REQUIRED Member Number: G or E New applicants should leave this blank. Prefix Mr Mrs Ms	of SSN	REQUIRED Employee Identification Numb	per		Board of Education Retirement System 65 COURT STREET, 16TH FL. LYN, NEW YORK 11201-4965
Name Home/Legal Address	M.I.	Last Name	Apt. N	0.	OFFICIAL DATE OF RECEIPT
City Primary Telephone Number	Is this a Cell #	State Secondary Tele	Zip Co		
This form Participatio (WTC) res This emplo BERS must the stated as possibl supporting (929) 305 PLEASI PURPO FORM O STEP 1.	E NOTE, THE IMPORTANT ARE FOR SES. PLEASE IN ON PAGE 3. Please complete highlighted in grant submit the form where you work period between September 12, 22 the rest of the fellocation(s) and on the second submit the second submit the fellocation(s) and on the second submit the sec	m to the agency/ok/worked during September 11, 22002. Your agency form and return it	organizate the time 2001 and to BERS	ae) had in Vand Se unde unde ploym vide a mail stions, ion a sexamin store sexamin sex	'

AGENCY REPORT WTC DISABILITY

3.	DATES OF P	ARTICIPATION	DESCRIPTION OF DUTIES
	FROM	ТО	
	MM/DD/YYYY	MM/DD/YYYY	
	MM/DD/YYYY	MM/DD/YYYY	
4.			rs at the WTC site? Yes No
	It no, did the employ hours as described i		I physical injury that prevented him/her from working the 40
		AGENCY B	UREAU CERTIFICATION
	Name, Job Title:		
	Agency/Bureau:		
	Signature REQUIRED	(V)	Date

WORLD TRADE CENTER SITE*



*INCLUDING

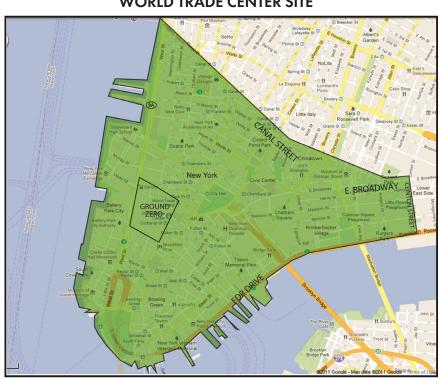
- The New York City morgue or any temporary morgues;
- The Fresh Kills Landfill; or
- On the barges that ran between Manhattan and the Fresh Kills Landfill.

REQUIRED Member Number: G or New applicants should leave this blan		gits Em	QUIRED uployee entification Numb	er	BLK	Board of Education Retirement System 65 COURT STREET, 16TH FL.
						N, NEW YORK 11201-4965
Prefix						
☐Mr ☐Mrs ☐Ms	☐ Miss ☐	Other				
Vame		M.I.	Last Name			
Home/Legal Address		1		Apt.	No.	OFFICIAL DATE OF RECEIPT
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City			Oldic		Code	
			C T		N. 1	
Primary Telephone Number		is a Cell #	Secondary Tele	phone	Is this a Cell #]
		Yes 🗌 No			☐ Yes ☐ No	
Participation with BEF (WTC) rescue, recove This employee may be BERS must confirm so the stated time frame as possible about this supporting documents (929) 305-3800.	ry or clean be eligible me prelimin Please rev situation.	up operatio to subsequ nary informa view all of When you	ns between So vently file for ation, howeve the following have complet	eptem a disc r, abo quest ed the	ber 11, 2001 and Sepability benefit under but his/her employmetions, and provide as a form, please mail it	recent legislation. ent activities during much information and any relevant
Please answer questions	1-2. Answ	er question	3 with as muc	ch det	ail as possible:	
 Does the employee' public service? 	s personnel Yes	record indi]No	icate that he/s	she ha	d a physical examino	ation for entry into
•	•	, .	•		Rescue, Recovery or her Notice of Partici	•
If no, describe the d	screpancie	s, or if you	cannot verify,	please	e explain why:	

AGENCY RE

DATES OF P	ARTICIPATION	DESCRIPTION OF DUTIES
FROM	ТО	
MM/DD/YYYY	MM/DD/YYYY	
MM/DD/YYYY	MM/DD/YYYY	
Did the employee w	ork a minimum of 40 hours	at the WTC site? Yes No
	ree sustain a documented pl n the attached? Yes	hysical injury that prevented him/her from working the 40
	AGENCY BUR	
Name, Job Title:	AGENCY BUR	EAU CERTIFICATION

WORLD TRADE CENTER SITE*



*INCLUDING

- 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.