

**REQUIRED**  
Member Number: G or E  
New applicants should leave this blank.

**REQUIRED**  
Last 4 Digits  
of SSN

**REQUIRED**  
Employee  
Identification Number

**BERS** | Board of Education  
Retirement System

MAILING ADDRESS | 65 COURT STREET, 16TH FL.  
BROOKLYN, NEW YORK 11201-4965

Prefix

Mr  Mrs  Ms  Miss  Other \_\_\_\_\_

Name M.I. Last Name

Home/Legal Address Apt. No.

City State Zip Code

Primary Telephone Number Secondary Telephone Number

Is this a Cell #  
 Yes  No

Is this a Cell #  
 Yes  No

OFFICIAL DATE OF RECEIPT

### Agency Report for World Trade Center Disability Law

This form  
Participati  
(WTC) res  
This empl  
BERS must  
the stated  
as possibl  
supporting  
(929) 305

**PLEASE NOTE, THE FIRST 2 PAGES OF THIS DOCUMENT ARE FOR INSTRUCTIONAL PURPOSES. PLEASE FILL OUT THE ACTUAL FORM ON PAGE 3.**

**STEP 1.** Please complete the section above which is highlighted in green.

**STEP 2.** Submit the form to the agency/organization where you work/worked during the time period between September 11, 2001 and September 12, 2002. Your agency will complete the rest of the form and return it to BERS.

(ee) has filed a Notice of  
d in World Trade Center  
and September 12, 2002.  
under recent legislation.  
employment activities during  
vide as much information  
e mail it and any relevant  
stions, please contact us at

Please answer

1. Does the  
public se

2. Can you confirm that the employee's participation in the WTC Rescue, Recovery or Clean-up Operations was at the location(s) and date(s) provided on his/her Notice of Participation form?

Yes  No

If no, describe the discrepancies, or if you cannot verify, please explain why:

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3.	DATES OF PARTICIPATION	DESCRIPTION OF DUTIES						
	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center; width: 50%;">FROM</td> <td style="text-align: center; width: 50%;">TO</td> </tr> <tr> <td style="text-align: center;">MM/DD/YYYY</td> <td style="text-align: center;">MM/DD/YYYY</td> </tr> <tr> <td style="text-align: center;">MM/DD/YYYY</td> <td style="text-align: center;">MM/DD/YYYY</td> </tr> </table>	FROM	TO	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	<hr/> <hr/> <hr/> <hr/> <hr/>
FROM	TO							
MM/DD/YYYY	MM/DD/YYYY							
MM/DD/YYYY	MM/DD/YYYY							

4. Did the employee work a minimum of 40 hours at the WTC site?  Yes  No

If no, did the employee sustain a documented physical injury that prevented him/her from working the 40 hours as described in the attached?  Yes  No

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### AGENCY BUREAU CERTIFICATION

Name, Job Title: \_\_\_\_\_

Agency/Bureau: \_\_\_\_\_

Signature **REQUIRED** \_\_\_\_\_ 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.



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City State Zip Code

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Is this a Cell #  Yes  No

OFFICIAL DATE OF RECEIPT

### Agency Report for World Trade Center Disability Law

This form is being sent to you because your employee (or former employee) has filed a Notice of Participation with BERS (copy attached) indicating that he/she participated in World Trade Center (WTC) rescue, recovery or cleanup operations between September 11, 2001 and September 12, 2002. This employee may be eligible to subsequently file for a disability benefit under recent legislation. BERS must confirm some preliminary information, however, about his/her employment activities during the stated time frame. Please review all of the following questions, and provide as much information as possible about this situation. When you have completed the form, please mail it and any relevant supporting documentation to BERS at the address above. If you have any questions, please contact us at (929) 305-3800.

Please answer questions 1-2. Answer question 3 with as much detail as possible:

- 1. Does the employee's personnel record indicate that he/she had a physical examination for entry into public service?  Yes  No
- 2. Can you confirm that the employee's participation in the WTC Rescue, Recovery or Clean-up Operations was at the location(s) and date(s) provided on his/her Notice of Participation form?  Yes  No

If no, describe the discrepancies, or if you cannot verify, please explain why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



AGENCY REPORT WTC DISABILITY

3. DATES OF PARTICIPATION		DESCRIPTION OF DUTIES
FROM	TO	
MM/DD/YYYY	MM/DD/YYYY	_____
MM/DD/YYYY	MM/DD/YYYY	_____
		_____

4. Did the employee work a minimum of 40 hours at the WTC site?  Yes  No

If no, did the employee sustain a documented physical injury that prevented him/her from working the 40 hours as described in the attached?  Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### AGENCY BUREAU CERTIFICATION

Name, Job Title: \_\_\_\_\_

Agency/Bureau: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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