

**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, etc. are not to be considered as 'Need.'" but should be considered as monthly expense.
8. Maintenance of property is 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.

PLEASE NOTE - The Board of Representatives is not mandated to concur with the Board of Trustees recommendation.

Final determination of the application lies with the Board of Representatives.

While these instructions may not cover every circumstance you may be called upon to evaluate, it is hoped that the general concept will assist you in making your determination.

**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.

**MUST BE SUBMITTED TO THE STATE OFFICE BY DECEMBER 1<sup>ST</sup> OF THE CURRENT YEAR**

**All information given must be held in strict confidence.**

# SUGGESTED

**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**

## SUGGESTED RELIEF ASSISTANCE SCALE - EFFECTIVE 01/01/2022

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 31<sup>st</sup> ASSOCIATION BALANCE AND DO NOT CHANGE DURING THE YEAR EVEN IF YOUR ASSOCIATION Balance CHANGES WITHIN THE YEAR.

**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 \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Occupation \_\_\_\_\_ Phone no. \_\_\_\_\_  
 Number of dependent children \_\_\_\_\_

Spouse/Partner/Roommate \_\_\_\_\_ Occupation \_\_\_\_\_

**APPLICANTS ACKNOWLEDGEMENT**

3 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 REPRESENTATIVES**

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 \_\_\_\_\_ President  
New Jersey State Firemen's Assn.

SIGNATURE \_\_\_\_\_ Secretary

SIGNATURE \_\_\_\_\_ 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 \_\_\_\_\_ Chairman

SIGNATURE \_\_\_\_\_ Member

SIGNATURE \_\_\_\_\_ Member

SIGNATURE \_\_\_\_\_ Treasurer

**MUST BE SUBMITTED BY DECEMBER 1st. OF THE CURRENT YEAR**