



OHIO STATE FIREFIGHTERS' ASSOCIATION
REGISTRATION FORM
FOR LINE-OF-DUTY DEATH BENEFITS



The _____ Fire Department desires to enroll in the Ohio State Firefighters' Association's Line of Duty death benefit program. We agree to abide by all of the regulations set forth by the Awards Committee governing this award.

Total members of the department _____.

Chief or immediate contact person _____.

Phone number for immediate contact _____.

Department phone number _____.

The following are the regulations that govern the administration of this award:

- 1) Firefighter or EMT must be a member of a Fire Department or EMS Squad that is a member of the OSFA.
- 2) The person's death must occur during or as a result of an emergency incident. Emergency is defined as a response for fire, rescue, emergency medical activity, or the presumption that an emergency has occurred.
- 3) In the event of a heart attack, it must have occurred within twenty-four (24) hours of the emergency.
- 4) Preferably the death should be reported to the O.S.F.A. within twenty-four (24) hours of the occurrence. The O.S.F.A. will make every effort to deliver this money within twenty-four (24) hours of the notification.
- 5) The member fire department must have pre-registered with the O.S.F.A Secretary/Treasurer as to the number of members on their active roster and current beneficiary information must be kept on file with the department.
- 6) The decision of the Awards Committee will be final.

In the event that current beneficiary information is not on file, the benefit will be paid in the following order:

- 1) Surviving spouse.
- 2) Surviving parents.
- 3) Surviving next of kin (brother or sister)
- 4) Person handling the funeral arrangements,

Signature (Chief or Responsible Person)

Date