

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 (REV 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 7/21
 Date _____

Relief Association Name _____ Assoc. Number _____ Municipality _____ County _____
 Fire Company Name _____ Fire Department Name _____
 Applicant Name _____
 First _____ Middle Initial _____ Last _____ Suffix _____
 Home Address _____
 Street _____ Municipality _____ Zip Code _____ # of years _____
 Date of Birth _____ Birth Place _____ SS # _____ (REQUIRED)
 Applicant Phone Number _____ Applicant Email Address _____
 Have you ever applied to be a member of the NJSFA? ☐ Yes ☐ No If yes, when _____ where _____
 If you have a line number with another Relief Association: ☐ Stay with previous Association ☐ Move records to new Association
 Signature of Applicant (witnessed by a Notary Public): _____
 State of New Jersey, County of _____
 On _____, 20____ before me, _____, Notary Public in and for said county, personally appeared _____, (signer) who has satisfactorily identified himself/herself as the signer to the above referenced document.
 My Commission Expires: _____ Notary Public Signature _____ (Affix Notary Stamp Here)

 Signature of Relief Association Secretary _____ Signature of Chief of Department _____
 Type of Firefighter the Applicant will be: ☐ Career (full time paid) ☐ Volunteer
Municipal/Fire District Approval: I hereby certify that this applicant was admitted to active membership in the Department and has been approved by the governing body of _____ on the ____ day of _____, 20____.
 Signature of Municipal Clerk/Board of Fire Commissioners: _____

 A. Application portion should be completed by Applicant – Typed or Printed ONLY
 B. Application must have the Physical Test Record completed by a New Jersey Licensed Physician, Nurse Practitioner or Physician's Assistant
 C. The completed Application and Physical Test Record must be returned to the Local Relief Secretary
 D. The Local Relief Secretary shall review the application for completeness, attain the proper signatures, and forward to the NJSFA State office.
 The Applicant is not a member of the NJSFA until the completed **ORIGINAL** application is received **AND** approved at the NJSFA State office.

New Jersey State Firemen's Association

Form 100 – REV 7/21

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

☐ W. N. L.

Age _____ Height _____ Ft. _____ In. Weight _____ Lbs. Hearing: ☐ Other: _____ BP _____
(Numbers Please) (Numbers Please) (Monocular Vision Permitted)

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

☐ Physician

Examiner's Phone # _____ Print Examiner's Name _____ Signature of Examiner _____
☐ Nurse Practitioner

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

☐ Physician's Ass't

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

1. AGE: Must be at least 18 years of age and not older than 57 years of age.
2. EYES: Must be 20/50 corrected, monocular vision permitted (with glasses, contacts, or surgical procedures).
3. HEARING: Loss of hearing acuity so as to be unable to perceive sounds within normal voice range with or without hearing aid.
4. NOSE: Any significant nasal obstruction to free breathing not subject to correction by surgery.
5. MOUTH: Conditions which impair ability to communicate.
6. NECK: Problems resulting from (a) Goiter; (b) Limited range of motion, which prohibits turning, extension or free movement of the neck; (c) Tracheotomy – existing openings at the lower portion of the neck connecting the windpipe to the outside environment for the purpose of easy breathing.
7. PULMONARY: Problems resulting from (a) Loss or removal of a lung; (b) Any pulmonary disorder which would limit the applicant's ability to perform; (c) Pulmonary Function Test below normal; (d) Chronic Obstructive Pulmonary Disease/Asthma.
8. CARDIO PULMONARY SYSTEM: Problems resulting from Heart Disease or Cardiomegaly.
9. PERIPHERAL VASCULAR SYSTEM: Problems resulting from (a) Varicose veins; (b) Aneurysms; (c) Lymphedema; (d) Thrombophlebitis; (e) Arteriosclerosis Obliterans; (f) Buerger's Disease; (g) Raynaud's Disease; (h) Arterio-Venous Fistula; (i) High Blood Pressure, not able to be corrected by medication. Acceptable blood pressure reading should be as follows (a) Systolic not higher than 150 but not lower than 90; (b) Diastolic maximum should be 100 mmhg and minimum 50 mmhg.
10. ABDOMEN: Problems resulting from (a) Organomegaly; (b) Signs of tenderness in an area; (c) Presence of masses such as hernias of various types.
11. GENITOURINARY SYSTEM: Problems arising from (a) Presence of abnormal masses; (b) Abnormal discharges from any of the orifices; (c) Active venereal Diseases; (d) Parasitic diseases; (e) Varicocele and Varices; (f) Hydrocele.
12. MUSCOLO-SKELETAL SYSTEM: Problems arising from (a) Congenital malformation; (b) Limitation of Motion; (c) Weakness; (d) Impairment or absence of one or more of the digits on either or both hands; (e) Impairment of function of the hands; (f) Missing toes if it interferes with ambulation; (g) Deformities of the spine, pelvis or extremities.
13. OTHERS: Problems arising from (a) Disqualification for psychiatric conditions must be determined by local agencies; (b) Allergic conditions which are chronic and incapacitating; (c) Severe Anemia; (d) Active Peptic Ulcer; (e) Diabetes; (f) History of epilepsy or seizures other than documented febrile convulsions in childhood; (g) Alcoholism or drug addiction; (h) Removal of vital organs; (i) Any other condition not listed above which would render the applicant incapable of performing their duties as a firefighter.

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

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.

Assoc.	Assoc. Name	Company	Company Name	Line No	County Name	
999	STATE OF NEW JERSEY	2		1	ESSEX	
Last Name	First Name	MI	Birth Date	Initiation Date	Service Start	Physical Record
SMITH	JANE		01/23/1946	092023	092023	
Retired Date	Resigned Date	Service Code	Qualifying No	Accrued Months	Life Member	Social Security #
						999-99-9999

If Firefighter is being removed from your Association and the "Qualifying No." box is blank and/or the Accrued Months is less than 84, fill in the following:

a. Total Company Alarms	<input type="text"/>
b. Total Company Drills (24 max)	<input type="text"/>
c. Total Company Responses (a + b)	0
d. Total Member Alarm Responses (<=a)	<input type="text"/>
e. Total Member Drill Responses (<=b)	<input type="text"/>
f. Total Member Responses (d + e)	0
g. Current Year % (f/c)	0%

Remarks:

[Return to Treasurer Reports menu.](#)

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 can also be 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))
- 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 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.

Officers Listing Entry	
County: 07 ESSEX Association: 131 GLEN RIDGE Election Date: <input type="text"/>	
Current Officers PRESIDENT <input type="button" value="Edit >>"/> LINE: 9999 COMPANY: 01 ROBERT ORDWAY 1711 ROUTE 34 SOUTH WALL TOWNSHIP NJ, 07727 (800) 852-0137 roberto@njsfa.com	New Officers PRESIDENT <input type="checkbox"/> No Change 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"/>
VICE PRESIDENT <input type="button" value="Edit >>"/> LINE: 9999 COMPANY: 01 JOSEPH HANKINS 1711 ROUTE 34 SOUTH WALL TOWNSHIP NJ, 07727 (800) 852-0137 josephh@njsfa.com	VICE PRESIDENT <input type="checkbox"/> No Change 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"/>
SECRETARY <input type="button" value="Edit >>"/> LINE: 9999 COMPANY: 01 THOMAS PELAJIA 1711 ROUTE 34 SOUTH	SECRETARY <input type="checkbox"/> No Change 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 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

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Alternates						
Card #	Assn #	Co #	Line #	Last Name	First Name	MI
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

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New Jersey State Firemen's Association

- Form 105 (if Local Exempts Assoc. exist)
 - Notice of Exempt Delegate and Alternate Elected
 - Must have a Exempt Association in good standing.
 - Only the Exempt Alternate can replace the Exempt Delegate
 - **Must be completed and finalized online by May 1st – Secretary Reports tab.**
 - Hard copy will not be accepted

NJSFA Notice of Exempt 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:

Exempt Delegate						
Card #	Assn #	Co #	Line #	Last Name	First Name	MI
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Exempt Alternate						
Card #	Assn #	Co #	Line #	Last Name	First Name	MI
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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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
- You do not have to be a Rep., Officer or Trustee to be elected as a Delegate

New Jersey State Firemen's Association

- Form 106 and 107
 - Delegate and Life Member Expense Vouchers (Pink & Blue)
 - You are being reimbursed for some of the expenses incurred for **ATTENDING** the Convention sessions.
 - **Deadline is November 1st.**
 - **HARD COPY (send using a tracking #) (USPO, UPS, FED EX)**
 - **Can be scanned and emailed to LocalReports@njsfa.com in place of a hard copy. Still required to be received by 11/1 deadline.**

[illegible][illegible]

New Jersey State Firemen's Association

Delegate/Life Member Expense Voucher

- Every Delegate or Life Member that attends the convention sessions and receives payment from the local Association for attending, must fill this form out.
- You are **attesting** to the fact that you attended one or both sessions of the Convention **AND** whether you stayed overnight or commuted to the Convention.
- **Forms are kept by the Treasurer as part of the financial records. Do NOT send these to the NJSFA State office.**
- To avoid receiving a 1099 for payments over \$600, copies of receipts/expenses can be attached to the form reducing the net amount below the \$600 threshold.
- If you receive Administrative Expense money in December, you cannot offset any of that with receipts. If the amount of Administrative expense is over \$600 or the combined Administrative and net convention expense adds up to over \$600, a 1099 form must be issued.

REV 1-18

NEW JERSEY STATE FIREMEN'S ASSOCIATION
CONVENTION DELEGATES/LIFE MEMBERS EXPENSE AFFIDAVIT

Convention Year 20____

Relief Association: _____ Assoc. #: _____

Name of Delegate/Life Member (Type or Print): _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

I am a (Select one): _____ Delegate _____ Life Member

Which Sessions of the Convention did you attend? (Select one): _____ 1st _____ 2nd _____ Both

Select one: _____ I commuted to the Convention _____ I had lodging for the Convention

I certify that the statements contained in this document are true and accurate. I further certify that I have incurred the expenses referenced in this document and will use the funds received to offset those expenses. I am aware that if any of the information contained in this document is willfully false, then I may be subject to prosecution.

Signature of Delegate/Life Member Print Name Date

.....

Treasurer to complete and retain in your files.

Check Date _____ Check No. _____ Check Amount \$ _____

Were expense receipts submitted by the member? (Select one) _____ Yes _____ No

If Yes, attach receipts to this affidavit and retain with records. Total of Receipts \$ _____

Signature of Treasurer Print Name Date

New Jersey State Firemen'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 30th, July 30th, October 30th, January 30th.**
 - 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
<div><< Select a Firefighter >> ▼ Click button to save the Local Relief Payment: <input type="button" value="+ Add Local Relief"/></div> <div>Return to financial menu</div>									

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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.

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.

The first screen asks for the Representatives

Enter the company number and line number of each Representative that served during the PAST calendar year. The same year that you are reporting the finances for.

At the lower left is where you enter the Association company number and line number of the individual. Their name should come up automatically.

If the Representative is the Department Chief, enter a C in the last box. If the Representative is from your local Exempts Association, enter a E in the final box. If the information is correct, click on the Add Representative icon and the information should appear in the big box above.

When they are all entered, click next to go to the next screen. If you can only enter some and need to complete it later, as long as you click next, the system will save what you already entered.

The screenshot shows the New Jersey State Firemen's Association web application. At the top, there is a header with the association's logo on the left, the date "Monday, May 8th, 2023" on the right, and the title "NEW JERSEY STATE FIREMEN'S ASSOCIATION" in the center. Below the title are navigation links: "★ LEADERSHIP ★ MEMBERSHIP ★ BENEFITS ★".

Below the navigation links, there are several input fields and labels:

- Fiscal Year**: 2022
- County Code / Name**: 07 ESSEX
- Association / Name**: 888 NJ ST FIRE-UNIDENTIFIED
- Federal Id**: (empty)

Below these fields, there is a section titled "Insert C" with a table for "2022 Representatives". The table has columns for "Co. No.", "Line No.", "Last Name", "First Name", "MI", and "Chief(C)/Exempt(E)". The table is currently empty.

At the bottom of the table, there are two buttons: "Add Representative" and "Click this button to save the Representative".

At the bottom right of the page, there is a "Next" button.

At the bottom center, there is a link: "Return to financial reports menu."

At the very bottom, there is a copyright notice: "Copyright © 1999-2007 New Jersey State Firemen's Association All Rights Reserved".

The second screen asks for the Trustees


Enter the company number and line number of each Trustee that served during the PAST calendar year. The same year that you are reporting the finances for.

At the lower left is where you enter the Association company number and line number of the individual. Their name should come up automatically.

If the Trustee is the Trustee Chairperson, enter a C in the last box. If the Trustee is the Trustee Secretary, enter a S in the final box. If the information is correct, click on the Add Trustee icon and the information should appear in the big box above.

When they are all entered, click next to go to the next screen. If you can only enter some and need to complete it later, as long as you click next, the system will save what you already entered.

Monday, May 8th, 2023



NEW JERSEY STATE FIREMEN'S ASSOCIATION

★ LEADERSHIP ★ MEMBERSHIP ★ BENEFITS ★

Fiscal Year 2022

County Code / Name 07 ESSEX
Association / Name 888 NJ ST FIRE-UNIDENTIFIED
Federal Id

Insert C

2022 Trustees

Co. No.	Line No.	Last Name	First Name	MI	Chair.(C) Secr.(S)

Add Trustee

Click this button to save the Trustee.

Return to financial reports menu.

Previous

Next

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The third screen asks for the bank accounts


Enter the bank name, last 4 digits of the bank account, the 12/31 bank balance, and the calendar year interest that has been credited to that account. Enter each individual account on a separate line. This is for your checking accounts, savings accounts, CD's, and any other investment that does not fluctuate in value.

At the lower left is where you enter the information for each bank account. If the information is correct, click on the Add Bank icon and the information should appear in the big box above.

When they are all entered, click next to go to the next screen. If you can only enter some and need to complete it later, as long as you click next, the system will save what you already entered. You can enter all of the bank names and account numbers ahead of time, put zeros in for the balance and interest and fill in the dollar amounts later.

Do not forget to enter any bank accounts that you closed that had interest. The account balance on closed accounts would be .00

Monday, May 8th, 2023

 **NEW JERSEY STATE FIREMEN'S ASSOCIATION**

★ LEADERSHIP ★ MEMBERSHIP ★ BENEFITS ★

Fiscal Year: 2022

County Code / Name: 07 ESSEX
Association / Name: 888 NJ ST FIRE-UNIDENTIFIED
Federal Id:

Schedule E: Banks
Bank Balances and Interest

Bank Name	Account Number (last 4)	12/31 Year End Account Balance	Total Interest This year

Banks Total: \$0.00
Interest Total: \$0.00

[Return to financial reports menu.](#)

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The fourth screen asks for additional bank information.

Did you issue any checks that did not clear by 12/31, including checks from prior years that you have not reversed yet.

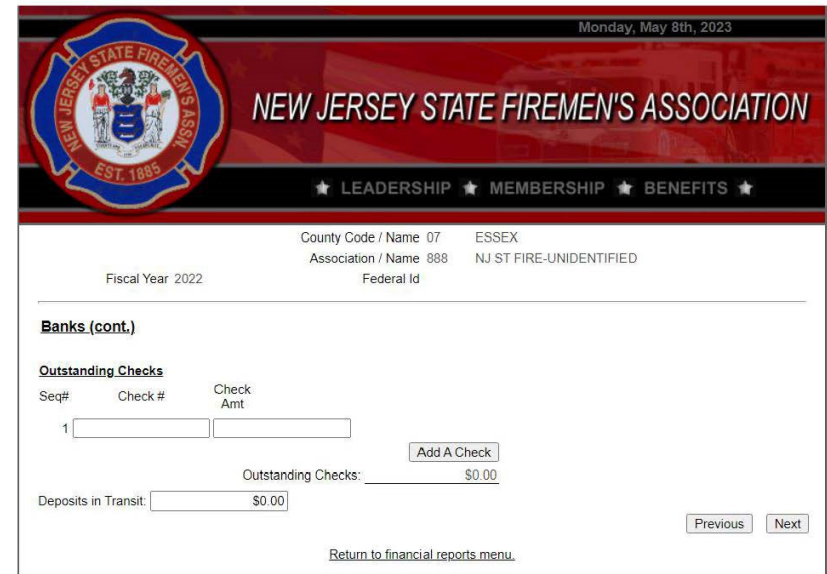
Enter the check number and check amount and then click the Add A Check icon. Do that for each outstanding check.

If the outstanding check is over a year old, contact the Field Examiner so we can reverse them out properly.

In the Deposits in Transit box, enter the total amount of any deposits made at the end of December that did not show in the bank until January.

When done, click next to go to the next screen.

As long as you always click next to go to the next screen, the system will save what you have previously entered.



Monday, May 8th, 2023

NEW JERSEY STATE FIREMEN'S ASSOCIATION

★ LEADERSHIP ★ MEMBERSHIP ★ BENEFITS ★

County Code / Name 07 ESSEX
Association / Name 888 NJ ST FIRE-UNIDENTIFIED
Fiscal Year 2022 Federal Id

Banks (cont.)

Outstanding Checks

Seq#	Check #	Check Amt
1	<input type="text"/>	<input type="text"/>

Outstanding Checks:

Deposits in Transit:

[Return to financial reports menu.](#)

The fifth screen is to report Bond activity or similar type investments where the value may change daily.

You are allowed to invest in NJ Municipal type bond funds or government backed funds. Contact the State Office Treasurer if you have questions on if a specific fund is allowed.

Basically we are comparing the overall bond fund value at 12/31 of this year compared to 12/31 of last year. Dividends/interest that were issued and rolled over need to be shown as new purchases. You will need a copy of this page from last year in order to complete this year's.

Contact the state office for this page and we will assist you with completing the entries.

If you do not have investments that are market driven and possibly change daily, you can click next and go to the next screen.

Fiscal Year 2023

County Code / Name 07 ESSEX
Association / Name 999 STATE OF NEW JERSEY
Federal Id

Schedule A

All Bonds Owned by the Association

Description	Purchase Date MM/YYYY	P/Y 12/31 or C/Y	Value Purch Value	Sold Y/N?	Value at Sale or Value as of 12/31/2023	DIV./INT. Received This Year	Gain or Loss

Add A Bond

Bond Values: \$0.00

Total Assets: \$0.00

Recalculate Totals

PreviousNext

[Return to financial reports menu.](#)

The sixth screen is a recap of your starting balance from 1/1 and all income received for the year.

The two Misc. boxes are updated by the State Office when you call us to reverse a check or other similar income not already covered.


Check all the values listed to see if they are correct.

The allowable administrative expenses of 15% is based on the sum of the Total Ins and Total Int. For those

Associations that received Subsidy funds the allowable administrative expense is 8% of that sum. You will see a dollar amount on the Subsidy line.

The amount of allowable administrative expenses changes every year! Check so that you do not exceed your limit. Amounts exceeding the limit must be paid back.

Monday, May 8th, 2023

 **NEW JERSEY STATE FIREMEN'S ASSOCIATION**

★ LEADERSHIP ★ MEMBERSHIP ★ BENEFITS ★

County Code / Name 07 ESSEX
Association / Name 888 NJ ST FIRE-UNIDENTIFIED
Fiscal Year 2022 Federal Id

Total Assets as of December 31, 2021: \$0.00

Receipts

Gross Insurance Money

Surplus Line:	\$43,014.91	
Ins Premium:	\$274,464.93	
Subsidy:	\$0.00	
		Total Ins.: \$317,479.84

Interest

Bond Sch. A:	\$0.00	
Bank Interest(CD, MM, Sav & Chek Acct):	\$0.00	
		Total Int.: \$0.00

Misc. Receipts

Bond (Net Gain or Loss):	\$0.00	
Misc.:	\$0.00	
Misc.:	\$0.00	
		Total Misc Rec.: \$0.00
		Total Receipts: \$317,479.84

[Return to financial reports menu.](#)

[Previous](#) [Next](#)

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Screen seven is where you enter Administrative Expenses for your Relief Association Officers, Representatives and Trustees.

Choose a title from the drop down menu and enter the company number and line number for the individual and the name should populate the next box. Put the dollar amount received in the last box. If all looks good, click the Add Admin Expense icon and it will appear above.

Please note: The only individuals that can receive Administrative expenses are the 4 officers, the Representatives and the Trustees. No other committees or individuals can receive payments.

Click the next box when done or to save what you entered so you can come back later to correct or update.

The Administrative expenses listed here are part of the 15%/8% allowable overall administrative expenses.

Monday, May 8th, 2023



NEW JERSEY STATE FIREMEN'S ASSOCIATION

★ LEADERSHIP ★ MEMBERSHIP ★ BENEFITS ★

Fiscal Year 2022

County Code / Name 07 ESSEX
Association / Name 888 NJ ST FIRE-UNIDENTIFIED
Federal Id

Insert D

Administrative Expense

Title	Co No.	Line No.	Name	Expense

--CHOOSE A TITLE--

Add Admin Expense

Click this button to save the Administrative Expense.

Return to financial reports menu.

Previous

Next

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Screen eight is for entering the Relief payments that your Local Association actually paid out during the calendar Year.

You need to enter and FINALIZE your 4th Quarter Relief Paid Report. Once that is finalized, you can then click on the Get Year's Finalized Relief and the system will import all entries from the four quarterly reports.

Check to see if everything is correct. Remember, if something is wrong on this screen, then one or more quarterly reports are wrong and need to be corrected also. Call the State Office and we will reopen the incorrect quarter(s) so you can make adjustments. Once you finalize again, you can import the corrected info and it will overwrite what was previously there with the new information.

You should not need to add any additional entries or correct what is listed.

If everything is correct, go to the next page.



NEW JERSEY STATE FIREMEN'S ASSOCIATION
EST. 1889

Monday, May 8th, 2023

NEW JERSEY STATE FIREMEN'S ASSOCIATION

★ LEADERSHIP ★ MEMBERSHIP ★ BENEFITS ★

County Code / Name 07 ESSEX
Association / Name 888 NJ ST FIRE-UNIDENTIFIED
Federal Id

Fiscal Year 2022

Get Year's Finalized Relief

Insert B

Local Relief Paid

Co. No.	Line No.	Name	Active Y/N?	Widow Widower Y/N?	Retired Y/N?	Relief Amt
------------	-------------	------	----------------	--------------------------	-----------------	------------

<< Select a Firefighter >>

Click button to save the Local Relief Payment: Add Local Relief

Previous

Next

Return to financial reports menu.

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Screen 9 is a recap of your Association expenses

Local Relief Paid will be filled in with the total that was entered on the prior page. Convention Expenses will be pre-filled in based on the reports sent in after the convention. Check that the totals we have match the Amounts in your records. Officers & Trustees Reps will be filled in based on what you entered on screen 7 – Insert D.

You need to fill in the gross dollar amount of expenses that fit the other 5 categories listed. Below the 5 categories, is a box for expenses that do not fit the categories. In the entry boxes below the large box, State what the expense is for and the dollar amount, then click on add misc. expense icon. It will now appear in the box above and to the lower right.

The Total Admin Expenses figure should update as entries are made. Click the Recalculate Totals icon just in case. The amount in the Total Admin Expenses should be less than the 15%/8% maximum allowed.

Contact the State Office if you need an adjustment figure entered into the Misc. box below State Filing Fee.

If everything is correct, click next to go to the next screen.

Fiscal Year 2023	County Code / Name 07 Association / Name 999 Federal Id	ESSEX STATE OF NEW JERSEY
------------------	---	------------------------------

Disbursements
Local Relief Paid. _____ \$0.00

Convention Expenses
Delegates _____ \$0.00
Life Members _____ \$0.00
Total Convention Exp.: _____ \$0.00

Assessments Withheld
Surplus Lines _____ \$0.00
Ins Premium _____ \$0.00
Other Insur. _____ \$0.00
Total Assessments: _____ \$0.00

Administrative Expenses
Officer & Trustees Reps _____ \$0.00
Printing & Stationery _____ \$0.00
Postage _____ \$0.00
Safe Dep. Box _____ \$0.00
Bank Charges _____ \$0.00
Outside Accountant _____ \$0.00

Miscellaneous Administrative Expenses (Not in categories above):

Item	Dollar Amount

Click this button to save the Admin Expense.

Total Misc. Adm. Exp.: _____ \$0.00
Total Admin Expenses: _____ \$0.00
Maximum Allowable Administrative Expenses: _____ \$0.00

State Filing Fee
State Fee _____ \$30.50
Misc. _____ \$0.00
Total Misc Exp.: _____ \$30.50
Total Disbursements: _____ \$30.50

[Return to financial reports menu.](#)

Screen 10 is for your next year officers

For each officer, enter the company and line number of the individual. If the person was re-elected to the same position, his/her information should fill in the boxes. Check for accuracy and make corrections as needed. For newly elected officers, fill in all information requested.

If you have a safe or safety deposit box, enter Y for each officer that has access to it. If you do not have one or the officer does not have access, enter a N for that officer.

All 4 officers must be authorized to sign checks, so you should enter a Y for each officer. Remember, each check you write needs 3 signatures out of the 4 officers.

Once complete and everything is correct, click the Next icon and go to the next screen.

Fiscal Year 2023	County Code / Name 07 ESSEX	Association / Name 999 STATE OF NEW JERSEY	Federal Id
------------------	-----------------------------	--	------------

PLEASE ENTER THE ELECTED OFFICERS FOR THE YEAR 2024

President

Company No. Line No.

Last Name

First Name

Middle Initial

Address 1

Address 2

City State Zip Code

Access to Safe? Authorized to Sign Checks?

Vice President

Company No. Line No.

Last Name

First Name

Middle Initial

Address 1

Address 2

City State Zip Code

Access to Safe? Authorized to Sign Checks?

Secretary

Company No. Line No.

Last Name

First Name

Middle Initial

Address 1

Address 2

City State Zip Code

Access to Safe? Authorized to Sign Checks?

Treasurer

Company No. Line No.

Last Name

First Name

Middle Initial

Address 1

Address 2

City State Zip Code

Access to Safe? Authorized to Sign Checks?

[Return to financial reports menu.](#)

Screen 11 – final entry screen – misc. information

If you have an Exempt Association in good standing, put a Y in that box, otherwise enter a N


Are/were all investments reviewed locally should get a Y

Fill in the Town/Municipality where your Association is located.

If you have scheduled your local audit and know the date, fill it in. If you FINALIZE the report with this box blank, you can manually write it in when you know. This should be the only manual entry if necessary.

Fill in the month and day of the five main meeting dates that were held.

If everything is correct, select the finish icon to go back to the Treasurer Reports menu.



Tuesday, May 9th, 2023

NEW JERSEY STATE FIREMEN'S ASSOCIATION

★ LEADERSHIP ★ MEMBERSHIP ★ BENEFITS ★

County Code / Name 07 ESSEX
Association / Name 888 NJ ST FIRE-UNIDENTIFIED
Federal Id

Fiscal Year 2022

General Information

Exempt Association, Do you have one?

N

Were all investments listed in this report actually seen and checked by your Audit Committee?

Town Name where Relief Association is Located:

On what date were your investments checked by your Auditing Committee? (mm/dd/yyyy)

Meeting Dates - MM/DD

Meet Date 1

Meet Date 2

Meet Date 3

Meet Date 4

Meet Date 5

Previous

Finish

Return to financial reports menu.

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Final Steps

The word DRAFT will be on every page until you balance and finalize the report.

If the balance is still off, go back and compare all of your numbers to what is shown on the report. When we send out the directions, we include a list of the majority of places to look at to correct the imbalance.

Once you are in balance, you can FINALIZE the report and print out clean pages that do not have DRAFT on them. Have your local audit and send us a copy with all of the support documents, signatures, etc.

The local audit should be done using the finalized copy without the word draft. If a correction is needed after the audit, call us and we will reopen the report once we understand why a change is necessary.

Never wait till the last minute to do any reports!

Warning: Due Dates are closer than they appear!

New Jersey State Firemen's Association FINANCIAL STANDING 2023

FORM 200

Finalized: - Printed: ORDWAY, 9/5/2023

ORIGINAL COPY: (Four Page Form) - White
To be notarized over the signature of local association President, Treasurer and Chairman of the Auditing Committee and must be filed in the office of the New Jersey State Firemen's Association, 1711 Route 34 South, Wall Township, NJ 07727 on or before February 20, 2024, along with bank letters and insert sheets A-B & C-D.

REPORT MUST BE MAILED CERTIFIED MAIL,
RETURN RECEIPT REQUESTED

DATE	9/5/2023
ASSOC. NO.	999
I.S.O. NO.	999
FEDERAL IDENTIFICATION NO.	
N.J. INCORPORATION NO.	000000000

THE STATE OF NEW JERSEY FIREMEN'S RELIEF
ASSOCIATION, COUNTY OF ESSEX for the year ending December 31, 2023
NAMES OF OFFICERS FOR YEAR OF THIS REPORT 2023

TITLE	CO. NO.	LINE NO.	NAME
1. President			
2. Vice President			
3. Secretary			
4. Treasurer			
5. GIVE DATES OF MEETINGS HELD DURING YEAR:			

NAMES AND ADDRESSES OF OFFICERS ELECTED FOR 2024

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

10. Officer in charge, upon whom process may be served
Name
Address

11. Exempt Association - Do you have one? Yes ☐ No ☒

PLEASE NOTE: Filing a report that is not complete in every respect, and or does not prove out, does not meet the requirement of the February 20, 2024 filing deadline.

Printed: ORDWAY, 9/5/2023

New Jersey State Firemen's Association

- Administrative Expenses (Stipend) 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-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

Thomas J. Pelaia, Secretary
Brian E. Martone, 1st Asst. Secretary
Richard K. Dreby, 2nd Asst. Secretary
Jennie 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 at December meeting

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 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

REV 03/2023

New Jersey State Firemen's Association

IRS 1099-NEC/1096 FILING

- Due to the IRS by February 1st and a copy of the 1099-NEC 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 lessor 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 Association _____ in
county _____ for _____ has been reviewed and the following is noted:
____ Application is in good order.

____ The following, deficiencies are noted:

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

____ Missing information in sections 1-6.

____ lacking supporting documentation of income and expenses.

____ proof of income

____ Copies of current bills.

____ Additional bills needed.

____ Not using current Relief Applications.

____ Missing Signatures-Applicant /Trustees/ Officers.

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

____ Missing check numbers and/or amounts paid.

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

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

Additional Comments:

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.

[illegible]

New Jersey State Firemen'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 its 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 ☐ Yes
(Must be Documented)

Claimant Instructions:

All firefighters serving towards qualification earn credit for a burial benefit. This benefit is provided to survivors and/or other approved recipients according to the pro-rated scale below.

SCALE OF PAYMENTS BASED ON QUALIFIED SERVICE AS OF February 22, 2020

1 month, but less than 1 year - \$1,500.

1 year, but less than 2 years - \$3,000.

2 years, but less than 3 years - \$4,500.

3 years, but less than 4 years - \$6,000.

4 years, but less than 5 years - \$7,500.

5 years, but less than 6 years - \$9,000.

6 years, but less than 7 years - \$10,500.

7 years, and Qualified - \$12,000.

The current maximum payment of \$12,000 is provided for a qualified member of the Association.

Should death occur in the **LINE OF DUTY** to any member, the maximum benefit will be tripled and payable as specified in General Relief Fund Rules Article VI, section 16-a, 16-b and 16-c.

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 (Proof must be documented) ☐ Yes ☒ No

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 Firemen's Association

Association # 999 NEW JERSEY STATE FIREMEN'S GENERAL RELIEF FUND STANDARD PROOF OF CLAIM FORM 301 Rev. 1-1-21
Company # 00
Line # 0002

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 _____
_____, being duly sworn on her/his oath or affirmation according to law,
(Notary: Print claimant name)
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 REFUGE 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. (RE: N.J.A.C. 18:26-6.15 and N.J.S.A. 54:34A(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.

New Jersey State Firemen's Association

FORM 302

Association # _____ 999
Company # _____ 00
Line # _____ 0002

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

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 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,
(Notary: Print claimant name)

I am the person who signed the foregoing claim and statements therein made are true.

Subscribed and sworn to _____
(Expiration date of Commission)

Before me this _____ day _____
(Notary)

of _____

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. 1-04

- Form 302 (1/04)
 - Proof of Claim
 - Power of Attorney
- Required with multiple children or eligible recipients
- Will be sent out as needed.

If the deceased is survived by a widow who desires to appoint an Attorney to receive the claim or if there is more than one child and one child is to be named the claimant, the following Power of Attorney is to be executed. We do not recognize Executors or Administrator's of estates, in such. 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. 18:28-6.15 and N.J.S.A. 34:34 (6))

**NEW JERSEY STATE FIREMEN'S ASSOCIATION
POWER OF ATTORNEY**

CLAIM NO. _____

Know all Men by These Presents, that I/We, the undersigned, being the next of kin of, _____

the Deceased, a member of the _____ Firemen's Relief Association, do hereby make, _____

constitute and appoint _____ my/our lawful attorney for me/us and in my/our _____

name, place and stead to receive for me/us the General Relief fund Benefit payable by proper authorities of the New Jersey State Firemen's _____

Association on account of the death of _____, and to give full acquittance, receipt and discharge _____

for such payment.

PLEASE ENTER BELOW RELATIONSHIP TO DECEASED

(Sign) _____ Relationship _____

(Sign) _____ Relationship _____

(Sign) _____ Relationship _____

(Sign) _____ Relationship _____

(Sign) _____ Relationship _____

STATE OF _____)

COUNTY OF _____)

BE IT REMEMBERED, That on this _____ day of _____ in the year of our Lord Two thousand and _____ before me,

the signatory(s) (please list the names as listed above): _____

Personally appeared before me, who I am satisfied are/s the person(s) mentioned in the within Instrument, to whom I first made known the contents thereof, and thereupon he/s/they have acknowledged that he/s/they signed, sealed and delivered the same as hiu/her/their voluntary act and deed for the used and purposes therein expressed.

_____ (Signature of Notary) _____ (Expiration date of Commission)

FOR OFFICE USE ONLY _____

Approved and ordered paid: _____

Date _____ Chairman _____

Advisory Committee

Attest:

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.

150RM203

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 st – 4 th 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 31 st – 1 st 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 th – 2 nd 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 30 th – 3 rd 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 from State Office Week of	File on Line	Date due in State Office
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 ORIGINAL HARD COPY REQUIRED or Emailed Computer Generated report	February 20th
Membership Report	109	Article III (b) Section 1 Page 23	Secretary	President Secretary Commanding Officer	January 1st	Yes ORIGINAL HARD COPY REQUIRED or Emailed Computer Generated report	February 28th
Convention Delegates (from Relief Association)	104	43:17-42 (a) Page 16 Article VI (b) Sections 1,2 Page 12 Article V (c), Sec 9, Pg 6	Secretary	Secretary (Relief)	December 1st	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 ORIGINAL HARD COPY REQUIRED or Emailed Computer Generated report	November 1st
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

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

Robert F. Ordway, President
Joseph T. Hankins, Vice President
Edward R. Mullen, CPA, Treasurer
Frank P. Cavallo, Esq., Counsel

Thomas J. Pelain, Secretary
Brian E. Martone, 1st Asst. Secretary
Richard K. Dreby, 2nd Asst. Secretary
Jennie M. Hollingsworth, Field Examiner

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 simple 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: February 2023

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
N.J.S.E.F.A. 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) _____	_____ Chief of Fire Department
_____ Municipal Clerk	_____ 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
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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

Elisa Fantozzi
201.248.0445
tozzi1989@gmail.com

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

Health Care Assistance Application Form 114 (REV 03/23)	Form 114 (REV 03/23)												
<p>Assoc. No. - Comp. No. - Line No. _____</p> <p>Application is for: Firefighter <input type="checkbox"/> Spouse/Surviving Spouse <input type="checkbox"/> Application Date _____</p> <p>The _____ Firemen's Relief Assn. of _____ County wish to have financial assistance for Health Care considered for their member or member's spouse listed below.</p> <p>Member Name _____ DOB _____ Male / Female Married / Widow(er) / Single</p> <p>Spouse Name _____ DOB _____ Male / Female Married / Widow(er)</p> <p>If benefit is for the surviving spouse of a "Qualified" Firefighter, has the surviving spouse remarried? Yes / No _____</p> <p>Applicant Address _____</p> <p>Applicant Phone _____ Cell Phone _____ Does applicant live alone? Yes / No _____</p> <p>Reimbursement/Renewal Mailing Address _____</p> <p>Please 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.</p> <p>_____ _____ _____</p> <p>Signature of Applicant _____ (see reverse side for additional required information)</p> <p>All information provided on this application is true and accurate to the best of my knowledge. The applicant is currently receiving: <input type="checkbox"/> No care <input type="checkbox"/> In Home Care <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Nursing Home/Memory Care <input type="checkbox"/> Adult Day Care</p> <p>The applicant needs <input type="checkbox"/> In Home Care <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Nursing Home/Memory Care <input type="checkbox"/> Adult Day Care</p> <p>Is this part of a workers compensation claim or a Personal Injury Protection claim, or a co-pay? Yes / No _____</p> <p>Has applicant applied for or is receiving Medicaid? Yes/ No _____ If no, projected date member will be eligible _____</p> <p>Has applicant applied for or is receiving Medicare? Yes/ No _____ If no, projected date member will be eligible _____</p> <p>A copy of the Agency contract with pricing must be included.</p> <p>Name of Agency providing care _____</p> <p>Agency Address _____</p> <p>Agency Contact Person _____ Phone _____</p> <p>Agency must be licensed in the state where care will be provided. License # _____</p> <p>Projected cost for care of applicant per month \$ _____</p> <p>Is applicant receiving any funds to cover any portion of this expense? Yes / No _____ Amount funded \$ _____</p> <p>Medicare <input type="checkbox"/> Long Term Insurance <input type="checkbox"/> Medicare Supplement <input type="checkbox"/> VA Assistance <input type="checkbox"/></p> <p>Name of other funding source/s _____ Net Balance \$ _____</p> <p>Requested monthly amount of assistance \$ _____</p> <p>Local Relief Association Sign-offs</p> <p>It has come to the attention of the Trustees and Representatives of the above listed Relief Association that our member and/or Spouse would benefit from the use of the Health Care Assistance Program. We have reviewed the information provided us and request the NJSFA consider this application for final approval. (Note: This does not need to wait for a regularly scheduled meeting)</p> <p>Signatures: President _____ Secretary _____ Treasurer _____</p>	<p>Assoc. No. - Comp. No. - Line No. _____ Name of the Individual who will receive care _____ Application Date _____</p> <p style="text-align: center;">Authorization to Release Confidential Information</p> <p>I hereby authorize the New Jersey State Firemen's Association to receive and/or release information as necessary, to obtain appropriate services for:</p> <p>Applicant's Name (Printed) _____ Email Address _____</p> <p>Guardian's Name (Printed) _____ Email Address _____</p> <p>Applicant/Guardian's Signature _____ Date _____</p> <p>Name, Phone Number & Email of POA</p> <p>Name _____ Phone _____ Email Address _____</p> <p>I give New Jersey State Firemen's Association permission to release information to the following family/friends.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name _____</td> <td style="width: 20%;">Relationship _____</td> <td style="width: 30%;">Email Address _____</td> <td style="width: 20%;">Phone Number _____</td> </tr> <tr> <td>Name _____</td> <td>Relationship _____</td> <td>Email Address _____</td> <td>Phone Number _____</td> </tr> <tr> <td>Name _____</td> <td>Relationship _____</td> <td>Email Address _____</td> <td>Phone Number _____</td> </tr> </table> <p>_____ _____ _____</p> <p>NJSFA State Office Advisory Committee</p> <p>Meeting Date: _____ Approved / Denied _____ Projected Amount _____</p> <p>Chairman _____</p>	Name _____	Relationship _____	Email Address _____	Phone Number _____	Name _____	Relationship _____	Email Address _____	Phone Number _____	Name _____	Relationship _____	Email Address _____	Phone Number _____
Name _____	Relationship _____	Email Address _____	Phone Number _____										
Name _____	Relationship _____	Email Address _____	Phone Number _____										
Name _____	Relationship _____	Email Address _____	Phone Number _____										

- **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 Home, Adult Day-Care, and the care portion of Assisted Living. For full time 24/7 Nursing Home facility, the reimbursement is **up to** \$12,000 per month.
- **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 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 the web site.

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.

Form 114 (REV 03/23)

Benefit Reimbursement Up-To Levels

Based on submitted bills and proof of payment

Home Care, Adult day Care

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

Assisted Living – Care portion only and not the rent

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

Nursing Home – 24/7 care in-facility

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

Spousal Care – Spouse of current NJSFA member or non-remarried surviving spouses of Qualified deceased NJSFA members. (Reimbursement of care portion only)

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

New Jersey State Firemen's Association

Three Relief Levels

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

New Jersey State Firemen's Association
 1711 Route 34 • Wall Township, New Jersey 07727-3934
 Telephone: (732) 798-8137 • (800) 852-0137
 Fax: (732) 938-2580

RELIEF ASSISTANCE SCALE - EFFECTIVE 02/25/2023

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

* Funded and paid for by the Local Relief Association.

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

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

Special Relief Fund Application (Form 113) must be completed after Local Relief Payment Scale (Step 1) has been fully paid and **PRIOR TO** or **AT THE SAME TIME** as Application for Supplementary Relief (Form 102) being submitted. Special Relief is paid by the State Office for Associations under 1,000,001 dollars **after approval by the Advisory Committee** and paid by the local association if 1,000,001 dollars or over **after approval by the Advisory Committee**.

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

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

LOCAL RELIEF LEVELS FOR A GIVEN YEAR ARE CALCULATED BASED ON YOUR **PRIOR YEAR** DECEMBER 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 (11-22)
 - Application for Local Relief
 - Required for all relief paid
 - Members & non-remarried surviving spouse eligible (member was qualified)
 - Application is available on the web site
 - 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.11-22

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 _____
Phone No. _____ Occupation _____ No. of dependent children _____
Spouse/Partner/Roommate _____ Age _____ Occupation _____

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

4. DO YOU HAVE THE FOLLOWING HOSPITAL/MEDICAL COVERAGE?
☐ Hospital Coverage ☐ Medicare Coverage ☐ Prescription Drug Coverage ☐ Major Medical Coverage
 Others (List) _____ Attach all benefit statements
 Yes ☐ No ☐ Receiving Medicaid Benefits – Applicants receiving Medicaid Benefits are not eligible to receive relief

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

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

Form 101
 Rev 11-22

APPLICATION FOR LOCAL RELIEF
 New Jersey State Firemen's Association

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

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

7. Monthly Income Net

Primary Monthly \$ _____

Secondary Monthly \$ _____

Dependents \$ _____

Property \$ _____

Social Security \$ _____

Other Income \$ _____

Total Monthly Income \$ _____

Monthly Expenses Net

Rent or Mortgage \$ _____

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

Utilities:

Gas \$ _____

Electric \$ _____

Cell phone \$ _____

Water/Sewer \$ _____

Cable/Internet \$ _____

Food \$ _____

Clothing \$ _____

Credit Card Payments \$ _____

Loans:

Auto \$ _____

Equity \$ _____

Other:

Auto Insurance \$ _____

Home Insurance \$ _____

Medical Insurance \$ _____

Monthly prescriptions \$ _____

Student loans \$ _____

\$ _____

One Time / Special Expenses Net

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total One Time / Special Expenses \$ _____

Total Monthly Expenses \$ _____

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

6

ASSN. NO. COMP. NO. LINE NO	<div style="text-align: right; font-size: small;">Form 101 Rev. 11-22</div> <p><u>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.</u></p> <p>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.</p> <p>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.</p> <p>APPLICANTS SIGNATURE _____ DATE _____</p> <p><u>9. ACTION: BOARD OF TRUSTEES</u></p> <p>We the undersigned members of the Board of Trustees have investigated the application and find that statements listed on this application (are) (are not) in order. The Board of Trustees at a meeting on _____ recommend that Relief be (granted) (denied) in the total amount of \$ _____</p> <p>Payable: \$ _____ Monthly, \$ _____ Quarterly, \$ _____ Lump Sum, \$ _____ Direct to Vendors (bills)</p> <p>SIGNATURE _____ TRUSTEE CHAIRMAN - PRINT NAME _____</p> <p>SIGNATURE _____ TRUSTEE SECRETARY - PRINT NAME _____</p> <p>SIGNATURE _____ TRUSTEE - PRINT NAME _____</p> <p><u>10. ACTION: BOARD OF REPRESENTATIVES</u></p> <p>The Board of Representatives at a meeting held on _____ (approved) (modified) (disapproved) the Trustees' recommendation and ordered \$ _____ be (Paid) (Filed).</p> <p>SIGNATURE _____ PRESIDENT - PRINT NAME _____</p> <p>SIGNATURE _____ SECRETARY - PRINT NAME _____</p> <p>SIGNATURE _____ TREASURER - PRINT NAME _____</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: left;">Amount approved to date this year \$ _____</th> <th style="width: 10%; text-align: center;">Check #</th> <th style="width: 15%; text-align: center;">Amount</th> <th style="width: 10%; text-align: center;">Check #</th> <th style="width: 25%; text-align: center;">Amount</th> </tr> </thead> <tbody> <tr> <td>Amount granted previous year \$ _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Amount granted 2 years ago \$ _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Amount granted 3 years ago \$ _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Amount granted 4 years ago \$ _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>	Amount approved to date this year \$ _____	Check #	Amount	Check #	Amount	Amount granted previous year \$ _____	_____	_____	_____	_____	Amount granted 2 years ago \$ _____	_____	_____	_____	_____	Amount granted 3 years ago \$ _____	_____	_____	_____	_____	Amount granted 4 years ago \$ _____	_____	_____	_____	_____
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Amount granted 2 years ago \$ _____	_____	_____	_____	_____																						
Amount granted 3 years ago \$ _____	_____	_____	_____	_____																						
Amount granted 4 years ago \$ _____	_____	_____	_____	_____																						

New Jersey State Firemen's Association

- Forms 113 (3/23)
 - Application for Special Relief
 - **After** Local Maximum is given
 - **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
 - **Must be approved by State Advisory Committee**

Form 113
Rev 3/23

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

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

1 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 applicant's 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 _____ Phone No. _____
Spouse/Partner/Roommate _____ Occupation _____
Number of dependent children _____

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 _____ Treasurer

MUST BE SUBMITTED BY DECEMBER 1st OF THE CURRENT YEAR

New Jersey State Firemen's Association

- Forms 102, 102-A, 102-B (11-22)
 - Application for Supplementary Relief
 - After** Maximum of Local and Special paid
 - Members & non-remarried surviving spouse eligible (qualified)
 - Form is available on the web site
 - Must be completely filled out
 - Must be voted on by the Representatives at a meeting
 - Local Association can vote to recommend **an amount up to** 4 x the local level – 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.11-22

APPLICATION FOR SUPPLEMENTARY RELIEF
 New Jersey State Firemen's Association

ASSN. NO. COMP. NO. LINE NO

Date _____

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

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

Has the Maximum allowable local Relief been approved and paid: Yes ☐ No ☐

If applicable, has the maximum allowable special Relief been approved and paid: Yes ☐ No ☐ Incl. with this appl. ☐

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

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

4. DO YOU HAVE THE FOLLOWING HOSPITAL/MEDICAL COVERAGE?
☐ Hospital Coverage ☐ Medicare Coverage ☐ Prescription Drug Coverage ☐ Major Medical Coverage
 Others (List) _____ Attach all benefit statements
 Yes ☐ No ☐ Receiving Medicaid Benefits – Applicants receiving Medicaid Benefits are not eligible to receive relief

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

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

[illegible]1



New Jersey State Firemen's Association

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

www.njsfa.com

732.798.8137

800.852.0137

FAX 732.938.2580

President Robert Ordway

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