



Section 1. General Questions

1.1 I submitted my claim. What happens next? *(Updated: October 5, 2017)*

Once you submit your claim, the first step the VCF takes is to do a preliminary review to confirm that all of the “minimally required” documents have been submitted. In addition to a complete Claim Form, we require the following documents before your claim can move forward for a more substantive review:

- Complete Signature Page
- Original and signed Exhibit A – “Authorization for Release of Medical Records”
- Proof of Presence documents as specified in Section 1.6 of the VCF [Policies and Procedures](#) document
- Exhibit 1 – “Social Security Administration Consent Form” (required only if you are claiming economic loss)

If any of the above documents are missing or insufficient, the VCF will send you a Missing Information letter and place the claim in “Inactive” status. Once the required documents are received and verified as sufficient, the claim will be reactivated for review.

If the requested documents are not submitted within 60 days of the date of the Missing Information letter, your claim may be denied. If your claim is denied, you can amend your claim once you have the necessary documents and the VCF will reactivate your claim for review. Follow these [instructions](#) on how to file an amendment.

See [here](#) for an overview of the claim review process.

1.2 I submitted my claim. When will a decision be made on my claim? *(Updated: September 18, 2017)*

As a general rule, claims are reviewed in “first in, first out” order based on the date the claim was submitted. This means the VCF prioritizes claims that have been waiting longer before beginning review of newer submissions.

Our focus continues to be on the oldest compensation claims and we expect to render award decisions on all compensation claims submitted in 2015, for which we have all the information required to make a decision, by the end of 2017. We are currently issuing awards on claims filed in the later part of 2015. Please do not be alarmed if your compensation claim was submitted in 2015 and is not yet showing as “Under Review” in the online system. We implemented new processes earlier this year that have resulted in the faster review and determination of claims.

Please remember that each VCF claim is individually reviewed and calculated, with some of the more complex claims taking significantly longer to complete. This is particularly true of wrongful death claims, in other words, those claims filed for victims who died of a 9/11-related condition. These claims require the submission and review of a substantial amount of information and documentation in order for the award to be calculated. In addition to information from third parties that includes details of pensions, life insurance, and Social Security Survivors Benefits (as examples), the VCF must also review information on dependents, employer benefits, and confirm the legal authority of the Personal Representative who filed the claim.

Once the VCF begins reviewing your claim, we will contact you if we need any additional information. The best way to help speed the review of your claim is to respond promptly to any request.



1.3 How do I add or change the attorney on my claim? *(Updated: April 7, 2017)*

To add, change, or remove the attorney on your claim, follow the instructions on the [Change of Attorney Form](#) and upload the completed and signed form to your claim. Please note that if you are adding or changing an attorney, you and your attorney will also need to submit certain documents with the form. Once the VCF receives the completed form and any required documents, we will make the appropriate updates to your claim, including who receives correspondence and who is able to access the claim online.

If you are adding an attorney to your claim for the first time, or changing attorneys, you can add the attorney's name and contact information to the "Attorney Information" section under "Claim Details" in your online claim. Once you log in to your claim, click on the VCF number in the left-hand column of the Summary Table to access the "Claim Details" screen. Once you have added the information, call the VCF Helpline to request online access be granted to your claim for your attorney. Alternatively, you may complete "Option 1" on the [Change of Attorney Form](#) and upload that to your claim and the VCF will make the necessary updates in the system.

Please note that if you are changing or removing the attorney on your claim and you previously submitted documents directing the VCF to pay your claim through your former attorney, that instruction may not be changed after your award letter is issued. You may still remove or change the attorney associated with your claim for any future appeal or amendment. If your award is changed by that amendment or appeal and you submit new payment instructions, then the new payment instructions will apply to the payment resulting from the amendment or appeal and all subsequent payments. Claimants should be aware that, regardless of how they receive payment from the VCF, they are liable for any agreement related to attorney fees as specified in the attorney-claimant contract.

1.4 What is the WTC Health Program Disability Evaluation Process and how do I sign up for an evaluation? *(Added: September 9, 2016)*

The VCF has worked with the WTC Health Program to implement a disability evaluation process for victims who are disabled due to an eligible condition, but who do not have a determination of a total and permanent disability from some other source, such as the Social Security Administration, a state Workers' Compensation program, or a private doctor or insurance company. This program provides a way for you to have a disability evaluation for purposes of your VCF claim.

This program is not for everyone. It is intended for victims who have partial or full disability *due to an eligible condition* but who do not have, or cannot get, a disability determination from one of the standard third party entities. Victims who already have a disability decision based on an ineligible condition also may be candidates for the program if their eligible condition also became disabling.

Click [here](#) for complete details on the WTC Health Program Disability Evaluation Process, including how you can request that you be considered for an evaluation.

1.5 If I already submitted my claim, how do I add a new condition for consideration? *(Updated: April 27, 2017)*

You should amend your claim by following the guidance below based on your specific situation.

- **If the condition you want to add has been certified for treatment by the WTC Health Program:** Submit your amendment by following these [instructions](#).
- **If the condition you want to add is not being treated by the WTC Health Program:** You should seek certification from the WTC Health Program for the new condition before submitting your amendment. You can seek certification for treatment from the WTC Health Program for



purposes of your VCF claim *and* still be treated for your certified condition by a physician outside of the WTC Health Program. **Making an appointment with the WTC Health Program and seeking certification for your condition is the best way to get the necessary evidence that the condition is eligible for purposes of obtaining compensation from the VCF.** You can find an application for the WTC Health Program online at www.cdc.gov/wtc or by calling 1-888-982-4748. The WTC Health Program includes a Nationwide Provider Network (“NPN”) to serve members who live outside the New York City metropolitan area. The NPN is available to WTC, Pentagon, and Shanksville responders and WTC survivors. For information about the NPN call 1-888-982-4748. Once the condition has been certified for treatment, submit your amendment by following these [instructions](#).

If you are not able to seek certification for treatment from the WTC Health Program for a condition for which you are requesting compensation from the VCF, you must provide the VCF with certain medical records and information about your treatment by a non-WTC Health Program physician. The forms, instructions, and detailed information about the Private Physician Process are available under “Forms and Resources” on the VCF website. *Please note that the Private Physician Process is intended for those individuals who are not able to go to a WTC Health Program center to have their condition evaluated and certified for treatment.*

Once you submit your amendment, the VCF will contact the WTC Health Program to confirm the condition is eligible and will send you a revised Eligibility Decision letter with the outcome of our review. If you have already submitted your Compensation Form, the VCF may calculate the amount of your loss and issue your payment based on your original submission while still reviewing your request to add a new condition. If this should happen, the VCF will provide you with directions on how to amend your compensation claim based on the outcome of our review of your additional condition.

1.6 Do I need a lawyer to file a claim? *(Added: November 10, 2016)*

No, you do not need an attorney to file a claim with the VCF.

1.7 If I participate in a lawsuit under the Justice Against Sponsors of Terrorism Act (JASTA), can I still file a VCF claim? *(Added: November 10, 2016)*

Yes, 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). 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.

1.8 Is the WTC Health Program part of the VCF? *(Added: March 22, 2017)*

No, the WTC Health Program and the VCF are different programs. The WTC Health Program provides medical monitoring and treatment for physical injuries and conditions resulting from 9/11 exposure. The VCF provides compensation for losses resulting from physical injuries and conditions related to 9/11 exposure. You must register for each of these programs separately. Enrollment in the Health program does not automatically register you with the VCF and if you are being treated by, or monitored through, the WTC Health Program, you are not automatically eligible for compensation from the VCF. For more information on the WTC Health Program, please visit their [website](#).



Section 2. Registration and Other Deadlines

2.1 How do I register my claim with the VCF and what is my deadline? *(Updated: September 9, 2016)*

You must register with the VCF by the deadline that applies to your individual circumstances, as set forth in the table on page 2 of [Registration and Claim Filing Deadlines](#). By timely registering your claim with the VCF, you preserve your right to file a claim with the VCF in the future, but no later than December 18, 2020.

2.2 If my Registration was incomplete and I need to start over, will this impact whether or not my claim is considered to have been timely registered by my applicable deadline? *(Added: September 9, 2016)*

If your Registration status was “Incomplete” prior to August 1, 2016 when the new claim form became available, you will need to create a new registration in the online system and you will receive a new VCF number. However, the information you previously entered in your original registration will still be stored in the system and the VCF will be able to see the data. When you submit your new registration and claim form, we will use the data from your original incomplete registration when determining the timeliness of your claim.

2.3 Can I register if I missed the October 2013 registration deadline? *(Added: November 10, 2016)*

Yes. The October 3, 2013 registration deadline applied only to those individuals who knew on or before October 3, 2011 that their condition was related to 9/11, as determined by the WTC Health Program or another government entity. If you learned your condition was related to 9/11 after October 3, 2011, the October 3, 2013 deadline does not apply to you.

The October 3, 2013 deadline also does not apply to those who have a 9/11-related condition that was added to the list of eligible conditions after October 3, 2011.

The table on page 2 of [Registration and Claim Filing Deadlines](#) outlines the registration deadlines that apply based on your individual circumstances. You must register by the applicable deadline in order for your claim to be considered timely. Once you register, you have preserved your right to file a claim with the VCF in the future, but no later than December 18, 2020.

2.4 If I was diagnosed with a newly-added WTC Health Program condition, such as new-onset COPD or Acute Traumatic Injury, what is my registration deadline? *(Added: November 10, 2016)*

Your registration deadline depends on your specific situation and when the WTC Health Program or another government entity notified you that your new-onset COPD or acute traumatic injury is 9/11-related. The table on page 2 of [Registration and Claim Filing Deadlines](#) outlines the registration deadlines that apply based on your individual circumstances. You must register by the applicable deadline in order for your claim to be considered timely. Once you register, you have preserved your right to file a claim with the VCF in the future, but no later than December 18, 2020.



2.5 I heard there is a new policy for registration deadlines. Why did it change and what does that mean for my claim? *(Added: March 22, 2017)*

We revised our policy regarding registration deadlines in September 2016 and posted the new policy to our website. We revised the policy because we recognized that an individual may have been diagnosed with a physical injury or condition, but may not necessarily have been aware that the physical injury or condition was related to their 9/11 exposure.

The table on page 2 of [Registration and Claim Filing Deadlines](#) outlines the registration deadlines that apply based on your individual circumstances. You must register by the applicable deadline in order for your claim to be considered timely. Once you register, you have preserved your right to file a claim with the VCF in the future, but no later than December 18, 2020. Below is a more detailed explanation of what the policy means for both Personal Injury claims and Deceased claims. **Please note that Personal Injury claims and Deceased claims have different registration deadlines.** We have also included several scenarios to help guide you in determining your registration deadline.

- *For Personal Injury Claims:*

Under the new policy, the two-year registration deadline for personal injury claims is triggered when a federal, state, or local government entity determines that a physical injury or condition was 9/11-related. Note that “a government entity” may include the World Trade Center (“WTC”) Health Program; a state workers’ compensation board; or a government employer such as the FDNY, NYPD, or NYCERS for purposes of awarding a disability pension.

Thus, for individuals being treated 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 (e.g., the FDNY, NYPD, NYCERS, or state workers’ compensation board) determined that the physical injury or condition was 9/11-related. For individuals not being treated through the WTC Health Program, the Registration Start Date is the earlier of: (1) the date on which a government entity determined that the physical injury or condition was 9/11-related, or (2) the date on which the individual’s physical injury or condition is verified through the VCF’s Private Physician process.

For deceased victims, a properly appointed Personal Representative may either: (1) continue with an existing personal injury claim if the registration for that claim was already timely filed, or (2) may register and file a new personal injury claim *seeking compensation for losses suffered prior to the victim’s death*, as long as the registration is submitted within two years of the victim’s Registration Start Date. This means that:

(a) For deceased victims who were treated through the WTC Health Program or who had a government determination that their condition was 9/11-related, the registration for the personal injury claim must be submitted within two years of their WTCHP certification of the condition or government determination that the condition was 9/11-related, whichever was earlier.

(b) For those deceased victims who were not treated in the WTC Health Program and do not have any other government determination that their condition was 9/11-related, the personal injury claim is considered to be timely filed if the claimed physical injury or condition is verified by the VCF through the Private Physician process.

- *For Deceased Claims:*

Deceased claims are claims seeking compensation for losses incurred for a death that was the result of a 9/11-related physical injury or condition. For these claims, the registration deadline is



two years from the date of death. This deadline does not change based on whether (or when) any government entity or individual determined that the cause of death was 9/11-related.

A deceased claim may be filed even in cases where the personal injury claim is untimely, so long as the deceased claim is registered within two years of the date of death. A Personal Representative may not, however, initiate a personal injury claim that would have been untimely if filed by the victim.

Note: The VCF considers a claim a deceased claim *only if* the victim's cause of death was a 9/11-related physical injury or condition. If a victim has died due to an injury or condition that is not related to 9/11, the claim is considered a personal injury claim for purposes of the VCF program. Below are several sample scenarios based on questions that we frequently receive. We have included these to help guide you in determining whether to submit your registration and when to submit it to be sure you meet the applicable deadline.

Sample Scenarios:

Scenario 1:

The claimant is being treated by the WTC Health Program. He has uploaded to his claim his original certification letter, dated November 2013, which indicates that his WTC-related aerodigestive conditions were certified for treatment in July 2011. The claimant registered with the VCF in October 2015. Is this registration timely?

Yes. The VCF's general policy is to look at the date of the certification letter (November 2013), and not the date the certification was effective (July 2011). The letter date provides a clear date as to when the claimant knew that certain conditions had been certified as 9/11-related. Because the letter was dated November 2013, this claimant had two years from that date (until November 2015) to register with the VCF, so the October 2015 registration is considered timely.

Scenario 2:

The claimant is being treated by the WTC Health Program. She has upload to her claim the original certification letter, dated November 2013, which indicates that her WTC-related aerodigestive conditions were certified for treatment in July 2011. In July 2016, the claimant was newly certified with cancer in a certification letter dated July 2016, which was also uploaded to the claim. The claimant registered with the VCF in October 2016. Is this registration timely?

Yes. Under the new policy, while the claimant's registration would have been untimely for her original aerodigestive conditions because she first registered in 2016, which is more than two years after the date of her original certification letter, the new certification for cancer triggers the start of a new two-year registration period. In addition, per VCF policy, if registration is timely for any one condition or injury, all eligible conditions – regardless of when they were determined to be 9/11-related – may be considered for an award, subject to the other requirements of the VCF claims process.

Scenario 3:

The claimant has been treated by the WTC Health Program for aerodigestive conditions for many years. He did not recall receiving a certification letter from the WTC Health Program and asked the WTC Health Program to send him a copy of his certification letter. The copy of the certification letter from the WTC Health Program is dated July 2016. The claimant registered with the VCF in July 2016. Is this registration timely?

No. Based on the information presented, the registration for this claim is not timely. As described above, the VCF's general policy is to look at the date of the certification letter, and not the date the



certification was effective or the date the claimant received the letter. In this situation, however, the date of the letter is not the date on which timely registration can be based because the claimant was being treated at the WTC Health Program for many years and therefore would have had clear knowledge that the conditions being treated were related to his 9/11 exposure. The date on the copy of the letter is not the original date the WTC Health Program certified the conditions for treatment or the original date on which the WTC Health Program so notified the claimant, but is simply the date the requested copy was mailed to the claimant. This claim would be denied as the claimant did not meet the applicable registration deadline. If the claimant believes there are some circumstances that might merit a reconsideration by the Special Master, he could appeal the decision and explain the circumstances at a hearing. The claimant could also amend his claim in the future if he has additional 9/11-related conditions or injuries that are newly certified by the WTC Health Program or newly determined by a government entity to be 9/11-related.

Scenario 4:

The deceased victim was a law firm employee working in the VCF's NYC Exposure Zone. The victim was diagnosed with a covered cancer in 2009 and died in 2011 of the cancer, as confirmed by the autopsy results. The victim did not enroll in the WTC Health Program while she was alive and did not register a personal injury claim with the VCF. The executor of the estate, as well as the family, had no indication the victim's cause of death was related to 9/11 and did not know about the VCF or the WTC Health Program.

Recently, the executor learned of the VCF and the WTC Health Program for the first time and about the possibility of filing a deceased claim. If the executor files a deceased claim and the victim's cancer is verified through the VCF's Private Physician process, is the deceased claim timely registered?

No, the registration for the deceased claim is untimely. The registration deadline would have been October 14, 2014, as explained in the [Registration and Claim Filing Deadlines](#) chart for deceased claims. The Personal Representative retains the right to appeal the determination and, in limited cases, if the circumstances presented are compelling, the Special Master may consider a waiver of the deadline. The Personal Representative in this case, however, may still file a timely personal injury claim for losses incurred by the victim up to the date of death if her cancer is verified as WTC-related through the Private Physician process.

Scenario 5:

The deceased victim died in 2015 of a condition that was not related in any way to 9/11 exposure. The victim suffered, however, from a covered cancer that was diagnosed in 2009, but he never registered with the VCF or the WTC Health Program. In October 2010, the New York City Employees Retirement System (NYCERS) determined that his cancer was 9/11-related. How should the Personal Representative proceed? Should she file a deceased claim or a personal injury claim?

Because the victim did not die as a result of a 9/11-related condition, the Personal Representative cannot file a deceased claim. As noted above, a Personal Representative can only file a deceased claim if the cause of death was a 9/11-related condition.

The Personal Representative also cannot file a personal injury claim on behalf of the deceased victim. In order for a personal injury claim to have been timely registered, it must have been registered within two years from the date that a government entity determined that the condition was 9/11 related. In this case, the victim did not register his claim by October 2014, which is the applicable deadline. A personal representative cannot properly register a Personal Injury claim that would have been untimely if filed by the victim.



Section 3. New Claim Form

3.1 I started my claim using the old system or the old form. What happens to it now that the form and system have both changed? *(Added: August 1, 2016)*

If you previously submitted your Registration, Eligibility and/or Compensation form using the old system or the old hard copy claim form, your claim form information is in our system and you do not need to resubmit the information. You will be able to access your claim and see the information just as you have always been able to do.

However, if you started but did not submit any part of your claim in the online system, or if you submitted only part of the claim in hard copy, you will need to complete and submit the incomplete parts of your claim using the new form in order for our review to begin.

If you are using the online system, this [guide](#) provides information on the specific steps you should take based on the current status of your claim. For any section of the old form that was incomplete in the old system, the information you entered is still available for you to view and use as a reference when completing the new claim form. To view the information, click on the “View Documents” icon on your claim and click to open the file named “ClaimFormasofJuly2016.pdf.”

If you are filing a hard copy claim, you will need to complete and submit those sections of the [new claim form](#) that you have not already submitted using the old form.

3.2 Do I now have to submit all parts of the claim form at the same time? *(Added: August 1, 2016)*

Yes. The new claim form has been simplified by incorporating all of the different versions of the old form into one, combined form. This means you must answer all of the questions specific to both Eligibility and Compensation before your form is considered to be submitted and ready for our review.

If you are submitting your claim online, you will need to complete all of the required questions in the Registration, Eligibility, and Compensation sections of the system in order to submit your claim. You can start, save, and return to the form if needed. Although the system still shows the distinct sections of the form and an individual status for each section, you will not be able to submit your claim until you answer all of the required questions in all three sections.

If you are submitting a hard copy form, you will need to answer all of the applicable answers throughout the claim form in order for the VCF to properly enter your claim information into our system and begin our review.

3.3 Why does the Document Checklist in my claim list all required documents and not just the ones that are applicable based on my claim form responses? *(Added: September 9, 2016)*

If you started your claim using the old claim form and submitted the Registration portion of your claim prior to August 1, 2016, your Document Checklist will show a generic listing of required documents. The dynamic, claim-specific document checklist tailored to your specific circumstances can only be generated for claims that are started and submitted using the new form. You can access the full Document Checklist from the “Claim Details” view in your online claim.



3.4 How do I view my answers to the claim form questions once I submit my claim? (Added: September 9, 2016)

Once you have logged into the system, follow the steps below to view the answers you submitted with your claim:

- *If you filed your claim after August 1, 2016 using the new claim form:* Click the “printer” icon in the far right column of the Summary Table. This will display all the completed questions and answers.
- *If you submitted all or part of your claim form prior to August 1, 2016:* Click on the “View Documents” icon and then the PDF file titled “ClaimFormasofJuly2016.pdf.” The PDF file will open and will include the completed questions and answers.
- *If you completed part of your form prior to August 1, 2016 and part of the form after that date:* You will need to look in both locations as explained above to see all of your claim form answers.



Section 4. Amendments

4.1 When should I amend my claim and when should I appeal? *(Updated: December 22, 2016)*

You should appeal **if you are challenging the VCF's determination on your claim.**

You should amend **if you are seeking a new determination based on new information.**

*If you file a compensation appeal, your claim **will not be paid** until after a decision is made on your appeal. If you file an eligibility appeal, compensation review will not commence until after a decision is made on your appeal. The only circumstance in which a claim will be paid while under appeal is if the claimant has been approved for expedited status after meeting the applicable criteria. In all cases, filing an amendment will not affect payment on the original determination.*

When considering whether to appeal or to amend, consider whether you are waiving or compromising a particular claim or argument by accepting payment on the original determination and choosing to pursue an amendment rather than an appeal. For example, if you believe that the earnings basis that the VCF used to calculate lost earnings was too low and you do not appeal, you will have waived that argument on any appeal of a subsequent amendment. In that case, you are challenging the determination already made and you should appeal. Conversely, if you believe that the percentage of disability attributable to your eligible conditions that the VCF used was too low and you have information not previously submitted that you believe supports a higher disability percentage, you will not compromise your claim to a higher disability percentage if you accept payment on the determination already made while submitting proof relating to a request for a higher percentage as an amendment. In that case, you are accepting the determination already made, and also seeking a new determination based on new information, and you should amend.

If you have a legitimate basis to appeal – meaning you are challenging the basis of the determination already issued on your claim – the appeal must be filed within **30 days** of the decision letter using the appeal form that was included in the determination letter. Failing to file an appeal within the required 30-day period will waive your right to appeal that determination and the VCF will begin processing any applicable payment on the claim.

You should not appeal the decision on your claim as a way to seek an expedited review of an amendment that is unrelated to the decision already made. Appeals filed solely for purposes of seeking consideration of an amendment on an unrelated issue are invalid, and you will be notified that your appeal is cancelled, that your right to appeal that determination is deemed waived, and, if an award determination has already been made, that your claim is moving to payment.

Detailed information about how this applies to eligibility and compensation determinations, including specific examples, can be found [here](#), and is also located under "Forms and Resources."

4.2 If I am certified for a new condition by the WTC Health Program after my award was issued, can I amend my application? *(Added: November 10, 2016)*

Yes, you can amend your claim to add a new condition at any time prior to December 18, 2020. The VCF will review the information you submit with your amendment and will notify you of the outcome of our review. If the VCF finds you eligible for compensation for the new condition and you are seeking additional loss related to the condition, you must also file a compensation amendment. You can find complete instructions on [How to File an Amendment](#) under "Forms and Resources" on our website.



4.3 I do not agree with the VCF's finding regarding my level of disability. What should I do?
(Added: November 10, 2016)

If you have new information regarding your disability that you have not yet provided to the VCF, you should amend your claim. If you believe, however, that the VCF did not properly calculate your award based on your level of disability, and you provided all appropriate information with your claim, you should appeal the decision by following the instructions in your award letter.

When determining the level of disability, the VCF can only consider eligible conditions. For example, if another government entity has found you 100% disabled for two conditions, but only one condition is eligible for compensation from the VCF, then the VCF can only consider the one condition and its associated disability when calculating your loss.

4.4 I have a Group A claim and filed a compensation amendment that hasn't yet been decided. What happens next and when will a decision be made? *(Updated: April 27, 2017)*

The amended portion of your claim will be reviewed and decided under Group B. This means you received the full payment for the Group A portion of your claim, and the VCF will review your amendment and issue a separate decision under Group B guidelines.

As a general rule, we are reviewing submissions in "first in, first out" order. At this time, however, our overall priority for review is on those claims that have not yet received their initial award determination. We are also reviewing compensation amendments, however, they are not considered the highest priority. . This means it will take longer for the VCF to begin review of your amendment. Amendments are reviewed in priority order based on the date of submission of the amendment. As of April 27, 2017, we are reviewing amendments that were submitted prior to May 2015.

Once we begin review of your amendment, we will contact you to request any missing information. The best way to help speed the review of your amendment is to respond promptly to any request.

4.5 I amended my compensation claim. When will a decision be made? *(Added: April 7, 2017)*

Our first priority is to render decisions on claims for those claimants who have not yet received any award. At the same time, we do continue to review amendments and use the same priority order of rendering decisions on older amendments before reviewing newer ones.

How we prioritize the review of 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 decided (meaning the claimant has not received any award determination) will not change its priority status. We are basing the priority on the date the compensation form was submitted (see FAQ 1.1).

For claims that have already received an award determination, 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 is 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.

As of the posting of this FAQ, we are reviewing amendments submitted prior to May 2015.



Section 5. Compensation and Payment

5.1 What if my bank account or address has changed since my last payment?

If you have already received at least one payment from the VCF and your banking information has changed since the last payment was processed, you must complete and mail or fax a new [Payment Information Form](#) to the VCF as quickly as possible. If your address has changed, please call our Helpline for assistance in updating our records.

5.2 How long can my attorney hold my payment before disbursing it to me? *(Added: June 15, 2016)*

It is the Special Master's expectation that law firms will immediately disburse payments to their claimants once the money is deposited into the law firm account. The Special Master has communicated to the law firms that they are obligated to disburse payments in no more than thirty days. Under no circumstance should you wait longer than 30 days for your attorney to disburse the money after receiving the payment on your claim.

5.3 When can I expect to receive payment and will the payment be pro-rated? *(Updated: November 10, 2016)*

Funding to pay Group B claims became available on October 1, 2016 and the VCF began issuing payments on that date. Group B payments will not be pro-rated. Your claim will be paid in full for the calculated loss amount at the time the payment is processed.

The timing of your payment depends on whether or not you appeal your award:

- *If you do not appeal the award decision on your claim*, the VCF will begin processing your payment once the 30-day appeal period ends. Once the VCF begins processing the payment, it may take up to 20 days for the Special Master to authorize the payment. The payment then gets processed by the Department of Justice and the Treasury Department, which may take up to 3 weeks. This means your payment should be issued to the designated bank account within 2-1/2 months from the date of your award letter.
- *If you appeal the award decision on your claim*, the VCF will not begin processing your payment until a decision is made on your appeal. The payment process starts once the VCF sends you the letter notifying you of the outcome of your appeal. Once the VCF begins processing the payment, it may take up to 20 days for the Special Master to authorize the payment. The payment then gets processed by the Department of Justice and the Treasury Department, which may take up to 3 weeks. This means your payment should be issued to the designated bank account within 1-1/2 months from the date of your post-appeal decision letter.

5.4 Are disability payments from other sources (such as Veterans Affairs, NYCERs, etc.) deducted from my award? *(Added: November 10, 2016)*

Yes, if the payments are related to your disability from an eligible 9/11-related condition. The statute requires that the VCF offset from your award any disability benefits you are receiving, or entitled to receive, related to your eligible physical conditions. If you are receiving disability payments for conditions that are not eligible under the VCF, those amounts will not be deducted from your award.



5.5 Can I get reimbursed for medical expenses that I paid out-of-pocket and were not covered by the WTC Health Program or reimbursed by my insurance? (Updated: May 9, 2017)

Yes. As part of the economic loss component of your claim, you can request reimbursement for past out-of-pocket medical expenses you have paid as a result of your eligible condition(s).

Because claims for reimbursement of out-of-pocket medical expenses require the submission and review of significant documentation establishing both that the claimed medical expense was related to your eligible condition and that you personally paid for the expense out of pocket, processing these claims takes time and can delay your award. As a result, effective May 2017, it is VCF policy that claims for reimbursement of past out-of-pocket medical expenses will **only** be considered if the following criteria are met:

- The claim for medical expenses must be submitted as a compensation [amendment](#) to your claim and only **after** you have received your initial award determination. This allows the VCF to issue your initial award determination more quickly, since we are not spending time during our initial review to verify each claimed medical expense.
- If you amend your claim to seek reimbursement for medical expenses, the VCF will only review the amendment if the total amount of the claimed medical expenses incurred due to eligible conditions exceeds \$2,000. Establishing this minimum threshold is consistent with the Special Master's interpretation of the Reauthorized Zadroga Act's requirement to prioritize funding to those claimants with the most debilitating conditions.
- The amendment must be submitted with the required documentation and in the required format as explained in these [instructions](#), which can also be found on our website, under "Forms and Resources."

The Special Master may exercise discretion to waive one or more of these requirements as appropriate based on individual claimant circumstances. If you wish to seek a waiver, please contact the VCF Helpline.



Section 6. Reauthorization

6.1 What does the reauthorization of the James Zadroga 9/11 Health and Compensation Act of 2010 mean for the VCF? (Updated: September 9, 2016)

The reauthorization put in place a new law that extended the VCF for five years and included some important changes to the VCF's policies and procedures for evaluating claims and calculating each claimant's loss. The law included the following significant changes:

- *Extended the VCF for 5 years from the date the legislation was signed* – The deadline for filing a claim has been changed from the original deadline of October 3, 2016 to the new deadline of December 18, 2020.
- *Increased the VCF's total funding* – The new law made the original \$2.775 billion appropriation available immediately to pay claims and provided an additional \$4.6 billion in funding that became available on October 1, 2016.
- *Directed the VCF to make a full payment on any loss determination that has already been issued* – For claimants who received a letter dated on or before December 17, 2015 notifying them of the amount of their loss, the VCF has processed the final payment for the remaining 90% of the loss amount.
- *Placed certain limitations on future award amounts* – The law directed specific changes to the way in which the VCF calculates loss amounts for certain claimants. This includes limiting the amount of non-economic loss that can be awarded, eliminating claims for future out-of-pocket medical expenses, and capping the computation of economic loss by limiting the annual income level.

As required by the reauthorization, the Special Master reviewed the legislation to understand how it impacts claimants and the VCF's day-to-day operations and drafted updated regulations reflecting the new law. The [Final Rule](#) was published on September 2, 2016.

6.2 Who can help me understand the reauthorization and what it means for my claim?

If you are working with an attorney, please contact your attorney for information about your claim. Your attorney is in the best position to let you know exactly what has been submitted to the VCF and when it was submitted, and can update you on any requests the VCF has made for additional information. Your attorney can also confirm whether or not the VCF has issued a decision on your claim and the timing of that decision. The VCF will also copy you on important correspondence we send to your attorney about your claim even if you did not specifically request that we do so.

If you are not represented by an attorney, you can call the VCF toll-free Helpline at 1-855-885-1555 for assistance.

6.3 The bill reauthorizing the VCF references Group A and Group B claims. Which group is my claim in?

The law created two groups of claims – Group A and Group B – and defined the groups based on the date the Special Master “postmarks and transmits” a final award determination to the claimant. The VCF interpreted this language to mean the date of the letter from the Special Master indicating the total loss amount calculated for a claim. The law also established that the date of the letter that is used to distinguish between Group A and Group B is the date “on or before the day before the date of enactment” of the reauthorization. Since the law was enacted on December 18, 2015, this means that December 17, 2015 is the date “on or before the day before the date of enactment.” Based on the language set forth in the law, you can determine the group your claim is in based on the following:



- **Group A:** If you received a letter notifying you of the loss calculation decision on your claim and the letter was dated on or before December 17, 2015, your claim is in Group A.
- **Group B:** Any claim that is not in Group A was automatically placed in Group B. That is, if you did not receive a letter dated December 17, 2015 or earlier notifying you of the loss calculation decision on your claim, your claim is in Group B.

This means that Group A is “closed.” For specific details and important information about what it means to be in Group A or Group B, please read the additional FAQs below pertaining to the Reauthorization.

6.4 What are the main differences between Group A and Group B? (Updated: September 9, 2016)

Highlighted below are the general differences between Group A and Group B claims.

- **Group A:** If your claim is in Group A, your losses were computed in accordance with the regulations that were published in August 2011. The new law directed the VCF to make the full payment on your claim “as soon as practicable after enactment of the legislation.” The VCF completed all Group A payments in August 2016, except for claims that have issues preventing payment.
- **Group B:** If your claim is in Group B, the decision on your claim could not be made until the Special Master published the updated regulations explaining how claims will be processed under the new law and funding became available to pay Group B claims. This applies even if you had submitted your claim form and supporting documents prior to the reauthorization. The Final Rule was published on September 2, 2016, and the VCF begin processing Group B payments on October 1, 2016 when the funding became available.

6.5 Why am I part of Group B if my claim was submitted before December 17, 2015? (Added: June 15, 2016)

The date you submitted your claim does not have any impact on whether the claim is considered to be in Group A or Group B.

The law reauthorizing the VCF defined Group A and Group B based on the date the Special Master “postmarks and transmits” a final award determination to the claimant. The VCF interpreted this language to mean the date of the letter from the Special Master indicating the total loss amount calculated for a claim. The law also established that the date of the letter that is used to distinguish between Group A and Group B is the date “on or before the day before the date of enactment” of the reauthorization. Since the law was enacted on December 18, 2015, this means that December 17, 2015 is the date “on or before the day before the date of enactment.” Based on the law, this means that a claim is in Group A if the loss calculation letter for that claim was dated on or before December 17, 2015. Any claim that is not in Group A is automatically placed in Group B.

There are many reasons why a claim submitted a long time before the reauthorization may not have received a loss calculation letter dated on or before December 17, 2016. Each claim is unique, but in general, the claims that were submitted years before the reauthorization and did not have a loss calculation at that time had incomplete compensation forms, an eligibility issue that precluded compensation review, were missing required supporting documents that were not submitted with the claim, or have unique circumstances related to compensation that require additional research or third-party verification. We encourage you to review any correspondence you have received from the VCF to understand what may be needed in order to process your claim. You can also call the VCF Helpline to discuss your specific claim status.



6.6 How different is the Group B loss calculation methodology? Is there a cap on economic loss? *(Added: June 15, 2016)*

The reauthorization statute requires certain changes to the loss calculations for Group B claims. Most notably, the law does the following:

- Caps non-economic loss that results from a cancer at \$250,000.
- Caps non-economic loss that does not result from a cancer at \$90,000.
- Instructs the Special Master to prioritize claims for victims who are determined by the Special Master to be suffering from the most debilitating physical conditions. The statute provides that such individuals should not be unduly burdened by procedures necessary to maintain the aggregate funding cap. The Special Master interprets this requirement to mean that the available funds should be prioritized for those with the most debilitating conditions. Therefore, non-economic loss awards for such claims will be at the higher end of the range of awards and non-economic awards for those with much less serious conditions will be at the lower end of the range of awards. This means the non-economic awards for victims with conditions that are less serious or less debilitating will be lower than they were under Group A. In some cases, typically involving milder conditions that have a limited effect on daily life, the non-economic award could be 50% lower. As always, the VCF will evaluate each claim individually and will take into account the individual circumstances and condition of the victim in determining the award.
- For purposes of calculating economic loss, caps Annual Gross Income (“AGI”) at \$200,000 for each year of loss. Annual Gross Income is defined in the Internal Revenue Code. This is a cap on the annual computation of loss.
- Removes the \$10,000 minimum award. The new statute requires the Special Master to compute the loss and then deduct any collateral offsets without applying any minimum award. As a result, some claimants will not receive an award because the amount of the offset exceeds the amount of loss.



Section 7. Private Physician Process

7.1 Will this change in the Private Physician process delay the processing of my claim since I now have to go get certified, and my appointment with the WTC Health Program is not scheduled for several months? (Added: July 25, 2017)

No. For those claims that have already been submitted and are impacted by the change in the Private Physician process, your claim's priority order will not be impacted as it is established based on the submission of your compensation claim. This means that waiting for the certification will not change the order in which your claim is processed. Once your certification is received, your claim will be prioritized for processing based on the date on which your compensation claim was submitted.

7.2 Should I still complete the online Private Physician forms based on answers to questions in the claim form? (Added: July 25, 2017)

No. You should only complete the online Private Physician forms if you meet the new criteria for certification of the condition through the Private Physician process. It will take time for the changes to be made to the online system and we realize this may create some confusion. In the interim, if you do not meet the new criteria, you should answer "No" to any questions that ask about treatment by a physician not affiliated with the WTC Health Program. You should also answer "No" if the system displays the question that asks if you are ready to provide information regarding the Private Physician process. Answering "No" to these questions will prevent the Private Physician questions from being displayed in the system.

7.3 Is the Private Physician process available to victims who died of an ineligible condition and are claiming personal injury losses? For example, if a WTC survivor died of a heart attack, yet had suffered asthma and GERD while living, had treated with private doctors only, and had never been a member of the WTC Health Program, does the change mean the estate cannot seek verification of an eligible condition through the Private Physician process and has no way of becoming eligible for a VCF personal injury award? (Added: July 25, 2017)

The Private Physician process would be available in this situation so that the claimant could pursue a personal injury claim. The process remains available for deceased individuals who were not certified for treatment for the claimed condition prior to death.

7.4 Is the Private Physician process available only to deceased individuals who were previously certified by the WTC Health Program and now claim a cancer, or is it also available to personal injury victims who were previously certified for a non-cancer and are now seeking compensation for a cancer? (Added: July 25, 2017)

The Private Physician process will remain available for all claims - deceased or personal injury – where the victim has already been certified for a condition by the WTC Health Program and is now seeking to add a cancer. Please note that the individual must have been previously certified for at least one eligible condition in order to seek verification of a cancer through the Private Physician process. For individuals claiming cancer who are not currently certified for treatment of any condition by the WTC Health Program, they must go to the WTC Health Program for certification of the cancer, although they can, of course, continue to be treated by their treating physician.



7.5 Should I wait to receive a letter from the VCF explaining next steps on my claim or should I initiate the application/enrollment process at the WTC Health Program? (Added: July 25, 2017)

No - don't wait! If you know you are seeking compensation for a condition that has not been certified for treatment by the WTC Health Program, please begin the certification process. You do not need to wait for the VCF to notify you if you are already aware you will need to seek certification based on the revised Private Physician criteria.

7.6 I scheduled my appointment with the WTC Health Program but they told me it may take several months to be seen and to then receive a certification letter. Should I submit my claim even though I have not yet been certified? (Added: July 25, 2017)

As long as you have timely registered your claim, it is best to wait to submit your claim until you have been certified by the WTC Health Program. If you submit your claim without first being certified, the VCF will place your claim in Inactive status and it will remain in that status and will not be reviewed until you submit your certification letter.

7.7 How do I request consideration for an exception to the Private Physician criteria? What do I need to submit if I want to claim a substantial hardship exception? (Updated: August 23, 2017)

In order to request an exception to the Private Physician criteria, you must show that you will suffer significant hardship in having your condition evaluated and certified for treatment by the WTC Health Program, either in the New York City metropolitan area or through the Nationwide Provider Network.

If you believe you will suffer significant hardship in seeking certification by the WTC Health Program, you should upload a statement or letter to your claim explaining the circumstances and why you should be considered for the Private Physician process **and** then call the VCF Helpline to alert us to the request. Once your request is reviewed and a decision is made about whether to grant the request, a member of our Helpline team will call you to notify you of the decision. If we determine that you are an appropriate candidate for the Private Physician process, once we call to notify you of that decision, you should complete and submit a Private Physician packet and the supporting documents.