



International Association of Fire Fighters

Burn Fund Assistance Application (Page 1 of 2)

IAFF Burn Fund Assistance is awarded for the purpose of providing financial assistance for temporary emergency expenses for IAFF members and/or a member of their immediate family (spouse or children) suffers a burn injury which requires admission to a burn center. As determined by the Chair of the IAFF Foundation.

Personal Information

IAFF Local Number:

IAFF Membership Number:

Full Name: _____
Last *First* *M.I.*

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: () Alternate Phone: ()

E-mail Address:

Information for the Injured if not the member

Relationship to the member:

Full Name: _____
Last *First* *M.I.*

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: () Alternate Phone: ()

E-mail Address:

Upon receipt of the completed application; and after verification of the member's need, the IAFF will issue a check which will be disbursed in the most direct and expeditious manner taking into account the instructions of the individual member and the IAFF Local Union President.

Provide Preferences for Check or Electronic Bank Deposit

Where do you want the check sent?

Mail me.

.....
Street Address *Apartment/Unit #*

City

State

ZIP Code

Direct Deposit to My Bank Account (You must check with your bank to ensure that this option is available):

.....
Name of Bank

.....
Bank Account Number

.....
Routing No.

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A member is only eligible for assistance if he/she or a member of their immediate family (spouse or child) suffered a burn injury that required admission to a burn center. The member must provide evidence of the need for assistance (e.g., description of injury and injured party), details on anticipated expenses for which the member needs assistance (e.g., travel and lodging for the closest burn center), and/or receipts for expenses already incurred.

Any disbursement from the fund shall only be made to current IAFF members if he/she or a member of their immediate family (spouse or child) suffered a burn injury that required admission to a burn center, resulting in financial hardship. Disbursements shall only be granted for immediate travel, housing, food, medical supplies and services, and other similar assistance as deemed appropriate. Funds are NOT awarded for minor injuries that do not require admission to a burn center.

Describe the injury and your need for financial assistance necessitating this request:

Local Affiliate Information

IAFF Local Number:

President's Full Name:
Last First M.I.

Address:
Street Address Apartment/Unit #
.....
City State ZIP Code

Phone: () E-mail Address:

Local Affiliate Officer's Verification of Claim

As the President of the IAFF Local Union Affiliate to which the above applicant is a member in good standing, I verify the accuracy of the member's claim for IAFF Burn Fund financial assistance and I request that the funds are:

- Sent to me, and I will present to member.
- Sent to or deposited in my member's banking account (when information provided).

Signature: _____

All applications for assistance must be submitted within 14 days from the date of the injury using the IAFF Burn Fund Assistance Application Form. All applications shall be submitted through the IAFF member's Local Affiliate President. The IAFF Local Affiliate President shall verify the accuracy of the member's claim for Burn Fund financial assistance.

All applications for Burn Fund financial assistance shall be sent to the IAFF District Vice President where the member is affiliated or directly to:

Chairman
IAFF Burn Fund
c/o Division of Occupational Health, Safety and Medicine
International Association of Fire Fighters
1750 New York Avenue, NW
Washington, DC 20006

This form, as well as supporting documentation (e.g., receipts), can be sent via e-mail to burnfoundation@iaff.org or faxed at (202) 737-8418.