



World Trade Center Notice for Members and Retirees of the New York State and Local Retirement System

RS 6047-N

(Rev. 9/16)

You must file this form with the New York State and Local Retirement System **on or before September 11, 2018.**If you are permanently incapacitated or become permanently incapacitated in the future, you will also need to file the **Application for World Trade Center Accidental Disability Presumption** (RS 6047-W) to receive the benefit.

To be eligible for this presumption, the applicant must have participated in World Trade Center rescue, recovery or clean up operations for any period of time within the first 48 hours after the first airplane crashed, or a minimum of 40 hours between September 11, 2001 and September 12, 2002

or a mir	nimum of 40 hours b	etween Septe	ember 11, 20	001 and September 12, 2002.
INFORMATION ABOUT YOU				
1. NAME:			2. SEX: □ M □ F	3. ADDRESS:
4. REGISTRATION NUMBER:			5. SOCIAL SECURITY NUMBER*:	
or RETIREMENT NUMBER, if retired:			xxx-xx-	
6. TELEPHONE NUMBERS: HOME ()			7. DATE OF BIRTH:	
WORK () CELL ()				/ /
8. JOB TITLE ON 9/11/2001:			9. EMPLO	YER/ORGANIZATION 9/11/2001:
10. CURRENT JOB TITLE:			11. CURRI	ENT EMPLOYER:
Locations	Dates	Name and	Address of E	Employer/Organization** Under Which Work Was Performed
World Trade Center Site				
Fresh Kills Landfill				
New York City Morgue				
Temporary Morgue on pier locations on the west side of Manhattan				
Barges between the west side of Manhattan and the Fresh Kills Landfill				
If you worked at any sites not listed	above, list the site	with the addre	ess below.	
Locations	Dates	Name and Address of Employer/Organization** Under Which Work Was Performed		
Description of Duties performed duri	ng the WTC rescue	e and recover	y or clean ι	up operations

yes, for what position did you have	tilis priysical and when:	
	Data	Fortion .
		Employer:
		service, you MUST authorize the release of all relevant lelease Authorization below.
equirements of the WTC Disability L		ce, NYSLRS is required to have your authorization to satisfy the ther, maintain and/or submit relevant medical records as early as in the future.
	MEDICAL RECORDS RE	LEASE AUTHORIZATION
		, hereby authorize the release of all relevant ds, including specially protected or listed records such as those relating nfidential HIV/AIDS related information.
All pertinent records are authorized a WTC disability and/or death claim		te & Local Retirement System (NYSLRS) and will be used to determine
		I understand that if I revoke this authorization, I must do so in writing benefits provided under the WTC Disability Law.
	that I have read and accept all of that I have read and accept all of the that I have	ne above and hereby authorize any hospital, medical group, or other Retirement System.
Signature		Date
certify that the information conta	ained on this form is true.	
Signature (Sign Nam	ne in Full)	
	ne in Full)	:
ACKNOWLEDGEMENT TO BE CO	MPLETED BY A NOTARY PUBLIC	County of
ACKNOWLEDGEMENT TO BE CO	MPLETED BY A NOTARY PUBLIC	County of ne year before me, the undersigned, personally appeare
ACKNOWLEDGEMENT TO BE CO	MPLETED BY A NOTARY PUBLIC	County of before me, the undersigned, personally appeare, personally known to me or proved to m
ACKNOWLEDGEMENT TO BE CO State of of on the day of on the basis of satisfactory evidence	PMPLETED BY A NOTARY PUBLIC in the set to be the individual(s) whose name	
ACKNOWLEDGEMENT TO BE CO State of of On the day of on the basis of satisfactory evidence hat he/she/they executed the same	PMPLETED BY A NOTARY PUBLIC in the set to be the individual(s) whose name	County of before me, the undersigned, personally appeare, personally known to me or proved to me(s) is (are) subscribed to the within instrument and acknowledged to meat by his/her/their signature(s) on the instrument, the individual(s), or the

*NOTE: In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, 34, 311 and 334 of the Retirement and Social Security Law. Your number will be used in identifying your retirement records and in the administration of the Retirement System.

PERSONAL PRIVACY PROTECTION LAW - The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member Services, NYS and Local Retirement Systems, Albany, NY 12244; 518-474-7736

^{**}Your Employer/Organization will be contacted to verify your involvement.