

Retirement Disability and Death Benefits

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A. Benefit Structure

1. Performance of Duty Disability
2. Accidental Disability
3. World Trade Center Disability

PERFORMANCE OF DUTY DISABILITY

Eligibility

You may be entitled to this disability benefit if you are found permanently disabled as a result of the performance of your duties, regardless of the amount of service you may have.

Notice of Occurrence

To be eligible for this benefit, you must file an application for a performance of duty disability retirement benefit within one year following the alleged incident or occurrence. Otherwise, you must have filed a written notice of the incident or occurrence with:

- The Retirement System within 90 days of the incident or occurrence; or
- Your employer within 30 days of the date of the incident or occurrence.

The written notice must detail the time and place of the incident or occurrence, the particulars thereof, the nature and extent of your injuries, and the alleged incapacity.

The Benefit

If approved, the benefit would be equal to one-half (50 percent) of your FAS, plus an annuity based on any annuity savings contributions you have made. The mandatory contributions made by Tier 5 and 6 members are not annuity savings contributions, and Tier 5 and 6 members would not receive an annuity based on those contributions. The performance of duty disability benefit is not reduced by any Workers' Compensation benefit you may be eligible to receive.

You must also select an option for the payment of your disability benefits.

Filing

You, your employer or someone authorized by you with your power of attorney may file your application for performance of duty disability retirement. The application must be filed while you are still in service or within two years of your discontinuance from service. When filing for this benefit, "in service" is defined as while you are:

- Being paid on the payroll;
- On an authorized medical leave of absence for up to two years (which may be extended for an additional two years); or
- Receiving Workers' Compensation or other similar employer-funded benefits for up to two years since last being paid on the payroll, as long as you have not resigned or been terminated from employment while receiving those benefits.

If you are eligible, applications for ordinary disability, performance of duty disability, accidental disability and regular service retirement benefits may be submitted simultaneously.

ACCIDENTAL DISABILITY

Eligibility

Regardless of the amount of service credit you may have, if you become permanently incapacitated (physically or mentally) and unable to perform your job as the natural and proximate result of an on-the-job accident not due to your own willful negligence, you may be eligible for this benefit.

You may also be eligible if you are permanently disabled because you contracted HIV (where there may have been exposure to bodily fluids that may have involved the transmission of this disease), tuberculosis or hepatitis after contact with members of the public.

Notice of Accident

To be eligible for this benefit, you must have filed a written notice of the accident with:

- The Retirement System within 90 days of the accident; or
- Your employer within 30 days of the date of the accident.

The written notice must detail the time and place of the accident, the particulars thereof, the nature and extent of your injuries, and the alleged incapacity.

If no written notice of the accident is filed, as noted above, you may still be eligible for this benefit if you file an application for an accidental disability retirement benefit within one year following the alleged accident.

The Benefit

If approved, the accidental disability retirement benefit is a lifetime pension equal to three-quarters (75 percent) of your FAS, plus an annuity provided by any annuity savings contributions you may have made while in service. The mandatory contributions made by Tier 5 and 6 members are not annuity savings contributions, and Tier 5 and 6 members would not receive an annuity based on those contributions.

You must apply for Workers' Compensation benefits if you are eligible. Regardless of tier, the accidental disability benefit will be reduced by the total amount of Workers' Compensation benefits that you are eligible to receive.

You must also select an option for the payment of your disability benefits.

Filing

You, your employer or someone authorized by you with your power of attorney may file your application for accidental disability retirement. The application must be filed while you are still in service or within two years of your discontinuance from service. When filing for this benefit, “in service” is defined as while you are:

- Being paid on the payroll; or
- On an authorized medical leave of absence for up to two years (which may be extended for an additional two years); or
- Receiving Workers’ Compensation or other similar employer-funded benefits for up to two years since last being paid on the payroll, as long as you have not resigned or been terminated from employment while receiving those benefits.

If you are eligible, applications for ordinary disability, performance of duty disability, accidental disability and regular service retirement benefits may be submitted simultaneously.

World Trade Center Presumption

If you participated in the World Trade Center rescue, recovery or clean up efforts, and you were a member of the Retirement System at that time, you should be aware of the benefits provided by the World Trade Center Presumption law.

- You may be eligible for an accidental disability retirement benefit if you become permanently disabled and unable to perform your job due to a qualifying condition.
- You may be eligible to reclassify your service or disability retirement benefit to an accidental disability retirement benefit if you develop a qualifying condition after you retire.
- Certain family beneficiaries may be eligible to receive an accidental death benefit if you die from a qualifying condition.

There are specific eligibility requirements and filing deadlines that must be met for these benefits. For more information, visit our World Trade Center Presumption webpage at www.osc.state.ny.us/retire/publications/world_trade_center.

B. Accidental Death Benefits

ACCIDENTAL DEATH BENEFIT

Eligibility

Regardless of your years of service credit, if you die as the natural and proximate result of an on-the-job accident not due to your own willful negligence, an accidental death benefit may be payable on your behalf.

The Benefit

The accidental death benefit is a lifetime pension if paid to a surviving spouse or dependent parent. The annual benefit is equal to one-half (50 percent) of your FAS (less any Workers' Compensation benefit paid or payable because of your death). Any accumulated contributions will be refunded to your designated beneficiary or to your estate.

The benefit can only be paid to the following family beneficiaries, in this order:

- First, to your surviving spouse, for life;
- Second, where there is no surviving spouse or in the event of his or her death, to minor children until they reach age 18, or if students, until age 23;
- Finally, where there is no surviving spouse or minor children, to a dependent parent for life.

If all the beneficiaries listed above become ineligible for benefit payments, and the payments made to that time do not equal or exceed the amount of the ordinary death benefit that would have been payable at the time of death, we will pay the difference to your designated beneficiary or to your estate. If you have no beneficiaries as listed above, we will not pay the accidental death benefit but will pay the applicable ordinary death benefit to your last designated beneficiary or your estate.

Filing

Your family or employer should notify us of your death as soon as possible so we can send the appropriate forms to your beneficiary. The application for the accidental death benefit must be filed within two years of your date of death.

SPECIAL ACCIDENTAL DEATH BENEFIT

Eligibility

If you die under circumstances that permit payment of the accidental death benefit, a special accidental death benefit will be paid to your surviving spouse. If the surviving spouse receiving the special accidental death benefit dies, this benefit will be paid to your children who are under the age of 18 or, if they are students, until the age of 23.

The Benefit

The special accidental death benefit is a pension equal to your earnings reduced by:

- The accidental death benefit without reductions; and
- The Social Security benefit payable.

The earnings used to compute the special accidental death benefit will not be less than:

- The full wage you would have earned in the highest grade-step; or
- If you were in the highest grade-step of a supervisory position, the wage that would have been payable to a police superior officer or a fire officer.

C. Special Disability and Death Benefits

1. Heart Presumption
2. Exposure Presumption – HIV, Hepatitis or Tuberculosis
3. Lung
4. Cancer

SPECIAL DISABILITY BENEFITS

Firefighters and police officers may be eligible for an accidental disability retirement benefit if you are permanently disabled because you contracted HIV (where there may have been exposure to bodily fluids that may have involved the transmission of this disease), tuberculosis or hepatitis after contact with members of the public.

Firefighters who are permanently disabled by heart disease, certain types of cancer or lung disease, but passed a physical examination upon entry to fire-fighting service that did not reveal evidence of the disabling condition, may be eligible for an accidental or performance of duty disability retirement benefit. If claiming heart disease, the application must be filed while in service.

Police officers who are permanently disabled by heart disease but passed a physical examination upon entry to police service that did not reveal any evidence of disease or other impairment of the heart may be eligible for a performance of duty retirement benefit. If claiming heart disease, the application must be filed while in service.

C. Special Disability and Death Benefits

5. World Trade Center

A law affecting public
employees who participated in

The World Trade Center Site

Rescue,
Recovery or
Clean Up
Operations

Filing notice extended
to September 11, 2018

New York State Office of the State Comptroller
Thomas P. DiNapoli



New York State and Local Retirement System

Employees' Retirement System
Police and Fire Retirement System

A Message from Comptroller Thomas P. DiNapoli



Americans will never forget the tragic events of September 11, 2001, or the thousands of people who helped in the rescue, recovery and clean up efforts at the World Trade Center. From Ground Zero to the Fresh Kills Landfill, men and women worked around the clock doing their part to help New Yorkers and our country recover from this devastating event, often risking their own lives and health in the process.

This brochure provides information about laws that may apply to you or your family if you were one of the courageous workers who participated in this effort. For those of you who gave so much, these laws may provide some small measure of assistance.

Please read this information carefully. If you have any questions about the benefits described in this brochure, please contact our Call Center toll-free at 1-866-805-0990.

Sincerely,

A handwritten signature in black ink that reads "Tom DiNapoli". The signature is written in a cursive, flowing style.

Thomas P. DiNapoli
State Comptroller

If you were one of the many brave public employees who participated in the World Trade Center rescue, recovery or clean up efforts, you and/or your family may be entitled to disability or accidental death benefits.

To Be Eligible For This Presumption, You Must:

1. Have participated in the World Trade Center rescue, recovery or clean up operations for any period of time within the first 48 hours after the first airplane crashed or a minimum of 40 hours any time between September 11, 2001 and September 12, 2002 at:
 - The World Trade Center site;
 - The New York City morgue or any temporary morgues;
 - The Fresh Kills Landfill; or
 - On the barges that ran between Manhattan and the Fresh Kills Landfill.

You may also be eligible if you:

- Participated at specific New York City police department, fire department or emergency medical services sites during the first 24 hours after the first airplane crashed; or
- Repaired, cleaned or rehabilitated vehicles or equipment owned by the City of New York, regardless of whether the work was done at one of the above locations.

(Your employer/organization will be contacted to verify your participation.)

2. Have been required to take, and then passed, a physical examination upon entry into public service, which did not show a qualifying condition. If you were not required to take a physical examination, you can authorize the release of all relevant medical records showing no evidence of a qualifying condition.

3. Be found permanently incapacitated by the Retirement System due to the qualifying condition or health impairment, and unable to perform your job.
4. **File either an application for World Trade Center Accidental Disability Presumption (form RS6047-W) or a World Trade Center Notice (RS6047-N) on or before September 11, 2018.**

Even if you are no longer in service, if you meet the above eligibility requirements, you may still be eligible to apply for this presumption.

If You Are Not Disabled Now

If you meet eligibility requirements 1 and 2, we encourage you to file a Notice on or before September 11, 2018. Filing a Notice will protect your rights, and the rights of your beneficiaries to apply for benefits in the future.

If You Have Not Yet Filed For Retirement

If you meet requirements 1 and 2 and wish to file for a disability benefit now, you must file an Application for World Trade Center Accidental Disability Presumption (form RS6047-W). If you do not file for a disability benefit now, you must file a World Trade Center Notice (form RS6047-N) with us on or before September 11, 2018 to preserve your rights in the future.

These forms are available on our website at www.osc.state.ny.us/retire or by contacting us toll-free at 1-866-805-0990 or 518-474-7736 in the Albany, New York area.

If You Have Already Retired From Public Service

You may apply for a reclassification of your benefit to an accidental disability retirement if you meet requirements 1 and 2 and you would have been permanently disabled and unable to perform your job had your condition been known and fully developed at the time of your retirement.

If approved, your accidental disability retirement will become effective as of the date of reclassification. It is not retroactive to your date of retirement.

Please note, your option selection cannot be changed as a result of the reclassification.

How To Apply For Reclassification

To apply for a reclassification, you must meet the same eligibility requirements as previously stated. You must complete an Application for World Trade Center Accidental Disability Presumption (form RS6047-W), have it notarized and send it to the address on the back of this brochure. If you do not file for reclassification on or before September 11, 2018, you must file a World Trade Center Notice (form RS6047-N) by that date to be eligible for reclassification should you become disabled in the future. You can download these forms from our website or contact us by phone to have the form sent to you.

In addition, please note that your employer at the time of retirement will be given an opportunity to make a statement regarding your reclassification application.

Provisions for an Accidental Death Benefit

Chapter 445, Laws of 2006, provides for an accidental death benefit for beneficiaries of certain retirees who participated in the World Trade Center rescue, recovery or clean up. Your beneficiaries may convert your retirement benefit to an accidental death benefit by filing an Application for World Trade Center Accidental Death Benefit (form RS6418-W) if:

- You file a World Trade Center Notice (form RS6047-N) on or before September 11, 2018;
- You retire under a service or disability retirement;
- You have been retired 25 years or less at the time of your death; and
- It is determined that the cause of death was the result of a qualifying condition.

Only certain beneficiaries (spouse, children or dependent parent) are eligible to receive this benefit. Eligible beneficiaries and the time period for filing the application are the same as those for the regular accidental death benefit provided by your retirement plan. Please consult your plan booklet or contact us for more information regarding this benefit, including filing deadlines.

For More Information

For more information, visit our website at www.osc.state.ny.us/retire. You can also contact our Call Center toll-free at 1-866-805-0990 or 518-474-7736 in the Albany, New York area, or write to us at:

New York State and Local
Retirement System
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This publication provides a general summary of membership benefits, rights and responsibilities, and is not a substitute for any New York State or federal law. For specific information about your benefits, please contact us.

D. Statutory Provision

Accidental Disability

McKinney's Consolidated Laws of New York Annotated
Retirement and Social Security Law (Refs & Annos)
Chapter 51-a. Of the Consolidated Laws (Refs & Annos)
Article 8. New York State Policemen's and Firemen's Retirement System
Title 8. Death Benefits and Disability Retirement (Refs & Annos)

McKinney's Retirement and Social Security Law § 363

§ 363. Accidental disability retirement

Effective: June 14, 2007

Currentness

a. A member shall be entitled to an accidental disability retirement allowance if, at the time application therefor is filed, he is:

1. Physically or mentally incapacitated for performance of duty as the natural and proximate result of an accident not caused by his own willful negligence sustained in such service and while actually a member of the policemen's and firemen's retirement system, and

2. Actually in service upon which his membership is based. However, in a case where a member is discontinued from service subsequent to the accident, either voluntarily or involuntarily, and provided that the member meets the requirements of paragraph one of this subdivision, application may be made, either (a) by a vested member incapacitated as the result of a qualifying World Trade Center condition as defined in section two of this chapter at any time, or (b) not later than two years after the member is first discontinued from service.

b. Application for an accidental disability retirement allowance for such a member may be made by:

1. Such member, or

2. The head of the department in which such member is employed, or

3. Some person acting on behalf of and authorized by such member.

c. (a) After the filing of such an application such member shall be given one or more medical examinations. No such application shall be approved, however, unless the member or some other person on his behalf shall have filed written notice in the office of the comptroller within ninety days after the accident, setting forth:

1. The time when and the place where such accident occurred, and

2. The particulars thereof, and

3. The nature and extent of the member's injuries, and

4. His alleged incapacity.

(b) The notice herein required need not be given:

1. If notice of such accident shall be filed in accordance with the provisions of the workers' compensation law of any state within which a participating employer shall have its employees located or performing functions and duties within the normal scope of their employment, or

2. If the application for accidental disability retirement is filed within one year after the date of such accident, or

3. If a failure to file notice has been excused for good cause shown as provided by rules and regulations promulgated by the comptroller.

d. If the comptroller determines that the member is physically or mentally incapacitated for the performance of duty and ought to be retired for accidental disability, such member shall be so retired. Such retirement shall be effective as of a date approved by the comptroller.

e. The retirement allowance payable upon accidental disability retirement shall consist of:

1. An annuity which shall be the actuarial equivalent of the member's accumulated contributions, plus

2. A pension which is the actuarial equivalent of the reserve-for-increased-take-home-pay to which he may be entitled, if any, plus

3. A pension of three-quarters of his final average salary. The payment of such pension shall be subject to the provisions of section three hundred sixty-four of this article.

f. If the member, at the time of the filing of an application under the provisions of subdivision b hereof, is eligible for a service retirement benefit, then and in that event, he may simultaneously file an application for service retirement in accordance with the provisions of section seventy of this chapter, provided that the member indicates on the application for service retirement that such application is filed without prejudice to the application for accidental disability retirement.

g. 1. (a) Notwithstanding any provisions of this chapter or of any general, special or local law, charter, administrative code or rule or regulation to the contrary, if any condition or impairment of health is caused by a qualifying World Trade Center condition as defined in section two of this chapter, it shall be presumptive evidence that it was incurred in the performance and discharge of duty and the natural and proximate result of an accident not caused by such member's own willful negligence, unless the contrary be proved by competent evidence.

(b) The comptroller is hereby authorized to promulgate rules and regulations to implement the provisions of this paragraph.

2. (a) Notwithstanding the provisions of this chapter or of any general, special or local law, charter, administrative code or rule or regulation to the contrary, if a member who participated in World Trade Center rescue, recovery or cleanup operations, as defined in section two of this chapter, and subsequently retired on a service retirement, an ordinary disability retirement or a performance of duty disability retirement and subsequent to such retirement is determined by the comptroller to have a qualifying World Trade Center condition, as defined in section two of this chapter, upon such determination by the comptroller it shall be presumed that such disability was incurred in the

performance and discharge of duty as the natural and proximate result of an accident not caused by such member's own willful negligence, and that the member would have been physically or mentally incapacitated for the performance and discharge of duty of the position from which he or she retired had the condition been known and fully developed at the time of the member's retirement, unless the contrary is proven by competent evidence.

(b) The comptroller shall consider a reclassification of the member's retirement as an accidental disability retirement effective as of the date of such reclassification.

(c) Such member's retirement option shall not be changed as a result of such reclassification.

(d) The member's former employer at the time of the member's retirement shall have an opportunity to be heard on the member's application for reclassification by the comptroller according to procedures developed by the comptroller.

(e) The comptroller is hereby authorized to promulgate rules and regulations to implement the provisions of this paragraph.

h. Notwithstanding any other provision of this chapter or of any general, special or local law, charter, administrative code or rule or regulation to the contrary, if a retiree who: (1) has met the criteria of subdivision g of this section and retired on a service or disability retirement, or would have met the criteria if not already retired on an accidental disability; and (2) has not been retired for more than twenty-five years; and (3) dies from a qualifying World Trade Center condition, as defined in section two of this chapter, as determined by the applicable head of the retirement system or applicable medical board, then unless the contrary be proven by competent evidence, such retiree shall be deemed to have died as a natural and proximate result of an accident sustained in the performance of duty and not as a result of willful negligence on his or her part. Such retiree's eligible beneficiary, as set forth in section three hundred sixty-one of this title, shall be entitled to an accidental death benefit as provided by section three hundred sixty-one of this title, however, for the purposes of determining the salary base upon which the accidental death benefit is calculated, the retiree shall be deemed to have died on the date of his or her retirement. Upon the retiree's death, the eligible beneficiary shall make a written application to the head of the retirement system within the time for filing an application for an accidental death benefit as set forth in section three hundred sixty-one of this title requesting conversion of such retiree's service or disability retirement benefit to an accidental death benefit. At the time of such conversion, the eligible beneficiary shall relinquish all rights to the prospective benefits payable under the service

or disability retirement benefit, including any post-retirement death benefits, since the retiree's death. If the eligible beneficiary is not the only beneficiary receiving or entitled to receive a benefit under the service or disability retirement benefit (including, but not limited to, post-retirement death benefits or benefits paid or payable pursuant to the retiree's option selection), the accidental death benefit payments to the eligible beneficiary will be reduced by any amounts paid or payable to any other beneficiary.

i. Notwithstanding any other provision of this chapter or of any general, special or local law, charter, administrative code or rule or regulation to the contrary, if a member who: (1) has met the criteria of subdivision g of this section; and (2) dies in active service from a qualifying World Trade Center condition, as defined in section two of this chapter, as determined by the applicable head of the retirement system or applicable medical board to have been caused by such member's participation in the World Trade Center rescue, recovery or cleanup operations, as defined in section two of this chapter, then unless the contrary be proven by competent evidence, such member shall be deemed to have died as a natural and proximate result of an accident sustained in the performance of duty and not as a result of willful negligence on his or her part. Such member's eligible beneficiary, as set forth in section three hundred sixty-one of this title, shall be entitled to an accidental death benefit provided he or she makes written application to the head of the retirement system within the time for filing an application for an accidental death benefit as set forth in section three hundred sixty-one of this title.

Credits

(Added L.1966, c. 1000, § 2, eff. April 1, 1967. Amended L.1975, c. 619, § 2; L.1975, c. 622, § 1; L.1980, c. 462, § 2; L.1987, c. 690, § 2, eff. Aug. 5, 1987; L.2005, c. 93, § 2, eff. June 14, 2005, deemed eff. Sept. 11, 2001; L.2005, c. 104, pt. A, § 2, eff. June 14, 2005, deemed eff. Sept. 11, 2001; L.2006, c. 444, § 2, eff. Aug. 14, 2006; L.2006, c. 445, § 3, eff. Aug. 14, 2006, deemed eff. Sept. 11, 2001; L.2007, c. 5, §§ 5, 6, eff. March 13, 2007, deemed eff. Sept. 11, 2001; L.2007, c. 495, §§ 3, 4, eff. Aug. 1, 2007, deemed eff. June 14, 2007; L.2008, c. 489, § 3, eff. Aug. 5, 2008, deemed eff. Sept. 11, 2001.)

Notes of Decisions (348)

McKinney's Retirement and Social Security Law § 363, NY RETIR & SS § 363
Current through L.2015, chapters 1 to 4.

Performance of Duty

McKinney's Consolidated Laws of New York Annotated
Retirement and Social Security Law (Refs & Annos)
Chapter 51-a. Of the Consolidated Laws (Refs & Annos)
Article 8. New York State Policemen's and Firemen's Retirement System
Title 8. Death Benefits and Disability Retirement (Refs & Annos)

McKinney's Retirement and Social Security Law § 363-c

§ 363-c. Retirement for disability incurred in performance of duty

Currentness

a. After January first, nineteen hundred eighty-five, a member who becomes physically or mentally incapacitated for the performance of duty shall be covered by the provisions of this section in lieu of the provisions of section three hundred sixty-three of this article; except, however, any such member who last entered or re-entered service prior to that date shall be entitled to apply for disability retirement pursuant to such section and to receive the benefit so payable in lieu of the benefit payable pursuant to this section.

b. Eligibility. A member shall be entitled to retirement for disability incurred in the performance of duty if, at the time application therefor is filed, he is:

1. Physically or mentally incapacitated for performance of duty as the natural and proximate result of a disability not caused by his own willful negligence sustained in such service and while actually a member of the policemen's and firemen's retirement system, and

2. Actually in service upon which his membership is based. However, in a case where a member is discontinued from service, either voluntarily or involuntarily, subsequent to sustaining a disability in such service, application may be made not later than two years after the member is discontinued from service and provided that the member meets the requirements of subdivision a of this section and this subdivision.

c. Application. Application for retirement for disability incurred in performance of duty may be made by:

1. Such member, or

2. The head of the department in which such member is employed.

d. Verification of disability. After the filing of such an application, such member shall be given one or more medical examinations. If the comptroller determines that the member is physically or mentally incapacitated for the performance of duty pursuant to subdivision b of this section and ought to be retired, he shall be so retired. Such retirement shall be effective as of a date approved by the comptroller.

e. (a) No such application shall be approved, however, unless the member or some other person on his behalf shall have filed written notice in the office of the comptroller within ninety days after the occurrence which is the basis for the disability incurred in the performance of duty, setting forth:

1. The time, date and place of such occurrence, and

2. The particulars thereof, and

3. The nature and extent of the member's injuries, and

4. The alleged disability.

(b) The notice herein required need not be given:

1. If notice of such occurrence shall be filed in accordance with the provisions of the workers' compensation law of any state within which a participating employer shall have its employees located or performing functions and duties within the normal scope of their employment, or

2. If the application for retirement for disability incurred in the performance of duty is filed within one year after the date of the occurrence which forms the basis for the application, or

3. If a failure to file notice has been excused for good cause shown as provided by rules and regulations promulgated by the comptroller.

(c) Notwithstanding any other provision of law to the contrary, the provisions of this subdivision shall apply to all occurrences before or after the effective date of this section.

f. The retirement allowance payable upon retirement for disability incurred in the performance of duty shall consist of a pension of one-half of his final average salary plus an annuity which shall be the actuarial equivalent of the member's accumulated contributions, if any.

g. If the member, at the time of the filing of an application under the provisions of subdivision c of this section, is eligible for a service retirement benefit, then and in that event, he may simultaneously file an application for service retirement provided that the member indicates on the application for service retirement that such application is filed without prejudice to the application for the retirement for disability incurred in performance of duty.

h. The provisions of this section and the benefits provided for therein shall not be applicable to members who are subject to the provisions of section three hundred sixty-three-b of this article.

i. Any benefit provided pursuant to this section shall not be considered as an accidental disability benefit within the meaning of section three hundred sixty-four of this article. Any benefit payable pursuant to the workers' compensation law to a member receiving a disability allowance pursuant to this section shall be in addition to such retirement for disability incurred in performance of duty allowance.

j. A final determination of the comptroller that the member is not entitled to retirement benefits pursuant to this section shall not in any respect be, or constitute, a determination with regard to benefits payable pursuant to section two hundred seven-a or section two hundred seven-c of the general municipal law.

Credits

(Added L.1984, c. 661, § 1, eff. Aug. 1, 1984. Amended L.1987, c. 690, § 3, eff. Aug. 5, 1987.)

Effective Immediately

New York State Retirement and Social Security Law provides those who participated in the World Trade Center rescue, recovery or clean up efforts a presumption that, if you become permanently disabled due to certain qualifying conditions and are unable to perform your job, the condition was incurred in connection with the World Trade Center aftermath.* This means that unless it can be proven that the medical condition was the result of other factors, you can claim it was the result of your participation in the events of September 11th and after. You may be eligible for a disability retirement or your beneficiaries may be eligible for an accidental death benefit.

**Qualifying conditions include:* upper respiratory tract (conjunctivitis, rhinitis, sinusitis, pharyngitis, laryngitis, vocal chord disease, upper airway hyper-reactivity and tracheo-bronchitis, or a combination of such conditions); lower respiratory tract (bronchitis, asthma, reactive airway dysfunction syndrome and various forms of pneumonitis — hypersensitivity, granulomatous, or eosinophilic); gastroesophageal tract (esophagitis and reflux disease); psychological (post-traumatic stress disorder, anxiety, depression, or any combination of these conditions); skin (contact dermatitis or burns, infectious, irritant, allergic, idiopathic or non-specific in nature, caused by exposure or aggravated by exposure); and new onset diseases (resulting from exposure as such diseases may occur in the future including cancer, chronic obstructive pulmonary disease, asbestos-related diseases, heavy metal poisoning, musculoskeletal disease and chronic psychological diseases).

Cancer

McKinney's Consolidated Laws of New York Annotated
Retirement and Social Security Law (Refs & Annos)
Chapter 51-a. Of the Consolidated Laws (Refs & Annos)
Article 8. New York State Policemen's and Firemen's Retirement System
Title 8. Death Benefits and Disability Retirement (Refs & Annos)

McKinney's Retirement and Social Security Law § 363-d

§ 363-d. Certain impairments of health; presumption

Effective: September 17, 2003

Currentness

Notwithstanding any other provisions of this chapter to the contrary, any (i) melanoma or (ii) condition of cancer affecting the lymphatic, digestive, hematological, urinary, neurological, breast, reproductive, or prostate systems, resulting in total or partial disability or death to a paid firefighter, who successfully passed a physical examination on entry into firefighter service, which examination failed to reveal any evidence of such melanoma or condition, shall be presumptive evidence that, unless the contrary be proven by competent evidence, such disability or death (a) was caused by the natural and proximate result of an accident, not caused by such firefighter's own willful negligence, and (b) was sustained in the performance and discharge of duty. The provisions of this section shall remain in full force and effect to and including the thirtieth day of June, two thousand five.

Credits

(Added L.1997, c. 49, § 1, eff. May 7, 1997. Amended L.1998, c. 113, § 1, eff. July 3, 1998; L.2000, c. 563, § 1, eff. Nov. 21, 2000, deemed eff. Jan. 1, 1998; L.2002, c. 461, § 1, eff. Aug. 20, 2002, deemed eff. June 30, 1999; L.2003, c. 531, § 1, eff. Sept. 17, 2003.)

Notes of Decisions (1)

McKinney's Retirement and Social Security Law § 363-d, NY RETIR & SS § 363-d
Current through L.2015, chapters 1 to 4.

Lung

McKinney's Consolidated Laws of New York Annotated
Retirement and Social Security Law (Refs & Annos)
Chapter 51-a. Of the Consolidated Laws (Refs & Annos)
Article 8. New York State Policemen's and Firemen's Retirement System
Title 8. Death Benefits and Disability Retirement (Refs & Annos)

McKinney's Retirement and Social Security Law § 363-f

§ 363-f. Firefighters; presumption in certain diseases

Effective: June 13, 2006

Currentness

<[Effective until July 1, 2008, pursuant to its own terms]>

Notwithstanding any provision of this chapter or of any general, special or local law to the contrary, and for the purposes of this chapter, any condition of impairment of health caused by diseases of the lung, resulting in total or partial disability or death to a uniformed member of a paid fire department, where such member successfully passed a physical examination on entry into such service or subsequent thereto, which examination failed to reveal any evidence of such conditions, shall be presumptive evidence that such disability or death (1) was caused by the natural and proximate result of an accident, not caused by such firefighter's own negligence and (2) was incurred in the performance and discharge of duty, unless the contrary be proven by competent evidence. The provisions of this section shall remain in full force and effect to and including the thirtieth day of June, two thousand eight.

Credits

(Added L.2002, c. 534, § 1, eff. Sept. 17, 2002, deemed eff. Sept. 11, 2001. Amended L.2004, c. 132, § 1, eff. June 29, 2004; L.2005, c. 89, § 1, eff. June 7, 2005; L.2006, c. 103, § 1, eff. June 13, 2006.)

McKinney's Retirement and Social Security Law § 363-f, NY RETIR & SS § 363-f
Current through L.2015, chapters 1 to 4.

Heart

McKinney's Consolidated Laws of New York Annotated
Retirement and Social Security Law (Refs & Annos)
Chapter 51-a. Of the Consolidated Laws (Refs & Annos)
Article 8. New York State Policemen's and Firemen's Retirement System
Title 8. Death Benefits and Disability Retirement (Refs & Annos)

McKinney's Retirement and Social Security Law § 363-a

§ 363-a. Firemen and policemen; certain disabilities

Effective: September 1, 2002

Currentness

1. Notwithstanding any provision of this chapter or of any general, special or local law to the contrary, any condition of impairment of health caused by diseases of the heart, resulting in disability or death to a fireman shall be presumptive evidence that it was incurred in the performance and discharge of duty and the natural and proximate result of an accident, unless the contrary be proved by competent evidence.
2. Notwithstanding any provision of this chapter or of any general, special or local law to the contrary, any condition of impairment of health caused by diseases of the heart, resulting in disability or death to a policeman, presently employed, and who shall have sustained such disability while so employed, shall be presumptive evidence that it was incurred in the performance and discharge of duty, unless the contrary be proved by competent evidence.
3. As used in this section, the term "fireman" and "policeman" means any member who is performing police or fire service, as the phrase police or fire service is defined in paragraphs a, b, c, d, g, and h of subdivision eleven of section three hundred two of this article, and who, prior to entry into service as a fireman or policeman, successfully passed a physical examination which failed to disclose evidence of any disease or other impairment of the heart.
4. The provisions of this section shall remain in full force and effect to and including August thirty-first, nineteen hundred seventy-six.

HIV, Hepatitis, Tuberculosis

McKinney's Consolidated Laws of New York Annotated
Retirement and Social Security Law (Refs & Annos)
Chapter 51-a. Of the Consolidated Laws (Refs & Annos)
Article 8. New York State Policemen's and Firemen's Retirement System
Title 8. Death Benefits and Disability Retirement (Refs & Annos)

McKinney's Retirement and Social Security Law § 363-dd

§ 363-dd. Impairments of health; presumption

Effective: July 29, 1999

Currentness

Notwithstanding any provision of this chapter or of any general, special or local law to the contrary, any police officer or firefighter who is covered by the provisions of section three hundred sixty-three of this title and who contracts HIV, tuberculosis or hepatitis after contact with members of the public (where there may have been an exposure to a bodily fluid) will be presumed to have contracted such disease in the performance or discharge of his or her duties as the natural and proximate result of an accident and to be disabled from the performance of his or her duties unless the contrary be proven by competent evidence.

Credits

(Added L.1999, c. 640, § 1, eff. July 29, 1999.)

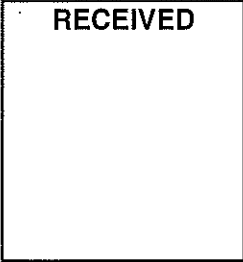
McKinney's Retirement and Social Security Law § 363-dd, NY RETIR & SS § 363-dd
Current through L.2015, chapters 1 to 4.

E. Applications and Option Form

Please return this application to the Retirement System in an envelope marked "Personal and Confidential, Mail Drop 7-1"



Office of the New York State Comptroller
 New York State and Local Retirement System
 Employees' Retirement System
 Police and Fire Retirement System
 110 State Street, Albany, New York 12244-0001



Application for Accidental Disability Retirement

For Police and Fire Retirement System Members,
 Tier 1 & 2 Employee Retirement System Members and
 ERS Members covered under Section 605-d

RS 6047
 (Rev. 12/13)

INSTRUCTIONS: Please print plainly or type. The application must be signed on reverse side.
 Please call our Call Center at 1-866-805-0990 if you need help completing this application.

INFORMATION ABOUT YOU		
1. NAME	2. SEX: <input type="checkbox"/> M <input type="checkbox"/> F	3. SOCIAL SECURITY NUMBER* XXX-XX-
4. ADDRESS	5. REGISTRATION NUMBER	
	6. DATE OF BIRTH / /	
7. TELEPHONE NUMBERS: HOME () WORK () CELL ()	8. EMPLOYER	
9. PAYROLL TITLE	10. LENGTH OF SERVICE _____ Years _____ Months	
11. PAYROLL STATUS: On Payroll & Receiving Salary? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain.		
12. FOR UNITED STATES TAX WITHHOLDING AND REPORTING PURPOSES (PLEASE CHECK ONE), I AM A: <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> RESIDENT ALIEN <input type="checkbox"/> NONRESIDENT ALIEN		
13. I AM PERMANENTLY DISABLED BECAUSE OF THE FOLLOWING MEDICAL CONDITION(S): (Use additional sheets if required)		

14. I HAVE BEEN TREATED BY THE FOLLOWING DOCTORS: (Use additional sheets if required)

Primary Care Physician	Doctor	Doctor
Internal Med/Family Practitioner	Medical Speciality	Medical Speciality
Street	Street	Street
City, State and Zip Code	City, State and Zip Code	City, State and Zip Code
Doctor	Doctor	Doctor
Medical Speciality	Medical Speciality	Medical Speciality
Street	Street	Street
City, State and Zip Code	City, State and Zip Code	City, State and Zip Code

15. LIST HOSPITALIZATIONS, IF ANY. (Use additional sheets if required)

Hospital	Dates of Admission	Hospital	Dates of Admission
Street		Street	
City, State and Zip Code		City, State and Zip Code	
Hospital	Dates of Admission	Hospital	Dates of Admission
Street		Street	
City, State and Zip Code		City, State and Zip Code	

16. DATES OF ACCIDENTS, WHERE THEY OCCURRED, AND WORKERS' COMPENSATION NUMBER(S) ASSIGNED (Please describe accident(s) in Section 18.) (If Workers' Compensation benefits are payable, member must apply for them. Accidental Disability Retirement benefits must be reduced by Workers' Compensation benefits.)

17. THE FOLLOWING PERSON(S) WITNESSED THE ACCIDENT(S):

Witness Name	Witness Name	Witness Name
Date Witnessed	Date Witnessed	Date Witnessed
Witness Address	Witness Address	Witness Address
City, State and Zip Code	City, State and Zip Code	City, State and Zip Code

18. DESCRIPTION OF THE ACCIDENT(S). ALSO DESCRIBE ANY OTHER OCCURRENCES THAT MAY BE RELATED TO YOUR CLAIMED DISABILITY. (Use additional sheets if required)

19. INFORMATION ABOUT YOUR INTENDED BENEFICIARY

Beneficiary	Relationship to you (if any)
Street	Date of Birth
City, State and Zip Code	Sex

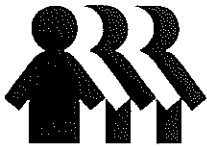
I certify that the information contained on this form is true.

Applicant Name/Title (Please Print) _____
Applicant Signature (Sign Name in Full)/Date

RELATIONSHIP TO MEMBER: Self Employer Other _____
(If applicant is not the member or employer, you must submit original documentation that authorizes you to file)

*NOTE: In accordance with the Federal Privacy Act of 1974 you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Section 11, 34, 311 and 334 of the Retirement and Social Security Law. Your number will be used in identifying your retirement records and in the administration of the Retirement System.

PERSONAL PRIVACY PROTECTION LAW - The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member Services, NYS and Local Retirement Systems, Albany, NY 12244; 518-474-7736.



Office of the New York State Comptroller
 New York State and Local Retirement System
 Employees' Retirement System
 Police and Fire Retirement System
 110 State Street, Albany, New York 12244-0001

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

RS 6429

(Rev. 4/11)

Patient Name	Date of Birth	Social Security Number XXX-XX-
Patient Address		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

- This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in item 8(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 8(a), I specifically authorize release of such information to the person(s) indicated in Item 7.
- If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- I have the right to revoke this authorization at any time by writing to the health care provider(s) listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
- Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
- THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 8(b).**

6. Name and address of health care provider(s) or entity(ies) to release this information:

7. Name and address of person(s) or category of person to whom this information will be sent:
New York State and Local Retirement System, Mail Drop 7-1, 110 State Street, Albany NY 12244

8. (a) Specific information to be released:
- Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, insurance records, and records sent to you by other health care providers.
- Other: _____ Include: *(Indicate by Initialing)*
- _____ **Alcohol/Drug Treatment**
- _____ **Mental Health Information**
- _____ **HIV-Related Information**

Authorization to Discuss Health Information

(b) By initialing here _____ I authorize _____ Name of individual health care provider

to discuss my health information with my attorney or governmental agency, listed here:

New York State and Local Retirement System

(Attorney/Firm Name or Government Agency Name)

9. Reason for release of information: <input type="checkbox"/> At the request of individual <input type="checkbox"/> Other:	10. This authorization will expire at the completion of the disability retirement application process.
11. If not the patient, name of person signing form:	12. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

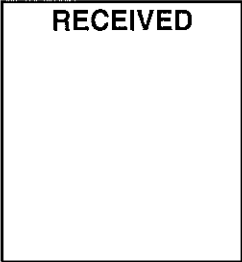
Signature of patient or representative authorized by law. _____ Date _____

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

Please return this application to the Retirement System in an envelope marked "Personal and Confidential, Mail Drop 7-1"



Office of the New York State Comptroller
 New York State and Local Retirement System
 Employees' Retirement System
 Police and Fire Retirement System
 110 State Street, Albany, New York 12244-0001



Application for Police & Fire Retirement for Disability Incurred in Performance of Duty

PF 6047
 (Rev. 12/13)

INSTRUCTIONS: Please print plainly or type. The application must be signed on reverse side.
 Please call our Call Center at 1-866-805-0990 if you need help completing this application.

INFORMATION ABOUT YOU		
1. NAME	2. SEX: <input type="checkbox"/> M <input type="checkbox"/> F	3. SOCIAL SECURITY NUMBER* XXX-XX-
4. ADDRESS	5. REGISTRATION NUMBER	
	6. DATE OF BIRTH / /	
7. TELEPHONE NUMBERS: HOME () WORK ()	CELL ()	8. EMPLOYER
9. PAYROLL TITLE	10. LENGTH OF SERVICE _____ Years _____ Months	
11. PAYROLL STATUS: On Payroll & Receiving Salary? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain.		
12. FOR UNITED STATES TAX WITHHOLDING AND REPORTING PURPOSES (PLEASE CHECK ONE), I AM A: <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> RESIDENT ALIEN <input type="checkbox"/> NONRESIDENT ALIEN		
13. I AM PERMANENTLY DISABLED BECAUSE OF THE FOLLOWING MEDICAL CONDITION(S): (Use additional sheets if required)		

14. I HAVE BEEN TREATED BY THE FOLLOWING DOCTORS: (Use additional sheets if required)

Primary Care Physician	Doctor	Doctor
Internal Med/Family Practitioner	Medical Speciality	Medical Speciality
Street	Street	Street
City, State and Zip Code	City, State and Zip Code	City, State and Zip Code
Doctor	Doctor	Doctor
Medical Speciality	Medical Speciality	Medical Speciality
Street	Street	Street
City, State and Zip Code	City, State and Zip Code	City, State and Zip Code



Office of the New York State Comptroller
 New York State and Local Retirement System
 Employees' Retirement System
 Police and Fire Retirement System
 110 State Street, Albany, New York 12244-0001

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

RS 6429

(Rev. 4/11)

Patient Name	Date of Birth	Social Security Number XXX-XX-
Patient Address		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

- This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in item 8(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 8(a), I specifically authorize release of such information to the person(s) indicated in Item 7.
- If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- I have the right to revoke this authorization at any time by writing to the health care provider(s) listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
- Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
- THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 8(b).**

6. Name and address of health care provider(s) or entity(ies) to release this information:

7. Name and address of person(s) or category of person to whom this information will be sent:
New York State and Local Retirement System, Mail Drop 7-1, 110 State Street, Albany NY 12244

8. (a) Specific information to be released:
- Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, insurance records, and records sent to you by other health care providers.
- Other: _____ Include: *(Indicate by Initialing)*
- _____ **Alcohol/Drug Treatment**
 _____ **Mental Health Information**
 _____ **HIV-Related Information**

Authorization to Discuss Health Information

(b) By initialing here _____ I authorize _____ Name of individual health care provider

to discuss my health information with my attorney or governmental agency, listed here:

New York State and Local Retirement System
 (Attorney/Firm Name or Government Agency Name)

9. Reason for release of information: <input type="checkbox"/> At the request of individual <input type="checkbox"/> Other:	10. This authorization will expire at the completion of the disability retirement application process.
11. If not the patient, name of person signing form:	12. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law.

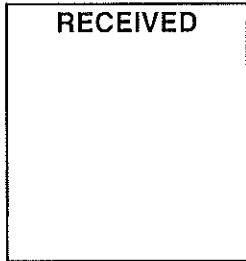
Date

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

Please return this application to the Retirement System in an envelope marked "Personal and Confidential, Mail Drop 7-1"



Office of the New York State Comptroller
 New York State and Local Retirement System
 Employees' Retirement System
 Police and Fire Retirement System
 110 State Street, Albany, New York 12244-0001



Application for World Trade Center Accidental Disability Presumption

RS 6047-W

(Rev. 12/13)

INSTRUCTIONS: Please print plainly or type. The application must be signed on reverse side.
 Please call our Call Center at 1-866-805-0990 if you need help completing this application.

INFORMATION ABOUT YOU		
1. NAME	2. SEX: <input type="checkbox"/> M <input type="checkbox"/> F	3. ADDRESS:
4. REGISTRATION NUMBER: or RETIREMENT NUMBER, if retired:		5. SOCIAL SECURITY NUMBER: XXX-XX-
		6. DATE OF BIRTH / /
7. TELEPHONE NUMBERS: HOME () WORK () CELL ()	8. CURRENT EMPLOYER: If retired, last public employer:	
9. PAYROLL TITLE		
10. I AM PERMANENTLY DISABLED BECAUSE OF THE FOLLOWING CONDITION OR IMPAIRMENT OF HEALTH:		
11. FOR UNITED STATES TAX WITHHOLDING AND REPORTING PURPOSES (PLEASE CHECK ONE), I AM A: <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> RESIDENT ALIEN <input type="checkbox"/> NONRESIDENT ALIEN		

12. HAVE YOU FILED A WORLD TRADE CENTER NOTICE FOR MEMBERS AND RETIREES OF THE NEW YORK STATE AND LOCAL RETIREMENT SYSTEM (FORM RS 6047-N)? Yes No

YOU MUST HAVE FILED A WORLD TRADE CENTER NOTICE BY SEPTEMBER 11, 2010.

Medical Record Information prior to September 11, 2001

13. I HAVE BEEN TREATED BY THE FOLLOWING DOCTORS: (Use additional sheets if required.)

Primary Care Physician	Doctor	Doctor
Internal Med/Family Practitioner	Medical Speciality	Medical Speciality
Street	Street	Street
City, State and Zip Code	City, State and Zip Code	City, State and Zip Code

14. LIST HOSPITALIZATIONS, IF ANY. (Use additional sheets if required)

Hospital	Dates of Admission	Hospital	Dates of Admission
Street		Street	
City, State and Zip Code		City, State and Zip Code	

Medical Record Information after September 11, 2001

15. I HAVE BEEN TREATED BY THE FOLLOWING DOCTORS: (Use additional sheets if required.)

Primary Care Physician	Doctor	Doctor
Medical Specialty	Medical Specialty	Medical Specialty
Street	Street	Street
City, State and Zip Code	City, State and Zip Code	City, State and Zip Code
Doctor	Doctor	Doctor
Medical Specialty	Medical Specialty	Medical Specialty
Street	Street	Street
City, State and Zip Code	City, State and Zip Code	City, State and Zip Code

16. LIST HOSPITALIZATIONS, IF ANY. (Use additional sheets if required)

Hospital	Dates of Admission	Hospital	Dates of Admission
Street		Street	
City, State and Zip Code		City, State and Zip Code	

17. INFORMATION ABOUT YOUR INTENDED BENEFICIARY

Beneficiary	Relationship to you (if any)
Street	Date of Birth
City, State and Zip Code	Sex

I certify that the information contained on this form is true.

Applicant Name / Title (Please Print)

Applicant Signature (Sign Name in Full) / Date

RELATIONSHIP TO MEMBER: Self Employer Other _____

(If applicant is not the member or employer, you must submit original documentation that authorizes you to file)

*NOTE: In accordance with the Federal Privacy Act of 1974 you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Section 11, 34, 311 and 334 of the Retirement and Social Security Law. Your number will be used in identifying your retirement records and in the administration of the Retirement System.

PERSONAL PRIVACY PROTECTION LAW - The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member Services, NYS and Local Retirement Systems, Albany, NY 12244; 518-474-7736.



Office of the New York State Comptroller
 New York State and Local Retirement System
 Employees' Retirement System
 Police and Fire Retirement System
 110 State Street, Albany, New York 12244-0001

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

RS 6429

(Rev. 4/11)

Patient Name	Date of Birth	Social Security Number XXX-XX-
Patient Address		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

- This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in item 8(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 8(a), I specifically authorize release of such information to the person(s) indicated in Item 7.
- If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- I have the right to revoke this authorization at any time by writing to the health care provider(s) listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
- Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
- THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 8(b).**

6. Name and address of health care provider(s) or entity(ies) to release this information:

7. Name and address of person(s) or category of person to whom this information will be sent:
New York State and Local Retirement System, Mail Drop 7-1, 110 State Street, Albany NY 12244

8. (a) Specific information to be released:
- Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, insurance records, and records sent to you by other health care providers.
- Other: _____ Include: *(Indicate by Initialing)*
- _____ **Alcohol/Drug Treatment**
- _____ **Mental Health Information**
- _____ **HIV-Related Information**

Authorization to Discuss Health Information

(b) By initialing here _____ I authorize _____
Initials Name of individual health care provider

to discuss my health information with my attorney or governmental agency, listed here:
New York State and Local Retirement System
 (Attorney/Firm Name or Government Agency Name)

9. Reason for release of information: <input type="checkbox"/> At the request of individual <input type="checkbox"/> Other:	10. This authorization will expire at the completion of the disability retirement application process.
11. If not the patient, name of person signing form:	12. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law. _____ Date _____

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

14. THE FOLLOWING PERSON(S) WITNESSED THE ACCIDENT:

Witness Name	Witness Name	Witness Name
Date Witnessed	Date Witnessed	Date Witnessed
Witness Address	Witness Address	Witness Address
City, State and Zip Code	City, State and Zip Code	City, State and Zip Code

15. DATE OF ACCIDENT, WHERE ACCIDENT OCCURRED, DESCRIPTION OF THE ACCIDENT (Use additional sheets if required)

16. INFORMATION ABOUT THE APPLICANT

Relationship to deceased _____ I was born on _____, _____
 If spouse, married to deceased on _____, _____.

17. LIST ALL CHILDREN OF DECEASED MEMBER

Name	Date of Birth	Sex	Name	Date of Birth	Sex

I attach Death Certificate, documentary evidence of my birth, Marriage Certificate and documentary evidence of the birth of the above named children.

18. HAVE YOU MADE THE APPLICATION FOR WORKERS' COMPENSATION BENEFITS? Yes No

ARE YOU RECEIVING WORKERS' COMPENSATION BENEFITS? Yes No Claim No. _____

19. I do hereby waive the confidential character of any records, reports or data relating to the member's mental or physical condition and hereby authorize the release of all such information by physicians, institutions and agencies including the **Social Security Administration** and the **Veterans Administration**, to the Medical Board of the New York State and Local Retirement System. Records, reports or data shall include, but not be limited to, a Social Security Disability Award Certificate, Social Security Form 831, HIV related, drug abuse and alcoholism information. This authority waives any rights of privacy between the deceased and their physicians, institution or agency. A copy of this waiver may be used in lieu of the original.

I certify that the information contained on this form is true.

 Applicant Name / Title (Please Print) _____
 Applicant Signature (Sign Name in Full) / Date

RELATIONSHIP TO MEMBER: Self Employer Other _____
 (If applicant is not the member or employer, you must submit original documentation that authorizes you to file)

ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC

State of _____ County of _____
 On the ____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

 NOTARY PUBLIC (Please sign and affix stamp)

***NOTE:** In accordance with the Federal Privacy Act of 1974 you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Section 11, 34, 311 and 334 of the Retirement and Social Security Law. Your number will be used in identifying your retirement records and in the administration of the Retirement System.

PERSONAL PRIVACY PROTECTION LAW - The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member Services, NYS and Local Retirement Systems, Albany, NY 12244; 518-474-7736.



Office of the New York State Comptroller
 New York State and Local Retirement System
 Employees' Retirement System
 Police and Fire Retirement System
 110 State Street, Albany, New York 12244-0001

Retirement Option Election Form For Tier 2 Members RS 6163-A

(Rev. 12/04)

MAKE NO ALTERATIONS TO THIS FORM. Please review carefully the options available and the instructions provided. You must 1) elect an option by checking the appropriate box, 2) sign the completed form, 3) have it notarized, and 4) return it promptly.

IMPORTANT: You must file your Option Election form before your pension becomes payable, which is the first day of the month following your retirement. You have up to 30 days after your pension benefit becomes payable to change your option selection. If your election is not timely, by law, we must process your retirement as if you had selected the Cash Refund-Contributions (Option 1/2) with your estate named as beneficiary.

INFORMATION ABOUT YOU

1. Name (First, Middle Initial, Last)	3. Social Security Number*			
2. Address	4. Registration Number			
	5. Date of Birth			
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black; padding: 2px;">Month</td> <td style="width: 33%; border-right: 1px solid black; padding: 2px;">Day</td> <td style="padding: 2px;">Year</td> </tr> </table>	Month	Day	Year
Month	Day	Year		

*Social Security Number required. (See statement on reverse side.)

To The Comptroller of The State of New York:

Single Life Allowance (Option 0) 000	<input type="checkbox"/> I elect to receive the maximum lifetime retirement allowance payable to me. Stop all payments at my death. I understand that under this option I cannot elect a beneficiary.
Cash Refund - Contributions (Option 1/2) 005	<input type="checkbox"/> I elect to receive a reduced lifetime retirement allowance. I understand that all payments shall stop at my death, except for the remaining balance of my total member contributions, if any. Pay any such balance to my beneficiary. If my beneficiary predeceases me, pay my Estate or another beneficiary I may name.
Joint Allowance - Full (Option 2) 002	<input type="checkbox"/> I elect to receive a reduced lifetime retirement allowance, based on my life expectancy and the life expectancy of my beneficiary. If I die before my beneficiary, continue paying the same monthly amount to my beneficiary for life. If my beneficiary predeceases me, stop all payments at my death. I understand that I cannot change my beneficiary after the last day of the month in which I retire.
Joint Allowance - Half (Option 3) 003	<input type="checkbox"/> I elect to receive a reduced lifetime retirement allowance, based on my life expectancy and the life expectancy of my beneficiary. If I die before my beneficiary, continue paying one-half of my retirement allowance to my beneficiary for life. If my beneficiary predeceases me, stop all payments at my death. I understand that I cannot change my beneficiary after the last day of the month in which I retire.
Five Year Certain 006	<input type="checkbox"/> I elect to receive a reduced lifetime retirement allowance. If I die within five years after my retirement date, continue paying my retirement allowance for the remainder of the five years to my beneficiary. If my beneficiary predeceases me, but I also die within five years following my retirement, continue payments for the rest of the five year period to another beneficiary I may name. If there is no surviving beneficiary, make a lump sum payment to my Estate. If I die more than five years after my retirement date, stop all payments at my death.
Ten Year Certain 007	<input type="checkbox"/> I elect to receive a reduced lifetime retirement allowance. If I die within ten years after my retirement date, continue paying my retirement allowance for the remainder of the ten years to my beneficiary. If my beneficiary predeceases me, but I also die within ten years following my retirement, continue payments for the rest of the ten year period to another beneficiary I may name. If there is no surviving beneficiary, make a lump sum payment to my Estate. If I die more than ten years after my retirement date, stop all payments at my death.

Pop-Up Joint Allowance - Full 008	<input type="checkbox"/> I elect to receive a reduced lifetime retirement allowance, based on my life expectancy and the life expectancy of my beneficiary. If I die before my beneficiary, continue paying the same amount to my beneficiary for life. If my beneficiary predeceases me, change my allowance to the Single Life Allowance (Option 0) amount and stop all payments at my death. I understand that I cannot change my beneficiary after the last day of the month in which I retire.
Pop-Up Joint Allowance - Half 009	<input type="checkbox"/> I elect to receive a reduced lifetime retirement allowance, based on my life expectancy and the life expectancy of my beneficiary. If I die before my beneficiary, continue paying one-half of my retirement allowance to my beneficiary for life. If my beneficiary predeceases me, change my allowance to the Single Life Allowance (Option 0) amount and stop all payments at my death. I understand that I cannot change my beneficiary after the last day of the month in which I retire.

If you elect the Single Life Allowance (Option 0) do not provide any beneficiary information.
 If you wish to elect one of the other options, please read all of the information on this form and then complete the following section. Use the beneficiary's given name: Mary Smith NOT Mrs. John Smith. If you elect a Cash Refund, or a Year Certain option, and wish to name more than one beneficiary, please let us know and we will provide you with an appropriate form. Please print plainly or type.

INFORMATION ABOUT YOUR OPTION BENEFICIARY

1. Beneficiary's Name	3. Beneficiary's Social Security Number*			
2. Beneficiary's Address (include Street, City, State and Zip Code) _____ _____	4. Relationship of Beneficiary to You			
	5. Beneficiary's Date of Birth <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black; padding: 2px;">Month</td> <td style="width: 33%; border-right: 1px solid black; padding: 2px;">Day</td> <td style="padding: 2px;">Year</td> </tr> </table>	Month	Day	Year
Month	Day	Year		

* Social Security Number required. (See statement below.)

Retiree's Signature (sign name in full)

Acknowledgement To Be Completed by a Notary Public

State of _____ County of _____

On the _____ day of _____ in the year _____, before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies) and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

NOTARY PUBLIC (Please sign and affix stamp)

Electing an Option
 The option you elect is important to both you and your beneficiary. Be sure you understand the nature of each option, and elect the one that best fulfills your needs. Be sure that you have checked the proper box for the option that you wish to elect. On this form, you are selecting a method of payment. When you have completed this form and have had it notarized, the original should be returned to: **New York State and Local Retirement System, 110 State Street, Albany, New York 12244.** When your option form is received in this office, we will acknowledge receipt of the option selection by sending you a letter.

Designating a Beneficiary
 Only one beneficiary may be named in a Joint Allowance or Pop-Up option. Under these options, proof of your beneficiary's date of birth must be submitted. If you wish to elect a Cash Refund Option or one of the Years Certain Options, you may designate more than one beneficiary. If you wish to do so, please notify the Retirement System so that we may send you the proper form for completion. If you elect one of the Cash Refund or Years Certain Options, you may designate your Estate as beneficiary. Under these options, you may change your beneficiary at any time. For each change of beneficiary(ies), you must submit a form which can be obtained from the Retirement System.

Information Services
 Information Representatives are available at 16 consultation sites throughout New York State. To find the one nearest you, visit our website at www.osc.state.ny.us/retire. You can also contact our Call Center toll-free at (866) 805-0990, or (518) 474-7736 in the Albany area.

Social Security Disclosure Requirement
 In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, 34, 311 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

Personal Privacy Protection Law
 The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-474-7736 in the Albany area.

F. Matrimonial

Divorce and Your Benefits

Introduction

The Retirement System offers defined benefit retirement plans based on years of credited service, salary, membership tier and retirement plan. When a Participant retires, he or she will receive a monthly benefit paid for his or her lifetime and depending on which option is chosen, that of his or her beneficiary.

The pension that a Participant is entitled to receive is a benefit held in trust by the Retirement System and the Participant is considered the beneficiary of that trust. The Participant cannot assign retirement benefits to another person and, because the Retirement System has no legal relationship with an ex-spouse, no payments will be made to an ex-spouse based on a separation agreement or judgment of divorce alone.

However, because a pension is considered marital property and is often divided between spouses when a marriage ends, there are times when the Retirement System will pay a portion of a Participant's pension to an ex-spouse.

This guide provides basic information about how the Retirement System administers Domestic Relations Orders (DROs). It will also answer questions about some of the benefits provided to Participants, the impact a DRO might have on a Participant's benefits and the procedures followed when a DRO is received by the Retirement System. You may also find our [DRO Frequently Asked Questions](#) helpful.

This information is based on the Retirement System's current understanding of the law. It is not intended to be a substitute for New York law or the rules and regulations governing the Retirement System, which may be subject to change.

This guide is not intended to provide legal advice to Participants or their ex-spouses and may not be relied upon for that purpose. Participants, ex-spouses and other interested parties are strongly urged to seek the advice of an attorney regarding the matters discussed herein.

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Divorce and Your Benefits

The Ex-spouse's Share

According to New York State law, pension benefits earned during a marriage are marital assets subject to equitable distribution in the event of a divorce. The ex-spouse is entitled to a share of the Participant's retirement benefit. A Participant and ex-spouse may establish a retirement benefit distribution that is satisfactory. The most commonly used equitable distribution formula for a public pension was established by the State Court of Appeals in *Majauskas v. Majauskas*. This formula provides an ex-spouse with one-half of that part of a Participant's pension earned during the marriage.

The Majauskas Formula

$50\% \times \text{years of service credit accrued during marriage (numerator)}$
 $\div \text{total service credit at time of retirement (denominator)}$

For example, if the Participant accrued 15 years of service while married, and retires with 30 years of total service, the ex-spouse's share will be 25 percent of the pension (50 percent \times 15/30). The Majauskas formula may be modified by the court, or by agreement between the Participant and ex-spouse. The Retirement System does not require use of this formula. There are other ways to distribute your pension benefit.

Other equitable distribution choices:

- **A flat dollar amount.** This "locks in" an amount for the ex-spouse that will not vary if the Participant's salary rises significantly prior to retirement. It will also affect the ex-spouse's right to a share of the Participant's cost-of-living adjustment (COLA).
- **A modification of the standard Majauskas formula (see above).** Parties can negotiate the factors of the Majauskas equation.
- **A share calculated as of a specific date.** The Retirement System can calculate a hypothetical retirement benefit using a Participant's final average salary and service credit as of a specific date. The

date most commonly used is the commencement date of the divorce action. An ex-spouse's distribution can be calculated using the hypothetical retirement benefit. Any pension factor and age reductions applied to the Participant's benefit upon retirement will also be applied to ex-spouse's distribution. Any post-divorce salary and service increases will not be used in the calculation of the ex-spouse's distribution. This generally provides the ex-spouse with a smaller portion of the Participant's actual retirement benefit.

If the intent is to freeze the ex-spouse's share of the pension to the salary and service levels in place at the time of the commencement date of the divorce action, the following paragraphs should appear in the Domestic Relations Order:

ORDERED, that at such time as PARTICIPANT has retired from and is actually receiving a retirement benefit from the Retirement System; the Retirement System, in accordance with the formula devised in the case of *Majauskas v. Majauskas*, 61 NY2d 481(1987), is hereby directed to calculate a hypothetical service retirement, based on the PARTICIPANT'S earnings and years of credited service as of the date of commencement of the action for divorce. The retirement benefit shall be calculated in the same manner as a normal service pension would be calculated using the factors in place when calculating the PARTICIPANT'S actual retirement benefit. From this hypothetical service retirement, the Retirement System is hereby directed to pay to the ALTERNATE PAYEE that portion of the PARTICIPANT'S monthly retirement benefit, which is equal to 50 percent of a fraction; and it is further

ORDERED, that the numerator of the fraction shall be _____ months [must provide the specific number of months] and the denominator shall be the total number of months of service credit which the PARTICIPANT had as of the commencement of the action for divorce. The term "retirement benefit" as used herein, shall be deemed to include any annuity as well as supplemental retirement benefits which are paid by the System to PARTICIPANT;

Divorce and Your Benefits

Disability Retirement

The Retirement System does not decide if a particular benefit constitutes marital or separate property in a matrimonial action. In a case involving the award of an accidental disability retirement benefit, the Court of Appeals has held that, to the extent the accidental disability award is compensation for personal injuries, it is separate property (*Dolan v. Dolan*, 78 NY2d 468 (1991)). Courts have further held that the party receiving the pension benefit and seeking to avoid equitable distribution bears the burden of proving that the pension is separate property. The entire benefit is presumed to be marital property subject to equitable distribution (*Allwell v. Allwell*, 277 AD2d 789 (3d Dept. 2000); *Palazzolo v. Palazzolo*, 242 AD2d 688 (2d Dept. 1997); *Mylett v. Mylett*, 163 AD2d 463 (3d Dept. 1990)).

Many disability benefits administered by the Retirement System are calculated without regard to the service a Participant has upon retirement, but instead are a fixed percentage of the Participant's final average salary, regardless of actual service at retirement. The Third Department has held that a disability pension may still be subject to equitable distribution even if the pension is calculated as a flat percentage of the final average salary and is not based on service (*Peek v. Peek*, 301 AD2d 201 (3d Dept. 2002)).

If the intent is to limit the ex-spouse's distribution to what a service retirement would have provided, then the Document Relation Order (DRO) should require the Retirement System to calculate a hypothetical service retirement benefit based on salary and service accrued to the date of the disability award (without penalty for early retirement). **Under certain circumstances, a hypothetical service retirement benefit may pay a greater monthly benefit than a disability benefit. The Retirement System can calculate an ex-spouse's share based on the lesser of the two benefits.** If the DRO is silent on this issue, the Retirement System will take the ex-spouse's distribution from the Participant's disability retirement benefit. It's important to note that a

disability retirement benefit does not revert to a service retirement benefit when the Participant reaches the service retirement eligibility age.

If the Retirement System is ordered to calculate a retirement benefit based on the lesser of the hypothetical service retirement benefit or the disability benefit, the following paragraphs should appear in the DRO and the **appropriate System** should be identified (i.e., New York State and Local **Employees's Retirement System** or New York State and Local **Police and Fire Retirement System**):

ORDERED, that should the PARTICIPANT retire on a disability retirement benefit from New York State and Local Retirement System, the Retirement System in accordance with the formula devised in the case of *Majauskas v. Majauskas*, 61 NY2d 481(1987), is hereby directed to calculate a hypothetical service retirement benefit, based on the PARTICIPANT'S earnings and years of credited service. His or her retirement benefit shall be calculated in the same manner as a normal service pension would be calculated without any reduction for ordinary termination of employment. From this hypothetical service retirement benefit, the Retirement System is hereby directed to pay to the ALTERNATE PAYEE that portion of the PARTICIPANT's monthly retirement benefit which is equal to ___ percent of a fraction; and it is further

ORDERED, that should the PARTICIPANT'S hypothetical service retirement benefit exceed the PARTICIPANT'S disability benefit, then the Retirement System is directed to pay the ALTERNATE PAYEE that portion of the PARTICIPANT'S monthly disability retirement benefit which is equal to ____ percent of a fraction; and it is further

ORDERED, that the numerator of the fraction shall be _____ months [must provide the specific number or months] and the denominator shall be the total number of months of service credit which the PARTICIPANT had at the time of retirement. The term "retirement benefit" as used herein, shall be deemed to include any annuity as well as any supplemental retirement benefit which is paid by the Retirement System to PARTICIPANT's and it is further

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