

# Fishermen's Fund

## FISHERMAN'S REPORT OF INJURY/ILLNESS

**UPON COMPLETION MAIL IMMEDIATELY WITH THE PHYSICIAN'S REPORT OF INJURY/ILLNESS ON THE REVERSE SIDE  
YOU MUST FILE WITHIN ONE YEAR OF FIRST TREATMENT, COMPLETE EVERY ITEM BELOW, & SUBMIT COPY OF LICENSE/GEAR CARD.**

1. NAME (Last, First, Middle Initial)		2. SEX <input type="checkbox"/> M <input type="checkbox"/> F	3. DATE OF BIRTH	4. SOCIAL SECURITY NUMBER (See below)
5. STREET OR BOX NUMBER		6. HOME TELEPHONE ( )		7. NAME OF VESSEL
8. CITY	STATE	ZIP CODE		9. OWNER OF VESSEL/SITE
10. COMMERCIAL FISHING LICENSE OR PERMIT NUMBER _____ Date Purchased _____ <b>MUST ATTACH COPY</b>		11. DATE AND TIME OF INJURY OR ONSET OF ILLNESS DATE: _____ TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		
12. IS THE VESSEL/SITE INSURED BY PROTECTION & INDEMNITY (P&I) INSURANCE? <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> YES If yes, deductible amount is: \$ _____ INSURANCE CARRIER: _____, HAS A CLAIM BEEN FILED? <input type="checkbox"/> NO <input type="checkbox"/> YES				
13. AT THE TIME OF YOUR INJURY/ILLNESS WERE YOU INSURED BY ANY PERSONAL, GROUP MEDICAL OR PUBLIC (Medicare, V.A. or Indian Health Svc., etc.) INSURANCE? <b>BENEFITS CAN'T BE PAID UNLESS ANSWERED.</b> <input type="checkbox"/> NO <input type="checkbox"/> YES, <b>AND</b> Name of Ins. Co./Public Program: _____				
14. STATE INJURY/ILLNESS AND NOTE IN <b>DETAIL</b> WHAT, WHERE AND HOW INJURY/ILLNESS OCCURRED; AND <b>HOW DIRECTLY CONNECTED WITH COMMERCIAL FISHING</b>				
15. GEOGRAPHIC LOCATION, NEAREST LANDMARK, LAT. & LONG., ETC. <b>BE SPECIFIC</b>				
			16. ILL/INJURED WHILE: <input type="checkbox"/> Commercial Fishing <input type="checkbox"/> Working on Gear/Boat <input type="checkbox"/> Other: _____	
17. WAS THERE A WITNESS? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, Name: _____ Tel. Number: ( ) _____ Address: _____				

**18. Check one Fishery Resource category AND one Gear Type category below for license/permit in effect at time of injury/illness.**

Fishery Resource	Gear Type
(C) <input type="checkbox"/> Black Cod (M) <input type="checkbox"/> Bottomfish (D) <input type="checkbox"/> Crab, Dungeness (K) <input type="checkbox"/> Crab, King (T) <input type="checkbox"/> Crab, Tanner (B) <input type="checkbox"/> Halibut (G) <input type="checkbox"/> Herring, roe (L) <input type="checkbox"/> Herring, spawn (Y) <input type="checkbox"/> Rockfish (S) <input type="checkbox"/> Salmon (Q) <input type="checkbox"/> Sea Cucumber	(P) <input type="checkbox"/> Shrimp (U) <input type="checkbox"/> Urchin <input type="checkbox"/> Other _____
(02) <input type="checkbox"/> Beach Seine (12) <input type="checkbox"/> Dive, Hand pick (03) <input type="checkbox"/> Drift Gill Net (26) <input type="checkbox"/> Jig (06) <input type="checkbox"/> Long Line (under 5 tons) (61) <input type="checkbox"/> Long Line (5 tons or over) (34) <input type="checkbox"/> Net, Herring (09) <input type="checkbox"/> Pot Gear (undocumented or register length to 50 ft.) (91) <input type="checkbox"/> Pot Gear (register length over 50 ft.)	(21) <input type="checkbox"/> Pound (31) <input type="checkbox"/> Purse/Gill combo (01) <input type="checkbox"/> Purse Seine (10) <input type="checkbox"/> Ring (04) <input type="checkbox"/> Set Gill Net (88) <input type="checkbox"/> Tendering (no gear) (05) <input type="checkbox"/> Troll, Hand (15) <input type="checkbox"/> Troll, Power (17) <input type="checkbox"/> Trawl, Beam (07) <input type="checkbox"/> Trawl, Otter (99) <input type="checkbox"/> Other _____

## CERTIFICATE

19. I swear all the above is true and **certify under penalty of perjury**, that I \_\_\_\_\_, have been engaged as a commercial fisherman in the State of Alaska; that while so engaged on \_\_\_\_\_ at \_\_\_\_\_ I suffered an injury or illness directly connected with my operations as a commercial fisherman; that on the above date I possessed a current valid commercial fishing license/permit issued by the State of Alaska in my name; that I believe I am entitled to benefits from the Fishermen's Fund and understand that if I or my representative files suit to recover damages from a third person I will insure the damages sought include the full value of benefits paid from the Fund and upon recovery of any damages I shall promptly pay to the Fund the total benefits that have been paid from the Fund without any deductions for litigation expenses or costs.

**FISHERMAN MUST PROMPTLY INFORM OF ANY ADDRESS CHANGES**

Signature \_\_\_\_\_ DATE \_\_\_\_\_  
(DO NOT PRINT) Month Day Year

Alaska Mailing Address \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

EXCERPTS FROM ALASKA FISHERMEN'S FUND LAW APPEAR ON REVERSE SIDE.  
REFER TO ALASKA FISHERMEN'S FUND BROCHURE FOR FURTHER INFORMATION.

For approval by the Administrator, **INITIAL TREATMENT MUST BE RECEIVED WITHIN 60 DAYS OF INJURY/ILLNESS ONSET, and CLAIM MUST BE FILED WITHIN ONE YEAR OF FIRST TREATMENT.** Late treatment or your late filing could result in denial or significantly delay approval of your claim.

Providing your social security number is optional. However, when provided, it is used as a unique identifier which may expedite a request for benefits.

# Fishermen's Fund

## PHYSICIAN'S REPORT OF INJURY/ILLNESS

UPON COMPLETION MAIL IMMEDIATELY WITH THE FISHERMAN'S REPORT OF INJURY/ILLNESS  
ON THE REVERSE SIDE

ALL ITEMS BELOW MUST BE ANSWERED (8 AAC 55.020(a)(2)) AND COMMENTS PROVIDED!

1. DATE(S) OF TREATMENT	2. FULLY DESCRIBE NATURE AND EXTENT OF INJURY/ILLNESS, AND STATE YOUR OBJECTIVE FINDINGS <span style="color: red;">OR STATE, "SEE ATTACHED CHART NOTES," AND RESPOND TO ITEMS 5-14 BELOW</span>		
3. DIAGNOSIS <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
4. DESCRIBE TREATMENT GIVEN BY YOU			
5. WAS PATIENT "INITIALLY" TREATED BY ANYONE ELSE FOR THIS INJURY/ILLNESS? <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> YES    If YES, BY WHOM: _____ HOSPITAL: _____			
6. a. WAS INJURY/ILLNESS "DIRECTLY CONNECTED" WITH COMMERCIAL FISHING OPERATIONS? <input type="checkbox"/> YES <input type="checkbox"/> MORE LIKELY THAN NOT <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> NO b. WERE ALCOHOL, DRUGS, FIGHTING OR HORSEPLAY INVOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO c. WAS INJURY/ILLNESS IN THIS REPORT CONNECTED TO A PRE-EXISTING CONDITION OR ANY OTHER CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> MORE LIKELY THAN NOT <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> NO    STATE CAUSE(S): _____			
COMMENTS:			
7. WAS INJURY/ILLNESS IN THIS REPORT THE ONLY CAUSE OF THE PATIENT'S CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW IF NO, STATE CAUSE(S) _____			
8. TREATED AT HOSPITAL? <input type="checkbox"/> NO <input type="checkbox"/> YES NAME AND ADDRESS _____		9. <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT ADMIS. DATE: _____    DISCH. DATE: _____	
10. ARE ALL TREATMENTS & EVALUATIONS RELATED TO THIS ILLNESS/INJURY EXPECTED TO EXCEED \$2,500? <input type="checkbox"/> NO <input type="checkbox"/> YES <b>COMMENT:</b> _____			
11. I AM A DULY LICENSED PHYSICIAN/PAC IN THE STATE OF _____		12. SIGNATURE (SIGN OR USE INK STAMP)	
14. <span style="color: red;">PLEASE PRINT</span> PHYSICIAN/PAC NAME OR USE INK STAMP OF NAME, FACILITY NAME AND ADDRESS (ZIP CODE + 4)		13. DATE OF THIS REPORT _____ _____ _____ _____ _____ _____	
		PHONE NUMBER _____ _____ _____ _____ _____ _____	

### Alaska Statutes 23.35.010-150 Alaska Commercial Fishermen's Fund

Excerpts:  
**Sec.23.35.070. Benefits.** A fisherman, upon becoming disabled, is entitled to receive benefits as follows: Immediately after the fisherman sustains an injury or disability arising out of an accident directly connected with operations as a fisherman, either ashore in the state or in Alaska water, or suffers an occupational disease, the fisherman is entitled to emergency treatment, transportation to the nearest place where approved medical facilities are available, medical care and hospitalization. As used in this section, "Alaska water" means the inland and territorial water of the state and the fishery conservation zone adjacent of the state established by 16. U.S.C. 1811 sec. 101 of the Fisheries Conservation and Management Act of 1976 (Section 5 ch. 100 SLA 1951; am Section 2 ch. 99 SLA 1955; am Section 1 ch. 59 SLA 1957; am Section 1 ch. 15 SLA 1979).

**Section 23.35.140. Limitation on Benefits.** (a) Except for compelling reasons,  
 (1) compensation may not be paid for medical care or hospitalization furnished before the ascertainable time of injury, or before authorization in the case of disability caused by an occupational disease;  
 (2) the total allowance for any one injury or disablement is \$2,500.  
 (b) The total allowance for any one heart attack is \$2,500.

**NOTE: MORE THAN \$2,500 MAY BE APPROVED IF SUPPORTED BY COMPELLING REASONS.**

**Section 23.35.150. Definitions.** In this chapter  
 (5) "fisherman" means a person who is licensed by the state to engage in commercial fishing under AS 16.05.480 or who is the holder of a permit issued under AS 16.43 and who, at the time injury is sustained or illness is contracted, is actually so engaged or is occupied in Alaska in preparing or dismantling boats or gear used in commercial fishing;

(7) "occupational disease" means hernia; varicose veins of the leg; the respiratory diseases, bronchitis, pleurisy, and pneumonia caused by or aggravated by the fishing endeavor, but excluding the common cold and influenza; rheumatism, arthritis and those musculoskeletal diseases (such as bursitis, traumatic sciatica, and tenosynovitis) directly caused by or aggravated by the fishing endeavor; and does not include a disease not common to both sexes, venereal disease, or a condition arising out of an attempt of a fisherman to injure himself or another.

8 Alaska Adm. Code 55.010 limits compensation to medical expenses that are not otherwise covered by public or private insurance.