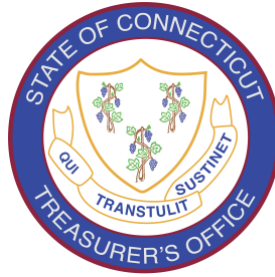


**FOR OFFICE USE ONLY**

Municipality: \_\_\_\_\_  
Firefighter Last Name: \_\_\_\_\_  
Claimant No.: \_\_\_\_\_  
Date Claim Received: \_\_\_\_\_



**FFCRF ELIGIBILITY (A)**  
Rev. 9/16/2024

**CONNECTICUT**  
*OFFICE of the* **TREASURER**

**CONNECTICUT FIREFIGHTER CANCER RELIEF FUND**  
*Firefighter Eligibility Form (A)*

*This form must be submitted by the municipality. Forms must be submitted to [ott.firefighterfund@ct.gov](mailto:ott.firefighterfund@ct.gov).*

Directions for use of this form and claim submission may be found at [portal.ct.gov/ott/firefighters-cancer-relief-fund/claim-form](http://portal.ct.gov/ott/firefighters-cancer-relief-fund/claim-form). Please complete the form in its entirety. Be sure to sign and date the form before submitting. Additional notes can be found on the final page of this document.

Name of Firefighter (Claimant): \_\_\_\_\_

Municipality: \_\_\_\_\_ Date Submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Municipal Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Municipal Contact Name and Title: \_\_\_\_\_

Municipal Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name and Relationship of Dependent(s), if applicable: \_\_\_\_\_

Firefighter's Town of Residence, if not the employing municipality: \_\_\_\_\_

Firefighter's Concurrent Employer, if applicable: \_\_\_\_\_

Date Claim Made to Municipality and Workers' Compensation Commission: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Claim Accepted by Municipality: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Firefighter's Annual Salary at time of Incapacity (N/A if volunteer) \$ \_\_\_\_\_

Firefighter's Gross Wages for the 52 weeks prior to Incapacity \$ \_\_\_\_\_

Date of Diagnosis: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Incapacity: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Firefighter Last Name: \_\_\_\_\_

**CONNECTICUT FIREFIGHTER CANCER RELIEF FUND**

Claimant No.: \_\_\_\_\_

***Firefighter Eligibility Form***

**(A)**

Firefighter's Average Weekly Wage<sup>1</sup> \$ \_\_\_\_\_

Firefighter's Temporary Partial Compensation Rate Per Chapter 568 \$ \_\_\_\_\_

Firefighter's Permanent Partial Compensation Rate Per Chapter 568 \$ \_\_\_\_\_

Firefighter's Temporary Total Compensation Rate Per Chapter 568 \$ \_\_\_\_\_

If applicable, date of approval for disability pension/retirement: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Weekly Offset amount for entitlements under Chapter 568  
or the municipal or state retirement systems \$ \_\_\_\_\_

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<sup>1</sup> The firefighter's average weekly wage, pursuant to C.G.S. Sec. 31-310, includes concurrent employment if relevant for the 52 weeks prior to incapacity. The average weekly wage of a volunteer firefighter is the "average production wage" in the state as determined under C.G.S. Sec. 31-309.

Firefighter Last Name: \_\_\_\_\_  
Claimant No.: \_\_\_\_\_

CONNECTICUT FIREFIGHTER CANCER RELIEF FUND  
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**MUNICIPAL CERTIFICATION**

Below are detailed the requirements for eligibility under the Firefighter Cancer Relief Fund pursuant to Public Act 23-204, Section 159 (Connecticut General Statutes Section 7-313p). Please initial beside each numbered requirement to indicate that it has been satisfied.

The Municipal Official submitting this reimbursement request hereby certifies that (1) this claim for which reimbursement is being sought has been documented to meet each of the following eligibility requirements, and (2) that the Official has secured and retained the proper documentation supporting these attestations<sup>2</sup>:

1. \_\_\_\_\_ The municipality is administering the claim in the same manner as a claim made under the Connecticut Workers' Compensation Act, and is making payments in the same manner and in the same amount as under the Connecticut Workers' Compensation Act.
2. \_\_\_\_\_ The firefighter has been diagnosed with a condition of cancer affecting the brain, skeletal system, digestive system, endocrine system, respiratory system, lymphatic system, reproductive system, urinary system, or hematological system that has resulted in such firefighter's death or temporary or permanent total or partial disability.
3. \_\_\_\_\_ The firefighter has submitted to a physical examination subsequent to entry into service that failed to reveal any evidence of or a propensity for such cancer.
4. \_\_\_\_\_ The firefighter has not used cigarettes, as defined in section 12-285 of the general statutes, during the fifteen-year period prior to such diagnosis.<sup>3</sup>
5. \_\_\_\_\_ The firefighter was employed for at least five years as an interior structural firefighter at a paid municipal, state or volunteer fire department, or a local fire marshal, deputy fire marshal, fire investigator, fire inspector or such other class of inspectors or investigators for whom the State Fire Marshal and the Codes and Standards Committee, acting jointly, have adopted minimum standards of qualification pursuant to section 29-298 of the general statutes.
6. \_\_\_\_\_ The firefighter has submitted to annual medical health screenings as recommended by such firefighter's medical provider.<sup>4</sup>

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<sup>2</sup> There is no need to submit the eligibility documentation to the Office of the Treasurer, but the municipality must retain it for auditing purposes.

<sup>3</sup> This may be satisfied by a statement from the firefighter's medical provider that the doctor does not have a record of the claimant having a history of smoking in the 15 years prior to diagnosis, accompanied by an affidavit from the claimant attesting under oath that they have not smoked in the 15 years prior to diagnosis.

<sup>4</sup> Note, however, that if a physical examination was required by the firefighter's employer at the time of the firefighter's employment, as a condition for such employment, or required annually for means of continued employment, proof of such examination(s) is not required to maintain a claim under this program.

Firefighter Last Name: \_\_\_\_\_  
Claimant No.: \_\_\_\_\_

**CONNECTICUT FIREFIGHTER CANCER RELIEF FUND**  
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7. \_\_\_\_\_ The firefighter has provided notice to the Workers' Compensation Commission and the municipality in which such firefighter is employed, in the same manner as workers' compensation claims under chapter 568 of the general statutes.
8. \_\_\_\_\_ If the individual is no longer actively serving as a firefighter but otherwise would be eligible for compensation or benefits pursuant to Public Act 23-204, Section 159 (C.G.S. section 7-313p), the individual has applied not more than five years from the date such individual last served as a firefighter.
9. \_\_\_\_\_ Any benefits provided under Public Act 23-204, Section 159 (C.G.S. section 7-313p) were offset by any other benefits a firefighter or such firefighter's dependents may be entitled to receive under state workers' compensation laws or the municipal or state retirement system under which they are covered as a result of any condition or impairment of health caused by occupational cancer resulting in such firefighter's death or permanent total or partial disability.
10. \_\_\_\_\_ The reimbursement costs are to cover compensation or benefits pursuant to Public Act 23-204, Section 159 (C.G.S. section 7-313p) not covered by health insurance, specifically costs associated with a firefighter's treatment of cancer that are reasonable or necessary and not covered by such firefighter's personal or group health insurance or State workers' compensation.
11. \_\_\_\_\_ The compensation and benefits being sought for reimbursement must have been determined and documented to be allowable under the relevant statutes and already have been paid out by the municipality seeking this reimbursement.<sup>5</sup>
12. \_\_\_\_\_ If the claimed reimbursement relates to a spouse or dependent(s), proper documentation of the relationship and entitlement to a dependent(s) benefit has been secured by the municipality.

I hereby certify that the above information is true and correct to the best of my knowledge and that the municipality has secured supporting documentation to verify each of these requirements.

Municipal Official Print Name: \_\_\_\_\_

Municipal Official Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title: \_\_\_\_\_

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<sup>5</sup> Reimbursement requests for any costs that the municipality makes voluntarily and/or without prejudice to a firefighter under a preliminary denial of the claim or where the municipality is still collecting supporting documentation should not be submitted for reimbursement until the claim has been accepted and such costs determined to be compensable.

Firefighter Last Name: \_\_\_\_\_  
Claimant No.: \_\_\_\_\_

CONNECTICUT FIREFIGHTER CANCER RELIEF FUND  
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Notes:

**THE MUNICIPALITY IS NOT REQUIRED TO SUBMIT SUPPORTING DOCUMENTATION WITH THIS FORM, BUT SHOULD RETAIN ALL PROPER DOCUMENTATION IN ITS FILE FOR THE DURATION OF THE CLAIM OR OTHERWISE AS REQUIRED BY LAW.**

Please refer to the “*Overview and Directions for Municipal Claims Under Section 159 of Connecticut Public Act 23-204*” available at [portal.ct.gov/ott/firefighters-cancer-relief-fund/statutes](http://portal.ct.gov/ott/firefighters-cancer-relief-fund/statutes) for additional information regarding the responsibilities of the municipality and claimant, as well as information regarding document retention and audits.

***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 municipality has secured the proper documentation supporting that the individual firefighter satisfies all of the above eligibility requirements *and* the municipality 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).