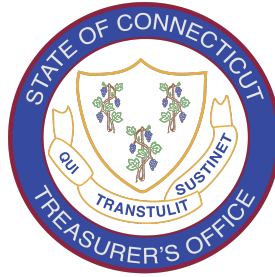


FOR OFFICE USE ONLY

Municipality: _____
Total FF: _____
Total Amount: _____
Date Payment Received: _____



FFCRF Municipal Contributions
Rev. 10/15/2024

CONNECTICUT
OFFICE of the **TREASURER**

CONNECTICUT FIREFIGHTER CANCER RELIEF FUND
Remittance Form for Required Municipal Contributions

This form must be submitted by the municipality. Remittance instructions on following page.

Name of Municipality: _____ Date Submitted: _____

Municipal Street Address: _____ City: _____ Zip: _____

Municipal Contact Name and Title: _____

Municipal Contact Phone: _____ Email: _____

Number of Firefighters Contributed For
in Accordance with Statute at Time of Remittance: _____ Volunteer
_____ Career
_____ **Total Paid**

Total Amount remitted (No. firefighters times \$10 per firefighter): _____

Municipal Contact Signature: _____ **Date :** _____

The above signed certifies that the funds remitted represent both volunteer and career firefighters at the time of remittance for all firefighters meeting the following criteria found in Connecticut General Statutes Section 7-313n:

- 1) Have submitted to annual physical examinations subsequent to entry into such service that have failed to reveal any evidence of such cancer or a propensity for such cancer;
- 2) Have not used any cigarettes, as defined in section [12-285](#), or any other tobacco products, as defined in section [12-330a](#), within fifteen years;
- 3) Have worked for not less than five years as (A) an interior structural firefighter at a paid municipal, state or volunteer fire department, or (B) a local fire marshal, deputy fire marshal, fire investigator, fire inspector or such other class of inspector or investigator 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](#).

Municipality: _____
Date Payment Received: _____

CONNECTICUT FIREFIGHTER CANCER RELIEF FUND
Remittance Form for Required Municipal Contributions

Please remit by check or ACH

Check Payment:

Firefighters Cancer Relief Account
State of Connecticut
Cash Management Division
165 Capitol Ave. Suite 2004
Hartford, CT 06106

Email completed form to: ott.townfee@ct.gov

ACH Payment:

Bank of America
State of Connecticut Town Fees:
Bank ABA No: 011900254
Account No: 385015990684

Relevant State Statute

Sec. 7-313n. (Note: This section is effective January 1, 2024.) Firefighters cancer relief account. Municipal contributions. (a) Each municipality within the state shall annually contribute, not later than December fifteenth of each year, ten dollars per firefighter within such municipality's district to the firefighters cancer relief account established pursuant to section 7-313h.

(b) Municipality contributions shall be based on the current number of career and volunteer firefighters within the municipality at the time of contribution.

(c) Municipalities shall only contribute funds for firefighters that: (1) Have submitted to annual physical examinations subsequent to entry into such service that have failed to reveal any evidence of such cancer or a propensity for such cancer; (2) have not used any cigarettes, as defined in section 12-285, or any other tobacco products, as defined in section 12-330a, within fifteen years; (3) have worked for not less than five years as (A) an interior structural firefighter at a paid municipal, state or volunteer fire department, or (B) a local fire marshal, deputy fire marshal, fire investigator, fire inspector or such other class of inspector or investigator 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.