

Collateral Offset Update Form – Instructions

You must inform the September 11th Victim Compensation Fund ("VCF") of any new collateral source payments you receive, or become entitled to receive, after your claim has been filed – including after any award has been determined or paid – until the VCF stops taking claims on October 1, 2090. If you have not yet filed a claim, you should report collateral source payments on your claim form. This form is only for those who have previously filed a claim with the VCF.

Use this form to notify the VCF of:

- Any new collateral source payments that you have received, or become entitled to receive, since filing your claim with the VCF
- Any increase in a previously reported collateral source payment since filing your claim with the VCF
- Any decrease in a previously reported collateral source payment since filing your claim with the VCF

If you have already received the award determination on your claim:

- Please note the following general guidelines:
 - If you notify the VCF within 90 days of the date you learned that you were entitled to receive a new or revised collateral source payment, your determined or paid award will not be adjusted to reflect the new or revised entitlement or payment.
 - If you notify the VCF more than 90 days after the date you learned that you were entitled to receive a new or revised collateral source payment, the VCF may adjust your determined or paid award to reflect the new or revised entitlement or payment as an offset, which may result in a lower award.
- If you are reporting a change in collateral source payment pursuant to VCF policy but are not seeking
 review of your prior award, you should complete and submit this form but you should <u>not</u> submit an
 amendment.
- If you would like to request that the VCF review your prior award as a result of the change in your collateral source payment, please complete this form and submit it as part of an amendment. You must submit an amendment if you want the VCF to review your prior award.

For VCF purposes, collateral source payments are payments that the victim, or victim's estate or beneficiaries, receive or are entitled to receive as a result of the victim's injury or death in the terrorist-related aircraft crashes of September 11, 2001 or debris removal in the immediate aftermath of the crashes. Examples of collateral sources payments include:

• Life insurance

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- Disability or death benefits (may be in the form of a pension)
- Disability insurance payments
- Death benefits programs
- Payments by federal, state, or local governments (e.g. Social Security disability benefits, workers' compensation benefits/VA benefits)
- Settlement payments from lawsuits for damages sustained as a result of the terrorist-related aircraft crashes or September 11, 2001 or debris removal

Collateral source payments do **not** include:

- The value of services or in-kind charitable gifts such as provision of emergency housing, food, or clothing
- Donations from privately funded charitable entities
- Federal tax benefits received as a result of the Victims of Terrorism Tax Relief Act.



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Collateral Offset Update Form

Complete the information below and sign and date the form. You may upload the completed form to your online claim or mail it to the VCF. If you upload the form to your claim, select the document type "Collateral Offset Update Form." Attach any relevant documents or further explanation, if needed.

VCF Number:	
Claimant Name:	
Victim Name (if not claimant):	
Is the collateral offset a new entitlement or payment or a change to a previously-reported	ed payment?
NEWINCREASEDECREASE	
Source of payment:	
Payment amount:	
Payment frequency:	
Date first notified of this entitlement:	
If you would like to request that the VCF review your prior award as a result of the chacollateral source payment, you must submit an amendment in addition to uploading t	ange in your his form.
The obligation to report collateral source payments is ongoing. If you become entitled to additional collateral source payments after submitting this form, you will need to notify the submitting a new copy of this form.	o receive ne VCF by
I declare under penalty of perjury that the information provided in this form is true and acbest of my knowledge.	ccurate to the
Signature of Claimant Date	

If you need assistance completing this form, or have any questions, please call our toll-free Helpline at 1-855-885-1555. For the hearing impaired, call 1-855-885-1558 (TDD). If you are calling from outside the United States, call 1-202-514-1100.