

This Document Checklist is a tool to help guide you in determining the documents required for Personal Injury claims.

Use this checklist if:

- You are filing a claim for yourself, or
- You are filing a claim for a deceased individual whose death is not believed to be related to a 9/11-related condition, or
- You are filing the claim on behalf of a minor victim or an incapacitated adult.

Throughout this document, the term “victim” refers to the individual who has been diagnosed with a September 11th-related physical injury or condition. This is the person for whom the claim is being filed.

The VCF cannot begin review of the claim until the following documents are submitted and sufficiently complete. These are the minimum documents needed in order to begin substantive review of the claim:

- Completed Claim Form
- Claim Form Signature Page
- Exhibit A – Authorization for Release of Medical Records
- Documentation to support presence at a 9/11 site (for those whose employer or other affiliated organization does not have an existing relationship with the VCF allowing for the exchange of this information)
- Exhibit 1 – “Social Security Administration Consent Form” (required only if claiming loss *other than* non-economic loss only)

This Document Checklist includes detailed information about each document listed above.

Carefully review the information in each section and use this checklist to confirm you have all the required documentation ready to be submitted to the VCF. This list includes what is needed for processing most claims; however, based on the specific circumstances of your claim, the VCF may contact you for additional documentation once we begin review of your claim.

The VCF will accept copies of most documents. Unless an original or certified copy is requested, documents can be uploaded directly to the online claim. You are only required to provide an original or certified copy where it is specifically noted on the checklist. A notation of “N/A” means the corresponding documents are not required for that scenario.

If a specific document is listed in more than one section of the checklist, and it is applicable to your claim, you only need to provide the document one time in support of your claim.

The VCF keeps all documents. Please make copies of any documents you submit.

If you have any questions or need assistance with this checklist, please visit the VCF website at www.vcf.gov or call the toll-free Helpline at 1-855-885-1555. Foreign language interpreters are available.

DOCUMENTS APPLICABLE TO <u>ALL</u> PERSONAL INJURY CLAIMS	
1. Documents Required for Processing:	Documents Required
September 11th Victim Compensation Fund Claim Form Signature Page .	<input type="checkbox"/> Yes
Exhibit A – “Authorization for Release of Medical Records.” This document must be completed and mailed to the VCF with original signatures. This document is required in order for the VCF to obtain information from the WTC Health Program regarding the victim’s eligible condition(s).	<input type="checkbox"/> Yes
Information directing the VCF how to make any payment on your claim: <ul style="list-style-type: none"> • If you are not represented by an attorney, or if you and your attorney have agreed that you will be paid directly, submit the VCF ACH Payment Information Form. • If you are represented by an attorney, and you have agreed that payment on the claim will be made to your attorney’s bank account, your attorney will provide you with a document to sign to authorize the payment. This document must be mailed to the VCF with an original signature. 	<input type="checkbox"/> Yes
2. Proof of Presence at a 9/11-related Site* or in the VCF NYC Exposure Zone beginning September 11, 2001, through May 30, 2002:	Documents Required
If the victim was an active firefighter working for FDNY on September 11, 2001 , we will obtain verification of presence directly from the FDNY. You do not need to submit any documentation for proof of presence.	N/A
If the victim received an award through the original September 11th Victim Compensation Fund that operated from 2001-2004 , you do not need to submit proof of presence again.	N/A
<p>For all others, you must submit at least two forms of written proof showing the victim was present at the site or in the NYC Exposure Zone during the time period beginning September 11, 2001 through May 30, 2002. Upload each document to the claim separately. Below are examples of types of documents that can be used to show proof of presence. The VCF also has agreements with certain employers to provide information about presence in support of VCF claims. See Section 1.6 of the VCF “Policies and Procedures” document for details.</p> <ul style="list-style-type: none"> • Sworn Employer Verification Form or Employer records confirming presence submitted directly to the VCF by your employer – such as a letter from the employer confirming work at the site*, an official personnel roster and site credentials confirming work location, workers’ injury report (documenting injury at the site), or a pay stub showing dates of work and the location where work was performed. • Proof of residence in the area during the relevant time period – such as rent or mortgage receipts, utility bills, and proof that the victim was physically present at the residence between September 11, 2001 and May 30, 2002. Sworn statements from witnesses who can attest to the victim’s presence at the residence may be sufficient. • School or day care records confirming enrollment or attendance during the relevant time period – the school transcript or report card, or day care records, should be certified or accompanied by a letter from an employee of the school or day care facility certifying the accuracy of the information contained in the transcript, report card, or other record. NOTE: If you submit certified school or day care records, or records with a certifying letter, you do <u>not</u> need to submit any additional proof of presence unless requested by the VCF. • Any contemporaneous document that shows the victim’s location – such as orders, instructions, confirmation of tasks performed, medical records (documenting treatment as a result of injury that occurred at the site). • Sworn and notarized affidavits (or unsworn statements complying with 28 U.S.C. 1746) regarding the presence of the victim from persons who can attest to the victim’s presence. Affidavits must meet all requirements outlined in Section 1.6.a of the VCF “Policies and Procedures” document. <p>*References to the “site” includes the three crash sites and the NYC Exposure Zone.</p>	<p style="text-align: center;">Two (2) Required</p> <p style="text-align: center;"><input type="checkbox"/> Yes</p>

The following sections are only applicable if you are claiming the specific type of loss or if they apply to the victim’s specific situation. Please review the information and follow the guidance if appropriate for the claim.

DOCUMENTS REQUIRED <u>ONLY IF APPLICABLE</u> TO YOUR PERSONAL INJURY CLAIM	
1. Lawsuits related to September 11, 2001 (if applicable):	Documents Required
The victim, a representative of the victim, a dependent, spouse, or beneficiary did <u>not</u> have a lawsuit related to September 11, 2001.	N/A
<p>If the victim, a representative of the victim, a dependent, spouse, or beneficiary participated in a September 11th-related lawsuit, you must provide documents showing the lawsuit was withdrawn, settled, or dismissed.</p> <p>Note: In many cases, the VCF can obtain this information from third parties. For example, if the victim was represented by Napoli, Bern, Ripka, Shkolnik (“Napoli Bern”) in the lawsuit, you do not need to submit any documents related to the settlement because the VCF may be able to get all of the necessary information from Napoli Bern. The VCF will notify you if you need to submit any additional documents.</p> <p>For all others, you must submit:</p> <ul style="list-style-type: none"> • A copy of the notice of withdrawal, or dismissal, or court order of dismissal filed by the victim (or on behalf of the victim). The VCF requires proof that claims against all defendants were dismissed. This may require the submission of several dismissal documents. • If the lawsuit was settled with some or all parties, the VCF needs documentation showing the amount of the settlement and the signed and dated release of the lawsuit. <p>If the victim received coverage for certain cancers under a Critical Injury Insurance policy through Metropolitan Life Insurance Company (MetLife) as part of a 9/11-related lawsuit settlement, you must provide the VCF with a copy of the policy and the amount of any payment received under the policy.</p>	<p style="text-align: right;"><input type="checkbox"/> Yes</p> <p style="text-align: right;"><input type="checkbox"/> Yes</p> <p style="text-align: right;"><input type="checkbox"/> Yes</p>
2. Replacement Services (if applicable):	Documents Required
<p>Replacement services are typically considered to be a component of loss in personal injury claims if the victim did not have prior earned income or worked only part-time outside the home.</p> <p>If the victim is eligible to claim replacement services, you must submit the following to support a claim for replacement services:</p> <ul style="list-style-type: none"> • A clear statement listing the types of services the victim provided before the onset of the eligible condition, the amount of time spent on those services (per week or month) before the onset of the eligible condition, and the amount of time the victim is able to spend on those services now (i.e., with the eligible condition). • Medical records that show that the eligible condition is the reason the victim cannot perform the services. • A complete Exhibit 1 – “Social Security Administration Consent Form,” so that the VCF can confirm the victim did not have significant earnings outside the home. 	<p style="text-align: right;"><input type="checkbox"/> Yes</p> <p style="text-align: right;"><input type="checkbox"/> Yes</p> <p style="text-align: right;"><input type="checkbox"/> Yes</p>

3. Temporary Loss of Earnings (if applicable):	Documents Required
<p>You must submit the following to support a claim for loss of a discrete period of past earnings:</p> <ul style="list-style-type: none"> • VCF Temporary Past Lost Earnings Worksheet and supporting documents explained in the worksheet. • Exhibit 1 – “<i>Social Security Administration Consent Form</i>.” The VCF will use this to obtain the victim’s earnings history since 1998, as well as information about any benefits the victim received from SSA. If you are claiming loss of earnings not reflected in the SSA earnings history, or if the victim did not have a Social Security number, you must submit other evidence of earnings, with an explanation. 	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p>
4. Permanent Loss of Earnings as a result of a disability due to an eligible 9/11-related condition (if applicable):	Documents Required
<p>You must submit the following documents to support a claim for permanent loss of earnings:</p> <ul style="list-style-type: none"> • All Claims: Exhibit 1 - “<i>Social Security Administration Consent Form</i>.” The VCF will use this to obtain the victim’s earnings history since 1998, as well as information about any benefits the victim received from SSA. If the victim is receiving disability benefits, SSA will provide the primary and secondary conditions that are the basis of the disability and the disability onset date. If you are claiming loss of earnings not reflected in the SSA earnings history, or if the victim did not have a Social Security number, you must submit other evidence of earnings, with an explanation. • For New York City employees who participate in one of the five NYC pension programs (NYPD, FDNY, NYCERS, TRS, and BERS) – submit Exhibit B1 – “<i>Authorization for Release of Pension Records and Health Information by New York Individuals and Entities</i>.” The VCF will use this to obtain information about any disability determinations that have been made by a NYC pension program, as well as the information required to calculate any earnings and benefit loss for the victim’s NYC employment. • If the victim has been found disabled by the New York State Workers’ Compensation Board, you must provide the victim’s Workers’ Compensation claim number. The VCF will use this to obtain information about the victim’s disability. • If the victim has <u>not</u> been found disabled due to an eligible condition by the SSA, a NYC pension program, or the New York State Workers’ Compensation Board, you must submit a disability determination from another entity for the VCF to consider calculating lost earnings continuing into the future. For example, you may show that another government entity or a private disability insurance company found that the victim’s ability to work has been reduced because of an eligible condition. In rare cases, the VCF may accept a disability opinion from a qualified private physician if it is sufficiently specific and well-supported by objective testing or treatment records. 	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p>
<p>When calculating loss of future earnings, the VCF will include a 401k employer contribution equal to 4% of base salary and \$2,400 per year for health insurance, unless you submit sufficient evidence that the victim’s employment benefits were greater than these standard default values.</p> <p>To claim loss of benefits greater than the standard default values, you must submit the following:</p> <ul style="list-style-type: none"> • Documentation about the victim’s health care plan that clearly identifies the amount of the employer’s contribution. • Documentation of the amount the employer agreed to match or contribute to a 401k or other retirement account. • If the victim participated in a defined benefit pension through their employment, you must submit information that will enable the VCF to calculate the value of the pension the victim would have earned but for their disability based on an eligible condition, and the value of the pension the victim did, in fact, earn. As each pension plan is unique, please see Section 2.2 of the VCF “Policies and Procedures” document for more information on documents to support loss of pension. 	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p>

5. Collateral Source Payments (as applicable):	Documents Required
<p>The VCF cannot award compensation without complete information about any benefits the victim has received, or is entitled to receive, from other sources for losses associated with the eligible 9/11-related condition(s). The VCF must be able to identify the amount of the benefit, the time period during which the compensation was received or is expected to be received, and the medical condition for which it was granted. Submit all of the following documents, as applicable:</p>	
<ul style="list-style-type: none"> • SSA: Exhibit 1 - “<i>Social Security Administration Consent Form</i>.” The VCF will use this to obtain information about any disability benefits the victim received or is receiving from SSA, including the primary and secondary conditions that are the basis of the victim’s disability and the disability onset date. If the victim has a disability application that is still pending, including a pending appeal, you must provide a copy of the application or appeal request. <ul style="list-style-type: none"> • If the victim has dependents who received benefits from SSA based on the victim’s disability, you must also submit an Exhibit 1 for each dependent beneficiary signed by someone authorized to act for the minor, and you must also submit evidence of that authority, such as an original or certified copy of the minor’s birth certificate or guardianship document. 	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p>
<ul style="list-style-type: none"> • Workers’ Compensation: If the victim has filed a claim with the New York State Workers’ Compensation Board, you must provide the victim’s claim number. The VCF will use this to obtain information about any benefits or settlements the victim received or is receiving. If the victim has filed a claim for workers compensation with another state agency, with the U.S. Department of Labor, or in another country, you must provide a copy of any decisions that were made on the claim and documentation of all benefits or settlements awarded. 	<p><input type="checkbox"/> Yes</p>
<ul style="list-style-type: none"> • Disability Pension: If the victim participated in a pension program other than FDNY, NYPD, or NYCERS – for example, NYSLRS, FERS, Department of Defense, or a union pension plan – you must provide one of the following: <ul style="list-style-type: none"> • A written statement confirming that the victim has not applied for or received a disability pension; or • A copy of any pending application or appeal request for a disability pension; or • Complete documentation for the disability pension the victim is receiving. As each pension plan is unique, please see Section 2.2 of the VCF “Policies and Procedures” document for more information. The following worksheets can be found on the VCF website and should be submitted with your claim as appropriate: <ul style="list-style-type: none"> • NYCERS and NYSLRS Worksheet - submit with the claim if the victim worked for an agency that is a part of NYCERS or NYSLRS and is claiming loss of pension benefits. • Union and Defined Benefit Plan Worksheet - submit with the claim if the victim has a defined benefit plan through a union, employer, or other entity. 	<p><input type="checkbox"/> Yes</p>
<ul style="list-style-type: none"> • Private Disability Insurance: If the victim has filed a claim for short-term or long-term disability insurance benefits, you must provide one of the following: <ul style="list-style-type: none"> • Documentation of all benefits paid; or • Evidence the claim was denied; or • Evidence that any benefits paid were for disability based on an ineligible condition. <p>If you do not provide evidence that identifies the condition the victim’s insurance company found was disabling, the VCF will assume it was an eligible condition and will offset the benefits from the VCF award.</p> 	<p><input type="checkbox"/> Yes</p>
<ul style="list-style-type: none"> • Department of Veterans Affairs Disability Benefits: If the victim is receiving disability benefits from the VA, or has an application or appeal pending, you must notify the VCF. We will obtain the information needed directly from the VA. If you have a copy of the victim’s latest rating decision, it may speed up the process if you submit it. 	<p><input type="checkbox"/> Yes</p>
<ul style="list-style-type: none"> • Public Safety Officers’ Benefits Program (“PSOB”): If the victim has applied to receive a disability benefit from the PSOB, you must notify the VCF. We will obtain the information needed directly from PSOB. If you have a copy of the decision and amount awarded, it may speed up the process if you submit it. 	<p><input type="checkbox"/> Yes</p>

<ul style="list-style-type: none"> • Other Benefits Programs: If the victim has received, or applied to receive, benefits from any other source for losses associated with an eligible condition(s), you must submit documentation sufficient to identify the amount of the compensation, the time period during which it was received or is expected to be received, and the medical condition for which it was granted. 	<input type="checkbox"/> Yes
<p>6. Victim’s Guardian, Personal Representative or Other Authorized Representative: <i>If you are filing a claim on the victim’s behalf, you must submit the proper documentation to establish your authority to file the claim. Choose the applicable scenario below to identify the specific documents that are required for your situation.</i></p>	<p>Documents Required</p>
<p>I am filing for myself.</p>	<p>N/A</p>
<p>Personal Representative of a victim who died of causes <u>unrelated</u> to his or her eligible 9/11-related physical injury:</p> <ol style="list-style-type: none"> 1. Original or a certified copy of the Court Order or Letters of Administration showing your appointment as either the Personal Representative, Executor of Will, or the Administrator of the Estate. <input type="checkbox"/> Yes 2. Original or a certified copy of the death certificate showing the cause of death. <input type="checkbox"/> Yes 3. If you are filing a Hard Copy Claim Form, a complete Claim Form Appendix A. <input type="checkbox"/> Yes <p>Important Note: If the court has appointed multiple individuals as co-Personal Representatives for the decedent, each Personal Representative must submit the proper documentation showing appointment as a Personal Representative for the deceased victim and sign all of the applicable signature sections of the claim form. See Section 6.5 of the VCF “Policies and Procedures” document for more information.</p>	
<p>Parent(s) or Guardian of a Minor Victim (under 18 years old): You must provide the following documents:</p> <ol style="list-style-type: none"> 1. An original or certified copy of the minor’s birth certificate. <input type="checkbox"/> Yes 2. If parents share legal custody of the Minor Victim: <ul style="list-style-type: none"> • One Claim Form Signature Page signed and initialed by both parents. A copy is sufficient. <input type="checkbox"/> Yes – OR – • Two Claim Form Signature Pages, one signed and initialed by each parent. Copies are sufficient. 3. If one parent has sole legal custody of the Minor Victim: <ul style="list-style-type: none"> • An original or certified copy of the Court Order of Custody Agreement granting the parent sole legal custody. <input type="checkbox"/> Yes – AND – • A complete Claim Form Signature Page signed and initialed by the parent who has sole legal custody. A copy is sufficient. <input type="checkbox"/> Yes <p>If you are the Guardian of a minor, you must also provide:</p> <ol style="list-style-type: none"> 1. An original or certified copy of the court order granting custody or appointing guardianship. <input type="checkbox"/> Yes 2. A complete Claim Form Signature Page signed and initialed by the person granted guardianship. A copy is sufficient. <input type="checkbox"/> Yes 	
<p>Guardian of a Non-Minor Victim who is incapacitated:</p> <ol style="list-style-type: none"> 1. You must submit an original or certified copy of the court order appointing guardianship. <input type="checkbox"/> Yes 2. A complete and signed Claim Form Signature Page by the person appointed guardianship. A copy is sufficient. <input type="checkbox"/> Yes 	

As a reminder, you do not need to submit this checklist with your claim form. If you have any questions about the appropriate documentation needed in order to file your claim, please call the VCF Helpline at 1-855-885-1555. Foreign language options and interpreters are available.