

## DIVISION OF PENSIONS & BENEFITS — DISABILITY RETIREMENT SECTION

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

# 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

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 completed form to the address above