

FOR OFFICE USE ONLY

Municipal or State Employer: _____

Firefighter Last Name: _____

Claimant No.: _____

Date Claim Received: _____



FFCRF ELIGIBILITY (A)

Rev. 12/1/2025

**CONNECTICUT
OFFICE of the TREASURER**

CONNECTICUT FIREFIGHTER CANCER RELIEF FUND
Firefighter Eligibility Form (A)

This form must be submitted by the municipal or state employer.
Forms must be submitted to 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. 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): _____

Municipal or State Employer (Employer): _____ Date Submitted: ____/____/____

Employer Street Address: _____ City: _____ Zip: _____

Employer Contact Name and Title: _____

Employer Contact Phone: _____ Email: _____

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

Firefighter's Town of Residence, if not the employer: _____

Firefighter's Concurrent Employer, if applicable: _____

Date Claim Made to Employer and Workers' Compensation Commission: ____/____/____

Date Claim Accepted by Employer: ____/____/____

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: ____/____/____

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Firefighter's Average Weekly Wage¹ \$ _____

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 \$ _____

¹ 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.

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EMPLOYER CERTIFICATION

Below are detailed the requirements for eligibility under the Firefighter Cancer Relief Fund pursuant to Public Act 23-204, Section 159 as amended by Public Act 25-4, Sec. 1 and Public Act 25-168, Sec. 408 (Connecticut General Statutes Section 7-313p). Please initial beside each numbered requirement to indicate that it has been satisfied.

The Municipal Employer or State Employer (“employer”) 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 attestations²:

1. ____ The employer 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 skin, 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 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.³
5. _____ The firefighter was employed for at least five years in any combination as an interior structural firefighter by a municipal or state employer 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.⁴

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

³ 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.

⁴ 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.

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7. ____ The firefighter has provided notice to the Workers' Compensation Commission and the employer 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 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 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 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 employer seeking this reimbursement.⁵
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 employer.

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.

Official Print Name: _____

Official Signature: _____ Date: ____/____/____

Title: _____

⁵ Reimbursement requests for any costs that the employer 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.

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Notes:

THE EMPLOYER 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 for additional information regarding the responsibilities of the employer and claimant, as well as information regarding document retention and audits.

Audits: The Office of the Treasurer is authorized in C.G.S. Section 7-313p to audit reimbursements provided by the Firefighters Cancer Relief Account. No claim for reimbursement should be submitted until the employer has secured the proper documentation supporting that the individual firefighter satisfies all of the above eligibility requirements *and* the employer has confirmed the compensability of the specific costs for compensation and/or benefits consistent with 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).