



The following topics were discussed in the teleconference with law firms held on November 16, 2016. The meeting covered important updates and reminders on the VCF.

- **General Updates on Claim Processing:** Since our last law firm meeting at the end of September, we have rendered nearly 1,000 determinations, encompassing both eligibility and compensation, new claims and amendments. As mentioned at that meeting, we have focused our efforts on claims for which a compensation determination has not yet been made, with amendments for claims that have already received some compensation being reviewed as a lesser priority. After considering feedback on this prioritization, we recently allocated resources specifically towards deciding amendments on claims that have already received some compensation, working these from oldest to newest based on the date of the amendment. When setting expectations for your clients, it is still true that these remain a lower priority than claims which have received no award at all. We have also made significant progress in clearing the backlog of appeals. We are now deciding appeals that had hearings held in July and believe we will soon be able to make decisions on appeals within 45 days of the hearing.

The biggest recent change has been the departure of former Deputy Special Master Debby Greenspan. Special Master Rupa Bhattacharyya and the entire VCF team express deep gratitude to Debby for her leadership of the program over the past several years, which we know is echoed by those in the 9/11 community. We have worked closely with Debby and the team to ensure there are no impacts to our operations as a result of her departure.

- **Timeline for claims processing:** As a general rule, claims are being reviewed in “first in, first out” order based on the date the compensation claim was submitted. The VCF’s current priority is on reviewing claims that were submitted before August 1, 2016, when the new claim form became available. This means that the VCF has placed a priority on claims that have been waiting longer for a determination versus beginning review of newer submissions. Our goal, by the end of 2016, is to decide all compensation claims for eligible claimants that were submitted prior to August 1, 2014, where we have received all of the information needed. We started in September with nearly 300 of these claims, and we now have less than 75 left, so we are on track to reach this goal.

Although we are focused on compensation claims submitted more than two years ago, we do expect that we will be able to make significant progress before the end of 2016 on claims that were submitted between one to two years ago (August 1, 2014 – August 1, 2015). We do not expect to be able to complete all of these claims, particularly given the time and attention required to decide complicated issues of compensation, but our team is committed to reviewing as many claims as possible within this group by the end of 2016.

We have received some questions about how our claim prioritization works, and address the more common questions below.

- **Amendments:** How we prioritize an amendment depends on whether we have already made payment on the claim. As a general rule, an amendment on a claim that has not yet been paid will not change its priority status. We are basing the priority on the date the compensation form was submitted. As a result, amendments on the eligibility side, or an amendment to add additional information relevant to a compensation determination (a new disability finding, for example), will not change the priority of the claim. To be clear, an amendment may add to the processing time; a new condition may require us to return to the WTC Health Program for additional information, or a new disability may require additional analysis associated with the claim for economic loss, but it should not change the priority order in which we consider the claim.



For claims that have already received some payment, however, our priority order relates to the date of submission of the amendment, and not back to the original compensation form submission date. So, as a general rule, it will be better for claimants (and will allow us to consider claims as a whole rather than piecemeal), if amendments are made while the claim is under consideration rather than after an award is already made.

We do, however, reserve the right to bifurcate an award and consider an amendment later if need be. For example, if we are just about to issue an award and an amendment for a new condition is received, we may decide it is better to issue the partial award we were ready to issue and consider the amendment separately (under the priority order for claims that have already received some payment), but we believe that will be the exception rather than the rule. As a general matter, we will consider the amendment while the claim is under review.

- Deceased claims: Deceased claims seem to be raising several questions. One is the question of prioritization and the situation when a Personal Injury (“PI”) claimant passes away before receiving an award and then the Personal Representative (“PR”) files a deceased claim. We have been asked if the claim will be prioritized for review based on the PI date of submission or the deceased claim date of submission.

As a general rule, if the victim died of a condition unrelated to their 9/11 condition, then the only change you will be making to the claim is the filing of a PR amendment, and as noted above, the filing of an amendment while the claim is under review will not change the prioritization of the claim. In other words, the claim will be prioritized based on the PI date of submission once the proper PR documents are received and validated. As you know, the claim will be placed on hold until we receive all of the required documents to support the PR amendment, including new authorizations to communicate with the law firm.

If the victim died of a 9/11 related condition, as a general rule, we are not going to bifurcate these claims. The PI claim will be placed on hold until the deceased claim is filed. Once the deceased claim is submitted with the appropriate documentation, the priority order of the claim will be determined by the compensation submission date of the PI claim.

- Eligibility claims: Although we are generally processing both eligibility and compensation claims in order from oldest to newest, we are currently prioritizing claims based on the compensation claim date of submission. This means that you could have an eligibility claim that was submitted in 2014 with a compensation claim submitted in 2015. This claim will be prioritized based on the 2015 compensation claim submission date.

For claims where you have only filed eligibility, you should file compensation in order to save the claimant’s place in line. While we continue to process eligibility-only claims, they are a lower priority than claims that are already complete, with both eligibility and compensation submitted.

- Decisions Issued on Newer Claims: We have heard questions about claims filed after 2014 that are currently receiving awards. In general, we are focusing on the older claims, but because of the division of labor among the staff, newer non-economic loss-only claims may be processed before older claims seeking economic loss. Please be assured that the decisions on newer non-economic loss claims are not impeding our review of the older economic loss claims.
- **Timeliness**: We continue to receive questions regarding the new timeliness guidance we have posted on our [website](#). As we explained at the September meeting, our rationale for revising the policy was to create bright line rules and because we recognized that claimants may have been diagnosed with a condition but may not necessarily have made the connection to their 9/11 exposure. Thus, under the new policy, for personal injury claims, the two-year registration deadline



is triggered only once that connection is made by a government entity. For individuals treating at the WTC Health Program who are filing personal injury claims, the starting date of the two year registration period (i.e., the “Registration Start Date”) is based on the earlier of two dates: (1) the date of the letter from the WTC Health Program indicating that the individual’s 9/11-related physical injury or condition has been certified for treatment, or (2) the date on which another government entity determined that the physical injury or condition was 9/11-related.” Note that “another government entity” may include SSA, Workers’ Compensation, FDNY, NYPD, NYCERS, etc.

The single biggest area of confusion seems to be with respect to the distinction between personal injury and deceased claims. Personal injury claims and deceased claims have different registration deadlines. *For deceased claims, the registration deadline is two years from the date of death.* That deadline does not turn on whether anyone determined that the cause of death was related to 9/11. In order to be consistent with the requirements of the statute, and the needs of orderly administration/processing of claims, we retained the two years from date of death (or two years from the date the condition to which the death is attributed was added as a covered condition under the WTCHP program) as the registration deadline. A personal representative, continues to have the right to appeal the eligibility determination and, if the circumstances presented are compelling, we could consider an equitable waiver or tolling of the deadline.

Even in such a circumstance, however, for the claimant who never treated with the WTC Health Program and never had a governmental determination that their injury was related to 9/11, the claim for the personal injury award may still be filed. In other words, for the claimant whose PI claim, but for the death, would have been timely upon verification of the condition through our Private Physician Process, the claim for the personal injury award may still be filed.

Similarly, in a case where the PI claim is untimely, for example a cancer case certified in 2013 where no claim has yet been registered, the deceased claim may still be filed if the victim passes away and the deceased claim is filed within two years of the date of death. As we have previously explained, however, a personal representative may not resuscitate a PI claim that would have been untimely if filed by the victim.

We recognize that these rules are new and complex. We plan to add a scenario-based FAQ to the website to deal with some of the more commonly raised situations and we will notify you once it is posted. Please review that material and as always, continue to bring us your questions if you can’t find the answer you need.

- **Policy on 9/11-related lawsuit dismissals versus settlements:** Many of you have raised questions regarding the lawsuit settlement/dismissal policy, especially as it applies to claims involving cancer or other newly covered conditions that were not part of the statute in 2011. As you know, we provide some flexibility with respect to dismissals – for claims or amendments raising newly covered conditions, a dismissal is timely if done before the claim or amendment for the newly covered condition is filed. But as you also know, the statute treats settlements differently, and we historically have not applied the same flexibility to settlements. The statute requires prior 9/11-related lawsuits to be settled and released on or before January 2, 2011.

We have reviewed our policies in light of the point that many of you have raised that this is inequitable with respect to the cancer claimants. We have concluded that we can consider certain equitable exceptions to the statutory requirement, but that we have to do so in a manner that is consistent with the underlying framework the statute lays out. As a result, we are finalizing our new lawsuit settlement/dismissal policy and will update the website once the policy is finalized. In the meantime, please note the following high-level summary:



- For **dismissals**, the dismissal has to happen before filing of the claim. This is the current policy and would also be true for amendments; any dismissal would have to occur before filing of an amendment.
- For **settlements**, the settlement had to have happened before the date on which the WTC Health Program added the condition to the list of presumptively covered conditions. We see this as the closest analogous date to the one in the statute, which required settlement prior to enactment of the Zadroga Act. So, a claimant with lung cancer would have had to have settled and released his/her lawsuit on or before October 12, 2012, the date on which WTC Health Program added cancer to its list of covered conditions, thus making it an eligible condition for purposes of the VCF.

In both cases, for both dismissals and settlements, the new policy is **condition-specific**. A timely dismissal for a newly covered condition would NOT render earlier conditions for which a lawsuit was not timely dismissed eligible for compensation; only the newly covered condition would be compensable.

Please note that nothing in this policy turns on what conditions were alleged in the 9/11- related lawsuit. VCF staff will not, cannot, and should not try to parse the complaints in the lawsuit to try to figure out what was alleged by whom and against which defendants, and, of course, because the cases are being settled without admissions of liability, there is, in any event, no correlation between what was alleged and the reasons underlying any settlement. Our focus will be solely on whether the lawsuit was 9/11-related in a more generic sense and on the conditions that are being brought to the VCF for compensation.

- **Amendments and appeals:** We continue to get questions about when to amend and when to appeal. In light of the questions raised on the call and in subsequent communications with VCF staff, we are reconsidering our guidance on this issue in an effort to provide more clarity and will notify you when it is available. For reference, the current guidance is republished below:
  - Generally, you should file an appeal if you are challenging the determination that has already been issued. You should amend if you are seeking a new determination based on new information. An appeal is not a vehicle through which you can seek to expedite review of an amendment that is unrelated to the decision already issued. Appeals filed solely for purposes of seeking consideration of an amendment on an unrelated issue will be summarily denied and the claim, as applicable, will be moved to payment. The following guidelines apply when considering whether to amend versus appeal:
    - Eligibility: You should appeal if the VCF has determined that the claimant is ineligible to receive compensation, you do not have any additional information to submit in support of the claim, and you believe the only way to demonstrate the claimant's eligibility is through testimony at a hearing.
    - Compensation: You should appeal if you believe the amount of the award was erroneously calculated based on the information submitted with the claim. For example, you would appeal the compensation determination if you believe that the VCF used an incorrect income amount to calculate lost earnings, or did not include in the calculation specific information regarding employer-provided benefits that was provided in the claim submission.
  - You should file an amendment, not an appeal, if you have new information to provide that was not previously submitted, or if the claimant's circumstances have changed since the VCF issued a determination on the claim. For example, you would file an amendment if:



- The victim has additional injuries and/or conditions that were not considered in the original determination and which you believe are eligible for compensation.
  - The victim has a condition that was considered in the original determination but that has worsened since that determination was issued.
  - The original claim was filed for non-economic loss only and the claimant now wants to claim economic loss.
  - The claimant filed a claim for economic loss but did not include a claim for a component of the loss (e.g., replacement services).
  - The claimant has new losses as a result of a newly eligible condition.
- **Distribution plans:** As a general rule, the VCF does not approve distribution plans, and has not done so in this iteration of the VCF. We expect that the personal representatives will distribute the award in accordance with the terms of the decedent's estate and state law. The VCF does not have the authority or the expertise to interpret or to preempt state law in this area.
  - **CMS Update:**
    - Re-Opened Amendments: We recently finished re-opening revision reviews for those claims where amendments were unintentionally closed during the Group A payment push (e.g., due to Captive settlement updates), or for which a hard copy amendment was submitted when the claimant portal was offline for the redesign. The impacted claims should now show in "Review: Amend/Appeal" status in the online system. The revisions were all back-dated to the original date of the corresponding amendment so they will be prioritized accordingly for review. If you identify a specific claim that you believe the VCF should be reviewing, but the claim is not in either the "Review: Amend/Appeal" status or under original review, please file a new amendment so the claim can be reviewed.
    - Deceased claims registered in old portal and Eligibility completed in new portal: The changes to the online claim form included updates to the way information is gathered specific to claims for deceased individuals. If you registered a claim for a deceased victim using the old claim form and system – but did not submit Eligibility under the old system – the new system does not properly present you with the specific questions that need to be answered about the claimant's relationship to the deceased victim, whether the victim died as a result of an eligible 9/11-related physical injury or condition, and other decedent-specific questions. As a result, we are missing certain information that is needed in order to properly review the claim.

If you have claims that fall into this category, you will be receiving a letter from us later this week or early next week with a list of your impacted claims and instructions on the steps you should take to be sure we have all the information needed to evaluate the claim. The letter will explain the following:

- If you have a claim in this situation for which you already submitted Eligibility in the new system, we will need you to complete and submit Appendix A and a new claim form Signature Page. You can use the PDF fillable versions from the [website](#) and upload the completed documents to the claim.
- If you have a claim in this situation and you have **not** yet submitted Eligibility, please start a new registration and we will mark the original registration as a duplicate once the new claim is filed. This will not impact the determination of the claim's timeliness as the original registration date will still be in our system and used to determine timeliness.



- Reminder about column view in various tables: We recently sent an email about this but want to be sure everyone knows how to view the new tables. Some of you have reported columns disappearing from view on tables such as Supporting Documents, Claim Summary, etc. The new system design adjusts the view according to your screen size and as a result, will show and hide columns to adjust to your tablet, phone, or other device. You should see a “+” sign to the left of the first column which will hide/unhide any extra columns. If the table does not automatically adjust to fit the size of your screen, simply pick a column to sort and the table should automatically adjust to the space allocated.
- Claimant portal updates: We appreciate your continued feedback on the claimant portal. We have another set of updates in development and based on our current schedule, we expect these to deploy over the weekend of December 3. These enhancements include:
  - Fixing the date sorting issue in Correspondence and View Documents so it sorts on the full date instead of the first digit of the month.
  - Correspondence emails will now include the specific letter type in the email subject line so you can easily see the type of letter that was uploaded and mailed.
  - In the Employer table in the “Employment and Compensation History” section, the “Edit” and “Remove” symbols are being re-positioned to make it easier to select from the two distinct actions.
  - Fixing the error message and inability to save when deleting an Employment entry.
  - Increasing the size of the “View Documents” window to view more documents.
  - Allowing you to select column visibility on “Correspondence” and “View Documents.”
  - When navigating between tabs, you will be brought to the top of the tab instead of the bottom.
- Security update: We appreciate your patience while we work through the remaining delegation and ownership requests. Once the requests are completed, we will move forward with the plan we talked about at the September meeting to allow only one active session per unique user name. The date for this has not yet been established and we will notify you once it is confirmed.

DOJ’s newest mandate has to do with supported browsers and operating systems. We do not have a date for this change, but want to give you as much notice as possible since you may need to make changes on your end in order to be able to access the claimant portal. Once the changes are in place, your system will need to meet the following requirements in order to use the claims system:

- Operating system must be WINDOWS 7 or higher.
- Web browser must be INTERNET EXPLORER 11 or higher or Microsoft Edge running on:
  - Windows 7
  - Windows 8.1
  - Windows 10
- Your browser and operating system must connect using Transport Layer Security (TLS) 1.2.



- Browsers unsupported by DOJ for the claimant portal, such as Chrome, Safari, Firefox, etc., should not have issues with this new requirement, provided that the most recent version is being used.

**If you are not using Windows 7 or later and at least Internet Explorer 11 or above, you will not be able to access the claimant portal after this change.** Please check with your technical team now to verify that your computers and browser will meet these standards. We will let you know as soon as we have more information and a set date for this change to take effect.

- Who to contact for system-related requests:
  - If you encounter a technical issue while using the site, need to add delegation capability to a user, or need general account assistance, the Helpline is the best point of contact.
  - If you have a suggested enhancement or you need assistance with something related to the security policy, or assistance with a one-time ownership or delegation request on a large number of claims, please contact Stefanie Langsam.

- **Payment-related Items:**

- Treasury Offsets: Some of you have reported either receiving payments for amounts lower than what was listed in the award letter or correspondence from Treasury indicating that money was withheld from the payment because the claimant owed a debt to the federal government. As a general matter, VCF payments are exempt from the Treasury Offset Program, which is the mechanism by which the government collects on these debts. We discovered that a group of recent payments incorrectly had money withheld by the Treasury Department in cases where VCF claimants owe money to other government entities. This money has already been dispersed to the other government entities, and Treasury needs to recover the funds before we can issue the remaining payments to you.

We are working very closely with the DOJ budget office and Treasury to recoup the money and then expedite the payment to you for the balance of the award. For claims experiencing this problem, you can make an initial payment to the claimant with the amount you have received from Treasury. The error impacted only a limited number of claims and it has since been resolved. If you have any claims that have experienced this problem, and you have not already reported it to the VCF, please email the date of payment and payment amount to Colleen King.

- Group A claims that have not yet been paid: As you know, during the Group A payment activity, there were a number of claims that were authorized for payment but placed in an “unpayable” account while awaiting the receipt of documents needed to pay the claim. These were almost all personal injury claims for which the victim passed away before the Group A final payment could be made. There are currently about 30 claims in this group.

In order to properly close out Group A, we are now required to issue the payment on these claims. If you have a claim in this category, you will receive a letter from us explaining the policy, listing the documents that are still needed, and explaining that if we do not have the documents needed to pay the claim within 30 days from the date of the letter, the Group A award will be rescinded and reissued under Group B once the documents are submitted. For some of these claims – about 25% – the award may be reduced under Group B. The magnitude of any decrease will depend on the individual claim and any subsequent deceased claim that may be filed. We began sending these letters this week.



- **Expedites:** We have an increasing number of expedite requests – both for financial hardship and terminal illness – and we appreciate your discretion in identifying those claims that truly rise to the level of exigent circumstances. While it has been our practice up to now, once we approve a request to expedite on the initial award, to apply that expedited designation for the life of the claim, we have decided that going forward, the expedited status will **not** automatically apply to amendments on previously expedited claims.

This decision was made because, particularly in cases of financial hardship, once the payment is issued on the initial award, the financial situation has been mitigated at least to some degree. In addition, given the number of claimants who still have not received their first determination and payment, we want to be sure any expedite request for an amendment is justified.

This means that if you have a claim that was expedited for the initial review and, after it has been decided and paid, you file an amendment on that claim, it will be reviewed under the ordinary priority order applicable to amendments. If the circumstances continue to warrant expedited review, you should submit a renewed request for expedited consideration when you submit the amendment. You should follow the normal process by contacting Colleen and Jordy or the Helpline to request expedite status once the amendment has been submitted.

- **Communications with VCF staff:** We understand that in some situations, you may have questions about a claim that you want to discuss with VCF staff. While we certainly welcome those questions, it is important that all communications about claims are captured in CMS and that you take action in CMS. For example,
  - If you want to request expedited status, you should upload documentation of the claimant's exigency, and then email Colleen and Jordy, referring them to the upload.
  - If you want to appeal the calculation of an award and believe it raises a policy issue, you should follow the normal processes for appealing the determination, and then contact Colleen and refer to your appeal as an example of the issue.
  - If you are responding to a missing information request, you should upload the requested documentation directly to the claim. If a VCF staff member concurrently emailed you about the missing information, you can respond to them letting them know the information has been uploaded.

We understand that some of you may have contacted Debby, or other members of the VCF team who have also left the program, for guidance or assistance on issues that have not yet been resolved – whether policy or claim-specific. If you have any such unanswered questions, please forward the relevant email traffic to Colleen King. If you discussed opening closed claims or bifurcating claims with a member of the VCF staff, but never filed an amendment to the claim, we encourage you to check in CMS to see if those claims show as under review. If they do not, you should file an amendment.

Rupa is available and happy to talk to you on any policy matters or issues that you believe warrant her attention, but please remember that Colleen King is your first point of contact when you are reaching out to the VCF.

- **WTC Health Program disability evaluation requests:** As you know, this process was previously handled via email with Debby. Going forward, this process will happen entirely within CMS, which allows us to more easily identify the request and track it to completion. For new claims, you have the option to request a WTC Health Program disability evaluation in the claim form. For existing





claims where you now want to request a WTC Health Program disability evaluation, you should file an amendment requesting consideration.

We will be setting up an email box specifically for disability evaluation requests, so that we can ensure that these are timely reviewed. Once you have filed your request, either on a new claim or form or by way of an amendment, please also email your request and any prior email traffic regarding the request to that box. We will let you know the email address once we have it set up.

In both scenarios, if your request is approved, once the claimant receives the disability evaluation from a WTC Health Program doctor, you need to file an amendment and upload the completed evaluation to the claim. This means in the scenario where you are requesting an evaluation for an existing claim, you will file two amendments: the first when you request the evaluation, and the second once you have the evaluation in hand.

- **Cancelling hearings:** If you need to cancel a hearing, you must both upload a letter to the claim cancelling the hearing and **call the New York office at 212-619-3215**. Please recognize that cancelling hearings, especially at the last minute, is a tremendous inconvenience for a lot of people – the New York Office; VCF staff from D.C. who may be travelling to support the hearing; our fantastic, and pro bono, Hearing Officers; and court reporters.

There are some firms who have cancelled between 50 and 75% of their scheduled hearings. This is simply unacceptable. Please be mindful of last minute cancellations or of continuing with a hearing when an amendment is more appropriate. For example, we recently had an NYPD officer show up to an eligibility hearing with his log book, which should have been submitted on the claim long ago, and could be submitted now via an amendment. This accomplishes little except taking up valuable time that could be spent on hearings that require the face-to-face interaction.

We cannot stress enough that if you request an appeal and have a hearing scheduled, please consult with your clients to determine whether that hearing is, in fact, necessary. You should do this in sufficient time to provide us with adequate notice so that the hearing may be cancelled without significant inconvenience. The number of appeals has grown significantly, so while we have made this request before, it has become even more important now in order for us to ensure we can focus our limited resources on those that truly need and warrant a hearing.

- **Questions:** The following questions and answers were discussed:
  1. **Please confirm the proper procedure for adding or changing the attorney associated with a claim that was previously registered by the claimant or a prior representative**

Full instructions for adding, changing, or removing an attorney from a claim, including how to get online access to the claim, can be found on the website under the [FAQ](#) tab. See General Question 1.2 “How do I add or change the attorney on my claim?”

Please note that if the claimant was previously represented by a different law firm, we will send a letter to the law firm so that they are aware of the change.
  2. **I have a claim where we have submitted Eligibility but have not submitted Compensation. I have called the Helpline and they have told me it does not matter when you submit Compensation. This seems to conflict with the information you provided on this call about how claims are prioritized for review. Can you please clarify**

While we are still making determinations on Eligibility-only claims, they are being reviewed as a lesser priority. Our prioritization is based on the date Compensation is submitted. The best way to get the claim moving is to submit the Compensation section.



- 3. I am having significant issues getting medical records for a specific claimant. The claim is now in an “Inactive” status while waiting the records. I spoke with the Helpline to make sure they don’t cancel the claim but do I need to keep calling them? I want to make sure the claim is not denied while I try and obtain the information.**

For a claim placed in inactive status, you generally have 60 days from the date of the missing information letter to reactivate the claim by submitting the required documentation before it is denied, so it is extremely helpful to keep us posted. (Note that the timeline is 30 days on an active claim that has received a missing information letter). If we know you are actively working to get the requested information, we can note that in the claim so it is not denied due to a lack of response to our requests. It is helpful if you keep us updated on your progress by calling the Helpline so we have current notes in the claim.

- 4. Please clarify the registration deadline for deceased claims. If the 2-year deadline for the deceased claim was missed, the Personal Injury claim can still be deemed timely, correct?**

Yes. The PI claim can still be considered timely if there was no earlier government determination, and the victim is coming through the Private Physician Process to be verified. The PI claim is considered timely in this circumstance because it is the verification date that triggers timeliness.

- 5. Does Colleen still hold office hours on Wednesdays?**

Yes, Colleen continues to hold office hours on Wednesday afternoons. If the day/time is not convenient, please contact Colleen to schedule an appointment.

- 6. My client is asking about the Justice Against Sponsors of Terrorism Act (JASTA). Can you clarify what will happen to their award if they receive a settlement via JASTA?**

We just posted a new [FAQ](#) on this topic (General Questions 1.6). To confirm, if you participate in a lawsuit under JASTA, you can still file a VCF claim. See Zadroga Act, Pub. Law No. 107-42, as amended by Pub. Law No. 107-71, Section 405(c)(3)(C)(i). However, any compensation awarded by the court in the lawsuit or obtained in a settlement of litigation will be treated as an offset and deducted from your VCF award.

- 7. If JASTA is successful, it will be a settlement 5, 10, or 15 years from now. The VCF is expected to be shut down. What is our obligation to report the offset?**

The offset issue is only relevant if JASTA money comes in before the VCF shuts down. In such a case, the Claimant is obligated to report the settlement to the VCF on the Collateral Offset form, and the policies stated on the form will apply. If a JASTA settlement occurs after the VCF has closed, the current statutory scheme does not provide for offset.

- 8. When you are proceeding with an amendment and you don’t file an appeal within 30 days of the decision letter, once a decision on the amendment is issued, can you appeal any part of the decision (meaning the original determination and the amended determination)? Is this the VCF’s policy and is there an FAQ that states this?**

In light of the questions raised on the call and in subsequent communications with VCF staff, we are reconsidering our guidance on this issue in an effort to provide more clarity and will notify you when it is available.



- 9. What if you don't ask us to withdraw the appeal? We are concerned that if we file an amendment without filing an appeal, but the amendment issue is only part of the overall issues, then we are concerned we are foregoing our right to appeal the whole claim.**

If you are unsure regarding the best course of action to take, we suggest you call us so we can discuss the issues and determine if an amendment or appeal is more appropriate.