CONNECTICUT STATE FIREFIGHTERS ASSOCIATION

INJURY / DISABILITY BENEFIT CLAIM FORM (2025 Edition)
(Replaces Form 201)

SECTION 1 – CLAIMANT INFORMATION

Name of Claimant: _____ **Age:** _____
Address: _____
City/Town: _____ **State:** _____ **ZIP:** _____

Fire Department / Fire Company: _____
Employer (if career firefighter): _____

Membership Status (check one):
☐ Volunteer (Compensation $1,000/year or less)
☐ Career (Compensation over $1,000/year)
☐ Department/Individual Member in Good Standing: ☐ Yes ☐ No

SECTION 2 – INCIDENT & INJURY INFORMATION

Date of Line-of-Duty Injury or Occupational Illness: ____ / ____ / _____
Time: _____ a.m. / p.m.

Was the claimant disabled as a result of this incident? ☐ Yes ☐ No

Period unable to perform regular duties:
From ____ / ____ / _____ to ____ / ____ / _____

Is this a recurrence of a previous injury or occupational illness?
☐ Yes ☐ No
If yes, year of prior occurrence: _____
Describe circumstances and nature of duty that caused recurrence:

Total Days of Disability

Total Days of Disability: _____
(Sundays omitted for volunteer firefighters)
(Saturdays and Sundays omitted for career firefighters)

Circumstances and nature of line-of-duty activity which caused the disability:
(Describe fully)

Claimant Attestation

I certify that the above statements are true and correct to the best of my knowledge.

Signature of Claimant: _____ **Date:** ____ / ____ / _____

SECTION 3 – INFORMATION RELEASE AUTHORIZATION

If you **do not** want this claim information released to any entity upon request, check below:
☐ **Do NOT release claim information**

Otherwise, I authorize any physician, hospital, employer, insurance company, municipality, or agency to release any information necessary for processing this claim. A photocopy of this authorization is as valid as the original.

Claimant Signature: _____ **Date:** ____ / ____ / _____

SECTION 4 – CERTIFICATION OF FIRE DEPARTMENT

It is hereby certified that the facts stated above by the claimant have been investigated and found true and correct.

Department in Good Standing: ☐ Yes ☐ No
Claimant in Good Standing: ☐ Yes ☐ No

Signature of Chief or Authorized Officer: _____
Title: _____ **Date:** ____ / ____ / _____

SECTION 5 – PHYSICIAN'S CERTIFICATION

I certify that **Mr./Ms.** _____, a member of the _____ Fire Department, has been under my care for:
☐ Injury ☐ Occupational Illness

Injury/Illness Date: ____ / ____ / _____

Period unable to perform regular duties:
From ____ / ____ / _____ to ____ / ____ / _____

Nature and extent of disability (clinical findings):

Signature of Physician: _____
Physician's Name (Printed): _____
Date: ____ / ____ / _____

SECTION 6 – ASSOCIATION CERTIFICATION

It is hereby certified that the claimant and department are recognized members of the **Connecticut State Firefighters Association** in good standing and that all dues and assessments have been paid. The facts presented constitute due proof of eligibility for benefits.

Benefit Calculation (Updated 2025 Rates)

- **Career Firefighters:** $27.00 per eligible day
- **Volunteer Firefighters:** $33.00 per eligible day

The State Comptroller is requested to draw an order on the State Treasurer for:
$ _____ based upon disability of _____ days at the applicable daily rate.

Date Application Approved: ____ / ____ / _____

Secretary Signature: _____

President Signature: _____

SECTION 7 – MANDATORY FRAUD WARNING

Any person who intentionally submits false or misleading information in support of a claim may be subject to criminal prosecution, civil penalties, and restitution under Connecticut law.

SECTION 8 – HIPAA-COMPLIANT MEDICAL INFORMATION RELEASE

I authorize release of all medical records relating to this injury or illness, including diagnosis, treatment notes, and disability status, to the Connecticut State Firefighters Association solely for purposes of evaluating this claim. This authorization expires one year from the date below unless revoked in writing.

Signature of Claimant: _____
Date: ____ / ____ / _____

SECTION 9 – DOCUMENT SUBMISSION

Submit completed forms to:
Connecticut State Firefighters Association
34 Perimeter Rd.
Windsor Locks, CT 06096

Email: secretary@csfa.org