

Received Date

**Application for Conversion of Service
 or Disability Retirement to Accidental
 Death Benefit for Victims of the 2001
 World Trade Center Disaster
 RS 6418-W**

Please type or print clearly
 in blue or black ink

Deceased's NYSLRS ID

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Deceased's Social Security Number [last 4 digits]

XXX-XX-

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Retirement System [check one] (Rev. 01/19)

Employees' Retirement System (ERS)

Police and Fire' Retirement System (PFRS)

Please return this application to the Retirement System in an envelope marked "Personal and Confidential Mail Drop 7 1"

INSTRUCTIONS: Please print plainly or type. The application must be signed on the reverse side.
 Please call our Call Center at 1-866-805-0990 if you need help completing this application.

Information About The Deceased Pensioner (please print)		
1. Name of Deceased Pensioner: (First, Middle Initial, Last)	2. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	3. Pensioner's Date of Birth:
4. Pensioner's Date of Death:	5. Cause of Death:	

6. LIST BELOW ALL DOCTORS WHO TREATED THE DECEASED: (Use the last box** to name the doctor who performed autopsy.)

Primary Care Physician:	Doctor:	Doctor:
Internal Med/Family Practitioner:	Medical Specialty:	Medical Specialty:
Street:	Street:	Street:
City, State and Zip Code:	City, State and Zip Code:	City, State and Zip Code:
Doctor:	Doctor:	Autopsy Doctor **:
Medical Specialty:	Medical Specialty:	Medical Specialty:
Street:	Street:	Street:
City, State and Zip Code:	City, State and Zip Code:	City, State and Zip Code:

7. LIST BELOW ALL HOSPITALS WHERE THE DECEASED WAS TREATED: (Use additional sheets if required) (If none, so state)

Hospital:	Dates of Admission:	Hospital:	Dates of Admission:
Street:		Street:	
City, State and Zip Code:		City, State and Zip Code:	



7. LIST BELOW ALL HOSPITALS WHERE THE DECEASED WAS TREATED: (Use additional sheets if required) (If none, so state)			
Hospital:	Dates of Admission:	Hospital:	Dates of Admission:
Street:		Street:	
City, State and Zip Code:		City, State and Zip Code:	

INFORMATION ABOUT THE APPLICANT		
8. Name: (First, Middle Initial, Last)	9. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	10. Date of Birth:
11. Address: (Including Street, City, State and Zip Code)	12. Telephone Numbers: HOME () WORK () CELL ()	
13. Relationship to Deceased:	14. If Spouse, married to deceased on:	15. Place of Marriage:

16. LIST ALL CHILDREN OF DECEASED PENSIONER:					
NAME:	DATE OF BIRTH:	SEX:	NAME:	DATE OF BIRTH:	SEX:

17. ARE YOU RECEIVING WORKERS' COMPENSATION BENEFITS? YES NO CLAIM NO. _____

18. TO BE ELIGIBLE TO RECEIVE THIS BENEFIT:

- 1) you must be an eligible beneficiary, and
- 2) the retiree had to have filed a World Trade Center Notice form with the New York State and Local Retirement System on or before September 11, 2022, or would have met the criteria if not already retired on an Accidental Disability, and
- 3) the retiree has not be retired for more than 25 years at the time of death.

For more information, including a list of eligible beneficiaries, please visit our website at www.osc.state.ny.us/retire.

19. As required, I have attached the Death Certificate of the deceased pensioner, documentary evidence of my birth, my Marriage Certificate and documentary evidence of the birth of the above named children.

I certify that the information on my application is true and complete to the best of my knowledge. I further certify that I am aware that any false statement I knowingly make or permit to be made on this or any record of the Retirement System constitutes a crime punishable by potential incarceration and other sanctions.

Your Signature: _____ Date: _____

ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC

State of _____ County of _____ On the ____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

NOTARY PUBLIC (Please sign and affix stamp)

***Social Security Disclosure Requirement:** In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, 34, 311 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

Personal Privacy Protection Law: The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-474-7736 in the Albany Area