Volunteer and Exempt Firemen's Benevolent Association
of Uniondale, Nassau County, New York, Inc.
P.O. BOX 66, UNIONDALE, NY 11553
BUSINESS PHONE (516) 477-4639
Email: uniondaleba@gmail.com • Website: www.uniondaleba.com
Organized 1942

Date: _____

Name: _____
Address: _____
_____

Re: Application for Benefits

Pursuant to your request, please find enclosed on application for you to apply for benefits (financial aid or funeral expenses) under the Volunteer and Exempt Firemen's Benevolent Association ("Association"). This package includes two parts: The Application and a model Affidavit. If you are applying for a financial aid benefit, you must complete the Application and the "Financial Aid" Affidavit. If you are applying for a funeral benefit, you must complete the Application and the "Executor" Affidavit.

To process your request, follow all steps below:

☐ Step 1: Review all applicable materials included in this package.
☐ Step 2: Complete, sign and have notarized the Application and, if applicable, the applicable Affidavit (Financial Aid Affidavit or Executor Affidavit).
☐ Step 3: Return the completed forms (Application and the applicable Affidavit) along with all requested documentation to the Association at the following address: *Volunteer and Exempt Firemen's Benevolent Association, P.O. Box 66, Uniondale, NY 11553 or Delegate.*

Please note that if your Application (and the applicable Affidavit) is returned without original signatures or all necessary attachments, it will be denied. You will be notified and provided with the reason(s) for denial and any corrective actions. As such, it is important for you to fully complete the application (and provide all required information) in order to avoid the delay in processing of your request.

Your fully completed Application (along with the necessary attachments and the applicable Affidavit) will be reviewed by the Association's Board of Directors ("Board") at their next regularly scheduled meeting. If your completed Application is not received within 30 days' in advance of a Board meeting, the Board will reserve the right to review your Application at its next regularly scheduled meeting. You will be notified in writing if you are required to appear before the Board in connection with its review of your Application (or accompanying information and the applicable Affidavit).

Please note that the Board has the sole binding authority to grant a benefit request, and to interpret the rules for such benefits and the Association's By-Laws and governing documents. In addition, if you make any false statements in your application, the Board will have the right to disqualify you (and your family members) from receiving benefits in the future, and/or suspend or revoke your membership status in the Association. In addition, the Association shall have the right to recover any monies paid to you or your family member because of a false statement, plus interest and its cost for collecting such monies (including attorney fees and collection costs).

If you have any questions about the above, please call the Association's Office Cell at (516) 477-4639. The Association's representatives are available Monday through Friday, 8:00 a.m. to 4:00 p.m. Eastern Time, except on federal holidays. Thank you!

Application for Financial Aid or Reimbursement of Funeral Expenses

Name: _____ Co. #_____ Date: _____

Please remember to complete the applicable Affidavit

Social Security Number (last 4 digits): _____

1 *Information About You*

Name: _____ Address: _____

Cell Phone Number	Home Phone Number
( )	( )

Email Address: _____

2 *Funeral Expense Reimbursement and Financial Aid Options*

Please indicate your reason for your request for reimbursement of funeral expenses or for financial aid by putting a check mark in the appropriate box below and indicate the amount of the benefit being requested:

- ☐ Medical Bills not covered by Insurance – Amount requested $_____
- ☐ Mortgage Payments/Rent (Signed Lease - Letter from Landlord Notarized) – Amount Requested $_____
- ☐ Utility Bills (Electric, Gas, Oil, Water, Telephone, Cell) – Amount Requested $_____
- ☐ Hospital Stay ($25 per day up to 21 days) – Amount Requested $ _____
- ☐ Funeral Expenses – Amount Requested $ _____
- ☐ Other_____ Amount Requested $_____

Documents Needed for Requests for Financial Aid: The following documents are required to be submitted to the Association in order to process your request for financial aid:

- ☐ A fully completed, signed, and notarized Application and Financial Aid Affidavit
- ☐ Copies of your current federal and state tax returns for the most recent and preceding two (2) calendar years
- ☐ Copies of your most recent four (4) paystubs, or most recent four (4) unemployment benefit payment checks
- ☐ Other Income last two (2) months: _____
- ☐ Spouse or Domestic Partner - Copies of your spouse's or domestic partner's most recent four (4) paystubs, or most recent four (4) unemployment benefit payment checks
- ☐ Supporting documentation for the aid being requested

Documents Needed for Requests for Reimbursement for Funeral Expenses: The following documents are required to be submitted to the Association in order to process your request for reimbursement of funeral expenses:

- ☐ A copy of the death certificate
- ☐ A fully completed, signed and notarized Application and Executor Affidavit
- ☐ Copies of all related funeral expenses for the decedent
- ☐ Statement (and proof) of family relationship of the decedent to the member

3 *Signature*

I certify that the information I have provided in this Application is true and correct to the best of my knowledge and belief. I understand that a false statement may disqualify me for benefits and/or for membership status in the Association. In addition, the Association shall have the right to recover any monies made to me because of a false statement, plus interest and its cost for collecting such monies (including attorney fees and collection costs).

Signature of Participant: _____ Date: _____

WITNESSED BY NOTARY PUBLIC: (To be completed by Notary Public)

State of / _____, County of _____ / ss.

On this, the ____ day of , 20__, before me personally appeared _____ known (or satisfactorily proven) to me to be the person who executed the foregoing. In witness whereof, I hereunto set my hand and official seal.

Notary's Signature: _____ Date _____

4 *Authorization*

OFFICE USE			
Secretary certification that the Notary's Seal is on the original application	Initials of Secretary: Date:	☐ APPROVED	☐ REJECTED

Administration Use Only

- ☐ Applicant: _____
- ☐ Date: _____
- ☐ Decision: _____

  _____

  _____

  _____

  _____

- ☐ Check number: _____
- ☐ Check amount: _____
- ☐ Check number: _____
- ☐ Check amount: _____
- ☐ Check number: _____
- ☐ Check amount: _____
- ☐ Check number: _____
- ☐ Check amount: _____
- ☐ Check Received by: signature below

  Member/Executor: _____ Date: _____

- ☐ Original given Back to Member:

  Applicant's Signature: _____ Date: _____

- ☐ Copy Made and Put in File.
- ☐ Log Decision on yearly Log.

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EXECUTOR AFFIDAVIT IN SUPPORT OF FUNERAL EXPENSE BENEFIT UNDER THE VOLUNTEER AND EXEMPT FIREMEN'S BENEVOLENT ASSOCIATION

STATE OF NEW YORK)

) S.S.:

COUNTY OF)

I, _____, being of full age and duly sworn, do hereby affirm as follows:

1. I, _____, reside at _____. My date of birth is _____.

2. I am the Executor or Executrix of the estate of _____, who died on _____, and was either ☐ a member of the Volunteer and Exempt Firemen's Benevolent Association ("Association"), or ☐ a family member of a member of the Association ("Decedent").

3. In my capacity as the Executor or Executrix of the Decedent's Estate, I hereby submit an application and accompanying documents in order to apply for a funeral benefit ("Benefit") from the Association.

4. In an effort to document the requested funeral expenses for such Benefit, please let this confirm that this request is to cover and pay for the following funeral services/bills (copies attached):

_____

_____

_____

5. I also acknowledge that the Association may rely on these representations (as well as other information set forth in the enclosed Application) in determining the basis and validity for granting the requested funeral expense Benefit. I also agree to attend any meeting requested by the Association for the purpose of its review of the Application and accompanying documents for the requested funeral expense Benefit, and that failure to do so may be a basis for denying such Benefit.

6. I also agree to indemnify and hold harmless the Association, including its Board of Directors, and staff and professionals, from and against any and all losses, claims, taxes, costs, actions, demands, suits, proceedings, damages and expenses, including attorneys' fees and expenses, and any other costs suffered or incurred by the Association arising out of or relating to the Association's reliance on this Affidavit in support of my application and request for a funeral Benefit.

7. I also understand that the Association shall have the right to recover any payments for the requested Benefit because of any false statement contained in this Affidavit, plus interest and its cost for collecting such monies (including attorney fees and collection costs). In addition, I also understand that any such false statements may result in my (or my family members) inability to receive benefits from the Association in the future, and/or that my membership status may be suspended or revoked as a result of them.

* * * * * *

I hereby swear and affirm, under oath, that the foregoing statements are true and correct. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment as noted herein.

_____

STATE OF _____)
) ss.:
COUNTY OF _____)

On this _____ day of _____, _____, before me personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed above under this written instrument and, thereafter, executed this instrument before me.

_____
Notary Public