



This Document Checklist is a tool to help guide you in determining the documents required for Personal Injury claims.

Use this checklist if:

- You are filing a claim for yourself, or
- You are filing a claim for a deceased individual whose death is not believed to be related to a 9/11-related condition, or
- You are filing a claim on behalf of an incapacitated adult.

Throughout this document, the term “victim” refers to the individual who has been diagnosed with a September 11th-related physical injury or condition. This is the person for whom the claim is being filed.

The VCF cannot begin review of the claim until the following documents are submitted and sufficiently complete. These are the minimum documents needed in order to begin substantive review of the claim:

- Completed Claim Form.
- Claim Form [Signature Page](#).
- [VCF ACH Payment Information Form](#) if payment on your claim will be deposited to your bank account, or a completed VCF Client Authorization Form to deposit the payment on your claim to your attorney’s bank account (your attorney will provide this form to you if applicable).
- Claim Form Exhibit A – [Authorization for Release of Medical Records](#).
- Documentation to support presence at a 9/11 site. **Note:** You do not need to submit proof of presence documents if the VCF has an existing relationship with the victim’s employer, union, or other affiliated organization allowing for the exchange of this information. **Use the VCF [Interactive Presence Guide](#)** to determine what, if any, documents you need to submit to prove presence based on your circumstances.

This Document Checklist includes detailed information about each document listed above. All forms are available in the “Forms and Resources” section of the www.vcf.gov website.

Carefully review the information in each section and use this checklist to confirm you have all the required documentation ready to be submitted to the VCF. This list includes what is needed for processing most claims; however, based on the specific circumstances of your claim, the VCF may contact you for additional documentation once we begin review of your claim.

If a specific document is listed in more than one section of the checklist, and it is applicable to your claim, you only need to provide the document one time in support of your claim.

A notation of “N/A” means the corresponding documents are not required for that scenario.

The VCF accepts copies of documents. **To speed the processing of your claim, you should upload all documents directly to your online claim.** If you mail documents to the VCF, they cannot be returned. Please make copies of any documents you submit to the VCF by mail.

If you have any questions or need assistance with this checklist, please visit the VCF website at www.vcf.gov or call the toll-free Helpline at 1-855-885-1555. Foreign language interpreters are available.





DOCUMENTS APPLICABLE TO <u>ALL</u> PERSONAL INJURY CLAIMS	
1. Documents Required for Processing:	Documents Required
September 11th Victim Compensation Fund Claim Form Signature Page .	<input type="checkbox"/> Yes
Claim Form Exhibit A – “Authorization for Release of Medical Records.” This document is required for the VCF to obtain information from the WTC Health Program regarding the victim’s eligible condition(s). The VCF does not accept electronic signatures. This document must be completed with an original signature. Upload the signed copy to your claim and keep the original in your files.	<input type="checkbox"/> Yes
Information directing the VCF how to make any payment on your claim: <ul style="list-style-type: none"> • If you are not represented by an attorney, or if you and your attorney have agreed that you will be paid directly, complete and submit the VCF ACH Payment Information Form. Carefully follow the instructions on the form. • If you are represented by an attorney, and you have agreed that payment on the claim will be made to your attorney’s bank account, your attorney will provide you with a VCF Client Authorization Form to sign to authorize the payment. 	<input type="checkbox"/> Yes
2. Proof of Presence at an Eligible Location during the applicable Dates.	Documents Required
<p>You must prove that you were present at a 9/11 crash site, in the VCF NYC Exposure Zone, or along the routes of debris removal during the timeframes below to be eligible for compensation:</p> <ul style="list-style-type: none"> • The World Trade Center or the surrounding New York City (NYC) Exposure Zone between September 11, 2001, and May 30, 2002; • The Pentagon site between September 11, 2001, and November 19, 2001; or • The Shanksville, Pennsylvania site between September 11, 2001, and October 3, 2001. <p>If you received an award through the original September 11th Victim Compensation Fund that operated from 2001-2004, you do not need to submit proof of presence again.</p> <p>Most claimants prove their presence by providing documents to the VCF. The VCF works with many employers, unions, and other entities to help claimants get the documents they need to prove where they were and when they were there.</p> <ul style="list-style-type: none"> • Use the VCF Interactive Presence Guide to find out if your employer, union, or other entity can provide information to the VCF on your behalf. <ul style="list-style-type: none"> ○ The guide asks a series of simple questions to determine the types of documents that will best support your presence based on your specific circumstances. If your employer or other entity is not listed in the guide, it will explain the different types of documents you can submit. ○ Our How to Prove Presence page also has details about proving your presence. <p><u>Do not submit more than the Presence Guide suggests.</u> Submitting additional documents that the VCF does not require will slow down the processing of your claim.</p>	<input type="checkbox"/> Yes (If applicable based on individual situation)
Victim Presence Statement allows you to provide additional details regarding your presence. This form is optional but may be helpful if you have additional information about your presence that is not already provided as part of the claim form responses or in your supporting documents.	<input type="checkbox"/> (Optional)





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

DOCUMENTS REQUIRED <u>ONLY IF APPLICABLE</u> TO YOUR PERSONAL INJURY CLAIM	
1. Lawsuits related to September 11, 2001 (if applicable):	Documents Required
The victim, a representative of the victim, a dependent, spouse, or beneficiary did <u>not</u> have a lawsuit related to September 11, 2001. This includes any lawsuit of any type related to an eligible 9/11-related condition.	N/A
<p>If the victim, a representative of the victim, a dependent, spouse, or beneficiary participated in any lawsuit related to September 11th or an eligible condition, you must provide documents showing the lawsuit was withdrawn, settled, or dismissed.</p> <p>Note: In many cases, the VCF can obtain this information from third parties. For example, if the victim was represented by Napoli, Bern, Ripka, Shkolnik (“Napoli Bern”) in the lawsuit, you do <u>not</u> need to submit any documents related to the settlement because the VCF may be able to get the necessary information from Napoli Bern. In this instance, the VCF will notify you if you need to submit any additional documents.</p> <p>For all others, you must submit:</p> <ul style="list-style-type: none"> • A copy of the notice of withdrawal, or dismissal, or court order of dismissal filed by the victim (or on behalf of the victim). The VCF requires proof that claims against all defendants were dismissed. This may require the submission of several dismissal documents. • If the lawsuit was settled with some or all parties, the VCF needs documentation showing the amount of the settlement and the signed and dated release of the lawsuit. <p>If the victim received coverage for certain cancers under a Critical Injury Insurance policy through Metropolitan Life Insurance Company (MetLife) as part of a 9/11-related lawsuit settlement, you must provide the VCF with a copy of the policy and the amount of any payment received under the policy.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes

Checklist continues on next page.





DOCUMENTS REQUIRED <u>ONLY IF APPLICABLE</u> TO YOUR PERSONAL INJURY CLAIM	
2. Replacement Services (if applicable):	Documents Required
<p>Replacement services are considered to be a component of loss in personal injury claims only in three limited situations: (1) childcare or household tasks were the primary way the victim spent their time before age 70; (2) the victim took care of a household member with special needs and now cannot provide care anymore because of their eligible condition(s); or (3) the victim’s eligible condition(s) interfere with the victim’s ability to perform basic activities of daily living. The documents you must submit are different depending on which of those three situations applies.</p> <p>(1) If childcare or household tasks were the primary way the victim spent their time before age 70, you must submit the following to support a claim for replacement services:</p> <ul style="list-style-type: none"> • A clear statement describing the types of services the victim provided before the onset of the eligible condition, the amount of time spent on those services (per week or month) before the onset of the eligible condition, and the amount of time the victim is able to spend on those services now (i.e., with the eligible condition). <input type="checkbox"/> Yes • Medical records that show that the eligible condition is the reason the victim cannot perform the services. <input type="checkbox"/> Yes • A complete Exhibit 1 – “Social Security Administration Consent Form,” so that the VCF can confirm the victim did not have significant earnings outside the home. <input type="checkbox"/> Yes <p>(2) If the victim took care of a household member with special needs and now cannot provide care anymore because of their eligible condition(s), you must submit the following:</p> <ul style="list-style-type: none"> • A statement describing: (a) the types of tasks you used to perform for the household member; and (b) the amount of time you spent on those tasks (per week or month). <input type="checkbox"/> Yes • Medical records that show that the reason you cannot perform services for a special needs child or adult is because of your eligible condition. <input type="checkbox"/> Yes • Proof of the household member’s special needs, such as medical records, a disability determination from a government agency, or any other document that explains the household member’s conditions and limitations. <input type="checkbox"/> Yes <ul style="list-style-type: none"> • A Social Security Administration Consent Form (Exhibit 1 of the Claim Form) for the household member. We will use this form to get information from the SSA about any SSA disability determination your household member might have. <input type="checkbox"/> Yes <p>(3) If the victim’s eligible condition(s) interfere with the victim’s ability to perform basic activities of daily living, you must submit the following:</p> <ul style="list-style-type: none"> • Medical records or other documents that show that you need help with basic activities of daily living, such as eating and bathing, and that your eligible condition(s) are the cause. <input type="checkbox"/> Yes • Medical records that show that your eligible condition interferes with your ability to perform basic activities of daily living. <input type="checkbox"/> Yes • <i>If you were a primary caregiver for any children who were under 18 when your eligible conditions began to interfere with your ability to perform basic activities of daily living:</i> Submit a list of the birthdates of all the children who were under 18. <input type="checkbox"/> Yes 	





3. Permanent Loss of Earnings as a result of a disability due to an eligible 9/11-related condition (if applicable):	Documents Required
<p>You must submit the following documents to support any claim for permanent loss of earnings:</p> <ul style="list-style-type: none"> • Exhibit 1 - “<i>Social Security Administration Consent Form</i>.” The VCF will use this to obtain the victim’s earnings history since 1998, as well as information about any benefits the victim received from SSA. If the victim is receiving disability benefits, SSA will provide the primary and secondary conditions that are the basis of the disability and the disability onset date. If you are claiming loss of earnings not reflected in the SSA earnings history, or if the victim did not have a Social Security number, you must submit other evidence of earnings, with an explanation. <p>You must submit the following documents if applicable:</p> <ul style="list-style-type: none"> • For New York employees who participate in one of these four New York pension programs – NYPD, FDNY, NYCERS, and NYSLRS – submit Exhibit B1 – “<i>Authorization for Release of Pension Records and Health Information by New York Individuals and Entities</i>.” The VCF will use this to obtain information about any disability determinations that have been made by one of these New York pension programs, as well as the information required to calculate any earnings and benefit loss for the victim’s New York City or state employment. • If the victim has been found disabled by FDNY, the VCF obtains pension information directly from the FDNY. You must, however, still submit the following: <ul style="list-style-type: none"> • For an initial retirement, submit the Medical Committee Report, Subchapter II Medical Board (formerly 1-B Board) recommendation, and Board of Trustees Award Letter <input type="checkbox"/> Yes • For a reclassification, submit the Subchapter II Medical Board (formerly 1-B Board) recommendation, and Board of Trustees Award Letter from the reclassification proceedings <input type="checkbox"/> Yes • If the victim has been found disabled by the New York State Workers’ Compensation Board, you must provide the victim’s Workers’ Compensation claim number. The VCF will use this to obtain information about the victim’s disability. <input type="checkbox"/> Yes • If the victim has <u>not</u> been found disabled due to an eligible condition by the SSA, a NY pension program, the New York State Workers’ Compensation Board (NYWCB), the U.S. Department of Labor’s Office of Federal Employee Compensation (OFEC), or the U.S. Department of Veterans Affairs (VA), you must submit a disability determination from another entity for the VCF to consider calculating lost earnings continuing into the future. For example, you may show that another government entity or pension program or a private disability insurance company found that the victim’s ability to work has been reduced because of an eligible condition. In rare cases, the VCF may accept a disability opinion from a qualified private physician if it is sufficiently specific and well-supported by objective testing or treatment records. If you have a disability determination from SSA, a NYC pension program, NYWCB, OFEC, or the VA, the VCF will obtain information directly from those entities. <input type="checkbox"/> Yes <p>Other Employment Benefits. You may wish to submit additional documents to support particular benefits you received through your employment. When calculating loss of future earnings, the VCF will include a 401k employer contribution equal to 4% of base salary and \$7,654.50 per year for health insurance, unless you submit sufficient evidence that the victim’s employment benefits were greater than these standard default values.</p> <p>To claim loss of benefits greater than the standard default values, you must submit the following:</p> <ul style="list-style-type: none"> • Documentation about the victim’s health care plan that clearly identifies the amount of the employer’s contribution. <input type="checkbox"/> Yes • Documentation of the amount the employer agreed to match or contribute to a 401k or other retirement account. <input type="checkbox"/> Yes • If the victim participated in a defined benefit pension through their employment, you must submit information that will enable the VCF to calculate the value of the pension the victim would have earned but for their disability based on an eligible condition, and the value of the pension the victim did, in fact, earn. As each pension plan is unique, see Section 2.2 of the VCF “Policies and Procedures” for information on documents to support pension loss. <input type="checkbox"/> Yes 	





DOCUMENTS REQUIRED <u>ONLY IF APPLICABLE</u> TO YOUR PERSONAL INJURY CLAIM	
<ul style="list-style-type: none"> • Private Disability Insurance: If the victim has filed a claim for short-term or long-term disability insurance benefits, you must provide the following: <ul style="list-style-type: none"> • Documentation of all benefits paid or evidence the claim was denied; • Evidence showing the condition forming the basis of the disability benefits. If you do not provide evidence that identifies the condition the victim’s insurance company found was disabling, the VCF will assume it was an eligible condition and will offset the benefits from the VCF award. 	<input type="checkbox"/> Yes
<ul style="list-style-type: none"> • Department of Veterans Affairs Disability Benefits: If the victim is receiving disability benefits from the VA, or has an application or appeal pending, you must notify the VCF. We will obtain the information needed directly from the VA. If you have a copy of the victim’s latest rating decision, it may speed up the process if you submit it. 	<input type="checkbox"/> Yes
<ul style="list-style-type: none"> • Public Safety Officers’ Benefits Program (“PSOB”): If the victim has applied to receive a disability benefit from the PSOB, you must notify the VCF. We will obtain the information needed directly from PSOB. If you have a copy of the decision and amount awarded, it may speed up the process if you submit it. 	<input type="checkbox"/> Yes
<ul style="list-style-type: none"> • Other Benefits Programs: If the victim has received, or applied to receive, benefits from any other source for losses associated with an eligible condition(s), you must submit documentation sufficient to identify the amount of the compensation, the time period during which it was received or is expected to be received, and the medical condition for which it was granted. 	<input type="checkbox"/> Yes
<p>6. Victim’s Guardian, Personal Representative or Other Authorized Representative: <i>If you are filing a claim on the victim’s behalf, you must submit the proper documentation to establish your authority to file the claim. Choose the applicable scenario below to identify the specific documents that are required for your situation.</i></p>	Documents Required
<p>I am filing for myself.</p>	N/A
<p>Personal Representative of a victim who died of causes <u>unrelated</u> to his or her eligible 9/11-related physical injury:</p> <ol style="list-style-type: none"> 1. Court Order or Letters of Administration showing your appointment as either the Personal Representative, Executor of Will, or the Administrator of the Estate. Note: If the Letters of Administration or Court Order was issued via email, you must also provide a copy of the email when you upload the document to the online claim. 2. Death certificate showing the cause of death. 3. If you are filing a Hard Copy Claim Form, a complete Claim Form Appendix A. <p>Important Note: If the Court Order or Letters of Administration appoint more than one Personal Representative, Executor of Will, or Administrator of the Estate, you must submit a completed “VCF Lead Personal Representative Designation Form.” See Section 6.5 of the VCF “Policies and Procedures” for more information.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes
<p>Legal Guardian of an Incapacitated Adult:</p> <ol style="list-style-type: none"> 1. You must submit the court order appointing guardianship. 2. A complete and signed Claim Form Signature Page by the court-appointed guardian. 	<input type="checkbox"/> Yes <input type="checkbox"/> Yes

You do not need to submit this checklist with your claim form. If you have any questions about the appropriate documentation needed to file your claim, call the VCF Helpline at 1-855-885-1555. Foreign language options and interpreters are available.

