

**NOTICE OF COMPLIANCE
VOLUNTEER FIREFIGHTERS'
BENEFIT LAW**

**REQUISITOS EXIGIDOS POR LA LEY DE
BENEFICIOS PARA LOS BOMBEROS
VOLUNTARIOS**

TO VOLUNTEER FIREFIGHTER

A LOS BOMBEROS VOLUNTARIOS

If you have disablement as a result of injury or disease incurred IN LINE OF DUTY, observe the following:

Si resultas incapacitado como resultado de lesión o enfermedad ocurrida en el EJERCICIO DE TUS FUNCIONES, cumple con los siguiente requisitos:

1. Report your injury promptly and, in any event, within 90 days, in writing to the home area political subdivision (county, city, town, village or fire district) on Form VF-1.
2. If you wish to claim benefits, Form VF-3, Claim for Benefits, must be filed with the same officer of the home area political subdivision with whom you filed report of injury, and with the Workers' Compensation Board within two years of injury or death. Forms VF-1, Notice of Injury or Death, and VF-3, Claim for Benefits, may be obtained from your local fire officials, home area political subdivision or the Workers' Compensation Board.
3. If you are a volunteer member of an incorporated fire company, inquire of your company officer concerning the liable political subdivision to which notice should be given and with which claim should be filed as described above.
4. Obtain medical care immediately.
5. You are entitled to be treated by a physician, psychologist (upon referral from an authorized physician), podiatrist or chiropractor of your choice if (s)he is authorized by the Chairman of the Workers' Compensation Board.
6. Tell your doctor to file medical reports with the Board and with the liable political subdivision or its insurance carrier.
7. **DO NOT pay your doctor or hospital.** Their bills will be paid by the liable political subdivision or its insurance carrier if your case is not disputed. If your case is disputed, the doctor must wait for payment until the Board decides your case. **In the event you fail to prosecute your case or the Board decides against you, you will have to pay the doctor or hospital.**
8. You are not required to have anyone represent you in any workers' compensation proceeding, but you have the right to be represented by an attorney or licensed representative, if you so choose. **If you obtain representation, do not pay your attorney or representative directly.** When the Workers' Compensation Board rules on your case, the attorney's or representative's fee will be set by the Board and the amount will be deducted from your award.
9. If you have difficulty in obtaining Forms VF-1 or VF-3 or need help in filling them out, or if you have any other questions or problems about an injury or disease incurred in the line of duty, contact any office of the Workers' Compensation Board.

1. Informe de su condición inmediatamente por escrito a la entidad gubernamental donde esté localizada su residencia (condado, ciudad, pueblo, o estación de bomberos) en la forma VF-1. Hay un término límite de 90 días.
2. Si interesa reclamar beneficios, debe llenar la forma VF-3 (Claim for Benefits) y presentarla al mismo funcionario a quien le presentó la forma VF-1. También deberá notificarse a la Junta de Compensación Obrera dentro del término de dos años de ocurrida la lesión o muerte. Todas estas formas pueden conseguirse en su oficina de bomberos, entidades gubernamentales cercanas a su residencia o en la Junta de Compensación Obrera.
3. Si usted es un bombero voluntario de una compañía independiente, preguntele a los oficiales sobre a que entidad gubernamental y con cual forma se le debe notificar lesiones o enfermedad.
4. Obtenga atención médica inmediatamente.
5. Usted tiene derecho a ser atendido por un médico, psicólogo (cuando es referido por un médico autorizado), podiatra o quiropráctico que usted seleccione para ser tratado de una lesión o enfermedad, siempre y cuando la persona que provea el servicio esté validado por el Presidente de la Junta de Compensación Obrera.
6. Digale a su doctor que presente los informes médicos a la Junta, la entidad gubernamental o a su compañía de seguros.
7. **NO PAGUE ni al médico ni al hospital.** Sus facturas serán pagadas directamente si su caso no es impugnado. Si lo es, el médico tendrá que esperar hasta que la Junta decida el caso. **Si usted no procede con su caso ó si la Junta decide en su contra, entonces usted tendrá que pagar al médico y al hospital.**
8. Aunque no es obligatorio, usted tiene el derecho de estar representado legalmente o por representante autorizado. **No pague por ese servicio.** Cuando el caso se decida la Junta determinará la tarifa que se la pagará al abogado/a o al representante autorizado y la misma será descontada de su compensación.
9. Si usted tiene dificultad en obtener los formularios o tiene dudas o necesita ayuda para llenarlos comuníquese con la oficina mas cercana de la Junta de Compensación Obrera.

ROBERT E. BELOTEN, Chair/Presidente

The undersigned political subdivision hereby gives notice that it has complied with all the rules and regulations of the Chair and the Workers' Compensation Board pursuant to the Volunteer Firefighters' Benefit Law, and that it has secured the payment of benefits to its volunteer firefighters when engaged in firefighting duties enumerated in or brought within the provisions of said law and the dependents of volunteer firefighters in accordance with the Volunteer Firefighters' Benefit Law by: (insert words "Insurance Policy" or "Self-Insurance")

FDM Preferred Insurance Company, Inc.
 FIRE DISTRICTS OF NEW YORK MUTUAL, P.O. BOX 22185
 New York, NY 100872185

Effective From 06/01/2023 To 06/01/2024
(Efectivo de) (a)

Policy No. I-FPI-VF-00245320-2023
(Poliza Num.)

Name of political subdivision in full: (Nombre completo de la entidad gubernamental):

Endwell Fire District

By _____

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION.

LA JUNTA DE COMPENSACION OBRERA EMPLEA Y SIRVE A PERSONAS CON IMPEDIMENTOS SIN DISCRIMINAR.

VF-105 (1-11)

Prescribed by Chairman
Workers' Compensation
Board

THIS NOTICE MUST BE POSTED AND MAINTAINED IN A CONSPICUOUS PLACE IN AND ABOUT THE FIREHOUSE AND FIRE COMPANY HEADQUARTERS, AND SHOULD ALSO BE POSTED AT EACH PRINCIPAL ENTRANCE USED BY VOLUNTEER FIREFIGHTERS.

DOWNSTATE CENTRALIZED MAILING
(for New York City, Hempstead, Hauppauge & Peekskill Districts)
PO Box 5205 Binghamton, NY 13902-5205

NYC (800)877-1373/Hemp. (866)805-3630/Haup. (866)681-5354/Peek. (866)746-0552

100 Broadway
Menands
ALBANY 12241
(866) 750-5157

State Office Building
44 Hawley Street
BINGHAMTON 13901
(866) 802-3604

295 Main Street
Suite 400
BUFFALO 14203
(866) 211-0645

130 Main Street W.
ROCHESTER 14614
(866) 211-0644

935 James St.
SYRACUSE 13203
(866) 802-3730

TO EMPLOYEES

IMPORTANT INFORMATION FOR EMPLOYEES WHO ARE INJURED OR SUFFER AN OCCUPATIONAL DISEASE WHILE WORKING.

By posting this notice and information concerning your rights as an injured worker, your employer is in compliance with the Workers' Compensation Law.

If you do not notify your employer within 30 days of the date of your injury your claim may be disallowed, so do so immediately.

You are entitled to obtain any necessary medical treatment and should do so immediately.

You may choose any doctor, podiatrist, chiropractor or psychologist referred by a medical doctor that accepts NY State Workers' Compensation patients and is Board authorized. However, if your employer is involved in a certified preferred provider organization (PPO) you must first be treated by a provider chosen by your employer and your employer must give you a written statement of your rights concerning further medical care.

You should tell your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and with your employer's insurance company, which is indicated at the bottom of this form.

You may be entitled to lost time benefits if your work-related injury keeps you from work for more than seven days, compels you to work at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need help returning to work.

You should not pay any medical providers directly. They should send their bills to your employer's insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for the payment of the bills.

You are entitled to be represented by an attorney or licensed representative, but it is not required. If you do hire a representative do not pay him/her directly. Any fee will be set by the Board and will be deducted from your award.

If you have difficulty in obtaining a claim form or need help in filling it out, or if you have any other questions or problems about a job-related injury, contact any office of the Workers' Compensation Board.

WORKERS' COMPENSATION BOARD OFFICES

- Albany, 12241 - 100 Broadway-Menands - (866) 750-5157
- *Brooklyn, 11201 - 111 Livingston St. - Brooklyn - (800) 877-1373
- Binghamton, 13901 - State Office Bldg. - 44 Hawley St. - (866) 802-3604
- Buffalo, 14203 - 295 Main Street, Suite 400 - (866) 211-0645
- *Hauppauge, 11788 - 220 Rabro Drive - Suite 100 - (866) 681-5354
- *Hempstead, 11550 - 175 Fulton Avenue - (866) 805-3630
- *New York, 10027 - 215 W.125th St., Manhattan - (800)-877-1373
- *Peekskill, 10566 - 41 North Division St. (866) 746-0552
- *Queens, 11432 - 168-46 91st Ave., Jamaica (800) 877-1373
- Rochester, 14614 - 130 Main Street West - (866) 211-0644
- Syracuse, 13203 - 935 James St. - (866) 802-3730

*** DOWNSTATE MAILING ADDRESS**

Claims-related mail for the Hauppauge, Hempstead, Peekskill and all NYC offices should be mailed to: PO Box 5205 Binghamton, NY 13902-5205

A EMPLEADOS

INFORMACION IMPORTANTE PARA EMPLEADOS QUE SEAN LESIONADOS O SUFRAN UNA ENFERMEDAD OCUPACIONAL MIENTRAS TRABAJAN.

Su patrono está cumpliendo la Ley de Compensación Obrera cuando despliega este comunicado concerniente a sus derechos como trabajador lesionado.

Si usted no notifica a su patrono dentro del término de 30 días de haber sufrido su lesión su reclamación podría ser desestimada, por eso notifique inmediatamente.

Usted tiene derecho a recibir cualquier tratamiento médico necesario relacionado con su lesión y debe gestionarlo inmediatamente.

Para el tratamiento de cualquier lesión o enfermedad relacionada con el trabajo, usted puede escoger cualquier médico, podiatra, quiropractico ó psicologo (si es referido por un médico autorizado) que esté autorizado y acepte pacientes de la Junta de Compensación Obrera. Sin embargo, si su patrono está autorizado a participar en una organización certificada de proveedores preferidos (PPO), usted deberá obtener tratamiento inicial para cualquier lesión o enfermedad relacionada con el trabajo de la correspondiente entidad. Patronos que participen en cualquiera de estos programas establecidos por ley estan obligados a proveer a sus empleados notificación escrita explicando sus derechos y obligaciones bajo el programa a que esté acogido.

Usted deberá requerir de su Médico que radique copias de los informes médicos de su caso en la Junta de Compensación Obrera y en la compañía de seguros de su patrono, que se indica al final de esta forma.

Usted tiene derecho a compensación si su lesión relacionada con el trabajo le impide trabajar por más de siete días, le obliga a trabajar a sueldo más bajo ó resulta en incapacidad permanente de cualquier parte de su cuerpo. Usted puede tener derecho a servicios de rehabilitación si necesita ayuda para regresar al trabajo.

No pague a ningún proveedor médico directamente por tratamiento de su lesión o enfermedad relacionada con el trabajo. Ellos deben enviar sus facturas al asegurador de su patrono. Si el caso es cuestionado, el proveedor deberá esperar hasta que la Junta decida el caso, antes de iniciar gestión de cobro alguna contra usted. Si usted no tramita su caso ó la Junta falla que su lesión o enfermedad no está relacionada con el trabajo, usted podría ser responsable del pago de las facturas. No es obligatorio el estar representado en ninguno de los procedimientos de la Junta, pero es un derecho que usted tiene, el estar representado por abog

ROBERT E. BELOTEN, CHAIR/PRESIDENTE

Workers' Compensation benefits, when due, will be paid by (Los beneficios de Compensación Obrera, cuando debidos, seran pagados por):

For Insurance Carriers ONLY: Policy No.....

Policy in Force fromto

Name of employer (Nombre del patrono)

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

Failure by an employer to post this notice in and about the employer's place or places of business may result in a \$250 penalty for each violation.