RD-1179-0826

State of New Jersey • Department of the Treasury

PFRSNJ DISABILITY RETIREMENTS

P.O. Box 297, Trenton, NJ 08625-0297

REQUEST FOR AMENDED BENEFITS

In accordance with P.L. 2025, c. 117 (Chapter 117), this *Request for Amended Benefits Form* allows eligible PFRSNJ retirees the right to request a recalculation under an Accidental Disability Retirement if you are currently disabled due to participation in the rescue, recovery, or cleanup operations at the World Trade Center.

In order to be eligible, you must submit this form within 180 days of knowledge of your disability and its relation to the rescue, recovery, and cleanup operations. If approved, your retirement date will be the first of the month following receipt of this completed form.

MEMBER INFORMATION

PFRSNJ Retirement Number _____

Name _____
Last *First* *Middle*

Social Security Number _____ Date of Birth _____/_____/_____

Address _____
Street *City* *State* *Zip*

Phone Number _____ Email _____

I hereby request the recalculation of my retirement benefit under Chapter 117. I have also submitted the *Eligibility Registration Form* to register my participation in the rescue, recovery, or cleanup operations at the World Trade Center site between September 11, 2001, and October 11, 2001.

_____ _____/_____/_____
Member Signature *Date*

Return this form to:

PFRSNJ Disability Retirements
P.O. Box 297
Trenton, NJ 08625-0297