



This guide has been prepared to assist law firms in using the new functionality that became available in the VCF online Claims Management System in August 2015. For more detailed instructions and help using the system, please call the VCF Helpline at 1-855-885-1555.

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Online System Claim Statuses

The VCF online claims system is designed to provide the most up-to-date claim status. Each claim's status is divided into three parts: Registration, Eligibility and Compensation. A status is displayed for each part of the claims process.

Status	What it Means
Pre-Registration	The VCF has created an account for you in the online system because we received hard copy documents from you prior to receiving your complete claim form. This status means we are waiting for you to submit your hard copy Eligibility Form or complete and submit an online Registration.
Start	This Eligibility status means you have completed your Registration but have not yet started the Eligibility Form. Click on the "Start" link to begin completing the form.
N/A	This Compensation status shows when you have not yet started the Compensation Form. Because you have not started the form, the status is "Not Applicable" as there is no status to associate with the claim. Click on "n/a" to begin completing the form.
Incomplete	<p>This status may apply to Registration, Eligibility and Compensation and indicates you started the specific section of your claim form and entered some information but did not complete and submit the form.</p> <ul style="list-style-type: none"> • Registration: You have entered information into this section but need to complete all required questions and click "Submit." You must submit your Registration before you can start the Eligibility and Compensation Forms. • Eligibility: You have entered information into this section but need to complete all required questions and click "Submit." The VCF cannot review your claim until you have submitted your Eligibility Form. • Compensation: You have entered information into this section but need to complete all required questions and click "Submit." The VCF cannot review your compensation information until you submit the form.
Submitted	<ul style="list-style-type: none"> • Registration: Your registration information has been received by the VCF. You may now begin the Eligibility and Compensation Forms. • Eligibility: Your Eligibility Form has been received by VCF. We will begin our review of your claim once we receive your completed <i>Exhibit A - Authorization for Release of Medical Records</i> with original signatures. • Compensation: Your Compensation Form has been received by VCF. Once an eligibility determination is made on your claim, we will begin review of your compensation information and supporting documents.
Under Review	This status applies to both Eligibility and Compensation and lets you know that we are reviewing your claim form and any supporting documents you uploaded or submitted. We will contact you if any additional information is needed in order to render a decision on your claim.
Approved	This status applies only to the Eligibility portion of your claim and means the Special Master has determined that you are eligible to receive compensation from the VCF and we have mailed you a letter with more details about the decision. If you have not already done so, you should complete and submit your Compensation Form. If you already submitted your Compensation Form, we will begin reviewing it and will contact you if any additional information is needed in order to calculate the amount of your loss.
Denied	This status means the Special Master has determined that you are not eligible to receive compensation from the VCF and we have mailed you a letter with more details about the decision.



Status	What it Means
Substantially Complete	The VCF reviewed your Compensation Form and supporting documents and determined that the claim is Substantially Complete. This means we have the information needed to calculate the amount of your loss.
Compensation Determination Sent	We have completed our review of your claim, calculated the amount of your loss, and mailed you a letter with the details of your loss calculation.
Review: Amend/ Appeal	<p>This status can apply to both Eligibility and Compensation and means we are re-reviewing your claim and any new documents you submitted. This status shows if you took one of the following actions:</p> <ul style="list-style-type: none"> • You amended your claim to add a new eligible condition, provide new compensation information, and/or add or change information about your Authorized Representative. We are reviewing the new information and will contact you with any questions. Your claim will remain in this status until we render a decision and notify you of the outcome of our review. • You appealed the decision on your claim. Your claim will remain in this status until your hearing is held (or an appeal on papers is completed) and a final decision is made by the Special Master.
Assessing Documents	This status shows when a decision has been rendered on your claim and you submit or upload a new document without filing an amendment. We are reviewing the document and will contact you if we need additional information.
Inactive	The VCF has stopped processing your claim. This may happen for several reasons, including that the VCF is waiting for you to submit previously requested information. You can amend the claim or upload the information through the online system.
Superseded	This status shows if a new Deceased claim is filed for a claimant who had a prior Personal Injury claim. The original claim will be placed in a status of "Superseded" along with the last eligibility or compensation status associated with the claim. The superseded status will display once the VCF has verified the Personal Representative on the Deceased claim. Once in a supersede status, the original claim can be viewed through the online portal but can no longer be modified.
Withdrawn	The VCF received your request to withdraw this claim and it will not be processed. We have mailed you a letter confirming that your claim has been withdrawn.
Cancelled	This status may apply to Registration, Eligibility and Compensation and means that a duplicate registration or claim form has been filed for the same claimant. The VCF has confirmed which claim is the correct one to process and has cancelled this claim. No further action will be taken on this claim and you cannot modify it through the online system.

New Letters added to Outgoing Correspondence

Several new letters have been added, including:

- Compensation Form Acknowledgement letter
- Amendment Acknowledgement letter
- Letters explaining the disposition of an amendment when a new decision is not warranted on the claim



Amendment Functionality Updates

Document Upload

All amendment options (add condition, change compensation, add/modify PR) now include a section to upload and submit documents from within the amendment screen.



TIP: When submitting documents in support of an amendment, use the file upload section from within the amendment to upload the documents rather than uploading documents separately through Supporting Document upload.

Uploading the documents as part of the amendment makes it easier for the VCF to process the amendment.

“Non-Economic Loss” Option

The Compensation Change amendment screen now includes the option to file an amendment for Non-Economic loss.

“Add Condition” Amendment

Text has been added to the “Add Condition” amendment to remind you that a Private Physician package is required if the condition being requested is not being treated by the WTC Health Program. A link is also provided to the Private Physician information and forms on the VCF website.



New Amendment Type: Add, Modify, or Remove Personal or Authorized Representative

What is it?

A new way to amend a claim to:

- Add a new Authorized Representative
- Change the Authorized Representative on an existing claim
- Remove an Authorized Representative

Why is it needed?

- Enables the ability for the Special Master to validate a Personal Representative on an existing Personal Injury claim so that if the ONLY change to the PI claim is that the victim is now deceased for reasons other than their eligible condition, the payments can be made to the appropriate Personal Representative.
- Makes it easier to update or change information about a parent, guardian, or other authorized representative.

When should it be used?

- This new amendment type is expected to be used almost exclusively to add a Personal Representative to a Personal Injury claim when:
 - The claimant dies after filing the Personal Injury claim.
 - The claimant died of causes *unrelated to his or her 9/11-related condition* and a new Deceased claim is therefore not applicable.
- Also used on Deceased claims when a change is made to the Personal Representative
- Can be used for any claim that has an Authorized Representative, even if not for a decedent

How does it work?

- Go to the “Claims Process” screen and click on the number in the “# of Amendment(s)” column. You will be taken to the Amendments screen.
- Select “Modify PR or Guardian”.

Amendments
VCF0001831 - Eleven, Jane - Amendment(s):

Amendment #	Type	Date
1	Compensation Change	10/12/2014
2	Compensation Change	10/13/2014
3	Compensation Change	10/13/2014
4	Conditions	10/13/2014
5	Compensation Change	10/13/2014
6	Compensation Change	1/5/2015



c. A message displays that presents options based on the existing claim:

Clicking “Change PR or Guardian” or “Add PR or Guardian” will reveal the PR Amendment screen.

You have selected to modify the parent or guardian for the Claimant. Do you wish to remove or change the parent/guardian for the Claimant?

Change PR or Guardian Remove PR or Guardian No - Cancel

Clicking “Remove PR or Guardian” will show a screen that requires an explanation only.

- “Remove PR or Guardian” will show if it is a PI claim with an existing Parent or Guardian identified.
- “Change PR or Guardian” will show if the claim has an existing Personal Representative, Parent or Guardian identified.
- “Add PR or Guardian” will display if no Personal Representative exists for the claim.

d. Select the appropriate option.

e. The PR Amendment screen is tailored to the circumstances of the claim. If the PI claim is for an individual who is NOT currently identified as deceased in the VCF system:

- Instructions will display to remind you to submit a new claim (rather than amend the PI claim) *if the individual died of his/her 9/11-related injuries.*
- A question will appear: “Has the Claimant died since the claim was submitted?”

f. If the answer to the question “Has the Claimant died...” is NO or blank, options will display so you can indicate the type of representative you are adding or changing.

Amendments

VCF0004219 - Brady, Barbara - Add a new PR:

Please provide information about the Personal Representative below.

Note: If the Claimant died as a result of September 11th-related injuries, please do not complete the information below. Instead, you must submit a new claim.

*Has the Claimant died since the claim was submitted? Select v

Information about the Claimant's Parent/Guardian or other Authorized Representative

Representative's relationship to the Claimant:

Parent of Minor

Guardian of Minor

Guardian of Non-Minor

*Last Name: _____

g. If “Yes” is selected, the system automatically defaults the “Relationship” field to “Representative”.

Please provide information about the Personal Representative below.

Note: If the Claimant died as a result of September 11th-related injuries, please do not complete the information below. Instead, you must submit a new claim.

*Has the Claimant died since the claim was submitted? Yes v

*Did the Claimant die of causes related to the terrorist-related air crashes of September 11, 2001 or the debris removal efforts? Select v

*Representative's Relationship to the Claimant: Representative v

Information about the Claimant's Parent/Guardian or other Authorized Representative

*Last Name: _____



Adding or Modifying a Personal or Authorized Representative

- a. Fields for providing information about the representative are the same for PI or Deceased claims and mirror the fields on the Registration “Authorized Representative” tab. **Complete all required fields** with the information for the new Authorized Representative.

*Representative's Last Name

 *First Name Middle Name
 *Mailing Address

 Apartment/Suite Number

 *Country *State
 *City *Zip/Postal Code
 *You must provide at least one telephone number
 Telephone Number (Home) Telephone Number (Work)
 Telephone Number (Mobile)
 Email Address
 *Country of Citizenship *Social Security Number or National ID Number
 Passport Country (if not U.S.) Passport Number (if not U.S. and if available)

- b. A text box is available at the bottom of the screen for you to explain why the representative is changing.

Please describe why you are requesting this individual become the personal representative or guardian

 All fields marked with an asterisk (*) are required
 Once you submit your Eligibility Form, only your contact information may be changed. Please contact the VCF with questions.
 Attach a File
 1. Select a file type:
 Files Count:

- c. Use the “**Attach a File**” section to upload documents in support of the amendment, such as Letters of Administration or guardianship papers. Be sure to select the proper document type from the list.
- d. Once all of the information is complete and all documents have been added, click “**Submit Change**” to submit the amendment



Removing a Personal or Authorized Representative

You have selected to modify the parent or guardian for the Claimant. Do you wish to remove or change the parent/guardian for the Claimant?

Change PR or Guardian Remove PR or Guardian No - Cancel

- a. Selecting “**Remove PR or Guardian**” from the Amendment screen will lead to a screen where you can explain why you are requesting to remove the representative.

*Please describe why you are requesting to remove the Parent or Guardian.

1. Select a file type: Other Eligibility Document

2. Select a file... Browse...

Files Count:

Submit Change Cancel

- b. To remove a representative, you do not need to provide any information other than the reason for the request. However, the text box is **required** and you must provide an explanation for the request.
- c. Use the file upload section to **upload documents** in support of the amendment. Be sure to select the proper document type from the list.
- d. Once all information is complete and all documents have been added, click “**Submit Change**” to submit the amendment



NOTE: You cannot request to remove a Personal Representative from a claim for a deceased individual since a PR is required. In these instances, you should amend to “Add or Modify” the PR and provide information on the new PR. The VCF will then validate the new PR and remove the old PR’s information, if appropriate.



Submitting the Amendment to Add, Modify or Remove Personal or Authorized Representative

- a. Once you submit the amendment, you will be taken to the “Amendments” screen.
- b. The new amendment will be displayed on the Amendments grid (similar to Eligibility and Compensation) amendments. The “Type” will correspond to the type of amendment made to the claim: Remove, Change, or Add Representative.

Amendments

VCF0007703 - Dumbledore, Albus - Amendment(s):

Amendment #	Type	Date
1	New PR or Guardian	4/20/2015

Amendments

VCF0008191 - case, test - Amendment(s):

Amendment #	Type	Date
1	Remove Parent or Guardian	4/20/2015



NOTE: Submitting a PR Amendment does NOT update the Authorized Representative information in the Registration section of the claim. That update will occur *after* the Special Master reviews the amendment and verifies the appropriate information. You will receive a letter confirming the representative has been validated and/or that the requested change has been made.



Online Claim Form Updates: Registration

Several updates have been made to Registration, including changing many questions from required to optional, and allowing you to leave questions that are not applicable blank rather than requiring an answer.

Initial Questions:

- **Section 1:** You only need to answer “Yes” to **one** of the questions about the claimant’s presence at the site and can leave all non-applicable questions unanswered.

SECTION 1
These questions ask about your presence from September 11, 2001 to May 30, 2002. You must provide a response to at least one question in Section 1.

Was the Claimant a Responder within the NYC Exposure Zone?

Was the Claimant a Responder at the Pentagon site?

Was the Claimant a Responder at the Shanksville, PA site?

Does the Claimant claim presence at the site based on residence within the NYC Exposure Zone?

Did the Claimant work (as a non-Responder) cleaning buildings or performing maintenance work within the NYC Exposure Zone?

Did the Claimant work (as a non-Responder) within the NYC Exposure Zone in a capacity other than cleaning buildings or performing maintenance work?

Did the Claimant attend a school, a child care or adult care facility within the NYC Exposure Zone?

Was the Claimant present within the NYC Exposure Zone in some other capacity (e.g., as a visitor)?

Was the Claimant present at the Pentagon site (as a non-Responder)?

SECTION 2

Has the Claimant received treatment for the injury under the World Trade Center Health Program?

Did the Claimant previously file a claim with the original September 11th Victim Compensation Fund of 2001?

*Is the Claimant deceased?

[Click here for Information and Instructions: Claims filed on behalf of Deceased Individuals](#)

*What is your relationship to the Claimant?

All fields marked with an asterisk (*) are required.
Once you submit your Eligibility Form or Compensation Form, only your contact information may be changed. Please contact the VCF with questions.

- **Section 2:** Questions about whether the claimant has been treated at the WTC Health Program or filed a VCF1 claim are now **optional**.
- If you answer “YES” to the **required** question “Is the Claimant deceased?”, two additional questions will appear:
 - “Has a VCF claim been filed for the Decedent?” You are **required** to answer this question.
 - “Please provide the claim number if known:” This field is optional.

- A link to an instructional document has been added that provides more information about filing a claim for a Deceased individual.

Claimant Information:

- The system will determine whether or not the claimant is deceased based on the response to the question “Is the Claimant deceased?” in Section 2 of “Initial Questions.”
- If the claimant is deceased, you are no longer required to input address and phone number information on the “Claimant Information” page.
- The answers to questions in Registration that also appear on the Eligibility Form will be automatically populated on the Eligibility Form. These answers can be edited, if needed, when completing the Eligibility Form.



Online Claim Form Updates: Eligibility and Compensation Forms

Several updates have been made to the Eligibility and Compensation Forms, including changing many questions from required to optional, and allowing you to leave questions that are not applicable blank rather than requiring an answer.



As a general rule, unless otherwise stated, if an answer is provided to an optional question (rather than left blank), and sub-questions appear related to that question, **you must answer the required the sub-questions** before being able to submit the Eligibility or Compensation Form.

Document Checklists:

The changes described below have been made to both the Eligibility and Compensation Form Document Checklists.



You are not required to complete the document checklist or upload any documents in order to submit the claim. Once all the required questions in the prior sections of the form are complete, and the Section Status shows a green check for each section, a “**Submit Now**” button will appear on the right side of the screen. You can click this button to submit the claim and return at a later time to upload supporting documents.

- The introductory text has been simplified and reinforces the steps needed to submit the Eligibility Form.
- The “Submit Now” column has been replaced by an “**Upload Now**” column and the “Submit” buttons are now labeled “**Upload**” to distinguish between uploading a document and submitting the claim.
- The “Count of Documents Mailed” and “Submission Complete or No Documents to Submit” columns have been removed.
- The text in the pop-up boxes that appear when you submit the claim form have been updated with important reminders.

ELIGIBILITY FORM SUPPORTING DOCUMENTATION CHECKLIST – PERSONAL INJURY CLAIMANTS	
<p>In order to process your claim, the VCF needs certain supporting documents. This checklist will help you compile the required documents. You are strongly encouraged to upload the completed documents to your claim for faster processing. The only document that you must submit by mail is Exhibit A - "Authorization for Release of Medical Records". This document must be completed and mailed to the VCF with original signatures.</p> <p>Use the list below to upload any supporting documents you are ready to submit with your Eligibility Form. Click the "Upload" button next to the specific document and follow the prompts. If you do not have the documents at this time, you should still submit your Eligibility Form and upload or mail the documents later.</p> <p>You must submit your Eligibility Form in order for the VCF to begin its review:</p> <ol style="list-style-type: none"> 1. Click "SAVE AND CONTINUE" at the bottom of the checklist. A pop up box will appear. Read the information and then click "CONTINUE." 2. Click "SUBMIT" in the next box that appears. 3. Click "CONTINUE" in the final box. <p><i>Failure to complete these steps will result in longer claim processing times.</i></p> <p>Click here for detailed instructions for submitting your documents.</p>	
Supporting Documentation for Eligibility Form: Parts I-IV	Upload Now
Information about the claimant's presence at a 9/11 Crash Site between September 11, 2001 and May 30, 2002: You must submit at least two forms of written proof showing the Claimant was present at the site. Click here for a detailed listing of the documents that are required based on your individual circumstances.	
Proof of presence – upload each document separately	<input type="button" value="Upload"/>
Information about the claimant's Physical Injury:	<input type="button" value="Upload"/>
<p>If you have at least one condition that has been certified for treatment by the WTC Health Program: You do not need to submit any documents to prove your physical injury unless the VCF specifically requests documents from you.</p> <p>If none of your claimed conditions are being treated by the WTC Health Program: You will need to complete the VCF Private Physician package. Your claim cannot be reviewed until you submit this information.</p> <p>If you are claiming a traumatic injury: You need to provide medical records that clearly identify the claimed injury, the date and location of the injury, and treatment records.</p>	
Information about the Claimant's Guardian or Other Authorized Representative (If Applicable): If you are filing the claim on someone's behalf, you must submit the proper documentation to establish your authority to file the claim. Click here for a detailed listing of the documents that are required based on your situation.	<input type="button" value="Upload"/>



Attestations and Certifications:

Eligibility and Compensation signature pages are now accessible via a link, similar to the Exhibits, and will no longer be completed within the online form. This will make it easier to download, save, and/or print the needed pages for easy completion and upload to the online claim. The signature pages are the same as those found on the VCF website under “[Forms and Resources](#).”

Part I B. Rep. Information	Part I D. Prior VCF Claims	Part I E. Related Lawsuits	Part II Presence at Site	Part III Physical Injury
Part IV Attestations	Exhibits	Document Checklist		

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Eligibility Form Signature Pages (Attestations and Certifications)

Click on the link below to download Part IV of the Personal Injury Eligibility Form. Part IV includes 9 sections lettered A - I. You only need to complete the sections that are applicable to your claim.

[Injury Eligibility Form - Part IV Signature Pages](#)

The signature pages are provided in PDF-fillable format so you can type the information into the forms. Follow the steps below to complete and submit these documents:

1. Enter the requested information on each page of the file that is applicable to your claim. The information you need to complete is highlighted.
2. Once the information is entered, print the relevant pages. You may also save a copy of the file on your computer.*
3. Sign and date each page in the proper place and be sure to initial Attestations B and E in the box provided.
4. Upload the completed forms to your online claim using the Document Checklist. You will see that each page is uploaded as a separate document. If you are uploading the documents after submitting your claim, *please upload each page as a separate file, being careful to select the proper document type from the list.*

You are not required to mail these documents to the VCF as long as a completed, signed copy has been uploaded to your claim.

* If you enter information into one of these files and save it to your computer, please remember that it contains personal information. You may not want to save the file on a public or shared computer where others have access.

All fields marked with an asterisk (*) are required

Save and Continue

Saving Data and Editing a Previously Submitted Form:

The following changes have been made to make it easier to submit claim forms and re-submit a form when needed.

- If you edit a previously submitted claim, the submitted claim will no longer revert to “Incomplete” status and will instead remain in “Submitted” status. Once you have made the updates to the form, simply save the changes and the form will remain in “Submitted” status and will be ready for VCF review.
- When you click “**Save**” or “**Save and Continue**” on a page, the information entered on the entire page, including any sub-sections, will be saved and the system will display any validation errors, as applicable.



Eligibility - Part I.D.: Prior VCF Claims:

- The question: “Was a claim previously filed by or on behalf of the Claimant with the original September 11th Victim Compensation Fund of 2001?” is now optional.
 - The answer to the question will be pre-populated based on the answer provided in the Registration “Initial Questions” section.
 - The response can be edited on the Eligibility Form.
 - If the question was left blank in Registration and is left blank in Eligibility, no additional questions will display as additional information is not needed.

Eligibility - Part I.E.: Related Lawsuits:

- Both questions are now optional and sub-questions will only appear if an answer is provided to one of the questions in this section.

Eligibility - Part II: Presence at Site: →

- The questions specific to the claimant’s circumstances for being present at a 9/11 site will be pre-populated with answers from Registration and only one “Yes” answer is needed. The remaining questions specific to presence that are not applicable to the claimant can be left blank
- If “Yes” is selected to any question, sub-questions will appear and answers are **required**.
 - When required to provide information about an employer, the “**Telephone Number**” field is now optional.
- In the “**Time and Duration of Presence at the Site**” section:
 - The “**Hours per day at the site**” field is now **optional**. You still must provide a date or range of dates for presence at the site, but not the number of hours for each day.

B. Time and Duration of Presence at the Site

*Follow the steps below to identify the specific days you lived, worked, attended school, or were otherwise present at a 9/11 crash site from September 11, 2001 through May 30, 2002. If you were at more than one site or if you were at a site for multiple days, you will need to provide this information to account for every day you were at each site. You are **not** required to provide information on the number of hours you spent at the site each day.

If you were at one site for multiple days in a row:

1. Using the calendar, click on the first date you were at the site for a period of consecutive days. The date will appear in the “Start Date” field. You can also type the date into the field using MM/DD/YYYY format.
2. Using the calendar, click on the last date you were at the site. The range of dates is now highlighted on the calendar and the “End Date” field shows the last day you were at the site. Note: If you choose to type the date into the field, the information will be saved but will not display on the calendar.
3. Click on the arrow in the “Site” field and select the site at which you were present during the specified date range.
4. Click “Save.”

Repeat these steps for each period of consecutive days you were at a 9/11 site

If you were at one site for a single day or several non-consecutive days:

1. Using the calendar, click on the date you were at the site. The date will appear in the “Start Date” field. You can also type the date into the field using MM/DD/YYYY format. You do **not** need to enter a date in the “End Date” field.
2. Click on the arrow in the “Site” field and select the site at which you were present on that day.
3. Click “Save.”

Repeat these steps for each day you were at a 9/11 site.

All of the dates and locations that you enter will appear in a table with each date and location listed individually. If needed, you can remove an entry by clicking “Delete.” Once you have entered all of the dates you were at each site, click “Save and Continue” at the bottom of the page.

« September 2001 »

S	M	T	W	T	F	S
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	1	2	3	4	5	6

*Start Date:

- *End Date:

*Site:

Hours per day at this site (1-24)

Dates	Hours	Site	Delete
09/11/2001	2.00	NYC Exposure Zone	Delete

The instructions for providing the required information have also been updated and the “Set Range” button has been removed.



Eligibility - Part III: Physical Injury:

- The instructions have been updated to more easily explain how to enter information for more than one injury
- The ONLY required questions in this section are:
 - Did the Claimant suffer physical harm as a result of one of the air crashes and/or debris removal?
 - Identifying the claimant's specific condition from the list of eligible conditions.
- The following questions are now **optional**:
 - When did the Claimant first discover the injury or condition?
 - When was the Claimant first treated by a medical professional for the injury or condition?
 - When was the Claimant diagnosed with the injury or condition.
 - If the Claimant was diagnosed with this injury or condition prior to September 11, 2001, has the condition worsened since September 11, 2001?
 - Has the Claimant been treated under the WTC Health Program?
 - Details on the location of any treatment.
 - Contact information for treating physicians. The VCF will retrieve this information from the WTC Health Program, medical records, or Private Physician Package documents as necessary.

Compensation - Deceased Claims filed for individuals with a prior Personal Injury Claim

New functionality has been added to address situations where a Personal Injury claim was filed for a claimant, the claimant passes away of his/her 9/11-related illness, and a new Deceased claim form is filed. In these situations, the VCF will determine whether or not the Deceased claim should supersede the original Personal Injury claim. If the decision is made to supersede the claim, the actions described below will automatically be taken in the claims system.

- Documents submitted in support of the Personal Injury claim will be copied over to the Deceased claim.
- Any answers to questions in the Personal Injury Compensation Form – regardless of whether or not the form was submitted – will be copied to a new Deceased Compensation Form **as long as the Deceased Compensation Form has not yet been initiated in the online system**. The system will initiate the Deceased Compensation Form and will populate the fields with any answers from the Personal Injury Compensation Form.
- New text will appear before Part V of the Deceased Compensation Form: *“If the Claimant previously submitted a Compensation Form, the information from that form may be displayed below. Please review that information and add to it or update it before submitting the Compensation Form.”*



TIP: If you are filing a new Deceased claim for an individual who previously submitted a Personal Injury claim, you should wait for the VCF to review the new Eligibility Form for Deceased Individuals **before** initiating the Compensation Form for the Deceased claim. Once you start the Compensation Form for the Deceased Claim, the system will not be able to transfer any data from the original Compensation Form to the new form.



**Compensation - Part V:
Medical Expense Loss:**

- A new question has been added: **“I will submit a Medical Expense Worksheet with my claim.”** The question includes a check box to indicate the worksheet will be submitted. If selected, the questions about “Type of Medical Expense” and “Amount” are no longer required. If the check box is not selected, you must answer the questions about each expense.

Part V Medical Expense Exhibits	Part VI Loss of Earnings Document Checklist	Part VII Loss of Future Earnings	Part VIII Collateral Payments	Other Information
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OMB Control Number: 1105-0092
Expiration Date: 07/31/2015

PART V. CLAIMANT'S MEDICAL EXPENSE LOSS OR OTHER OUT-OF-POCKET EXPENSE LOSS

A. Medical Expense or Other Expense Loss Previously Incurred

*Does the Claimant seek compensation for incurred medical expenses that have not been reimbursed and that are directly related to the treatment of the condition(s) listed in Part III of the Eligibility Form? (Expenses can include rehabilitation treatment, vocational training, home modification, prescription drugs, assisted living and other such expenses.) Yes No

What is the nature and amount of these medical expenses? Please itemize the type of medical service identified and the amount of expenses incurred for each type of medical service. You must submit documentation of any claimed medical expenses loss - for example, invoices or receipts from the health provider showing payments received.

I will submit a Medical Expense Worksheet with my claim

* Type of Medical Expense

* Amount
ex. 100.00 8 Character Max

Check if not US currency

Compensation - Part VI (PI) and Part VII (Deceased): Loss of Earnings:

The following questions are now optional:

- The question that asks “Describe the amount of time the Claimant/Decedent missed work...”
- All questions regarding the decedent’s Education History/Accreditation.
- The “Dependent Middle Name” field in the “Dependents” section on the Deceased form.

Compensation - Part VII (PI): Loss of Future Earnings:

The following question is now optional:

- “Indicate how Claimant’s base salary/wages are/were paid.” and “Specify.”

If you have general questions, need more detailed instructions, or encounter any issues using the online system, please call the VCF Helpline at 1-855-885-1555.