BOARD OF TRUSTEES

A PROCEDURAL GUIDE

To be used in the Event of Injury or Death in the Line-of-Duty of a Member of the Volunteer Emergency Services

Board of Trustees – 2015-2016

C. Dan Carpenter, III, Chair
Douglas C. Alexander, Vice Chair
Jeffrey H. Thompson, Secretary
Benjamin W. “Ben” Kurtz, Trustee
Terry E. Thompson, P.P., Trustee

July 2015
MARYLAND STATE FIREMEN’S ASSOCIATION
BOARD OF TRUSTEES

TO: ALL DEPARTMENTS

The serious injury or death of a firefighter or rescue squad person in the line-of-duty is a tragedy all members of the emergency services dread. The family is disorganized by grief. The community and surviving department members are in mourning. The departments can be thrown into shock. It must, however, continue to provide normal services as well as deal with the serious injury or death.

It is the fire department, however, that must be depended upon to ensure that no details are overlooked when it comes time for the injured member or the family to obtain the benefits to which they are entitled. Beginning in the hours following such a tragedy, essential facts must be gathered and preserved.

To prepare for an event of this nature each emergency services organization should develop written procedures and appoint individuals to provide the family with assistance in completing the necessary claim forms, and any other aid that may be needed. The Maryland State Firemen's Association’s Board of Trustees in the performance of their duties are prepared to assist the department and those individuals designated to ensure applications are completed correctly and submitted in a timely manner.

If your department experiences a line-of-duty death the incident may take the form of one of the following scenarios:

* Member dies in route to the scene or returning home from the scene.
* Member dies at the scene of the incident.
* Member dead on arrival at the hospital.
* Member is alive upon arrival at the hospital, but expires later.
* Member’s injuries were not detected at the scene and dies later.

In each of these cases it is essential that the exact cause of death be documented. With the family’s permission, it is very important that an autopsy and a toxicological examination be requested. The toxicological examination must include a test for the specific levels of carbon monoxide and alcohol in the blood. These tests are required for submission of the Public Safety Officers’ Benefit claims.

**One of your first acts is to contact one of the following members of the Board of Trustees who will provide you with the necessary forms and assistance in completing all claims and applications.**

**BOARD OF TRUSTEES – 2015-2016**

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Terry E. Thompson, P.P., Trustee  tetfire@hotmail.com (H) 410-531-3342 (C) 301-979-5686

Enclosed is information listing benefits available to those volunteer fire/rescue and ambulance personnel injured or killed in the line-of-duty while serving as a volunteer firefighter, rescue squad member or a member of a volunteer ambulance squad. Limited benefits are also available to those individuals who may be injured while on duty.

**ALL DEPARTMENTS SHOULD KEEP THIS PROCEDURAL GUIDE AVAILABLE FOR REFERENCE AS MAY BE REQUIRED.**
# MARYLAND STATE FIREMEN’S ASSOCIATION
## BOARD OF TRUSTEES
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MARYLAND STATE FIREMEN’S ASSOCIATION

BOARD OF TRUSTEES

BENEFITS
(Pursuant to Annotated Code of Maryland, Article on Public Safety, Title 7)

ADMINISTERED BY:
THE BOARD OF TRUSTEES

SECTION 1
MARYLAND STATE FIREMEN’S ASSOCIATION

BENEFITS A FIREFIGHTER, RESCUE SQUAD PERSON, OR AMBULANCE PERSONNEL CAN RECEIVE FROM THE APPROPRIATION MADE BY THE STATE OF MARYLAND TO THE MARYLAND STATE FIREMEN’S ASSOCIATION BOARD OF TRUSTEES.

This appropriation is administered by the Board of Trustees under the provisions of Annotated Code of Maryland, Article on Public Safety, Section 7-202 and 7-203 and Article VI of the Constitution and By-Laws of the Maryland State Firemen's Association and provides for the following benefits:

a) Death Benefits for Volunteer Firefighter, Rescue Squad Person, or Ambulance Personnel killed in the line of duty.
b) Benefits for disabled Volunteer Firefighter, Rescue Squad Person, or Ambulance personnel hurt in the line of duty.
c) Benefits for widows or widowers and dependent children and other dependents as defined under Annotated Code of Maryland Article on Public Safety, Section 7-203.
d) Education for dependent children or permanently disabled or deceased Volunteer Firefighter, Rescue Squad Person, or Ambulance personnel whose disability or death has been caused while performing his or her duties as a Volunteer Firefighter, Rescue Squad Person, or Ambulance personnel.
e) A Volunteer Firefighter, Rescue Squad Person, or Ambulance Personnel may be disabled based upon disfiguring burns. Claims based upon disfiguring burns must meet all other requirements for receiving disability benefits.

The appropriated money is a benefit fund in a limited amount and not insurance. Therefore, we cannot pay for any part of the following expenses:

a) Hospitalization.
b) Routine laboratory fee.
c) X-rays.
d) Use of operating room.
e) Physician expense.
f) Drug, dressing, etc.
g) Anesthetic.
h) Oxygen.

Your cooperation in a prompt filing of your members “MSFA CLAIM FOR DISABILITY BENEFITS” (MSFA-BT Form 2 (6/2015) completely filled out, will enable the Board of Trustees to make payment to the injured Firefighter, Rescue Squad Person, or Ambulance Personnel without delay.

Maryland State Firemen's Association
Board of Trustees

July 2015
MARYLAND STATE FIREMEN’S ASSOCIATION

SCHEDULE OF BENEFITS PAID
BY THE
MARYLAND STATE FIREMEN’S ASSOCIATION
BOARD OF TRUSTEES

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Benefit Amount</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death Benefit</td>
<td>$10,000.00</td>
<td>7/14</td>
</tr>
<tr>
<td>Disability Benefit, Per Month ($650.00)</td>
<td>$700.00</td>
<td>1/16</td>
</tr>
<tr>
<td>Loss of Sight of One Eye</td>
<td>$5,000.00</td>
<td>7/12</td>
</tr>
<tr>
<td>Loss of Sight in Both Eyes</td>
<td>$10,000.00</td>
<td>7/12</td>
</tr>
<tr>
<td>Loss of One Hand</td>
<td>$5,000.00</td>
<td>7/12</td>
</tr>
<tr>
<td>Loss of Both Hands</td>
<td>$10,000.00</td>
<td>7/12</td>
</tr>
<tr>
<td>Loss of One Foot</td>
<td>$5,000.00</td>
<td>7/12</td>
</tr>
<tr>
<td>Loss of Both Feet</td>
<td>$10,000</td>
<td>7/12</td>
</tr>
<tr>
<td>Benefits for Widows/Widowers, Per Month ($650.00)</td>
<td>$700.00</td>
<td>1/16</td>
</tr>
<tr>
<td>Benefits for Dependent Children, Per Month ($550.00)</td>
<td>$600.00</td>
<td>1/16</td>
</tr>
<tr>
<td>Education for Dependent Children, Per Year</td>
<td>$4,000.00</td>
<td>7/10</td>
</tr>
<tr>
<td>Disfiguring Burns Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Body part</strong></td>
<td><strong>Maximum allowable benefit</strong></td>
<td></td>
</tr>
<tr>
<td>Face, Neck Head</td>
<td>$10,000</td>
<td>8/13</td>
</tr>
<tr>
<td>Hand &amp; Forearm (Right)</td>
<td>2,500</td>
<td>8/13</td>
</tr>
<tr>
<td>Hand &amp; Forearm (Left)</td>
<td>2,500</td>
<td>8/13</td>
</tr>
<tr>
<td>Upper Arm (Right)</td>
<td>1,350</td>
<td>8/13</td>
</tr>
<tr>
<td>Upper Arm (Left)</td>
<td>1,350</td>
<td>8/13</td>
</tr>
<tr>
<td>Torso (Front)</td>
<td>3,600</td>
<td>8/13</td>
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<tr>
<td>Torso (Back)</td>
<td>3,600</td>
<td>8/13</td>
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<tr>
<td>Thigh (Right)</td>
<td>900</td>
<td>8/13</td>
</tr>
<tr>
<td>Thigh (Left)</td>
<td>900</td>
<td>8/13</td>
</tr>
<tr>
<td>Lower Leg (Right/below knee)</td>
<td>2,700</td>
<td>8/13</td>
</tr>
<tr>
<td>Lower Leg (Left/below knee)</td>
<td>2,700</td>
<td>8/13</td>
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The maximum allowable benefit is based on a disfiguring burn to 100% of the impacted body part. Non-disfiguring burns shall not be eligible for benefits. The maximum allowable benefit shall be reduced by the area of the burn to the impacted body part. For instance, a 30% disfiguring burn to the face, neck, and head would result in a benefit of $3,000.00.
*Claims will be awarded after Member has been disabled for at least 10 days with payment being retroactive back to date of injury. No awards will be granted for members disabled for less than 10 days.

The Board of Trustees will not accept any claims over 6 months old.

BOARD OF TRUSTEES – 2015-2016

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MARYLAND STATE FIREMEN’S ASSOCIATION

Benefits Administered by the Board of Trustees

Section 1- Death Benefit – (Annotated Code of Maryland, Article on Public Safety, Section 7-203)

For the purpose of requiring that the Board of Trustees of the Maryland State Firemen's Association pay a certain amount of death benefits to certain persons if a volunteer firefighter or individual serving on a volunteer rescue squad dies under certain circumstances, regardless of the district in which the decedent died or whether the decedent died while acting alone or at the direction of or with a fire company or rescue squad; authorizing under certain circumstances a designated relative of the decedent to collect death benefits; providing for the application of this Act; and generally related to death benefits and volunteer firefighters and individuals serving on volunteer rescue squads.

Definitions:


b. “Company” means – A Volunteer Fire, Ambulance, Rescue Company or Volunteer Advanced Life Support Unit.

(1) The Board shall pay death benefits under this section if a volunteer firefighter or individual serving on a volunteer rescue squad dies

(i) As a direct result of actively participating in fighting a fire or while going to or from a fire;

(ii) While performing any other duties necessary to the operation or maintenance of the fire company;

(iii) While actively participating in the ambulance advanced life support, or rescue work of volunteer fire, ambulance or rescue company or volunteer advanced life support unit in the State; or

(iv) While providing emergency or rescue assistance, whether acting alone or at the direction of or with a fire, ambulance or rescue company, or advanced life support unit.

(2) The benefits shall be paid from the treasury of the Maryland State Firemen's Association in an amount the Board determines but not less than $2,000, regardless of:

(i) The district in which the decedent died; or

(ii) Whether the decedent died in

1. This State;

2. One of the following adjacent States – Delaware, Pennsylvania, West Virginia, or Virginia or

3. The District of Columbia.

(3) The benefits shall be paid to:

(i) The surviving spouse or dependent child or children;

(ii) If no one is eligible under item (i) of this paragraph the dependent parent or parents;

(iii) If no one is eligible under item (i) or (ii) of this paragraph, the surviving child or children of the decedent in equal shares;

(iv) If no one is eligible under item (i), (ii), (iii); of this paragraph, the surviving parent or parents; or

(v) If no one is eligible under item (i), (ii), (iii), or (iv) of this paragraph, a surviving sister, brother, or grandparent of the decedent in equal shares.

c. Benefit to minor children – If there is a surviving spouse or a dependent child or children, the case shall be laid before the Board, and if the facts are established as provided in the Annotated Code of Maryland Article on Public Safety, Section 7-203, the surviving spouse, and child, or children as
Maryland State Firemen's Association in an amount determined by the Board and be paid out of its treasury at whatever times, in whatever installments and in whatever amount as the Board may decide until remarriage.

d. **Children of deceased** – Each of the children of the deceased firefighters or individuals serving on a rescue squad shall receive a benefit from the Maryland State Firemen's Association in an amount determined by the Board and paid out of its treasury at whatever times, in whatever installments and in whatever amount the Board may decide, until the children each attain the age of 18 years.

e. **Scholarships for children of firefighter’s or rescue squad persons killed or permanently disabled in line of duty.** There is a program of scholarships for children of volunteer firefighters or volunteer ambulance or volunteer rescue squad members who died or were permanently disabled by an accident resulting from:

   (1) Performing any duties necessary to the operation or maintenance of the fire company or
   (2) Actively participating in the ambulance or rescue squad work or an incorporated volunteer fire company or volunteer ambulance or rescue squad in the State.

**Qualifications of recipient** – The recipient of a scholarship under this section shall be a graduate of an accredited high school.

**Award** – The Board of Trustees of the Maryland State Firemen's Association, in its discretion, shall:

   (1) Determine the amount of each award; and
   (2) Select the recipient of each award.

f. This by-law shall be construed retroactively and shall be applied to and interpreted to affect volunteer firefighters, and individuals serving on volunteer rescue squads who have died, on or after July 1, 1996, while fighting a fire or performing any official task under circumstances that would cause the Board of Trustees of the Maryland State Firemen's Association to pay death benefits under this bylaw.

**TEMPORARILY OR PERMANENTLY DISABLED**

**Section 2 – Disablement**

For the purpose of requiring the Board of Trustees of the Maryland State Firemen's Association to pay a certain benefit to a person who is a volunteer firefighter or individual serving on a volunteer rescue squad who is disabled under certain circumstances, regardless of the district in which the person was disabled or whether the person was disabled while acting alone or at the direction of or with a fire company or rescue squad in the State or certain neighboring states; and generally relating to benefits for volunteer firefighters and individuals who serve on volunteer rescue squads.

**Injury Claims**

A member injured in the line of duty **must notify the MSFA Board of Trustees Secretary within 10 days of the occurrence of injury** and file a CLAIM FOR DISABILITY (MSFA-BT FORM 2 (6/2015)) within 30 days after a member’s injury. Claims will be awarded after the member has been disabled for at least 10 days with payment being retroactive back to date of injury. No awards will be granted for members disabled for less than 10 days.

**Benefit**

(a) In this section. “Board” means the Board of Trustees of the Maryland State Firemen's Association.

(b) The person is temporarily or permanently disabled;

   (i) As a direct result of actively participating in fighting a fire or while going to or from a fire;

   (ii) While performing any other duties necessary to the operation or maintenance of the fire company;
(iii) While actively participating in the ambulance advanced life support, or rescue work of volunteer fire, ambulance or rescue company or volunteer advance life support unit in the State; or

(iv) While providing emergency or rescue assistance, whether acting alone or at the direction of or with a fire, ambulance, or rescue company or advance life support unit.

(3) The person is supported by the recommendation of the Fire Company or volunteer rescue squad of which the person is a member.

(c) Benefit – A benefit under this section shall be paid from the treasury of the Maryland State Firemen's Association in an amount and in a manner that the Board determines for as long as the beneficiary is disabled.

(d) Payment – A benefit under this section shall be paid to a beneficiary regardless of:

(1) The district in which the beneficiary was disabled or

(2) Whether the beneficiary was disabled in

(i) This State;

(ii) One of the following adjacent States – Delaware, Pennsylvania, West Virginia, or Virginia

(iii) Or The District of Columbia.

(e) The Secretary of the Board shall place and keep the name of each beneficiary under this section on a “Disabled Firefighter’s and Rescue Squad Person’s List.”

(f) Scholarships for children of firefighter or rescue squad Person killed or permanently disabled in line of duty. There is a program of scholarship for children or volunteer firefighters or volunteer ambulance or rescue squad members who died or were permanently disabled by an accident resulting from:

(1) Performing any duties necessary to the operation or maintenance of the fire company or

(2) Actively participating in the ambulance or rescue squad work of an incorporated volunteer fire company or volunteer ambulance or rescue squad in the State.

Qualifications of recipient – The recipient of a scholarship under this section shall be a graduate of an accredited high school.

Award – The Board of Trustees of the Maryland State Firemen's Association, in its discretion, shall:

(1) Determine the amount of each award; and

(2) Select the recipient of each award.

Section 3 - Claims

Claims for benefits paid by the Association shall be made in accordance with the following “Rules of Procedures for Obtaining Benefits” as adopted by the Board of Trustees and by the Executive Committee. The term widow as used in the article shall include widower. The following rules of procedures shall be in effect in the administration of the provisions of the Annotated Code of Maryland Article on Public Safety, Section 7-202 and 7-203, as amended. These rules shall be in lieu of all rules heretofore adopted provided that the Trustees of the MSFA may amend or abrogate any rules in order to further the proper administration of the law.

Rule No. 1

POSTING INSTRUCTIONS AND NOTICES

A copy of these Rules, together with any other notices prepared and sent out by the Trustees for the purpose of giving instructions or conveying information to persons interested in or entitled to benefits under the provisions of the law, shall be kept conspicuously posted in or about the station of every Volunteer Fire Company, Volunteer Ambulance or Rescue Squad in the State of Maryland.

The Trustees shall, annually, provide notification and information on benefits and scholarships available to the recipients of benefits from the Board of Trustees.
Rule No. II  
PROCEDURE IN CASE OF DISABILITY OF A QUALIFIED MEMBER

A. Duty of Injured Member
Each qualified member must, within ten (10) days after the beginning of his disability, notify the MSFA Board of Trustees Secretary of the possible claim, then file or cause to be filed with the Chief or Secretary of his Company (or a member acting in either capacity) a properly filled-in, signed and notarized copy of the form entitled “CLAIM FOR DISABILITY BENEFITS.” MSFA-BT FORM 2 (6/2015) (Injured Members Reports – Section)

(1) Have the physician attending the injured member complete the “CLAIM FOR DISABILITY BENEFIT” MSFA-BT FORM 2 (6/2015) section PHYSICIAN REPORT and sign and forward same to the Secretary of the Board of Trustees within 30 days of the injury.

B. Duty of the Company
The President or Secretary of the Company (or a member of the Company acting in either capacity) must take the following action:

(1) Within 30 days after the beginning of the disability of a member of the Company, fill in, execute and place in the mails or otherwise cause to be delivered to the Secretary of the Board of Trustees, “CLAIM FOR DISABILITY BENEFITS.” MSFA-BT FORM 2 (6/2015) section (Fire Company Report).

(2) Within 30 days after the beginning of the disability, have the physician attending the disabled member complete the “CLAIM FOR DISABILITY BENEFIT” MSFA-BT FORM 2 (6/2015) section (Physician Report) and sign and forward same to the Secretary of the Board of Trustees.

(3) Forward to the Secretary of the Board of Trustees the form “CLAIM FOR DISABILITY BENEFITS”. MSFA-BT FORM 2 (6/2015) as soon as possible after receipt from disabled member, but no later than 30 days from date of the injury.

(4) Forward to the Secretary of the Board of Trustees the “COMPANY RESOLUTION” MSFA-BT FORM 1 (6/2015) completed at a regular or special meeting of the company approving the claim. (No payment will be made prior to receipt by the Secretary of the Board of Trustees of a copy of the Resolution.)

(5) If a disability lasts longer than 10 days including Sunday and holidays, submit such other information as may be required by the Board of Trustees.

Rule No. III  
PROCEDURE IN CASE OF DEATH OF A QUALIFIED MEMBER

Duty of Company
The President or Secretary (or a member of the Company acting in either capacity) must take the following action:

(1) If there is a surviving spouse or children, notify the MSFA Board of Trustees Secretary of the claim within 10 days of the death, then secure from the spouse of the person responsible for the child or children, a filled-in, signed and notarized copy of the form entitled “CLAIM FOR BENEFITS BY ELIGIBLE SURVIVORS OF DECEASED” MSFA-BT FORM 5 (6/2015) and forward to the Secretary of the Board of Trustees within 90 days of the death.

(2) Fill-in, execute and place in the mails or otherwise to be delivered to the Secretary of the Board of Trustees a copy of the “CLAIM FOR DEATH BENEFITS”. MSFA-BT FORM 3 (6/2015) and “COMPANY RESOLUTION: MSFA-BT FORM 1 (6/2015). This must be filed for every death, even if deceased members leave no spouse or children. (No benefits will be paid by the Board of Trustees prior to receipt).

(3) Forward to the Secretary of the Board of Trustees the “MSFA COMPANY RESOLUTION”
MSFA-BT FORM 1 (6/2015) completed at regular or special meeting of the company approving the claim. (No payment will be made prior to receipt by the Secretary of the Board of Trustees of a copy Resolution).

**Rule No. IV**

**PROCEDURE IN CASE OF LOSS OF LIMB**

(A) Following procedures as stated in Rule No. II and
(B) Each qualifying member must, **within 10 days after the beginning of his disability, notify the MSFA Board of Trustees Secretary**, then **within 30 days file** or cause to be filed with the

President or Secretary of his Company (or a member acting in either capacity) a properly filled-in signed and notarized copy of the form entitled “SUPPLEMENTAL CLAIM FOR LOSS OF LIMB or DISFIGURING BURN" MSFA-BT FORM 4 (6/2015)

**Section 4** - If at any time there is not a sufficient amount in the hands of the Treasurer to pay a death benefit of $10,000.00 to a spouse or minor child or children, the Treasurer shall apply to the appropriate State Government Authority for sufficient additional funds to provide the said sum of $10,000.00.

**Section 5** - The Board shall have the authority to investigate any claim made for benefits under the provisions of the Article and should a majority of the Board determine that the claim is not a just one, in spirit as well as in letter of the law, it shall not be paid.

**Section 6** - The surplus of the Relief Fund, left each year in the hands of the Trustees shall be invested by the Board of Trustees. All moneys not invested shall be deposited in a bank under National or State supervision.

**Section 7** - Any company or officers of a company endorsing a false claim or misstating the true facts of the accident shall be SUBJECT TO PROSECUTION AT THE DISCRETION OF THE TRUSTEES UNDER THE ANNOTATED CODE OF MARYLAND (1957 EDITION AS AMENDED), VOLUME ON CR 8-402, OR OTHER APPROPRIATE SECTIONS THEREOF.

**Section 8** - The Board of Trustees shall maintain information on procedures for applying for benefits under the Federal Public Safety Officer’s Death Benefits Program and under similar Maryland programs and shall provide such information to member companies.

**PS 7-202 - BENEFITS. (Disability)** (Pursuant to Annotated Code of Maryland, Article on Public Safety, Section 7-202).

(a) In this section, “Board” means the Board of Trustees of the Maryland State Firemen's Association

(b) A person who is a volunteer firefighter or individual serving on a volunteer rescue squad is eligible to receive a benefit from the Board if:

1. The person is temporarily or permanently disabled:
   (i) As a direct result of actively participating in fighting a fire or while going to or from a fire;
   (ii) While performing any other duties necessary to the operation or maintenance of the fire company;
   (iii) While actively participating in the ambulance, advanced life support, or rescue work of a volunteer fire, ambulance, or rescue company or volunteer advanced life support unit in the State; or
   (iv) While providing emergency or rescue assistance, whether acting alone or at the direction of or with a fire, ambulance or rescue company or advanced life support unit; and
2. The person is supported by the recommendation of the volunteer fire company or volunteer rescue squad of which the person is a member.

(c) Benefit under this section shall be paid from the treasury of the Maryland State Firemen's Association in an amount and in a manner that the Board determines for as long as the beneficiary is disabled.

1-9
(d) A benefit under this section shall be paid to a beneficiary regardless of:

1. The district in which the beneficiary was disabled; or
2. Whether the beneficiary was disabled in:
   (i) This State
   (ii) One of the following adjacent States – Delaware, Pennsylvania, West Virginia, Virginia; or
   (iii) The District of Columbia.

(e) The Secretary of the Board shall place and keep the name of each beneficiary under this section on a “Disabled Firefighter’s and Rescue Squad person’s List.”

**Note:** This act shall take effect October 1, 1998.


**PS 7-203. Death (Pursuant to Annotated Code of Maryland, Article on Public Safety, Section 7-203).**

(a) In this section, “Board” means the Board of Trustees of the Maryland State Firemen's Association.

(b) (1) The Board shall pay death benefits under this section if a volunteer firefighter or individual serving on a volunteer rescue squad dies:
   (i) As a direct result of actively participating in fighting a fire or while going to or from a fire;
   (ii) While performing any other duties necessary to the operation or maintenance of the fire or rescue company;
   (iii) While actively participating in the ambulance, advanced life support, or rescue work of a volunteer fire, ambulance, or rescue company, or volunteer advanced life support unit in the State; or
   (iv) While providing emergency or rescue assistance, whether acting alone or at the direction of or with a volunteer fire, ambulance, or rescue company or advanced life support unit.

(3) The benefits shall be paid from the treasury of the Maryland State Firemen's Association in amount the Board determines, but not less than $10,000, regardless of
   (i) The district in which the decedent died; or
   (ii) Whether the decedent died

   1. This State:
   2. One of the following adjacent states – Delaware, Pennsylvania, West Virginia, or Virginia or
   3. The District of Columbia.

(4) The benefits shall be paid to:
   The surviving spouse, or dependent child or children;
   If no one is eligible under item (i) of this paragraph, then dependent parent or parents;
   If no one is eligible under item (i) or (ii) of this paragraph, the surviving child or children of the decedent in equal shares;
   If no one is eligible under item (ii) or (iii) of this paragraph, the surviving parent or parents; or
   If no one is eligible under item (i), (ii), (iii), or (iv), of this paragraph, a surviving sister, brother, or grandparent of the decedent in equal shares.

(c) If there is a surviving spouse or a dependent child or children, the case shall be laid before the Board and if the facts are established as provided in PS-7-202, the surviving spouse, or surviving spouse and child, or children as the case may be, shall be placed on the “Disabled Firefighter’s and Rescue Squad person’s List”, and the surviving spouse, while remaining unmarried, shall be entitled to receive a pension from the Maryland State Firemen's Association in an amount determined by; the Board to be paid out of its treasury at whatever times, in whatever installments and in whatever amount as the Board may decide, until remarriage.

(d) Each of the children, of the deceased firefighters or individuals serving on a rescue squad shall
receive a pension from the Maryland State Firemen's Association in an amount determined by the Board and be paid out of its treasury at whatever times, in whatever installments and in whatever amount the Board may decide, until the children attain the age of 18 years.

SECTION 2 – This act shall be construed retroactively and shall be applied to and interpreted to affect volunteer firefighters and individuals serving on volunteer rescue squads who have died, on or after July 1, 1996, while fighting a fire or performing any official task under circumstances that would cause the Board of Trustees of the Maryland State Firemen's Association to pay death benefits under this Act. 
This Act shall take effect 1 July, 1998.

PS 7-204 Annual Appropriation (Pursuant to Annotated Code of Maryland, Article on Public Safety, Section 7-204).

(a) The sum of at least $55,000 shall be included in the State budget each year for the purpose set forth in the Sections Annotated Code of Maryland, Article on Public Safety, Section 7-202 and 7-203 of this article and for scholarships for children of volunteer firefighters or volunteer rescue squad persons killed or disabled in the line of duty, under 18-602 of the Education Article.
(b) The sum shall be administered by the Board of Trustees of the Maryland State Firemen's Association and may not be used for administrative cost.
MARYLAND STATE FIREMEN’S ASSOCIATION

OCCUPATIONAL DISEASES

PRESUMPTION LAW

MARYLAND ATTORNEY GENERAL’S OFFICE – “RULING”

SECTION “A”
MSFA Trustees Benefits and the Presumption Law

The MSFA Trustees administer death and disability benefits for certain individuals who are killed or injured in the line of duty. The Board of Trustees is responsible for reviewing claims and dispersing the benefits (a description of those benefits can be found under the “Trustees/Benefits” tab on www.msfa.org).

Recently, the question arose as to whether a volunteer firefighter who had acquired certain types of occupational cancers would be eligible for these benefits under Maryland law. The Trustees contacted the Maryland Attorney General and requested an answer on whether the Trustee’s benefits were included in the application of the “Presumption Law”. According to the Attorney General’s Office, the answer is no.

Maryland has established, through its’ Worker’s Compensation statutes a presumption that a volunteer firefighter, who has met certain criteria, suffers from an occupational disease. Those criteria are:

1. has leukemia or prostate, rectal, throat, multiple myeloma, non-Hodgkin's lymphoma, brain, testicular, or breast cancer that is caused by contact with a toxic substance that the individual has encountered in the line of duty;

2. has completed at least 10 years of service as a firefighter, fire fighting instructor, rescue squad member, or advanced life support unit member or in a combination of those jobs in the department where the individual currently is employed or serves;

3. is unable to perform the normal duties of a firefighter, fire fighting instructor, rescue squad member, or advanced life support unit member in the department where the individual currently is employed or serves because of the cancer or leukemia disability; and

4. in the case of a volunteer firefighter, volunteer fire fighting instructor, volunteer rescue squad member, or volunteer advanced life support unit member, has met a suitable standard of physical examination before becoming a firefighter, fire fighting instructor, rescue squad member, or advanced life support unit member.

Once those criteria are met, a Worker’s Compensation Claim is going to be approved unless it can be proven that the disease did not occur because of fire fighting activities.

That same presumption does not apply to death and disability benefits through the MSFA Trustees. Worker’s Compensation applies to both single incident injuries as well as to occupational diseases (long term health problems that a worker suffers as a result of their work activities over the course of their career). Trustee benefits apply to specific incidents, for example, a firefighter breaking an arm on the scene, or having a heart attack within a few hours of a fire call. While you might still be eligible for Trustee benefits if you develop one of the occupational cancers listed above, the burden is on you to prove that the cancer was caused by a specific, documented incident, and that is a very difficult burden to meet.
If you are injured, or a loved one is killed, while serving as a volunteer, or if you develop an occupational disease, there might be funds available to help you through those difficult times. You should contact a lawyer to help you with the specifics of filing a Worker’s Comp claim, and you should contact one of the Trustees to determine whether you are eligible for death or disability benefits through the MSFA.

Your Trustees are;

C. Dan Carpenter, III 240-216-1706 cell cdan33@verizon.net
Doug Alexander 240-674-3936 cell dalexander17@comcast.net
Jeff Thompson 443-480-3022 cell jefft64@verizon.net
Benjamin W. “Ben” Kurtz 410-808-6600 cell bkurtz7@aol.com
Terry Thompson 301-979-5686 cell tetfire@hotmail.com
MARYLAND STATE FIREMEN’S ASSOCIATION

FORMS
AND SAMPLES

Notify the MSFA Board of Trustees Secretary within 10 days of Line of Duty, Injury or Death.

Complete all forms and send to MSFA Board of Trustees Secretary within 30 days of member’s Injury or 90 days of member’s Death.

Mail completed forms by CERTIFIED MAIL to:

Jeffrey H. Thompson, Secretary
202 Oriole Road
Chestertown, MD 21620

The Board of Trustees will not accept any claims over 6 months old.

SECTION 2
MARYLAND STATE FIREMEN’S ASSOCIATION

Items needed for LODI

Complete all forms and send to MSFA Board of Trustees Secretary within 30 days.

1) Company Resolution. MSFA-BT-FORM 1 (6/2015)
2) Claim for Disability Benefit. MSFA-BT-FORM 2 (6/2015)
4) Continuation Claim. *(An updated FORM due every 90 days from injury date)* MSFA-BT-FORM 6 (6/2015)
5) Investigative Report of Incident. (Copy of Police Report, EMS Report if Transported and ER Room Report)
6) A letter from Fire Department describing Incident.

Items needed for LODD

Complete all forms and send to MSFA Board of Trustees Secretary within 90 days.

1) Company Resolution. MSFA-BT-FORM 1 (6/2015)
2) Claim for Death Benefit. MSFA-BT-FORM 3 (6/2015)
3) Claim for Benefits by Eligible Survivor of Deceased Member. MSFA-BT-FORM 5 (6/2015)
4) Investigative Report of Incident. (Copy of Police Report, EMS Report if Transported and ER Room Report)
5) A letter from Fire Department describing Incident.
6) A Copy of Marriage Certificate.
7) Copy of Children’s Birth Certificate.
8) Copy of Death Certificate.
9) Copy of Autopsy Report.

Mail completed forms by CERTIFIED MAIL to:
Jeffrey H. Thompson, Secretary
202 Oriole Road
Chestertown, MD 21620

July 2015
MARYLAND STATE FIREMEN’S ASSOCIATION

COMPANY RESOLUTION

________________________________________, Incorporated

(Official Name of Emergency Services Department/Organization)

ADDRESS: __________________________________________

________________________________________, Maryland

___________________ Zip Code

DATE: __________________________________________

________________________________________ Member of the above

(Full Name of Member Making Motion for Adoption)

Department/Organization offered the following resolution and moved its adoption.

BE IT RESOLVED, that ______________________________________________________________

(Official Name of Department/Organization)

certifies that ________________________________________________________________________

(Name of Injured/Deceased Member)

is/was a member in good standing in this department/organization and was

injured/killed/died in line of duty on __________________________________________.

(Date of Injury/Death)

Recommendation made for favorable action by the Maryland State Firemen's Association Board of

Trustees towards settlement of any claims approved by the Board as a result of said injury/death.

________________________________________ Member of the above Department/Organization,

(Full Name of Member Seconding Motion)

seconded the motion for the resolution

MEMBERSHIP VOTE: (Not a Board of Directors meeting)

In favor of resolution (# of votes) ______
Opposed resolution (# of votes) ______
Not Voting (# of votes) ______
Resolution (check block) Carried ______ Failed ______

Date: ________________ Contact Telephone #: ______________________

(Member of the above)

Officer: _____________________ Telephone#: ___________________ (Company Seal)

(Print Full Name and Title of Officer)

Signature: ________________________________

MSFA-BT-FORM 1 (6/2015)
MARYLAND STATE FIREMEN’S ASSOCIATION

CLAIM FOR DISABILITY BENEFIT

Notify the MSFA Board of Trustees Secretary within 10 days of injury. Complete all forms and send to MSFA Board of Trustees Secretary within 30 days of member’s injury.

Date of this Report: ______________________

FIRE / EMS
1. Name of Emergency Services Organization: ____________________________________________

COMPANY’S
2. Address: ________________________________________________________________________

REPORT:
3. Name of injured: ____________________________________________

4. Address where Incident Occurred: __________________________________________________

5. Date Member Joined Company: ______________________________________________________

6. Date of Injury: ______________________ 20____ Day of Week ________________
   Hour of Day: ______________________ a.m. __________________ p.m.

7. Name of Company Officer in Charge and Telephone #: ______________________________________

Signature of President or Secretary: ___________________________ Print Name: ___________________________

INJURED
8. Name of Injured: ____________________________ Telephone #: ____________________________

MEMBER’S
9. Address: No. & Street ______________________________________________________________

REPORT:
City or Town: _______________________________________________________________________

10. Check One: Married ______ Single _____ Widower ______ Divorced ______

11. Age: _____ Date of Birth: _____________ SSN #: _______________ No. of Dependents ______

12. Cause of Injury: _________________________________________________________________

13. Nature of Injury _________________________________________________________________

14. Describe in detail how accident occurred (attach EMS Report if Transported and ER Room Report)

15. Estimated length of Disability: _______________________________________________________

16. State whether totally or partially disabled: _____________________________________________

   From what date: ______________________ Did you lose time from your regular employment:
   _____ YES _____ NO. If yes, did you lose any income: _____ YES _____ NO
   Total Income Lost To Date: ___________________________________________________________________

17. Has injured returned to work: _____ YES _____ NO. If yes, date returned: ________________

Signature of injured: ______________________________________________________________________

PAGE 1 OF 2
MSFA-BT FORM 2 (6/2015)  2-4
PAGE 2 OF 2

July 2015
PHYSICIAN’S
18. Name of Physician ____________________________________________________________
Address: ______________________________________________________________________
Telephone Number: ______________________________________________________________

REPORT:
19. Name and address of Hospital (if applicable) ______________________________________
________________________________________________________________________________

20. Accurately describe Nature and Extent of Injury (attach physician’s report if applicable
________________________________________________________________________________

21. Will injury result in permanent disability? ____ YES ____ NO. If yes, give particulars
________________________________________________________________________________

22. Date of First Treatment _________________________________________________________
23. Date of Admission to Hospital __________________________________________________
24. Date of Discharge _____________________________________________________________
25. Will further treatment be necessary? _______ YES ______ NO
26. Patient will be able to resume Work/Duty:
   Light work ______________________________ Date __________________
   Regular work ______________________________ Date __________________

27. Has injured died? _______ YES ______ NO. If yes, Date of Death ______________________
   IF DECEASED: Please complete form MSFA-BT FORM 3 (6/2015)

Name of Injured Person: ____________________________________________________________

Signature of Physician or Hospital Representative: ______________________________________

Print Name: __________________________ Doctor’s State License #: ______________________

STATE OF MARYLAND
COUNTY OF ______________________________________________

AFFIDAVIT
I hereby certify that __________________________ appeared
Before me on the __________ day of ____________________, 20____, and made oath that
The above statements were true and correct.

WITNESS my hand and notary seal

______________________________ My Commission Expires: ________________________
Notary Public
Address: __________________________ City __________________________ State __________

FORM MUST BE IN INK OR TYPEWRITTEN

PAGE 2 OF 2
MSFA-BT FORM 2 (6/2015) 2-5

July 2015
MARYLAND STATE FIREMEN’S ASSOCIATION

CLAIM FOR DEATH BENEFIT

(STATE FIREMEN’S ASSOCIATION BOARD OF TRUSTEES RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION)

Notify the MSFA Board of Trustees Secretary within 10 days of death. Complete all forms and send to MSFA Board of Trustees Secretary within 90 days of member’s death.

Date of this Report: __________________________

FIRE
1. Name of Emergency Services Organization: _______________________________________________

COMPANY’S
2. Address: __________________________________________

REPORT:
3. Address where Incident Occurred: _______________________________________________________

4. Date Member Joined Company: _________________________________________________________

5. Date of Death: ______________________ 20____ Day of Week: ________________
   Hour of Day: ______________________ a.m. ____________________ p.m. ________________

6. Name of Company Officer in Charge and Telephone #: ______________________________________

DECEASED
7. Name of Deceased ___________________________________________________________________

MEMBER’S
8. Address: No. & Street _________________________________________________________________
   City or Town _______________________________________________________________________

9. Check One	Married _________ Single _______ Widower _______ Divorced _______

10. Age: ______ Date of Birth: ___________ SSN #: ___________ No. of Dependents _________
    Contact person and Telephone #: ___________________________________________________

11. Cause of Death ____________________________________________________________________

12. Nature of Death ______________________

13. Describe in detail how death occurred (attach EMS Report if Transported and ER Room Report)
____________________________________________________________________________________
____________________________________________________________________________________

Print Name: _________________________________ Signature: __________________________

President or Secretary

Attach Copy of Death Certificate with Official Seal

STATE OF MARYLAND

COUNTRY OF ______________________________

AFFIDAVIT
I hereby certify that ___________________________ appeared
Before me on the ______________________ day of ___________________ 20____, and made oath that
The above statements were true and correct.

WITNESS my hand and notary seal

____________________________ My Commission Expires: ______________________

Notary Public

Address: __________________________ City __________________ State _______________

FORM MUST BE IN INK OR TYPEWRITTEN

MSFA-BT FORM 3 (6/2015) 2-6

July 2015
MARYLAND STATE FIREMEN’S ASSOCIATION

SUPPLEMENTAL CLAIM FOR LOSS OF LIMB OR DISFIGURING BURNS
(MSFA BOARD of TRUSTEES RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION)

Notify the MSFA Board of Trustees Secretary within 10 days of loss of limb or disfiguring burn. Complete all forms and send to MSFA Board of Trustees Secretary within 30 days of member’s loss of limb or disfiguring burn.

DATE: ____________________________

This is to certify that: ____________________________________________________________

(Full Name of Member)

A volunteer member of the: _______________________________________________________

(Name of Department/Organization)

Sustained the loss of or disfiguring burn: __________________________________________

(Identify limb/limbs by name) or (disfiguring burned body part and %)

In the Line of Duty on: ___________________________ 20____ Day of Week:______________

Describe fully how the accident occurred:

________________________________________________________________________________

________________________________________________________________________________

Print Name: ___________________________ Signature: ___________________________

President or Secretary
Telephone #: ___________________________

Company Seal

STATE OF MARYLAND

COUNTY OF __________________

AFFIDAVIT I hereby certify that ___________________________________________ appeared

Before me on the _______ day of _________________ 20____, and made oath that

The above statements were true and correct.

WITNESS my hand and notary seal

_________________________________________ My Commission Expires: _______________

Notary Public
Address: ___________________________ City ___________________ State ______

FORM MUST BE IN INK OR TYPEWRITTEN

SEAL

MSFA-BT FORM 4 (6/2015) 2-7

July 2015
MARYLAND STATE FIREMEN’S ASSOCIATION

CLAIM FOR BENEFITS BY ELIGIBLE SURVIVORS OF DECEASED MEMBER

(MSFA BOARD of TRUSTEES RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION)

Date: _______________________

To the Trustees of the Maryland State Firemen’s Association:

I hereby make claim for benefits under the provisions of Article on Public Safety, Section 1-202 Annotated Code of Maryland. My claim arises out of the death of ____________________________ who died on ______________________ day of ______________________, 20____, as a result of his active participation in fighting a fire or while going to or from a fire or while performing other duties necessary to the operation or maintenance of the fire company or while actively participating in the ambulance, advanced life support, or rescue work of a volunteer fire, ambulance, or rescue company or volunteer advanced life support unit in the State; or while providing emergency or rescue assistance, whether acting alone or at the direction of or with a fire, ambulance, or rescue company or advanced life support unit. Deceased was a member of the ________________________________ Volunteer Fire/ Ambulance/Rescue or Advance Life Support Unit of ________________________________ (City or County)

TO BE FILLED
Name ________________________ Age ____ DOB _______ SSN# ____________
Telephone #: ____________________________

IN BY SPOUSE
Address ___________________________________________________________

Only
City ______________________ State _________ Zip ___________

Date of marriage to deceased ____________________________
(Submit Copy of Marriage License)

Deceased left the following surviving dependent children

<table>
<thead>
<tr>
<th>Names</th>
<th>Age</th>
<th>Date of Birth</th>
<th>SSN #</th>
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</tbody>
</table>

IF NO SPOUSE

Name ________________________ Age ____ DOB _______ SSN # ____________

But there are
Telephone #: ____________________________

Address __________________________________________________________

Surviving Minor

Relationship to deceased ____________________________________________

Children This Section to be filled in by

Guarantor or

Other Person

Responsible for the children

PAGE 1 OF 2

MSFA-BT FORM 5 (6/2015)
State your authority for custody of minor children

____________________________________

How long have they been in your custody? 

____________________________________

Were you receiving support from the deceased? _______ YES _______ NO.

ATTACH COPY OF DEATH CERTIFICATE

ATTACH COPY OF EMS REPORT, OR HOSPITAL RECORD

Claimant’s personal signature: ____________________________________________

Print Name and Telephone #: ____________________________________________

Present Address: _________________________________________________________

City ___________________________ State _____________

NOTE: IF NO SURVIVING SPOUSE OR DEPENDENT CHILDREN APPLICANT SHALL CONTACT A MEMBER OF THE MSFA BOARD OF TRUSTEES.

STATE OF MARYLAND COUNTY OF _______________

AFFIDAVIT I hereby certify that ______________________________________________ appeared

Before me on the ________ day of __________________20______, and made oath that

The above statements were true and correct.

WITNESS my hand and notary seal

___________________________________ My Commission Expires: _______________

Notary Public

Address: _______________________________ City __________________ State _______

FORM MUST BE IN INK OR TYPEWRITTEN
To the Board of Trustees of the Maryland State Firemen's Association

We hereby certify that _________________________________________________ an active member of 

The ________________ of ________________________, was 

(Name of Company) (City and County) 

injured while performing the duties of a Volunteer Firefighter, Rescue Squad person, Ambulance person or Advanced Life Support person and he has not been able to work due to said injuries from the ______ day of ____________, 20 ___ to the ______ day of ________________, 20 ___.

Print Name: ______________________________ Signature: ____________________________

President

Print Name: ______________________________ Signature: ____________________________

Secretary

DOCTOR’S CERTIFICATE

I hereby certify that __________________________________ of the __________________________

(Name of Company) of ________________________ was treated by me from the ______ day of ____________

(City and County) 20 ___, to the ____________________ day of ___________________________, 20 ___ as the result of being injured while performing the duties of a Volunteer Firefighter, Rescue Squad person, Ambulance person or Advanced Life Support person and is unable to engage in any occupation or employment for which he is qualified or may become reasonably qualified.

Print Name: ______________________________ Signature: ____________________________

Telephone #: _________________________ Doctor’s State License #: ____________________________

INJURED MEMBER’S CERTIFICATE

This is to certify that I was injured on the ______ day of ________________________, 20 ___, while performing the duties of a Volunteer Firefighter, Rescue Squad person, Ambulance person or Advanced Life Support person and that I have not been able to work due to said injuries from the ______ day of ________________________, 20 ___ to the ______ day of ________________________, 20 ___.

Print Name: ______________________________ Signature: ____________________________

Telephone #: ____________________________

STATE OF MARYLAND COUNTY OF __________________________

AFFIDAVIT I hereby certify that __________________________ appeared 

Before me on the ______ day of ________________________, 20 ___, and made oath that 
The above statements were true and correct.

WITNESS my hand and notary seal

________________________________ My Commission Expires: ____________________________

Notary Public

Address: __________________ City __________________ State ____________

FORM MUST BE IN INK OR TYPEWRITTEN

MSFA-BT FORM 6 (6/2015) 2-10

July 2015
MARYLAND STATE FIREMEN’S ASSOCIATION

STATE FLAG TO ANY
FIREFIGHTER,
RESCUE SQUAD MEMBER,
AMBULANCE MEMBER,
OR SWORN MEMBER OF THE
STATE FIRE MARSHAL’S
OFFICE

KILLED IN LINE OF
DUTY

SECTION 3
MARYLAND STATE FIREMEN’S ASSOCIATION

44. State flag to family of Firefighter, Rescue Squad member, Ambulance member or sworn member of the State Fire Marshal’s Office killed in line of duty. Annotated Code of Maryland, Article on Public Safety, Section 1-202

The Secretary of State of Maryland shall issue a Maryland State flag to the family of any firefighter, Rescue Squad member, Ambulance member or sworn member of the State Fire Marshal’s Office killed in the line of duty. The flag shall be presented to the family of the deceased firefighter or policeman, or sworn member by the State Senator of the legislative district in Maryland in which the deceased resided or served.

NOTE: This Act shall take effect October 1, 1998.
MARYLAND STATE FIREMEN’S ASSOCIATION

BESSION MARSHALL BENEFIT FUND

ADMINISTERED BY:

Maryland State Firemen's Association
Ladies Auxiliary
Bessie Marshall Benefit Fund

SECTION 4
MARYLAND STATE FIREMEN’S ASSOCIATION

THE BESSIE MARSHALL BENEFIT FUND

LADIES AUXILIARY OF THE
MARYLAND STATE FIREMEN’S ASSOCIATION

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 UPON COMPLYING WITH THE APPLICATION REQUIREMENTS AND BEING APPROVED will be entitled to the weekly benefits of the Bessie Marshall Benefit Fund; and provided, said sickness or injury was NOT RECEIVED IN THE LINE OF DUTY and adequate salary or compensation is not received. Any sick or injured member receiving Social Security Benefits or retirement WILL BE ELIGIBLE to said benefits. The Bessie Marshall Benefit Committee decides whether adequate salary is received.

Should sickness or injury continue for longer than one (1) week, for each week after the first week, said member shall be eligible to receive ONE HUNDRED FIFTY DOLLARS ($150.00) per week not to exceed SIX (6) WEEKS or NINE HUNDRED DOLLARS ($900.00) in any fiscal year. A member is not eligible for more than two (2) consecutive years. Any additional requests for benefits must be based on a new incident, not on any existing one.

Claims for the benefit paid by the Auxiliary shall be made as follows:

FORM A – VOLUNTEER FIREMEN’S REQUEST FOR WEEKLY BENEFITS OF THE BESSIE MARSHALL BENEFIT FUND must be filled out completely by the incapacitated member, signed by said member and the Chief or President of member’s Fire Department and notarized. Form to be sent immediately to the Chairman of the Bessie Marshall Benefit Fund, with FORM B – CERTIFICATE FOR SICK BENEFITS LADIES’ AUXILIARY TO THE MARYLAND STATE FIREMEN’S ASSOCIATION. In the event the member is physically unable to execute the form, it may be executed on member’s behalf by an immediate member of the family. All information contained hereto will be confidential.

These forms can be requested from any officer of the Ladies Auxiliary to the Maryland State Firemen's Association or their designee.

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

Bessie Marshall Benefit Fund

Co-Chair Martha Neal
42000 Seabrook Lane
Hollywood, MD 20636
Telephone: 301-373-2020
email: m2Neal@md.metrocast.net

Co-Chair Kitty Garner
Telephone: 443-805-9646
email: ff8268@aol.com

MAIL ALL Bessie Marshall cases or correspondence to Martha Neal.

July 2015
MARYLAND STATE FIREMEN’S ASSOCIATION

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

IMPORTANT: This form must be filled out completely by the incapacitated member, signed by said member and the Chief or President of member’s Fire Department and notarized. Form to be sent immediately to the Chairman of the Bessie Marshall Benefit Fund, with the certificate for sick benefits. In the event the member is physically unable to execute this form, it may be executed on member’s behalf by an immediate member of the family. All information contained hereto will be confidential.

I hereby request benefits under the provisions of rules set forth in Procedure Book of the Ladies Auxiliary to the Maryland State Firemen's Association.

1. Name of incapacitated member__________________________________________ Age__________
2. Address, No. and St._________________________________________________ ____________
   City________________________ Town_________________ County_____________ State______
3. Date of illness:________________ Nature of illness, state in patient’s own words, ____________________________________________
4. Was illness or injury received, a result of duty on a fire or place of employment? _______________
5. Were you employed at time of illness? _________________ or accident? _______________
6. Salary received per week _________________ Dependents ___ Wife or Husband ___ Children ___
7. Are you covered by any compensation, health, accident, or sick insurance? If so, explain and amount received per week __________________________________________________________________
   ____________________________________________________________________________
8. Are you receiving your salary or any other income while you are incapacitated? State amount receiving
   ________________________________________________________________________________
9. How long have you been a member of your Fire Department? _______________________________
10. Have you in the past applied for weekly benefits from the Fund? ____________________________
    If yes, explain fully and give dates ________________________________________________
    __________________________________________________

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

I do hereby certify the above statements to be true and Correct, to the best of my knowledge. ____________________________________ Date

________________________________________
Name of Fire Department

Seal ____________________________
Notary ____________________________

Patient’s Signature ____________________________

Chief or President ____________________________

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July 2015
MARYLAND STATE FIREMEN’S ASSOCIATION

FORM B
CERTIFICATE FOR SICK BENEFITS

LADIES’ AUXILIARY
TO THE
MARYLAND STATE FIREMEN’S ASSOCIATION

NOTE: Whenever a member of any company or department in good standing in the Maryland State Firemen's Association is ill, or injured, one copy of this certificate shall be signed and forwarded to the Chairman of the Bessie Marshall Benefit Fund Committee as soon as the incapacitated member is eligible for benefits.

__________________________________________Md. ________________________________20____

To the Chairman of the Bessie Marshall Benefit Fund Committee:

This Is To Certify That__________________________________________________________

Name of Patient

Address ____________________________________________________________________________

An active member of

Name of Company or Department

Was taken ill, or injured on __________________________________________________________

Benefits to be paid to __________________________________________________________________

__________________________________________

Secretary of the __________________________________________________________

Chief or President of the __________________________________________________________

I do hereby certify the above statements to be true and correct

to be best of my knowledge

Seal

____________________________________

Notary

FORM C (no notary required)

I hereby certify that ___________________________________________________________ has been under

My medical care since ___________________________________________________________

Date, or estimated date or return to work __________________________________________

Date ___________________________________________ Signature of Doctor

BENEFITS

Section 1. 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 for work shall be entitled to the weekly benefits of the Bessie Marshall Benefit Fund: provided, said sickness or injury was not received in the line of duty and adequate salary or compensation is not received. The Bessie Marshall Benefit Committee decides whether adequate salary is received.

Section 2. Should the sickness or injury continue for longer than one week, for each week after the first week said member shall be eligible to receive $150.00 per week not to exceed six (6) weeks or $900.00 in any fiscal year. A member is not eligible for benefits for more than two (2) consecutive years.

July 2015
REPORTING LINE-OF-DUTY DEATHS

SECTION 5
MARYLAND STATE FIREMEN’S ASSOCIATION

REPORTING LINE-OF-DUTY DEATHS

The following agencies should be notified in the event of a line-of-duty death. These agencies should also be notified of any serious injury to a member of the emergency services organizations.

MSFA BOARD OF TRUSTEES (one of the following)
C. Dan Carpenter, III, Chair (H) 301-609-8651 (C) 240-216-1706
<cdan33@verizon.net>
Douglas C. Alexander, Vice Chair (H) 301-831-5810 (C) 240-674-3936
<dalexander17@comcast.net>
Jeffrey H. Thompson, Secretary (C) 443-480-3022
<jefft64@verizon.net>
Benjamin W. “Ben” Kurtz, Trustee (W) 410-692-6000 (C) 410-808-6600
<bkurtz7@aol.com>
Terry E. Thompson, P.P., Trustee (H) 410-531-3342 (C) 301-979-5686
<tetfire@hotmail.com>

MSFA OFFICE OF THE SECRETARY
Doyle E. Cox, P.P., Secretary (H) 410-690-3568 (C) 443-532-1416
<doyle.cox2010@gmail.com> or <dcox@msfa.org>

MSFA OFFICE OF THE CHAPLAIN
Rev. John F. Long, Jr., Chaplain (H) 410-437-6756 (W) 410-762-6235
<jflongjr@yahoo.com>
(C) 443-623-0753
<pray@msfa.org>

NATIONAL FALLEN FIREFIGHTER’S FOUNDATION
1-866-736-5868
301-447-1365

PUBLIC SAFETY OFFICER’S BENEFITS PROGRAM
Public Safety Officer’s Benefits Program 202-307-0635
810 Seventh Street, N.W. 1-888-744-6513
Washington, D.C. 20531

July 2015
STATE OF MARYLAND
DEATH BENEFIT
(Pursuant to Annotated Code of Maryland, Article on Public Safety, Title 1)

SECTION 6
MARYLAND STATE FIREMEN’S ASSOCIATION

STATE OF MARYLAND

$125,000.00 DEATH BENEFIT

ADMINISTERED BY: STATE OF MARYLAND
Department of Public Safety
and Correctional Services
Office of Personnel – Room 301
6776 Reisterstown Road
Baltimore, Maryland 21215-2341

July 2015
MARYLAND STATE FIREMEN’S ASSOCIATION

STATE OF MARYLAND

LAW ENFORCEMENT OFFICERS’ DEATH BENEFITS PROGRAM

A. **PS 1-202 Benefit** (Pursuant to Annotated Code of Maryland, Article on Public Safety, Section 1-202).

The Secretary of Public Safety and Correctional Services may determine that a lump sum death benefit of one hundred twenty five thousand dollars ($125,000) be paid to the spouse, children, or dependent parent(s) of any of the following officers of the State or any political subdivision thereof, who are killed or who die in the performance of official duties, **after July 1, 1989**.

Reasonable funeral expenses, not to exceed $10,000 shall be paid to the surviving spouse, children, or dependent parents of any of the following officers of State or any political subdivision thereof, who are killed or who die in the performance of official duties, the total sum will be reduced by the amount of the Workers’ Compensation funeral benefit, **effective May 14, 1996**:

- Any law enforcement officer as defined in Section PS 1-202.
- Any sheriff or deputy sheriff
- Any correctional officer
- Any volunteer or professional fire fighters or rescue squad member
- Any sworn member of the State Fire Marshal’s Office

B. **PS 1-202 Legal Authority** (Pursuant to Annotated Code of Maryland, Article on Public Safety, Section 1-202).

The State Law Enforcement Officers’ Death Benefit program is authorized by and contained in the Annotated Code of Maryland, Article on Public Safety, Section 1-202. Procedures for administering the benefit are contained in COMAR 12.11.06.

Funeral expenses are authorized by and contained in the Annotated Code of Maryland, Article on Public Safety, Section 1-202

C. **Beneficiary**

Payment of the benefit shall be made in the following priority:

1. To the surviving spouse.
2. If there is no surviving spouse, to the surviving child or children of the decedent.
3. If there is no surviving spouse, child or children, to surviving dependent parent(s) of the decedent. Dependent status shall be as defined in Section 152 of the Internal Revenue Code of the United States.

D. **Application for Benefit**

The beneficiary or an individual, or agency applying on behalf of the beneficiary must submit a letter of application to:

Department of Public Safety and Correctional Services
Office of Personnel – Room 301
6776 Reisterstown Road
Baltimore, MD 21215-2341

The request for the Death Benefit Claim ($125,000) and the request for Funeral Expense (up to $10,000) shall be submitted as one complete package to the above address.

E. **Documentation**

The applicant must submit the following documents along with the letter of application for the Death Benefit:

1. A copy of Death Certificate with raised seal.
2. Investigative report of incident relative to the death.

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3. Statement from the appropriate agency that the employee was killed or died in the performance of their duty.
4. Name, address and social security number of beneficiary.
5. a) Copy of marriage certificate, if beneficiary is the surviving spouse.
   b) Copy of birth certificate(s), if beneficiary is surviving child or children.
   c) Documentation to verify dependency if beneficiary is surviving dependent parent(s). (Copy of most recent Federal Income Tax Form filed by decedent(s), received more than half their support from the decedent.)
6. Copy of autopsy report, if available.
7. Additional information may be required due to any unusual or exceptional circumstances or to establish a causal connection between the decedent’s job function and death.

The applicant must submit the following documentation for processing payment of funeral expenses:
1. All bills relating to the total cost of funeral expenses:
   A. Bills shall be attached and listed in chronological order.
   B. Summary sheet – totaling all bills including a sum total of same.
   C. Bill to: shall be the beneficiary.

F. Benefit Award
   The Secretary of Public Safety and Correctional Services, after weighing all factors of the application, will determine the appropriate benefit award, if any.

G. Right to Appeal
   Any person aggrieved by a final decision of the Secretary may apply for judicial review. The appeal shall be made as provided for in Annotated Code of Maryland, Article on State Government, Section 10-222, PS 1-202 et seq.

H. Payment
   The payment provided for in this program shall be made from funds which the Governor may provide for that purpose in the State budget. An approval benefit payment will be made by check issued by the State Comptroller.

I. Information
   Additional information regarding the Death Benefit Program may be obtained from the Division of Personnel, Department of Public Safety and Correctional Services (410) 764-4012.

INITIATING A CLAIM FOR DEATH BENEFITS FOR A FIREFIGHTER OR RESCUE SQUAD MEMBER KILLED IN THE LINE OF DUTY

APPLICATION FOR BENEFIT
   The beneficiary or an individual, or agency applying on behalf of the beneficiary must submit a letter of application to the Department of Public Safety and Correctional Services.
   The request for the Death Benefit Claim ($125,000) and the request for Funeral Expense (up to $10,000) shall be submitted as one complete package to the below address.
   The applicant must submit the following documents along with the letter of application for the Death Benefit.
   1. Decedents’ full name and occupation at time of death.
   3. Investigative report of incident relative to the death if applicable.
   4. Statement from the appropriate agency that the individual was killed or died in the performance of their duty.
   5. Name, address and social security number of beneficiary.

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6.  a) Copy of marriage certificate, if beneficiary is the surviving spouse.
   e) Copy of birth certificate(s), if the beneficiary is surviving child or children.
   f) Documentation to verify dependency if beneficiary is surviving parent(s).
7.  Copy of autopsy report, if available.
8.  Additional information may be required due to any unusual or exceptional circumstances or to
     establish a causal connection between the decedent’s job function and death.

The application must submit the following documentation for processing payment of funeral expenses:

1. All bills relating to the total cost of funeral expenses:
   a) Bills shall be attached and listed in chronological order.
   b) Summary sheet – totaling all bills including a sum total of same.
   c) Bill to: shall be to the beneficiary.

Please supply this information on Company letterhead in writing as soon as possible in order to
receive claim forms.

Send to:
Department of Public Safety and Correctional Services
Office of Personnel – Room 301
6776 Reisterstown Road
Baltimore, MD 21215-2341

Title 12
Department of Public Safety and Correctional Services
Subtitle 11 Office of the Secretary
Chapter 06 Procedures for Payment of Death Benefits
Authority: Article on Public Safety, 1-202 Annotated Code of Maryland

.01 Applying for Benefits
A. An individual or agency applying on behalf of the beneficiary for death benefits shall submit the
   following information:
(1) A surviving spouse shall submit:
   (a) A copy of the death certificate
   (b) A copy of the marriage certificate
   (c) An investigative report of the incident
   (d) A statement from the agency that the employee was killed or died in the line of duty, and
   (e) The name, address, and Social Security number of the beneficiary.
(2) Surviving natural or adopted children, or children born out of wedlock who are 18 years old or
   younger, shall submit:
   (a) A copy of death certificate
   (b) A copy of the birth certificate; or certificates of the child or children,
   (c) An investigative report of the incident,
   (d) A statement from the agency that the employee was killed or died in the line of duty, and
   (e) The name, address, and Social Security number of the beneficiary or beneficiaries;
(3) Surviving natural or adopted children, or children born out of wedlock who are over 18 years old but
   mentally or physically incapable of supporting themselves, shall submit:
   (a) A copy of the death certificate
   (b) A copy of the birth certificate or certificates of the child or children,
   (c) A statement from a physician concerning the disability of the child or children,
   (d) An investigative report of the incident,
   (e) A statement from the agency that the employee was killed or died in the line of duty, and
   (f) The name, Address, and Social Security number of the beneficiary or beneficiaries;
(4) A surviving dependent parent or parents shall submit:
   (a) A copy of the death certificate,
   (b) An investigative report of the incident,
   (c) A statement from the agency that the employee was killed or died in the line of duty,
   (d) A copy of birth certificate of the decedent,
   (e) A copy of the decedent’s most recent federal or State income tax return showing dependency of
      the parent or parents, and
   (f) The name, Address, and Social Security number of the beneficiary or beneficiaries.
B. Additional documentation or information may be required because of unusual or exceptional
   circumstances.
C. The information in A and B of this regulation shall be sent to the Department of Public Safety and
   Correctional Services, Offices of Personnel, 6776 Reisterstown Road, Suite 301, Baltimore, MD
   21215-2341.

.02 Review Procedures
A. Review Board
   (1) A review board may be convened by the Secretary, consisting of the Executive Director of the
       Police and Correctional Training Commissions, State Fire Marshal, Commissioner of Correction,
       and Deputy Secretary of Public Safety and Correctional Services, who shall chair the board
       meetings.
   (2) The Board shall review:
      (a) The materials submitted as an application for the death benefit and advise the Secretary
          concerning the award of the death benefit when there is a substantial question as to whether
          the circumstances set out in B of this regulation were present;
      (b) Each case on a case-by-case basis.
B. The Secretary may, on a case-by-case basis, award a death benefit under this chapter under the
   following circumstances:
   (1) If the decedent’s death was caused by the decedent’s intentional misconduct;
   (2) If the decedent intended to bring about the decedent’s death; or
   (3) If the decedent’s voluntary intoxication was the proximate cause of the decedent’s death.
C. If further information concerning the circumstances of the death is required, the board shall request
   the Inspector General, Department of Public Safety and Correctional Services, to assemble the
   necessary information.

Effective date: April 18, 1988
Regulation .01 & 02 amended effective April 22, 1996
Regulation .01A amended effective April 2, 1990

Subtitle 10, Employees Killed in the Line of Duty
Annotated Code of Maryland, Article on Public Safety, Section 1-201
PS 1-201. Reward for information as to person killing law enforcement officer or certain
emergency service personnel.
(a) The Governor is authorized to offer a reward in the name of the State of Maryland for information
    leading to the arrest and on conviction of any person causing the death of a law enforcement officer
    of the State or any political subdivision of the State, a paid or volunteer member of a fire department
    or ambulance or rescue squad, or any of the sworn personnel of the State Fire Marshal’s Office who
    is killed in the performance of duty. Upon the request of the State’s Attorney of the political
    subdivision in which the death occurred, the Governor, on or after March 1, 1990, may fix and
    announce a reward for the information in an amount not to exceed twenty-five thousand dollars
    ($25,000) in each case. The determination of the Governor of the person or persons to whom a
reward is to be paid is conclusive.

(b) Whenever the Governor has determined that any person is entitled to a reward as provided by this section, the Governor shall include this sum of money in the annual State budget.

PS 1-202. Death benefit to survivors or estate of law enforcement officer, correctional officer, firefighter or rescue squad member killed in line of duty.

(a) Definitions. – (1) In this section the following words have the meanings indicated.

2 “Law enforcement officer” means:
(i) A law enforcement officer as defined in Article PS 1-202 of this Code;
(ii) An officer serving in a probationary status;
(iii) An officer who serves at the pleasure of the appointing authority of a county, incorporated municipality, or Baltimore City;
(iv) The security force of the Department of General Services; and
(v) The special police of the Department of Health and Mental Hygiene who are commissioned police officers.
(vi) A sheriff or deputy sheriff of Baltimore City.

3 “Children” means any natural, illegitimate, adopted, or posthumous children or stepchildren of the decedent
(i) Eighteen years of age or under; or
(ii) Over eighteen years of age and incapable of self-support because of physical or mental disability.

4 “Correctional officer” means a member of a correctional unit who is responsible for the investigation, care, custody, control, or supervision of persons confined to places of incarceration.

5 “Correction unit” means any State of county governmental organization which has statute, ordinance, or court order the responsibility for the care, control, and supervision of inmates in correctional institutions for persons declared to be parolees or for persons placed on probation or suspension of sentence.

6 “Performance of Duties” includes, in the case of a volunteer or career firefighter or rescue squad member.
(i) Actively participating in fighting a fire or while going to or from a fire.
(ii) Performing other duties necessary to the operation or maintenance of the fire company;
(iii) Actively participating in the ambulance, advanced life support, or rescue work of a fire, ambulance, or rescue company or advanced life support unit, including going to or from the scene of an emergency or rescue; and
(iv) Providing emergency rescue assistance, whether acting alone or at the direction of or with a fire, ambulance, or rescue company or advanced life support unit.

7 “Stepchild” means a child of the surviving spouse who was living with or dependent for support on the decedent at the time of his death.

8 “State Fire Marshal” means any sworn member of the Maryland State Fire Marshal’s Office.

(b) Eligibility; amount; funeral benefit – (1) (i) A death benefit shall be paid to the surviving spouse, children, dependent parents, or estate of any law enforcement officer of the State or of any political subdivision of the State, any sheriff or deputy sheriff, any correctional officer, any volunteer or career fire-fighter or rescue squad member or any State Fire Marshal, who is killed or dies in the performance of duties on or after July 1, 1989.
(ii) The amount of the benefit shall be $125,000.
(iii) For fiscal year 1999 and each fiscal year thereafter, the death benefit provided in the prior fiscal year shall be adjusted by the change for the calendar year preceding the fiscal year in the consumer price index (all urban customers – United States city average – all items) as published by the United States Bureau of Labor Statistics.
This death benefit shall be in addition to:
Any worker’s compensation benefits;
The proceeds of any form of life insurance, regardless of who paid the premiums on the insurance or funeral benefit provider under paragraph (3) of this subsection.

(i) Reasonable funeral expenses, not to exceed $10,000, shall be paid to the surviving spouse, children, parents, or estate of a law enforcement officer, correctional officer, volunteer or career firefighter or rescue squad member, or State Fire Marshal who is killed or dies in the performance of duties.

(ii) The funeral benefit provided by this paragraph shall be reduced by the amount of any related worker’s compensation benefit paid under the provisions of 9-689 of the Labor and Employment Article.

(c) Funds. – The payments for which this section provides shall be made out of funds which the Governor may appropriate for that purpose in the State budget.

(d) Discretionary award. – The Secretary of Public Safety and Correctional Services may award a death benefit under this section under any of the following circumstances provided the decision is made on a case-by-case basis:
If the decedent’s death was caused by the decedent’s intentional misconduct:
If the decedent intended to bring about the decedent’s death; or
If the decedent’s voluntary intoxication was the proximate cause of the decedent’s death.

(e) Payment. – Upon a determination by the Secretary of the Department of Public Safety and Correctional Services that the benefits provided for in this section are to be paid, payment shall be made as follows:
(1) To the surviving spouse;
(2) If there is no surviving spouse, to the surviving child or children or the decedent in equal shares;
(3) If there is no surviving spouse, or children, to the surviving parent or parents, or
(4) If there is no surviving spouse, children; or parents, to the estate of the decedent.

(f) Appeal. – (1) Any person aggrieved by a final decision of the Secretary under this section may apply for judicial review.
(2) This appeal shall be made as provided for review of final decisions in Title 10, Subtitle 2 of the State Government Article of the Code.

Section 2 - This Act shall take effect 1 July 1998 and shall be applicable to any law enforcement officer, sheriff or deputy sheriff, correctional officer, volunteer or career firefighter or rescue squad member, or State Fire Marshal who is killed or dies in the performance of duties on or after July 1, 1996.
MARYLAND STATE FIREMEN’S ASSOCIATION

Title 18.
Student Financial Assistance
Subtitle 6. Scholarships for Military and Public Safety Personnel and Their Children

ED 18-601 Scholarship for prisoners of war, children of certain veterans and children or spouses of public safety employees. (Pursuant to Annotated Code of Maryland, Volume on Education, Section 18-601)
Definitions. –
(1) In this section the following words have the meanings indicated.
(2) “Disabled public safety employee” means a State or local public safety employee who sustains an injury in the line of duty that;
(i) Precludes the individual from continuing to serve or be employed as a State or local public safety employee; and
(ii) In the case of a volunteer member of a fire department or ambulance or rescue company or squad, precludes the member from continuing to be employed in the nonpublic safety occupation in which the member is engaged at the time of the injury.
(3) “Surviving spouse” means a person who has not remarried.
(4) “State or local public safety employee” means a person who is:
A career or volunteer member of a:
1. Fire department
2. Ambulance company or squad; or
3. Rescue company or squad;
A law enforcement officer;
A correctional officer; or
A member of the Maryland National Guard who was resident of this State at the time of death.
Established. – There is a program of scholarships that are awarded under this section.
Name of program. – The program is the Edward T. Conroy Memorial Scholarship Program.
Eligibility. – A person may apply to the Administration for a scholarship under this section if the person:
(1) Is at least 16 years old and a son or daughter of a member of the armed forces who was a resident of this State at the time the parent:
(i) Died or was totally and permanently disabled as a result of military service after December 7, 1941;
(ii) Was declared to be a prisoner of war or missing in action, if that occurred on or after January 1, 1960 as a result of the Vietnam conflict, and if the child was born prior to or while the parent was a prisoner of war or missing in action;
(2) Was a prisoner of war on or after January 1, 1960 as a result of the Vietnam conflict and was a resident of this State at the time the person was declared to be a prisoner of war or missing in action;
(3) (i) Is at least 16 years old and a son or daughter of any State or local public safety employee killed in the line of duty; or
(iii) Is the surviving spouse of any State or local public safety employee killed in the line of duty or
(4) Is a disabled public safety employee.
Use; amount – A scholarship awarded under this section:
(1) May be used for the tuition and mandatory fees at any eligible institution; and
(2) May not exceed the equivalent annual tuition and mandatory fees of a resident undergraduate student at the University of Maryland College Park.
Duration. – Each recipient of a scholarship under this section may hold the award for 5 years or full-time study or 8 years of part-time study.

Gifts and grants. – The Commission:
(1) May accept any gift or grant from any person for the Edward T. Conroy Scholarship Fund;
(2) Shall use any gift or grant that it receives for a scholarship from the Program; and
(3) Shall deposit any gift or grant that it receives for the Program with the State Treasurer in a non-budgeted account.

ED 18-602. Scholarships for children of firefighters or rescue squad person killed or disabled in line of duty. (Pursuant to Annotated Code of Maryland, Volume on Education, Section 18-601).
(a) Established. – There is a program of scholarships for children of volunteer firefighters or volunteer ambulance or rescue squad members who died or were disabled by an accident resulting from:
(1) Performing any duties necessary to the operation or maintenance of the fire company; or
(2) Actively participating in the ambulance or rescue squad work of an incorporated volunteer fire company or volunteer ambulance or rescue squad in the State.
(b) Qualifications of recipient. – The recipient of a scholarship under this section shall be a graduate of an accredited high school.
(c) Award. – The Board of Trustees of the Maryland State Firemen's Association, in its discretion shall:
(1) Determine the amount of each award; and
(2) Select the recipient of each award.
(d) Source of funds. – The Maryland State Firemen's Association Shall provide the funds for these awards.
PURPOSE: This program is designed to provide financial assistance to sons and daughters of deceased or disabled United States Armed forces personnel, or deceased state or local public safety personnel; or POW’s of the Vietnam Conflict; or deceased state or local public safety personnel; or disabled state or local public safety personnel or volunteers attending a Maryland post-secondary institution.

ELIGIBILITY/APPLICATION:
- Must attend a Maryland post-secondary institution on at least a part-time basis (Minimum 6 credits per semester).
- Must be one of the following:
  - Son or daughter of a parent who was:
    - A member of the armed forces and a resident of this state at the time of his/her death or total and permanent disability, and whose death or disability was directly caused by military service after December 7, 1941; or
    - Declared to be a prisoner of war or missing in action after January 1, 1960 as a result of the Vietnam conflict: the applicant must have been born prior to or while the parent was a prisoner of war or missing in action and a resident of the State of Maryland; or
    - A state or local public safety employee or volunteer killed in the line of duty.
  - A person who was a prisoner of war on or after January 1, 1960 as a result of the Vietnam conflict and was a resident of this state at the time the person was declared to be a prisoner of war or missing in action.
  - The surviving spouse of any state or local public safety employee or volunteer killed in the line of duty and who has not remarried.
  - A state or local disabled public safety employee or volunteer who sustained an injury in the line of duty that precludes the individual from continuing to serve or be employed as a state or local public safety employee in the same capacity or, in the case of a volunteer, precludes the individual from continuing to be employed in his/her current capacity.
- Applicant must file a completed Edward T. Conroy Memorial Scholarship application.
- Applications are available from the State Scholarship Administration and have a deadline of July 15.

SELECTION/AWARD AMOUNT:
- All eligible new applicants and renewal applicants who apply by the July 1 deadline will be awarded.
- Late applicants are awarded if funds are available.
- The amount of the award may not exceed the equivalent annual tuition and mandatory fees of a resident undergraduate student at the University of Maryland College Park.

AWARD RENEWAL:
- Students applying as continuing award recipients must complete and file reapplication form which is mailed to recipients in June.
- Maximum length of assistance is 5 years of full-time study or 8 years of part-time study.
ACCEPTING AN AWARD:
• Recipient must accept offer in writing.
• The award will be canceled if:
  • recipient fails to respond to official award letter; and/or
  • the designated college or university reports the failure of the student to enroll for a minimum of six (6) credits.

PAYMENT TO SCHOOL:
• Institution is required to verify enrollment and that program requirements are being met.
• Payment is then made directly to the institution for the student.

QUESTIONS:
• Applicants with any questions about the Edward T. Conroy Memorial Scholarship Program should call the Maryland State Scholarship Administration at (410) 260-4568 or direct written correspondence to”
  Edward T. Conroy Memorial Scholarship Program
  Maryland Higher Education Commission
  State Scholarship Administration
  839 Bestgate Road, Suite 400
  Annapolis, Maryland 21401-1781
MARYLAND STATE FIREMEN’S ASSOCIATION

Information in this document was compiled by the Board of Trustees of the Maryland State Firemen’s Association. It is intended to assist the member organizations and their membership in the event a Line-of-Duty injury or death should occur.

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