

DOCUMENT CHECKLIST

In order to begin review of your claim, the VCF needs your completed claim form and certain required documents to support your claim. This checklist explains the documents you must provide based on the circumstances of your claim. A notation of "N/A" means documents are not required for that scenario.

The VCF will accept copies of most documents. You are only required to provide an original where it is specifically noted on the checklist.

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

Carefully review the information in each section and use this checklist to confirm you have all the required documentation ready to be mailed to the VCF with your claim form. You do not need to submit this checklist with your claim. This list includes what is needed for processing most claims; however, based on your specific circumstances, the VCF may contact you for additional documentation once we begin review of your claim.

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 ALL CLAIMANTS | Documents Required |
|---|---|
| 1. Documents Required for Processing: | |
| September 11 th 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. | <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 your 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 Crash Site between September 11, 2001 and May 30, 2002: | |
| 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 |
| You must submit at least two forms of written proof showing the victim was present at the site. Upload each document separately. Below are examples of types of documents that can be used to show proof of presence. <ul style="list-style-type: none"> • Employer records confirming presence – such as a letter from the employer confirming work at the site, an official personnel roster and site credentials confirming work at the site, workers’ injury reports (documenting injury at the site), or a pay stub showing dates of work and location at the site. • 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 site between September 11, 2001 and May 30, 2002. A sworn statement from a witness who can attest to your presence at the residence is sufficient. • Any contemporaneous document that shows the victim’s location at the site – such as orders, instructions, confirmation of tasks performed, medical records (documenting treatment as a result of injury that occurred at the site), or school or day care records confirming enrollment or attendance during the period. • 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 at a 9/11 crash site. | Two (2) Required <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes |

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| 3. Physical Injury or Condition: | |
| If the victim's 9/11-related physical injuries or conditions have been certified for treatment under the WTC Health Program after July 1, 2011, you do not need to submit any proof of physical injury. | N/A |
| If one or more of the victim's 9/11-related physical injuries or conditions are not being treated by the WTC Health Program – in addition to completing the Private Physician Packet in Appendix C of the claim form, you must submit documentation that includes proof of when each injury or condition was discovered and when each injury or condition was first treated by a medical professional. | <input type="checkbox"/> Yes |
| 4. Lawsuits related to September 11, 2001: | |
| The victim did not 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 other claimants, you must submit:</p> <ul style="list-style-type: none"> • A copy of the notice of withdrawal/dismissal <i>filed on or before January 2, 2012</i> by the victim (or on behalf of the victim). This proof must include confirmation that the notice was filed with the court. For example, you can submit the actual notice showing the file stamp or a confirmation from the ECF system. • If the victim's lawsuit was settled with some or all parties, the VCF needs documentation showing the amount of the settlement and the release of the lawsuit. | <input type="checkbox"/> Yes |
| 5. Non-Economic Loss (i.e. pain and suffering): | |
| <p>These documents are optional and you are not required to submit them in order to receive compensation for non-economic loss; however, they can be useful in making a determination on your claim.</p> <ul style="list-style-type: none"> • An impact statement describing the effect of the September 11th-related physical injury or condition on the victim's life. • Medical records showing the severity of the conditions. | <input type="checkbox"/> (Optional) |

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DOCUMENT CHECKLIST

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

| DOCUMENTS REQUIRED ONLY IF APPLICABLE TO YOUR CLAIM | Documents Required |
|---|--|
| 1. Replacement Services: | |
| <p>You must submit the following to support your claim for replacement services:</p> <ul style="list-style-type: none"> • For any claim of replacement services loss to date, documentation such as invoices or receipts showing services rendered and payments received. • For any claim of future replacement services, documentation of type and cost of replacement services expected to be incurred in the future (e.g., estimates or price quotes for future services), and medical records showing the victim’s inability to perform these activities. | <input type="checkbox"/> Yes |
| 2. Loss of Past Earnings: | |
| <p>You must submit the following to support your claim for loss of past earnings:</p> <ul style="list-style-type: none"> • Exhibit 1 – “<i>Social Security Administration Consent Form.</i>” • Documents showing the victim did not work and was not paid for the time not worked. Examples include: a letter from the victim’s employer, copies of pay statements that show a reduction in work, or a year-end pay summary. | <input type="checkbox"/> Yes <input type="checkbox"/> Yes |
| 3. Loss of Future Earnings: | |
| <p>You must submit the following to support your claim of loss of future earnings:</p> <ul style="list-style-type: none"> • Exhibit 1 - “<i>Social Security Administration Consent Form.</i>” • For retired New York City Employees (NYPD, FDNY, other NYC agencies) – please submit Exhibit B1 – “<i>Authorization for Release of Pension Records and Health Information by New York Individuals and Entities.</i>” • If the victim was deemed disabled by their physician, you must provide the medical records documenting that determination and from what condition(s). | <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes |
| <p>To claim loss of health care benefits, you must submit the following:</p> <ul style="list-style-type: none"> • Documentation about the health care plan from the provider; or documents or benefits statement from the employer, including statements supporting the value of the health care plan. | <input type="checkbox"/> Yes |
| <p>To claim pension loss, you must submit the following:</p> <ul style="list-style-type: none"> • Documentation from the victim’s employer providing an explanation of how the pension was calculated. If the pension offers different payment options, please provide the document the victim received outlining those options. • A letter from the victim’s employer stating that the pension has been finalized and the monthly and annual amount of the pension being received. <p>As each pension plan is unique, please see the VCF website for more information on documents to support loss of pension.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> Yes |
| 4. Collateral Source Payments: | |
| <p>Submit both of the following documents, if applicable:</p> <ul style="list-style-type: none"> • A copy of any pending or approved applications with the Social Security Administration and/or a Workers’ Compensation Program. • Documentation of the victim’s pension or other benefits, such as a pension description and statement; rulings, orders, determinations, or correspondence from the benefits program. | <input type="checkbox"/> Yes <input type="checkbox"/> Yes |

