



Office of the New York State Comptroller  
 New York State and Local Retirement System  
 Employees' Retirement System  
 Police and Fire Retirement System  
 110 State Street, Albany, New York 12244-0001

RECEIVED

**World Trade Center  
 Notice for Members of the  
 New York State and Local  
 Retirement System**

**RS 6047-N**

(8/05)

You must file this form with the New York State and Local Retirement System **by June 14, 2007**.  
 If you are permanently incapacitated or become permanently incapacitated in the future, you will also need to file the  
**Application for World Trade Center Accidental Disability Presumption (RS 6047-W)** to receive the benefit.

**Please Note:** To be eligible for this benefit, you must meet the following two requirements:  
 1) Successfully passed a required physical examination upon entry into public service that did not disclose evidence of the qualifying condition or impairment of health. Were you required to take such a physical? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please provide name of employer who required the physical exam: \_\_\_\_\_  
 2) Participated for a minimum of 40 hours (or injured on September 11, 2001 or September 12, 2001, preventing you from performing 40 hours of work) in the rescue, recovery, or clean up operations at any one of the following sites between September 11, 2001 and September 12, 2002:

Locations	Dates	Name and Address of Employer/Organization* Under Which Work Was Performed
World Trade Center Site		
Fresh Kills Landfill		
New York City Morgue		
Temporary Morgue on pier locations on the west side of Manhattan		
Barges between the west side of Manhattan and the Fresh Kills Landfill		

**Total number of hours worked: Over 40 \_\_\_\_\_ Under 40 \_\_\_\_\_**

\*Your Employer/Organization will be contacted to verify your involvement.

INFORMATION ABOUT YOU	
1. NAME:	2. ADDRESS:
3. REGISTRATION OR SOCIAL SECURITY NUMBER**:	4. PHONE NUMBER:

**I certify that the information contained on this form is true.**

\_\_\_\_\_  
 Signature (Sign Name in Full)

**ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC**

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
 NOTARY PUBLIC (Please sign and affix stamp)

**\*\*NOTE:** In accordance with the Federal Privacy Act of 1974 you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, 34, 311 and 334 of the Retirement and Social Security Law. Your number will be used in identifying your retirement records and in the administration of the Retirement System.