

MARYLAND STATE FIREMEN'S ASSOCIATION

Representing the Volunteer Fire, Rescue and Emergency Medical Services Personnel
www.msfa.org

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 – 2018-2019

Douglas C. Alexander, Chair

Benjamin W. Kurtz, Vice Chair

Jeffrey H. Thompson, Secretary

Terry E. Thompson, P.P., Trustee

Jeffrey A. Clements, Trustee

Effective 01/01/2019

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 or returning home from the scene of an incident.
- *Member dies at the scene of the incident.
- *Member is 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.

THE BOARD OF TRUSTEES RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION TO SUPPORT ANY CLAIM.

THE BOARD OF TRUSTEES RESERVES THE RIGHT TO REJECT ANY AND ALL 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.

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Douglas C. Alexander, Chair dalexander17@comcast.net	(C) 240-674-3936
Benjamin W. Kurtz, Vice Chair bkurtz7@aol.com	(C) 410-808-6600
Jeffrey H. Thompson, Secretary, jefft1064@gmail.com	(C)443-480-3022
Terry E. Thompson, P.P., Trustee tetfire@hotmail.com	(H) 410-531-3342 (C) 443-289-1748
Jeffrey A. Clements, Trustee, jeff.clements@phvfd.com	(C) 240-216-4272

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

Guidelines for "Line of Duty Death Benefits"

"Line of duty" means any activity or action which a firefighter is obligated or authorized by statute, including the Maryland Annotated Code Public Safety Article, rule, regulation, condition of employment or service, official mutual-aid agreement, or other law.

The term "*firefighter*" includes emergency medical service providers, rescue squad personnel, and fire police.

Two tiers of payments shall be established for Line of Duty Death Benefits.

1.) Tier One includes, but is not limited to, the following:

a.) Deaths directly resulting from traumatic injuries sustained during response to, at the scene of, or during return from an emergency incident including but not limited to fires, emergency medical calls, hazardous materials incidents, natural disasters, technical rescue incidents, and search and rescue missions.

b.) Deaths directly resulting from traumatic injuries sustained while engaged in a department-authorized training drill or activity that requires participants to be engaged in physical activity.

c.) Deaths directly resulting from traumatic injuries sustained while engaged in a department-mandated physical exercise program administered by the agency including, but not limited to running or other types of physical exercise and annual recertification fitness or agility tests.

d.) Deaths directly resulting from a cardiovascular event that occurs immediately after, or within 24 hours of returning from an emergency response or being engaged in a department-mandated physical exercise or training activity as defined above.

e.) Death from a medical illness that can be directly attributed to a specific injury or event that occurred during response to, at the scene of, or during return from an emergency incident.

In all cases documentation must be provided showing a direct link from an emergency incident, or training activity, to the firefighter's injury and subsequent death. Examples of documentation that can be submitted are; department incident or run reports, newspaper articles, notarized witness statements, hospital records, physician reports, disability records and autopsy reports.

For deaths resulting from a heart attack, stroke, or other cardiovascular event, documentation must be provided showing the firefighter's participation in emergency response or training activities within the designated time frame (24 hours) before the onset of the cardiovascular event. If the injury or cardiovascular event results in long-term disability or hospitalization, documentation will also be required indicating the individual did not return to full-duty status as a firefighter prior to his or her death.

Tier One payments shall be not greater than the current Death Benefit, Widows/Widowers Benefit, Dependent Children Benefit, or Education for Dependent Children.

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2.) **Tier Two includes**, but is not limited to:

a.) Deaths that occurred while the firefighter was engaged in a non-emergency fire department duty, i.e. – station or apparatus maintenance, special-event standby assignments, parades, community service details, or fundraising events.

b.) Deaths that occurred during the firefighter's non-emergency commute to/from their assignment/station for a fire, rescue, or EMS department related activity.

The Board of Trustees reserves the right to reject any and all applications. The Board of Trustees reserves the right to request additional information regarding any and all applications.

Tier Two payments shall be not greater than 50% of the current Death Benefits.

MARYLAND STATE FIREMEN'S ASSOCIATION

Board of Trustees

Guidelines for “Line of Duty Disability Benefits”

“Line of duty” means any activity or action which a firefighter is obligated or authorized by statute, including the Maryland Annotated Code Public Safety Article, rule, regulation, condition of employment or service, official mutual-aid agreement, or other law.

The term “*firefighter*” includes emergency medical service providers, rescue squad personnel, and fire police.

Three tiers of payments shall be established for Line of Duty Disability Benefits.

1.) Tier One includes, but is not limited to, the following:

a.) Disability directly resulting from traumatic injuries sustained during response to, at the scene of, or during return from an emergency incident including but not limited to fires, emergency medical calls, hazardous materials incidents, natural disasters, technical rescue incidents, and search and rescue missions.

b.) Disability directly resulting from traumatic injuries sustained while engaged in a department-authorized training drill or activity that requires participants to be engaged in physical activity.

c.) Disability directly resulting from traumatic injuries sustained while engaged in a department-mandated physical exercise program administered by the agency including, but not limited to running or other types of physical exercise and annual recertification fitness or agility tests.

d.) Disability directly resulting from a cardiovascular event that occurs immediately after, or within 24 hours of returning from an emergency response or being engaged in a department-mandated physical exercise or training activity as defined above.

e.) Disability from a medical illness that can be directly attributed to a specific injury or event that occurred during response to, at the scene of, or during return from an emergency incident.

In all cases documentation must be provided showing a direct link from an emergency incident, or training activity, to the firefighter’s injury. Examples of documentation that can be submitted are; department incident or run reports, newspaper articles, notarized witness statements, hospital records, physician reports, and disability records.

For disability resulting from a heart attack, stroke, or other cardiovascular event, documentation must be provided showing the firefighter’s participation in emergency response or training activities within the designated time frame (24 hours) before the onset of the cardiovascular event. If the injury or cardiovascular event results in long-term disability or hospitalization, documentation will also be required indicating the individual did not return to full-duty status as a firefighter prior to his or her disability.

Tier One payments shall not be greater than the current Disability Benefit.

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2.) Tier Two includes, but is not limited to:

a.) Disability that occurred while the firefighter was engaged in a non-emergency fire department duty, i.e. – station or apparatus maintenance, special-event standby assignments, parades, community service details, or fundraising events.

b.) Disability that occurred during the firefighter's non-emergency commute to/from their assignment/station for a fire, rescue, or EMS department related activity.

Tier Two payments shall not be greater than 50% of the current Disability Benefit.

3.) Tier Three includes, but is not limited to:

a.) Disability as a result of Disfiguring Burns, as outlined in this manual.

The Board of Trustees reserves the right to reject any and all applications. The Board of Trustees reserves the right to request additional information regarding any and all applications.

Tier Three payments shall be as outlined in Section 1, pg. 1-3 of this manual.

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BOARD OF TRUSTEES

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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 Firefighters, Rescue Squad personnel, or Ambulance personnel killed in the line of duty.**
- b) **Benefits for disabled Volunteer Firefighters, Rescue Squad personnel, or Ambulance personnel injured in the line of duty.**
- c) **Benefits for widows or widowers and dependent children and other dependents as defined under the Annotated Code of Maryland Article on Public Safety, Section 7-203.**
- d) **Education for dependent children or permanently disabled or deceased Volunteer Firefighters, Rescue Squad personnel, 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 person.**
- e) **Volunteer Firefighters, Rescue Squad Personnel, 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 fees.**
- c) **X-rays.**
- d) **Use of operating room.**
- e) **Physician expenses.**
- f) **Drugs, dressings, etc.**
- g) **Anesthesia.**
- 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 Person without delay.

Maryland State Firemen's Association
Board of Trustees

MARYLAND STATE FIREMEN'S ASSOCIATION

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

Death Benefit (Funeral/Burial cost with approved Expenses/Receipts)	Up to \$11,000.00 (effective 7/18)
Benefits for Widows/Widowers	\$850.00 (effective 1/19)
Benefits for Dependent Children	\$750.00 (effective 1/19)
Disability Benefit	\$850.00 (effective 1/19)
Loss of Sight of One Eye	\$5,500.00 (effective 7/16)
Loss of Sight in Both Eyes	\$11,000.00 (effective 7/16)
Loss of One Hand	\$5,500.00 (effective 7/16)
Loss of Both Hands	\$11,000.00 (effective 7/16)
Loss of One Foot	\$5,500.00 (effective 7/16)
Loss of Both Feet	\$11,000 (effective 7/16)
Education for Dependent Children, Per Year up to (The amount shall be paid in two (2) awards, \$3,000.00 per semester.) Student must have a 2.0 grade in each class	\$6,000.00 (effective 1/18)

Disfiguring Burns Benefits

<u>Body part</u>	<u>Maximum allowable benefit</u>
Face, Neck Head	\$10,000 (effective 8/13)
Hand & Forearm (Right)	2,500 (effective 8/13)
Hand & Forearm (Left)	2,500 (effective 8/13)
Upper Arm (Right)	1,350 (effective 8/13)
Upper Arm (Left)	1,350 (effective 8/13)
Torso (Front)	3,600 (effective 8/13)
Torso (Back)	3,600 (effective 8/13)
Thigh (Right)	900 (effective 8/13)
Thigh (Left)	900 (effective 8/13)
Lower Leg (Right/below knee)	2,700 (effective 8/13)
Lower Leg (Left/below knee)	2,700 (effective 8/13)

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.

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CHECKLIST FOR DEATH BENEFITS

"Funeral / Burial Cost"

APPROVED BY THE
MARYLAND STATE FIREMEN'S ASSOCIATION
BOARD OF TRUSTEES

- ___ Professional Services of Funeral Director and Staff Overhead
- ___ Embalming
- ___ Other Preparation of the Body (Restoration, Autopsied Remains, Bone/Skin donation etc.)
- ___ Cosmetics, dressing and casketing of the remains
- ___ Transfer of the remains to the funeral home
- ___ Use of Hearse
- ___ Use of Flower Car
- ___ Limo
- ___ Use of Facilities and Staff for Viewing at the funeral home or Viewing and service in another facility
- ___ Casket
- ___ Outer Burial Container
- ___ Grave Opening and closing charge
- ___ Forwarding of Remains to another Funeral Home
- ___ Receiving Remains from another Funeral Home
- ___ Direct Cremation
- ___ Cremation Urn
- ___ Immediate Burial
- ___ Graveside Monument or Marker
- ___ Newspaper obit or death notice
- ___ Copies of Certified Death Certificates
- ___ Reception after the funeral/ memorial service
- ___ Flowers
- ___ Clergy/musician honorariums
- ___ Stationary (Prayer cards, register book, slide show, service folders, thank you notes)

*Disability claims will be awarded after Member has been disabled for at least 10 working days with payment being retroactive back to date of injury. No awards will be granted for members disabled for less than 10 working days.

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

THE BOARD OF TRUSTEES RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION TO SUPPORT ANY CLAIM.

THE BOARD OF TRUSTEES RESERVES THE RIGHT TO REJECT ANY AND ALL CLAIMS.

BOARD OF TRUSTEES – 2018-2019

Douglas C. Alexander, Chair (2019) dalexander17@comcast.net	(C) 240-674-3936	
Benjamin W. Kurtz, Vice Chair bkurtz7@aol.com	(C)410-808-6600	
Jeffrey H. Thompson, Secretary (2023) jefft1064@gmail.com	(C) 443-480-3022	
Terry E. Thompson, P.P., Trustee (2022) tetfire@hotmail.com	(H) 410-531-3342	(C) 443-289-1748
Jeffrey A. Clements, Trustee (2021) jeff.clements@gmail.com	(C) 240-216-4272	

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:

a. "Board" means – The Board of Trustees of the Maryland State Firemen's Association.

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 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.
 - (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 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 benefit 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 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 working 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 advanced 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 a firefighter or rescue squad person killed or permanently disabled in the 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. A copy of the Procedural Guide will be maintained on the www.msfa.org website.

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 the 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 completed, 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) Complete, 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 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 a copy of the 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 completed, 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 sufficient funds in the hands of the Treasurer to pay a death benefit of up to \$11,000.00 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 sum of up to \$11,000.00.

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 (2016 EDITION AS AMENDED), CRIMINAL LAW ARTICLE, SECTION 9-101, OR OTHER APPROPRIATE SECTIONS THEREOF.

PS 7-202 - BENEFITS. (Disablement) (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.

- (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.

Section 1 ch. 330, Acts 1998, effective Oct. 1, 1998, repealed former 42 and enacted a new section in lieu thereof.

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 greater than \$11,000, 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.

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.

The Board of Trustees

GUIDELINES FOR SCHOLARSHIP TUITION REIMBURSEMENT.

- (a.) The amount of benefit/award may not exceed \$6,000.00 in a calendar year (effective 1/18).
- (b.) The amount shall be paid in two (2) awards, up to \$3,000.00 per semester (effective 1/18).
- (c.) This scholarship will be for tuition reimbursement and must be requested by submitting a paid invoice copy and a copy of the grades report showing successful completion (passing) with a minimum 2.0 grade in all classes.

MARYLAND STATE FIREMEN’S ASSOCIATION

**OCCUPATIONAL
DISEASES**

PRESUMPTION LAW

**MARYLAND ATTORNEY GENERAL’S
OFFICE “RULING”**

SECTION “A”

MARYLAND STATE FIREMEN'S ASSOCIATION

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, firefighting 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, firefighting 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, firefighting 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 firefighting 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;

Doug Alexander, Chair	240-674-3936 cell	dalexander17@comcast.net
Ben Kurtz, Vice Chair	410-808-6600 cell	bkurtz7@aol.com
Jeff Thompson, Secretary	443-480-3022 cell	jefft1064@gmail.com
Terry Thompson, PP	443-289-1748 cell	tetfire@hotmail.com
Jeff Clements	240-216-4272 cell	jeff.clements@phvfd.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)
- 3) Supplemental Claim for Loss of Limb/ Disfiguring Burn. MSFA-BT-FORM 4 (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 and or Divorce Decree.
- 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

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 #:** _____

Officer: _____ **Telephone#:** _____ (Company Seal)
(Print Full Name and Title of Officer)

Signature: _____

MARYLAND STATE FIREMEN'S ASSOCIATION

CLAIM FOR DISABILITY BENEFIT

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

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: _____

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

Notary Public

My Commission Expires: _____

Address: _____ City _____ State _____

FORM MUST BE IN INK OR TYPEWRITTEN

SEAL

MARYLAND STATE FIREMEN'S ASSOCIATION

CLAIM FOR DEATH BENEFIT

(MSFA 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 number _____

DECEASED

7. Name of Deceased _____

MEMBER'S

8. Address: No. & Street _____

INFORMATION:

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**)

I hereby certify under the penalties of perjury that I am an authorized representative of the (company) _____
And that the afore going statements and accompanying exhibits are true and accurate to the best of my knowledge, and belief.

Print Name: _____

Signature: _____

President or Secretary

Attach Copy of Death Certificate with Official 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

Notary Public

My Commission Expires: _____

Address: _____ City _____ State _____

FORM MUST BE IN INK OR TYPEWRITTEN

MSFA-BT FORM 3 (6/2015)

2-6

SEAL

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 the Week: _____

Describe fully how the accident occurred: _____

Print Name: _____ Signature: _____
President or Secretary
Telephone #: _____ Company Seal

I _____ hereby certify under the penalties of perjury that I am an authorized representative of the
name
(company) _____ and that the afore going statements and accompanying exhibits are true and accurate to
the best of my knowledge, information, and belief.

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

Notary Public My Commission Expires: _____

Address: _____ City _____ State _____

FORM MUST BE IN INK OR TYPEWRITTEN

SEAL

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

Names	Age	Date of Birth	SSN #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF NO SPOUSE

Name _____ Age ____ DOB _____ SSN # _____

BUT THERE IS

Telephone #: _____

Address _____

SURVIVING MINOR

Relationship to deceased _____

CHILDREN THIS

Deceased left the following surviving children

Names	Age	Date of Birth	SSN #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION TO BE

FILLED IN BY

GUARDIAN OR

OTHER PERSON

RESPONSIBLE FOR

THE CHILDREN

PAGE 1 OF 2

MSFA-BT FORM 5 (6/2015)

2-8

July 2018

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 _____

I _____ hereby certify under the penalties of perjury that the afore going statements
Name
and accompanying exhibits are true and accurate to the best of my knowledge, information, and belief.

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

Notary Public

My Commission Expires: _____

Address: _____

City _____ State _____

SEAL

FORM MUST BE IN INK OR TYPEWRITTEN

MARYLAND STATE FIREMEN'S ASSOCIATION

CONTINUATION CLAIM

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

*** [An updated FORM due every 90 days from injury date] ***

Date: _____

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

Notary Public

My Commission Expires: _____

Address: _____ City _____ State _____

FORM MUST BE IN INK OR TYPEWRITTEN

SEAL

MSFA-BT FORM 6 (6/2015)

2-10

July 2018

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 police officer 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

**REPORTING
LINE-OF-DUTY
DEATHS**

SECTION 4

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)

Douglas C. Alexander, Chair dalexander17@comcast.net	(C) 240-674-3936	
Jeffrey H. Thompson, Secretary jefft1064@gmail.com	(C) 443-480-3022	
Benjamin W. Kurtz, Vice Chair bkurtz7@aol.com	(C) 410-808-6600	
Terry E. Thompson, P.P., Trustee tetfire@hotmail.com	(H) 410-531-3342	(C) 443-289-1748
Jeffrey A. Clements, Trustee jeff.clements@phvfd.com	(C) 240-216-4272	

MSFA OFFICE OF THE SECRETARY

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

Rev. John F. Long, Jr., Chaplain jflongjr@yahoo.com pray@msfa.org	(H) 410-437-6756 (C) 443-623-0753	(W) 410-762-6235
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NATIONAL FALLEN FIREFIGHTER'S FOUNDATION

1-866-736-5868
301-447-1365

PUBLIC SAFETY OFFICER'S BENEFITS PROGRAM

Public Safety Officer's Benefits Program 810 Seventh Street, N.W. Washington, D.C. 20531	1-888-744-6513	202-307-0635
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MARYLAND STATE FIREMEN'S ASSOCIATION

**STATE OF
MARYLAND
DEATH BENEFIT**

(Pursuant to Annotated Code of Maryland, Article on Public Safety, Title 1)

SECTION 5

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**

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.

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 the 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, and 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.
2. A copy of Death Certificate with raised seal.
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 the beneficiary.

- 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 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, and 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 or 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.

2 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.

2 (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 from 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.

EDWARD T. CONROY MEMORIAL SCHOLARSHIP PROGRAM

Maryland Higher Education Commission

State Scholarship Administration
839 Bestgate Road, Suite 400
Annapolis, Maryland 21401-1781
(410) 260-4568
TTY for the Deaf (800) 735-2258
1996-97 Academic Year

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; of 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.

Board of Trustees

Douglas C. Alexander, Chair (2019) dalexander17@comcast.net	(C) 240-674-3936
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