



## 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) provides a presumption of eligibility for accident disability retirement for 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. The 2013 amendment to the law allowed beneficiaries of Tiers I/II members of TRS to file the "Notice of Participation" through September 11, 2014. A separate filing period for beneficiaries of Tiers III/IV members ended on September 11, 2010. **Chapter 326 extends the filing deadline for beneficiaries of eligible members to September 11, 2018.**
- Under the World Trade Center Death Benefit Law (Chapter 445 of the Laws of 2006, as amended by Chapter 489 of the Laws of 2008, Chapter 489 of the Laws of 2013, and Chapter 326 of the Laws of 2016), beneficiaries of those members who meet all of the criteria for an accident disability retirement under the World Trade Center Presumptive Disability Law and who died as the result of a disease covered by these laws are eligible to apply for an accidental death benefit or for a reclassification of a retiree's retirement status and receive an accidental death benefit. Beneficiaries must file a "Notice of Participation" (code DI40b) if the member died without having filed a "Notice of Participation"; they would be able to file for accident death benefits, subject to applicable filing and eligibility requirements.
- The deceased must have met the following requirements in order for his/her beneficiary 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. (If the deceased did not undergo a physical examination prior to entry into public service, you must authorize the release of all relevant medical records indicating that there was no evidence of a pre-September 11, 2001 qualifying condition or impairment of health 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 and equipment) within the first 48 hours after the first airplane hit the World Trade Center or for a minimum of 40 hours between September 11, 2001 and September 12, 2002:
    - World Trade Center Site: Anywhere below a line starting from the Hudson River and Canal Street; east on Canal Street to Pike Street; south on Pike Street to the East River; and extending to the lower tip of Manhattan
    - Fresh Kills Landfill, Staten Island
    - New York City morgue or a temporary morgue on Manhattan west-side pier locations
    - Barges that ran between the west side of Manhattan and the Fresh Kills Landfill
  - Not have been retired for more than 25 years at the time of his/her death.
- **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 accidental death benefit or for a reclassification of a retiree's retirement status in order to receive an accidental death benefit under Chapter 445.
- 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](http://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 (FOR BENEFICIARIES OF TRS MEMBERS)



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

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

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

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

First Name  MI  Last Name  Social Security Number (last 4 digits only)     -   -

Date of Birth (MM/DD/YYYY)   /   /     Date of Death (MM/DD/YYYY)   /   /     TRS Membership/Retirement Number

(Date of Retirement (MM/DD/YYYY) (if applicable)   /   /

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

First Name  MI  Last Name  Social Security Number (last 4 digits only)     -   -

Permanent Home Address  Apt. No.  Primary Phone Number (Check one:  Home  Work  Mobile)     -

City  State  Zip Code        Alternate Phone Number (Check one:  Home  Work  Mobile)     -

Date of Birth (MM/DD/YYYY)   /   /     Relationship to deceased

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

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

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

Yes  No  Don't know

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

Position  Employer  Date (MM/DD/YYYY)

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

Yes  No

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

Employer's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
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 Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

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

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

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

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

