

RULES AND GUIDELINES GOVERNING SUPPLEMENTARY RELIEF FORM 102

1. The question of “NEED” must be answered by all applicants. Relief assistance is not automatic and will only be considered based on merit, documentation, and determination by the Local Relief Association.
2. Include all statements (explanation of benefits) from insurance carriers.
3. Include copies of all bills, vouchers, invoices and/or other supporting documents. Copies should show past due balances if they exist.
4. All applications for relief must have at least a total accumulation of \$100.00 or more in expenses.
5. All sections of the Local Relief Application Form 101 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.

INSTRUCTIONS FOR INVESTIGATION OF SUPPLEMENTARY 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 Supplementary relief application, Form 102.

SUPPLEMENTARY RELIEF- FORM 102

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.

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

RELIEF ASSISTANCE SCALE - EFFECTIVE 01/01/2022

LOCAL RELIEF ASSOCIATION PRIOR Y/E ASSET RANGE (DOLLARS)	*	**	*
	LOCAL RELIEF LIMIT STEP 1	SPECIAL RELIEF FUND 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 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.

**APPLICATION FOR SUPPLEMENTARY
RELIEF**

New Jersey State Firemen's Association

ASSN. NO.	COMP. NO.	LINE NO
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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 allowable local scale amount (Step 1) 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 (Step 1) been approved and paid: Yes No

Has the maximum allowable Special Relief (Step 2) been approved and paid: Yes No Included 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 101

Review Form 101 and 101-A 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**) and expenses 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.
- D. Monthly income and expenses of the applicant.

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

Section 8. Applicant must sign the application.

Section 9. All areas of Section 9 must be completed by the Chairman, Secretary and one additional member of the Board of Trustees, signed, and dated.

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

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.

Should you have any questions, please contact:

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Fax 1-732-938-2580