Certificate of Exemption pursuant to Laws of 1971 – Chapter 197, as amended Laws 1977 – Chapter 248, as amended – Laws of 1983 – Chapter 413 and 40A:14-56.

Date of joining Company: \_\_\_\_\_  
Date when member became Exempt: \_\_\_\_\_  
Record of prior service (if any): \_\_\_\_\_  
Date of issue: \_\_\_\_\_

Attest: \_\_\_\_\_ (SEAL) \_\_\_\_\_  
*Municipal Clerk* *Chief of Fire Department*  
*Chief Executive Officer of Municipality*

Duplicate of original certificate filed in office of County Clerk on the \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_\_ (year)  
\_\_\_\_\_  
*County Clerk*

New Jersey State Firemen's Association Copy Form 111-B  
09/2016

How to Establish an Exempt Association or to get additional information about Exempts

New Jersey State Exempt Firemen's Association

**[www.njsefa.org](http://www.njsefa.org)**

For information contact New Association Committee

William Egbert  
973.366.6835  
sutajen@gmail.com

Joseph Pawlak  
609.618.4022  
Exemptapastchief@aol.com

William Smith  
732.236.3207  
secretarynjsefa@gmail.com

or contact

Your County **EXEMPT** Executive Committeeperson

# New Jersey Firemen's Home

**565 Lathrop Avenue  
Boonton, NJ 07005  
973-334-0024**

**info@njfh.org**

**www.njfh.org**

Or contact

**Superintendent John Veras**

or

Your County Manager

# Health Care

## Assistance Program

- Form 114 Rev. 2/25
- **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** \$6,500 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** \$12,500 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 – Form 114

Form 114 (REV 2/25)

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

Member fills in:

- Statement of Medical need
- All personal information.
- Agency information (service provider)
- Financial data (with supporting documentation)
- Authorization Release Form on back of application

Member provides:

- Medical certification from a doctor for the need for the care
- Copy of the contract with the projected cost breakdown

NOTE: ONCE COMPLETED GIVE THE INITIAL APPLICATION TO THE LOCAL RELIEF ASSOCIATION. RENEWALS GO DIRECTLY TO THE NJSFA STATE OFFICE.

Local Relief Association:

- Date, Association Number, Company Number, Line Number, Relief Association name and County
- Local Officers sign once it is determined this level of assistance is needed. (NOTE: This should not wait for a regularly scheduled meeting.)
- Forward signed application to New Jersey State Firemen’s Association State Office

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

Approved Application:

The member will scan and email the monthly bill and proof of payment to [HealthCare@njsfa.com](mailto:HealthCare@njsfa.com) or fax copies to 732-938-2580.

or mail copies to:

- New Jersey State Firemen’s Association
- Attn: Health Care
- 1711 Route 34 South
- Wall Township, NJ 07727-3934

The New Jersey State Firemen’s Association will mail the reimbursement check to the member. Payments 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.

**REFER TO THE LAST THREE PAGES FOR THE RULES AND GUIDELINES FOR FUTURE ASSISTANCE AND INSTRUCTIONS IN COMPLETING THIS APPLICATION**

Assoc#/Company #/Line # \_\_\_\_\_ Date: \_\_\_\_\_ Form 114 (REV 2/25)

Health Care Assistance Application

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

Member Name \_\_\_\_\_ DOB \_\_\_\_\_

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 \_\_\_\_\_

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, 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

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 Signoffs

It has come to the attention of the Trustees and Representatives of the above listed Relief Association that our member 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 \_\_\_\_\_ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

NJSFA State Office Advisory Committee

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

Chairman \_\_\_\_\_

**FINANCIAL DATA**

To process your application, the following information is needed. The information supplied is strictly confidential. Your cooperation is appreciated to expedite acceptance. Name of person who will handle financial matters. This person must also sign this questionnaire.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**MONTHLY INCOME OF APPLICANT: (SUPPORTING DOCUMENTATION TO BE INCLUDED)**

SALARY	\$ _____	RENTAL INCOME	\$ _____
SOCIAL SECURITY	\$ _____	INVESTMENTS/ TRUSTS	\$ _____
PENSION/ ANNUITIES	\$ _____	VETERAN'S BENEFITS	\$ _____
IRA	\$ _____	ALIMONY	\$ _____

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

**HOUSEHOLD ASSETS:**

**BANK ACCOUNTS:**  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**SECURITIES (STOCKS / BONDS)**  
 \_\_\_\_\_ \$ \_\_\_\_\_

**REAL ESTATE:** Address(s) \_\_\_\_\_  
 Is anyone currently living in this house?  Yes  No (Current Market Value) \$ \_\_\_\_\_

If Yes, Name \_\_\_\_\_ Relationship \_\_\_\_\_

Is house jointly owned?  Yes  No

If Yes, Name \_\_\_\_\_ Relationship \_\_\_\_\_

I hereby affirm that, to the best of my knowledge, the information provided is accurate and complete. I understand that NJSFA will rely upon the accuracy and completeness of the above financial information in deciding.

Signature \_\_\_\_\_ Date \_\_\_\_\_

On Behalf of \_\_\_\_\_ Relationship \_\_\_\_\_

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 \_\_\_\_\_

- 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 completed 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.

## Health Care Levels for up to reimbursement

- 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.

Revised 5/2/2026

### **Health Care** **Benefit Reimbursement Up-To Levels**

Effective 5/1/2026

Based on submitted bills and proof of payment

#### **Home Care, Adult day Care**

- a. 0 months qualifying time – not eligible for the program
- b. 1 month to 11 months qualifying time – reimbursement up to \$812.50/month
- c. 12 months to 23 months qualifying time – reimbursement up to \$1,625.00/month
- d. 24 months to 35 months qualifying time – reimbursement up to \$2,437.50/month
- e. 36 months to 47 months qualifying time – reimbursement up to \$3,250.00/month
- f. 48 months to 59 months qualifying time – reimbursement up to \$4,062.50/month
- g. 60 months to 71 months qualifying time – reimbursement up to \$4,875.00/month
- h. 72 months to 83 months qualifying time – reimbursement up to \$5,687.50/month
- i. 84 months and greater (fully qualified) – reimbursement up to \$6,500.00/month

#### **Nursing Home – 24/7 care in-facility**

- a. 0 months qualifying time – not eligible for the program
- b. 1 month to 11 months qualifying time – reimbursement up to \$1,562.50/month
- c. 12 months to 23 months qualifying time – reimbursement up to \$3,125.00/month
- d. 24 months to 35 months qualifying time – reimbursement up to \$4,687.50/month
- e. 36 months to 47 months qualifying time – reimbursement up to \$6,250.00/month
- f. 48 months to 59 months qualifying time – reimbursement up to \$7,812.50/month
- g. 60 months to 71 months qualifying time – reimbursement up to \$9,375.00/month
- h. 72 months to 83 months qualifying time – reimbursement up to \$10,937.50/month
- i. 84 months and greater (fully qualified) – reimbursement up to \$12,500.00/month

# New Jersey State Firefighter's Association

- o Three Relief Levels
  - o Local Relief (see scale)
    - o Based on prior Y/E balance
    - o Funds paid from the Local Assoc.
    - o Must be voted on by Representatives at a meeting
    - o **Your local level appears on our website on the local officers tabs**
  - o Special Relief (\$9,000 – Local level)
    - o Funds paid from the State Assoc.
    - o Must be voted on by Representatives at a meeting
    - o **Million dollar Associations pay Special Relief after Advisory Committee Approval.**
    - o **Must be approved by the State Office**
  - o Supplementary Relief (4 X Local)
    - o Funds paid from the Local Assoc.
    - o Must be voted on by Representatives at a meeting
    - o **Must be approved by the State Office before the Local Association pays any amounts.**
- o 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 NJFA office. Local Associations with 1,000,001 dollars or more will fund it after it is approved by NJFA 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. 3-25)
  - 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 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.

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

**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.
-----------	-----------	----------

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

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

CHECK WHICH BOX(S) YOU ARE APPLYING FOR

Level 1 - LOCAL RELIEF  Level 2 - SPECIAL RELIEF  Level 3 - SUPPLEMENTAL RELIEF

**1.** This Relief Application must be submitted with a fully executed copy of any previous applications for the current year for the applicant, certifying that the maximum local and/or special 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 \_\_\_\_\_

If you are applying for Special (Level 2) has the Maximum allowable local Relief been approved and paid:  
Yes  No  Incl. with this appl.

If you are applying for Supplemental (Level 3) has the Maximum allowable Relief and Special relief been approved:  
Yes  No  Incl. with this appl.

**2.** Applicant (Mr. Mrs. Ms.) \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Occupation \_\_\_\_\_ No. of IRS 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) \_\_\_\_\_  
Receiving Medicaid Benefits – Applicants receiving Medicaid Benefits are not eligible to receive relief.  
Yes  No

**5.** ASSETS: COPIES TO BE INCLUDED  
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 \$ \_\_\_\_\_  
Saving Accounts \$ \_\_\_\_\_  
Checking Accounts \$ \_\_\_\_\_  
Other Investments \$ \_\_\_\_\_

ASSN. NO.	COMP. NO.	LINE NO

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Monthly Income Net**

Primary \$ \_\_\_\_\_

Spouse/Partner \$ \_\_\_\_\_

Dependents \$ \_\_\_\_\_

Property \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

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

**Monthly Expenses Net**

Rent or Mortgage \$ \_\_\_\_\_

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

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

**Utilities:**

Home Heating fuel \$ \_\_\_\_\_

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

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

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

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

Groceries \$ \_\_\_\_\_

Toiletries \$ \_\_\_\_\_

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

**(MINIMUMS ONLY)**

**LOANS:**

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

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

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

**INSURANCE:**

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

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

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

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

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

Other: \$ \_\_\_\_\_

**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

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. ACTION: BOARD OF TRUSTEES**

We, the undersigned members of the Board of Trustees, have investigated the application and find that statements listed on this Local (approved) (disapproved), Special (approved) (disapproved), Supplemental (approved) (disapproved) \_\_\_\_\_  
The Board of Trustees at a meeting on \_\_\_\_\_ recommend that Relief be (paid)(denied) in the amount of \$ \_\_\_\_\_

Local \$ \_\_\_\_\_ Special \$ \_\_\_\_\_ Supplemental \$ \_\_\_\_\_

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

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

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

**10. ACTION: BOARD OF REPRESENTATIVES**

We, the undersigned members of the Board of Representatives, have investigated the application and find that statements listed on this Local (approved) (disapproved), Special (approved) (disapproved), Supplemental (approved) (disapproved) \_\_\_\_\_  
The Board of Representatives at a meeting on \_\_\_\_\_ recommend that Relief be (paid)(denied) in the amount of \$ \_\_\_\_\_

Local \$ \_\_\_\_\_ Special \$ \_\_\_\_\_ Supplemental \$ \_\_\_\_\_

SIGNATURE \_\_\_\_\_ PRESIDENT – PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ SECRETARY – PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TREASURER – PRINT NAME \_\_\_\_\_

**FOR NJSEA ADVISORY COMMITTEE ONLY**

**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 Special amount of \$ \_\_\_\_\_ and the Supplemental amount of \$ \_\_\_\_\_  
Date \_\_\_\_\_

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

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

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

# Relief Application Guidance Document

- Located on the Forms tab of the State Website (Rev. 5-24).
- 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.**

# New Jersey State Firefighter's Association

Form: Application for Special Relief – Use form 101 – check box

- Can be submitted at same time on the same form as local relief if need is there.
- Must use a new form and new support documents if submitted at a later date after local relief.
- Local Maximum must be approved and paid
- **Up to \$9,000 minus local level**
- Members & non-remarried surviving spouse eligible (qualified)
- Form available on the web site
- Must be voted on by the Representatives at a meeting
- Must have a supporting letter
- Requests must be in the NJSFA State Office by 12/1
- **Must be approved by State Advisory Committee**

# New Jersey State Firefighter's Association

- Form: Application for Supplementary Relief – use form 101 – check box
  - Can be submitted at same time on the same form as local relief and/or special relief if need is there.
  - Must use a new form and new support documents if submitted at a later date after local relief and/or special relief
  - **After** Maximum of Local and Special paid
  - Members & non-remarried surviving spouse eligible (qualified)
  - 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 – can be less.
  - Total amount based on calendar year
  - Must have a supporting letter from the Local Association and **current** supporting documentation
  - Requests must be in the NJSFA State Office by 12/1
  - **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.

# 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).

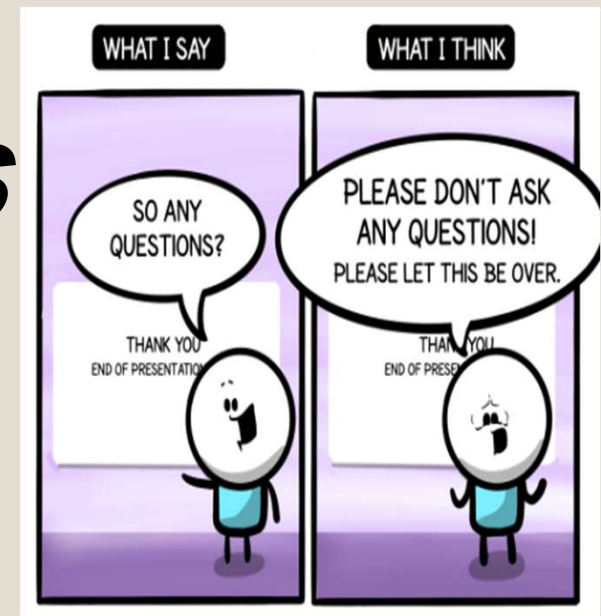
# Income vs Expenses - Section 7

- **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.



# ***Questions And Answers***



Please stop using the seven deadly words of the Fire Service

“But we always did it that way”.



**New Jersey State Firefighter's Association**

**1711 Route 34 South  
Wall Township, NJ 07727-3934**

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

**732.798.8137**

**800.852.0137**

**FAX 732.938.2580**

**President Robert Ordway**

**Treasurer Edward Mullen**

**1<sup>st</sup> Ass't Secretary Richard Dreby**

**Field Examiner Jennie Hollingsworth**

**Vice President Joseph Hankins**

**Secretary Brian Martone**

**2<sup>nd</sup> Ass't Secretary Stephen Fazekas**