



CERTIFICATION OF ELIGIBILITY

VOLUNTEER FIREFIGHTER ENHANCED CANCER DISABILITY BENEFITS PROGRAM

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

****NOTE** DO NOT SEND THIS FORM TO OFPC **NOTE****

THIS CERTIFICATION INFORMATION IS FOR THE INSURANCE COMPANY/BENEFIT PROVIDER USE ONLY.

The attestation on page 2 of this form must be signed by the head of the district, department or company, sworn to under penalty of perjury as true, correct and complete, notarized and contain, at a minimum, the following information:

Fire District, Department or Company Information

The full legal name of the fire district, department or company	FD Identification #				

Eligible Volunteer Firefighter Information

The full legal name of the eligible volunteer firefighter

NY Firefighter Training Identification #
N Y [] [] [] [] [] [] [] [] [] []

Dates the eligible volunteer firefighter was an active volunteer firefighter of the fire district, department or company

The number of years of firefighting service as an interior firefighter

Statement of Eligibility

<p>Attach a written statement attesting to the following:</p> <ol style="list-style-type: none"> 1. The eligible volunteer firefighter performed interior structural firefighting duties inside a building; and 2. The eligible volunteer firefighter successfully completed a physical examination, prior to the commencement of duties as an interior firefighter, which failed to reveal any evidence of cancer.

****NOTE** DO NOT SEND THIS FORM TO OFPC **NOTE****

THIS CERTIFICATION INFORMATION IS FOR THE INSURANCE COMPANY/BENEFIT PROVIDER USE ONLY.

Attestation

Signed by an authorized representative of the district, department or company, and sworn or attested to under penalty of perjury as true, correct and complete.

Sworn or attested to, under penalty of perjury, as true, correct and complete.

Signature

Date

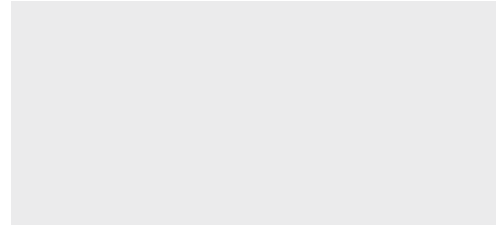
Print Name, Title & Department

State of New York)
County of _____)

On this _____ day of _____, 20_____, before me personally came

_____ to me know, who, being duly sworn,
did depose and say that he/she is the _____ of
the _____ described herein and which executed
the above instrument and that he/she signed his/her name thereto by the
order of the above named Fire District, Department or Company.

Notary Public



Reserved for Notary Stamp or Seal

****NOTE** DO NOT SEND THIS FORM TO OFPC **NOTE****
THIS CERTIFICATION INFORMATION IS FOR THE INSURANCE COMPANY/BENEFIT PROVIDER USE ONLY.