



New York State Volunteer Firefighter Cancer Benefit Program

Cancer Protection Designed by Firefighters for Firefighters

Completing OFPC ESOB Forms 210.4 and 210.5

Earlier in December, OFPC introduced two forms in support of GML 205-CC. To be certain you have all the guidance and information to complete the two forms (when necessary), the Program provides below a description of each form and any additional requirements and both forms are attached to this communication:

a. **ESOB 210.5 – Volunteer Firefighter Enhanced Cancer Disability Benefits Program**

Attestation/Proof of Benefits: This form confirms that the fire district, department or company has taken the necessary steps to confirm that it is in compliance with 205-CC and that all eligible firefighters are covered under an approved insurance program. OFPC has requested districts, departments and companies submit a completed and notarized form to them by 1/1/19. Please use the below contact information for Option A, Page 2:

**Hartford Life and Accident Insurance Company
One Hartford Plaza
Hartford, CT 06155
(860) 547-5000
Policy Number: 681360**

We will also send to you a copy of your Schedule of Benefits/Proof of Coverage within a few days to attach to 210.5. Contact us directly if you need this form immediately.

- b. **ESOB 210.4 – Certification of Eligibility:** This form is required only at the time of claim and is submitted to the carrier providing coverage. It is not required for every eligible firefighter in that district, department or company – ***only for the claimant at the time of claim submission.*** The form is not submitted to OFPC.

A reminder: Keep a copy of all forms associated with 205-CC for future reporting purposes.

If you have any questions, please contact the Program via email at nysvfb@willistowerswatson.com or our live call center at **(833) 678-1585**. Check out the Program website at www.thehartford.com/resources/gb/ny-firefighters.

Protecting Those Who Protect Us

