



New Jersey State Firemen'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 Firemen's Association

- Form 100 & 100A (5/19 or 7/21)
 - Original NJSFA Office supplied 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

ASSOCIATION #	COMPANY #	LINE #	
FOR STATE OFFICE USE ONLY			

New Jersey State Firemen's Association
 Application for Membership

Form 100 – REV 5/19
 Date _____

Relief Association Name _____ Assoc. Number _____ Municipality _____ County _____

Fire Company Name _____ Fire Department Name _____

Applicant Name _____
 Name First Middle Initial Last Suffix

Home Address _____
 Street Municipality Zip Code # of years

Date of Birth _____ Birth Place _____ SS # _____ (REQUIRED)

Applicant Phone Number _____ Applicant Email Address _____

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

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

Signature of Applicant (witnessed by a Notary Public): _____

State of New Jersey, County of _____

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

My Commission Expires: _____ Notary Public Signature _____ (Affix Notary Stamp Here)

Signature of Relief Association Secretary _____ Signature of Chief of Department _____

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

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

Signature of Municipal Clerk/Board of Fire Commissioners: _____

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

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

New Jersey State Firemen's Association

Form 100 – REV 5/19

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

To be filled out by a Physician, Nurse Practitioner or Physician's Assistant that is licensed in the State of New Jersey. Once the Physical has been completed, this form should 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.

Please Print

Name _____
 First Middle Initial Last Sex

Age _____ Height _____ Ft. _____ In. Weight _____ Lbs. Hearing: W. N. L. 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'S 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's Ass't
 * If a Nurse Practitioner or Physician's Assistant, please indicate the name of the collaborating or supervising physician *

NPI Number _____ Print Physician's Name _____

THE NEW JERSEY STATE FIREMEN'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 FIREMEN'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 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 150 but not lower than 90; (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.
- MUSCOLO-SKELETAL SYSTEM: Problems arising from (a) Congenital malformation; (b) Limitation of Motion; (c) Weakness; (d) Impairment or absence of one or more of the digits on either or both hands; (e) Impairment of function of the hands; (f) Missing toes if it interferes with ambulation; (g) Deformities of the spine, pelvis or extremities.
- OTHERS: Problems arising from (a) Disqualification for psychiatric conditions must be determined by local agencies; (b) Allergic conditions which are chronic and incapacitating; (c) Severe Anemia; (d) Active Peptic Ulcer; (e) Diabetes; (f) History of epilepsy or seizures other than documented febrile convulsions in childhood; (g) Alcoholism or drug addiction; (h) Removal of vital organs; (i) Any other condition not listed above which would render the applicant incapable of performing their duties as a firefighter.

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

Form 100-A – REV 7/21

New Jersey State Firemen'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.

MAINTENANCE FORM Form 108

MAIL TO: NEW JERSEY STATE FIREMEN'S ASSOCIATION
1700 Galloping Hill Road, Kenilworth, N. J. 07033

SEE OTHER SIDE FOR INSTRUCTIONS
IN USE OF THIS FORM

ASSOC. NO.	ASSOCIATION NAME	COMPANY NO.	COMPANY NAME	LINE NO.	COUNTY NAME	
LAST NAME	FIRST NAME	M.I.	BIRTH DATE	INITIATION DATE	SERVICE START	PHYSICAL TEST RECORD
RETIRED DATE	RESIGNED DATE	SERVICE CODE	QUALIFYING NO.	LIFE-MEMBER	SOCIAL SECURITY NUMBER	
CURRENT YEAR PERCENTAGE	REMARKS					

Checked By: _____ Date _____ N.J.S.F.A. OFFICE

SIGNED: _____ Date _____ Local Association Secretary

REV. 5/08

New Jersey State Firemen'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 Firemen's Association

- Board of Officers (President, Vice-President, Treasurer, Secretary)
 - Elected by the Board of Representatives at **December** meeting and take office January 1st. (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
 - Secretary keeps records of meetings, votes made and reports to the Board of Representatives
 - Local Relief Association Officers cannot be Trustees

New Jersey State Firemen'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))
- No person shall hold office as a Trustee and Representative
- Trustees cannot be Local Relief Association Officers

New Jersey State Firemen'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. 1st.
 - Hard copy will not be accepted
 - The Chief's Delegate position is updated by this form.

01/07/2016 PAGE 1
FORM 103

FEDERAL ID# 51-0233497

ASSOCIATION WILDWOOD No. 399 COUNTY 05 CAPE MAY

In order that the State Office of the New Jersey State Firemen's Association can maintain a current officers' listing, it is imperative that each local association must return this for fully executed on or before February 1st. FAILURE TO MEET THE FEBRUARY 1st DATE WILL RESULT IN YOUR DELEGATES NOT BEING SEATED AT THE 2016 CONVENTION.

Submitted by web, no need to mail. Keep this copy for your records.
THE FOLLOWING OFFICERS WERE ELECTED FOR THE YEAR 2016

ISO-C	TITLE TELEPHONE	NAME ADDRESS	*CORRECTIONS OR CHANGES IN THIS COLUMN
518-01	PRESIDENT TELE. 609-780-0556 CELL. 609-780-0556 E-MAIL: CAPTMIKENEILL@MSN.COM LINE NUMBER: 0010	MICHAEL W NEILL 6902 PARK BLVD WILDWOOD CREST NJ, 08260 COMPANY NUMBER: 03	518-01 PRESIDENT NO CHANGE TELE. CELL. E-MAIL: LINE NUMBER: COMPANY NUMBER:
518-02	VICE PRESIDENT TELE. 609-780-4950 CELL. 609-780-4950 E-MAIL: cjohnson@co.cape-may.nj.us LINE NUMBER: 0009	CONRAD J JOHNSON JR 101 DAVIS AVENUE RIO GRANDE NJ, 08242 COMPANY NUMBER: 03	518-02 VICE PRESIDENT CONRAD J JOHNSON JR 101 DAVIS AVENUE RIO GRANDE NJ, 08242 TELE. 609-780-4950 CELL. 609-780-4950 E-MAIL: cjohnson@co.cape-may.nj.us LINE NUMBER: 0009 COMPANY NUMBER: 03
518-03	SECRETARY TELE. 609-846-2038 CELL. 609-780-5257 E-MAIL: DANIEL.SPEIGEL@WILDWOODNJ.ORG LINE NUMBER: 0013	DANIEL F SPEIGEL 21 SAND CASTLE DRIVE CMCH NJ, 08210 COMPANY NUMBER: 03	518-03 SECRETARY NO CHANGE TELE. CELL. E-MAIL: LINE NUMBER: COMPANY NUMBER:
518-04	TREASURER TELE. 609-231-6825 CELL. 609-231-6825 E-MAIL: RHARWOOD@WILDWOODNJ.ORG LINE NUMBER: 0012	RONALD G HARWOOD 109 EAST BENNETT AVENUE WILDWOOD NJ, 08260 COMPANY NUMBER: 03	518-04 TREASURER RONALD G HARWOOD 109 EAST BENNETT AVENUE WILDWOOD NJ, 08260 TELE. 609-231-6825 CELL. 609-231-6825 E-MAIL: RHARWOOD@WILDWOODNJ.ORG LINE NUMBER: 0012 COMPANY NUMBER: 03
518-06	CHIEF TELE. 609-780-6243 CELL. E-MAIL: CAPTDAMICO@GMAIL.COM LINE NUMBER: 0004	CHRISTOPHER DAMICO 4400 NEW JERSEY AVENUE WILDWOOD NJ, 08260 COMPANY NUMBER: 03	518-06 CHIEF NO CHANGE TELE. CELL. E-MAIL: LINE NUMBER: COMPANY NUMBER:

New Jersey State Firemen'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
 - **Must be completed and finalized online by May 1st – Secretary Reports tab.**
 - Hard copy will not be accepted

NEW JERSEY STATE FIREMEN'S ASSOCIATION
NOTICE OF RELIEF DELEGATES ELECTED

Form 104

At the regular meeting of the _____ Relief Association # _____
in the County of _____ at a meeting held on _____, 20____
the following were elected by ballot to the 20____ Convention of the New Jersey State Firemen's Association.

DELEGATES: (ARE ELECTED AT-LARGE)

*	_____	_____	_____	_____
	ASSN. #	CO. #	LINE #	PRINT NAME
*	_____	_____	_____	_____
	ASSN. #	CO. #	LINE #	PRINT NAME
*	_____	_____	_____	_____
	ASSN. #	CO. #	LINE #	PRINT NAME

ALTERNATES: (ARE ELECTED AT-LARGE)

*	_____	_____	_____	_____
	ASSN. #	CO. #	LINE #	PRINT NAME
*	_____	_____	_____	_____
	ASSN. #	CO. #	LINE #	PRINT NAME
*	_____	_____	_____	_____
	ASSN. #	CO. #	LINE #	PRINT NAME

CHIEF DELEGATE:

_____	(Taken from Officers Listing Report)	_____	(Taken from Officers Listing Report)	Chief
ASSN. #	CO. #	LINE #	PRINT NAME	
*	_____	_____	_____	Alt. Chief
ASSN. #	CO. #	LINE #	PRINT NAME	(Deputy Chief or next in Command)

* TO BE TAKEN FROM COMPUTER PRINTOUT

_____	Signature	_____	Print Name
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Relief Secretary: _____
(Signature is to be hand written)

Date: _____, 20____

Individual credentials will be mailed to Local Relief Secretaries for distribution to delegates who have been approved and the delegate must present same to Credentials Committee in order to receive credit for attendance. Please return forms 104 & 105 fully executed to the State Office (or Postmarked) no later than May 1 of the Convention year. Failure to file reports on time shall result in Delegates, Alternates and Chief, not being seated at the Convention, along with other penalties.

NOTE: Forms should be returned to State Office using a Return Receipt and/or Tracking Number.

Note: If Notice is filed and finalized via the web, DO NOT MAIL a hard copy to N.J.S.F.A.

Rev. 04-18

New Jersey State Firemen'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

New Jersey State Firemen'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
 - **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 delivered to the State Office no later than February 20th. (send using 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**. Must still be received by 2/20.



New Jersey State Firemen's Association

- Administrative Expenses (Salaries) may 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**).
- 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 \$600 or more, a 1099 **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

1700 Galloping Hill Road • Kenilworth, New Jersey 07033-1303
Telephone: (908) 620-1871 • (800) 852-0137
Fax: (908) 620-1874

George H. Heflich, Sr., President
Frank B. Gunson, 3rd, Vice President
Barry J. Osborn, CPA, Treasurer
Frank P. Cavallo, Esq., Counsel

Sanford I. Weinberg, Secretary
Jacob J. Genovay, 1st Asst. Secretary
H. Lee Baker, 2nd Asst. Secretary
James J. Kenny, Field Examiner

November 18, 2013

To: Local Association Officers

Subject: Administrative Expenses

At the Executive Committee meeting held on Saturday November 16, 2013, the previous letter sent to all local Association Officers, dated May 21, 2013, on Administrative Expenses was rescinded (No longer valid) by a unanimous vote (See enclosed).

On a recommendation from the Special Administrative Expense Committee, after an extensive review, a roll call vote was taken and the following Administrative Expense ruling was adapted, for all local associations effective January 1, 2014.

Any Officer/Person's Administrative Expenses for any given year shall not exceed (up to) \$10,000.00, with the total of all administrative expenses not exceeding the allowable 15%.

Note: All administrative Expense must follow the Compendium Rules:

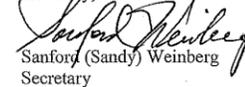
A motion must be made by a Representative and seconded by a Representative and approved (voted) by the Representatives, as to the dollar amount issued for Administrative Expenses and such shall be recorded in the minutes of said meeting.

Trustees cannot vote.

The Officers and Executive Committee highly recommend that financial consideration be considered for all Representatives and Trustees attending meetings.

If you have any further questions or need additional clarification, please do not hesitate to contact the State Office.

Sincerely,


Sanford (Sandy) Weinberg
Secretary

cc: enclosure

Visit us on the web at www.njsfa.com

New Jersey State Firemen's Association

IRS 1099/1096 FILING

- Due to the IRS by February 1st and a copy of the 1099 form to the individual.
 - Required for individuals who
 - received \$600 or more in Administrative expenses.
- Or
- Received \$600 or more in Convention expense money and did not provide receipts to reduce the amount to a “net” figure below \$600.
- Or
- Received \$600 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 Firemen's Association

- ANNUAL IRS 990 FILING – 990, 990EZ, or 990N
 - Due to the IRS by May 15th – per IRS, **must now be filed online with them.**
 - **A copy of the filing or a copy of the online acknowledgement of filing due to the State Office by June 14th**
- Common Questions/Answers
 - Accounting Method – **Cash**
 - Tax Exempt Status – **501 C4**
 - Group Exemption Number – **3118**
 - Form of Organization – **Corporation**
 - Section H (990EZ) – not required to attach Schedule B. Check this box.
 - 990 & 990EZ filers are required to complete Schedule O if you show other revenue or other expenses
 - 990 – Part VI, section B line 11 & section C line 19
 - 990EZ – Line 8 and Line 16

New Jersey State Firemen'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 _____

SUBSIDY ASSOCIATION: YES NO Y/E LOSS: YES NO

1. Was discussion/review of prior Field Examination Report held before review? YES NO
2. Are minutes contained in a bound book or loose-leaf notebook? 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 all expenses being approved by motions with names and amounts listed?
(Exception is relief motion which may list application number in place of recipient name) YES NO
6. 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
7. Is a letter from each Fire Company attached naming Company Representatives? YES NO
8. Is the Treasurer's balance entered in the minutes and copy of report attached? YES NO
9. Have the contents of the Abridged Report been mentioned/reported to members? YES NO
10. Has the Association held at least five meetings and roll calls included/attached? YES NO

For those that may not be clear on the issue of Delegates and/or Life Members Expense, the amount that is set for your County is a maximum amount allowable. Paying Delegates and/or Life Members is not mandatory; Local Relief Associations may approve lesser amounts.

RECOMMENDATIONS:

Examination made by: _____ DATE: _____

Visit us on the web at www.njsfa.com

New Jersey State Firemen'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 _____

SUBSIDY ASSOCIATION: YES NO Y/E LOSS: YES NO

1. Was discussion/review of prior Field Examination Report held before review? YES NO
2. Is the Treasurer's Journal in a Bound Journal or Computer Generated reports placed in a binder or notebook? YES NO
3. Was a check made of all bank statements 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. If available, do checks have 3 authorized original signatures, not stamped or computer generated? (Use page 4 of the Financial Report and Delegate/Life Member Convention Expense Voucher (Pink and Blue) sheets for signature comparisons) N/A YES NO
7. If available, was the endorsement on the back of the check the same as the Payee? N/A YES NO
8. Were the Delegate and Life Member convention checks dated and cashed after the convention? YES NO
9. Do the amounts on the Delegate/Life Member Allowance Worksheet (white forms) agree with the Convention Expense Vouchers (Pink and Blue) sheets? YES NO
10. Were the Administrative Expenses paid in December (Financial Report – Insert D)? YES NO
11. Has any Administrative and/or Convention Expense of \$600.00 or more been paid? YES NO
12. If yes, were the Convention Expenses reduced by receipts below \$600.00? N/A YES NO
13. If applicable, were 1099 forms issued to the appropriate people? N/A YES NO
14. Was a complete review of all investments made (CD's, Bonds, Etc.)? YES NO

RECOMMENDATIONS:

Examination made by: _____ DATE: _____

Visit us on the web at www.njsfa.com

New Jersey State Firemen's Association Field Examinations

Local Relief Examination Worksheet

- Latest applications (Form 101, 1-18) – completely filled out
- Bills, supporting documentation, show of need
- **Will be collected 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

FIELD EXAM: 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

New Jersey State Firemen'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
- 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

New Jersey State Firemen's Association

- Form 109 & 109-A
 - Active Firemen's Membership Report (Final 109-A) (Green Sheets)
 - 24-hour calculation
 - **Must be completed online only**, hard copy is **REQUIRED** to be delivered to the State Office no later than February 28th (send using 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 Finalized By:
 FIRE CO. # - of - -

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

NEW JERSEY STATE FIREMEN'S ASSOCIATION, 1711 ROUTE 34 SOUTH, WALL TOWNSHIP, NJ 07727-3934

New Jersey State Firemen's Association

FORM 301

Association # _____
 Company # _____
 Line # _____

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

NEXT ADV. COM. MEETING _____

CLAIM No. _____ Received _____ Forwarded _____

Full Name _____ Social Security No. _____

Former member of _____ Relief Ass'n _____

Date of joining _____ Date of retirement from active duty _____

Date of death _____ Place of death _____ Age _____

Line of Duty _____ Yes (Proof must be documented)

Date of birth _____ Place of birth _____

Residence at death _____
(Street) (Town) (Zip Code)

Full name and address of Claimant:
 Name _____ Relationship _____
 Address _____
(Street) (Town) (Zip Code)

Signature of Claimant _____

STATE OF _____
 COUNTY OF _____

_____, 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 to

Before me this _____ day of _____
(Signature of Notary) (Expiration date of Commission)

CERTIFIED BY _____ RELIEF ASSOCIATION
 Signatures _____ President
 _____ Treasurer
 _____ Secretary

Address of Secretary

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

Rev. 5-10

- Form 301 (5/10) - 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.

This benefit does not become part of an estate; it is exempt from Federal Income Tax and Estate Tax, also it is exempt from N. J. Income tax, Inheritance and Estate Tax. (RE: N.J.A.C. 18:26-6.15 and N.J.S.A. 54:344 (e))

PLEASE ATTACH
 A certified copy of the report with the Bureau of Vital Statistics

Approved and ordered paid: _____

Date _____

_____ Chairman

_____ Advisory Committee

_____ Attest

_____ Secretary

New Jersey State Firemen's Association

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

Association # _____
Company # _____
Line # _____
NEXT ADV. COMM. MEETING _____
NAME OF DECEASED _____ CLAIM NO. _____
ASSOCIATION _____ DATE FORM ISSUED _____

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

FORM 303

**REPORT OF INVESTIGATION
ACCORDANCE WITH**

ARTICLE VI, SECTION 2 of the General Relief Fund Rules quoted below:

Section 2. Except as hereinafter provided, claims shall be filed and there shall be priority of payment in the following order:

1. Widow
2. Children
3. Father and/or Mother
4. Caregiver and/or Funeral Director
5. In the event that the relationship set forth in 1, 2, 3 and 4 of this Section 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.E.A. 503

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

RECOMMENDATION OF INVESTIGATION BY THE BOARD OF TRUSTEES:

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

Signed -

_____ Trustees of Investigation Date _____

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

The Board of Representatives

_____ Local Relief Ass'n
_____ President
_____ Treasurer
_____ Secretary

Date: _____

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 31st – 4th 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.
Submit IRS 990 Report for the prior year to the IRS and send a copy of the report or a copy of the online receipt to the State Office.
- March March 31st – 1st 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 30th – 2nd 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 Pink & Blue Delegates & Life Member Expense forms. Attendance report is online and can be downloaded.
September 30th – 3rd 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 1st.

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

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 Firemen's Association

ARTICLE III - SECTION 14

Important Reports	Form No.	Compendium Referral	Responsible Officers	Signatures Required	Date mailed	File on Line	Date due in State Office
					from State Office Week of		
Officers Listing	103	None	Secretary	Secretary	December 1st	MANDATORY	February 1st
Financial Report	200	43:17-31 (a) Page 12 Article V (c) Section 6, Page 6	Treasurer	President Treasurer Chairman of Audit Comm	December 1st	Yes	February 20th ORIGINAL HARD COPY REQUIRED or Emailed Computer Generated report
Membership Report	109	Article III (b) Section 1 Page 23	Secretary	President Secretary Commanding Officer	January 1st	Yes	February 28th ORIGINAL HARD COPY REQUIRED or Emailed Computer Generated report
Convention Delegates (from Relief Association)	104	43:17-42 (a) Page 16 Article VI (b) Sections 1,2 Page 12 Article V (c), Sec 9, Pg 6	Secretary	Secretary (Relief)	December 1st	MANDATORY	May 1st
Convention Delegate (from Exempt Association)	105	43:17-43 (a) Page 16 Article VI (b) Sections 1,2 Page 12 Article V (c), Sec 9 Pg 6	Secretary	Secretary (Exempt) Secretary (Relief)	December 1st	MANDATORY	May 1st
Delegates & Life Members Expense Vouchers	106 107	43:17-35	Secretary	President Secretary Treasurer	End of June	No	November 1st ORIGINAL HARD COPY REQUIRED or Emailed Computer Generated report
Quarterly Local Relief Paid	110	43:17-35	Treasurer	None		MANDATORY	Apr 30, July 30 Oct 30, Jan 30

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

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

Revised 5/1/2020

New Jersey State Firemen's Association

◦ Guideline for Retention of Documents

Subject: Local Association Record Retention

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

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

Rev. 12/2010

New Jersey State Exempt Firemen'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

For information contact New Association Committee

William Egbert
973.366.6835
sutajen@gmail.com

Joseph Pawlak
609.618.4022
Exemptapastchief@aol.com

Thomas Haborak, Sr.
732.539.6460
thaborak@Comcast.net

or contact

Your County Exempt Executive Committeemen

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

New Jersey State Firemen's Association

Health Care Assistance Program Form 114

Must be submitted on original State Office supplied form – not a copy

Health Care Assistance Application Form 114

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

Member Name _____ DOB _____ Male / Female, Married / Widowed / Single
Member Address _____ Town _____ State _____ Zip _____
Member Phone _____ Cell Phone _____ Does member live alone? Yes/ No
Name of care giver _____ Relationship to member _____
Contact information _____
Statement of need: _____
Signature of member _____

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

The member is in need of In home Care Assisted living facility Care

Is member eligible for Medicaid Yes/ No, if no projected date member will be eligible _____
Name of agency providing care _____
Address _____ Town _____ State _____ Zip _____
Agency Contact Person _____ Phone _____
Agency must be licensed in the state where care will be provided. License # _____
Projected cost for care of member per month \$ _____
Does member have insurance to cover any portion of this expense? Yes/No, amount covered \$ _____
Total \$ _____
Requested monthly amount of assistance \$ _____

At a meeting held on _____ the Local Relief Association board of Trustees recommended assistance be granted/ denied.
Signature _____ Trustee Chairman, Signature _____ Trustee Secretary

At a meeting held on _____ the local relief association board of Representatives recommended assistance be granted/ denied.
President _____ Secretary _____ Treasurer _____
State Office Advisory Board Meeting Date _____ Approved/ Denied, Amount _____
Chairman _____
Form Created 10/14/2016

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

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

Applicants Name _____
Applicant/ Guardian's Signature _____ Date _____
Applicant/ Guardian's Signature _____ Date _____
Name & Phone number of POA: _____
Name _____ Phone _____
I give New Jersey State Firemen's Association permission to release information to the following family/friends.
Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____

- **Member** is receiving some type of rehabilitation or ongoing remedial care.
- Can be at home, adult daycare facility, rehab facility, long term care facility
- Care must be from a **licensed** caregiver working through a **licensed** firm
- **Reimburse** Firefighter up to \$6,000 per month towards care. Reimburse spouse or surviving non-remarried spouse of a deceased qualified Firefighter up to \$2,000.00 per month towards care.
- Medicaid Recipients not Eligible
- Renewable after one year
- Not for direct medical treatment, house cleaning or yard work. Can still apply for Relief if member has other additional need
- Reimbursement begins the month application is approved by the Advisory Committee.

New Jersey State Firemen'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 Special Relief (\$9,000 – Local level)
 - o Funds paid from the State Assoc.
 - o Must be voted on by Representatives at a meeting
 - 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 01/01/2022

LOCAL RELIEF ASSOCIATION PRIOR Y/E ASSET RANGE (DOLLARS)	*	**	*
	LOCAL RELIEF LIMIT	SPECIAL RELIEF FUND LIMIT	SUPPLEMENTARY RELIEF LIMIT
	STEP 1	STEP 2	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 by the Local Relief Association.

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

ADOPTED BY THE EXECUTIVE COMMITTEE OF THE NEW JERSEY STATE FIREMEN'S ASSOCIATION ON 11/20/2021

EFFECTIVE STARTING 01/01/2022

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 after approval by the Advisory Committee.

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

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

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

New Jersey State Firemen's Association

- Forms 101, 101-A, 101-B (1-18)
 - Application for Local Relief
 - Required for all relief paid
 - Members & non-remarried surviving spouse eligible (member was qualified)
 - Must be completely filled out
 - Must explain need
 - Must have supporting documentation for all income and expenses listed
 - Must be voted on by the **Representatives** at a meeting
 - Medicaid recipients not Eligible

Form 101
Rev. 1-18

ASSN. NO. COMP. NO. LINE NO.

APPLICATION FOR LOCAL RELIEF
New Jersey State Firemen's Association

Date _____

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

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

The _____ Firemen's Relief Association of _____ County
on behalf of member _____

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

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

4. DO YOU HAVE THE FOLLOWING HOSPITAL/MEDICAL COVERAGE?
 Hospital Coverage Medicare Coverage Prescription Drug Coverage Major Medical Coverage
Others (List) _____ Attach all benefit statements
 Medicaid Coverage – Applicants receiving Medicaid Benefits are not eligible to receive relief

5. ASSETS:
Assessed Value of Primary Residence \$ _____ Monthly Mortgage \$ _____
Assessed Value of Other Real Property \$ _____ Monthly Mortgage \$ _____
Total Value of Personal Property \$ _____

INVESTMENT VALUE: Certificates of Deposit \$ _____ Stocks \$ _____
Savings Accounts \$ _____ Bonds \$ _____
Checking Accounts \$ _____
Other Investments \$ _____

New Jersey State Firemen's Association

- Forms 113 (5/19) (Yellow)
 - Application for Special Relief
 - **After** Local Maximum is given
 - **Up to** \$9,000 minus local level
 - Members & non-remarried surviving spouse eligible (qualified)
 - Must be completely filled out (One State office supplied original not a photocopy)
 - Must be voted on by the Representatives at a meeting
 - Must have a supporting letter

(Required by Local Assn.)

ASSN. NO. COMP. NO. LINE NO. Date

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

Form 113
Rev. 1/15

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

The _____ Firemen's Relief Association of _____
County on behalf of member _____

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

3 APPLICANTS ACKNOWLEDGEMENT

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

APPLICANTS SIGNATURE _____ DATE _____

4 ACTION: BOARD OF TRUSTEES
The Board of Trustees at a meeting on _____ recommend that Special Relief (be granted) (denied) in the total amount of \$ _____

SIGNATURE _____ TRUSTEE CHAIRMAN
SIGNATURE _____ TRUSTEE SECRETARY
Date _____

5 ACTION: BOARD OF REPRESENTATIVES
The Board of Representatives at a meeting held on _____ (approved) (disapproved) the trustee recommendation and ordered same (Paid) (Filed).

This application sent to _____ SIGNATURE _____ President
New Jersey State Firemen's Assn. SIGNATURE _____ Secretary
SIGNATURE _____ Treasurer
Date _____

6 ACTION: NEW JERSEY STATE FIREMEN'S ASSOCIATION - SPECIAL RELIEF FUND COMMITTEE
Application enclosed is (approved) (disapproved) by the office of the New Jersey State Firemen's Association in the amount of \$ _____, Date _____, Check No. _____

SIGNATURE _____ Chairman
SIGNATURE _____ Member
SIGNATURE _____ Member
SIGNATURE _____

MUST BE SUBMITTED BY DECEMBER 1ST. OF THE CURRENT YEAR

New Jersey State Firemen's Association

- Forms 102, 102-A, 102-B (1-18) (Pink)
 - Application for Supplementary Relief
 - **After** Max of Local and Special paid
 - Members & non-remarried surviving spouse eligible (qualified)
 - Must be completely filled out (one State Office supplied original – not a photocopy)
 - 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
 - **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 31st of that year. No “carry-overs” to the next year.

Form 102
Rev. 1-18

APPLICATION FOR SUPPLEMENTARY RELIEF
New Jersey State Firemen's Association

ASSN. NO. _____ COMP. NO. _____ LINE NO. _____ Date _____

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

The _____ Firemen's Relief Association of _____ County
on behalf of member _____
Has the maximum allowable Local Relief been approved and paid: Yes No
If applicable, has the maximum allowable Special Relief been approved and paid: Yes No N/A Incl. with this appl.

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

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

4. DO YOU HAVE THE FOLLOWING HOSPITAL/MEDICAL COVERAGE?
 Hospital Coverage Medicare Coverage Prescription Drug Coverage Major Medical Coverage
Others (List) _____ Attach all benefit statements
 Medicaid Coverage – Applicants receiving Medicaid Benefits are not eligible to receive relief

5. ASSETS:
Assessed Value of Primary Residence \$ _____ Monthly Mortgage \$ _____
Assessed Value of Other Real Property \$ _____ Monthly Mortgage \$ _____
Total Value of Personal Property \$ _____

INVESTMENT VALUE: Certificates of Deposit \$ _____ Stocks \$ _____
Saving Accounts \$ _____ Bonds \$ _____
Checking Accounts \$ _____
Other Investments \$ _____

New Jersey State Firemen's Association

Form 102
Rev 1-18

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

ASSN. NO. COMP. NO. LINE NO

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

7. Monthly Income Net

Primary Monthly \$ _____

Secondary Monthly \$ _____

Dependents \$ _____

Property \$ _____

Social Security \$ _____

Other Income \$ _____

Total Monthly Income \$ _____

Monthly Expenses Net

Rent \$ _____

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

Mortgage \$ _____

Utilities:

Gas \$ _____

Electric \$ _____

Telephone \$ _____

Water/Sewer \$ _____

Cable \$ _____

Food \$ _____

Clothing \$ _____

Credit Card Payments \$ _____

Loans:

Auto \$ _____

Equity \$ _____

Other:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total One Time / Special Expenses \$ _____

Total Monthly Expenses \$ _____

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

Form 102
Rev. 1-18

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

ASSN. NO. COMP. NO. LINE NO

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

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

APPLICANTS SIGNATURE _____ DATE _____

9. REPORT OF TRUSTEES

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

SIGNATURE _____ TRUSTEE - PRINT NAME _____

SIGNATURE _____ TRUSTEE - PRINT NAME _____

SIGNATURE _____ TRUSTEE - PRINT NAME _____

10. ACTION: BOARD OF TRUSTEES

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

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

SIGNATURE _____ TRUSTEE CHAIRMAN - PRINT NAME _____

SIGNATURE _____ TRUSTEE SECRETARY - PRINT NAME _____

11. ACTION: BOARD OF REPRESENTATIVES

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

SIGNATURE _____ PRESIDENT - PRINT NAME _____

SIGNATURE _____ SECRETARY - PRINT NAME _____

SIGNATURE _____ TREASURER - PRINT NAME _____

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

12. ACTION: NEW JERSEY STATE FIREMEN'S ASSOCIATION

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

SIGNED _____ Member SIGNED _____ President

SIGNED _____ Member SIGNED _____ Treasurer

SIGNED _____ Chairman SIGNED _____ Field Examiner



New Jersey State Firemen's Association

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Treasurer Edward Mullen

1st Ass't Secretary Brian Martone

Vice President Joseph Hankins

Secretary Thomas Pelaia

2nd Ass't Secretary Richard Dreby

Field Examiner Jennie Hollingsworth