



POLICE ASSOCIATION OF CONNECTICUT



Final Claim Form

This is to certify, that _____ a member, in good standing, of the Police Association of CT, was disabled, by reason of injury/contagious disease received in the actual performance of police duties; that his/her injuries have incapacitated him/her from attending to his/her regular duties for _____ days.

Local Vice President: _____ Police Department: _____

I certify, on honor, that the above is a true statement relating to the case of _____ of the _____ Police Department.

Chief/Captain of Above Department: _____

This is to certify, that I attended Mr./Ms./Miss/Mrs. _____ of the _____ Police Department, for injuries received in the actual performance of Police duties.

The nature and cause of injuries were: _____

And that such injuries rendered him/her incapacitated from attending to his/her regular duties from _____ to _____, inclusive. (Actual dates, not 'undetermined' or 'indefinite')

Attending Physician: _____

This is to certify, that we have investigated the case of _____ of the _____ Police Department and find the statements above to be true.

Association Investigative committee chair/co-chair: _____

TO THE COMPTROLLER

Under the provisions of Section 209 of the General Statutes, Revision of 1949, and you are requested to draw your order on the Treasurer, in settlement of the above claim in full.

Dated at (LOCATION) _____, on ____/____/____. I hereby certify, the sum of \$ _____ dollars is due to: _____

ADDRESS: _____ CITY: _____ STATE: _____

Approved President: _____ Secretary: _____