

STATE OF NEW YORK - WORKERS' COMPENSATION BOARD  
ESTADO DE NUEVA YORK - JUNTA DE COMPENSACION OBRERA

www.wcb.ny.gov  
Statewide Fax: 877-533-0337

NOTICE OF COMPLIANCE  
VOLUNTEER FIREFIGHTERS'  
BENEFIT LAW

TO VOLUNTEER FIREFIGHTER

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

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 the Workers' Compensation Board.

REQUISITOS EXIGIDOS POR LA LEY DE  
BENEFICIOS PARA LOS BOMBEROS  
VOLUNTARIOS

A LOS BOMBEROS VOLUNTARIOS

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

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.

Chair/Presidente  
Workers' Compensation Board

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 fire fighting 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")

County of Yates, C/O NCAComp Inc.  
14 Lafayette Sq. Ste. 700, Buffalo, NY 14216  
716-842-0045

Effective From January 1, 2023 To Cancellation  
(Efectivo de) (a)  
Policy No. W880009  
(Poliza Num.)

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

By Branchport/Keuka Park Fire Department

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 (9-17)

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.**