


September 11th
Victim Compensation Fund

An American flag is shown in the top right corner of the slide, waving. The flag features the stars and stripes of the United States flag.

September 11th Victim Compensation Fund Meeting with Law Firms

August 9, 2017

Agenda

- **Welcome and General Announcements**
 - **Updates on Claims Processing**
 - Claim Backlog
 - Non-economic Loss claims
 - WTC Health Program feedback
 - **Policy Updates**
 - Private Physician process
 - WTC Health Program Disability Evaluation process
 - Medical Expense claims
 - Replacement Services
 - **Claim Review Process**
 - New Worksheets
 - Application of Offsets
 - New Loss Calculation Detail Addenda
 - **Appeals**
 - **Forms, Resources, and Online System**
 - **Miscellaneous Items and Reminders**
 - **Questions**
-

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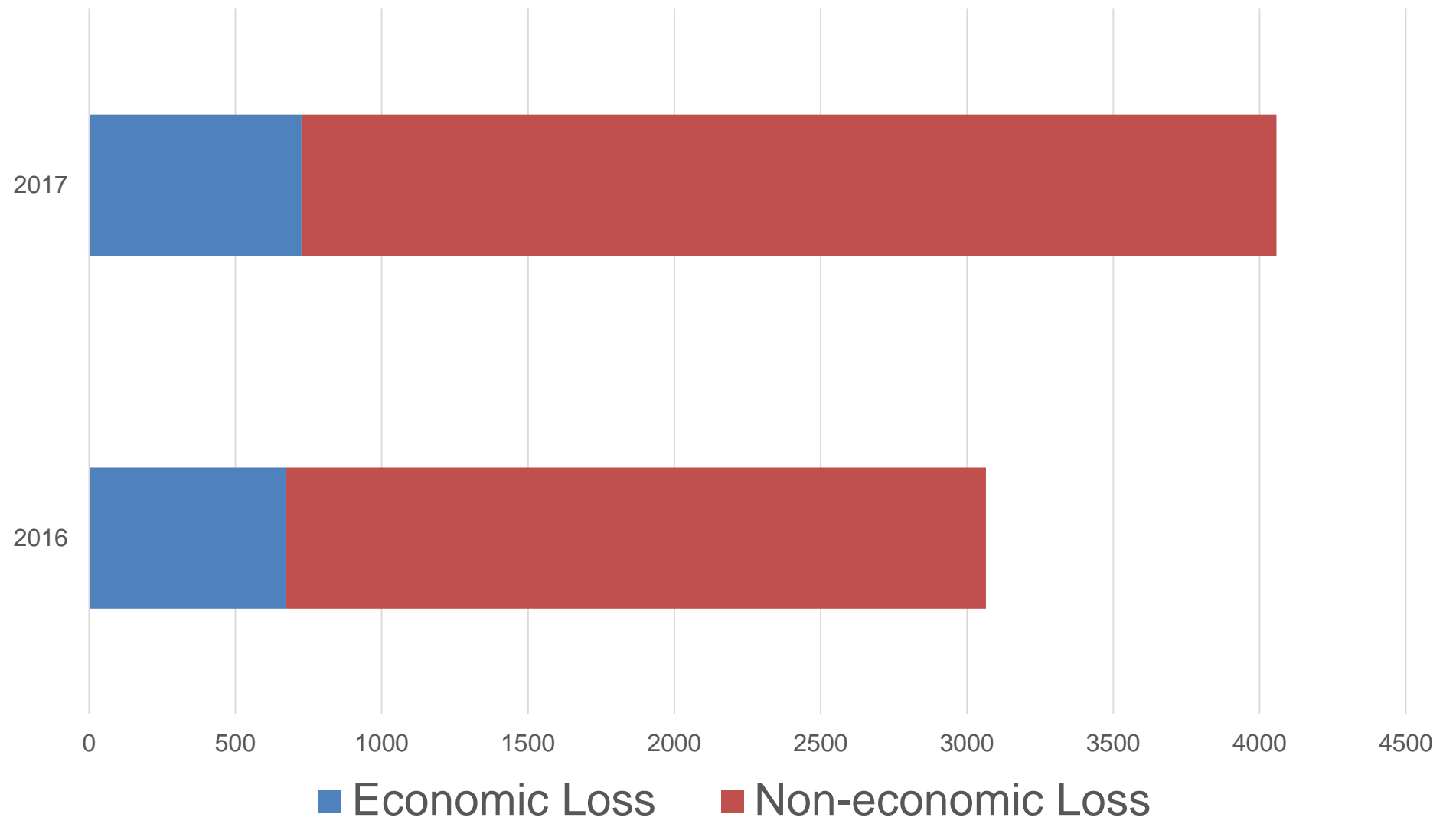
Claim Processing Update

Claim Backlog

- **Since our last call in early March, we have rendered over 2,000 determinations.**
- **We've made substantial progress in clearing the 2015 backlog:**
 - Non-economic loss claims filed in 2015 are done.
 - Approximately 425 claims remain that are ready for compensation review and were submitted before the Reauthorization.
 - Prioritizing older deceased claims.
 - Compensation claims and amendments submitted in early to mid-2015 are currently receiving award determinations.
 - Compensation submissions from mid-to late 2015 are under review.
 - Compensation submissions from late 2015 and early 2016 will come under review soon.
- **VCF team goal: complete as many 2015 or earlier claims as possible before the September 11th anniversary.**

We are making progress in reducing the backlog.

New Compensation Claims Submitted Since August 1, 2016



WTC Health Program Feedback

- **When patients misrepresent the severity of their illnesses in order to “jump the line,” it compromises the care of others who are waiting to be treated.**
- **The WTC Health Program must balance the needs of patients requiring treatment and patients requiring only certification.**
- **Please be mindful of the consequences of such actions and set the expectation with your clients that the WTC Health Program will not prioritize appointments for people seeking certifications over patients who are seeking healthcare.**
- **There may be a wait of several weeks to months, depending on the clinic, for appointments for patients who are already being treated elsewhere.**
- **When appropriate, make sure your client brings medical records when requesting certification for specific conditions.**

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Policy Updates

Private Physician Process

- **Conditions will only be verified through the Private Physician process if one of the following criteria is met:**
 - Deceased victims who were not certified for treatment by the WTC Health Program for the claimed condition; or
 - Individuals (personal injury or deceased) who were previously deemed eligible based on a certified condition and are seeking verification for cancer (which is easy to verify through the process based on the pathology report); or
 - Individuals who are not able to go to a WTC Health Program center (either in the New York City metropolitan area or through the Nationwide Provider Network) to have their condition evaluated and certified for treatment without suffering significant hardship.*
- **If a claimant is an appropriate candidate for the PP process, we will contact you to request that he/she completes and submits a PP packet and the supporting documents.**
- **In all other cases, we will not process the claim until we receive notification from the WTC Health Program that the claimant has been certified for at least one physical condition.**

* If you believe that the claimant will suffer significant hardship in seeking certification by the WTC Health Program, please upload a statement to the claim explaining the circumstances and why the individual should be considered for the Private Physician process **AND** call our Helpline to request the exception.

Private Physician Process – Claims already submitted with Private Physician Packages

- **We have been reviewing these claims and taking one of the following actions depending on the claim:**
 - If the claimant is certified for at least one condition, we will continue the review of the claim and the next determination letter that is sent will include text explaining that the Private Physician packet was not reviewed and the next steps to take if the claimant still wants the condition to be considered for compensation.
 - If the claimant does not have any certified conditions, we have updated the text in the Missing Information letter to explain that the submitted PP packet is not being reviewed, and that the claimant should seek certification from the WTC Health Program.
 - In these instances, the claim will be made Inactive, but the 60-day timeframe prior to denial will not apply as we recognize it may take time for the claimant to schedule the appointment and receive the certification.
 - Priority order for review is based on date compensation claim was submitted; waiting for certification will not change the order in which the claim is processed.

Private Physician Process – Implementing the Changes

- **Updates to website language have been posted, along with a new section of FAQs specific to the Private Physician process.**
- **Claim form changes take longer to make as it requires changing the logic for when to display the PP questions.**
 - In the meantime, please only complete the Private Physician pages of the form if you are confident the claimant meets the new criteria.
- **If you are preparing new claims to submit, we encourage you to wait for the certification before submitting the claim.**

WTC Health Program Disability Evaluation Process

- **The process is intended for claimants who do not already have a disability determination for an eligible condition from one of the standard third-party sources.**
 - **Going forward, a claimant will only be considered for the program if he/she meets all of the following criteria:**
 1. The claimant is a member of the WTC Health Program.
 2. The VCF has deemed the claimant to be eligible for at least one certified physical condition.
 3. The claimant does not already have a disability determination based on an eligible condition from a third-party entity.
 - This is a change from prior criteria, which allowed claimants into the process who had a *partial* disability determination for an eligible condition, if other criteria was met.
 4. The claimant's earnings must have decreased or stopped due to an eligible condition **and** there must be a reasonable basis to believe that the claimant's eligible condition is preventing his/her return to work.
 - To satisfy this component, there must be evidence that the claimant is currently not working or is earning materially less than he/she earned prior to the alleged disability.
 5. The claimant's WTC Health Program certified condition could reasonably be found to be disabling.
 - "Reasonably" depends on the nature of the conditions and the information in the possession of the VCF.
 6. The claimant is not eligible for WTC retirement or WTC reclassification by the FDNY, NYPD, or NYCERS (with limited exceptions).
-

WTC Health Program Disability Evaluation Process – Claimants Approved for the Process

- **VCF notifies claimant he/she is a candidate for the process.**
- **Claim will be placed in an “On Hold” status pending the outcome of the disability evaluation.**
 - Once amendment with disability evaluation is received, review of the claim continues.
 - If after **4 months** we have not received the disability evaluation report, the claim will be removed from the hold and we will render a determination based on what is in the file at that time.
- **Important Reminders:**
 - Submit the disability evaluation request as a compensation amendment, as opposed to an eligibility amendment. If you have not yet filed a compensation claim for the individual (if filed under the old, 2-part form), you need to do so before submitting the disability evaluation request. If filing a new claim where you want to request consideration for the process, select the box when completing the claim form.
 - You must submit a sufficient Exhibit 1 with the disability evaluation request.
 - Submit medical records relating to severity of the condition and/or records that support that the condition is reasonably disabling. PFTs and/or other objective records related to respiratory conditions should be submitted, if available.
- **The disability evaluation form has been updated and shared with the CCEs.**
 - If a claimant submitted an evaluation using the prior form, he/she should **not** go back to the CCE to request another evaluation using the new form.
 - If there is sufficient reason to believe that additional information from the evaluating physician would allow us to award lost earnings, we will contact the CCE directly to get this information.

Medical Expense Claims

- **We will only accept medical expense claims filed as a compensation amendment after the initial award determination has been issued.**
- **Medical expense claims will only be considered if the total amount of claimed medical expenses incurred due to eligible conditions exceeds \$2,000.**
- **The amendment must be submitted with the required documentation and in the required format to be considered:**
 - Properly completed Medical Expense Worksheet
 - Complete Supporting Documentation Package
- **We will consider requests for exceptions to this policy if the circumstances are truly worthwhile – please submit the request with the claim.**

Replacement Services

- **Replacement services are discretionary.**
- **Typically considered to be a component of loss in claims where the victim did not have prior earned income or only worked part-time outside the home.**
- **It is rare that we will award replacement services in a Personal Injury claim where we are also awarding lost earnings.**
- **When we do award replacement services, we look for:**
 - A statement from the claimant about the services he/she provided before the eligible condition, the amount of time spent on those services (per week or month), and the amount of time he/she is able to spend on those services now (i.e., with the eligible conditions).
 - Medical records to support the claim that clearly show that the claimant cannot perform household services because of an eligible condition.

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Claim Review Process

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New Worksheets

Pension Worksheets



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NYCERS/NYSLRS Pension Information Information Worksheet

Claim Number: Victim Name:

1. Pension Plan Name:
CMS Filename and page number:
2. Membership Date:
CMS Filename and page number:
3. Tier Number (e.g., 1, 2, 3, 4, 5, or 6):
CMS Filename and page number:
4. For NYSLRS claimants – identify your membership section, for example, Section 381(b), 384(d), 384(e), or 384(e) (b)?
CMS Filename and page number:
5. Final Average Salary:
CMS Filename and page number:
6. Service Credit at Retirement:
CMS Filename and page number:
7. Retirement Date:
CMS Filename and page number:
8. If receiving a pension, provide:
 - a. The start date of pension:
 - b. The amount of pension: Monthly Annually
 - c. Type of pension (e.g., ordinary, service, disability, etc.)
 - d. If the pension offers different payment options, identify which option was chosen (e.g., Maximum, Joint & Survivor, Pop-up)
 - e. Outstanding balance on any loan taken from pension funds at retirement
CMS Filename and page number:
 - f. If receiving a disability pension, identify the injuries or conditions that the pension is based upon (or indicate that is based on SSA disability determination, if applicable)
CMS Filename and page number:

Released: June 2017

VCF Helpline 1-855-885-1555



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Union and Other Defined Benefit Plan Information Worksheet

Claim Number: Victim Name:

1. Membership or start date with employer, union, or other entity providing the pension plan:
CMS Filename and page number:
2. Years of qualifying service or number of pension credits:
CMS Filename and page number:
3. Final average salary or earnings used to calculate pension, if applicable:
CMS Filename and page number:
4. Job title, unit, or level, if applicable:
CMS Filename and page number:
5. If receiving a pension, provide:
 - a. The start date of pension:
 - b. The amount of pension: Monthly Annually
 - c. Type of pension (e.g., ordinary, service, disability, etc.)
 - d. If the pension offers different payment options, identify which option was chosen
CMS Filename and page number:
 - e. If receiving a disability pension, identify the injuries or conditions that the pension is based upon (or indicate that is based on SSA disability determination, if applicable)
CMS Filename and page number:
6. Submit and identify the Pension Work History (showing hours worked and vested and credited service per year) and/or pension calculation worksheet.
CMS Filename and page number:
7. If the victim is not vested or is not receiving a pension, submit a letter stating so:
CMS Filename and page number:
8. Provide information about other benefits received (e.g., annuity funds, healthcare benefits):
CMS Filename and page number:

Released: June 2017

VCF Helpline 1-855-885-1555

NYCERS Worksheet Example



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**NYCERS/NYSLRS Pension Information
Information Worksheet**

Claim Number: Victim Name:

1. Pension Plan Name:
CMS Filename and page number:
2. Membership Date:
CMS Filename and page number:
3. Tier Number (e.g., 1, 2, 3, 4, 5, or 6):
CMS Filename and page number:
4. For NYSLRS claimants – identify your membership section, for example, Section 381(b), 384(d), 384(e), or 384(e) (b)?
CMS Filename and page number:
5. Final Average Salary: \$
CMS Filename and page number:
6. Service Credit at Retirement:
CMS Filename and page number:
7. Retirement Date:
CMS Filename and page number:
8. If receiving a pension, provide:
 - a. The start date of pension:
 - b. The amount of pension: \$ Monthly Annually
 - c. Type of pension (e.g., ordinary, service, disability, etc.)
 - d. If the pension offers different payment options, identify which option was chosen (e.g., Maximum, Joint & Survivor, Pop-up)
 - e. Outstanding balance on any loan taken from pension funds at retirement
 CMS Filename and page number:
 - f. If receiving a disability pension, identify the injuries or conditions that the pension is based upon (or indicate that is based on SSA disability determination, if applicable)
 CMS Filename and page number:

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**NYCERS/NYSLRS Pension Information
Information Worksheet**

9. Reclassification Date, if applicable:
CMS Filename and page number:
10. If reclassified to a disability retirement, provide the condition(s) forming the basis of the reclassification and any supporting documentation.

CMS Filename and page number:
11. If the victim is not receiving a pension, please provide a letter from NYCERS OR NYSLRS stating so.
CMS Filename and page number:
12. Provide information about other benefits received from NYCERS or NYSLRS (e.g., annuity funds):

CMS Filename and page number:
13. Did the victim's employer contribute to a 401(k) at a rate greater than 4%? If so, please identify the applicable percentage and submit supporting documentation. %
CMS Filename and page number:
14. If the victim is deceased, identify monthly or annual amount of any pension survivor benefits:
 Monthly Annually
CMS Filename and page number:
15. If the victim is deceased, identify amount of any death benefit received:

CMS Filename and page number:

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Union Worksheet Example



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Union and Other Defined Benefit Plan Information Worksheet

Claim Number: VCF0012345 Victim Name: Union Example

1. Membership or start date with employer, union, or other entity providing the pension plan:

9/1/1984

CMS Filename and page number: UnionPensionDocs.pdf p. 2

2. Years of qualifying service or number of pension credits: 28

CMS Filename and page number: UnionPensionDocs.pdf p. 4

3. Final average salary or earnings used to calculate pension, if applicable:

CMS Filename and page number:

4. Job title, unit, or level, if applicable: Journeyman

CMS Filename and page number: UnionPensionDocs.pdf p. 2

5. If receiving a pension, provide:

a. The start date of pension: 12/1/2011

b. The amount of pension: \$ 3,124.80 Monthly Annually

c. Type of pension (e.g., ordinary, service, disability, etc.): Service

d. If the pension offers different payment options, identify which option was chosen

CMS Filename and page number: UnionPensionDocs.pdf p. 2

e. If receiving a disability pension, identify the injuries or conditions that the pension is based upon (or indicate that is based on SSA disability determination, if applicable)

CMS Filename and page number:

6. Submit and identify the Pension Work History (showing hours worked and vested and credited service per year) and/or pension calculation worksheet.

CMS Filename and page number: UnionPensionDocs.pdf pp. 3-4

7. If the victim is not vested or is not receiving a pension, submit a letter stating so:

CMS Filename and page number:

8. Provide information about other benefits received (e.g., annuity funds, healthcare benefits):

Employer contribution to healthcare \$4,000 per year

CMS Filename and page number: HealthcareContribution.pdf p. 1



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Union and Other Defined Benefit Plan Information Worksheet

9. Did the victim's employer contribute to a 401(k) at a rate greater than 4%? If so, please identify the applicable percentage and submit supporting documentation. 6 %

CMS Filename and page number: UnionPensionDocs.pdf p. 5

10. List any additional information related to any of the specific items on Appendix G not listed here:

CMS Filename and page number:

“Policies and Procedures” Section 2.2 and Appendix G



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Policies and Procedures

The VCF has some of the information necessary to calculate pension loss for claimants who worked for New York City or the Federal government. See Section 2.2d for FDNY, 2.2e for NYPD, 2.2f for members of the New York City Employees Retirement System, and 2.2g for Federal employees including the military and **military** reserve.

The VCF also has information about defined benefit pension plans provided by many unions. In order to calculate loss associated with these pensions, you will also be required to submit:

- Wage cards from 2001 to the present.
- Information about your work with the union, usually consisting of a work history showing the hours worked in every year of work. This report should include regular hours and overtime hours. If possible, overtime hours should be broken down into “time and a half” and “double time.”
- Job title, unit, or level within the union.

If you are submitting a claim for loss of future earnings/benefits from a union, please see [Appendix G](#) for the complete list of documents you must submit in order for the VCF to calculate your loss.

In addition, the VCF has some of the information necessary to calculate pension loss for the following employers:

- Consolidated Edison
- Lockheed Martin
- Metropolitan Transportation Authority Police
- State of New Jersey, if a members of the Police and Firemen’s Retirement System (“PFRS”)
- State of New York, if a member of the State and Local Retirement System (“NYSLRS”) or the Teachers Retirement System (“NYSTRS”)
- Verizon

If you are submitting a claim for loss of future earnings/benefits from any of these employers, please see [Appendix G](#) for the documents you must submit in order for the VCF to calculate your loss.

If your employer or union is not listed above or in [Appendix G](#), you must submit complete documentation about the pension plan and how benefits are calculated, as well as information specific to your pension calculation. Generally, you will need to submit the following information and documents:

- The pension plan or pension summary plan description (“SPD”) that describes eligibility requirements and how pensions are calculated
- Membership or start date with the employer or entity
- Years of qualifying service or number of pension credits
- Final salary or earnings that are used to calculate pension amount
- Any other variables or inputs that are used in the pension calculations
- If you already began receiving a pension (either directly or as a beneficiary of a decedent):
 - The start date of that pension
 - The amount of that pension
 - The type of that pension (e.g., ordinary, service, disability, etc.)
 - If the pension offers different payment options, provide the document the claimant or decedent received outlining those options



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Policies and Procedures

Appendix G – Required Documents to support Lost Earnings for Certain Unions and Employers

If your union or employer appears in this chart, then the VCF has already received some of the information necessary to calculate pension loss. Therefore, if you are submitting a claim for loss of future earnings/benefits, please see the chart for the documents you must submit in order for the VCF to calculate your loss. The chart below only lists documents related to loss of pension and other benefits. As with all other claims for lost earnings, you must also submit documents establishing a disability and earnings history.

If your union or employer does not appear on this chart and you are claiming loss of a defined benefit pension, submit the Summary Plan Description (SPD) for your pension plan and annuity fund, if applicable. You will also need to submit documentation of all information required to calculate a pension benefit under your plan. VCF will review the SPD to determine what information is required.

Information for victims who were employed by the City of New York or the federal government, including the military, is provided in the main policy document. See section 2.2c for FDNY, 2.2d for NYPD, 2.2e for members of the New York City Employees Retirement System, and 2.2f for federal employees including the military and military reserve.

Union	Required Documents
32-BJ – Building Services Program A	<ul style="list-style-type: none"> • A document or letter showing: <ul style="list-style-type: none"> • Confirmation that victim is a member of Pension Plan Program A • Union membership start date (“fund hire date”) • Date last worked in covered employment • Retirement or membership end date • Confirmation if victim is a Commercial or Residential worker • Number of vested credits • Confirmation if victim participated in the Early Retirement Incentive Program • Date of start of pension, amount of pension, and type of pension that victim receives (e.g. service, disability) • If receiving a disability pension, the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so • Pension option letter, if available, and indication of the final option chosen
Local 1 – Plumbers of New York City	<ul style="list-style-type: none"> • Work history showing the hours worked in every year of work • A document or letter showing: <ul style="list-style-type: none"> • Member’s start date with union • Member’s retirement date • Pension credits earned • Date of start of pension, amount of pension, and type of pension that victim receives (e.g. service, disability) • If receiving a disability pension, the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so • Pension option letter, if available, and indication of the final option chosen

Temporary Past Lost Earnings Worksheet

	A	B	C	D	E	F	G
1	1. Claim Number:	VCF001234			2. Victim Full Name:	Sample	
2							
3	3. Specific date or time period missed from work	4. Related Eligible Condition (s)	5. Amount of Past Lost Earnings Claimed	6. Explanation of evidence that victim missed work and incurred monetary losses	7. Filename and page number of Supporting Document in CMS for (5) and (6)	8. Explanation of evidence that the reason victim missed work during the claimed date/time period was an eligible condition	9. Filename and page number of Supporting Document in CMS for (4 and (8)
4	03/24/2012	Chronic bronchitis	\$100.00	Timesheet showing 8 hours of sick leave was taken on 03/24/2012, employment agreement showing sick leave was unpaid, and paystub showing hourly rate of pay	PastLostEarningsEvidence.pdf pages 1-3	Treatment record for doctor's appointment on 03/24/2012, showing bronchitis as the diagnosis	PastLostEarningsEvidence.pdf page 4
5	04/08/2012	Chronic bronchitis	\$100.00	Employer letter stating that victim did not work and was not paid on 04/08/2012 and providing the daily rate of pay	PastLostEarningsEvidence.pdf page 5	Treatment record for emergency room visit on 04/08/2012, showing bronchitis as the diagnosis	PastLostEarningsEvidence.pdf pages 6-8
6	06/01/2012-09/01/2012	Lung cancer	\$12,000.00	W-2s for 2009-2011 showing consistent earnings and W-2 for 2012 showing significant decrease compared to prior years	Taxrecords.pdf pages 1-4	Medical records showing victim was undergoing chemotherapy in 06/01/2012-09/01/2012	Medicalrecords.pdf pages 12-29
7							

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Application of Offsets

Personal Injury Claim

	Non-economic	Medical Expenses	Replacement Services	Lost Earnings
Lawsuit Settlements	✓	✓	✓	✓
PSOB Awards	✓	✓	✓	✓
Disability benefits <ul style="list-style-type: none">• SSA• Workers' Comp• Disability pension• Private insurance				✓

Personal Injury Portion of a Deceased Claim

	Non-economic	Medical Expenses	Replacement Services	Lost Earnings	Total (PI+WD)
Lawsuit Settlements	✓	✓	✓	✓	✓
PSOB Awards	✓	✓	✓	✓	✓
Payment on Prior PI Claim	✓	✓	✓	✓	✓
Disability benefits <ul style="list-style-type: none"> • SSA • Workers' Comp • Disability pension • Private insurance 				✓	

Wrongful Death Portion of a Deceased Claim

	Non-economic	Burial Expenses	Replacement Services	Lost Earnings	Total (PI+WD)
Lawsuit Settlements	✓	✓	✓	✓	✓
PSOB Awards (Death or Disability)	✓	✓	✓	✓	✓
Payment on Prior PI Claim	✓	✓	✓	✓	✓
Life Insurance	✓	✓	✓	✓	
SSA death benefit (\$255)	✓	✓	✓	✓	
SSA survivor benefits				✓	
Survivor pension				✓	
Workers' Comp death benefits				✓	

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New Loss Calculation Detail Addenda

Personal Injury claims – Loss Calculation Detail

Claim Number: VCF0012345
Victim Name: Example

PERSONAL INJURY CLAIM (Losses up to Date of Death)	
Lost Earnings and Benefits	
Loss of Earnings including Benefits and Pension	\$200,000.00
Mitigating/Residual Earnings	(\$75,000.00)
Total Lost Earnings and Benefits	\$125,000.00
Offsets Applicable to Lost Earnings and Benefits	
Disability Pension	(\$100,000.00)
Social Security Disability Benefits	(\$50,000.00)
Workers Compensation Disability Benefits	(\$0.00)
Disability Insurance	(\$0.00)
Other Offsets related to Earnings	(\$0.00)
Total Offsets Applicable to Lost Earnings and Benefits	(\$150,000.00)
Calculated Lost Earnings and Benefits after Offsets	(\$25,000.00)
Total Lost Earnings and Benefits Awarded	\$0.00
Other Economic Losses	
Medical Expense Loss	\$0.00
Replacement Services	\$10,000.00
Total Other Economic Losses	\$10,000.00
Total Economic Loss	\$10,000.00
Total Non-Economic Loss	\$90,000.00
Subtotal Award	\$100,000.00
PSOB Offset	(\$0.00)
Prior Lawsuit Settlement Offset	(\$65,000.00)
TOTAL AWARD	\$35,000.00

Wrongful Death claims – Loss Calculation Detail

Personal Injury section

PERSONAL INJURY CLAIM (Losses up to Date of Death)	
Lost Earnings and Benefits	
Loss of Earnings including Benefits and Pension	\$0.00
Mitigating/Residual Earnings	(\$0.00)
Total Lost Earnings and Benefits	\$0.00
Offsets Applicable to Lost Earnings and Benefits	
Disability Pension	(\$0.00)
Social Security Disability Benefits	(\$0.00)
Workers Compensation Disability Benefits	(\$0.00)
Disability Insurance	(\$0.00)
Other Offsets related to Earnings	(\$0.00)
Total Offsets Applicable to Lost Earnings and Benefits	(\$0.00)
Total Lost Earnings and Benefits Awarded	\$0.00
Other Economic Losses	
Medical Expense Loss	\$0.00
Replacement Services	\$0.00
Total Other Economic Losses	\$0.00
Total Economic Loss	\$0.00
Total Non-Economic Loss	\$250,000.00
Subtotal Award for Personal Injury Claim	\$250,000.00

See Next Page

Wrongful Death claims – Loss Calculation Detail

Deceased Claim section

DECEASED CLAIM (Losses from Date of Death)	
Lost Earnings and Benefits	
Loss of Earnings including Benefits and Pension	\$500,000.00
Offsets Applicable to Lost Earnings and Benefits	
Survivor Pension	(\$200,000.00)
SSA Survivor Benefits	(\$0.00)
Workers Compensation Death Benefits	(\$0.00)
Other Offsets related to Earnings	(\$0.00)
Total Offsets Applicable to Loss of Earnings and Benefits	(\$200,000.00)
Total Lost Earnings and Benefits Awarded	\$300,000.00
Other Economic Losses	
Replacement Services	\$0.00
Burial Costs	\$10,000.00
Total Other Economic Losses	\$10,000.00
Total Economic Loss	\$310,000.00
Non-Economic Loss	
Non-Economic Loss - Decedent	\$250,000.00
Non-Economic Loss - Dependent(s)	\$100,000.00
Total Non-Economic Loss	\$350,000.00
Additional Offsets	
Social Security Death Benefits	(\$255.00)
Life Insurance	(\$3,000,000.00)
Other Offsets	(\$0.00)
Total Additional Offsets	(\$3,000,255.00)
Subtotal Award for Deceased Claim	(\$2,340,255.00)
Subtotal of Personal Injury and Deceased Claims	
PSOB Offset	(\$0.00)
Prior Lawsuit Settlement Offset	(\$0.00)
Previously Paid Personal Injury Award	(\$0.00)
TOTAL AWARD	\$250,000.00

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Appeals

Appeals

- **Thank you for raising questions about when to amend or appeal.**
- **Increasing trend in appeals where you have attempted to raise issues on appeal that were not asserted in the claim.**
 - If you did not claim a particular issue in the claim submission, you may not address it on appeal.
 - If documentation was not provided when you filed the claim, you should file an amendment rather than appeal the claim.
- **We have seen a number of requests for presence appeals for claimants – such as NYPD claimants – who we would expect could obtain some documentary evidence to support their claim.**
 - Please provide this documentation so that we can avoid using resources to plan, coordinate, and prepare for unnecessary hearings.

Appeals

- **Timing of decisions after a hearing:**
 - We set a goal back in November to have post-hearing decisions rendered approximately 45 days after a hearing.
 - We are happy to report that we are currently meeting that target (except for a few claims where we are still awaiting additional information).
- **Remember that if the Hearing Officer advises you to file certain information following an appeal within a specified time period, the appeal will be reviewed once that time period has elapsed.**
 - If you reasonably believe you need more time, please be sure to let us know (via a call to the Helpline) how much time you need so that we can note in the claim that we should hold a decision on the appeal until the specified date or time period.

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Forms, Resources, and Online System

Surrogates and Probate Court Guidance

- **Updated guidance for Surrogates and Probate courts regarding treatment of Letters of Administration or other Court Order that limit the authority of a Personal Representative.**
- **Letters restricting the authority to file, prosecute, and/or compromise any action or claim on behalf of a decedent:**
 - Cause of death
 - State in which letters were issued
- **Limitations that apply regardless of cause of death or State:**
 - Limitations restricting the amount of funds the Personal Representative can collect on behalf of the decedent's estate: we can process the claim but can only issue payment up to the limitation amount.
 - Limitations restricting the Personal Representative's authority to specific actions (such as open an estate bank account or empty a storage locker owned by the decedent): we will generally not process the claim until amended letters are received.
 - Letters of Administration or court order containing an expiration date: we will require revised letters or a court order that extends the authority to collect assets or administer the estate if the letters or order expire prior to the payment being issued on the claim

Claim Information Resolution Form and Change of Attorney Form

	September 11th Victim Compensation Fund	Claim Information Resolution Form
<p>This form should be used by claimants to clarify a discrepancy in the information submitted with a claim or to identify the appropriate claim to move forward for review. If the VCF contacted you about a discrepancy with your claim, we cannot continue with the processing of your claim until you complete and return this form. You may mail, fax, or upload this form to your claim. If you need assistance completing this form, please call our toll-free Helpline at 1-855-885-1555.</p> <p>Note: If you upload the completed form to your claim, select the "Claim Information Resolution Form" document type.</p> <p>Victim/Claimant Information (required)</p> <p>VCF Claim Number: _____</p> <p>Victim/Claimant Full Legal Name _____</p> <p>First Name _____ Middle Name _____ Last Name _____</p> <p>Victim Social Security Number: _____</p> <p>Date of Birth (mm/dd/yyyy): _____</p> <p>Personal Representative Information (required only if victim is deceased)</p> <p>Personal Representative Full Legal Name _____</p> <p>First Name _____ Middle Name _____ Last Name _____</p> <p>Social Security Number: _____</p> <p>Date of Birth (mm/dd/yyyy): _____</p> <p>Selection of Claim for VCF Review (if applicable)</p> <p>If you initiated or submitted more than one registration or claim, the VCF cannot begin processing your claim until you identify a single claim to pursue and withdraw any other claims filed on the victim's behalf. Complete the information below to select the claim the VCF should review.</p> <p>I request that the VCF move forward with claim number:</p> <p>VCF _____</p> <p><i>I understand that all other claims associated with the victim's Social Security Number will be cancelled and withdrawn.</i></p> <p>Signature (required) – By signing below, I authorize the VCF to make the necessary updates to my claim.</p> <p>Victim/Claimant Signature _____ Date _____</p> <p>VCF Helpline 1-855-885-1555 www.vcf.gov</p>		

	September 11th Victim Compensation Fund	Change of Attorney Form
<p>This form should be used if you want to add an attorney or make changes to the attorney associated with your VCF claim. Please select <u>one</u> option below.</p> <p>Note: If you upload the completed form to your claim, select the "Change of Attorney Form" document type.</p> <p><input type="checkbox"/> Option 1: I would like to add the following new attorney to my claim. By adding this attorney, I understand the existing attorney on my claim will be removed.</p> <p>Law Firm Name _____</p> <p>Primary Attorney (Full Name) _____</p> <p>Mailing Address _____</p> <p>Email Address _____ Telephone: _____</p> <p>Please change the ownership of my claim in the online system to the following user name:</p> <p>_____</p> <p>You must submit a new Claim Form Signature Page with this form in order for the VCF to communicate with your new attorney. In addition, your attorney must submit the following documents:</p> <ol style="list-style-type: none">1. ACH Payment Information Form for the law firm (if there is not one already on file)2. Client Authorization Form authorizing the VCF to make any future payments on your claim to the law firm <p><input type="checkbox"/> Option 2: I would like to remove my legal representation and represent myself.</p> <p>If you need help accessing your claim online, please call the VCF Helpline at 1-855-885-1555.</p> <p>You must mail or fax a completed ACH Payment Information Form with the new bank account information to be used for any future payments.</p> <p>By signing this form, you are acknowledging the following:</p> <ol style="list-style-type: none">(1) I am changing my instructions to the VCF on who can have access to my claim and how I will receive payments for my claim.(2) I understand that this change does not affect any retainer agreements or other agreements I have with my prior attorney (if applicable) or any obligations I have to pay my prior attorney for fees or expenses.(3) I understand that, if I have a contractual obligation to pay attorney fees and expenses, the attorney may be able to file a lawsuit against me to recover those fees and expenses.(4) I understand that in any lawsuit, the VCF might be required to provide information about my claim and submissions that my former attorney made with respect to my claim.(5) I understand by changing the owner of the online claim, that my new attorney may also grant access to the claim to other individuals at the law firm. <p>NOTE: If you submitted documents directing the VCF to pay your claim through your prior attorney, that instruction may not be changed after your award letter is issued. You may still change the attorney associated with your claim for any future appeal or amendment.</p> <p>Claimant Full Legal Name: _____</p> <p>First Name _____ Middle Name _____ Last Name _____</p> <p>VCF Number: _____</p> <p>Claimant Signature _____ Date of Signature _____</p> <p>VCF Helpline 1-855-885-1555 www.vcf.gov</p>		

Claim Information Resolution Form and Change of Attorney Form – new way to submit

- **Forms often come in via fax – which is good because we want to see them as soon as you submit them. But...**
- **Faxes take a lot of activity to process.**
- **New email box JUST FOR THESE FORMS will help us reduce document handling on our end.**
- **If emailing the forms, we ask that you follow this protocol:**
 - Save the forms as individual, separate documents using the claim number in the file name. You may attach multiple forms to a single email, and may attach forms for more than one claim, but each form should be a distinct PDF file.
 - You will receive an automated reply confirming receipt of the email. Our goal is to process these requests within 48 hours (2 business days) of receipt.
 - If there is a discrepancy in the form, we will contact you to provide the correction. In these cases, the file with the discrepancy will not be made visible on the claimant portal.

***Please do NOT use this email for ANY other purpose than emailing these 2 forms!
Other forms or information sent to this email address will not be processed.***

Online Claims System Updates

- **Recent changes - love your feedback!**
- **If you have questions, or if some additional training for your staff would be helpful, please let us know.**
- **Contact the Helpline:**
 - If you experience any problems using the system, including password resets
 - To request a change in online ownership of a single claim or for questions about changing the attorney on a claim
 - To request that an individual on your team be granted the ability to delegate claims to other users
 - For general claim status questions or to confirm the registration date for a specific claim
 - Questions about requests for missing information or to confirm a document has been received
 - Questions about payments or to request expedited status for claim
 - Data discrepancy questions and multiple claim number issues
- **For requests to deactivate a user account or requests that require “bulk” changes, such as changing the *ownership* on a large number of your claims, please contact Amy Whitman-Hall or Stefanie Langsam.**

Remember that security guidelines require you to notify us when an account should be deactivated.

September 11th
Victim Compensation Fund



Miscellaneous Items and Reminders

Payment Processing

- **Payment Processing:**

- DOJ Budget Office will be shut down for payment processing from September 27 – October 11 for implementation of new financial management system.
- Payments authorized before September 22 will be processed before the office closes.
 - This means the last payments prior to the office shutdown will be for claims with award letters dated in mid-August (assuming the claimant does not appeal).
- For claims that are impacted by the shutdown – meaning those claims that would have been paid during that timeframe – we will send a letter once the claim reaches the payment stage that explains the delay and provides some expected timeframe for when the payment will be processed.
 - Special message will be posted on our website explaining the shutdown period and impact to VCF payments.
- Payments will be processed for expedited claims during this timeframe.

Amendments for claims at Non-economic Loss Cap

- **Situations where a condition amendment is filed for a claimant who has already received an award at the non-economic loss cap.**
 - In this scenario, a new condition will not change the award – unless it is for a cancer where one was not previously considered in the award – and you should not seek additional **non-economic loss**.
 - We will disposition upfront any amendments where it is clear that the amended condition is not going to result in any additional non-economic loss (i.e., we will not do a substantive review of the amendment).
 - Letters will explain that the claimant’s prior award was at the non-economic cap and the amendment has therefore been dispositioned without consideration of additional non-economic loss.
 - Eligibility letters for new, amended conditions will include language explaining that a corresponding compensation amendment for non-economic loss should not be submitted. If a compensation amendment was submitted with the eligibility amendment, both will be dispositioned in the same letter.

Miscellaneous Items

- **Missing client authorizations for payment requested in Missing Information-Loss Calculation (MILC) letter:**
 - Please send us the document as soon as possible.
 - We will send second MILC (and copy the claimant) if it has been 30 days since the last one and we still don't have the authorization.
 - If it has been more than 60 days without resolution, we will contact the claimant directly.
 - Please submit these documents with the initial claim submission.
- **Wrongful death claim registration deadlines:**
 - The deadline to submit a timely wrongful death claim is two years from the date of death.
 - If a claimant was never treated by the WTC Health Program, and a wrongful death claim was not filed within two years of the date of death, a Personal Injury claim may be timely based on certification through the Private Physician process.
 - In these instances, the loss associated with the Personal Injury claim will cut off at the date of death.

Miscellaneous Items

- **Registration timeliness:**
 - “Registration Start Date” is based on the *earlier* of two dates: (1) the date of the WTC Health Program certification letter; or (2) the date on which another government entity determined that the condition is 9/11-related.
 - Carefully review applicable dates on relevant documents to confirm registration is timely.
- **Expedited claims:**
 - Please do not request expedited status until you have filed a complete claim with all supporting documentation.
 - If we have to hold a claim beyond 60 days because we do not have the information necessary to decide it, we may revoke its expedited status.
- **Social Security disability information:**
 - Working with SSA to allow us to show you (display in the claim or upload to “View Documents”) the code and/or condition that was the basis for the SSA decision.
- **Social Security survivor and dependent benefits:**
 - Requests for Exhibit 1s for the beneficiaries of deceased victims – need these in order for SSA to provide us information about survivor and minors receiving SSA dependent benefits.
 - Please respond to those requests promptly and keep in mind that it is NOT that we need another copy of the Exhibit 1 already submitted with the claim - it is a *separate* Exhibit 1 for the surviving spouse and/or minor children.

Miscellaneous Items

- **Identity validation for phone calls to/from reviewers:**
 - You call the reviewer (VCF inbound call): be ready to provide claim number, victim name, law firm name, your name.
 - Reviewer calls you (VCF outbound call): we are doing checks on our end prior to making the call so will not ask you for any identifying information about the victim or your firm.
 - Please note that we will not leave a voicemail message containing a claimant's personal information, just the claim number.
- **Compensation Memos and the claim form:**
 - Some of you submit compensation memos that lay out the factors and considerations applicable to a claim for economic loss compensation.
 - Please do not point to the memo as a substitute for claim form responses. We use the answers on the claim form to help us categorize claims, make appropriate assignments, and identify missing information.
- **Cover letters identifying multiple claimants/claims:** Please do not submit these cover letters!

Miscellaneous Items

- **Medical records:**

- Include a cover page directing us to specific pages within the records and explaining why the information on those pages is relevant;
- Highlight specific information within the records; and
- Organize the records in chronological order so that we can clearly see the progression of the condition over time.

Remember that there are circumstances where there is no need to submit medical records in support of a claim, for example when a claimant's condition is clearly at the cap for a non-economic loss award.

- **“Determination Made: Processing” status**

- Displays when the award determination on a claim has been entered into the system and we are doing a final quality check before sending the award letter.
- Quality check process may take several weeks depending on the complexity of the claim, and claim will remain in this status until the award letter is sent.
- Note that this status also includes claims where we have sent a “Missing Information-Loss Calculation” letter and are waiting for the requested documentation to be submitted.

Questions?
