

NYCERS

NEW YORK CITY EMPLOYEES' RETIREMENT SYSTEM

MAIL ONLY:

335 ADAMS STREET,
SUITE 2300
BROOKLYN, NY 11201-3751

ALL OTHER SERVICES:

340 JAY STREET,
MEZZANINE LEVEL
BROOKLYN, NY 11201-3751
TEL: (347) 643-3000

ACTING EXECUTIVE DIRECTOR: MILTON ARON

RETIREMENT AND BENEFITS

FOR OFFICE USE ONLY

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

All Tiers

CLOCK-IN-DATE

This notice is for any active, vested or retired member who participated in the 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 only a **notice** to NYCERS that you believe that due to your participation you have or may develop a health condition or impairment. If you meet the qualifications under the WTC Disability Law, you will be required to file a disability application. Please complete all of the information below and have it notarized and return this form with NYCERS no later than **June 13, 2007**. If you have any questions, please contact our Call Center at 347-643-3000.

Membership Number (active or vested)

Social Security #

Pension Number (retirees)

First Name

Middle Initial

Last Name

Address Apt. Number

Zip

City State Code

Home Phone Number () Work Phone Number ()

Please answer the following questions by circling "Yes" or "No" and adding any dates necessary. Please provide us with as much detail as possible.

1. Were you required you 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: / /

2. Was your WTC Rescue, Recovery or Clean-Up Operations participation (between September 11, 2001 and September 12, 2002) at one of the following locations? Y N

1. World Trade Center Site (defined as south of Canal street west from the Hudson River to Pike Street, then south of Pike Street to the East River, to the southern tip of lower Manhattan);
2. Fresh Kills Land Fill;
3. New York City Morgue or the temporary morgue on pier locations on the West Side of Manhattan; or;
4. Barges between the West Side of Manhattan and the Fresh Kills Land Fill.

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IF YOU WORKED FOR 40 OR MORE HOURS AT ONE OF THE LOCATIONS LISTED ON PAGE 1, PLEASE FILL IN THE FOLLOWING INFORMATION:

Location	Dates	Description of Duties

3. If you were unable to work 40 hours due to a documented physical injury suffered on September 11, 2001 or September 12, 2001 resulting from your participation in the World Trade Center Rescue, Recovery and Clean-Up Operations, please list the hours and locations worked along with a description of your injury below:

By signing this I am stating that I understand this is not an application to receive a benefit. This simply acts as a **notice** to NYCERS that I participated in the World Trade Center Rescue, Recovery, or Clean-Up Operations between September, 11, 2001 and September 12, 2002.

Signature of Member _____

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.

Signature of Notary Public or Commissioner of Deeds _____

Official Title _____

Expiration Date of Commission _____

If you have an official seal, affix it.