



# Homeland Security and Emergency Services

# Fire Prevention and Control

**ANDREW M. CUOMO**  
Governor

**PATRICK A. MURPHY**  
Commissioner

**FRANCIS J. NERNEY, JR.**  
State Fire Administrator

November 7, 2019

TO: County Fire Coordinator's  
Reporting Fire Departments

FROM: Francis J. Nerney, Jr., State Fire Administrator

SUBJECT: Upcoming deadlines for the Volunteer Firefighter Enhanced Cancer Benefit Program (GML 205-cc)

On behalf of the Office of Fire Prevention and Control we sincerely thank you for supporting the Volunteer Firefighter Enhanced Cancer Benefit Program. As you are aware, this is a valuable benefit that we hope no firefighter ever needs to use but, unfortunately, we know too well that there is a need for this benefit.

Over the past year we have helped many fire departments get the required forms turned in and we have developed strategies to make the work flow less cumbersome. For example;

- The roster can be completed as an excel sheet or a fillable PDF with a submit button to electronically send us a copy.
- The Proof of Benefit form will no longer need to be notarized and will include a functional submit button.
- All forms have been converted to PDF fillable format.

The office is responsible for presenting a report to the Governor, the Temporary President of the Senate, the Speaker of the Assembly, the Chair of the Senate Finance Committee and the Chair of the Assembly Ways and Means Committee. This will help them understand the impact this bill is having on the volunteer fire service. In order to stay compliant with the law, we are requesting that the following forms be completed and sent to OFPC in mid-November.

### Deadlines

**Due on or before 12/1/19:** The annual claims (ESOB 210.8C) form. We suggest this form be mailed to us in mid-November. This form will contain the types of claims that were made and if they were paid or still being reviewed. It will also have the specific types of cancers that were claimed. There is no personal information on this form just the number of claims and types of cancer that were claimed. This will be the first look we will have on the types of cancers affecting New York State firefighters. This form needs to be notarized and mailed to the office.

**Due on or before 12/1/19:** The annual firefighter roster (ESOB 210.8R) form. This list of all interior firefighters that are being covered by this benefit and will include their NY training ID number. This includes those who have become inactive but are still eligible for the benefit because they're in the 60-month window. This form can be completed on line and electronically submitted to the office in either PDF or excel format.

**Due on or before 1/1/20:** The "Proof of Benefit" form (ESOB 210.5) as well as the first page of the policy that has the department's name and the insurance coverage listed along with the dates of coverage. This is the same form as 2019 but please ensure that the contacts for 2020 are updated. This form can be completed on line and electronically submitted to the office.

**Due at time of diagnosis:** Certification of Eligibility (ESOB 210.4) form will be submitted at the time an eligible firefighter receives a diagnosis of cancer. This form is to be sent to the coverage provider (AHJ or Insurance Company, **NOT OFPC**).

DATE DUE	FORM NAME	FORM NUMBER	ELECTRONIC FORM	NOTARIZED
On or Before 12/1/19	ANNUAL CLAIM REPORT	201.8C		X
On or Before 12/1/19	ANNUAL FIREFIGHTER ROSTER	210.8R	X	
On or Before 1/1/20	ANNUAL PROOF OF BENEFIT	210.5	X	
UPON DIAGNOSIS OF CANCER	CERTIFICATION OF ELIGIBILITY	210.4	THIS FORM IS SENT TO INSURANCE COMPANY NOT OFPC.	X