Office of the New York State Comptroller

NYSLRS

New York State and Local Retirement System

110 State Street, Albany, New York 12244-0001

RECEIVED

World Trade Center Notice for Members and Retirees of the New York State and Local Retirement System

RS 6047-N

(Rev. 9/16)

You must file this form with the New York State and Local Retirement System **on or before September 11, 2018.**
If you are permanently incapacitated or become permanently incapacitated in the future, you will also need to file the **Application for World Trade Center Accidental Disability Presumption** (RS 6047-W) to receive the benefit.
To be eligible for this presumption, the applicant must have participated in 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 between September 11, 2001 and September 12, 2002.

INFORMATION ABOUT YOU		
1. NAME:	**2. SEX:** ☐ **M** ☐ **F**	**3. ADDRESS:**
4. REGISTRATION NUMBER: or **RETIREMENT NUMBER, if retired:**	**5. SOCIAL SECURITY NUMBER*:** XXX-XX-	
6. TELEPHONE NUMBERS: HOME ( ) **WORK ( ) CELL ( )**	**7. DATE OF BIRTH:** / /	
8. JOB TITLE ON 9/11/2001:	**9. EMPLOYER/ORGANIZATION 9/11/2001:**	
10. CURRENT JOB TITLE:	**11. CURRENT EMPLOYER:**	

Locations	Dates	Name and Address of Employer/Organization** Under Which Work Was Performed
World Trade Center Site		
Fresh Kills Landfill		
New York City Morgue		
Temporary Morgue on pier locations on the west side of Manhattan		
Barges between the west side of Manhattan and the Fresh Kills Landfill		

If you worked at any sites not listed above, list the site with the address below.

Locations	Dates	Name and Address of Employer/Organization** Under Which Work Was Performed

Description of Duties performed during the WTC rescue and recovery or clean up operations

Were you required to have a physical examination for entry into public service? ☐ Yes ☐ No

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

Position: _____ Date:_____ Employer:_____

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

NOTE: If you did not undergo a physical exam for entry into public service, NYSLRS is required to have your authorization to satisfy the requirements of the WTC Disability Law. It is recommended that you gather, maintain and/or submit relevant medical records as early as possible. Doing so may help facilitate a disability application you may file in the future.

MEDICAL RECORDS RELEASE AUTHORIZATION

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

All pertinent records are authorized to be released to the New York State & Local Retirement System (NYSLRS) and will be used to determine a WTC disability and/or death claim.

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

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

Signature _____ **Date**_____

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

_____

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)

***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 Sections 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.

**Your Employer/Organization will be contacted to verify your involvement.

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