



Notice of Participation in The World Trade Center Rescue, Recovery or Clean-Up Operations
233 Broadway—25th Floor, New York, NY 10279

This form is for any member (active, retired, or Vested) who participated in the World Trade Center Rescue, Recovery or Clean-Up Operations between September 11, 2001 and September 12, 2002. **This form must be submitted to the Police Pension Fund by September 11, 2018.** The form is for notification purposes only and does not constitute an application for retirement or reclassification pursuant to Chapter 93 of the Laws of 2005 as amended by Chapter 489 of the Laws of 2008, Chapter 489 of the Laws of 2013, Chapter 472 of the Laws of 2014, and Chapter 326 of the Laws of 2016. In order to apply for retirement benefits, a separate application must be completed. If you have any questions please call 212-693-5960.

WORLD TRADE CENTER DISABILITY LAW LOCATIONS:

In order to be covered by the WTC Disability Law, a member who becomes disabled by a qualifying WTC condition must have performed rescue, recovery or clean-up operations in one of the covered locations during one of the qualifying periods. Details are set forth below:

Covered Activities and Locations:

- Participated in the rescue, recovery or clean-up operations at the WTC site, defined as “anywhere below a line starting south of Canal Street west from the Hudson River to Pike Street, then south of Pike Street to the East River, to the southern tip of lower Manhattan;
- Worked at Fresh Kills Landfill;
- Worked at the New York City Morgue or temporary morgue on pier locations on the west side Manhattan;
- Manned the barges between the west side of Manhattan and the Fresh Kills Landfill;
- Repaired, cleaned or rehabilitated vehicles or equipment owned by NYC that were contaminated by debris on the WTC site, regardless of whether the work was done at the WTC site, provided such work was performed prior to decontamination.

Qualifying Periods:

- Any member who participated in rescue, recovery or clean-up operations during any period within the 48 hours after the first plane hit the towers;
- Any member who participated in the rescue, recovery or clean-up operations at the WTC site for at least 40 hours between September 11, 2001 and ending September 12, 2002.

Qualifying Conditions That Are Determined To Be Disabling:

- Diseases of the upper respiratory tract and mucosae, including conditions such as conjunctivitis, rhinitis, sinusitis, pharyngitis, laryngitis, vocal cord disease, upper airway hyper-reactivity and tracheo-bronchitis, or a combination of such conditions;
- Diseases of the lower respiratory tract, including but not limited to bronchitis, asthma, reactive airway dysfunction syndrome, and different types of pneumonitis, such as hypersensitivity, granulomatous, or eosinophilic;
- Diseases of the gastroesophageal tract, including esophagitis and reflux diseases, either acute or chronic, caused by exposure or aggravated exposure;
- Diseases of the psychological axis, including post-traumatic stress disorder, anxiety, depression, or any combination of such conditions;
- Diseases of the skin such as contact dermatitis or burns, either acute or chronic in nature, infectious, irritant, allergic, idiopathic or non-specific reactive in nature, caused by exposure or aggravated by exposure; or,
- New onset diseases resulting from exposures as such diseases occur in the future including cancer, chronic obstructive pulmonary disease, asbestos-related disease, heavy metal poisoning, musculoskeletal diseases and chronic psychological disease.

Name (Printed) (First-M.I.-Last):	
Address:	
Tax Registry No.:	Contact Phone #:
Status (check one): <input type="checkbox"/> Active <input type="checkbox"/> ODR <input type="checkbox"/> Service Retiree <input type="checkbox"/> ADR <input type="checkbox"/> Vested	If active, <u>current</u> command:
List all commands you were assigned to from 9/11/01-9/12/02:	

If you have satisfied the WTC Participation requirements during one of the qualifying periods, fill in the following information. You may use extra pages, if necessary; you must sign each additional page. Attach any supporting documentation, such as copies of memo books, in your possession.

Location	Dates	Description of Duties

I, _____, certify that the above herein accurately reflects my participation in

Print Name

The WTC Rescue, Recovery or Clean-Up Operations within one of the "Qualifying Periods" as outlined

above. I understand that this is **NOT** an application to receive a disability pension.

REQUIRED: Member's Signature: _____

Sworn to before me this

____ day of _____ 20__

NOTARY PUBLIC