



INSTRUCTIONS:

If the victim has a defined benefit plan through a union, employer, or other entity, you should complete this worksheet and provide the VCF with all of the relevant documentation. For each piece of information, provide the CMS filename and page number for supporting evidence. Additional information about defined benefit pension plans can be found in the [VCF Policies and Procedures](#) document at Appendix G and Section 2.2. Please use the NYCERS/NYSLRS worksheet for defined benefit plans provided by those entities.

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 "Union and Defined Benefit Plan 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 type 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 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 completing this worksheet, you must submit the documents described in Appendix G and Section 2.2 of the Policies and Procedures Document, including a Summary Plan Description ("SPD") for any pension plan and annuity fund for any union or employer that does not appear in the chart, so that the VCF can calculate the disability pension offset and/or pension loss.



Claim Number:

Victim Name:

1. Membership or start date with employer, union, or other entity providing the pension plan:

CMS Filename and page number:

2. Years of qualifying service or number of pension credits:

CMS Filename and page number:

3. Final average salary or earnings used to calculate pension, if applicable:

CMS Filename and page number:

4. Job title, unit, or level, if applicable:

CMS Filename and page number:

5. 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

CMS Filename and page number:

e. 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:

6. Submit and identify the Pension Work History (showing hours worked and vested and credited service per year) and/or pension calculation worksheet.

CMS Filename and page number:

7. If the victim is not vested or is not receiving a pension, submit a letter stating so:

CMS Filename and page number:

8. Provide information about other benefits received (e.g., annuity funds, healthcare benefits):

CMS Filename and page number:



9. 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:

10. List any additional information related to any of the specific items on Appendix G not listed here:

CMS Filename and page number: