



100 CLUB OF ARIZONA OFFICER/FIREFIGHTER INJURY REQUEST FORM POTENTIAL BENEFITS

ADDITIONAL BENEFIT REQUEST (2-12) # _____

Date of Incident: _____ Line of Duty? YES/NO ON Duty? YES/NO Today's Date: _____

Name of Injured: _____ Email: _____

Department/Agency: _____ Title/Position: _____

Beneficiary Name (Spouse/Parent): _____ Email: _____

Home Address: _____ City: _____ St: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Other Phone: _____

Make Benefit Check To: _____ Relationship to Injured: _____

In hospital: YES/NO ICU: YES/NO Estimated hospital stay: _____ Estimated time off work: _____

Does injured require extensive or 24-hour care if not in the hospital? _____

Has estimated time off work changed since first request? _____

Has injured officer/firefighter worked any hours since injury, full duty or light duty? _____

What is the base pay amount of the injured? _____

Describe current status of injury and recovery:

Information Provided By (MUST BE FIRST LEVEL SUPERVISOR or H/R SUPERVISOR)

Print Name: _____ Title: _____

Office Phone: _____ Mobile Phone: _____ Other Phone: _____

Department/Agency: _____ Email: _____

Address: _____ City: _____ St: _____ ZIP: _____

Agency or Department Chief's Name (Please Print): _____

Chief's mailing address (Please Print): _____

Your signature: _____ Date: _____

Second Level Supervisor

Print Name: _____ Title: _____

Signature: _____ Date: _____

Office Phone: _____ Mobile Phone: _____ Other Phone: _____

FAX TO: 100 Club (602) 242-1715

To verify the 100 Club has received this fax, call 602-485-0100

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(To be completed by authorized 100 Club personnel)

Verified: _____ Date: _____ Data ID: _____ PDF: _____ Excel: _____

Approved: _____ Date: _____ Check#: _____ ENTD _____ Amount: _____