

KANSAS CITY KANSAS FIREFIGHTER'S RELIEF ASSOCIATION

Non-Disabling Injury Claim Form (OFF Duty Only)

Member Name

Fire Department ID#

Mailing Address

Phone

Was this Injury OFF Duty

Date of Injury

Yes

or

No

Describe Injury?

Medical Facility

Attach statement or itemized bill from treating facility for verification of treatment.

In order to qualify for this benefit, you must be a member in good standing and have received treatment for an injury at a medical facility due to an off duty injury.

The Relief Association will reimburse you for up to \$500 of billed charges by the treating facility.

I hereby certify that the answers I have made to the questions above
are both complete and true to the best of my knowledge and belief.

Signature: _____

Date: _____

Please complete the above information and forward this form along with a statement
from the Treating Facility to:

KCKFRA
10940 Parallel Parkway
Suite K, BOX 308
Kansas City, KS 66109
Email: KCKFRAClaims@gmail.com
Fax: 913-904-0857