

RULES AND GUIDELINES GOVERNING SUPPLEMENTARY RELIEF FORM 102 FORM

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 Supplemental Relief Application Form 102-A must be completed as follows:
Association/Company/Line number - To be filled in by the Local Relief Association on all pages.
Section 1 - To be filled in by the Local Relief Association.
Sections 2-4 - To be filled in by applicant making application.
Section 5 - To be filled in by applicant making application. All Lines must show Amount or "0."
Section 6 - Statement of need – To be filled in by applicant making application.
Section 7 - To be filled in by applicant making application. All Lines must show Amount or "0."
Section 8 – Applicant must sign application.
Section 9 - To be filled in by Chairman and Secretary of the Board of Trustees.
Section 10 - To be filled in by the named Officers of the Board of Representatives.

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 1ST OF THE CURRENT YEAR

All information given must be held in strict confidence.

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 02/25/2023

LOCAL REUEF ASSOCIATION			LOCAL			SPECIAL			SUPPLEMENTARY		
PRIOR Y/E ASSET RANGE			RELIEF			RELIEF			RELIEF		
(DOLLARS)			LIMIT			LIMIT			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 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.

**APPLICATION FOR SUPPLEMENTARY
RELIEF**

New Jersey State Firemen's Association

Date _____

ASSN. NO.	COMP. NO.	LINE NO
-----------	-----------	---------

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 \$ _____

**APPLICATION FOR SUPPLEMENTARY
RELIEF**

New Jersey State Firemen's Association

ASSN. NO.	COMP. NO.	LINE NO.
-----------	-----------	----------

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

7. Monthly Income Net

Primary Monthly \$ _____
 Secondary Monthly \$ _____
 Dependents \$ _____
 Property \$ _____
 Social Security \$ _____
 Other Income \$ _____

Total Monthly Income \$ _____

Monthly Expenses Net

Rent 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.

ASSN. NO. COMP. NO. LINE NO

**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.**

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

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

APPLICANTS SIGNATURE _____ DATE _____

9. ACTION: BOARD OF TRUSTEES

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 \$ _____

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

SIGNATURE _____ TRUSTEE CHAIRMAN – PRINT NAME _____

SIGNATURE _____ TRUSTEE SECRETARY – PRINT NAME _____

SIGNATURE _____ TRUSTEE – PRINT NAME _____

10. ACTION: BOARD OF REPRESENTATIVES

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

SIGNATURE _____ PRESIDENT – PRINT NAME _____

SIGNATURE _____ SECRETARY – PRINT NAME _____

SIGNATURE _____ TREASURER – PRINT NAME _____

11. ACTION: NEW JERSEY STATE FIREMEN'S ASSOCIATION

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

Signed _____ Member Signed _____ President

Signed _____ Member Signed _____ Treasurer

Signed _____ Chairmen Signed _____ Field Examiner

INSTRUCTIONS FOR THE BOARD OF TRUSTEES AND BOARD OF REPRESENTATIVES

FOR REVIEW OF RELIEF APPLICATION - FORM 102

Review Form 102A to be certain that all instructions have been followed and all sections of the form have been **fully** completed.

Association/Company/Line Number should be filled in on all pages and verification of eligibility to receive Relief must be made.

Section 1. Self-explanatory.

Section 2. Self-explanatory.

Section 3. Check the appropriate box for reason of requesting relief.

Section 4. Self-explanatory.

Section 5. Answers to these questions in Section 5 should provide an overview as to the value of the applicant.

Section 6. Details on the determination of "NEED" must be explained.

Section 7. Very important - all income (**including spouse/partner/roommate**) and expenses (**including spouse/partner/roommate**) must be reported to determine the net monthly financial position of the applicant. All areas filled in must be supported by attaching documents.

In Summary: Section 2 through 7 inclusive should provide you with:

- A. The applicant's reason for relief.
- B. Other benefits that have or will be paid.
- C. Assets of the applicant (**including spouse/partner/roommate**).
- D. Monthly income and expenses of the household.

This information should give you the financial position of the applicant.

Section 8. Applicant must sign the application.

Section 9. All areas of Section 10 must be completed by the Board of Trustees, signed, and dated.

Section 10. All areas of Section 11 must be completed by the indicated Officers of the Board of Representatives, signed, and dated.

Each request for relief assistance requires a new application.

INSTRUCTIONS FOR INVESTIGATION OF RELIEF APPLICANTS BY LOCAL RELIEF BOARDS

(TRUSTEES AND REPRESENTATIVES)

These guidelines are provided to assist you, the local board, with your investigation of the applicant and the completion of relief application, Form 101.

RELIEF APPLICATION - FORM 101

The intended use of this form, is to provide the respective boards with information pertaining to the applicant's request for financial assistance, and in determining the "NEED."

WHAT IS "NEED"

"NEED" IS: Imperative Demand *** Time of great difficulty *** Crisis *** Urgency
"NEED" is a state of circumstances requiring something!

It is important to remember, while a financial loss may be shown, **there may not be the "NEED."** "NEED" and financial loss do not necessarily go hand in hand. (Example: The person may have a financial loss but have financial means and can afford to cover the financial loss without the use of local relief, thus no "NEED" would then exist.

It is expected of each Board that thorough investigation of all sections of the application must be filled out.

All information given must be held in strict confidence.