

RULES AND GUIDELINES GOVERNING SPECIAL RELIEF FUND FORM 113

1. The question of "NEED" must be answered by all applicants. Relief Assistance is **not automatic** and will only be considered on merit, documentation, and determination by the local association.
2. Include **all** statements (explanation of benefits) from insurance carriers.
3. Include all bills, vouchers, invoices, or other supporting documents **from the most current month.**
4. All applications for relief must have a total accumulation of \$100.00 or more in expenses.
5. Routine dental, eye examinations and eyeglasses cannot be considered as "Need."
6. Elective Procedures and Cosmetic surgery cannot be considered as "Need."
7. Loans, car insurance, house insurance, etc. are not to be considered as "Need." but should be considered as monthly expense.
8. Maintenance of property and property taxes are not to be considered as "Need," but should be considered as monthly expense.
9. All sections of the Special Relief Application Form 113 must be completed as follows:

Section 1 - To be filled in by the local relief association.

Section 2 - To be filled in by applicant making application.

Section 3 - To be signed and dated by applicant making application.

Section 4 - To be filled in by Board of Trustees.

Section 5 - To be filled in by Board of Representatives.

Section 6 - To be completed by the Special Relief Fund Committee with a copy of the application being returned to the Local Relief Association.

**AUTHORIZATION AND CONSENT FOR RELEASE AND REVIEW
OF ANY AND ALL FINANCIAL RECORDS**

The applicant hereby authorizes and consents to the release and review of (his)(her) financial records by the New Jersey State Firemen's Association and by (his)(her) local 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.F.A. 43:17-24 and Article VII of the General Relief Fund Rules.

The New Jersey State Firemen's Association is required to protect the confidentiality of information. ALL Officers are required to comply with our policies.

New Jersey State Firemen's Association

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

Telephone: (732) 798-8137 • (800) 852-0137 • Fax: (732) 938-2580

RELIEF ASSISTANCE SCALE - EFFECTIVE 01/01/2022

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

* Funded and paid by the Local Relief Association.

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

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

EFFECTIVE STARTING 01/01/2022

Special Relief Fund Application (Form 113) must be completed after Local Relief Payment Scale (Step 1) has been fully PAID and PRIOR TO or AT THE SAME TIME AS Application for Supplementary Relief (Form 102) being submitted. Special Relief is paid by the State Office after approval by the Advisory Committee.

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

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

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

ASSN. NO.	COMP. NO.	LINE NO.
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APPLICATION FOR SPECIAL RELIEF FUND
New Jersey State Firemen's Association

Form 113
Rev 11-22

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 _____

Applicant (Mr. Mrs. Miss) _____ Relation _____

2 Address _____ Town _____ State _____ Zip _____

Age _____ Occupation _____ Phone No. _____

Spouse _____ 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 _____

ACTION: BOARD OF TRUSTEES

4 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 _____

ACTION: BOARD OF REPRESENTATIVE

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

This application sent to _____ SIGNATURE _____ Relief President
New Jersey State Firemen's Assn.

SIGNATURE _____ Relief Secretary

SIGNATURE _____ Relief Treasurer

Date _____

ACTION: NEW JERSEY STATE FIREMEN'S ASSOCIATION - SPECIAL RELIEF FUND COMMITTEE

6 Application enclosed is (approved) (disapproved) by the office of the New Jersey State Firemen's Association in the amount of \$ _____ Date _____ Check No. _____

SIGNATURE _____ Advisory Committee Chairman

SIGNATURE _____ Advisory Committee Member

SIGNATURE _____ Advisory Committee Member

SIGNATURE _____ Field Examiner

MUST BE SUBMITTED TO THE STATE OFFICE BY DECEMBER 1ST OF THE CURRENT YEAR!