



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 and Retirees of
 the New York State and
 Local Retirement System**

RS 6047-N

(Rev. 10/06)

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

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 _____

INFORMATION ABOUT YOU

1. NAME:	2. ADDRESS:
3. REGISTRATION, RETIREMENT, OR SOCIAL SECURITY NUMBER**:	4. PHONE NUMBER:

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

 Signature (Sign Name in Full)

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

****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.

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)