

NYCERS

NEW YORK CITY EMPLOYEES' RETIREMENT SYSTEM

MAIL ONLY:

335 ADAMS STREET,
SUITE 2300
BROOKLYN, NY 11201-3724

CUSTOMER SERVICE CENTER:

340 JAY STREET,
MEZZANINE LEVEL
BROOKLYN, NY 11201-3724

TEL: (347) 643-3000

EXECUTIVE DIRECTOR: DIANE D'ALESSANDRO

FOR OFFICE USE ONLY

RETIREMENT AND BENEFITS

Notice of Participation in WTC Rescue, Recovery or Clean-Up Operations

All Tiers

CLOCK-IN-DATE

This notice is for any active, vested or retired member who participated in the World Trade Center (WTC) Rescue, Recovery or Clean-Up Operations between September 11, 2001 and September 12, 2002. This is **NOT** an application for Disability. This is only a **notice** to NYCERS that you believe that due to your participation you have or may develop a health condition or impairment. If you meet the eligibility criteria under the WTC Disability Law and wish to apply for disability retirement, you will be required to file a disability application. Please complete all of the information below and have it notarized and return this form to NYCERS no later than **June 14, 2009 or June 13, 2009 for Tier 3 Correction members**. If you have any questions, please contact our Call Center at 347-643-3000.

Membership Number Last 4 Digits of Social Security #
(active or vested)

Pension Number - Title/Agency employed T
(retirees) between 9-11-01 and 9-12-02 A

First Name Middle Initial

Last Name

Address Apt. Number
Zip

City State Code

Home Phone Number () - Work Phone Number () -

Please answer the following questions by circling "Yes" or "No" and adding any dates necessary. Please provide us with as much detail as possible.

1. 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: / /
M M D D Y Y Y Y

2(A). Was your WTC Rescue, Recovery or Clean-Up Operations participation Y N
(between September 11, 2001 and September 12, 2002) at one of the following locations?

1. World Trade Center Site (defined as 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);
2. Fresh Kills Land Fill;
3. New York City Morgue or the temporary morgue on pier locations on the West Side of Manhattan; or;
4. Barges between the West Side of Manhattan and the Fresh Kills Land Fill.

OR

2(B). Did you participate in WTC Rescue, Recovery or Clean-up Operations (between September 11, 2001 and September 12, 2002) by repairing, cleaning or rehabilitating vehicles or equipment owned by the City of New York contaminated by debris at the World Trade Center Site, regardless of where the work was performed? Y N

In use beginning September 2007

WTC Notice of Participation

Sign this form and have it notarized, PAGE 2

Form #622

Page 1 of 2

NYCERS

RETIREMENT AND BENEFITS

NEW YORK CITY EMPLOYEES' RETIREMENT SYSTEM
MAIL ONLY: 335 ADAMS STREET, SUITE 2300, BROOKLYN, NY 11201-3724
CUSTOMER SERVICE CENTER: 340 JAY STREET, MEZZANINE LEVEL, BROOKLYN, NY 11201-3724
 TEL: (347) 643-3000
 EXECUTIVE DIRECTOR: DIANE D'ALESSANDRO

FOR OFFICE USE ONLY

CLOCK-IN-DATE

Membership Number Pension Number Last 4 Digits of Social Security #

IF YOU WORKED FOR 40 OR MORE HOURS AT ONE OF THE LOCATIONS LISTED IN QUESTION 2(A) ON PAGE 1 OR PERFORMED FUNCTIONS SPECIFIED IN QUESTION 2(B) ON PAGE 1, PLEASE FILL IN THE FOLLOWING INFORMATION:

| Location | Dates | Description of Duties |
|----------|-------|-----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

3. If you were unable to work 40 hours due to a documented physical injury suffered on September 11, 2001 or September 12, 2001 resulting from your participation in the World Trade Center Rescue, Recovery and Clean-Up Operations, please list the hours and locations worked along with a description of your injury below:

By signing this I am stating that I understand this is not an application to receive a benefit. This simply acts as a **notice** to NYCERS that I participated in the World Trade Center Rescue, Recovery, or Clean-Up Operations between September, 11, 2001 and September 12, 2002.

Signature of Member _____ Date

This form must be acknowledged before a Notary Public or Commissioner of Deeds

State of _____ County of _____
 On this _____ day of _____ 20____, personally appeared before me the above named, _____, to me known, and known to me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

Signature of Notary Public or Commissioner of Deeds _____
 Official Title _____
 Expiration Date of Commission _____

If you have an official seal, affix it.