

To be eligible for compensation from the September 11th Victim Compensation Fund ("VCF"), an individual must show that he or she has at least one 9/11-related physical injury or condition that has been certified for treatment by the World Trade Center ("WTC") Health Program or verified as 9/11-related through the VCF's Private Physician Process, along with the other components of eligibility.

For purposes of non-economic loss compensation, VCF regulations allow for the consideration of the impact of eligible conditions on the victim's life. This is often referred to as "pain and suffering." **This form is for individuals who are filing a claim with the VCF and want to provide additional details about the impact of their VCF-eligible prostate cancer. The prostate cancer baseline award is \$200,000.** To demonstrate the severity required for a higher non-economic loss award, **claimants do not need to seek additional certifications related to their prostate cancer unless they are needed for treatment purposes.** The VCF requires medical records demonstrating recurrence or metastasis if the recurrence or metastasis is not already separately certified. While it is common to have complications from prostate cancer surgery and treatment, those complications can be temporary. Temporary complications are not likely to result in higher awards. The VCF requires medical records and a detailed, sworn impact statement demonstrating the long-term complications to be eligible for an increased non-economic loss award.

This form is required if you are seeking non-economic loss above the baseline award of \$200,000 for long-term complications as described above. For more information about the calculation of non-economic loss, please see [Section 2.1](#) of the VCF's Policies and Procedures. **Please complete this form in its entirety, being sure to fully answer all of the questions.** You may include additional pages if needed in order to answer the questions. Please be as detailed as possible and provide any references to previously submitted medical records or additional records you may be submitting now. **You do not need to submit records you have previously provided to the VCF.** Submitting this form does not guarantee that your non-economic loss award will increase.

Who do I call if I have questions while completing this form?

If you have questions about how to complete this form, or you don't understand one of the questions, please call the VCF Helpline at 1-855-885-1555.

Where do I send my form?

Upload the completed form to your online claim or mail it directly to the VCF at the address below. Because this form is a legal document, you should keep a copy of the completed form for your own records.

September 11th Victim Compensation Fund
P.O. Box 34500
Washington, D.C. 20043

Carefully review the instructions on the first page before completing this form. This form can also be found under "Forms and Resources" on the www.vcf.gov website.

Your Full Legal Name:

First Name

Middle Name

Last Name

VCF Number: VCF

(Input the 7 numbers after VCF)

Phone Number:

+

United States Phone Number

International Phone Number

International City, Country

VCF Eligible Condition: Malignant Neoplasm of the Prostate (Prostate Cancer)

1. Has your prostate cancer been certified for treatment by the World Trade Center ("WTC") Health Program or verified as 9/11-related through the VCF's Private Physician Process?

☐ Yes

☐ No. If you select "No," do not continue filling out this form. This form is for individuals whose prostate cancer has been certified or verified as 9/11-related.

2. When was your prostate cancer first diagnosed? _____

3. How old were you when you were diagnosed? _____

Information Regarding Your Treatment

1. Did you have surgery to treat your prostate cancer?

☐ Yes

☐ No

- 1a. If yes, what type of surgery did you have and when did you have it?

☐ Radical Prostatectomy

Date of Procedure: _____

☐ Other (specify): _____

Date of Procedure: _____

2. Did you have radiation as part of your treatment?

☐ Yes

☐ No



2a. If yes, what was the last date of your radiation treatment? _____

3. Did you have hormonal therapeutic treatment for your prostate cancer?

- ☐ Yes
☐ No

3a. If yes, please provide medical records regarding the type and duration of treatment.

4. **Have you dealt with any of the following? Check all that apply:**

- ☐ Erectile dysfunction continuing more than two years after last treatment date
☐ Incontinence continuing more than two years after last treatment date
☐ Treatment complications that required surgery or hospitalizations (not discussed above)

5. **If you had treatment complications that required surgery or hospitalizations, include the date and description of the complications below.** Provide the surgical and/or hospitalization records if you have not already.

Long-Term Complications

6a. Have you had erectile dysfunction continuing more than two years after your last treatment date?

- ☐ Yes
☐ No

If yes, list the medications or other treatments prescribed, any side effects or complications from the treatment, and if you have stopped treatment. Provide any treatment records regarding the erectile dysfunction and/or a detailed letter from your oncologist or urologist.

6b. What is the impact of the erectile dysfunction on your life?

7a. Have you had incontinence continuing more than two years after your last treatment date?

- ☐ Yes
☐ No

If yes, list the medications or other treatments prescribed, any side effects or complications from the treatment, and if you have stopped treatment. Provide any treatment records regarding the incontinence and/or a detailed letter from your oncologist or urologist.



7b. What is the impact of the incontinence on your life?

8a. Are there other long-term complications from your prostate cancer not discussed above?

☐ Yes

☐ No

If yes, list the medications or other treatments prescribed, any side effects or complications from the treatment, and if you have stopped treatment. Provide any treatment records and/or a detailed letter from your oncologist or urologist.

8b. What is the impact of this complication on your life?

9. Is there any other information you think the VCF should know about the impact of your prostate cancer on your life? If so, describe below.



If someone helped you fill out this form, or filled out part of the form for you, list that person's name here: _____.

I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

NOTE: the VCF does not accept electronic signatures. If you received this form electronically, you must print the signature page and sign by hand.

You do not need to have this form notarized.

Signature

Date Signed (mm/dd/yyyy)

Printed Full Name

If you are including additional pages with this form, please be sure your name and VCF claim number are included at the top of each page.