



VOLUNTEER FIREFIGHTER ENHANCED CANCER DISABILITY BENEFITS PROGRAM ATTESTATION / PROOF OF BENEFITS

(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 JANUARY 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

Fire District, Department or Company Information

Form with fields for: The full legal name of the fire district, department or company; FD Identification #; FD Phone; FD Fax; FD Physical Address; City; State; Zip; FD Mailing Address; City; State; Zip; Does your fire department have access to internet and computer?; # of active volunteers; # of eligible volunteers*

*Eligibility Requirements:

- 1. the volunteer firefighter is an active volunteer firefighter as of January 1, 2019; and
2. the volunteer firefighter has 5 or more years of service as interior firefighter; and
3. the volunteer firefighter has successfully completed a physical examination, prior to the commencement of duties as an interior firefighter, which failed to reveal any evidence of cancer; and
4. the volunteer firefighter has passed 5 yearly fit tests.

Authorized Representative Information

Form with fields for: Name of the representative of the fire district, department or company authorized to sign the attestation on page 2; Representative Title; Phone; Cell Phone; Email Address

