



Required Documents to Support Lost Earnings for Certain Unions and Employers

If your union or employer appears in this chart, then the VCF has already received some of the information necessary to calculate pension loss. Therefore, if you are submitting a claim for loss of future earnings/benefits, **please see the chart for the documents you must submit in order for the VCF to calculate your loss.** The chart below only lists documents related to loss of pension and other benefits. As with all other claims for lost earnings, **you must also submit documents establishing a disability and earnings history.**

If your union or employer does not appear on this chart and you are claiming loss of a defined benefit pension, submit the Summary Plan Description (SPD) for your pension plan and annuity fund, if applicable. You will also need to submit documentation of all information required to calculate a pension benefit under your plan. VCF will review the SPD to determine what information is required.

Information for victims who were employed by the City of New York or the federal government, including the military, is provided in the main policy document. See Section 2.2.c for FDNY, 2.2d for NYPD, 2.2e for members of the New York City Employees Retirement System, and 2.2f for federal employees including the military and military reserve.

Union or Employer	Required Documents
32-BJ – Building Services Program A	<ul style="list-style-type: none"> • A document or letter showing: • Confirmation that victim is a member of Pension Plan Program A • Union membership start date (“fund hire date”) • Date last worked in covered employment • Retirement or membership end date • Confirmation if victim is a Commercial or Residential worker • Number of vested credits • Hours history report showing the number of hours worked by year and credited for pension purposes • Confirmation if victim participated in the Early Retirement Incentive Program • Date of start of pension, amount of pension, and type of pension that victim receives (e.g. service, disability) • If receiving a disability pension, the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so • Pension option letter, if available, and indication of the final option chosen
Local 1 – Plumbers of New York City	<ul style="list-style-type: none"> • Work history showing the hours worked in every year of work • A document or letter showing: <ul style="list-style-type: none"> • Member’s start date with union • Member’s retirement date • Pension credits earned • Date of start of pension, amount of pension, and type of pension that victim receives (e.g. service, disability) • If receiving a disability pension, the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so • Pension option letter, if available, and indication of the final option chosen



Local 3 - IBEW

Members with an “A” rate of pay/classification:

The VCF needs the following information and documents to calculate pension loss, if applicable, from the Local 3/JIBEI pension fund, the National Electrical Benefit Fund, the IBEW Pension Fund, and the National Electrical Annuity Plan:

1. Membership start date
2. Job level (e.g. journeyman)
3. Member’s Division:
 - a. Fixture, Manufacturing, or Supply divisions, or
 - b. Electrical Industry
4. Local 3/JIBEI Pension fund:
 - a. Hours history report showing the number of hours worked by year and credited for pension purposes.
 - b. Indication of whether victim is vested and years of vesting service.
 - c. Total service credits/years of credited service earned.
 - d. If victim is receiving a disability or retirement pension or has received a lump-sum pension:
 - i. Start date of pension
 - ii. Method chosen for payment (lump-sum, monthly benefit, etc.)
 - iii. Joint/survivor pension option selected and monthly pension amount with option chosen.
 - iv. Type of pension (disability, retirement, etc.)
5. NEBF Pension Fund:
 - a. Hours history report showing the number of hours worked by year and credited for pension purposes.
 - b. Indication of whether victim is vested and years of vesting service.
 - c. Total service credits/years of credited service earned.
 - d. If victim is receiving a disability or retirement pension or has received a lump-sum pension:
 - i. Start date of pension
 - ii. Method chosen for payment (lump-sum, monthly benefit, etc.)
 - iii. Joint/survivor pension option selected and monthly pension amount with option chosen.
 - iv. Type of pension (disability, retirement, etc.).

Note: if victim receives a disability pension from the NEBF, the VCF will assume that the pension was based on victim’s Social Security disability unless the victim submits documents showing a different basis (e.g., medical records submitted with the disability pension application)

6. IBEW Pension Fund
 - a. Indication of whether victim is currently vested (through membership dues)
 - b. Total years of vesting service/total years of continuous credited “A” membership
 - c. If victim is receiving a disability or retirement pension or has received a lump-sum pension:
 - i. Start date of pension
 - ii. Method chosen for payment (lump-sum, monthly benefit, etc.)
 - iii. Joint/survivor pension option selected and monthly pension amount with option chosen.
 - iv. Type of pension (disability, retirement, etc.).

Note: if victim receives a disability pension from the IBEW Pension Fund, the VCF will assume that the pension was based on victim’s Social Security disability unless the claimant submits documents showing a different basis (e.g. medical records submitted with the disability pension application)

The above information will allow the VCF to calculate pension loss as well as a \$0.25/hour contribution to the National Electrical Annuity Plan. Additionally, the VCF will be able to calculate losses from the Local 3 Annuity Plan, the Local 3 401(k) plan, the Health Savings



Union or Employer	Required Documents
	<p>Plan, the Additional Security Benefits Plan, and potentially a higher loss from the National Electrical Annuity Plan if the victim submits:</p> <p style="padding-left: 40px;">7. Wage cards or the operative collective bargaining agreement from the victim's date or retirement through the present</p> <p>Members with a rate of pay/classification that is not "A"</p> <p>The VCF needs all of the above information, including #7, to calculate pension and other benefit loss. That is, while the VCF can calculate pension loss for A members without the wage cards or collective bargaining agreements, it cannot do so for non-A members.</p>
<p>Local 6 – New York Hotel Trades Council</p>	<ul style="list-style-type: none"> • "History of pension credits and years of vesting service" which includes: <ul style="list-style-type: none"> • hours worked each year (or functions served in the case of banquet waiters) • pension credits, year by year and total • vesting years for each year • job category • A document or letter showing: <ul style="list-style-type: none"> • Membership date • Type of employment (e.g. Banquet Waiter, Checkroom/Washroom Attendant, or Hours-Members) • If a pension has been received: type (e.g., regular, service, or disability), amount, and effective date • If receiving a disability pension, provide the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so • Pension option letter, if available, and indication of the final option chosen
<p>Local 11 – District Council of Iron Workers of Northern New Jersey</p>	<ul style="list-style-type: none"> • "<i>Pension Credit Report</i>" - yearly history which includes: <ul style="list-style-type: none"> • Hours worked by year • Pension credits by year • Total pension credits • Vested credits by year • Total vested credits • A document or letter showing: <ul style="list-style-type: none"> • Start date with Union (on membership ID card) • If receiving a pension: type of pension (e.g., regular, service, or disability), benefit amount, and start date • If receiving a disability pension, provide the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so • Pension option letter, if available, and indication of the final option chosen



Union or Employer	Required Documents
<p>Local 12A – Asbestos Workers</p>	<ul style="list-style-type: none"> • Letter from Local 12A confirming that victim was an Asbestos worker and member of Local 12A, or paystubs showing itemized deduction for union dues for Local 12A • Membership start date • Member Work History Report showing the number of hours for the victim, by work period and employer • Pension calculation worksheet, if available • Pension option letter, if available, and indication of the final option chosen • Date of start of pension, amount of pension, and type of pension that victim receives (e.g. service, disability) • If receiving a disability pension, provide the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so
<p>Local 14 14B – International Union of Operating Engineers Benefit Fund</p>	<ul style="list-style-type: none"> • Pension Benefit Statement – yearly history which includes: <ul style="list-style-type: none"> • Employer contribution amounts, by year • Hours worked by year • Pension credits by year • Total pension credits • A document or letter showing: <ul style="list-style-type: none"> • Start date with Union • If receiving a pension: type of pension (e.g., regular, service, or disability), monthly pension amount, and start date of pension • If receiving a disability pension, the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so • Pension option letter, if available, and indication of the final option chosen
<p>Local 15 - International Union of Operating Engineers</p>	<ul style="list-style-type: none"> • “Participant Basic Data Report” • An indication of the member’s category before retiring (Cement League or General Contractors Association (G.C.A.); Building Contractors Association (B.C.A.); Contractors Association of Greater New York (C.A.G.N.Y.); Steel; or Utility) • If victim receives a pension from the Central Pension Fund: <ul style="list-style-type: none"> • Letter from the Central Pension Fund providing amount, start date, and type (e.g., regular, service, or disability) of pension (if victim receives a pension) • If receiving a disability pension, provide the condition forming the basis of the disability, if not based on SSA. • Pension option letter, if available, and indication of the final option chosen • The Central Pension Fund “Calculation Worksheet” showing how the pension was calculated. If the victim’s pension amount has changed at any point in time (for example, if the member received a disability pension prior to reaching age 55, and then received a different amount after turning 55), the claimant should submit a Calculation Worksheet for each time the amount changed. • If victim does <u>not</u> receive a pension from the Central Pension Fund: <ul style="list-style-type: none"> • The final Semi-Annual Benefit statement the victim received from the Central Pension Fund



Union or Employer	Required Documents
<p>Local 30 – International Union of Operating Engineers Benefit Fund</p>	<ul style="list-style-type: none"> • Pension Benefit Statement – yearly history which includes: <ul style="list-style-type: none"> • Employer contribution amounts, by year • Hours worked by year • Pension credits by year • Total pension credits • Pension calculation worksheet, if available • Pension option letter, if available, and indication of the final option chosen • A document or letter showing: <ul style="list-style-type: none"> • Start date with Union • If receiving a pension: type of pension (e.g., regular, service, or disability), monthly pension amount, and start date of pension • If receiving a disability pension, the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so
<p>Local 40 and 361 Benefit Fund – New York City Iron Workers</p>	<ul style="list-style-type: none"> • “<i>Pension Credit Printout</i>” which contains the following information by year: <ul style="list-style-type: none"> • Hours credited • Benefit credits (and also cumulative) • Vesting credits (and also cumulative) • Notes about any breaks in service/credits lost • Pension option letter, if available, and indication of the final option chosen • A document or letter showing: <ul style="list-style-type: none"> • Amount, type (e.g., regular, service or disability), and start date of pension if receiving a pension • If receiving a disability pension, the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so • <i>Member Employment History</i> or other document providing: <ul style="list-style-type: none"> • Union membership date/hire date (on membership card) • Job level, whether Journeyman/Foreman/Assistant Foreman, or Apprentice



Union or Employer	Required Documents
<p>Local 46 – Metal Lathers</p>	<ul style="list-style-type: none"> • “Member Inquiry” document, which shows the following information: <ul style="list-style-type: none"> • Initiation date • Monthly pension amount (if victim receives a pension) • Date retired • Pension credits earned to date • Vesting credits earned to date and year that victim became vested • Date last worked • “Member Service Credit” document, which shows the following information by year: <ul style="list-style-type: none"> • Hours worked • Taxable gross wages • Pension credits • Vesting service credits • Pension option letter, if available, and indication of the final option chosen • A document or letter showing: <ul style="list-style-type: none"> • Confirmation of whether victim was a journeyman/foreman or apprentice • Type of pension that victim receives (e.g. service, disability) • If receiving a disability pension, the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so
<p>Local 66 – General Building Laborers</p>	<ul style="list-style-type: none"> • “Pension Credit History” document showing hours worked and credits earned per year • “Participant Monthly History Inquiry” • Letter from Fund Office of Local 66 showing membership date, individual’s level (e.g. laborer), and amount, start date, type (e.g., regular, service, or disability) of pension (if victim receives a pension). If victim is not receiving a pension, please indicate so • If receiving a disability pension, provide documentation of the condition forming the basis of the disability if not based on SSA • Pension option letter, if available, and indication of the final option chosen • Hourly employer contribution rates toward the Annuity Fund, provided in the wage cards or other union document
<p>Local 78 - Asbestos, Lead & Hazardous Waste Laborers and Local 79 - General Building Laborers’</p>	<ul style="list-style-type: none"> • Mason Tenders’ DC Pension Fund “Pension Work History” printout, showing hours worked and vested and credited service per year • Mason Tenders’ DC Trust Funds “Personal Statement of Contributions” showing detailed hours worked per year • Letter from Mason Tenders’ District Council Trust Funds indicating pension start date and disability (or other) pension amount awarded (if victim receives a pension) • If receiving a disability pension, documentation of the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so • A screenshot from the Mason Tenders District Council Annuity Fund showing annuity contributions, forfeitures, payouts, investment return and balance (<i>this is helpful but not mandatory</i>) • Pension option letter, if available, and indication of the final option chosen



Union or Employer	Required Documents
<p>Local 94 - International Union of Operating Engineers</p>	<ul style="list-style-type: none"> • "Participant Basic Data Report" • If victim receives a pension from the Central Pension Fund: <ul style="list-style-type: none"> • Letter from the Central Pension Fund providing amount, start date, and type (e.g., regular, service, or disability) of pension (if victim receives a pension) • If receiving a disability pension, provide the condition forming the basis of the disability if not based on SSA • The Central Pension Fund "Calculation Worksheet" showing how the pension was calculated. If the victim's pension amount has changed at any point in time (for example, if the member received a disability pension prior to reaching age 55, and then received a different amount after turning 55), the claimant should submit a Calculation Worksheet for each time the amount changed. • Pension option letter, if available, and indication of the final option chosen • If victim does <u>not</u> receive a pension from the Central Pension Fund: <ul style="list-style-type: none"> • The final Semi-Annual Benefit statement the victim received from the Central Pension Fund
<p>Local 197 - Stone Derrickmen and Riggers</p>	<ul style="list-style-type: none"> • Work history showing the hours worked in every year of work • Pension calculation worksheet, if available • Pension option letter, if available, and indication of the final option chosen • A document or letter showing: <ul style="list-style-type: none"> • Member's start date with union • Member's retirement date • Pension credits earned • Date of start of pension, type of pension (e.g., service or disability), and amount of pension • If receiving a disability pension, the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so



Union or Employer	Required Documents
<p>Local 282 - New York City & Long Island Teamsters</p>	<ul style="list-style-type: none"> • Pension fund statement which includes the following by plan year (2/1 to 1/31): <ul style="list-style-type: none"> • Hours worked • Pension credits • Vesting credits • Monthly amount for each year of pension credit • Pension option letter, if available, and indication of the final option chosen • A document or letter showing: <ul style="list-style-type: none"> • Membership start date • Amount, type (e.g., regular, service, or disability), and start date of pension if receiving a pension]. • If receiving a disability pension, the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so • Annual annuity contribution rates made by employer • If claimant worked for another employer and received related pension credits such that a <i>reciprocal reduction factor</i> is applied to the claimant's monthly pension benefit (which will reduce claimant's pension amount). <ul style="list-style-type: none"> ○ In such a case, claimant will typically have two pension fund statements, one based on benefit credits which include the related pension credits, and one based on Local 282 pension credits only. ○ For the related pension credit entries on the statement, the "plan code" field typically will be blank/not filled in.
<p>Local 456 – Teamsters</p>	<ul style="list-style-type: none"> • "Pension Credit History" – yearly history which includes: <ul style="list-style-type: none"> • Hours worked by year • Pension credits by year, and total pension credits • A document or letter showing: <ul style="list-style-type: none"> • Total Vesting Credits • Membership date with union • If receiving a pension, a document or letter showing: <ul style="list-style-type: none"> • Type of pension (e.g., regular, service, or disability). If receiving a disability pension, provide the condition forming the basis of the disability if not based on SSA • Start date of pension • Monthly pension amount • If victim is not receiving a pension, please indicate so • Pension calculation worksheet, if available • Pension option letter, if available, and indication of the final option chosen



Union or Employer	Required Documents
Local 469 - Teamsters	<ul style="list-style-type: none"> • Pension fund statement which includes the following by plan year: <ul style="list-style-type: none"> • Hours worked • Employer contributions • Multiplier • Normal monthly accrual (employer contributions times multiplier) • Pension credits • Vesting credits • Documentation of membership start date • Pension calculation worksheet, if available • Pension option letter, if available, and indication of the final option chosen • Amount, type (e.g., regular, disability), and start date of pension if receiving a pension • If receiving a disability pension, documentation of the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so
Local 580 - Architectural and Ornamental Iron Workers	<ul style="list-style-type: none"> • "Pension Credit History" document showing hours worked and credits earned per year • Pension calculation worksheet, if available • Pension option letter, if available, and indication of the final option chosen • Letter from Fund Office of Local 580 showing membership date, individual's level (e.g. journeyman), and amount, start date, and type (e.g., regular, service, or disability) of pension (if victim receives a pension) • If receiving a disability pension, documentation of the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so
Local 638 - Steamfitters Construction Trades	<ul style="list-style-type: none"> • Documentation identifying whether victim belongs to the Construction Trade Branch or the Metals Trade Branch • "Member Work History Annual Rollup Report" showing hours, wages and credits per year • Quarterly statements from Steamfitters' Industry Fund showing paid hours and supplemental retirement contributions • Pension calculation worksheet, if available • Pension option letter, if available, and indication of the final option chosen • A document or letter showing: <ul style="list-style-type: none"> • Member's start date with union • Member's level at time of retirement (journeyman; temp heat and air conditioning; apprentice) • Date of start of pension, type of pension (e.g., service or disability), and amount of pension (in single life annuity form), if any • If receiving a disability pension, documentation of the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so



Union or Employer	Required Documents
Local 731 - Excavators	<ul style="list-style-type: none"> • "Pension History" – yearly history screenshot which includes: <ul style="list-style-type: none"> • Hours worked by year • Total pension credits ("Units") • Total vesting credits ("Pen FS") • Pension start date ("Pen Date") • Initiation date with Union • Pension option letter, if available, and indication of the final option chosen • Documentation of the amount, type (e.g., regular, disability), and start date of pension, if any • If receiving a disability pension, documentation of the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so
Local 780 - Cement Masons	<ul style="list-style-type: none"> • "Member Eligibility Report" – yearly history which includes: <ul style="list-style-type: none"> • Hours Worked by year • Pension credits by year • Total pension credits • Pension calculation worksheet, if available • Pension option letter, if available, and indication of the final option chosen • A document or letter showing: <ul style="list-style-type: none"> • Member's start date with union • Member's retirement date • Date of start of pension, type of pension (e.g., regular, service, or disability), and monthly amount of pension • If receiving a disability pension, provide the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so
Local 825 – International Union of Operating Engineers Benefit Fund	<ul style="list-style-type: none"> • Pension Benefit Statement – yearly history which includes: <ul style="list-style-type: none"> • Employer contribution amounts, by year • Hours worked by year • Pension credits by year • Total pension credits • Pension calculation worksheet, if available • Pension option letter, if available, and indication of the final option chosen • Documentation of start date with Union • If receiving a pension: documentation of type of pension (e.g., regular, service, or disability), monthly pension amount, and start date of pension • If receiving a disability pension, documentation of the condition forming the basis of the disability if not based on SSA • If the victim is not receiving a pension, please indicate so



Union or Employer	Required Documents
Local 831 – Uniformed Sanitationmen’s Association and Teamsters Joint Council 16	<ul style="list-style-type: none"> • A document or letter showing: <ul style="list-style-type: none"> • Membership date, for both Local 831 and JC 16 • Final salary • Year by year history of hours worked, pension credits, and vested credits, for both Local 831 and JC 16 • Amount, type (e.g., regular, service, or disability), and start date of pension if receiving a pension [including disability pension], for both Local 831 and JC 16 • If receiving a disability pension, the condition forming the basis of the disability if not based on SSA • If not receiving a pension, please indicate so • Pension calculation worksheet, if available • Pension option letter, if available, and indication of the final option chosen • If eligible to receive retirement benefits under any other plans maintained by an affiliate, the amount of benefits
Local 1010 and 1018 – Pavers and Road Builders District Council Benefit Fund	<ul style="list-style-type: none"> • Pension Benefit Statement – yearly history which includes: <ul style="list-style-type: none"> • Employer contribution amounts, by year • Hours worked by year • Vested and Service Pension credits by year • Accrual Rate used in each year with pension credits • Total pension credits • Pension calculation worksheet, if available • Pension option letter, if available, and indication of the final option chosen • Documentation of start date with Union • If receiving a pension: documentation of type of pension (e.g., regular, service, or disability), monthly pension amount, and start date of pension • If receiving a disability pension, documentation of the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so
1199 Service Employees International Union (SEIU) – Health Care Employees	<ul style="list-style-type: none"> • A document or letter showing: <ul style="list-style-type: none"> • Union membership start date/hire date, and end date if the employee was terminated or retired • Current accrual rate • Past service accrual rate • Total credited service • Total vesting service • Average final pay • Pension calculation worksheet, if available • Pension option letter, if available, and indication of the final option chosen • If receiving a pension: documentation of type of pension (e.g., regular, service, or disability), start date of pension, and monthly pension amount • If receiving a disability pension, documentation of the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so



Union or Employer	Required Documents
<p>New York City District Council of Carpenters consisting of the following locals: Local 20 - United Brotherhood of Carpenters and Joiners of America; Local 45 - United Brotherhood of Carpenters and Joiners of America; Local 157 (including former members of Local 608) - United Brotherhood of Carpenters and Joiners of America; Local 740 - Millwright & Machinery Erectors; Local 926 - United Brotherhood of Carpenters and Joiners of America; Local 1556 - Dockbuilders and Timbermen; Local 2287 - Resilient Floor Coverers; Local 2790 - United Brotherhood of Carpenters and Joiners of America Shop and Industrial</p>	<ul style="list-style-type: none"> • “Pension Statement” showing hours worked, contribution amounts, credits earned, and benefit amounts by year, as well as information on the monthly pension amount available to the member under various pension options <i>Note: this document can be downloaded from the New York City District Council of Carpenters Benefit Funds website</i> • “Participant Work History Detail Report” • Letter from New York City District Council of Carpenters Benefit Funds showing membership date, individual’s level (e.g. journeyman), and amount, start date, and type (e.g., regular, service, or disability) of pension (if victim receives a pension) • If receiving a disability pension, documentation of the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so <p><i>Note: The VCF will calculate pension and annuity loss for the Carpenters trades using Carpenter Building Commercial Rates. If you believe your loss should be calculated using other rates, you must inform the VCF and provide documentation showing which rates should be applied and why.</i></p>
Employer	Required Documents
<p>Consolidated Edison (CECONY Management and CECONY Weekly – Local 1-2)</p>	<ul style="list-style-type: none"> • Whether Victim was a Management or Weekly participant • The “Consolidated Edison Retirement Plan” printout or, at minimum documentation of: <ul style="list-style-type: none"> • Service date (typically date of hire) • Termination or retirement date if no longer working • Salary and variable pay by year to compute final average salary • If currently receiving a pension, the type (e.g., regular, service, or disability), amount, and start date of pension • If victim received a disability pension, a decision by the pension fund granting the disability pension and showing what conditions/injuries that decision is based upon if not based on SSA • If victim is not receiving a pension, please indicate so
<p>Lockheed Martin</p>	<ul style="list-style-type: none"> • Statement of pension benefit calculation details including: <ul style="list-style-type: none"> • Hire Date • Amount and start date of pension benefit if receiving one, and whether it is service or disability • Estimated vested pension at time of retirement, if not receiving pension • Early retirement reduction factor • Final average pensionable earnings • Documentation of short-term and long-term disability benefits received, if applicable, including the condition forming the basis for disability, amount, and duration • Whether the company is paying for health insurance benefits during retirement, and through what age or date



Union or Employer	Required Documents
Metropolitan Transportation Authority Police	<ul style="list-style-type: none"> • A document or letter showing: <ul style="list-style-type: none"> • MTA Membership Date • Unit within MTA: Long Island Railroad (LIRR), Metro-North, or another unit • Original Date of Retirement • Years of Credited Police Service at retirement • Confirmation that Victim was vested at time of retirement/termination • Earnings for the year of the start of the loss and (up to) four years prior • 3 Year Final Average Salary (FAS) at time of loss • If receiving a retirement benefit, type of retirement, retirement start date, and retirement benefit amount. • If receiving a disability pension, the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so
Participating employers in the New Jersey Police and Firemen’s Retirement System (“PFRS”)	<ul style="list-style-type: none"> • A document or letter showing: <ul style="list-style-type: none"> • Membership date • Tier number • “Final Compensation” amount used to calculate pension amount • Years of Allowable Service at retirement • Confirmation that victim was vested at time of retirement • 3 Year Average Salary (FAS) at time of loss • Start date of pension benefits • Amount of pension benefits • Type of pension being received (e.g. disability, service) • Documents showing the condition forming the basis of the disability pension (if victim receives a disability pension), if not based on SSA. • If victim is not receiving a pension, please indicate so
Participating employers in the New York State and Local Retirement System (“NYSLRS”) (Full list available here)	<ul style="list-style-type: none"> • A document or letter showing: <ul style="list-style-type: none"> • Membership date • Tier number and identification of whether the individual is part of the Employees’ Retirement System (“ERS”) or the Police and Fire Retirement System (PFRS) and specific pension plan to which the individual belonged • Final Average Salary (“FAS”) amount used to calculate pension amount • How annual benefit was calculated • Credited and vested years of service • If applicable, whether the victim is a member of any of the following: section 381(b), 384(d), 384(e) or 384(e)(b) • Pension option letter showing how the victim chose to receive payments (i.e., payable at a reduced continuing benefit and payable to spouse upon death, etc.) • If victim is not receiving a pension, please indicate so • Individuals who have a disability pension from NYSLRS should also submit: <ul style="list-style-type: none"> • If available, the physician’s statement of disability (RS 6401) or other evidence submitted in support of the disability application • A copy of the NYSLRS disability application showing the condition(s) claimed as the basis of the disability application • Letter from NYSLRS informing them that their application for a World Trade Center Accidental Disability Retirement has been approved



Union or Employer	Required Documents
Participating employers in the New York State Teachers Retirement System (“NYSTRS”)	<ul style="list-style-type: none"> • “Summary of NYSTRS Retirement Data” including: <ul style="list-style-type: none"> • Number of Service Credits (i.e., years and months) • Three-year Final Average Salary (FAS) • Retirement plan claimant is a member of (e.g., Tier 4, Article 15) • Documentation of membership start date • Pension option letter, if available, and indication of the final option chosen • Amount, type (e.g., regular, service, or disability), and start date of pension if receiving a pension • If receiving a disability pension, documentation of the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so
Verizon	<ul style="list-style-type: none"> • “Verizon Pension Plan Pension Calculation Statement” including: <ul style="list-style-type: none"> • Credited Service (i.e., net credited service, service applied to pension band) • Monthly Value of Pension Band • Pension Band • Supplemental payments (if applicable) • Net Credited Service date • Pension option letter, if available, and indication of the final option chosen • Amount, type (e.g., regular, service, or disability), and start date of pension if receiving a pension • If receiving a disability pension, documentation of the condition forming the basis of the disability if not based on SSA • If victim is not receiving a pension, please indicate so