



JAMES A. KOMPANY
Chairman

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Chapters 157 & 117 (Ricci Bill) Processing Information

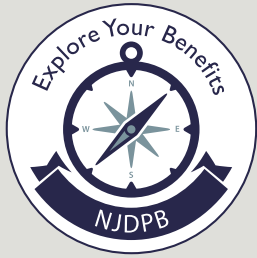
Active Members

- File the "Eligibility Registration Form" (ERF) with the NJ Division of Pensions and Benefits (NJDPB). This form must be notarized.
- Submit an "Accidental Disability Retirement Application" using the Member Benefits Online System (MBOS), noting that your disability is a result of the rescue, recovery, or cleanup operations at the World Trade Center disaster site.
- Your employer will file a "Certification of Service and Final Salary" form and a current job description.
- Have your doctor fill out the "Medical Examination by Personal or Treating Physician" form.
- Submit all treatment records or supporting doctors reports. If you were treated by the World Trade Center Health Program (WTCHP), please provide treatment records.
 - Use the attached "Authorization to Disclose Hospital Records" form with any doctor that you would like to submit records with to the NJDPB.
- You will be scheduled to see an Independent Medical Examiner (IME).
- Once you see the IME and they complete their report, your entire file will be reviewed by the Medical Review Board (MRB).
- Once the MRB completes their report, you will be scheduled for the next available Board of Trustees meeting for review and determination.

Retired Members

- File the "Eligibility Registration Form" (ERF) with the NJDPB. This form must be notarized.
- Submit a "Request for Amended Benefits Form" within 180 days of finding out you are disabled from your job duties in relation to the rescue, recovery, or cleanup operations at the World Trade Center disaster site.
- Your former employer may file any supporting documentation.
- Have your doctor fill out the "Medical Examination by Personal or Treating Physician" form.
- Submit all treatment records or supporting doctors reports. If you were treated by the World Trade Center Health Program (WTCHP), please provide treatment records.
 - Use the attached "Authorization to Disclose Hospital Records" form with any doctor that you would like to submit records with to the NJDPB.
- Your entire file will be reviewed by the MRB. If the MRB requires an IME, it will be scheduled at that time.
- If no IME is required, the MRB will complete the report, and you will be scheduled for the next available Board of Trustees meeting for review and determination.

This informational sheet was produced after the removal of the original July 8, 2021 filing deadline.



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — DISABILITY RETIREMENT SECTION

P.O. Box 295, Trenton, NJ 08625-0295

ELIGIBILITY REGISTRATION FORM

In accordance with P.L. 2025, c. 117 (Chapter 117), this *Eligibility Registration Form* allows eligible PFRS, SPRS, and certain PERS members or retirees the right to file for an Accidental Disability Retirement should they become disabled at a later date due to participation in the rescue, recovery, or cleanup operations at the World Trade Center.

I hereby submit this statement 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, or September 11, 2001, and/or September 12, 2001, as described in Options A and B below.

MEMBER INFORMATIONSelect Retirement System ☐ PFRS ☐ SPRS ☐ PERS Membership or Retirement Number _____Name _____
Last First Middle

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

Address _____
Street City State Zip

Email address _____ Daytime Phone (____) _____

PERIOD WORKED OR VOLUNTEERED (check A or B)

- ☐ **A** I was present and worked or volunteered in the rescue, recovery, or cleanup operations at the World Trade Center for a total of eight (8) hours or more between September 11, 2001, and October 11, 2001, on the following dates and location(s) and for the number of hours specified:

Date _____ Location _____ Number of hours _____

Date _____ Location _____ Number of hours _____

Date _____ Location _____ Number of hours _____

Date _____ Location _____ Number of hours _____

- ☐ **B** I was present and worked or volunteered in the rescue, recovery, or cleanup operations at the World Trade Center for a total of less than eight (8) hours or more between September 11, 2001, and/or September 12, 2001, and sustained a documented physical injury that prevented me from continuing to participate in the World Trade Center rescue, recovery, or cleanup operations:

Date _____ Location _____

ELIGIBILITY REGISTRATION FORM

(Option B continued)

Description of physical injury (please attach all documentation in support of the physical injury which prevented you from continuing to participate in the World Trade Center rescue, recovery, or cleanup for a minimum of eight hours):

If you are unable to submit the required documentation, explain how you attempted to obtain it and the reason you are unable to provide it.

By my signature, I attest that I have answered the questions on the *Eligibility Registration Form* truthfully, to the best of my knowledge, information, and belief. Further, I understand that any person who knowingly and willfully makes any false statement, misrepresentation, concealment of fact, or any other act of fraud in submitting this *Eligibility Registration Form* pursuant to the Bill Ricci World Trade Center, Rescue, Recovery, and Cleanup Operations Act to which that person is not entitled is subject to punishment inclusive of civil and/or administrative remedies, as well as criminal prosecution to which may provide for punishment of a fine or imprisonment.

_____/_____/_____
Member Signature Date

State of _____

County of _____

Sworn and Subscribed before member this _____ day of _____, 20____.

(Affix notary stamp here)

Notary Public Signature

My Commission Expires _____

Return Completed Form To: **New Jersey Division of Pensions & Benefits**
Disability Retirement Section
P.O. Box 295
Trenton, NJ 08625-0295

FREQUENTLY ASKED QUESTIONS

To whom does the registration requirement apply?

The registration requirement applies to all members who participated in the rescue, recovery, or cleanup operations at the World Trade Center site between September 11, 2001, and October 11, 2001, or September 11, 2001, and/or September 12, 2001.

How do I register?

Complete this *Eligibility Registration Form* in its entirety and have it notarized. Mail the form along with the requested documentation to the address provided. You may wish to mail the form via certified mail, return receipt requested, as the New Jersey Division of Pensions & Benefits (NJDPB) may require proof of submission at a later date. Be sure to keep a copy for your records. You will receive confirmation that the NJDPB has received your *Eligibility Registration Form*.

Does this *Eligibility Registration Form* preclude me from filing an application for Accidental Disability Retirement if I become disabled at a later date?

No. The *Eligibility Registration Form* is notification to the NJDPB that you participated in rescue, recovery, or cleanup operations at the World Trade Center site between September 11, 2001, and October 11, 2001, or September 11, 2001, and/or September 12, 2001. If you subsequently become disabled due to this participation, you must file an application for Accidental Disability Retirement and indicate your disability is due to your participation in the rescue, recovery, or cleanup operations at the World Trade Center.

DIVISION OF PENSIONS & BENEFITS — DISABILITY RETIREMENT SECTION

REQUEST FOR AMENDED BENEFITS FORM

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.

Select Retirement System ☐ PFRS ☐ SPRS ☐ PERS Retirement Number _____

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

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 completed form to the address above

P.O. Box 295, Trenton, NJ 08625-0295

AUTHORIZATION TO DISCLOSE HOSPITAL RECORDS

Date _____



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DIVISION OF PENSIONS & BENEFITS — RETIREMENT SECTION

P.O. Box 295, Trenton, NJ 08625-0295

MEDICAL EXAMINATION BY PERSONAL OR TREATING PHYSICIAN

**ALL QUESTIONS MUST BE ANSWERED
ALTERED FORMS WILL NOT BE ACCEPTED**

**This form must be filed in support of an *Application for Disability Retirement*
and is restricted to the confidential use of the retirement system.**

PART ONE — APPLICANT INFORMATION (To be completed by the member before presenting to the physician)

1. Name _____

Last
First
Middle Initial
2. Date of Birth ____/____/____
3. Social Security Number _____
4. Member Number _____
5. Job Title _____

PART TWO — PATIENT INFORMATION (To be completed by the treating physician)

Please complete this form in its entirety. You may include copies of office notes to provide additional documentation but each question must be answered on this form. An incomplete form will be returned to the member and will delay processing of the application.

6. a.) Treating member since ____/____/____ to ____/____/____

Date
Date

b.) Frequency of visits _____ c.) Is the member a regular patient? ☐ Yes ☐ No
7. Date of last physical examination ____/____/____ (Please attach a copy of the examination results)

Date
8. How long have you been treating the member for the accident, injury, or condition that directly relates to their disability?

From ____/____/____ to ____/____/____

Date
Date
9. Physical Findings:
10. Related laboratory, cardiographic, x-ray or other diagnostic data: (Please attach copies of narrative reports - no films please)

11. Diagnosis:

12. Have you treated the member for this condition before the member was considered disabled?

☐ Yes ☐ No (If yes, please indicate treatment and results of that treatment)

13. Is the applicant now totally and permanently disabled and no longer able to perform his or her assigned job duties?

☐ Yes ☐ No (If yes, please explain how the applicant's symptoms or physical findings prevent him or her from working)

14. a.) Is the applicant's disability likely to be stable or progressive? ☐ Stable ☐ Progressive

b.) If progressive, is death imminent? ☐ Yes ☐ No

c) Is there a possibility that the applicant might improve to a degree to perform the applicant's job duties?

☐ Yes ☐ No

15. Is the applicant permanently and totally disabled as a direct result of an accident that occurred during the performance of the applicant's regular assigned duties?

☐ Yes ☐ No (If yes, please explain the casual relationship)

Physician's Name _____ Degree _____

Address _____

Street City State Zip Code

Street

City

State

Zip Code

Phone Number

Specialty _____ N.J. License Number _____

Signature of Physician

Date