

**VILLAGE OF RYE BROOK**  
**207-A PROCEDURE**

**I. PURPOSE**

This procedure is intended to regulate the application for, and the award and/or termination of, benefits under Section 207-a of the General Municipal Law (GML 207-a). Any future changes enacted by the State in the provisions of GML 207-a that conflict with an explicit provision of this procedure shall supersede the preexisting provision of this procedure.

**III. 207-a PROCEDURE**

- a) A Firefighter shall file the *Application for GML-207-a Benefits* form (Appendix A) to the Village Administrator within twenty (20) calendar days after the date of the injury or illness upon which the application is based, or within twenty (20) calendar days after the Firefighter discovers, or should have discovered, the injury or illness upon which the application is based. The *Authorization to Release Confidential Health Care Information* form included in the application shall be executed by every Firefighter seeking benefits and provided to the Village, along with any medical and other relevant information to support the application. *Please note that this GML 207-a application is separate from an employee's initial report of injury or illness which should be reported immediately to the Treasurer's Office.*
- b) In the event the Firefighter is medically or physically incapable of making a request in writing, the written request may be made by an authorized representative of the Union or a person authorized to act on the Firefighter's behalf. This request should be consistent with the notification period identified in section (a) above and provide sufficient information needed for the Village Administrator to make the initial determination of GML 207-a status.
- c) The Village Administrator shall have the authority to require the Firefighter to be examined by a physician or other specialist. The Village Administrator shall also have the authority to conduct a full investigation of all the facts concerning the application that he/she believes to be relevant and the Firefighter shall cooperate fully with such investigation.
- d) The Village Administrator will make the initial written determination under GML 207-a, including whether a Firefighter was injured in the performance of duties or taken sick as a result of the performance of duties; whether a Firefighter is able to perform regular duty or specified types of light or transitional duty consistent with the duties and status of a Firefighter; and whether a Firefighter shall forfeit Section 207-a eligibility for engaging in any employment other than as provided for by the statute. The Village Administrator's initial written determination will be made within thirty (30) days of the date that a complete submission is made by the Firefighter.

If it is determined that light or transitional duty is assigned, that Firefighter shall not count towards the two (2) Firefighter minimum specified in Section 23 of the Agreement between the Village of Rye Brook and the Rye Brook Professional Firefighters unless the Firefighter on light or transitional duty can perform the essential functions of a Firefighter.

- e) Subsequent to the written determination of the Village Administrator regarding GML 207-a eligibility, should a Firefighter disagree with the Village Administrator's determination, the Firefighter shall have the right to submit a written appeal of said determination to the Village Board of Trustees within thirty (30) days of the Village Administrator's written determination.
- f) Upon receipt of the appeal from the Firefighter, the Board of Trustees shall appoint a Hearing Officer of their choice, other than the Village Administrator, within forty-five (45) days of receipt of the written appeal from the Firefighter.
- g) Such Hearing Officer shall hold a hearing, prepare a records of the hearing, and make a report and recommendation to the Board of Trustees regarding the Firefighter's eligibility for GML 207-a benefits. The Firefighter shall have the burden of proving his/her entitlement to GML 207-a status to the Hearing Officer. The record of evidence to be considered by the Hearing Officer shall consist of any physician reports related to the injury or illness, the results of any investigation of the Village Administrator, and any other information offered during the hearing that is accepted into evidence. A copy of the materials should also be included in the Hearing Officer's report and recommendation to the Board of Trustees. If a stenographic record is requested by the Hearing Officer or either party, such costs shall be shared by the Village and the Firefighter.
- h) The Village Board of Trustees shall render a written determination on the Firefighter's GML 207-a eligibility within thirty (30) days of the receipt of the Hearing Officer's written report and recommendation.
- i) Pending any determination of benefit eligibility, any time off taken by the Firefighter that he/she claims is the result of the injury or illness giving rise to the application, shall be charged to the Firefighter's accrued sick leave. However, in the event that the Firefighter has no available accrued sick time, then the Village will permit the claimant to exhaust all available accrued leave time (e.g. vacation, compensatory time, personal leave, etc.) pending the determination.
- g) If a decision is made at any time that the Firefighter is eligible for GML 207-a benefits, then the Firefighter shall be so categorized. Any leave previously charged to the Firefighter due to the injury shall then be charged to GML 207-a leave and the Firefighter shall be re-credited with any leave that was previously used in lieu of GML 207-a leave. The Firefighter's GML 207-a benefits shall continue so long as the Firefighter remains eligible.
- h) In the event the applicant is not satisfied with the decision of the Board of Trustees following their determination, the Firefighter may pursue an Article 78 proceeding in accordance with the applicable law.

#### **IV. REVIEW OF STATUS OF FIREFIGHTERS RECEIVING GML 207-A BENEFITS:**

- a) The Village Administrator may periodically review cases of Firefighters receiving GML 207-a status, whether the Firefighter is physically capable of performing a modified or transitional duty assignment, and/or whether the Firefighter is acceptable of returning to fully duty. If furtherance thereof, the Village Administrator may take such action as appropriate under the law.

**09-17-2018**

**APPLICATION FOR GML 207-A BENEFITS**

**APPENDIX A**

Name of Applicant/Firefighter: \_\_\_\_\_  
(Please Print)

Name of Person Submitting Application  
(if different than applicant):

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Relationship to Applicant)

I HEREBY APPLY FOR BENEFITS UNDER SECTION 207-A OF THE GENERAL MUNICIPAL LAW BASED UPON THE FOLLOWING INFORMATION:

Injury or Illness Sustained in the Performance of Duties:

In the space below (or on additional sheets) please set forth to the best of your ability information about what occurred; a brief description of the nature and extent of the injury or illness; the date and time such injury or illness occurred; the name and address of medical care providers (including hospitals) who may have treated you to date; and the names of other members of the Rye Brook or other fire departments who may have witnessed the incident. Attached any available documents with information relevant to the injury, including, but not limited to, all doctors' reports to date.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I SUBMIT THIS APPLICATION PURSUANT TO THE POLICY AND PROCEDURE GOVERNING THE APPLICATION FOR AND THE AWARD OF BENEFITS UNDER SECTION 207-A OF THE GENERAL MUNICIPAL LAW. THE STATEMENTS CONTAINED IN THIS APPLICATION ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

All written correspondence and determinations should be sent to the following address:

\_\_\_\_\_

**Village of Rye Brook Fire Department**

**Authorization to Release Confidential Health Care Information**

Re: Patient (Firefighter): \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Date of Injury/Illness \_\_\_\_\_

To: Medical Provider

You are hereby authorized to release to the Village of Rye Brook, or its duly-authorized representative, all billing and medical information pertinent to treatment you provided to me as a result of my injury or illness on the date described above.

\_\_\_\_\_

Signature of Patient/Firefighter

\_\_\_\_\_

Printed Name of Patient/Firefighter

\_\_\_\_\_

Date

\*A copy of this authorization form is as valid as the original.