



FIRE DISTRICT, DEPARTMENT OR COMPANY ANNUAL CLAIMS REPORT

(Authority: NYS General Municipal Law Section 205-cc and 9 New York Codes, Rules, and Regulations Part 210)

NOTE: THIS FORM MUST BE COMPLETED AND RECEIVED BY THE OFFICE OF FIRE PREVENTION AND CONTROL BY DECEMBER 1ST OF EACH YEAR.

MAIL TO: New York State Division of Homeland Security and Emergency Services • Office of Fire Prevention and Control
Volunteer Firefighter Cancer Benefits • Attn: Standards Unit • 1220 Washington Avenue • Building 7A, Floor 2 • Albany, NY 12226-9801

Fire District, Department or Company Information

The full legal name of the reporting fire district, department or company			FDID #				
Reporting Year	Name of Reporter		Rank or Position				
Phone Number	-	-	Email				
Number of claims in the reporting year							
The number of eligible volunteer firefighters who received enhanced cancer disability benefits in the reporting year <i>(include previous year claims if still being paid in reporting year)</i>							

Types of Claims	Number of claims made?	Number of claims paid	How many months paid
Lump sum \$25,000.00			
Lump sum of \$6,250			
Monthly benefit of \$1500.00			
Death Benefit			

Type of Cancer	# of Claims
Prostate Cancer	
Breast Cancer	
Lymphatic Cancer	
Hematological Cancer	
Digestive Cancer	
Urinary Cancer	
Neurological Cancer	
Reproductive Systems Cancer	
Melanoma	
Total	

**** Please add additional sheets if necessary**

Notary

Signed by an authorized representative of the district, department or company, and sworn or attested to under penalty of perjury as true, correct and complete.

Sworn or attested to, under penalty of perjury, as true, correct and complete.

Signature Date

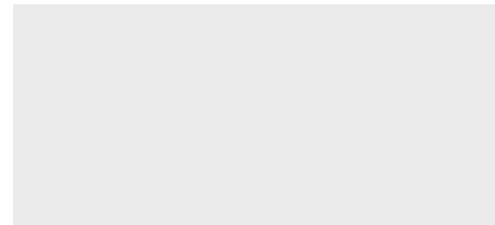
Print Name, Title & Department

State of New York)
County of _____)

On this _____ day of _____, 20_____, before me personally came

_____ to me know, who, being duly sworn,
did depose and say that he/she is the _____ of
the _____ described herein and which executed
the above instrument and that he/she signed his/her name thereto by the
order of the above named Fire District, Department or Company.

Notary Public



Reserved for Notary Stamp or Seal

Note: This form must be received by the Office of Fire Prevention and Control by December 1st of each year.

After notarizing this form, you may scan and email to: vfecdb@dhSES.ny.gov

- or -

you may send original hard copy to:

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