



MABSTOA NOTICE OF PARTICIPATION IN WTC RESCUE, RECOVERY OR CLEAN-UP OPERATIONS

OVERVIEW

This Notice is for any active, vested or retired member (retired after 9/11/01) who participated in the World Trade Center (WTC) Rescue, Recovery, or Clean-up Operations between September 11, 2001 and September 12, 2002. This is NOT an application for disability. This is a sworn statement indicating the dates and locations of your participation which preserves your right to file for disability under the WTC Disability Law. If you meet the pre-qualifying criteria under the WTC Disability Law and wish to apply for disability retirement, you must file a disability application. Please complete all of the information below, have this form notarized and return it to the MaBSTOA Pension Plan. **The deadline for submission of this form is September 11, 2022.** If you have any questions, please contact the Business Service Center at (646) 376-0123. Eligible beneficiaries of deceased members should complete this form as the members would have completed it.

APPLICANT INFORMATION (PLEASE PRINT)

Last Name		First Name		M.I.	Suffix
BSC ID	Pass Number	Last 4 Digits of SSN	Job Title		
Address				Apt. Number	
City		State	Zip Code		
Phone (H)	Phone (W)		Email		

PLEASE ANSWER THE QUESTIONS BELOW.

1(A) Did you participate in WTC Rescue, Recovery, or Clean-up Operations at one of the following locations? If you check yes, please circle the location(s) at which you participated. Yes No

1. World Trade Center Site (defined as anywhere below a line starting from the Hudson River and Canal Street; east on Canal Street to Pike Street; south on Pike Street to the East River; and extending to the lower tip of Manhattan);
2. Fresh Kills Land Fill;
3. New York City Morgue or the temporary morgue on pier locations on the west side of Manhattan;
4. Barges between the west side of Manhattan and the Fresh Kills Land Fill.

If so, please answer the following two questions:

i. Did you work any amount of time at the location(s) you circled above during the 48 hours after the first airplane hit the towers? Yes No

ii. Did you work at the location(s) you circled above for a total of at least 40 hours between September 11, 2001 and September 12, 2002? Yes No

Pass Number	BSC ID	Last Four of Social Security No.

1(B) Did you participate in WTC Rescue, Recovery or Clean-up Operations by repairing, cleaning or rehabilitating vehicles or equipment, including emergency vehicle radio equipment, owned by the City of New York and contaminated by debris at the WTC Site, regardless of where the work was performed, for any period of time within the 48 hours after the first airplane hit the towers or for a total of at least 40 hours between September 11, 2001 and September 12, 2002? Yes No

2 If you responded yes to questions 1(A) or 1(B) please provide the following participation information:

Location	Dates	Description of Duties

3(A) Were you required to have a physical examination for entry into public service? Yes No
 If yes, for what position did you have this physical and when?
 Position: _____ Date: _____

3(B) If you did not have a physical exam for entry into public service, you must authorize the release of all relevant medical records. Please complete the Medical Records Release Authorization below

NOTE: If you did not undergo a physical exam for entry into MaBSTOA service, the MaBSTOA Pension Plan is required to have your authorization to satisfy the requirements of the WTC Disability Law. The law requires your authorization because if you claim a WTC-related disability, the relevant medical records must not show evidence of the Qualifying Condition or Impairment of Health prior to 9/11/01. It is recommended that you gather, maintain and/or submit relevant medical records as early as possible. Doing so may help facilitate a disability application you may file in the future.

Pass Number	BSC ID	Last Four of Social Security No.

MEDICAL RECORDS RELEASE AUTHORIZATION

I, _____, hereby authorize the release of all relevant medical, psychiatric, psychological, hospital and health insurance records, including specially protected or listed records such as those relating to drug abuse, alcoholism, genetic testing, psychiatric care and/or confidential HIV/AIDS related information.

All pertinent records are authorized to be released to the MaBSTOA Pension Plan and will be used to determine a WTC disability and/or death claim.

I understand that I have a right to revoke this authorization at anytime. I understand that if I revoke this authorization, I must do so in writing and it may impact my ability to qualify for disability or accidental death benefits provided under the WTC Disability Law.

By signing below I acknowledge that I have read and accept all of the above and hereby authorize any hospital, medical group, or other organization to disclose all information to the MaBSTOA Pension Plan.

Signature _____ **Date** _____

I understand this is not an application to receive a benefit. This simply acts as a notice to the MaBSTOA Pension Plan that I participated in WTC Rescue, Recovery, or Clean-Up Operations. I understand that the MaBSTOA Pension Plan will contact my agency for verification of my participation in WTC Rescue, Recovery, or Clean-up Operations and I will be notified in writing of the outcome.

Signature _____ **Date** _____

THIS FORM MUST BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC OR COMMISSIONER OF DEEDS

State of _____ County of _____ On this _____ day of _____ 20_____, personally appeared before me the above named, _____, to me known and known to me to be the individual described in and who executed the forgoing instrument, and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

Signature of Notary Public or Commissioner of Deeds		If you have an official seal, affix it here.
Official Title		
Expiration Date of Commission		