



KATHY HOCHUL  
Governor

JAMES B. CABLE  
State Fire Administrator

November 9, 2021

TO: County Fire Coordinators  
Reporting Fire Departments

FROM: James B. Cable, State Fire Administrator

SUBJECT: Upcoming deadlines for the Volunteer Firefighter Enhanced Cancer Benefit Program (GML 205-cc)

Submission deadlines are rapidly approaching for reports required as part of the Volunteer Firefighter Enhanced Cancer Benefit Program. The Office of Fire Prevention and Control (OFPC) has streamlined the reporting process to promote and improve compliance with the requirements of General Municipal Law 205cc (GML-205cc). These changes include:

- All forms have been converted to PDF fillable format.
- The Firefighter Roster (EOSB Form 210.8R) may be completed as an Excel sheet or a fillable PDF and submitted electronically.
- The Proof of Benefit form (EOSB Form 210.5) is no longer required to be notarized and may be submitted electronically.

OFPC is responsible for providing an annual report on this program to the Governor and the Legislature. Timely and accurate submission of the information required will assist OFPC in detailing the important impact this program is having on the volunteer fire service.

**Due annually on or before 12/1:** The annual claims form (ESOB 210.8C). We suggest this form be mailed to us in mid-November. This form reports the types of any claims made, if they were paid or are still being reviewed, and identifies the specific types of cancers included in those claims. No personal or identifying information is required by this form, which is intended only to allow identification of the number of claims submitted under the program and the types of cancers resulting in those claims. This will provide an improved understanding and awareness of the types of cancers affecting New York State firefighters.

**Due annually on or before 12/1:** The annual firefighter roster (ESOB 210.8R). This lists all interior firefighters, including their NY Training ID number. This form can be completed online and electronically submitted to OFPC in either PDF or Excel format.

**Due annually on or before 1/1:** The “Proof of Benefit” form (ESOB 210.5) as well as the first page of the policy that has the department’s name, the insurance coverage provided and the dates of coverage. This form can be completed online and electronically submitted to OFPC.

**Due at time of diagnosis:** Certification of Eligibility form (ESOB 210.4) is to be submitted to the insurance provider at the time an eligible firefighter receives a diagnosis of cancer. Please note that this form is to be sent to the coverage provider [the Authority Having Jurisdiction (AHJ) if self-insured, or the Insurance Company providing the policy] not to OFPC.

DATE DUE	FORM NAME	FORM NUMBER	ELECTRONIC FORM	NOTARIZED
On or Before 12/1	ANNUAL CLAIM REPORT	201.8C		
On or Before 12/1	ANNUAL FIREFIGHTER ROSTER	210.8R	X	
On or Before 1/1	ANNUAL PROOF OF BENEFIT	210.5	X	
UPON DIAGNOSIS OF CANCER	CERTIFICATION OF ELIGIBILITY	210.4	THIS FORM IS SENT TO INSURANCE PROVIDER NOT OFPC.	X

Thank you for your continued participation in this important program.