

LADIES AUXILIARY
MARYLAND STATE FIREMEN'S ASSOCIATION
RULES FOR BESSIE MARSHALL BENEFIT FUND

Section I - Any member of a company or department in good standing in the Maryland State Firemen's Association who is sick or injured and thereby incapacitated, NOT IN THE LINE-OF-DUTY, may be entitled to weekly benefits. Approval will depend on compliance with application requirements. Any sick or injured member receiving Social Security Benefits or retirement may be eligible for said benefits. All decisions regarding benefits shall be made by the Bessie Marshall Benefit Committee, whose judgements in all cases shall be final and binding.

Section 2 - Should sickness or injury continue for longer than one (1) week for each week after the first week said member may be eligible to receive up to ONE HUNDRED AND FIFTY DOLLARS (\$150.00) per week not to exceed FIVE (5) WEEKS OR SEVEN HUNDRED AND FIFTY DOLLARS (\$750.00) in any calendar year. A member is not eligible for more than two (2) consecutive years. Any additional request for benefits must be based on a new incident, not on any existing one.

Section 3 - Claims for the benefit shall be made as follows:

When a member is eligible, one (I) COMPLETED certificate (Form B) and One (I) COMPLETED questionnaire (Form A) shall be sent to the Chairman of the Bessie Marshall Fund Committee and retained. The completed certificate MUST be signed by a practicing physician, the President or Chief, and the Secretary of the company to which the member belongs. The completed certificate and questionnaire MUST BE NOTARIZED. UPON DETERMINATION OF ELIGIBILITY, the chairman shall issue a request to the President of the LAMSFA for payment of the case. The President shall issue a voucher for the proper amount and send same to the Financial Secretary, who shall countersign the voucher, record same, and forward to the Treasurer, who shall issue a check and return same to the President for his/her signature. The President shall forward check to claimant and notify the Chairman when case is closed.

Section 4 - Benefits will not be paid for pregnancies or any illness related to pregnancy.

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FORM A
VOLUNTEER FIREMEN'S REQUEST FOR WEEKLY BENEFITS OF THE
LAMSFA BESSIE MARSHALL BENEFIT FUND

IMPORTANT: This form must be filled out completely by the member, signed by said member and the Chief or President of member's Fire Department and notarized. Form to be sent to Chairman of the Bessie Marshall Benefit Fund along with the Certificate of Sick Benefits (Form B and C). In the event member is physically unable to execute this form, it may be executed on member's behalf by an immediate family member. All information contain hereto will be confidential.

I HEREBY REQUEST BENEFITS UNDER THE RULES SET FORTH BY THE BESSIE MARSHALL BENEFIT COMMITTEE - LADIES AUXILIARY OF THE MARYLAND STATE FIREMEN'S ASSOCIATION.

1. Name of Member _____ Age _____
2. Address _____ Phone _____
3. City and County _____ State _____
Date of Illness _____ Nature of Illness _____

4. Was illness or injury received as result of duty on fire or place of employment? _____
5. Were you employed at time of illness or injury _____
6. Do you have dependents? _____ Wife or Husband _____ Children _____
7. Are you covered by any compensation, health, accident, or sick insurance? _____

8. Are you receiving your salary or other income while you are incapacitated _____
9. How long have you been a member of your Fire Department _____
10. Are you a member in good standing in your Fire Department? _____
11. Have you in the past applied for weekly benefits from this Fund? _____
12. If yes, explain fully and give dates _____

IMPORTANT: No payment will be considered by the Benefit Fund Committee until both Forms A, B, and C are completely filled out by the member, signed by the Chief or President of their fire department, signed by their doctor, and notarized. A member is not eligible for benefits for more than two (2) consecutive years.

I here by certify the above information to be true
And correct to the best of my knowledge

Seal

Notary

Date

Name of Fire Department

Members Signature

Signature of Chief or President

FORM B
CERTIFICATE FOR BENEFITS
LADIES AUXILIARY THE MARYLAND STATE'S FIREMEN'S ASSOCIATION
BESSIE MARSHALL BENEFIT FUND

NOTE: When a member of a company or department in good standing in the Maryland State Firemen's Association is ill or injured (**Not in the line of duty**), one copy of this Certificate shall be signed and forwarded to the Chairman of the Bessie Marshall Fund Committee as soon as the member is eligible for benefits.

_____ Maryland _____ 200

This is to certify that (Name) _____

Address _____

An active member of _____

(Name of Fire Company or Department)

Was taken ill or injured on _____

Benefits to be paid to _____

(Name and Complete Address)

Secretary _____ Chief or President _____

I do hereby certify the above signatures to be true and correct:

Seal _____
Notary

FORM C (No Notary Required)

I hereby certify that _____ has been under my medical care since _____ .

Date or estimated date of return to work _____

Date _____ Signature of Doctor _____

BENEFITS

Any member of a company or department in good standing in the Maryland State Firemen's Association who is sick or injured (Not in the line of duty) may be entitled to the weekly benefits of the Bessie Marshall Benefit Fund. For each week after the first week, member may be eligible to receive up to \$150.00 per week not to exceed five (5) weeks or up to \$750.00.