

**Fallen Emergency Service Provider Program (FESP)
The 100 Club of Buffalo, Inc.**



Please read, fill out, and fully sign the following information and the attached HIPAA Authorization form and return to the appropriate party at your agency or department.

Please print your full legal name below:

_____ Date _____
(PRINT NAME HERE)

A. AUTHORIZATION FOR DISCLOSURE OF INFORMATION:

I, the undersigned, authorize all the information requested in this form together with any other documentation necessary under the Public Safety Officer's Benefit Act (PSOB) as well as all fire/police incident reports, and medical services patient reports regarding emergency care provided to me by fire, ambulance, medical doctor, and hospital personnel, documenting my condition, procedures applied, autopsies/toxicology reports, and laboratory tests resulting from my line of duty injury and/or death to be released to Arthur F. DuC. Musarra, Esq., and/or his designee. I further authorize Arthur F. DuC. Musarra, Esq., and/or his designee, to act as attorney for the purpose of proceeding in an attempt to receive benefits pursuant to the PSOB Act for the benefit of all individuals who may collect pursuant to the Act.

Please check one:

- _____ I wish to take advantage of The 100 Club Burial and Funeral Fund *
- _____ I do not wish to take advantage of The 100 Club Burial and Funeral Fund

*Subject to change, this includes free burial services for public safety officers who die in the line of duty. Services shall be arranged through Dengler & Roberts Funeral Homes and a credit toward burial at any of the participating cemeteries, including those at Mount Calvary Cemetery Group, Diocese of Buffalo, Forest Lawn Group and Elmlawn Cemeteries. Benefit subject to limitations as provided by the participating cemeteries or law.

B. CONTACT INFORMATION:

The best way to contact me/my survivors is via:

- 1) Primary Contact: _____
(name, address, phone number, relationship)
- 2) Union Representative: _____
(name, address, phone number, relationship)
- 3) Other: _____
(name, address, phone number, relationship)

Fallen Emergency Service Provider Program (FESP)
The 100 Club of Buffalo, Inc.



C. CONSENT FOR RELEASE OF CONTACT INFO:

Pursuant to 5 USC §552a(b), The Privacy Act, I, the undersigned, also consent to the release of my name and address to Arthur F. DuC Musarra Esq., his designee, and The 100 Club of Buffalo, Inc. (The 100 Club).

D. LEGAL REPRESENTATION AND DECISION TO PURSUE CLAIM:

The 100 Club, Arthur F. DuC. Musarra Esq., or the designee of Arthur F. DuC. Musarra do not enter into any agreement to represent the above signed safety officer through the signing of this document, unless notified of such representation by the 100 Club, Arthur F. DuC. Musarra, or his designee. All representation is done on a voluntary basis in the sole discretion of The 100 Club or Arthur F. DuC. Musarra, Esq., or his designee.

Any agreement to enter into said representation must be made in writing only after The 100 Club and Arthur F. DuC. Musarra Esq., or his designee, have had an opportunity to review the public safety officer's case and have agreed to accept the case. The decision by any of these parties not to pursue the Public Safety Officer's claim does not preclude the undersigned from otherwise pursuing their claim under the PSOB Act.

This offer of representation is done in conjunction with The One Hundred Club of Buffalo, Inc. (The 100 Club). All services are provided pro bono for the benefit of my survivors regarding preparation of PSOB claims. I understand that there will be no charge for the services herein performed and therefore I, or my representatives, will make no claim against The 100 Club or Arthur F. DuC. Musarra, Esq., and/or his designee. In the event The 100 Club or Arthur F. DuC. Musarra, Esq., or his designee, decide not to pursue this matter, such notice will be delivered orally by that attorney or his representative; which includes but is not limited to a director of The 100 Club, or sent by regular mail in writing to my representatives. Any act that the public safety officer created, which is released to authorities pursuant to government regulations or statutes, that defeats any claim of the undersigned shall create no action against The 100 Club or Arthur F. DuC. Musarra, Esq. or his assigns.

E. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (IDPAA)

By signing this section E, the undersigned, hereby authorizes Arthur F. DuC. Musarra and The 100 Club to obtain any medical document Arthur F. DuC. Musarra, his assigns, or The 100 Club deem necessary to pursue any and all claims arising under the PSOB Act.

(SIGNATURE HERE)

Date

Fallen Emergency Service Provider Program (FESP)
The 100 Club of Buffalo, Inc.



F. SIGNATURE & NOTARY

By signing below the undersigned indicates he/she has read the above information in all the above sections, A through E, and agrees to all terms and conditions set out therein:

(PRINT NAME HERE)

(SIGNATURE HERE)

Date

Department or Company _____ Date _____

Please have the following filled out by a notary public at the time of signing:

Sworn to before me this _____ day of _____, 20____

Notary Public

Notary Seal

G. IMPORTANT INFORMATION ON FESP AND PSOB BENEFITS

In the event of a line of duty fatality, please contact Arthur F. DuC. Musarra, Esq. at 716-831-1560.

More Information on the 100 Club of Buffalo's Fallen Emergency Service Provider program can be found at <http://www.100clubbuffalo.org/fespo.html>.

More information on the Department of Justice's PSOB Death Benefits Program can be found at <http://www.benefits.gov/benefits/benefit-details/1073>
