



New York State Correctional Officers & Police Benevolent Association, Inc.

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Veterans Benefit Relief and Respite Program

The purpose of the program will be to provide for the veteran members of NYSCOPBA and their families, certain benefits that recognize the service of our veteran members and also relieve some of the stress of long deployments and separation from family.

--- Veteran members who deploy overseas qualify for a care package delivered to their overseas address. This package is provided to improve the quality of life during deployment. Items included are adjusted as the committee becomes aware of the needs of deployed members.

--- Veteran members who are out on extended sick will be eligible receive a fruit basket which will be mailed directly to their residence. Extended sick is defined as an absence from duty due to personal to sickness or workers compensation leave for a period of 30 working **days or more**.

--- Veteran members who pass away while in state service are eligible to receive a floral arrangement mailed either to a church, funeral home or residence. A monetary donation may be made in place of a floral arrangement to a charity of the family's choice.

* **Note:** the value of these benefits shall not exceed the amount authorized by the sector funding agreement provided by NYSCOPBA.
A one time benefit is available to a veteran member, or their family, for each occurrence.

--- Families of deployed members are eligible to receive relief and respite benefits in the form of movie passes, dinner coupons, discount tickets to amusement parks and any other similar respite benefit which this committee can provide within the limits of the sector funding agreement through NYSCOPBA.

--- This benefit is available on an annual basis for families whose member is deployed overseas.

--- An appropriate family benefit will be determined by the committee at the time of application for benefits.

--- Application for benefits can be made by any person aware of the need by communicating this to the committee. Application should be made in writing using the form available on the veteran's page. This form can be downloaded and mailed or given to any committee member for consideration.

See Application Below

APPLICATION FOR BENEFITS FROM NYSCOPBA VETERANS COMMITTEE
RELIEF/RESPITE PROGRAM:

Name of NYSCOPBA member: _____

Facility name: _____

Union steward: _____

Deployment date: _____

Length of deployment: _____

Branch of service: _____

Area deployed to: _____

Family contact: _____

Contact phone #: _____

Person making referral: _____

Number of family members in household: _____

Type of benefit sought: _____

