

Rockland County Volunteer Benefit Act Enrollment and Beneficiary Form

On August 6, 2024, the Rockland County Legislature unanimously passed Local Law No. 8 of 2024, which was introduced by the Hon. Paul C. Cleary, and which provides a benefit to the dependents of volunteer firefighters, volunteer emergency medical services personnel and auxiliary police officers killed in the line of duty. This Local Law was signed by County Executive Edwin J. Day on August 7, 2024, and filed with the State of New York, Department of State on August 14, 2024.

Instructions for the Organization

Please distribute the Enrollment Forms to all your volunteers.

Have them return the forms to a designated individual in your organization.

Have that individual review the forms for completeness and particularly verify the forms are notarized.

Once the forms have been completed and reviewed, we suggest your organization retain a copy of the form.

Any changes that need to be made to the forms going forward are the responsibility of the volunteer. They should submit any change forms to the designated person in your organization, and that person should forward the changes to the Rockland County Insurance Department.

This same procedure should be followed for any new members in your organization.

The original of the forms should be sent to:

The Rockland County Insurance Department
Building A 7th Floor
50 Sanatorium Road
Pomona, NY 10970

The Rockland County Insurance Department will maintain a file of all the Enrollment forms.

Only the form on file with The Rockland County Insurance Department will be valid for determination of any beneficiaries that will be eligible to receive the benefit.

Forms and information regarding this Law are available on the Rockland County website, ROCKLANDCOUNYNY.GOV. The information can be found in the Insurance Department and the Fire and Emergency Services tabs on the website in the County Departments section.

If your designated individual has any questions about this new Law, or any of the forms involved, please feel free to contact the Director of Insurance and Risk Management, Thomas Torpey. His phone is 845-364-2225 and his email address is TORPEYT@CO.ROCKLAND.NY.US

Instructions

Rockland County Volunteer Benefit Act Enrollment and Beneficiary Form

Please fill out the fillable form and print the form. The form must be signed in the presence of a Notary and Notarized. Please make a copy for your records. Return the completed to your organization so they can deliver or mail the original form to COUNTY OF ROCKLAND DEPARTMENT OF INSURANCE, 50 Sanitorium Road, Building A 7th Floor, Pomona, NY 10970.

Reason for completing the form: (check all that apply)

If this is a new enrollment check the box for new enrollment.

If this is to change your name and change beneficiaries, please check both boxes. Be sure to include your previous name so we can cross reference with the old form.

If this is a change of beneficiary form, please list all the beneficiaries you would like to include going forward. You cannot just list one name and add a beneficiary. Only the beneficiaries listed on the most current form will be recognized as your beneficiaries.

If you are a member of more than one volunteer agency you must complete a form for each entity.

Individual Information

Please include all the information in the individual information section.

All the information in this section is required for all new enrollments and any changes.

The date of membership is the date the individual first became a volunteer in your organization. If the specific date is not available a month and year will be sufficient.

Beneficiary Designation Each Beneficiary must be an eligible beneficiary

List the individuals you would like to be the beneficiaries of your benefit. If you would like to have more than one beneficiary, please indicate the percentage of the total benefit you would like to go to each individual. Please make sure the total adds to 100%. See the Sample Page for an example of how this section should be completed.

If there are no living primary beneficiaries at the time your initial benefit payment is due, there will be no benefit paid.

Eligible beneficiaries are only:

Married Spouse as defined in 26 CFR section 301.7701-18

Domestic partner as defined by Rockland County Code section 232-2

Qualified Children as defined in 26 USC section 152(c)

Qualified Relative as defined in 26 USC section 152(d)

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Sample Completed Form

Reason for completing the form: (check all that apply)

New Enrollment Change of Beneficiary(ies) Address Change

Name Change (New Name) _____

(Previous Name) _____

Other Change Indicate reason for change: _____

Additional Beneficiary(ies) second page if necessary

Individual Information

Organization Name(s): Haverstraw Fire Department

Volunteer Name: Thomas Smith

Volunteer Home Address: 123 Main Street, Haverstraw NY 10927

Volunteer Date of Birth: 11/1/1960

Volunteer Date of Membership(s): 12/1990

Volunteer Social Security Number: 123-45-6789

I hereby designate the following beneficiary(ies) to receive any Rockland County Volunteer Benefit Act proceeds payable under Local Law 8 of 2024. If this form represents a change of beneficiary, all prior beneficiary designation(s) are terminated and the following designation(s) are made:

Beneficiary Designation

Beneficiary Name and Address

Relationship Date of Birth Percentage

Mary Smith

Spouse 11/1/1962 75%

123 Main Street, Haverstraw, NY 10927

Peter Smith

Child 12/31/1997 25%

456 Broadway Haverstraw NY 10927



DEPARTMENT OF INSURANCE

50 Sanatorium Road
Building A 7th Floor
Pomona, NY 10970
Phone (845) 364-2225 Fax (845) 364-2226

Thomas E. Torpey
Director of Insurance and Risk Management

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Reason for completing the form: (check all that apply)

New Enrollment Change of Beneficiary(ies) Address Change

Name Change (New Name) _____

(Previous Name) _____

Other Change - Indicate reason for change:

Additional Beneficiary(ies) second page if necessary

Individual Information

Organization Name(s): _____

Volunteer Name: _____

Volunteer Home Address: _____

Volunteer Date of Birth: _____

Volunteer Date of Membership(s): _____

Volunteer Social Security Number: _____

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Additional Important Information

If more space for beneficiaries is needed, please indicate here: Yes No, and list them on a separate enrollment form. Please indicate on the second form that the form is for additional beneficiaries. Please sign and date the additional beneficiaries form in addition to the enrollment form. If Yes is not checked here, it will be assumed there are no other beneficiaries than those listed.

Minor as beneficiary: If death occurs and a minor child (a person under the age of majority) is designated as a beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid. This could mean legal expenses for the beneficiary and possible delay in the payment of any death benefit. Please take this into consideration when designating your beneficiary.

Signature of Volunteer

Date

Sworn before me this _____

day of _____

NOTARY PUBLIC