

This Document Checklist is a tool to help guide you in determining the documents required for Personal Injury claims.

Use this checklist if:

- You are filing a claim for yourself, or
- You are filing a claim for a deceased individual whose death is not believed to be related to a 9/11-related condition, or
- You are filing the claim on behalf of an incapacitated adult.

Throughout this document, the term “victim” refers to the individual who has been diagnosed with a September 11th-related physical injury or condition. This is the person for whom the claim is being filed.

The VCF cannot begin review of the claim until the following documents are submitted and sufficiently complete. These are the minimum documents needed in order to begin substantive review of the claim:

- Completed Claim Form.
- Claim Form [Signature Page](#).
- Claim Form Exhibit A – [Authorization for Release of Medical Records](#).
- Documentation to support presence at a 9/11 site. **Note:** You do not need to submit proof of presence documents if the VCF has an existing relationship with the victim’s employer, union, or other affiliated organization allowing for the exchange of this information. **Review [Section 1.6 of the VCF “Policies and Procedures”](#)** to determine what, if any, documents you need to submit to prove presence based on your circumstances.
- [VCF ACH Payment Information Form](#) if payment on your claim will be deposited to your bank account, or a completed VCF Client Authorization Form to deposit the payment on your claim to your attorney’s bank account (your attorney will provide this form to you if applicable).

This Document Checklist includes detailed information about each document listed above. All forms are available in the “Forms and Resources” section of the www.vcf.gov website.

Carefully review the information in each section and use this checklist to confirm you have all the required documentation ready to be submitted to the VCF. This list includes what is needed for processing most claims; however, based on the specific circumstances of your claim, the VCF may contact you for additional documentation once we begin review of your claim.

If a specific document is listed in more than one section of the checklist, and it is applicable to your claim, you only need to provide the document one time in support of your claim.

A notation of “N/A” means the corresponding documents are not required for that scenario.

The VCF accepts copies of documents. **To speed the processing of your claim, you should upload all documents directly to your online claim.** If you mail documents to the VCF, they cannot be returned. Please make copies of any documents you submit to the VCF by mail.

If you have any questions or need assistance with this checklist, please visit the VCF website at www.vcf.gov or call the toll-free Helpline at 1-855-885-1555. Foreign language interpreters are available.

DOCUMENTS APPLICABLE TO ALL PERSONAL INJURY CLAIMS	
1. Documents Required for Processing:	Documents Required
September 11th Victim Compensation Fund Claim Form Signature Page .	<input type="checkbox"/> Yes
Claim Form Exhibit A – “Authorization for Release of Medical Records.” This document is required in order for the VCF to obtain information from the WTC Health Program regarding the victim’s eligible condition(s). The VCF does not accept electronic signatures. This document must be completed with an original signature. Upload the signed copy to your claim and keep the original in your files.	<input type="checkbox"/> Yes
Information directing the VCF how to make any payment on your claim: <ul style="list-style-type: none"> If you are not represented by an attorney, or if you and your attorney have agreed that you will be paid directly, complete and submit the VCF ACH Payment Information Form. Carefully follow the instructions on the form. If you are represented by an attorney, and you have agreed that payment on the claim will be made to your attorney’s bank account, your attorney will provide you with a VCF Client Authorization Form to sign to authorize the payment. 	<input type="checkbox"/> Yes
2. Proof of Presence at a 9/11-related Site* or in the VCF NYC Exposure Zone beginning September 11, 2001, through May 30, 2002:	Documents Required
If the victim was an active firefighter working for FDNY on September 11, 2001, we will obtain verification of presence directly from the FDNY. You do not need to submit any documentation for proof of presence.	N/A
If the victim received an award through the original September 11th Victim Compensation Fund that operated from 2001-2004, you do not need to submit proof of presence again.	N/A
<p>The VCF has agreements with certain employers, unions, and other organizations to provide information about presence in support of VCF claims. You should review Section 1.6 of the VCF “Policies and Procedures” to determine if your employer or organization is listed and confirm the documents you need to submit to prove presence based on your circumstances.</p> <p>If your employer or organization is <u>not</u> listed on the VCF website, you must submit at least two forms of written proof showing the victim was present at the site or in the NYC Exposure Zone during the time period beginning on September 11, 2001 through May 30, 2002. Upload each document to the claim separately. Below are examples of types of documents that can be used to show proof of presence.</p> <ul style="list-style-type: none"> Sworn Third Party Verification Form or Employer records confirming presence submitted directly to the VCF by your employer – such as a letter from the employer confirming work at the site*, an official personnel roster and site credentials confirming work location, workers’ injury report (documenting injury at the site), or a pay stub showing dates of work and the location where work was performed. Proof of residence in the area during the relevant time period – such as rent or mortgage receipts, utility bills, and proof that the victim was physically present at the residence between September 11, 2001 and May 30, 2002. Sworn statements from witnesses who can attest to the victim’s presence at the residence may be sufficient. School or day care records confirming enrollment or attendance during the relevant time period – the school transcript or report card, or day care records, should be certified or accompanied by a letter from an employee of the school or day care facility certifying the accuracy of the information contained in the transcript, report card, or other record. NOTE: If you submit certified school or day care records, or records with a certifying letter, you do <u>not</u> need to submit any additional proof of presence unless requested by the VCF. Any contemporaneous document that shows the victim’s location – such as orders, instructions, confirmation of tasks performed, medical records (documenting treatment as a result of injury that occurred at the site). Witness Presence Statements completed by individuals who witnessed you at the site or in the NYC Exposure Zone and can attest to your presence during the relevant time period. This form must be used if an individual is providing a statement on your behalf. <p>*References to the “site” includes the three crash sites and the VCF NYC Exposure Zone.</p>	<p>Two (2) Required</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p>

The following sections are only applicable if you are claiming the specific type of loss or if they apply to the victim’s specific situation. Review the information and follow the guidance if appropriate for the claim.

DOCUMENTS REQUIRED ONLY IF APPLICABLE TO YOUR PERSONAL INJURY CLAIM	
1. Lawsuits related to September 11, 2001 (if applicable):	Documents Required
<p>The victim, a representative of the victim, a dependent, spouse, or beneficiary did <u>not</u> have a lawsuit related to September 11, 2001. This includes any lawsuit of any type related to an eligible 9/11-related condition.</p>	N/A
<p>If the victim, a representative of the victim, a dependent, spouse, or beneficiary participated in any lawsuit related to September 11th or an eligible condition, you must provide documents showing the lawsuit was withdrawn, settled, or dismissed.</p> <p>Note: In many cases, the VCF can obtain this information from third parties. For example, if the victim was represented by Napoli, Bern, Ripka, Shkolnik (“Napoli Bern”) in the lawsuit, you do <u>not</u> need to submit any documents related to the settlement because the VCF may be able to get all of the necessary information from Napoli Bern. The VCF will notify you if you need to submit any additional documents.</p> <p>For all others, you must submit:</p> <ul style="list-style-type: none"> • A copy of the notice of withdrawal, or dismissal, or court order of dismissal filed by the victim (or on behalf of the victim). The VCF requires proof that claims against all defendants were dismissed. This may require the submission of several dismissal documents. • If the lawsuit was settled with some or all parties, the VCF needs documentation showing the amount of the settlement and the signed and dated release of the lawsuit. <p>If the victim received coverage for certain cancers under a Critical Injury Insurance policy through Metropolitan Life Insurance Company (MetLife) as part of a 9/11-related lawsuit settlement, you must provide the VCF with a copy of the policy and the amount of any payment received.</p>	<p style="text-align: right;"><input type="checkbox"/> Yes</p> <p style="text-align: right;"><input type="checkbox"/> Yes</p> <p style="text-align: right;"><input type="checkbox"/> Yes</p>
2. Replacement Services (if applicable):	Documents Required
<p>Replacement services are typically considered to be a component of loss in personal injury claims if the victim did not have prior earned income or worked only part-time outside the home.</p> <p>If the victim is eligible to claim replacement services, you must submit the following to support a claim for replacement services:</p> <ul style="list-style-type: none"> • A clear statement listing the types of services the victim provided before the onset of the eligible condition, the amount of time spent on those services (per week or month) before the onset of the eligible condition, and the amount of time the victim is able to spend on those services now (i.e., with the eligible condition). • Medical records that show that the eligible condition is the reason the victim cannot perform the services. • A complete Claim Form Exhibit 1 – “Social Security Administration Consent Form,” so that the VCF can confirm the victim did not have significant earnings outside the home. 	<p style="text-align: right;"><input type="checkbox"/> Yes</p> <p style="text-align: right;"><input type="checkbox"/> Yes</p> <p style="text-align: right;"><input type="checkbox"/> Yes</p>
3. Temporary Loss of Earnings (if applicable):	Documents Required
<p>You must submit the following to support a claim for loss of a discrete period of past earnings:</p> <ul style="list-style-type: none"> • VCF Temporary Past Lost Earnings Worksheet and supporting documents explained in the worksheet. • Claim Form Exhibit 1 – “Social Security Administration Consent Form.” The VCF will use this to obtain the victim’s earnings history since 1998, as well as information about any benefits the victim received from SSA. If you are claiming loss of earnings not reflected in the SSA earnings history, or if the victim did not have a Social Security number, you must submit other evidence of earnings, with an explanation. 	<p style="text-align: right;"><input type="checkbox"/> Yes</p> <p style="text-align: right;"><input type="checkbox"/> Yes</p>

DOCUMENTS REQUIRED ONLY IF APPLICABLE TO YOUR PERSONAL INJURY CLAIM	
4. Permanent Loss of Earnings as a result of a disability due to an eligible 9/11-related condition (if applicable):	Documents Required
<p>You must submit the following documents to support any claim for permanent loss of earnings:</p> <ul style="list-style-type: none"> • Claim Form Exhibit 1 - “<i>Social Security Administration Consent Form</i>.” The VCF will use this to obtain the victim’s earnings history since 1998, as well as information about any benefits the victim received from SSA. If the victim is receiving disability benefits, SSA will provide the primary and secondary conditions that are the basis of the disability and the disability onset date. If you are claiming loss of earnings not reflected in the SSA earnings history, or if the victim did not have a Social Security number, you must submit other evidence of earnings, with an explanation. <p>You must submit the following documents if applicable:</p> <ul style="list-style-type: none"> • For New York employees who participate in one of these four New York pension programs – NYPD, FDNY, NYCERS, and NYSLRS – submit Exhibit B1 – “<i>Authorization for Release of Pension Records and Health Information by New York Individuals and Entities</i>.” The VCF will use this to obtain information about any disability determinations that have been made by one of these New York pension programs, as well as the information required to calculate any earnings and benefit loss for the victim’s New York city or state employment. • If the victim has been found disabled by FDNY, you must submit the Medical Board Committee Report, Recommendation of the FDNY Pension Fund to award disability retirement, and the Board of Trustees Letter. • If the victim has been found disabled by the New York State Workers’ Compensation Board, you must provide the victim’s Workers’ Compensation claim number. The VCF will use this to obtain information about the victim’s disability. • If the victim has <u>not</u> been found disabled due to an eligible condition by the SSA, a NY pension program, the New York State Workers’ Compensation Board (NYWCB), the U.S. Department of Labor’s Office of Federal Employee Compensation (OFEC), or the U.S. Department of Veterans Affairs (VA), you must submit a disability determination from another entity for the VCF to consider calculating lost earnings continuing into the future. For example, you may show that another government entity or pension program or a private disability insurance company found that the victim’s ability to work has been reduced because of an eligible condition. In rare cases, the VCF may accept a disability opinion from a qualified private physician if it is sufficiently specific and well-supported by objective testing or treatment records. If you have a disability determination from SSA, a NYC pension program, NYWCB, OFEC, or the VA, the VCF will obtain information directly from those entities. <p>Other Employment Benefits. You may wish to submit additional documents to support particular benefits you received through your employment. When calculating loss of future earnings, the VCF will include a 401k employer contribution equal to 4% of base salary and \$2,400 per year for health insurance, unless you submit sufficient evidence that the victim’s employment benefits were greater than these standard default values.</p> <p>To claim loss of benefits greater than the standard default values, you must submit the following:</p> <ul style="list-style-type: none"> • Documentation about the victim’s health care plan that clearly identifies the amount of the employer’s contribution. • Documentation of the amount the employer agreed to match or contribute to a 401k or other retirement account. • If the victim participated in a defined benefit pension through their employment, you must submit information that will enable the VCF to calculate the value of the pension the victim would have earned but for their disability based on an eligible condition, and the value of the pension the victim did, in fact, earn. As each pension plan is unique, see Section 2.2 of the VCF “Policies and Procedures” for information on documents to support pension loss. 	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p>

DOCUMENTS REQUIRED ONLY IF APPLICABLE TO YOUR PERSONAL INJURY CLAIM	
5. Collateral Source Payments (as applicable):	Documents Required
<p>The VCF cannot award compensation without complete information about any benefits the victim has received, or is entitled to receive, from other sources for losses associated with the eligible 9/11-related condition(s). The VCF must be able to identify the amount of the benefit, the time period during which the compensation was received or is expected to be received, and the medical condition for which it was granted.</p> <p>Submit all of the following documents, as applicable. If an application for benefits has not yet been decided by the applicable entity (the application is still pending), you must notify the VCF of the application and the current status.</p>	
<ul style="list-style-type: none"> • SSA: Claim Form Exhibit 1 - "Social Security Administration Consent Form." The VCF will use this to obtain information about any disability benefits the victim received or is receiving from SSA, including the primary and secondary conditions that are the basis of the victim's disability and the disability onset date. <ul style="list-style-type: none"> • If the victim has a disability application that is still pending, including a pending appeal, you must provide a copy of the application or appeal request. • If the victim has dependents who received benefits from SSA based on the victim's disability, you must also submit an Exhibit 1 for <u>each</u> dependent beneficiary signed by someone authorized to act for the minor, and you must also submit evidence of that authority, such as the minor's birth certificate or guardianship document. 	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes
<ul style="list-style-type: none"> • NY State Workers' Compensation: If the victim has filed a claim with the New York State Workers' Compensation Board, you must provide the victim's claim number. The VCF will use this to obtain information about any benefits or settlements the victim received or is receiving. If the victim has filed a claim for workers compensation with another state agency, with the U.S. Department of Labor, or in another country, you must provide a copy of any decisions that were made on the claim and documentation of all benefits or settlements awarded. • Worker's Compensation other than NY State: If the victim has filed a claim for workers' compensation benefits with another state agency, with the U.S. Department of Labor, or in another country, you must provide a copy of any decisions that were made on the claim and documentation of all benefits or settlements awarded. 	<input type="checkbox"/> Yes <input type="checkbox"/> Yes
<ul style="list-style-type: none"> • Disability Pension: If the victim participated in a pension program other than FDNY, NYPD, NYCERS, or NYSLRS – for example, FERS, Department of Defense, or a union pension plan – you must provide <u>one of the following</u>: <ul style="list-style-type: none"> • A written statement confirming that the victim has not applied for or received a disability pension; or • A copy of any pending application or appeal request for a disability pension; or • Complete documentation for the disability pension the victim is receiving. As each pension plan is unique, see Section 2.2 of the VCF "Policies and Procedures" for more information. 	<input type="checkbox"/> Yes
<ul style="list-style-type: none"> • Private Disability Insurance: If the victim has filed a claim for short-term or long-term disability insurance benefits, you must provide <u>one of the following</u>: <ul style="list-style-type: none"> • Documentation of all benefits paid; or • Evidence the claim was denied; or • Evidence that any benefits paid were for disability based on an ineligible condition. <p>If you do not provide evidence that identifies the condition the victim's insurance company found was disabling, the VCF will assume it was an eligible condition and will offset the benefits from the VCF award.</p> 	<input type="checkbox"/> Yes
<ul style="list-style-type: none"> • Department of Veterans Affairs Disability Benefits: If the victim is receiving disability benefits from the VA, or has an application or appeal pending, you must notify the VCF. We will obtain the information needed directly from the VA. If you have a copy of the victim's latest rating decision, it may speed up the process if you submit it. 	<input type="checkbox"/> Yes
<ul style="list-style-type: none"> • Public Safety Officers' Benefits Program ("PSOB"): If the victim has applied to receive a disability benefit from the PSOB, you must notify the VCF. We will obtain the information needed directly from PSOB. If you have a copy of the decision and amount awarded, it may speed up the process if you submit it. 	<input type="checkbox"/> Yes

DOCUMENTS REQUIRED ONLY IF APPLICABLE TO YOUR PERSONAL INJURY CLAIM	
<ul style="list-style-type: none"> • Other Benefits Programs: If the victim has received, or applied to receive, benefits from any other source for losses associated with an eligible condition(s), you must submit documentation sufficient to identify the amount of the compensation, the time period during which it was received or is expected to be received, and the medical condition for which it was granted. 	<input type="checkbox"/> Yes
6. Victim’s Guardian, Personal Representative or Other Authorized Representative: <i>If you are filing a claim on the victim’s behalf, you must submit the proper documentation to establish your authority to file the claim. Choose the applicable scenario below to identify the specific documents that are required for your situation.</i>	
I am filing for myself.	N/A
<p>Personal Representative of a victim who died of causes <u>unrelated</u> to his or her eligible 9/11-related physical injury:</p> <ol style="list-style-type: none"> 1. Court Order or Letters of Administration showing your appointment as either the Personal Representative, Executor of Will, or the Administrator of the Estate. Note: If the Letters of Administration or Court Order was issued via email, you must also provide a copy of the email when you upload the document to the online claim. 2. Death certificate showing the cause of death. 3. If you are filing a Hard Copy Claim Form, a complete Claim Form Appendix A. <p>Important Note: If the Court Order or Letters of Administration appoint more than one Personal Representative, Executor of Will, or Administrator of the Estate, you must submit a completed “VCF Lead Personal Representative Designation Form.” See Section 6.5 of the VCF “Policies and Procedures” for more information.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes
<p>Legal Guardian of an Incapacitated Adult:</p> <ol style="list-style-type: none"> 1. You must submit the court order appointing guardianship. 2. A complete and signed Claim Form Signature Page by the court-appointed guardian. 	<input type="checkbox"/> Yes <input type="checkbox"/> Yes

As a reminder, you do not need to submit this checklist with your claim form. If you have any questions about the appropriate documentation needed in order to file your claim, please call the VCF Helpline at 1-855-885-1555. Foreign language options and interpreters are available.