Volunteer Firefighters Workers Compensation Injury Instructions

1. Volunteer - Fill out and sign: **Volunteer Firefighter Affidavit of Injury**

2. Supervisor - Fill out and sign: **VF-2**

3. Forward both forms to the County for filing with the carrier:
(DO NOT send to the Syracuse address on the back of the VF-2)

- Fax to: 315-253-1369 - or -
- Scan and email to: payroll@cayugacounty.us - or -
- Mail to or Drop off at: Cayuga County Treasurer, Attn: Payroll, 160 Genesee Street, 5th Floor, Auburn, NY 13021

Forms Must be filed **within 10 days** after the injury is incurred or fines and penalties apply that will be charged back to your department.

Please also send any other forms or medical bills you receive prior to being assigned a case manager with the carrier. We will forward documents for payment to the carrier.
If you have any questions about worker's comp, please contact us at (315) 253-1481 or payroll@cayugacounty.us

Volunteer Firefighter Affidavit of Injury Instructions
PRINT or TYPE

1. Fill out the form to the best of your ability - be as complete as possible. Attach any additional sheets as necessary.
2. Submit completed form to your supervisor.

Please tell all doctors and hospitals to send all medical reports and bills directly to our carrier. The ID card for our carrier is as below (front & back):

WORKERS' COMPENSATION ID CARD

www.compalliance.org

Member Name:
Member Since:

New York State Municipal Workers' Compensation Alliance
333 Earle Ovington Blvd., Suite 505
Uniondale, NY 11553-3624
Tel: (866) 697-6922
Fax: (516) 227-2352

Cayuga County
01/01/09

Valid until termination of membership

See reverse side for important information.

Attention Injured Employee

This card is to be used solely for identification purposes for injuries sustained on the job. This is not a guarantee of payment. Use of this card for any other purpose is strictly prohibited.

1. If you are injured on the job, it is important that you notify your supervisor immediately so that an injury report can be completed.
2. Present this card to the treating physician or medical facility and indicate that the injury was sustained on the job.
3. You are not responsible for any partial payments, co-pays or deductibles for work related injuries.

VF-2 Instructions
PRINT or TYPE

Top Section:
WCB Case, Carrier Case, & VF Policy = Leave Blank
Carrier Code No = 848139
Social Security No = FILL IN

1. Write: Cayuga County, Et al
   Attn: Payroll, 160 Genesee St, 5th Floor
   Auburn, NY 13021
2. Your Fire Dept and address
3. Write: NYS Municipal Workers Comp Alliance
   333 Earle Ovington Blvd, Ste 505
   Uniondale, NY 11553-3624

The Volunteer Firefighter Affidavit of Injury should have most of the data needed to complete the middle section of the VF-2 form.

Preparation Section:
Date the report
A. Name of person filling out the form
B. Title and phone of person filling out form
C. & D. Leave Blank

Note: If the Fire Department suspects an injury did not take place or is being falsely reported as on the job, please put in Section 19, in capital letters: CONTRAVERTED. Contact us and explain the concerns you have with the injury.

If you are informed by anyone, or you personally see a volunteer firefighter, who is out on workers' compensation, working someplace else or seen doing something that would be impossible to do with their injury, you have a responsibility to report that to the Case Manager. Ex: A volunteer firefighter is out on a back injury and is seen working on a roof, or lifting furniture off a truck.
Workers' Compensation Insurance Fraud is a FELONY.