

Fallen Emergency Service Provider Program (FESP)

The 100 Club
of Buffalo, Inc.



In the event of my death in the line of duty, I request that an autopsy be performed as soon as possible to determine and document cause of death. This autopsy shall include such toxicological studies as may be deemed necessary and shall include analysis to measure the presence of benzene, carbon monoxide (measured and reported in percentage), cyanide and ethanol.

I 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 and laboratory tests resulting from my line of duty injury and/or death to be released to Arthur F. DuC. Musarra, Esq. I further authorize *Arthur F. DuC. Musarra, Esq.* 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. This is done in conjunction with *The One Hundred Club of Buffalo, Inc.* (The 100 Club) All services are provided **pro bono** on my behalf 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.* In the event *The 100 Club or Arthur F. DuC. Musarra, Esq.* decide not to pursue this matter, in which case such notice will be 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.*

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 services arranged through Dengler & Roberts Funeral Homes and 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.

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

Phone number *please list*

Home *address*

Union representative *his/her name/address/phone*

Other *please contact person/address/phone*

Pursuant to 5 USC §552a(b), The Privacy Act, I also consent to the release of my name and address to the Concerns of Police Survivors, Inc.

Signed _____ *Print Name* _____

Department or Company _____

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

Notary Public

Notary Stamp

One Copy - Arthur F. DuC. Musarra, Esq.

One Copy - Service Agency

Once Copy - Applicant