

# MARYLAND STATE FIREMEN'S ASSOCIATION

*Representing the Volunteer Fire, Rescue and Emergency Medical Services Personnel*

[www.msfa.org](http://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 – 2021-2022**

**Douglas C. Alexander, Chair**  
**Jeffrey A. Clements, Vice Chair**  
**Jeffrey H. Thompson, Secretary**  
**Terry E. Thompson, P.P., Trustee**  
**Thomas A. Mattingly Jr., Trustee**

Effective 06/01/2021

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## INTRODUCTION

### **MARYLAND STATE FIREMEN'S ASSOCIATION BOARD OF TRUSTEES**

The serious injury or death of a firefighter, fire police person, rescue squad person or EMS provider 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, and the department 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, rescue, or ambulance company, however, that must be depended upon to ensure that no details are overlooked when it comes time for the injured member or the family of the deceased 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 for MSFA Trustee benefits.

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 dies 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, alcohol, and drugs in the blood. These tests are required for submission of the Public Safety Officers' Benefit claims also.**

**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.**

**To qualify for benefits, strict criteria must be met. To ensure that everyone receives a fair evaluation of their claim, please follow the rules set forth in these guidelines. One of your first acts is to contact one of**

**the following members of the Board of Trustees, who will assist you with locating the necessary forms, and assist in completing all claim forms and applications if needed.**

BOARD OF TRUSTEES – 2021-2022

Douglas C. Alexander, Chair [dalexander17@comcast.net](mailto:dalexander17@comcast.net) (C) 240-674-3936

Jeffrey A. Clements, Vice Chair [jeff.clements@phvfd.com](mailto:jeff.clements@phvfd.com) (C) 240-216-4272

Jeffrey H. Thompson, Secretary [jefft1064@gmail.com](mailto:jefft1064@gmail.com) (C)443-480-3022

Terry E. Thompson, P.P., Trustee [tetfire@hotmail.com](mailto:tetfire@hotmail.com) (H) 410-531-3342

Thomas A. Mattingly Jr., Trustee [tjrmattngly@lvfd1.org](mailto:tjrmattngly@lvfd1.org) (C) 240-538-7163

**Enclosed are the information listing benefits available to those volunteer fire, rescue and EMS personnel injured or killed in the line-of-duty. Limited benefits are also available to those individuals who may be injured while on duty doing training, fundraising, or maintenance.**

ALL DEPARTMENTS SHOULD KEEP THIS PROCEDURAL GUIDE AVAILABLE FOR REFERENCE AS MAY BE REQUIRED. THIS GUIDE IS MAINTAINED AND DOWNLOADABLE ON THE [www.msfa.org](http://www.msfa.org) WEBSITE.

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

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

**Disfiguring Burns Benefits**

<u>Body part</u>	<u>Maximum allowable benefit</u>
<b>Face, Neck, Head</b>	<b>\$10,000.00</b> (effective 8/13)
<b>Hand &amp; Forearm (Right)</b>	<b>\$2,500.00</b> (effective 8/13)
<b>Hand &amp; Forearm (Left)</b>	<b>\$2,500.00</b> (effective 8/13)
<b>Upper Arm (Right)</b>	<b>\$1,350.00</b> (effective 8/13)

Upper Arm (Left)	\$1,350.00 (effective 8/13)
Torso (Front)	\$3,600.00 (effective 8/13)
Torso (Back)	\$3,600.00 (effective 8/13)
Thigh (Right)	\$900.00 (effective 8/13)
Thigh (Left)	\$900.00 (effective 8/13)
Lower Leg (Right/below knee)	\$2,700.00 (effective 8/13)
Lower Leg (Left/below knee)	\$2,700.00 (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. A disfiguring burn is defined as those that are visible while wearing clothing and contain either hyperpigmentation, hypergranulation, or contractures that make the scar obvious to the casual observer. These include obvious locations like the face and neck, as well as less obvious locations like the forearm and thigh. One of the most disfiguring burns from a patient perspective is the hand, as the handshake is a person's method of introduction. (Definition obtained from UMMS Burn Center)

Definitions:

- A. Board – The Board of Trustees of the Maryland State Firemen’s Association
- B. Company – A volunteer fire, ambulance, rescue company or advanced life support unit in the State
- C. Death Benefit – As referred to in this manual, death benefits may include a one-time payment for funerary expenses, ongoing payments to surviving spouses and/or dependent minor children, and scholarship payments to surviving children of deceased volunteer fire/rescue personnel.
- D. Disability Benefit – As referred to in this manual, disability benefits may include temporary or permanent payments to the disabled volunteer firefighter.
- E. Disfiguring Burn – those that are visible while wearing clothing and contain either hyperpigmentation, hypergranulation, or contractures that make the scar obvious to the casual observer. These include obvious locations like the face and neck, as well as less obvious locations like the forearm and thigh. One of the most disfiguring burns from a patient perspective is the hand, as the handshake is a person’s method of introduction.
- F. Disqualifying Event – A disqualifying event may lead to a denial of benefits. Disqualifying events may include, but are not limited to: gross negligence on the part of the injured or the deceased, including the failure to adhere to traffic laws, the failure to act within an appropriate scope of duty on scene or in route to the scene, the failure to appropriately utilize personal protective equipment if available, including, but not limited to safety belts, turnout gear, SCBA, gloves, safety glasses, gowns and masks; any act which would constitute a criminal or traffic infraction under the laws of the State of Maryland, or of another jurisdiction within which the volunteer may be acting in his or her capacity as a firefighter
- G. Eligible Survivor – The person or persons to whom death benefits shall be paid. The order in which benefits shall be paid is, to the surviving spouse, then to the dependent child or children; and if none, then to dependent parent or parents; and if none then to the surviving (non-dependent) child or children of the deceased; and, if none, then to the surviving parents, and if none, then to each surviving sibling or grandparent of the decedent in equal shares
- H. Fire company – Any volunteer fire, ambulance, or rescue company or volunteer advanced life support unit in the State
- I. Firefighter – includes volunteer firefighters, emergency medical service providers, rescue squad personnel, and fire police.
- J. Line of Duty - 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. **Unless subject to a disqualifying event**, the following events may be considered in the line of duty:



- As a direct result of actively participating as a volunteer in an incident of fighting a fire, training, or while going to or from a fire or other related incident,
- While performing any other duties necessary to the operation or maintenance of the volunteer fire company,
- While actively participating as a volunteer in the ambulance, advanced life support, or rescue work of any volunteer fire, ambulance, or rescue company or volunteer advanced life support unit in the State,
- While providing emergency or rescue assistance, or training as a volunteer, whether acting alone or at the direction of or with a volunteer fire, ambulance, rescue company or volunteer advanced life support unit in the State.

K. Trustees – The members of the Board of Trustees of the Maryland State Firemen’s Association.

L. Volunteer – a service provider that is not being compensated for his work at time of injury or death.

## **APPLICATION PROCESS**

### **List of Forms**

The MSFA Board of Trustees utilizes several forms in processing applications:

- Form 1 – Company Resolution
- Form 2 – Claim for Disability Benefit
- Form 3 – Claim for Death Benefit
- Form 4 – Supplemental Claim for Loss of Limb or Disfiguring Burn
- Form 5 – Claim for Benefits by Eligible Survivors of Deceased Members
- Form 6 – Continuation Claim
- Form 7 – Request for Extension
- Form 8 – Request for Appeal

### **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 or available in or about the station of every volunteer fire company, volunteer ambulance company 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](http://www.msfa.org) website.

## APPLICATION PROCESS

### Death Benefit - Applications

- The Board of Trustees **SHALL** be notified of a potential claim within 10 days of the date of the incident.
- The following forms shall be filed within 90 days after the death of the firefighter:

Form 1 – Company Resolution (completed at a regular or special meeting. No claim will be processed without this form).

Form 3 – Claim for Death Benefit (funeral/burial expenses). Note that funds for funeral/burial expenses **may only be reimbursed to an eligible survivor.**

Form 5 – Claim for Benefits by Eligible Survivors of Deceased Member

- If any of these forms are not completed and/or supplemental materials are still required, Form-7, Request for Extension shall be filed, stating the reasons for the requested extension. The Board of Trustees shall grant, for up to 3 months, an initial request for an extension. The Board of Trustees may grant additional extensions if good cause is found.
- The following supporting documentation is required in all cases where a death benefit is sought:

Investigative Reports of Incident (including, but not limited to, Police Report, EMS Report if transported, Fire/Rescue reports, ER/ED Reports, medical records related to the incident),

Prior medical records, if necessary, to rule out other causes of death,

A letter from the fire, rescue, or ambulance company describing the incident,

A copy of any Marriage Certificate and/or Divorce Decree,

Copy of Death Certificate,

Copy of Coroner's Report or Autopsy (if autopsy is performed) An autopsy is strongly recommended for all LODD's. Lack of an autopsy may adversely affect a claim approval.

Any company or officer(s) of a company endorsing a false claim or misstating the true facts of the incident **SHALL BE SUBJECT TO PROSECUTION AT THE DISCRETION OF THE TRUSTEES UNDER THE ANNOTATED CODE OF MARYLAND, Criminal Law Article, Section 9-101, or other appropriate sections thereof.**

Mail completed applications to: (Certified return receipt mail is recommended)

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

## APPLICATION PROCESS

### Checklist for Death Benefits – Funeral/Burial Costs

The Board of Trustees is authorized to pay a one-time benefit of up to \$11,000 for burial or crematory expenses. These expenses shall be requested on Form 3 and may only be reimbursed as outlined above (surviving spouse, child, etc.). Receipts must be submitted.

#### **“Funeral / Burial Cost”**

- 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 the Hearse
- Use of a Flower Car
- Use of a 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 charges
- Forwarding of Remains to another Funeral Home
- Receiving Remains from another Funeral Home
- Direct Cremation
- Cremation Urn
- Immediate Burial
- Graveside Monument or Marker
- Newspaper obituary 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)

## APPLICATION PROCESS

### Disability Benefits

- The Board of Trustees **SHALL** be notified of a potential claim within 10 days of the date of the incident.
- The following forms shall be filed within 30 days after the injury to the firefighter:

Form 1 – Company Resolution (completed at a regular or special meeting. No claim will be processed without this form).

Form 2 – Claim for Disability Benefits. Each portion of the form (injured party, physician’s report, and fire, rescue, or ambulance company report shall be signed and notarized).

Form 4 – Supplemental Claim for Loss of Limb/Disfiguring Burn (if necessary).

Form 6 – Continuation Claim (**to be filed every 90 days from the injury date** and must be signed by the injured party and by a treating physician, physician’s assistant, or nurse practitioner. The signature of the injured party must be notarized).

- If any of these forms are not completed and/or supplemental materials are still required, Form 7 – Request for Extension shall be filed, stating the reasons for the requested extension. The Board of Trustees shall grant, for up to 45 days, an initial request for an extension. The Board of Trustees may grant additional extensions if good cause is found.
- The following supporting documentation is required in all cases where a disability benefit is sought:

Investigative Reports of Incident (including, but not limited to, Police Report, EMS Report if transported, Fire/Rescue reports, ER/ED Reports, medical records related to the incident),

Prior medical records, if necessary, to rule out other causes of disability,

A letter from the fire, rescue, or ambulance company describing the incident.

Disability benefits are available only for those periods of time when the firefighter is unable to work due to his or her injury. If the firefighter returns to work, is released to return to work, returns to normal firefighting activities, or is released to return to normal firefighting activities, then the firefighter is ineligible to receive additional benefits unless he or she subsequently is unable to work, and the subsequent inability to work is directly attributable to the incident. Appropriate documentation for the status change will be necessary.

Both the firefighter and the fire, rescue, or ambulance company are responsible for notifying the MSFA Board of Trustees of any change in work status. Failure to notify the MSFA Board of Trustees within 10 days of any change in work status will result in liability to the firefighter and/or company. Any funds paid during a time when the injured firefighter was capable of working, or was working, will be deemed to have been paid in error, and the injured firefighter and/or company shall return such funds to the MSFA.

Any company or officer(s) of a company endorsing a false claim or misstating the true facts of the incident **SHALL BE SUBJECT TO PROSECUTION AT THE DISCRETION OF THE TRUSTEES UNDER THE**

ANNOTATED CODE OF MARYLAND, Criminal Law Article, Section 9-101, or other appropriate sections thereof.

Mail completed applications to: (Certified return receipt mail is recommended)

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

## **REVIEW PROCEDURE**

### **Death and Disability Benefits**

The Board of Trustees shall meet periodically to review applications for benefits.

The Board of Trustees shall consist of five members, elected at the annual MSFA Convention, and Trustees shall serve for staggered terms.

Three members of the Board of Trustees shall constitute a quorum, and a quorum shall be necessary for the conducting of business.

Meetings may be held in person or by electronic means, including telephone conference.

Because of the confidential nature of the items discussed, meetings are closed to the general public.

The Board of Trustees may invite individuals to attend a meeting, or a portion thereof, to discuss a specific matter.

Minutes of each meeting shall be taken by the Secretary of the Board of Trustees, or his or her designee, and shall be maintained.

A copy of any application made to the Board of Trustees shall be maintained by the Secretary of the Board of Trustees.

Except to the extent necessary to report payment of benefits, or to report a denial thereof, applications and any supplemental materials thereto shall be kept confidential.

Notwithstanding the foregoing rule to keep materials confidential, all applications filed shall contain a waiver, by the applicant, of any rights under federal or state privacy laws.

In making the decision as to granting or denying death or disability benefits, the Board of Trustees may consider several factors, including, but not limited to, the following:

- Any delay in notifying the Board of Trustees regarding a potential claim,
- Any delay in transmitting a completed Application for Benefits to the Board of Trustees,
- Any delay in transmitting supplemental materials requested by the Board of Trustees,
- Any failure to properly document any injuries or exposures,
- Any failure to properly document the source of any injuries or exposures,
- Any failure to submit the deceased to an autopsy if requested by a physician, police agency, or Medical Examiner,
- Any gross negligence on the part of the injured or the deceased, including the failure to adhere to traffic laws, the failure to act within an appropriate scope of duty on scene or in route to the scene, the failure to appropriately utilize personal protective equipment when available, including, but not limited to safety belts, turnout gear, SCBA, gloves, safety glasses, gowns, and masks,

- Any act which would constitute a criminal or traffic infraction under the laws of the State of Maryland, or of another jurisdiction within which the volunteer may be acting in his or her capacity as a firefighter,
- Any failure to seek appropriate medical care in a timely manner,
- Any prior medical or physical condition that contributed to the injury or death,

The Board of Trustees may request additional information at any time.

The Board of Trustees shall deny any claim over 6 months old, unless the Trustees have specifically approved an extension.

The Board of Trustees may table a claim, approve a claim, or deny a claim.

The Board may only pay benefits to an eligible survivor (Public Safety Section 7-203). A Fire Company or Department is **NOT** an eligible survivor in any case.

Submission of a claim for benefits does not guarantee that the claim for benefits shall be approved.



## REVIEW PROCEDURE

### Approval

If an application meets all criteria and is approved, the Board of Trustees shall determine the appropriate Tier for payment of benefits.

In the case of disability, these benefits may include a monthly pension for the duration of the disability, and specific one-time benefits for the loss of limbs or disfiguring burns. The Board of Trustees has established a tiered benefits schedule as described below. Benefits will be prorated based upon the assigned tier.

In the case of death, these benefits may include a monthly pension to a surviving spouse and minor children, scholarship benefits for children, and a one-time death benefit.

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

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

**e.)** Death or Disability from a medical illness or exposure that can be directly attributed to a single 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 or illness. Examples of documentation that can be submitted are, department incident or run reports, newspaper articles, notarized witness statements, hospital records, physician reports, exposure reports, autopsy report or disability records.

For death or disability resulting from a heart attack, stroke, or other cardiovascular event, documentation must be provided showing the firefighter's participation in emergency response to an incident scene, or training activities within the designated time frame (24 hours) before the onset of the cardiovascular event.

An autopsy may be necessary to determine if a cardiovascular event was, in fact, the cause of death. 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 or disability.

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

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

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

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

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

**a.)** Disability as a result of Disfiguring Burns or Loss of Limb, as outlined in this manual.

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

## **REVIEW PROCEDURE**

### **Disability – Specific Issues**

#### **Permanent Disability**

An injured volunteer firefighter seeking permanent disability benefits shall submit to the same procedure as an injured volunteer firefighter seeking temporary disability benefits. An injured volunteer firefighter who has received temporary disability benefits may request that the Board of Trustees determine that he or she is permanently disabled.

The Board of Trustees, in their discretion, may determine, after a review of the documentation, including any medical reports and any statements by medical professionals, that a disability is permanent in nature, and may waive the requirements for any additional continuation forms.

The Board of Trustees may review a finding of permanent disability at a later time, with or without changed circumstances, so long as the injured volunteer firefighter has appropriate notice and an opportunity to supplement their prior documentation to show whether the disability continues.

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.

## **REVIEW PROCEDURE**

### **Death – Specific Issues**

Pursuant to Maryland law, death benefits shall be paid in the following priority:

- 1) The surviving spouse or the dependent child or dependent children; and, if none,
- 2) Then to the dependent parent or parents; and, if none,
- 3) Then to the surviving child or children of the decedent in equal shares; and, if none,
- 4) Then to the surviving parent or parents; and, if none,
- 5) Then to a surviving sister, brother, or grandparent of the decedent in equal shares.

**The Board of Trustees may not pay out to any party not included above.** An adopted child or parent shall have the same rights as if they were a natural child or parent.

A one-time death benefit shall be paid, in an amount not more than \$11,000.00, or less than \$2,000 for burial expenses. Expenses must be documented by bill or invoice. The Board of Trustees shall not pay this benefit to any person not entitled above, nor shall the Board of Trustees directly reimburse any third party for expenses.

**Benefit to spouse and minor child(ren)** - 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.

**Children of deceased** - Each of the children of the deceased volunteer firefighters or volunteer individuals serving on a rescue squad or ambulance company 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.

## REVIEW PROCEDURE

### Scholarships

**Scholarships for children of firefighter's, ambulance, 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 incident resulting from 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. **Unless subject to a disqualifying event**, the following events may be considered in the line of duty:

- As a direct result of actively participating in fighting a fire or while going to or from a fire or other related incident
- While performing any other duties necessary to the operation of the fire, rescue, or ambulance company
- While actively participating in the ambulance, advanced life support, or rescue work of a volunteer fire, rescue, or ambulance company or volunteer advanced life support unit in the State
- While providing emergency or rescue assistance, whether acting alone or at the direction of a volunteer fire, rescue, or ambulance company or volunteer advanced life support unit.

The recipient of a scholarship under this section shall be a graduate of an accredited high school, and shall be enrolled in a college, university, or trade school.

The Board of Trustees, in its discretion, shall determine the amount and recipient of each award.

The amount of the benefit may not exceed \$6000.00 per calendar year.

The amount shall be paid in two awards, up to \$3,000.00 per semester.

The 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 point average in all classes.

## **DENIAL OF APPLICATIONS**

### **Grounds for Denial**

The Board of Trustees may deny any or all applications for benefits.

Grounds for denial of an application include, but are not limited to the following:

- Any delay in notifying the Board of Trustees regarding a potential claim.
- Any delay in transmitting a completed Application for Benefits to the Board of Trustees.
- Any delay in transmitting supplemental materials requested by the Board of Trustees.
- Any failure to properly document any injuries or exposures.
- Any failure to submit the deceased to an autopsy if requested by a physician, police agency, or Medical Examiner.
- Any failure to properly document the source of any injuries.
- Any gross negligence on the part of the injured or the deceased, including the failure to adhere to traffic laws, the failure to act within an appropriate scope of duty on scene or in route to the scene, the failure to appropriately utilize personal protective equipment, including, but not limited to safety belts, turnout gear, SCBA, gloves, safety glasses, gowns, and masks.
- Any act which would constitute a criminal act under the laws of the State of Maryland, or of another jurisdiction within which the volunteer may be acting in his or her capacity as a firefighter.
- Any failure to seek appropriate medical care in a timely manner.
- Any prior medical or physical condition that contributed to the injury or death.

Strict compliance with these guidelines is required.

## **DENIAL OF APPLICATIONS**

### **Appeal Board**

The Board of Trustees is authorized by the Annotated Code of Maryland (Code) to determine the eligibility of benefits to volunteer firefighters, spouses of volunteer firefighters, and dependents of volunteer firefighters in cases where death or disability results from fire and emergency service- related activities.

Applications for these benefits are made by the volunteer fire company, ambulance company, or rescue squad of which the injured or deceased volunteer firefighter/rescuer was a member. The Board of Trustees carefully evaluates applications made for the afore mentioned benefits. If a claim does not meet the requirements as set forth by the Trustees and by the Code, these applications may be denied.

Should an application be denied, the Board of Trustees shall notify, within 15 days of the denial, the applicant, and the injured party or the eligible survivor.

When an application is denied, the applicant and/or the injured party or eligible survivor may file an appeal. An appeal shall be filed within 30 days of the receipt of written notification, in writing on the form provided in this manual. All notices of appeal shall be mailed to the Secretary of the MSFA Board of Trustees.

All appeals shall be heard by a panel of individuals consisting of 3 personnel. Said panel shall be selected no later than the Executive Committee meeting immediately following the notice of appeal. A special meeting of the Executive Committee may be called, consistent with the MSFA Constitution and By-Laws, for the purpose of selecting a panel. The appeals board shall be chosen by lot from among the following: State Fire Marshal, Executive Director of MIEMSS, Director of MFRI, Director of MEMA, the Director or Superintendent of any of our allied agencies, the Director of General Services of the State of Maryland, or a current or past political office holder from local, state, or federal government. If three impartial panel members cannot be found in the afore mentioned manner, one or more Chief Officers from career, volunteer, or combination fire departments may be chosen. Any expansion or contraction of the categories from which the panel may be chosen may not affect any ongoing appeals. No member of the panel shall live, work, or serve as a volunteer firefighter, rescue squad member, or EMS provider in the same county as the injured or deceased volunteer firefighter.

All appeals shall be de novo.

Once formed, the appellate panel shall receive the application and any supplementary material from the Board of Trustees and shall set forth a schedule requiring the appellant to provide any additional materials within 15 days, requiring the Board of Trustees to set forth any additional materials within 15 days and setting a hearing date within 30 days.

A hearing may be postponed for good cause. Failure to attend a hearing shall constitute a waiver of the hearing, and the appellate panel may make its decision based upon the materials before it.

At the hearing, both the appellant and the Board of Trustees shall have 30 minutes to present such issues and make such arguments as necessary. Additional time, in equal amounts may be granted by the appeals board.

The appeals board may uphold or reverse the decision of the Board of Trustees. If the appeals board reverses the decision of the Trustees, it may set the rate of death or disability benefits up to the maximum amount that the Board of Trustees could set.

All appeals shall be final.

The appeal panel shall send, or cause to be sent, a written result of any appeal hearing to the appellant, the President of the MSFA, and the Board of Trustees.

The Board of Trustees agrees to bind itself to the decision of the appellate panel.



## PRESUMPTIONS

### Cardiac or Respiratory Event

If a firefighter becomes disabled or dies as the result of a heart attack, stroke, or other cardiovascular event that occurred within 24 hours of a firefighter's participation in an emergency response or training activity, then the Trustees may presume that the event was a result of that response or activity. 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 or disability. Additional information may rebut the presumption that the event was related to firefighting activities.

### Occupational Diseases

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 the result of their work activities over the course of their career). Trustee

benefits apply to **specific single incidents only**, for example, a firefighter breaking an arm on the scene, or having a heart attack within a few hours of a fire call.

Likewise, if you develop another form of occupational disease such as occupational cancers, there is no presumption that your service as a volunteer firefighter caused such a disease. Trustee benefits do not apply to these conditions if not related to a specific incident.

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. Contact should also be made with the Public Safety Officer Benefits Program.

## **FORMS**

**All forms shall be in ink, typewritten, or computer print- out.**

**All forms must be legible.**

**All forms must be submitted within the listed time parameters.**

**The Board of Trustees reserves the right to request additional information for any claims and forms filed relative to any claim.**

**The Board of Trustees reserves the right to accept, table, or reject any claims.**

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MARYLAND STATE FIREMEN'S ASSOCIATION

Board of Trustees

Form 1 – 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: \_\_\_\_\_

MSFA-BT-FORM 1 (9/2019)

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MARYLAND STATE FIREMEN'S ASSOCIATION  
Board of Trustees  
**FORM 2 - CLAIM FOR DISABILITY BENEFIT**

**Notify the MSFA Board of Trustees 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 #: \_\_\_\_\_ E-mail \_\_\_\_\_

**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. Has workers Compensation been applied for. \_\_\_\_\_ Occupation of the Member \_\_\_\_\_

---

16. Estimated length of Disability: \_\_\_\_\_

17. 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: \_\_\_\_\_

18. Has injured returned to work: \_\_\_\_\_ YES \_\_\_\_\_ NO. If yes, date returned: \_\_\_\_\_

Signature of injured: \_\_\_\_\_

**PHYSICIAN'S**

19. Name of Physician \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**REPORT:**

20. Name and address of Hospital (if applicable) \_\_\_\_\_

21. Accurately describe Nature and Extent of Injury (attach physician's report if applicable)

22. Will injury result in permanent disability? \_\_\_\_\_ YES \_\_\_\_\_ NO. If yes, give particulars

23. Date of First Treatment \_\_\_\_\_

24. Date of Admission to Hospital \_\_\_\_\_

25. Date of Discharge \_\_\_\_\_

26. Will further treatment be necessary? \_\_\_\_\_ YES \_\_\_\_\_ NO

27. Patient will be able to resume Work/Duty:

Light work \_\_\_\_\_ Date \_\_\_\_\_

Regular work \_\_\_\_\_ Date \_\_\_\_\_

28. Has injured died? \_\_\_\_\_ YES \_\_\_\_\_ NO. If yes, Date of Death \_\_\_\_\_

**IF DECEASED: Please complete FORM 3 – Claim for Death Benefit**

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: \_\_\_\_\_

MARYLAND STATE FIREMEN'S ASSOCIATION  
Board of Trustees  
**FORM 3 - CLAIM FOR DEATH BENEFIT**

**Notify the MSFA Board of Trustees 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. Did the Member have a previous health condition \_\_\_\_\_

12. Has Workers Comp. been applied for \_\_\_\_\_ Occupation of the Member \_\_\_\_\_

13. Cause of Death \_\_\_\_\_

14. Nature of Death \_\_\_\_\_

15. 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: \_\_\_\_\_  
President or Secretary

Signature: \_\_\_\_\_

**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:** \_\_\_\_\_

MSFA-BT-Form 3 (9/2019)

**MARYLAND STATE FIREMEN'S ASSOCIATION**  
Board of Trustees  
**FORM 4 – Supplemental Claim for Loss or Limb or Disfiguring Burns**

**Notify the MSFA Board of Trustees 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 limb 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 Company Seal  
Telephone #: \_\_\_\_\_

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 \_\_\_\_\_

**MARYLAND STATE FIREMEN'S ASSOCIATION  
FORM 5  
CLAIM FOR BENEFITS BY ELIGIBLE SURVIVORS OF DECEASED MEMBER**

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. The 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**

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:*

\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**Notary Public**

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

SEAL

*FORM MUST BE IN INK OR TYPEWRITTEN*

MSFA-BT-Form 5 (9/2019)



MARYLAND STATE FIREMEN'S ASSOCIATION

FORM 6 - CONTINUATION CLAIM

\*\*\* [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/she 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/she 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 #: \_\_\_\_\_ E-mail \_\_\_\_\_

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: \_\_\_\_\_

**MARYLAND STATE FIREMEN'S ASSOCIATION**

**FORM 7 – REQUEST FOR EXTENSION OF TIME TO FILE**

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 or killed while performing the duties of a Volunteer Firefighter, Rescue Squad person, Ambulance person or Advanced Life Support person and he/she has not been able to work due to said injuries from the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ to the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

We recognize that a Claim for Disability Benefit must be filed within 30 days and a Claim for Death Benefit must be filed within 90 days.

We request an Extension of the Time to File a Claim for the following reason(s) (specify reason(s) in detail):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MSFA-BT-Form 7 (9/2019)

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
President

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
Secretary

**MARYLAND STATE FIREMEN'S ASSOCIATION**

**FORM 8 – REQUEST FOR APPEAL**

Date: \_\_\_\_\_

**To the Board of Trustees of the Maryland State Firemen's Association**

We hereby certify that \_\_\_\_\_ an active member of

The \_\_\_\_\_ of \_\_\_\_\_

(Name of Company)

(City and County)

Is filing an appeal for the denial of benefits by the Board of Trustees of the Maryland State Firemen's Association. We are hereby requesting the Appeals Board to review the claim for their decision, understanding that the Appeals Board is the final decision.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

(Injured claimant or Next of Kin)

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

President

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Secretary



## APPENDIXES

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**STATE OF MARYLAND**

**STATE FLAG TO ANY**

**FIREFIGHTER,**

**RESCUE SQUAD MEMBER,**

**AMBULANCE COMPANY MEMBER,**

**OR SWORN MEMBER OF THE**

**STATE FIRE MARSHAL'S OFFICE**

**KILLED IN LINE OF**

**DUTY**

**State flag to family of a Firefighter, Rescue Squad member, Ambulance Company 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 Company 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 or INJURIES

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 <a href="mailto:dalexander17@comcast.net">dalexander17@comcast.net</a>	(C) 240-674-3936
Jeffrey H. Thompson, Secretary <a href="mailto:jefft1064@gmail.com">jefft1064@gmail.com</a>	(C) 443-480-3022
Jeffrey A. Clements, Vice Chair <a href="mailto:jeff.clements@phvfd.com">jeff.clements@phvfd.com</a>	(C) 240-216-4272
Terry E. Thompson, P.P., Trustee <a href="mailto:tetfire@hotmail.com">tetfire@hotmail.com</a>	(H) 410-531-3342
Thomas A. Mattingly Jr., Trustee <a href="mailto:tjrmattingly@lvfd1.org">tjrmattingly@lvfd1.org</a>	(C) 240-538-7163

### MSFA OFFICE OF THE SECRETARY

Doyle E. Cox, P.P., Secretary (H) 410-690-3568 (C) 443-532-1416  
[doyle.cox2010@gmail.com](mailto:doyle.cox2010@gmail.com) or [dcox@msfa.org](mailto:dcox@msfa.org)

### MSFA OFFICE OF THE CHAPLAIN

Rev. John F. Long, Jr., Chaplain (H) 410-437-6756  
[jflongjr@yahoo.com](mailto:jflongjr@yahoo.com) (C) 443-623-0753  
[pray@msfa.org](mailto:pray@msfa.org)

### NATIONAL FALLEN FIREFIGHTER'S FOUNDATION

1-866-736-5868 P.O. Drawer 498  
301-447-1365 Emmitsburg, Md. 21727

### 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

# STATE OF MARYLAND

## \$125,000.00 DEATH BENEFIT

ADMINISTERED BY: STATE OF MARYLAND

Department of Public Safety and Correctional Services  
Office of Personnel  
300 E. Joppa Road  
Towson, Maryland 21286

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:

Secretary of the Department of Public Safety and Correctional Services  
300 E. Joppa Road Suite 1000  
Towson, Md. 21286  
410-339-5000  
877-379-8636

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 the sum total of same.
  - C. Billed: shall be to 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) 339-5000 or 877-379-8636.

### **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.  
b) Copy of birth certificate(s), if the beneficiary is surviving child or children.  
c) 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) Billed: 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  
300 E. Joppa Road  
Towson, MD 21286**

**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, Office of Personnel, 300 E. Joppa Road, Suite 1000, Baltimore, MD 21286.

## **.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.

# STATE OF MARYLAND

## 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  
6 N. Liberty street  
Baltimore, Maryland 21201  
(410) 767-3300  
TTY for the Deaf (800) 974-0203

**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.

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### **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.

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### **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)-767-3300 or direct written correspondence to:

Edward T. Conroy Memorial Scholarship Program  
Maryland Higher Education Commission  
State Scholarship Administration  
6 N. Liberty Street  
Baltimore, Maryland 21201

Maryland Annotated Code

Public Safety 7-201

In Part I of this subtitle, "Board" means the Board of Trustees of the Maryland State Firemen's Association.

Public Safety 7-202

a) Eligibility. --

(1) A member of a volunteer fire company or volunteer rescue squad is eligible for disability benefits from the Maryland State Firemen's Association if:

(i) the member's fire company or rescue squad recommends that the member receive benefits and

(ii) the member is permanently or temporarily disabled:

1. as a direct result of actively participating in fighting a fire,
2. while going to or from a fire,
3. while performing other duties necessary to the operation or maintenance of the fire company,
4. while actively participating in the emergency medical services unit, or rescue work of a volunteer advanced life support unit or a volunteer fire, ambulance, or rescue company located in the State; or
5. 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) A benefit under this section shall be paid:

(i) regardless of the district in which the beneficiary was disabled; or

(ii) regardless of whether the beneficiary was disabled in this State, Delaware, the District of Columbia, Pennsylvania, Virginia, or West Virginia.

(b) Amount and manner of payment. -- The Board shall pay a benefit under this section from the treasury of the Maryland State Firemen's Association in the amount and in the manner that the Board determines until the beneficiary is no longer disabled.

(c) Name of beneficiary added to list. -- The secretary of the Board shall add the name of each beneficiary under this section to the Disabled Firemen's and Rescue Squad member's list.

Public Safety 7-203

a) Eligibility. --

(1) The Board shall pay death benefits under this section if a member of a volunteer fire company or member of a volunteer rescue squad dies:



- (i) as a direct result of actively participating in fighting a fire,
- (ii) while going to or from a fire,
- (iii) while performing other duties necessary to the operation or maintenance of the fire company,
- (iv) while actively participating in the ambulance, advanced life support, or rescue work of a volunteer advanced life support unit or volunteer fire, ambulance, or rescue company located in the State; or
- (v) 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) A benefit under this subsection shall be paid:

- (i) regardless of the district in which the decedent died or
- (ii) regardless of whether the decedent died in this State, Delaware, the District of Columbia, Pennsylvania, Virginia, or West Virginia.

(b) Amount of payment and to whom paid.

(1) The Board shall pay a benefit under this section from the treasury of the Maryland State Firemen's Association in the amount that the Board determines, but not less than \$ 2,000.

(2) The Board shall pay a benefit under this subsection:

- (i) to the decedent's surviving spouse or dependent child,
- (ii) if no individual is eligible under item (i) of this paragraph, to the decedent's surviving dependent parent,
- (iii) if no individual is eligible under item (i) or (ii) of this paragraph, to each surviving child of the decedent in equal shares,
- (iv) if no individual is eligible under item (i), (ii), or (iii) of this paragraph, to the decedent's surviving parent; or
- (v) if no individual is eligible under item (i), (ii), (iii), or (iv) of this paragraph, to each surviving sister, brother, or grandparent of the decedent in equal shares.

(c) Pension benefits. --

(1) If there is a surviving spouse or dependent child:

- (i) until the surviving spouse remarries, the surviving spouse is entitled to receive a pension from the Maryland State Firemen's Association and
- (ii) until the dependent child becomes an adult, each dependent child is entitled to receive a pension from the Maryland State Firemen's Association.

(2) The Board shall pay a benefit under this subsection from the treasury of the Maryland State Firemen's Association in the amount, at the times, and in the installments that the Board determines.

(3) The secretary of the Board shall add the name of each beneficiary under this subsection to the Disabled Firemen's and Rescue Squad member's List.

#### Public Safety 7-204

a) In general. -- The Governor shall include in the State budget each year at least \$ 55,000:

(1) for the purposes set forth in §§ 7-202 and 7-203 of this subtitle; and

(2) for scholarships for children of members of volunteer fire companies or volunteer rescue squads who are killed or disabled in the line of duty, as provided in § 18-602 of the Education Article.

(b) Administration. -- The Board:

(1) shall administer the money provided under subsection (a) of this section; and

(2) may not use it for administrative costs.

#### Public Safety 7-205

A member of a volunteer fire company or rescue squad who is engaged in a fire fighting or rescue activity with an organized fire or rescue company is considered to be on duty during the activity for the purposes of the Federal Public Safety Officers' Benefits Act of 1976.