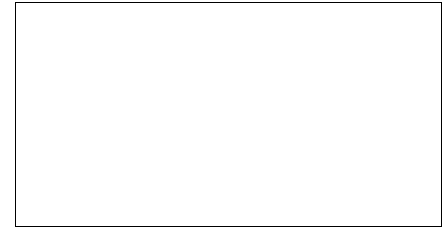




Mail completed form to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101



**Notice of Participation in WTC Rescue, Recovery
or Clean-Up Operations
All Tiers**

This Notice is for any active, vested or retired member (retired after 9/11/01) who participated in World Trade Center (WTC) Rescue, Recovery, or Clean-up Operations between September 11, 2001 and September 12, 2002. This is **NOT** an application for disability. This is a sworn statement indicating the dates and locations of your participation which preserves your right to file for disability under the WTC Disability Law. If you meet the pre-qualifying criteria under the WTC Disability Law and wish to apply for disability retirement, you must file a disability application. Please complete all of the information below, have this form notarized and return it to NYCERS. The deadline for submission of this form is **September 11, 2022**. For vested members in the covered groups listed on page 4, **the filing period is extended to September 11, 2022**. **NOTE: If the address you provide on this form is different from your address in our system, the new address will become your official address in our records.** If you have any questions, please contact our Call Center at 347-643-3000. Eligible beneficiaries of deceased members should complete this form as the members would have completed it.

Member Number	OR	Pension Number	Last 4 Digits of SSN	Home Phone Number	Work Phone Number
				()	()

Title (between 9-11-01 and 9-12-02)	Agency (between 9-11-01 and 9-12-02)

First Name	M.I.	Last Name

Address	Apt. Number

City	State	Zip Code

Please answer the following questions by circling "Yes (Y)" or "No (N)."

1(A). Did you participate in WTC Rescue, Recovery, or Clean-up Operations at one of the following locations? If you circle yes, please circle the location(s) at which you participated. Y N

1. World Trade Center Site (defined as anywhere below a line starting from the Hudson River and Canal Street; east on Canal Street to Pike Street; south on Pike Street to the East River; and extending to the lower tip of Manhattan);
2. Fresh Kills Land Fill;
3. New York City Morgue or the temporary morgue on pier locations on the west side of Manhattan;
4. Barges between the west side of Manhattan and the Fresh Kills Land Fill.

If so, please answer the following two questions:

i. Did you work any amount of time at the location(s) you circled above during the 48 hours after the first airplane hit the towers? Y N

ii. Did you work at the location(s) you circled above for a total of at least 40 hours between September 11, 2001 and September 12, 2002? Y N

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1(B). Did you participate in WTC Rescue, Recovery or Clean-up Operations by repairing, cleaning or rehabilitating vehicles or equipment, including emergency vehicle radio equipment, owned by the City of New York and contaminated by debris at the WTC Site, regardless of where the work was performed, for any period of time within the 48 hours after the first airplane hit the towers or for a total of at least 40 hours between September 11, 2001 and September 12, 2002? Y N

1(C). Did you participate in WTC Rescue, Recovery, or Clean-up Operations, at one of the following locations, in one of the specified communication/dispatcher titles, for any period of time during the 24 hours after the first airplane hit the towers? Y N

If yes, please specify the title:

Department	Locations	Titles
New York City Police Department	11 MetroTech Center (Brooklyn) or 1 Police Plaza (Manhattan)	Police Communication Technician (PCT), Supervisor Police Communication Technician (SPCT), Principal Police Communication Technician I, Principal Police Communication Technician II, Principal Police Communication Technician III, Administrative Manager-Communications, or in the Police Administrative Aide title series
New York City Fire Department – Dispatcher titles	35 Empire Boulevard (Brooklyn), 79th Street Transverse (Manhattan), 83-98 Woodhaven Boulevard (Queens), 1129 East 180 Street (Bronx), 65 Slosson Avenue (S.I.), 9 MetroTech Center (Brooklyn) or 25 Rockaway Avenue (Brooklyn)	Fire Alarm Dispatchers (FAD), Supervising Fire Alarm Dispatchers I (SFAD), Supervising Fire Alarm Dispatchers II (Borough Supervisor), Deputy Director and Director of Fire Dispatch Operations or Assistant Commissioner for Communications
New York City Fire Department – EMS titles	1 MetroTech Center (Brooklyn), 9 MetroTech Center (Brooklyn) or 55-30 58th Street (Queens)	Emergency Medical Specialist-Level I (EMT), Emergency Medical Specialist-Level II (Paramedic), Supervising Emergency Medical Specialist-Level I (Lieutenant), Supervising Emergency Medical Specialist-Level II (Captain), Deputy Chief EMS Communications or Division Commander EMS Communications

2. If you responded yes to questions 1(A), 1(B) or 1(C) please provide the following participation information:

Location	Dates	Description of Duties

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3(A). Were you required to have a physical examination for entry into public service? Y N

If yes, for what position did you have this physical and when?

Position	Date [MM/DD/YYYY]
	/ /

3(B). If you did not have a physical exam for entry into public service, you must authorize the release of all relevant medical records. Please complete the Medical Records Release Authorization below.

NOTE: If you did not undergo a physical exam for entry into public service, NYCERS is required to have your authorization to satisfy the requirements of the WTC Disability Law. The law requires your authorization because if you claim a WTC-related disability, the relevant medical records must not show evidence of the Qualifying Condition or Impairment of Health prior to 9/11/01. It is recommended that you gather, maintain and/or submit relevant medical records as early as possible. Doing so may help facilitate a disability application you may file in the future.

MEDICAL RECORDS RELEASE AUTHORIZATION

I, _____, hereby authorize the release of all relevant medical, psychiatric, psychological, hospital and health insurance records, including specially protected or listed records such as those relating to drug abuse, alcoholism, genetic testing, psychiatric care and/or confidential HIV/AIDS related information.

All pertinent records are authorized to be released to the New York City Employees' Retirement System (NYCERS) and will be used to determine a WTC disability and/or death claim.

I understand that I have a right to revoke this authorization at anytime. I understand that if I revoke this authorization, I must do so in writing and it may impact my ability to qualify for disability or accidental death benefits provided under the WTC Disability Law.

By signing below I acknowledge that I have read and accept all of the above and hereby authorize any hospital, medical group, or other organization to disclose all information to the New York City Employees' Retirement System.

Signature	Date

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Member Number	OR	Pension Number	Last 4 Digits of SSN

The deadline for submission of this form is **September 11, 2022**. For vested members in the covered groups listed below, the filing deadline is extended to September 11, 2022.

- Tier 1 and Tier 2 vested members and their Eligible Beneficiaries pursuant to NYC Administrative Code §13-168;
- Tier 3 vested members of the Uniformed Correction Force and their Eligible Beneficiaries pursuant to NYS Retirement and Social Security Law §507-c
- Tier 4 vested members of the Uniformed Sanitation Force and their Eligible Beneficiaries pursuant to NYS Retirement and Social Security Law §605-b
- Tier 4 vested Deputy Sheriffs and their Eligible Beneficiaries pursuant to NYS Retirement and Social Security Law §605-c
- Tier 4 vested Emergency Medical Technicians and their Eligible Beneficiaries pursuant to NYS Retirement and Social Security Law §607-b

I understand this is not an application to receive a benefit. This simply acts as a notice to NYCERS that I participated in WTC Rescue, Recovery, or Clean-Up Operations. I understand that NYCERS will contact my agency for verification of my participation in WTC Rescue, Recovery, or Clean-up Operations and I will be notified in writing of the outcome.

Signature	Date

This form must be acknowledged before a Notary Public or Commissioner of Deeds

State of _____ County of _____ On this ____ day of _____ 20____, personally appeared before me the above named, _____, to me known, and known to me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

If you have an official seal, affix it

Signature of Notary Public or Commissioner of Deeds _____
 Official Title _____
 Expiration Date of Commission _____

Sign this form and have it notarized, THIS PAGE