



**INSTRUCTIONS:**

This worksheet must be completed and submitted if you are seeking compensation for loss of pension benefits suffered as a result of VCF-eligible conditions, along with all of the relevant documentation identified below, for:

- all victims (living or deceased) who worked for a New York state or local agency that is part of New York State and Local Retirement System (NYSLRS); and
- deceased victims who worked for a New York City agency that is a part of New York City Employee Retirement System (NYCERS), regardless of whether the VCF claim is filed for personal injury or wrongful death. The VCF has an arrangement with NYCERS to obtain information and documentation related to pension benefits for *living* NYCERS members, upon receipt of a completed Exhibit B1 - Authorization for Release of Pension Records and Health Information by New York Individuals and Entities. Therefore, you do not need to complete this worksheet for living NYCERS members.

For each piece of information provide the CMS filename and page number for supporting evidence. Additional information for victims who are members of NYCERS or NYSLRS can be found in the [VCF Policies and Procedures](#) document at Appendix G and Section 2.2.

Once this worksheet is completed, please save the file using the following naming convention: PensionWorksheet-VCF#####. **When uploading the worksheet to the online claim, please select "NYCERS-NYSLRS Worksheet" as the document type.**

**If you do not submit complete information about pension benefits, the VCF will not compute the value of the lost pension and will instead apply its standard default values for retirement benefits (i.e., a 401k employer contribution equal to 4% of base salary and \$2,400 per year for health insurance).**

If there is any indication that the victim receives a disability pension (or if the victim received a disability pension before death), but you do not submit information necessary to calculate that pension or determine the basis of that pension, the VCF may issue only a non-economic loss award as, without that information, the VCF cannot determine whether an offset is appropriate or the amount of that offset. (Please refer to the VCF Policies and Procedures document for additional information).

In addition to this worksheet, the following documents must be submitted for the VCF to calculate the disability pension offset and/or pension loss:

NYCERS	NYSLRS
<ul style="list-style-type: none"> <li>• "Retirement Data Sheet" or "Disability Retirement Data Sheet" providing the data used to calculate the pension</li> <li>• Letter informing the victim about the different pension options</li> <li>• Letter stating that the pension has been finalized</li> <li>• Individuals who have a disability pension should also submit:               <ul style="list-style-type: none"> <li>• NYCERS Medical Board Report</li> <li>• Letter stating that the victim has been approved for a 3/4 accidental disability pension</li> <li>• Letter showing the annual or monthly benefit amount</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• A document or letter providing the information used to calculate the pension, such as membership date and final average salary</li> <li>• Letter informing the victim of the different pension options</li> <li>• Individuals who have a disability pension should also submit:               <ul style="list-style-type: none"> <li>• The physician's statement of disability (RS 6401) or other evidence submitted in support of the disability application</li> <li>• The NYSLRS disability application showing the condition(s) claimed as the basis of the disability application</li> <li>• Letter stating the application for a World Trade Center Accidental Disability Retirement has been approved</li> </ul> </li> </ul>

If the victim was also a union member, please refer to the Policies and Procedures Document, Appendix G, for the documents you are required to submit as they differ for each union, and please also complete the "Union & Other Defined Benefit Plan Information Worksheet."



**Claim Number:**

**Victim Name:**

**1. Pension Plan Name:**

CMS Filename and page number:

**2. Membership Date:**

CMS Filename and page number:

**3. Tier Number (e.g., 1, 2, 3, 4, 5, or 6):**

CMS Filename and page number:

**4. For NYSLRS members – identify your membership section, for example, Section 381(b), 384(d), 384(e), or 384(e) (b)?:**

CMS Filename and page number:

**5. Final Average Salary:**

CMS Filename and page number:

**6. Service Credit at Retirement:**

CMS Filename and page number:

**7. Retirement Date:**

CMS Filename and page number:

**8. If receiving a pension, provide:**

**a. The start date of pension:**

**b. The amount of pension:**

Monthly

Annually

**c. Type of pension (e.g., ordinary, service, disability, etc.)**

**d. If the pension offers different payment options, identify which option was chosen (e.g., Maximum, Joint & Survivor, Pop-up)**

**e. Outstanding balance on any loan taken from pension funds at retirement**

CMS Filename and page number:

**f. If receiving a disability pension, identify the injuries or conditions that the pension is based upon (or indicate that is based on SSA disability determination, if applicable)**

CMS Filename and page number:



**9. Reclassification Date, if applicable:**

CMS Filename and page number:

**10. If reclassified to a disability retirement, provide the condition(s) forming the basis of the reclassification and any supporting documentation.**

CMS Filename and page number:

**11. If the victim is not receiving a pension, please provide a letter from NYCERS OR NYSLRS stating so.**

CMS Filename and page number:

**12. Provide information about other benefits received from NYCERS or NYSLRS (e.g., annuity funds):**

CMS Filename and page number:

**13. Did the victim's employer contribute to a 401(k) at a rate greater than 4%? If so, please identify the applicable percentage and submit supporting documentation.** %

CMS Filename and page number:

**14. If the victim is deceased, identify monthly or annual amount of any pension survivor benefits:**

Monthly      Annually

CMS Filename and page number:

**15. If the victim is deceased, identify amount of any death benefit received:**

CMS Filename and page number: