

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

THIS AGENCY EMPLOYS AND SERVES  
PEOPLE WITH DISABILITIES WITHOUT  
DISCRIMINATION.

NOTICE TO LIABLE POLITICAL SUBDIVISION OF  
VOLUNTEER FIREFIGHTER'S INJURY OR DEATH

THIS NOTICE IS REQUIRED TO BE FILED WITHIN 90 DAYS AFTER THE DATE OF INJURY OR DEATH UNLESS CLAIM FOR BENEFITS, INCLUDING MEDICAL, HOSPITAL OR OTHER CARE, (VF-3 or VF-62) IS FILED WITHIN 90 DAYS AFTER THE DATE OF INJURY OR DEATH.

Sec.40 of the Volunteer Firefighters' Benefit Law provides that, unless Claim for Benefits is filed within 90 days after injury or death, Notice of such injury or death shall be given by delivery in person or by registered mail within 90 days by the injured volunteer firefighter or by any person claiming to be entitled to benefits, or by someone in their behalf, to the designated officer of the liable political subdivision as follows:

If the political subdivision liable for benefits is a

- a. County
- b. City
- c. Town
- d. Village
- e. Fire District

Then give to

- a. Clerk of the Board of Supervisors
- b. Comptroller or Chief Financial Officer
- c. Town Clerk
- d. Village Clerk
- e. Secretary

If your injury occurred prior to March 1, 1964, the injury should be reported to the county, city, town, village or fire district for which the service was rendered whether such service was rendered for the home area or for another area under contract or in response to a call for assistance. If the injury occurred on March 1, 1964 or thereafter, the home county, city, town, village or fire district is liable for the payment of benefits regardless of whether the injury was incurred while serving your home area or an aided area. If you have any doubt concerning the liable political subdivision, a copy of this notice should be filed with all the political subdivisions involved.

THIS NOTICE IS NOT A CLAIM FOR BENEFITS. FAILURE TO FILE THE CLAIM FOR BENEFITS (FORM VF-3 or VF-62) WITHIN TWO YEARS AFTER INJURY OR DEATH MAY BAR YOU FROM RECEIVING BENEFITS.

To: \_\_\_\_\_  
Name of Officer
Title of Officer
Political Subdivision Liable for Benefits

	First Name	Middle Initial	Last Name	Home Address	Apt. No.
1. VOLUNTEER FIREFIGHTER					
2. FIRE COMPANY	Name			Address	
3. POLITICAL SUBDIVISION OR FIRE DISTRICT					
4. REGULAR EMPLOYER, IF ANY					

5. Address and community where injury occurred \_\_\_\_\_

6. (a) Date of injury \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_ M. (b) Date of death \_\_\_\_\_

(c) Place of death \_\_\_\_\_

7. State fully nature and cause of injury or death \_\_\_\_\_

Dated \_\_\_\_\_ Signed by \_\_\_\_\_, or  
 Volunteer Firefighter

Signed by \_\_\_\_\_ Relationship \_\_\_\_\_

A person on their behalf, or in case of death, by any one or more of their dependents, or by a person on their behalf.