

REQUIRED

Member Number: E or G

New applicants should leave this blank.

REQUIREDLast 4 Digits
of SSN**REQUIRED**Employee
Identification Number**BERS**Board of Education
Retirement SystemMAILING ADDRESS | 55 WATER STREET, 50TH FLOOR
NEW YORK, NY 10041

This form can be submitted via our document upload link on nycbers.org.
You may also submit this form via fax to (718) 935-4124 or (718) 935-3830.

NOTICE OF PARTICIPATION IN WTC RESCUE, RECOVERY OR CLEANUP OPERATIONS - ALL TIERS

Name

M.I.

Last Name

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Home/Legal Address

Apt. No.

--	--

City

State

Zip Code

--	--	--

OFFICIAL DATE OF RECEIPT

Please select the appropriate box for the above address.

Check one: ☐ Permanent Address ☐ Temporary Address

Mailing Address (if different from above)

Apt. No.

--	--

City

State

Zip Code

--	--	--

Primary Telephone Number

Secondary Telephone Number

<div>Is this a Cell #</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	<div>Is this a Cell #</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
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REQUIRED - Primary Email Address

Secondary Email Address

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Title (between 9-11-01 and 9-12-02)


Bureau/School/Agency (between 9-11-01 and 9-12-02)

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Please sign page 4 of this form and have it notarized.

QF8127--

NOTICE OF PARTICIPATION WTC

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<div></div>	<div></div>	<div></div>	

This Notice is for any active, vested or retired member (retired after 9/11/01) who participated in World Trade Center (WTC) Rescue, Recovery or Cleanup Operations **between September 11, 2001 and September 12, 2002**. This is NOT an application for disability. This is a sworn statement indicating the dates and locations of your participation which preserves your right to file for disability under the WTC Disability Law.

If you meet the pre-qualifying criteria under the WTC Disability Law and wish to apply for disability retirement, you must also file a retirement application. Please complete all of the information below, have this form notarized and return it to BERS. **The deadline for submission of this form is September 11, 2026.** If you have any questions, please contact BERS at 929-305-3800.

NOTE: Eligible beneficiaries of deceased members should complete this form as the member would have completed it.

Please answer the following questions by selecting "Yes (Y)" or "No (N)."

- 1 (A). Did you participate in WTC Rescue, Recovery or Cleanup Operations at one of the following locations? If you check yes, please circle the location(s) at which you participated. ☐ Y ☐ N
1. World Trade Center Site (defined as 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);
 2. Fresh Kills Land Fill;
 3. New York City Morgue or the temporary morgue on pier locations on the west side of Manhattan;
 4. Barges between the west side of Manhattan and the Fresh Kills Land Fill.
- If you checked yes to 1 (A), please answer the following two questions:
- i. Did you work any amount of time at the location(s) you circled above during the 48 hours after the first airplane hit the towers? ☐ Y ☐ N
- ii. Did you work at the location(s) you circled above for a total of at least 40 hours between September 11, 2001 and September 12, 2002? ☐ Y ☐ N
- 1 (B). Did you participate in WTC Rescue, Recovery or Cleanup Operations by repairing, cleaning or rehabilitating vehicles or equipment, including emergency vehicle radio equipment, owned by the City of New York and contaminated by debris at the WTC Site, regardless of where the work was performed, for any period of time within the 48 hours after the first airplane hit the towers or for a total of at least 40 hours between September 11, 2001 and September 12, 2002? ☐ Y ☐ N
- 1 (C). Did you participate in WTC Rescue, Recovery or Cleanup Operations, at one of the following locations, in one of the specified communication/dispatcher titles, for any period of time during the 24 hours after the first airplane hit the towers? ☐ Y ☐ N

Title

If yes, please specify the title:

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2. If you responded yes to questions 1(A), 1(B) or 1(C), please provide your participation information below:

Location	Date	Description of Duties
	MM / DD / YYYY	

Location	Date	Description of Duties
	MM / DD / YYYY	

Location	Date	Description of Duties
	MM / DD / YYYY	

Location	Date	Description of Duties
	MM / DD / YYYY	

Location	Date	Description of Duties
	MM / DD / YYYY	

Location	Date	Description of Duties
	MM / DD / YYYY	

- 3(A) Were you required to have a physical examination for entry into public service? ☐ Y ☐ N

If yes, for what position did you have this physical and when?

Position	Date
	MM / DD / YYYY

- 3(B) If you did not have a physical exam for entry into public service, you must authorize the release of all relevant medical records. **Please complete the Release of Health Information form.**

NOTE: If you did not undergo a physical exam for entry into public service, BERS is required to have your relevant medical records to satisfy the requirements of the WTC Disability Law. The law requires your records, because if you claim a WTC-related disability, the relevant medical records must not show evidence of the Qualifying Condition or Impairment of Health prior to 9/11/01. It is recommended that you gather, maintain and/or submit relevant medical records as early as possible. Doing so may help facilitate a disability application you may file in the future.

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THE DEADLINE FOR SUBMISSION OF THIS FORM IS SEPTEMBER 11, 2026.

Please sign this form and have it notarized.

I understand this is not an application to receive a benefit. My submission of this form simply acts as a notice to BERS that I participated in WTC Rescue, Recovery, or Cleanup Operations. I understand that BERS will contact my agency for verification of my participation in WTC Rescue, Recovery or Cleanup Operations and I will be notified in writing of the outcome.

I understand that any person who presents false or fraudulent information in an application with intent to defraud BERS is guilty of a crime and may be subject to fines and confinement in prison.

DO NOT SIGN OR DATE UNLESS IN FRONT OF A NOTARY

Signature

REQUIRED

Date

State of _____ County of _____

On this _____ day of _____ in the year 20 _____

personally appeared before me the said _____

to me known to be the individual described in and who executed the foregoing document, and he (she) duly acknowledged to me that he (she) executed the same, and the statements contained therein are true.

Signature of Notary Public or Commissioner of Deeds

Affix official seal in the box below

