

NEW JERSEY STATE FIREMEN'S ASSOCIATION

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Secretary **Manual**

INTRODUCTION

This manual is for the education and instruction of local officers. It is recommended that the up-to-date Compendium and the By-Laws of Local Firemen's Relief Associations are read by all officers.

The purpose of this manual is to bring a better understanding of the various responsibilities of all local officers and to assist in submitting all the forms needed for the operation of the New Jersey State Firemen's Association.

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Directions to State Office

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

From the Garden State Parkway:

Take the Garden State Parkway (North or South) to Exit 98, follow signs for Route 34 North. Follow Route 34 North for 2 traffic lights to Airport Blvd. Take the jug handle to cross Route 34 and continue to the first right, which is the entrance to our parking lot. The building entrance is off the parking lot.

From Route 195:

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

From Route 18:

Take Route 18 South to Exit 19B. Merge onto Route 34 South. At Route 34/Route 33 traffic circle take the first exit and follow Route 34 South for 2 traffic lights. Turn right onto Airport Blvd. and continue to the first right, which is the entrance to our parking lot. The building entrance is off the parking lot.

Records Retention Schedule

The following retention requirements exist for local relief associations:

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

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

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

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

Updated: February 2023

HOW DO I GET ON THE SECURED WEB-SITE?

For: Local Association Secretaries, Treasurers, and all other Officers

- Web-site address: Enter www.njsfa.com
- Click on the left side of the screen with the list of tabs for either:
Treasurer Report
Secretary Report
Pres., V.P., or Chief
- If you are the Secretary or Treasurer of your Association, then enter your Association's information:

ISO #

Association Number (#)

Password: Your last name in CAPITAL letter (upper case) immediately followed by the last four (4) numbers of your social security number (no spaces).

Examples:

SMITH8234

ROBINSON SR2346 (Space after name)

LEONARD 3RD8649 (Space after name)

- If you are the President, Vice President, or Chief of your Association, then enter your Association's Information:

County (select your county from the drop-down menu)

Association Number (#)

Password:

Your last name in CAPITAL letter (Upper case) immediately followed by the last four (4) numbers of your social security number (no spaces).

Examples:

SMITH8234

ROBINSON SR2346 (Space after name)

LEONARD 3RD8649 (Space after name)

- Follow instructions as presented for all programs.

If you are having problems, please do not hesitate to contact the State Office.

SECRETARY

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

MEMBERSHIP

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

Some of the subjects to be covered by Minutes:

- f. New Members – List Name and Line Number (letter received from the state office must be attached).
- g. When issuing relief to a member, instead of listing the name of the member use a code number (2023-1) and amount granted for relief.
- h. Report on Executive Committee Abridged Minutes.
- i. Election of Officers for the coming year (in December's meeting).
- j. Election of Convention Delegates/Alternates for the coming year (in December to April's meeting).
- k. **After Convention**, Payment to Delegates and Life Members with amounts listed (motion and seconds to pay must be made by the representatives).
- l. The treasurer's balance must be written in the minutes with a copy of the Treasurer's Report attached.

- m. **In December**, if there is any, payment for Administrative Expenses to officers with amounts listed (motion and seconds to pay must be made by the representatives).
- n. Names of members of the Board of Representatives making motions and seconds on all expenditures of monies.

There must be a minimum of five mandatory meetings per calendar year (recommended based on when reports are due in the state office, **January, April, July, October, and December**).

Meeting Agenda Guidelines for Local Relief Association:

January

- File Relief Officers Listing Report (Due Feb. 1st)
- Complete and file Financial Standing Report (Due Feb. 20th)
- File Active Firemen's Membership Report (Due Feb.28th)
- Audit Treasurers books, which must include a letter of certification from the Auditing Committee
- Treasurers Report - December and Annual from previous year
- File Notice of Delegates Elected (Due May 1st)
- File Notice of Exempt Delegate Elected (Due May 1st)

April

- Acknowledge February Executive Committee Meeting Abridged Report
- Treasurers Report-January thru March

July

- Acknowledge May Executive Committee Meeting Abridged Report
- Review Resolutions (if applicable)
- Provide Caucus Location and Instructions
- Treasurers Report - April thru June
- Acknowledge receipt and deposit of Assessment Check (Direct Deposit)

October

- Report of Convention including delegate's/alternates attendance to both Caucus and Convention
- Payment of Delegate Expenses - List names, check numbers, and amounts with a motion to pay
- File Delegate & Life Member Expense Vouchers (Due Nov. 1st)
- Acknowledge July & September Executive Committee Meeting Abridged Reports
- Treasurers Report-July thru September

December

- Acknowledge November Executive Committee Meeting Abridged Report
- Receipt of letters referencing Company Representatives elected
- Election of Officers & Trustees
- Payment of Administrative Expenses – List names, check numbers, and amounts with a motion to pay
- Treasurers Report - October & November

2. Membership Application

Form # 100 and # 100A

- a. Make sure that all parts of the form are together 100 and 100a (must use the most recent version {Rev. 9-23} of the form). No old application can be used. The most recent version of the form is available by request from the State Office or located under the Secretary's Tab as well as the Treasurer's Tab and the Pres/V.P./Chief's Tab (when printing please try and print on both sides of the paper).
- b. Make sure the Physical Examination is administered by a New Jersey Licensed Physician, Nurse Practitioner, or Physician's Assistant. They must sign Form 100 after the physical is completed. Make sure all sections of the physical are filled in completely to avoid it being returned (specifically, Hearing, Eyesight, Blood Pressure, and Disabilities Section). The physical is valid for one year from the date of the physical (see Form 100a for Physical Examination Guidelines).
- c. Review the form after completion, making sure all lines have been completed properly.
- d. The date of admittance of any new member is to be recorded as of the date the form is received and approved in the State Office.
- e. Make sure all proper signatures are affixed.
- f. Make sure this form is completed and submitted as soon as possible so that the members can be protected. Be sure that all probationary members are included.
- g. Make sure that the form has been notarized with the Notaries' date of expiration and signature.
- h. Only submit **ORIGINAL** form. No copies will be accepted.

3. Active Firemen's Membership Report (Green Sheets)

Form # 109

- a. All members working towards their qualified status should appear on this form.
- b. The form is located on the Secretary's Reports Tab on the NJSFA Website.
- c. Make sure form is completed and all proper signatures are affixed (Chief, President, and Secretary must sign).
- d. Minimum Percentage is currently at **25%**.
- e. A maximum of **24** drills per year is allowed towards the credit.
- f. Must be completed online then printed out to sign.
- g. Report can either be submitted by mailing the original (hard copy) to the State Office or scanned and emailed to localreports@njsfa.com.
- h. Deadline Due **February 28th**.
- i. Qualifying Certificate will be issued by the State Office upon completion of required time in accordance with the rules and regulations.

If you have any additional questions, please call the State Office for assistance. See Membership % Report Directions for further information (located on the State Website under Forms Tab).

4. Maintenance Form

Form # 108

- a. Used for correcting member information.
- b. Used for removal of a member through resignation, leave of absence, military leave, suspension, etc.
- c. Must be completed online.
- d. The form is located on the Secretary's Reports Tab and the Treasurer's Reports Tab on the NJSFA Website.
- e. Click on the link that says add Maintenance Form 108 listed in the box that reads Member Maintenance (the last ten submitted will be listed here).
- f. Once you click on the link a screen will open with boxes to complete for the Member Association, Company, and Line Number, then click Submit.
- g. The next screen will open with the members' information. You can use the remarks box to add comments on what information needs to be corrected or you can update the Retired or Resigned date.
- h. If Military Leave, or you're removing a member you can add the total company alarms and drills, then add the number that the member responded to for both alarms and drills. The numbers will automatically calculate a percentage for the months that the member needs credit for.
- i. Click Submit when finished. This form needs to be submitted via the internet (NJSFA Website).

5. Moving Members

From one Relief Association to Another Relief Association

All Members

- a. A letter of resignation from the member must be submitted to the Local Relief Association Secretary stating he/she is resigning.
- b. A Maintenance Form (Form #108) then must be completed by the Secretary of the Local Relief Association that he/she is leaving from, showing a resignation date from that association and the name of the new association the member is going to, if known.

Not Qualified (under 57 years of age)

- a. A Membership Application must be completed for the new association with the required physical (**both front and back of the application**).

Not Qualified (Over 57 years of age)

- a. A Membership Application must be completed for the new association with the required physical (**both front and back of the application**).
- b. The application must be received at the State Office, within 90 days (window of opportunity) from the date of resignation from the previous association.

Qualified

- a. A Membership Application must be completed for the new association with only the first page filled out (**only front page of the application**).

From one Company to another Company within the same Local Association.

- a. A letter of resignation must be submitted to the Local Relief Secretary.
- b. A new application for membership must be completed for the new company with no physical (**only front page of the application**).

The Local Relief Secretary must immediately submit both the maintenance form and the new application for membership to the State Office. When the paperwork has been processed the applicant will receive a new line number and the Local Secretary will receive acknowledgement.

6. Membership Classifications

MEMBER - A person whose application was received and approved by the State Office and has been issued a line number.

- a. Listed on local association annual Active Firemen's Membership Report (Form # 109) towards qualified membership until obtaining (84) months of 25% service.
- b. Listed on the Association Master Sheet.
- c. Claimant is eligible for Association pro-rated burial benefit at time of death.
- d. Member is eligible for Relief & Pro-Rated Healthcare Program.

QUALIFIED MEMBER - A MEMBER who has completed twenty-five (25 %) fire duty for eighty-four (84) months as reported on local association annual active reports and accepted by State Office. The MEMBER will be listed on the association master sheet with a qualifying number.

- a. The Qualified Member's Claimant is eligible for Association maximum burial benefit at the time of death.
- b. Qualified Member is eligible for Healthcare Program and Relief payments.
- c. Upon the death of the Qualified member their spouse (until they remarry), and dependent children are eligible for relief payments.

LIFE MEMBER - A person who has attended ten (10) daily sessions of the Annual Convention as a delegate (usually takes five years if attending both sessions each year).

- a. Entitled to all convention privileges.
- b. If the Life Member is also a Qualified Member – See above
- c. If the Life Member is not a Qualified Member but is listed with a line number on his/her local association master list – see MEMBER
- d. If the Life Member is not listed with a line number on his/her local association master list, he/she is not eligible for burial or relief benefits but can still attend the convention and receive compensation.

Exception to Life Member Rule

A Local Relief Association may elect and send a Chief Delegate to the Annual Convention even though the Chief is not a member of the association. This Chief would be listed as a 9999 Chief on the convention roll call, the Chief would receive the same expenses as the other delegates and will receive credit towards Life Member status.

RELIEF

Refer to the Compendium, General Relief Fund Rules, Article VII - Financial Relief Assistance.

There are three levels of Relief: Local, Special, & Supplemental.

Local Relief Level is based on your Prior Year end Balance (see Relief Assistance Scale).

7. Application for Local Relief

Form # 101

- a. Make sure that all parts of the form are together when sent to an applicant (must use the most recent version {Rev. 3-23} of the form). No old application can be used (the most recent version of the form is available online under the forms tab on the State Website).
- b. Please refer to the first four pages of Form 101 to help assist in completing and reviewing the Local Relief Application. There are also instructions to explain each section of the application.
- c. Financial **NEED** must be demonstrated.
- d. Must be voted on by the Board of Representatives at a meeting, based on the Board of Trustees recommendation.
- e. Medicaid Recipients are not eligible to apply for Local Relief.
- f. No Relief can be paid without completing this application in its entirety (all sections need to be completed and all appropriate signatures are needed before payment can be made).
- g. **Supporting Documentation is needed for ALL income and expenses listed.**
- h. It is the responsibility of the Secretary, President, and Treasurer to see that all lines of form #101 have been completed before they sign off on the application.
- i. Funds paid from the Local Association.

Special Relief Level is up to \$9,000 minus your Local Relief Level (see Relief Assistance Scale).

8. Application for Special Relief Fund

Form # 113

- a. Make sure that all parts of the form are together when sent to an applicant (must use the most recent version {Rev. 03-23} of the form). No old application can be used (the most recent version of the form is available online under the forms tab on the State Website).
- b. Please refer to the first page of Form 113 to help assist in completing and reviewing the Special Relief Application. There are also instructions to explain each section of the application.
- c. Financial **NEED** must be demonstrated.
- d. Must be voted on by the Board of Representatives at a meeting, based on the Board of Trustees Recommendation.
- e. Medicaid Recipients are not eligible to apply for Special Relief.
- f. No Relief can be paid without completing this application in its entirety (all sections need to be completed and all appropriate signatures are needed before payment can be made).
- g. **Supporting Documentation is needed for ALL income and expenses listed.**
- h. It is the responsibility of the Secretary, President, and Treasurer to see that all lines of Form #113 have been completed before they sign off on the application.
- i. Local Relief must be paid in full before submitting for Special Relief.
- j. Special Relief Application must be sent to the State Office for Approval by the State Advisory Committee (can be scanned and emailed).
- k. Funds paid from the State Office unless your Local Association has more than a million dollars in assets, then paid by the Local Association after approved by the State Advisory Committee.

Supplementary Relief Level is **4 times** your Local Relief Level (see Relief Assistance Scale).

9. Application for Supplementary Relief

Form # 102

- a. Make sure that all parts of the form are together when sent to an applicant (must use the most recent version {Rev. 03-23} of the form). No old application can be used (the most recent version of the form is available online under the forms tab on the State Website).
- b. Please refer to the first page of Form 102 to help assist in completing and reviewing the Supplementary Relief Application. There are also instructions to explain each section of the application.
- c. Financial **NEED** must be demonstrated.
- d. Must be voted on by the Board of Representatives at a meeting, based on the Board of Trustees Recommendation.
- e. Medicaid Recipients are not eligible to apply for Supplementary Relief.
- f. No Relief can be paid without completing this application in its entirety (all sections need to be completed and all appropriate signatures are needed before payment can be made).
- g. **Supporting Documentation is needed for ALL income and expenses listed.**
- h. It is the responsibility of the Secretary, President, and Treasurer to see that all lines on Form #102 have been completed before they sign off on the application.
- j. Special Relief must be paid in full before submitting for Supplementary Relief.
- k. Supplementary Relief Application must be sent to the State Office for Approval by the State Advisory Committee (can be scanned and emailed).
- l. Funds paid from the Local Association after approved by the State Advisory Committee.

HEALTH CARE ASSISTANCE PROGRAM

10. Health Care Assistance Application

Form # 114

- a. Make sure that all parts of the form are together when sent to an applicant (must use the most recent version {Rev. 03-23} of the form). No old application can be used (the most recent version of the form is available online under the forms tab on the State Website).
- b. Please refer to the first four pages of the form to help assist in completing and reviewing the Application.
- c. Medicaid Recipients are not eligible to apply for the Health Care Program.
- d. **This is a reimbursement program where the member is receiving some type of rehabilitation of ongoing remedial care.**
- j. Must be renewable yearly.
- k. Reimbursement begins the month the Application is received in the State Office.
- g. It is the responsibility of the Secretary, President, and Treasurer to see that all lines on Form #114 have been completed before they sign off on the application.
- h. Health Care Assistance Application must be sent to the State Office for Approval by the State Advisory Committee (can be scanned and emailed).
- i. **Funds paid from the State Office.**

OFFICERS' REPORTS

11. Relief Officers Listing Report

Form #103

- a. It is the responsibility of the Secretary to complete form #103 after the Officers Election in the December meeting of the prior year.
- b. Must be completed and finalized online via the NJSFA Website.**
- c. The form is located on the Secretary's Reports Tab on the NJSFA Website.
- d. Must be submitted by **February 1st**.
- e. If there is no change in Officers, you must click the box that says No Change for each of the five Officers on this form.
- f. Please verify the information is corrected, including **phone numbers and email addresses** for each officer.
- g. The Chief's Delegate Position is updated by this form.

If you have any additional questions, please call the State Office for assistance. See Relief Officers Listing Report #103 – Online Entry Directions for further information (located on the State Website under Forms Tab).

DELEGATES TO ANNUAL CONVENTION

12. Notice of Delegates and Alternates Elected

Form # 104

- a. It is the responsibility of the Secretary to complete form #104 after the Board of Representatives hold an election for the three Company Delegate and three Alternates.
- b. Must be completed and finalized online via the NJSFA Website.**
- c. The form is located on the Secretary's Reports Tab on the NJSFA Website.
- d. Must be submitted by **May 1st**.
- e. The Chief's Delegate will already be entered into this form from the Officers Listing Report.
- f. The Chief's Alternate must be entered on this form and is the only one that can replace the Chief Delegate.
- g. Any of the three Company Alternates can replace any of the three Company Delegates.

13. Notice of Exempt Delegate and Alternate Elected

Form # 105

- a. It is the responsibility of the Secretary to complete form #105 after the Board of Representatives hold an election for the Exempt Delegate and Exempt Alternate (only if a Local Exempt Association exists and is in good standing).
- b. Must be completed and finalized online via the NJSFA Website.**
- c. The form is located on the Secretary's Reports Tab on the NJSFA Website.
- d. Must be submitted by **May 1st**.
- e. The Exempt Alternate is the only one that can replace the Exempt Delegate.

14. Convention Expense Affidavit

Used for Delegates or Alternates and Life Members.

- a. Make sure that you are using the most recent version {Rev. 05-23} of this form. No old form can be used (the most recent version of the form is available online under the forms tab on the State Website).
- b. It is the responsibility of the Secretary to see that the affidavits are properly executed, including check numbers and signatures of all recipients and officers.
- c. Every Delegate or Alternate and Life Member that attends the Convention and receives payment from the Local Association for attending must fill this out. They are attesting that they attended one or both sessions of the Convention and whether they stayed overnight or commuted.
- d. To avoid receiving a 1099 tax form for payments over \$600, copies of receipts/expenses for the Convention can be attached to this affidavit reducing the net amount below the \$600 threshold.
- e. If you receive Administrative Expense money in December, you cannot offset any of that with receipts/expenses for the Convention. If the amount of Administrative Expenses is over \$600 or the combined Administrative and net Convention expense adds up to over \$600, a 1099 tax form must be issued.
- f. Upon completion, the affidavits are to be kept by the Local Treasurer as part of the financial records.
- g. They do not need to be sent to the State Office.

DEATH CLAIMS

15. Notice of Death

Form # 300

- a. It shall be the responsibility of the Secretary, upon the death of a member, to complete the Notice of Death. If the Secretary is unavailable, any Local Officer can complete this form. **It should be done 30 days of the Firefighter's passing.**
- b. **Must be completed and finalized online via the NJSFA Website.** The form is located on the Secretary's Reports Tab on the NJSFA Website as well as the other Officers Tabs.
- c. Whenever possible, email the Obituary Notice to the administrative assistant responsible for the burial benefits, currently, bethd@njsfa.com.
- d. Indicate Line of Duty death if applicable.
- e. Claimant information is needed on the notice of death form prior to submitting it.

Once the State Office receives the Notice of Death, the Local Secretary will be emailed the claim document(s) that need to be completed. **A Proof of Claim form is required on every Notice of Death, as is an original certified death certificate.** Based on the claimant information provided, one of three forms will be sent to the secretary. The forms will arrive via email from bethd@njsfa.com.

16. Standard Proof of Claim

Form # 301 – Standard Proof of Claim – spouse, single child, or parent.

- a. It shall be the responsibility of the Secretary, upon receiving the Standard Proof of Claim from the State Office, to make sure the form is completed in its entirety. The secretary should fill out all the information up to the Full Name and Mailing Address of the Claimant. This portion should be filled out by the person receiving the check. Whatever name and address are in this section will indicate how the check is made out and where it is sent. Please ensure that it has been signed by three officers and that the form has been properly notarized.
- b. **The Deceased Firefighter's Social Security Number must be included on this form.**
- c. Include an Obituary Notice if it has not previously been provided.

The Secretary will then forward the hard copy of the Proof of Claim, along with the certified Death Certificate, to the State Office via U.S. Mail. It is suggested that you keep a copy for your records.

17. Proof of Claim – Power of Attorney

Form #302 – Proof of Claim – Power of Attorney

Used for multiple children or families assigning payment to the funeral home.

- a. It shall be the responsibility of the Secretary, upon receiving the Proof of Claim and Power of Attorney forms from the State Office, to make sure the forms are completed in their entirety. The secretary should fill out all the information up to the Full Name and Mailing Address of the Claimant. This portion should be filled out by the person receiving the check. Whatever name and address are in this section will indicate how the check is made out and where it is sent. Please ensure that it has been signed by three officers and that the form has been properly notarized.
- b. All Non-Claimants need to sign the Power of Attorney form. If more than one person is signing the same POA form, the notary **MUST** list the names of all the people who signed in front of him/her.
- c. **The Deceased Firefighter’s Social Security Number must be included on this form.**
- d. Include an Obituary Notice if it has not previously been provided.
- e. If the benefit is being paid to a Funeral Home, the Funeral Home **MUST** be listed as the Claimant. A final Funeral Home bill must accompany the claim.

The Secretary will then forward the hard copy of the Proof of Claim along with the certified Death Certificate, to the State Office via U.S. Mail. It is suggested that you keep a copy for your records.

18. Report of Investigation

Form #303

Required when there is no spouse, children, or parent. To be completed by the Trustees and signed by the three Trustees and three Officers. It will be accompanied by a Standard Proof of Claim form and a Caregiver Affidavit, which should be given to the person making the claim. If there is a Funeral Home, no Caregiver Affidavit is required.

- a. It shall be the responsibility of the Secretary, that, upon receiving the Report of Investigation form, the secretary will see that it is given to the Board of Trustees for their investigation as to the facts of the Claim.
- b. Used for paying caregivers or funeral homes in the absence of a spouse, children, or parent.
- c. Upon completion of the investigation, the Secretary will make sure all sections have been completed, including recommendations and signatures of Trustees and Local Relief Officers, as well as the Caregiver Affidavit and Standard Proof of Claim forms.
- d. **The Deceased Firefighter's Social Security Number must be included on this form.**
- e. A final Funeral Home bill must accompany the claim.
- f. Include an Obituary Notice if it has not previously been provided.

The Secretary will then forward the hard copy of the Proof of Claim along with the certified Death Certificate, to the State Office via U.S. Mail. It is suggested that you keep a copy for your records.

ORGANIZATION TABLE

LOCAL RELIEF ASSOCIATION

Please Refer to the By-Laws of Local Firemen’s Relief Association (posted on NJSFA Website).

19. Board of Representatives

- a. Each Fire Company before the second Monday in December in every year, must elect not more than **(3)** Representatives.
- b. In addition, no more than **(3)** members from the Local Exempt Association shall be elected (if in existence).

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

- c. The Chief of the Department or highest-ranking officer will serve as a member of the Board of Representative.
- d. The Board of Representatives are the only ones able to make motions, seconds, and vote at meetings. They must meet at least five times a year.
- e. The majority of Representatives shall constitute a quorum.

20. Board of Officers (Local Relief Association Officers)

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

President	Vice President	Treasurer	Secretary
------------------	-----------------------	------------------	------------------
- b. The President presides at all meetings of the Board of Representatives.
- c. The Vice President acts in absence or the President.
- d. The Treasurer handles all financial responsibilities and reports to the Board of Representatives at each of their meetings.
- e. The Secretary keeps records of all meetings, records of all votes, and reports to the Board of Representatives at each of their meetings.
- f. Members of the Board of Officers may also serve as a Representative if elected.
- g. A Member of the Board of Officers **cannot** serve as a Trustee.

21. Board of Trustees

- a. On or before the third Monday in December, in every year, the Board of Representatives shall elect from the whole membership of the Association, not less than three nor more than fifteen Trustees,
- b. The terms of the Board of Trustees can be divided equally into three-year terms of office.
- c. The Board of Trustees shall at once, each year, immediately after their election, elect a Trustee Chairman and Trustee Secretary.
- d. No person shall at any time serve as a Representative and a Trustee, but if elected to both shall resign one or the other, as he or she may see fit.
- e. A member of the Board of Officers **cannot** serve as a Trustee.
- f. Must meet at least twice a year even if there are no applications for relief.
- g. Trustees review all applications for relief and make a recommendation for that application to the Board of Representatives.

22. Committees

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

Auditing Committee

GENERAL FUND RULES

Compendium {rev. 4/23} (Constitution and By-laws of the NJSFA) Article III - Section 14

- a. Failure to file reports on time shall result in no delegates, chiefs, or alternates being seated at the Convention during the year the delinquency occurs.
- b. Life Members from a local association that did not file on time, may be Seated but will not receive expenses towards the convention.
- c. The officers of the local association that fail to meet the filing deadline on any subsequent form in the same calendar year will not be eligible to receive their expenses or salary for the year the delinquency occurs.
- d. The Executive Committee may impose an additional penalty on any local association, and or the withholding of the assessment check. See Revised Statutes 2023, Title 43 Section 17 Firemen's Relief Association. The penalty was approved at the May 16, 2009, Executive Committee Meeting.

Reference below page 27 and 28 to help explain where forms are available and a chart on all forms explaining due dates and who is responsible for them.

If, at any time you need assistance on any problem, please call **1-800-852-0137**, or write New Jersey State Firemen's Association, **1711 Route 34 South, Wall Township, NJ 07727**, or via email to any one of the State Officers (emails located on the State Website www.njsfa.com).

NOT-SEATED AT STATE CONVENTION

What does “Not-Seated” mean?

Delegates, Chief, or Alternates shall not be seated at the Convention during the year the delinquency occurs.

Exempt Delegate or their Alternate and Life Members may be seated but will not receive expenses towards the convention.

The Officers of the Local Relief Association shall not be eligible to receive their expenses or salary for the year the delinquency occurs.

The Executive Committee may impose an additional penalty on any local association, the withholding of the assessment check. State Statute 43:17-47 permits this to be done.

Although penalties have been enforced your reports are still required to be submitted to the State Office.

Continued failure to file reports on time will lead to further penalties including being put “OUT OF ACCORD.”

OUT OF ACCORD

What does “Out of Accord” mean?

The State Office handles all operations.

No new Membership Applications shall be accepted.

Service time stops for Members working toward qualification.

Lost time can never be re-established (no back time).

Local Officers relieved of their positions (if applicable).

All Relief Applications shall be approved by the State Office.

No seating of Delegates at Annual State Convention.

Life Members may attend the Convention but shall not receive expenses.

No salaries shall be paid.

No expenses shall be paid during “Out of Accord

FORMS

Form #	Name of Form	Where Available
100	Application for Membership	State Office
101	Application for Local Relief	Forms Tab
113	Application for Special Relief	Forms Tab
102	Application for Supplementary Relief	Forms Tab
103	Local Relief Officers Listing	Secretary's Tab
104	Notice of Delegates and Alternates	Secretary's Tab
105	Notice of Exempt Delegate and Alternate	Secretary's Tab
106/107	Delegate and Life Member Expense Vouchers (Pinks & Blues)	Forms Tab
	Delegate Convention Expense Affidavit	Forms Tab
108	Maintenance Form	Secretary's Tab
110	Quarterly Local Relief Form	Treasurer's Tab
	Health Care Assistance Flyer	Forms Tab
114	Application for Health Care with Instructions	Forms Tab
	Election Petition for State Officer	Forms Tab
	Election Petition for Executive Committee	Forms Tab
	Election Petition for Firemen's Home Manager	Forms Tab
109	Active Membership % Reports (Green Sheets)	Secretary's Tab
	Annual Financial Standing Report	Treasurer's Tab
	Field Exam Secretary's Checklist	Forms Tab
	Field Exam Treasurer's Checklist	Forms Tab
	Open Public Records Request Form (OPRA)	Forms Tab
	Records Retention Schedule	Forms Tab
	Waiver of Membership	Forms Tab
300	Notice of Death	Secretary's Tab

WWW.NJSFA.COM

The above forms are found online on the State Website. The ones on the Secretary or Treasurer's Tab need login information (see page 6 above for instructions). The ones that are labeled Forms Tab are located once you click the Forms Tab on the left side of the home screen.

LIST OF REPORTS

Important Reports	Form #	Responsible Officers	Signatures Required	File Online	Date due in State Office
Officers Listing	103	Secretary	None	Yes	February 1st
Financial	200	Treasurer	President Treasurer Audit Comm.	Yes	February 20th
Membership (Green Sheets)	109	Secretary	President Secretary Chief	Yes	February 28th
Convention Delegates – Local Relief	104	Secretary	None	Yes	May 1st
Convention Delegates - Exempt	105	Secretary	None	Yes	May 1st
Delegate & Life Members Expense Vouchers (Pinks & Blues)	106/107	Secretary	President Secretary Treasurer	No	November 1st
Quarterly Local Relief Paid	110	Treasurer	None	Yes	April 30th July 30th October 30th January 30th

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