



CONNECTICUT STATE FIREFIGHTERS ASSOCIATION

FIRST REPORT OF INJURY/ NOTICE OF CLAIM FORM

(Preliminary Notification – Not a Benefit Claim)

IMPORTANT INSTRUCTIONS

This form is used to **notify the Connecticut State Firefighters Association (CSFA)** that a firefighter has sustained a **line-of-duty injury or occupational illness** and **intends to file a claim for benefits**.

- This form **must be submitted within sixty (60) days** of the injury or illness.
- Notification submitted after sixty (60) days **requires review and approval by the Executive Board**.
- **All formal claims must be submitted within one (1) year** of the date of injury or illness.
- Failure to submit a claim within one (1) year **will result in disqualification of benefits**.

This form does **not replace** the official Injury, Disability, or Death Claim Forms.

This form is PDF fillable.

SECTION 1 – CLAIMANT INFORMATION

Name of Firefighter: _____

Rank: _____ Assigned Station or Company: _____

Address: _____

City/Town: _____ State: _____ ZIP: _____

Phone: _____

Email: _____

Fire Department / Fire Company: _____

City/Town: _____ CSFA Member: _____

SECTION 2 – INJURY / ILLNESS INFORMATION

Date of Injury or Occupational Illness: ____ / ____ / ____

Time of Incident: _____ a.m. / p.m.

Type of Incident (check one):

- Injury
- Occupational Illness
- Exposure (may lead to future claim)

Location of Incident: _____

Brief Description of Incident

(Provide a short summary only. Full details will be provided in the formal claim.)

Did this injury or illness result in lost time from duty?

- Yes No

Is medical treatment being received?

- Yes No

Is this expected to result in a claim for benefits?

- Yes No

SECTION 3 – CLAIMANT CERTIFICATION

I hereby notify the Connecticut State Firefighters Association that I have sustained the above-described injury or illness and may be submitting a claim for benefits.

I understand that this form serves as **official notice of injury** and does not constitute a completed claim.

Signature of Firefighter: _____

Date Submitted: ____ / ____ / ____

SECTION 4 – DEPARTMENT ACKNOWLEDGMENT

I acknowledge that the above-named firefighter reported this incident to the department.

Name of Chief Officer: _____

Signature: _____

Date: ____ / ____ / ____

SECTION 5 – SUBMISSION INFORMATION

Submit completed form to:

Email: claims@csfa.org

OR

**Connecticut State Firefighters Association
34 Perimeter Rd.
Windsor Locks, CT 06096**

SECTION 6 – FRAUD WARNING

Any person who knowingly submits false or misleading information in connection with this report may be subject to civil penalties and criminal prosecution under Connecticut law.