



INSTRUCTIONS

PLEASE READ CAREFULLY

- The World Trade Center Presumptive Disability Law (Chapter 93 of the Laws of 2005, as amended by Chapter 445 of the Laws of 2006, Chapter 489 of the Laws of 2008, Chapter 489 of the Laws of 2013, and Chapter 326 of the Laws of 2016) allows active, vested, and retired TRS members (excluding Tier VI members) who worked in the World Trade Center (WTC) rescue, recovery, or cleanup operations between September 11, 2001 and September 12, 2002 to file a "Notice of Participation" (code DI40). The 2013 amendment to the law allowed Tiers I/II members of TRS to file the "Notice of Participation" through September 11, 2014. A separate filing period for Tiers III/IV members ended on September 11, 2010. **Chapter 326 extends the filing deadline for eligible members to September 11, 2018.**

The "Notice of Participation" serves to inform TRS that, due to your participation in the above operations, you believe that you have developed, or may develop, a qualifying disabling health condition; it is not an application for an accident disability retirement. If you are, or subsequently become, disabled, you must file an accident disability application for your tier when you are no longer able to work. Members who file a "Notice of Participation," submit an accident disability retirement application, and meet the requirements of the World Trade Center Presumptive Disability Law are entitled to a presumption that certain disabling conditions resulted from the work they performed in the WTC operations.

- Members who retired under a service or an ordinary disability retirement may file a "Notice of Participation" to establish eligibility for reclassification to an accident disability retirement if they currently or subsequently meet the accident disability standards under the applicable law. They must also file an accident disability retirement application when requesting this reclassification.
- By filing a "Notice of Participation," active, vested, or retired members who meet the qualifying criteria and subsequently die from a qualifying condition or impairment of health may be entitled to a presumption that their death was related to participation in the WTC rescue, recovery, or cleanup operations described below. (Eligible beneficiaries of those members who died without having filed a "Notice of Participation" may file a beneficiary-specific "Notice of Participation" (code DI40b) and would be able to apply for an accidental death benefit, subject to applicable filing and eligibility requirements.)
- Members must meet the following requirements in order to be eligible to file this Notice:
 - Successfully passed a physical examination for entry into public service that did not indicate the existence of any qualifying condition or impairment of health related to the basis of any possible disability or, for those members who did not undergo a physical examination prior to entry into public service, authorized the release of all relevant medical records indicating that there is no evidence of a pre-September 11, 2001 qualifying condition or impairment of health related to the alleged disabling condition.
 - Participated in the WTC rescue, recovery, or cleanup operations at one or more of the following locations or worked on vehicles or equipment contaminated by debris (prior to decontamination of such vehicles or equipment) within the first 48 hours after the first airplane hit the World Trade Center or for a minimum of 40 hours between September 11, 2001 and September 12, 2002:
 - World Trade Center Site: Anywhere below a line starting from the Hudson River and Canal Street; east on Canal Street to Pike Street; south on Pike Street to the East River; and extending to the lower tip of Manhattan
 - Fresh Kills Landfill, Staten Island
 - New York City morgue or a temporary morgue on Manhattan west-side pier locations
 - Barges that ran between the west side of Manhattan and the Fresh Kills Landfill
- **TRS must receive this "Notice of Participation" in its offices by September 11, 2018.** If this Notice is not filed by the deadline, you would not be eligible to apply for an accident disability retirement under Chapter 93; in addition, you would not be able to file for a reclassification of your retirement status.
- Please see the "World Trade Center Presumptive Disability and Death Benefit Laws" information sheet for a list of qualifying conditions or impairments of health and other important information. The information sheet is available on our website at www.trsnyc.org.
- Please retain a photocopy of this Notice and supporting documentation for your records.
- If you require additional assistance, please call our Member Services Center at 1 (888) 8-NYC-TRS.

NOTICE OF PARTICIPATION
IN WORLD TRADE CENTER RESCUE, RECOVERY
OR CLEANUP OPERATIONS



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

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

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

PART A: PERSONAL INFORMATION Please provide the information below.

First Name	MI	Last Name	Social Security Number (last 4 digits only)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permanent Home Address	Apt. No.	TRs Membership/Retirement Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip Code	Primary Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)
<input type="text"/>	<input type="text"/>	<input type="text"/>	(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email Address	Alternate Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)		
<input type="text"/>	(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Check here if you entered new contact information above. TRS will then update our records based on what you entered.
Please keep your contact information up to date. You can visit our website to update your contact information anytime, or file a "Member's Change of Address Form" (code DM13) with TRS.

PART B: If you have retired, please indicate your effective retirement date below:

/ /

PART C: Were you required to successfully pass a physical examination for entry into public service?

Yes No

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

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

If you answered "No," do you authorize the release of all relevant medical records regarding your health prior to September 11, 2001?

Yes No

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

Employer's Name	Phone Number		
<input type="text"/>	(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Employer's Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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

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

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

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

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

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

I certify that I have read the "World Trade Center Presumptive Disability and Death Benefit Laws" information sheet and this Notice in their entirety.

I understand that this "Notice of Participation" serves only to inform TRS that, due to my participation in the World Trade Center (WTC) rescue, recovery, or cleanup operations between September 11, 2001 and September 12, 2002, I believe that I have developed or may develop a qualifying health condition or impairment. I also understand that, if I meet the requirements under the World Trade Center Presumptive Disability Law, I would be required to file an accident disability application at a later date; this "Notice of Participation" is not an application for a disability retirement. With this Notice, I am also filing a release of all relevant medical records to TRS to make a determination in accordance with the requirements of the World Trade Center Presumptive Disability Law. This law does not guarantee that I would be approved for a disability retirement. I affirm that, to the best of my knowledge, all information I have provided above is true and correct.

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

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

State of _____)

) s.s.:

County of _____)

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

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

Signature: _____

Official Title: _____

Expiration Date of Commission: _____