

Commercial Fishermen's Fund
Compelling Reasons Questionnaire

The Fishermen's Fund Advisory and Appeals Council (Council) makes the determination on all applications for benefits that exceed the Fund Administrator's statutory limit of \$10,000, and for duration of care that exceeds beyond one year from the date of initial treatment. To request an extension of benefits or an extension of duration of care, the **fisherman must submit a separate written letter justifying request and a completed Compelling Reasons Questionnaire.**

Compelling reasons should be sufficient to justify the additional benefits being requested, or the extension of medical treatment time. The following criteria will be factored into the Council's determination:

- ✔ the financial status of the fisherman,
- ✔ the severity of the fisherman's injury;
- ✔ the percentage of income derived from commercial fishing;
- ✔ the length of time the fisherman has fished commercially in Alaska;
- ✔ availability of relief from other sources;
- ✔ the chronic nature of the medical condition; and
- ✔ other relevant criteria described by the fisherman.

Timely filed requests will be reviewed by the Council at the next scheduled Council meeting. **An incomplete form could delay the Council's determination of the benefit requested.**

To ensure the Council has all relevant support documentation, the fisherman should also provide physician's treatment plan and income verification. Support documents must be available for review along with questionnaire prior to the next scheduled Council meeting.

Fishermen's Fund Assigned Claim Number: _____

I request an extension of:

Benefits beyond \$10,000 Fund limit in the amount of: \$ _____
(Complete sections B, C, D, E)

Duration of Care (extended treatment time of): _____
(Complete section A)

A. Extension for Duration of Care (Treatment)

Has there been a gap of more than 3 months between any of your treatments in the last year?
If yes, please note what other work, recreation, or other activities you have been involved in during that period.

Please explain: _____

B. Extension of Benefits

Impact on ability to earn a living while undergoing required treatment

1) Did your physician prohibit your return to commercial fishing activities or restrict your work activities?

Please explain: _____

2) Were you required to undergo further treatment or therapy and how did your condition otherwise impact your ability to find commercial fishing work within the first 4 months after your injury/illness?

Please explain: _____

3) Does your condition prevent you from continuing to pursue a livelihood commercial fishing in Alaska?

Please explain: _____

4) How long have you been a commercial fisherman in Alaska?

Please explain: _____

5) What percentage of your income is derived from commercial fishing in Alaska?

Please explain: _____

6) Did you provide income verification (previous 2 years tax returns for council review)?

Yes or No (circle one) If no, why not? Please explain: _____

7) Have you sought financial relief or remedy from other sources (ex. Vessel owner, other financing)? Yes or No (circle one)

Please explain: _____

C. Current Medical Costs and Anticipated Costs

1) Please provide a breakdown of your current and future costs. Provide further detail in an attachment along with letters from providers supporting estimate, if available.

Provider Information	Total Cost	Paid by Fishermen's Fund	Paid by Me	Balance Due	Estimated Additional Costs
Hospital, Emergency Care, Radiology & Anesthesiology Contact: _____ Phone: _____	\$	\$	\$	\$	\$
Doctor Contact: _____ Phone: _____	\$	\$	\$	\$	\$
Therapy or Rehabilitation Contact: _____ Phone: _____	\$	\$	\$	\$	\$
Air Transportation To & From Treatment (indicate # of trips) Contact: _____ Phone: _____	\$	\$	\$	\$	\$
Other Contact: _____ Phone: _____	\$	\$	\$	\$	\$
Subtotal	\$	\$	\$	\$	\$

TOTAL OF CURRENT AND ANTICIPATED COSTS: \$ _____

ESTIMATED INSURANCE, IF ANY. Please explain and note deductible:
 _____ \$(_____)

2) What is the **TOTAL** of the additional benefits needed? \$ _____

3) When does the doctor expect treatment, follow-up evaluations, etc. to end, whether provided by them or others (estimate month and year)?
 _____ / _____

D. Financial Status

1) Please provide a breakdown of your total assets, liabilities and monthly expenses. The details provided will be used in the evaluation of your request for additional benefits. You may provide additional information as an attachment.

Balance Sheet and Monthly Expense Statement
(Fill in current balances for applicable items listed below)

Assets:		Liabilities:	Bal. Owed	Monthly Expenses
Cash	\$	Mortgage-Residence /Rent	\$	\$
Residence	\$	Mortgage-Vessel	\$	\$
Vessel	\$	Fishing Loans	\$	\$
Gear	\$	Vehicle (s)	\$	\$
Permit(s)	\$	Credit Cards	\$	\$
IFQ(s)	\$	Other Loans	\$	\$
Stocks/Investments	\$		\$	\$
	\$		\$	\$
Other Assets	\$	Utilities	\$	\$
	\$	Insurance	\$	\$
	\$	Fuel	\$	\$
	\$	Child Support	\$	\$
	\$	Clothing/Entertainment	\$	\$
	\$	Other Expenses	\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
Total Assets	\$	Total Liabilities	\$	\$

I authorize anyone possessing financial, credit, business or character information to release it to the Alaska Commercial Fishermen’s Fund. Duplicates of this authorization shall have the same validity as the original.

E. Certification

I do solemnly affirm that the statements in this document are true and correct.

Claimant: Printed Name	Signature	Date
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Warning: It is a crime to provide false information for the purpose of defrauding the Alaska Commercial Fishermen’s Fund, or any other person. Penalties include fines and/or imprisonment. In addition, the Fund may deny all benefits if false information materially related to this claim was provided by the claimant.

Authority: AS 23.35.040, 23.35.130, 23.35.140; 8AAC 55.015(a), (b), (c), (d); 55.025, 55.030