Office of the New York State Comptroller
NYSLRS
New York State and Local Retirement System
110 State Street, Albany, New York 12244-0001

RECEIVED

Application for Conversion of Service or Disability Retirement to Accidental Death Benefit for Victims of the 2001 World Trade Center Disaster

RS 6418-W
(Rev. 9/18)

INSTRUCTIONS: Please print plainly or type. The application must be signed and notarized on reverse side.

INFORMATION ABOUT THE DECEASED PENSIONER

1. NAME OF DECEASED PENSIONER:	2. SEX: M☐ F☐	3. PENSIONER'S SOCIAL SECURITY NUMBER*:
4. PENSIONER'S REGISTRATION OR RETIREMENT NUMBER:	5. PENSIONER'S DATE OF BIRTH:	
6. PENSIONER'S DATE OF DEATH:	7. CAUSE OF DEATH:	
8. FOR UNITED STATES TAX WITHHOLDING AND REPORTING PURPOSES (PLEASE CHECK ONE), **I AM A: ☐ U.S. CITIZEN ☐ RESIDENT ALIEN ☐ NONRESIDENT ALIEN**		

9. LIST BELOW ALL DOCTORS WHO TREATED THE DECEASED: (Use the last box** to name doctor who performed autopsy.)

PRIMARY CARE PHYSICIAN:	DOCTOR:	DOCTOR:
INTERNAL MED/FAMILY PRACTIONER	MEDICAL SPECIALTY	MEDICAL SPECIALTY
STREET:	STREET:	STREET:
CITY, STATE AND ZIP CODE:	CITY, STATE AND ZIP CODE:	CITY, STATE AND ZIP CODE:
DOCTOR:	DOCTOR:	AUTOPSY DOCTOR**:
MEDICAL SPECIALITY	MEDICAL SPECIALTY	MEDICAL SPECIALTY
STREET:	STREET:	STREET:
CITY, STATE AND ZIP CODE:	CITY, STATE AND ZIP CODE:	CITY, STATE AND ZIP CODE:

10. LIST BELOW ALL HOSPITALS WHERE THE DECEASED WAS TREATED: (Use additional sheets, if required) (If none, so state)

HOSPITAL:	DATES OF ADMISSION:	HOSPITAL:	DATES OF ADMISSION:
STREET:		STREET:	
CITY, STATE AND ZIP CODE:		CITY, STATE AND ZIP CODE:	
HOSPITAL:	DATES OF ADMISSION:	HOSPITAL:	DATES OF ADMISSION:
STREET:		STREET:	
CITY, STATE AND ZIP CODE:		CITY, STATE AND ZIP CODE:	

INFORMATION ABOUT THE APPLICANT

11. NAME:	12. SEX: M ☐ F ☐	13. ADDRESS:
14. TELEPHONE NUMBERS: CELL: ( ) HOME ( ) WORK ( )		
15. RELATIONSHIP TO DECEASED:		16. DATE OF BIRTH:
17. IF SPOUSE, MARRIED TO DECEASED ON:		18. PLACE OF MARRIAGE:

19. LIST ALL CHILDREN OF DECEASED PENSIONER:

NAME	DATE OF BIRTH	SEX	NAME	DATE OF BIRTH	SEX

20. ARE YOU RECEIVING WORKERS' COMPENSATION BENEFITS? ☐ YES CLAIM NO. _____ ☐ NO

21. TO BE ELIGIBLE TO RECEIVE THIS BENEFIT:

1) you must be an eligible beneficiary, and

2) the retiree had to have filed a World Trade Center Notice form with the New York State and Local Retirement System on or before September 11, 2022, or would have met the criteria if not already retired on an Accidental Disability, and

3) the retiree has not been retired for more than 25 years at the time of death.

For more information, including a list of eligible beneficiaries, please visit our website at www.osc.state.ny.us/retire.

As required, I have attached the Death Certificate of the deceased pensioner, documentary evidence of my birth, my Marriage Certificate and documentary evidence of the birth of the above named children.

22. I do hereby waive the confidential character of any records, reports or data relating to the deceased's mental or physical condition and hereby authorize the release of all such information by physicians, institutions and agencies including the Social Security Administration and the Veterans Administration, to the Medical Board of the New York State and Local Retirement System. Records, reports or data shall include, but not be limited to, a Social Security Disability Award Certificate, Social Security Form 831, HIV related, drug abuse and alcoholism information. This authority waives any rights of privacy between the deceased and any physician, institution or agency. A copy of this waiver may be used in lieu of the original.

I certify that the information contained on this form is true.

_____

Signature *(Sign Name in Full)*

ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Stamp

_____

NOTARY PUBLIC (Please sign and affix stamp)

PERSONAL PRIVACY PROTECTION LAW

In accordance with the Personal Privacy Law, you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the failure to pay benefits. The System may provide certain information to participating employers. The official responsible for maintaining these records is the Director of Member & Employer Services, New York State and Local Retirement System, 110 State Street, Albany, NY 12244-0001; Telephone Number (518) 474-7736.

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