



FIRE DISTRICT, DEPARTMENT OR COMPANY ANNUAL CLAIMS REPORT

(Authority: NYS General Municipal Law Section 205-cc and 9 New York Codes, Rules, and Regulations Part 210)

NOTE: THIS FORM MUST BE COMPLETED AND RECEIVED BY THE OFFICE OF FIRE PREVENTION AND CONTROL BY DECEMBER 1ST OF EACH YEAR.

MAIL TO: New York State Division of Homeland Security and Emergency Services • Office of Fire Prevention and Control
Volunteer Firefighter Cancer Benefits • Attn: Standards Unit • 1220 Washington Avenue • Building 7A, Floor 2 • Albany, NY 12226-9801

Questions, email vfecdb@dhses.ny.gov or phone 518-474-6746

Fire District, Department or Company Information

The full legal name of the reporting fire district, department or company			FDID #				
Reporting Year	2023	Name of Reporter			Rank or Position		
Phone Number	-	-	Email				
Number of claims in the reporting year							
The number of eligible volunteer firefighters who received enhanced cancer disability benefits in the reporting year <i>(include previous year claims if still being paid in reporting year)</i>							

Types of Claims	Number of claims made?	Number of claims paid	How many months paid
Lump sum \$25,000.00			
Lump sum of \$6,250			
Monthly benefit of \$1500.00			
Death Benefit			

Type of Cancer	# of Claims
Prostate Cancer	
Breast Cancer	
Lymphatic Cancer	
Hematological Cancer	
Digestive Cancer	
Urinary Cancer	
Neurological Cancer	
Reproductive Systems Cancer	
Melanoma	
Lung Cancer	
Other:	
Total	

**** Please add additional sheets if necessary**

Attestation

By checking this box, I hereby certify that I, _____, am the Authority Having Jurisdiction (AHJ) for completing this Volunteer Firefighter Enhanced Cancer Disability Benefits Program Attestation / Proof of Benefits form on behalf of the above named agency. I understand the information in this document will be presented to the Division of Homeland Security and Emergency Services for filing, and I certify that it is true to the best of my knowledge and belief. I understand the above named agency is responsible for providing this information pursuant to NYS General Municipal Law Section 205-cc and 9 New York Codes, Rules, and Regulations Part 210. Date: _____

Note: This form must be received by the Office of Fire Prevention and Control by December 1st of each year.

After notarizing this form, you may scan and email to: vfecdb@dhses.ny.gov

- or -

you may send original hard copy to:

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