RD-1054-0826

State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — DISABILITY RETIREMENT SECTION

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

REQUEST FOR AMENDED BENEFITS FORM

In accordance with P.L. 2025, c. 117 (Chapter 117), this *Request for Amended Benefits Form* allows eligible SPRS and certain PERS retirees the right to request a recalculation under an Accidental Disability Retirement if you become 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

Select Retirement System ☐ 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