



OFFICE OF THE STATE TREASURER STATE OF CONNECTICUT

CONNECTICUT FIREFIGHTER CANCER RELIEF ACCOUNT

Overview and Directions for Municipal and State Employer Reimbursement Claims Under Section 159 of Connecticut Public Act 23-204

Firefighters Cancer Relief Municipal and State Employer Reimbursement Program

- Section 159 of Connecticut Public Act 23-204 established a new program, the Firefighters Cancer Relief Municipal and State Employer Reimbursement Program (“Program”), providing for municipal and state employers to pay compensation and benefits to eligible firefighters with cancer who meet certain statutory criteria “in the same amount and in the same manner that would be provided under [the Connecticut Workers’ Compensation Act]” and then seek reimbursement from the Office of the Treasurer.
- Public Act 23-204, Section 159 (e)(1) requires the municipal or state employer in which a claimant firefighter is employed to “administer claims submitted [under the Program] in the same manner as workers’ compensation claims under [the Workers’ Compensation Act].”
- Municipal and state employers are fully reimbursed for payments made under this Program to eligible claimants for covered compensation and benefits. Public Act 23-204, Section 159, does not place a limitation on the duration of wage replacement benefits (in contrast with wage replacement benefits provided through application to the Firefighter’s Cancer Relief Subcommittee, which may not exceed 24 months).

Firefighter Eligibility

A Firefighter is eligible for compensation and benefits under the Municipal Employer and State Employer Reimbursement Program if all of the following criteria are met:

- Diagnosed with any condition of cancer affecting the skin, brain, skeletal, digestive, endocrine, respiratory, lymphatic, reproductive, urinary, or hematological systems that results in death or temporary or permanent total or partial disability.
- Had a physical examination after entering the service that failed to reveal any evidence of the cancer.
- Has not used cigarettes during the 15 years before the diagnosis.
- Worked for at least five years in any combination as (a) an interior structural firefighter for a municipal or state employer, or a volunteer fire department or (2) a local fire marshal, deputy fire marshal, fire investigator, fire inspector, or another class of inspectors or investigators for whom the state fire marshal and Codes and Standards Committee have jointly adopted minimum qualification standards.
- Submitted to annual medical health screenings as recommended by the firefighter’s medical provider.



Directions for Use of Forms – Eligibility Form and Reimbursement Request Forms

Section 159 (e)(1) of Public Act 23-204 provides that the applications for reimbursements should be made in the “form and manner” determined by the Treasurer. The Office of the Treasurer has established two forms for this Program: (1) “Form A: Eligibility Form” and (2) “Form A1: Reimbursement Request Form.”

- **Form A: Eligibility Form – SUBMITTED ONCE**

1. This form should be submitted by the municipal or state employer for each individual firefighter for which a municipal or state employer is requesting reimbursement of compensation and benefits pursuant to Public Act 23-204 Section 159 (Connecticut General Statutes Section 7-313p).
2. This form will only be submitted **once** for each claimant, establishing the claimant’s eligibility for the Program.
3. This form must be signed by an individual assigned proper authority to sign on behalf of the municipal or state employer, such as the Mayor, First Selectman, Town Manager, Risk Manager, Workers’ Compensation Administrator, or Finance Director of the municipal or state employer, after the municipal or state employer has administered the claim and determined the firefighter is eligible, to certify that the eligibility requirements have been met.

- **Form A1: Reimbursement Request Form –SUBMITTED ON ROLLING BASIS**

1. Reimbursement requests need not be held until a claim has been closed, but may instead be made on a rolling basis.
2. This form may be submitted multiple times throughout the duration of the claim, as new costs are processed and require reimbursement.
3. The individual submitting the form on behalf of the municipal or state employer must certify it is valid and all eligibility and compensability requirements are met.
4. For efficient processing:
 - Forms should *typically* be submitted in batches from each municipal or state employer, on a rolling basis when the amount of reimbursement for any given municipal or state employer is, at a minimum, \$5,000 but no less frequently than quarterly if reimbursements are pending.
 - The Office of the Treasurer will not process reimbursement requests from the same municipal or state employer more frequently than monthly.
 - **Exceptions may be made if there is a claim where payments are not ongoing or anticipated in the near future and the amount is less than \$5,000, to ensure municipalities are reimbursed in a timely fashion.**
5. *Prior* to submission of this form:
 - Every firefighter for which reimbursement is requested must have a **Form 1 Eligibility Form on file**, and been deemed by the municipal or state employer to be eligible for compensation and benefits under Public Act 23-204, Section 159 (Section 7-313p), and
 - Each itemized expense for reimbursement must have been determined by the municipal or state employer to be compensable under Public Act 23-204, Section



159 (Section 7-313p) and, as applicable, consistent with the chapter 568 including the definition of “compensation” as provided in C.G.S. section 31-275.

Documents

- The municipal or state employer is **not required to submit supporting documentation** with the Form A Eligibility Form or Form A1 Reimbursement Request Form.
- While supporting documentation is not required to be submitted to the Office of the Treasurer with this request, the documentation should be retained by the municipal or state employer, as the Office of the Treasurer may audit and request supporting documentation at any time.

Audits

- The Office of the Treasurer is authorized in Public Act 23-204 (Section 7-313p) to audit reimbursements provided by the Firefighters Cancer Relief Account. No claim for reimbursement should be submitted until the municipal or state employer has secured the proper documentation supporting that the individual firefighter satisfies all of the above eligibility requirements and the municipal or state employer has confirmed the compensability of the specific costs for compensation and/or benefits consistent with Public Act 23-204 (Section 7-313p) and, as applicable, the related requirements under chapter 568 (for example, under the definition of “compensation” payments related to medical services should be recommended by a medical provider as “reasonable or necessary” pursuant to Section 31-294d).
- The OTT does not interpret the statute to anticipate OTT auditing the *merits* of a claim after the municipal or state employer has already determined in good faith that the claimant meets the statutory requirements based upon its review of the evidence supporting eligibility in the documents they have collected and retained. Rather, OTT may confirm that the municipal or state employer has reasonably and in good faith confirmed eligibility, and that the municipal or state employer collected and retained documentation that supports that both the claimant and the payments meet the statutory requirements. As long as the municipal or state employer secures documentation for the relevant prong of eligibility, OTT does not anticipate making its own determination on the credibility of that evidence.

Eligibility Documentation Examples:

The following are examples only – none of these documents, either individually or together, is explicitly required to prove eligibility for benefits or municipal reimbursement as long as the municipal or state employer has proper supporting evidence.

- For initial eligibility, such documentation that the municipal or state employer collects and retains may include, by way of example:
 1. a ‘Finding and Award’ or other official finding by an administrative law judge; or
 2. a doctor’s note that enumerates each statutory medical requirement for eligibility and confirms the claimant meets each statutory requirement, such as the cancer diagnosis that has resulted in disability or death, and that the doctor does not have



a record of the claimant having a history of smoking in the 15 years to prior diagnosis, accompanied by an affidavit from the claimant attesting under oath that they have not smoked in the 15 years prior to the diagnosis, and any required records establishing the necessary employment record.

Reimbursement for Payment Documentation Examples:

The following are examples only – none of these specific documents are required for reimbursement so long as the municipal or state employer has proper supporting evidence.

- Generally, the OTT does not interpret the statute to anticipate OTT auditing the amount of a specific payment made by a municipal or state employer in good faith. For specific payments, OTT may review that the municipal or state employer collected and retained documentation for each expense, such as, by way of example only:
 1. a receipt for medical treatment deemed reasonable or necessary and related to the compensable cancer,
 2. confirmation that the individual was partially disabled and out of work for a certain period of time to support wage replacement,
 3. wage statements for the 52 weeks prior to incapacity and Form 1A or similar summaries showing filing status and concurrent employment, and/or
 4. mileage proof.

Rev 12.1.2025