

NOTICE OF PARTICIPATION
*IN WORLD TRADE CENTER RESCUE, RECOVERY, OR CLEANUP
OPERATIONS (FOR BENEFICIARIES OF TRS MEMBERS)*



TEACHERS' RETIREMENT SYSTEM
OF THE CITY OF NEW YORK (TRS)
55 Water Street, New York, NY 10041
www.trsnyc.org • 1 (888) 8-NYC-TRS

INSTRUCTIONS

PLEASE READ CAREFULLY

- The World Trade Center Presumptive Disability Law provides for accidental death benefits to eligible beneficiaries of certain retirees who participated in the World Trade Center rescue, recovery, or cleanup if it is determined that the cause of death was the result of a qualifying condition.
- If a TRS member died without having filed a "Notice of Participation," eligible beneficiaries may file this "Notice of Participation" in order to be able to file for accident death benefits, subject to all applicable requirements of the World Trade Center Disability Law.
- TRS must receive this "Notice of Participation" in its offices by September 11, 2022.
- In order for beneficiaries to qualify for the World Trade Center Accidental Death benefit, the deceased TRS members must have:
 - Successfully passed a physical examination for entry into public service that did not indicate the existence of any qualifying condition or impairment of health related to the cause of death. (If the deceased did not undergo a physical examination prior to entry into public service, you must authorize the release of all relevant medical records indicating that there was no evidence of a pre-September 11, 2001 qualifying condition or impairment of health.)
 - Participated in the WTC rescue, recovery, or cleanup operations at one or more of the following locations or worked on vehicles or equipment contaminated by debris (prior to decontamination of such vehicles and equipment) within the first 48 hours after the first airplane hit the World Trade Center or for a minimum of 40 hours between September 11, 2001 and September 12, 2002:
 - World Trade Center Site: 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
 - Fresh Kills Landfill, Staten Island
 - New York City morgue or a temporary morgue on Manhattan west-side pier locations
 - Barges that ran between the west side of Manhattan and the Fresh Kills Landfill
 - Not have been retired for more than 25 years at the time of his/her death.
- Please see the "World Trade Center Presumptive Disability and Death Benefit Laws" information sheet for a list of qualifying conditions or impairments of health and other important information. The information sheet is available on our website at www.trsnyc.org.
- Please retain a photocopy of this Notice and supporting documentation for your records.
- If you require additional assistance, please call our Member Services Center at 1 (888) 8-NYC-TRS.

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Please read the instructions on page 1 before completing this form.

(NOTE: Please print in black or blue ink, and initial any changes that you make on this form.)

PART A: Please provide the following information about the deceased TRS member. (The member's TRS membership or retirement number can be found on any personalized correspondence or statement from TRS or in the top left corner of the member's retirement check stubs.)

First Name	MI	Last Name	Social Security Number (last 4 digits only)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of Birth (MM/DD/YYYY)	Date of Death (MM/DD/YYYY)		TRS Membership/Retirement Number
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>

PART B: Please indicate your name, address, and telephone number below.

First Name	MI	Last Name	Primary Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)
<input type="text"/>	<input type="text"/>	<input type="text"/>	(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permanent Home Address	Apt. No.		Alternate Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)
<input type="text"/>	<input type="text"/>		(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
City	State	Zip Code	Relationship to deceased
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please keep your personal information with TRS up to date. We will update our records based on the information you provide above, so do not enter a temporary address or phone number.

If you are providing new information above, please indicate the effective date (MM/DD/YYYY): //

PART C: Was the deceased required to successfully pass a physical examination for entry into public service?

Yes No Don't know

If you answered "Yes," please provide the position, employer, and date this physical examination occurred.

Position	Employer	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you answered "No" or "Don't know," do you authorize the release of all relevant medical records regarding the deceased's health prior to September 11, 2001?

Yes No

PART D: Please indicate the name, address, and telephone number of the deceased's employer for the period between September 11, 2001 and September 12, 2002.

Employer's Name _____ Phone Number _____
 () () () () () () () () () () () ()
 Employer's Address _____ City _____ State _____ Zip Code _____

PART E: To be eligible for this disability presumption, the deceased must have participated in the WTC rescue, recovery, or cleanup operations at an eligible site or worked on vehicles or equipment contaminated by debris (prior to decontamination of such vehicles or equipment) during the 48 hours immediately after the first plane hit the World Trade Center or a minimum of 40 hours between September 11, 2001 and September 12, 2002. Please check the applicable box below and write your initials in the space provided. Also indicate the dates and number of hours worked, as well as a description of the deceased's duties.

World Trade Center Site
 From: (MM/DD/YYYY) _____ To: (MM/DD/YYYY) _____ Number of Hours: _____
 Description of Duties: _____

Fresh Kills Landfill
 From: (MM/DD/YYYY) _____ To: (MM/DD/YYYY) _____ Number of Hours: _____
 Description of Duties: _____

New York City morgue or a temporary morgue on Manhattan west-side pier locations
 From: (MM/DD/YYYY) _____ To: (MM/DD/YYYY) _____ Number of Hours: _____
 Description of Duties: _____

Barges that ran between the west side of Manhattan and the Fresh Kills Landfill
 From: (MM/DD/YYYY) _____ To: (MM/DD/YYYY) _____ Number of Hours: _____
 Description of Duties: _____

Vehicles or equipment contaminated by World Trade Center debris (prior to decontamination of such vehicles and equipment)
 From: (MM/DD/YYYY) _____ To: (MM/DD/YYYY) _____ Number of Hours: _____
 Description of Duties: _____

PART F: Indicate below the supporting documentation you are enclosing with this Notice (e.g., timesheets, official records of the deceased's participation, or letters from his/her supervisors or managers).

PART G: Please read the following statement and sign and date below in the presence of a notary.

I understand that this "Notice of Participation" serves only to inform TRS of the deceased's participation in the World Trade Center (WTC) rescue, recovery, or cleanup operations between September 11, 2001 and September 12, 2002. I understand that, if the deceased met the requirements under the World Trade Center Presumptive Disability Law, I would be able to apply for an accidental death benefit; this "Notice of Participation" is not an application for a death benefit. I understand that the World Trade Center Presumptive Disability Law does not guarantee that I would be approved for an accidental death benefit. I affirm that, to the best of my knowledge, all information I have provided above is true and correct.

ELIGIBLE BENEFICIARY'S SIGNATURE _____ DATE: (MM/DD/YYYY) _____

PART H: TO BE COMPLETED BY A NOTARY (NOTE: Attestation made outside the U.S. must be executed before an American consul.)

State of _____)

) s.s.:

County of _____)

On the _____ day of _____, _____, before me personally appeared the person known to me to be _____,

the individual who executed the foregoing instrument and acknowledged to me that (s)he executed the same.

Signature: _____

Official Title: _____

Expiration Date of Commission: _____