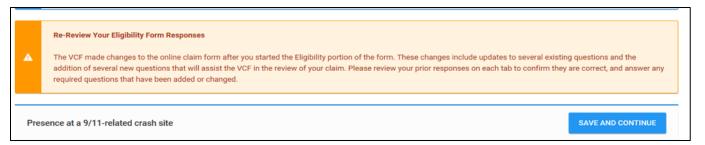
## VCF Online Claims System - October 2019 Enhancements

The enhancements and updates listed below will be available in the online claims system beginning on Monday, October 7, 2019.

 Re-Review of In-Process Eligibility Questions: Several questions have been added or modified in the Eligibility section of the claim form. These changes are focused on improving the accuracy of responses, and gathering additional data that will aid the VCF when reviewing the claim. As a result, you will need to review the previously entered responses for any claims still showing a status of "Incomplete" for Eligibility, and either "Incomplete" or "Start" for Compensation. The messages below will appear as a reminder to review the responses in the Eligibility section of the form before the system will allow you to submit the claim form.

## From Eligibility:



All responses that you previously entered into the Eligibility section of the form will be visible and have been saved. You will need to review all of the questions and answers, but you are only required to add information where a question has been added or the answer options have been modified.

## From Compensation:

A Home				6	Print Form	Upload File(s)	Tiew Document(s)
A	The VCF made cl several new ques	Eligibility Form Responses hanges to the online claim form after you : stions that will assist the VCF in the review ur prior responses on each tab to confirm	of your claim. When you click "Comple	ete Eligibility" below, you w	vill be taken to the	start of the Eligibilit	
=	TYPES OF LOSS	COLLATERAL SOURCE PAYMENTS	OTHER INFORMATION				COMPLETE ELIGIBILITY

We highly recommend that you review and submit the Eligibility section responses for all claims where Eligibility is in "Incomplete" status first, prior to moving on to the Compensation section of the form. As shown by the message in the picture above, if you begin the Compensation section first, you will be returned to Eligibility again to review those responses before being able to submit the claim form.

 New Document Checklists: The Document Checklists have been updated and there is now one checklist specific to <u>Personal Injury Claims</u> and one specific to <u>Deceased Claims</u>. The "Document Checklist" tab in the online claim form has been updated to provide a link to the appropriate checklist based on the claim type. The screenshot below shows an example for a Deceased Claim.

**Note:** If you view the "Document Checklist" tab before submitting the Registration, the system will not be able to identify if the claim is a personal injury or deceased claim, and you will see links to both Document Checklists.

ENDMENTS	CORRESPONDENCE	VIEW DOCUMENTS	DOCUMENT CHECKLIST				
Document C	checklist						
∎ do -y	cuments you must provide you are only required to pro	based on the circumstance vide an original or certified of	r completed claim form and c is of your claim. You do not ne copy of a document where it i	ed to submit the checklist w s specifically noted on the cl	vith your claim. The VCF wi hecklist.		
		Checklist for Deceased Cla	e copies of any docume	nts you submit for you	ir records.		
			st to confirm you have all the ces of your claim, the VCF ma	1 Contract (1997)			needed for
If you have an available.	y questions or need assist	ance with the document che	ecklist, please visit the VCF we	bsite or call the Helpline at 1	1 <u>-855-885-1555</u> . Foreign la	nguage options and interpret	ers are

- 3. **Relationship to Victim:** A new "Relationship to Victim" field has been added to the "Claimant Information" tab for claims where the victim is not the claimant (for example, claims for deceased individuals, minor children, or guardianship situations).
- 4. Victim's Cause of Death: The "Do Not Know" answer option has been removed from the question "Did the decedent die as a result of his or her 9/11-related physical injury?" for claims being filed on behalf of a decedent.

As noted in the system, if you are unsure if the decedent's death was caused by an eligible 9/11-related condition, you should follow the steps specific to victims who are believed to have died as a result of an eligible condition. If the VCF determines that the cause of death is not related to an eligible condition, we will update the claim and process it accordingly.

Did the de	Did the decedent die as a result of his or her 9/11-related physical injury or condition? *			
died a	: If you are unsure if the decedent's death was caused by an eligible 9/11-related condition, you should follow the steps specific to victims who <u>are</u> believed to have as a result of an eligible condition. If the VCF determines that the cause of death is not related to an eligible condition, we will update the claim and process it rdingly.			
O Yes				
O No				

5. **New Employer and Union Responses:** A comprehensive list of city, state, and federal government entities has been added to select from when answering the question regarding a victim's employer.

A comprehensive list of unions has also been added to select from when answering the question regarding a victim's affiliation with a union.

6. Private Physician Form for Pentagon/Shanksville Victims: The questions in <u>Appendix D:</u> <u>Private Physician Packet for Pentagon and Shanksville Disaster Areas</u> have been removed from the online form and replaced with a link to the PDF version of the form. The PDF version can be completed and uploaded to the claim.

**Note:** You are not required to upload the completed Appendix D in order to submit the claim form, but it will be required (when applicable) before the VCF begins review of the claim. The screenshot below shows the language that will be displayed for a victim present at the Pentagon.

PRESENCE AT SITE     PRES	SENCE AT SITE - PENTAGON	PRESENCE AT SITE - SHANKSVILLE	PRIOR VCF CLAIM	RELATED LAWSUITS	PHYSICAL INJURY
PRIVATE PHYSICIAN PENTAGON	PRIVATE PHYSICIAN SHAN	KSVILLE		CON	TINUE TO COMPENSATION
A Responder is a word attacks on the World A Non-Responder is a word attack on the World A Non-Responder is a straight of the straightof the straight of the straight of the straight of the straight of	<ul> <li>For the purposes of completing this form, please use the following definitions:         <ul> <li>A Responder is a worker or volunteer who provided rescue, recovery, demolition, debris removal, and related support services in the aftermath of the September 11, 2001 attacks on the World Trade Center.</li> <li>A Non-Responder is a person who was present in the "NYC disaster area" in the aftermath of the September 11, 2001, terrorist attacks on the World Trade Center as a result of their work, residence, or attendance at school, childcare, or adult daycare.</li> </ul> </li> </ul>				
Private Physician Packet Fo	r Injuries Received at The Pe	entagon			SAVE AND CONTINUE
	the Private Physician form for th	٠ •			
Complete the form following these instructions. Once you have completed the form, upload the form and the applicable supporting documents to your claim. You do not need to complete and upload the Private Physician form in order to continue with the claim form; however, you will need to submit the Private Physician information before the VCF will begin review of your claim.					
Have you uploaded your comp	oleted Pentagon Disaster Area P	rivate Physician form? *			
O Yes					
O No					
					SAVE AND CONTINUE

7. New Collateral Source Payment Question: A new question has been added to the "Collateral Source Payments" tab in the Compensation section: *"Have the victim's dependents received or applied for any benefits from the Social Security Administration or any other government entity as a result of the victim's 9/11-related physical injury or condition?"* 

A response to this question is required for both Personal Injury and Deceased claims.

	lave the victim's dependents received or applied for any benefits from the Social Security Administration or any other government entity as a result of the victim's 9/11-related physical njury or condition?*
(	Yes
	No
- (	Do Not Know
	If Yes, identify the program and the status of the application:*
	*Complete an Exhibit 1 - SSA Consent Form for any dependent who is receiving benefits.