



## September 11th Victim Compensation Fund

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### Claim Form Instructions For Personal Injury Claimants

These instructions are designed to help you complete and submit the September 11th Victim Compensation Fund (“Victim Compensation Fund” or “VCF”) Eligibility and Compensation Form for Personal Injury Claimants. This is the form you must complete if you wish to submit a claim to the VCF for physical injuries you have suffered as a result of the September 11th attacks or related debris removal. These instructions will help you complete the first part of the claim form: the Eligibility Form.

#### Where can I go for more information?

**Through the Internet** -- The Victim Compensation Fund website address is [www.vcf.gov](http://www.vcf.gov).

**By telephone** -- The toll-free Helpline number is 1-855-885-1555; TDD 1-855-885-1558. If you are calling from outside the United States, please call 1-212-619-3215.

### INTRODUCTION

#### What is the September 11th Victim Compensation Fund?

The VCF was originally established by Congress in 2001. It was designed to bring financial relief to those most devastated by the events of September 11, 2001. The original VCF provided compensation to eligible individuals who were physically injured as a result of the terrorist attacks and the beneficiaries and families of individuals killed as a result of the terrorist attacks. The original VCF accepted claims from December 21, 2001 through December 22, 2003.

On January 2, 2011, the President signed the Zadroga Act into law. Title II of the Zadroga Act amends the original 2001 Act and reopens the VCF. The new VCF expands the eligibility rules so that more individuals can now receive compensation. The new VCF now provides compensation to eligible individuals who were present at the crash sites or locations of debris removal from September 11, 2001 through May 30, 2002. (The original VCF provided compensation only for persons who were present in the 96 hours following the attacks).

The new VCF will be open to receive claims for five years (beginning October 3, 2011). Congress appropriated \$2.775 billion for the new VCF and authorized the VCF to distribute \$875 million of that amount during the first five years of operations.

Your participation in the VCF is voluntary. If you choose to make a claim with the VCF, you waive your right to bring a lawsuit to recover for any injuries you claim as a result of the attacks.

#### What is included in the Eligibility and Compensation Form for Personal Injury Claimants?

The claim form is divided into two sections: the Eligibility Form and the Compensation Form. There is a Supporting Document Checklist at the end of each of these sections. The checklist will help you organize and submit the supporting documents that you must provide with your claim. *Please note that if you are submitting your claim electronically through the VCF's website, you will also complete a "Claimant Registration" section.*

#### Eligibility Form (Parts I-IV)

The Eligibility Form requests information related to the Claimant's eligibility for compensation from the VCF. The Eligibility Form is divided into four parts:

**Part I. Claimant and Claim Information.** This Part requests general information about (i) the Claimant (the individual claiming physical harm), (ii) the Claimant's parent, guardian or other authorized personal representative (if applicable), and (iii) any attorney or alternate contact person (if applicable). This Part also asks for information about whether the Claimant has previously filed a claim with the VCF or has participated in any lawsuit related to the September 11, 2001 terrorist-related aircraft crashes or the related debris removal efforts.

**Part II. Claimant's Presence.** This Part requests information about the Claimant's presence at a 9/11 crash site from September 11, 2001 through May 30, 2002 – that is, why the Claimant was present at the crash site (for example, was the Claimant a Responder, resident, worker, student, visitor, etc.). This Part also requests information about when and where a Claimant was at a site from

September 11, 2001 through May 30, 2002.

**Part III. Claimant's Physical Injury.** This Part requests information regarding the physical injury or condition that the Claimant sustained as a result of the September 11th attacks or the related debris removal efforts.

**Part IV – Attestations and Certifications.** This Part requires you to (i) authorize the release of information relating to your claim; (ii) certify that any September 11th-related lawsuits that you have participated in have been dismissed or settled; (iii) acknowledge that by submitting a substantially complete Eligibility Form, you waive the right to file September 11th-related lawsuits; and (iv) certify that your answers in the Eligibility Form are true, accurate, and complete.

This section also contains additional sections that must be completed if you are filing this claim on behalf of a Claimant who is under the age of 18 or if an attorney is helping you file your claim.

### **Compensation Form (Parts V-X)**

The Compensation Form requests information that may be used to compute the Claimant's award if the Special Master determines that the Claimant is eligible for compensation.

### **Who should complete the Eligibility and Compensation Form for Personal Injury Claimants?**

You should complete this form if:

- You were physically injured as a result of the September 11th aircraft crashes or debris removal efforts; and
- You were present at one of the crash sites (or in the path of debris removal) between September 11, 2001 and May 30, 2002; and
- You have decided that you wish to be compensated from the VCF (instead of filing a lawsuit).

### **How should I complete my Eligibility and Compensation Form?**

You have the option of submitting the Eligibility and Compensation Forms using an online web-based process or by submitting hard copy forms by mail. We strongly recommend that you use the online system. The online system will help lower administrative costs and will allow a more efficient claims process. If you cannot access the online system, you can complete a hard copy claim form and mail it to the following address:

#### **By regular mail:**

September 11th Victim Compensation Fund  
P.O. Box 34500  
Washington, DC 20043

#### **By overnight mail:**

September 11th Victim Compensation Fund  
Claims Processing Center  
1100 L Street N.W. - Suite 3000  
Washington, DC 20005

### **General Instructions and Important Notices**

- Please submit your claim form and any supporting documents electronically, if possible. The submission of electronic files will help the VCF process your claim most efficiently. If you cannot submit your form electronically, please indicate on the form whether the VCF can communicate with you by email.
- You must certify under penalty of perjury that all information contained in and submitted with the Eligibility and Compensation Forms is true and accurate. False statements or claims made in connection with this application may result in fines, imprisonment and/or any other remedy available by law to the federal government.
- By submitting a substantially complete Eligibility Form, **you waive the right** to participate in any lawsuit for damages sustained as a result of the September 11, 2001 air crashes or debris removal efforts. This waiver of rights could apply to the rights of individuals other than you. This waiver does not apply to a lawsuit to recover collateral source obligations (such as workers' compensation) or to a lawsuit against any person who is a knowing participant in any conspiracy to hijack any aircraft or commit any terrorist act.
- There are several attestations and certifications that you must complete when submitting your claim form. The VCF **cannot** process your claim until it receives these signed attestations and certifications.
- If you submit the Eligibility and Compensation Forms by mail, please keep a copy. The Special Master's office may need to contact you for clarification of additional information based on what you submitted.
- If you are submitting the form by mail, please make sure to include your Social Security Number or National Identification Number at the top of all pages of the form, and on all additional pages or documents you submit.
- If you are submitting the form electronically, please make sure to include your Social Security Number or National Identification

Number on all supporting documents you submit.

- You must complete all applicable sections of the Eligibility Form (Parts I-IV) and submit any relevant supporting documentation in order for the VCF to process your claim.
  - If you are filing a claim by mail, you should first submit only the Eligibility Form. Once the VCF notifies you that you are eligible, then you may submit the Compensation Form.
  - If you are filing a claim using the online system, you will be directed to the relevant sections to complete. You will be asked to print Part IV (Attestations and Certifications) and the Exhibits to the claim form. Then you must sign those documents in the appropriate places and send them back to the VCF. You must submit the signed documents by mail. However, you are also encouraged to submit the signed documents electronically. This will allow the VCF to begin processing your form before it receives the mailed copy.
- Once you submit a claim, the VCF will assign you a Claimant Identification Number. That Claimant Identification Number will allow you to track the status of your claim online. You should refer to this Claimant Identification Number whenever you contact the Victim Compensation Fund regarding your claim. Please put that number on any documents you submit after you have received that number.
- Please notify the Victim Compensation Fund if you change your address and/or telephone number. You may do so either by calling the Helpline, sending a letter that includes your claim number, or revising your contact information via the online system. If the Special Master has questions and cannot locate you, your claim may be deemed abandoned at the end of the program.

### Claims by Non-U.S. Citizens or Residents

- If you do not have a U.S. Social Security Number, you must provide your country's equivalent identification number (such as a national tax identification number). This number will be used to track your claim.
- Please list the amounts for income, benefits, medical expenses and collateral source compensation in whatever currency they were or will be earned or paid.
- Unless you have a U.S. bank account, the award will be paid to you in U.S. dollars via a check from the U.S. Department of the Treasury. It will be mailed to the address you provide in Part I.A.

## SECTION-BY-SECTION INSTRUCTIONS

These instructions provide an overview of the questions in each section, provide more detail on certain questions, and identify the supporting documentation that you must include with your Eligibility Form.

### PART I - CLAIMANT AND CLAIM INFORMATION

**NOTE:** For claims submitted electronically through the VCF's website, Sections A-C of Part I are included in the "Claimant Registration" section of the claim system. Once the Claimant Registration is submitted, the Claimant may begin the remainder of the claims process. No registration is necessary for hard copy claim forms submitted by mail.

#### Part I.A. General Claimant Information

This section asks for basic information about the Claimant. **You must complete this section.** It is also very important that you **keep the VCF informed of any changes** in mailing address, telephone number or email address since this is the information the VCF will use to contact you about your claim.

***What is the definition of a "Claimant" for purposes of the Eligibility and Compensation Form for Personal Injury Claimants?***

The "Claimant" is the individual claiming that he or she suffered physical harm as a result of the terrorist-related aircraft crashes of September 11, 2001, or the debris removal efforts that took place in the immediate aftermath of those crashes.

#### Part I.B. Information about the Claimant's Guardian or Other Authorized Representative (If Applicable)

Please complete this section only if the Claimant is:

- (i) a minor (under 18 years old);
- (ii) incapacitated; OR
- (iii) deceased, but died from causes unrelated to his or her September 11th-related physical injuries.

You **must** provide information about the parent, guardian or other authorized representative and proof of his or her authority to act on behalf of the Claimant.

**Note:** If you are represented by an attorney, please provide that information in Section C, not in this Section B.

If you are a parent submitting a claim on behalf of your minor child, you must also complete the certification at Part IV.C.

If you are submitting a claim on behalf of a deceased individual who has died from causes unrelated to his or her September 11th-related physical injuries, you should complete the **Eligibility Form for Personal Injury Claimants**. You also must complete the following parts of the **Eligibility Form for Deceased Individuals**:

- (i) Part I.B. (Information Regarding the Decedent's Personal Representative);
- (ii) Exhibit E (Regarding the Notice of Filing Claim); AND
- (iii) Exhibit F (List of Individuals Notified of Claim Filing)

If you are submitting your claim electronically, you will be automatically directed to the proper sections of the claim forms. If you are submitting a hard copy form by mail, please request these sections with your claim form.

#### **Part I.C. Information about the Claimant's Attorney or Alternate Contact Person (If Applicable)**

You are not required to have a lawyer to file a claim. However, you have the right to be represented by an attorney and you should be aware that you will be waiving and affecting rights to file lawsuits by your submission of a substantially complete Eligibility Form.

Please complete this section if you are represented by a lawyer. If you want either your attorney or another person to deal with the Special Master's office regarding questions about your claim, you should indicate that in this section. Otherwise, the Special Master's office will contact you directly.

#### **Part I.D. Information about the Claimant's Prior Claim With the September 11th Victim Compensation Fund**

This section asks for information about whether you previously filed a claim with the VCF. If you have not previously filed a claim, answer no and move on to the next section. If you have filed a claim (or if someone has filed a claim on your behalf), please answer yes and complete the rest of the section. Only one claim may be submitted for each injured or deceased individual. However, you may amend a claim if you meet any of the following five conditions:

- (i) You now suffer from an injury that you had not suffered when your previous claim was filed with the VCF;
- (ii) You now suffer from an injury that you did not reasonably know of when your previous claim was filed with the VCF;
- (iii) You suffer from a condition that the Special Master has identified as a presumptively covered condition since the time your previous claim was filed;
- (iv) Your injury has substantially worsened, resulting in damages that you were not previously paid for; or
- (v) Your presence at a crash site was not eligible under the original VCF (that accepted claims from 2001-2003) but now satisfies the new VCF's eligibility requirements (for example, if you were not present at a 9/11 crash site until October 2001).

#### **Part I.E. Information about the Claimant's Participation in Lawsuits Related to September 11, 2001**

This section asks if you or any dependent, spouse or beneficiary has filed or been a party to a lawsuit in any court relating to damages you sustained as a result of the September 11th attacks or the subsequent debris removal.

If you have filed such a lawsuit, you can file a claim with the VCF ONLY if you meet the following conditions:

- *For pending cases:* You withdraw from the lawsuit on or before January 2, 2012. You must submit proof that you have withdrawn from such a lawsuit with your claim.
- *For settled cases:* The lawsuit began *after* December 22, 2003 *and* all claims in the lawsuit were released *prior* to January 2, 2011. You must submit proof with your claim that your lawsuit began and ended within this time period.

**Note:** You may file a VCF claim if you have filed a lawsuit to recover collateral source obligations or a lawsuit against terrorists.

This section also asks if you have filed any claim or lawsuit for compensation for your claimed injury or condition outside the September 11, 2001 context (for example, if you filed a lawsuit or a claim with a trust for asbestos-related injuries). You must submit proof of any judgment, settlement or trust compensation resolving your claim.

## **PART II. INFORMATION ABOUT THE CLAIMANT'S CIRCUMSTANCES AT A 9/11 CRASH SITE BETWEEN SEPTEMBER 11, 2001 AND MAY 30, 2002**

This Part asks for information about the Claimant's circumstances at a 9/11 crash site from September 11, 2001 through May 30, 2002. Specifically, this section asks why, where, and when you were present at a 9/11 crash site. For example, did you perform demolition or debris cleanup services? Did you reside, work or attend school there? Were you present at the site in some other capacity (such as a visitor)?

**IMPORTANT:** If you are claiming presence at more than one location or in more than one capacity at the 9/11 crash site, you should provide information related to each circumstance, organization or location.

#### ***What is the definition of a "Responder" for purposes of the claim form?***

A "Responder" is defined as an individual who performed rescue, recovery, demolition, debris cleanup or other related services in the "NYC Exposure Zone," at the Pentagon site or at the Shanksville, PA site, in response to the September 11, 2001 terrorist attacks, regardless of whether the individual was a state or federal employee or member of the National Guard or performed the services in some

other capacity. Therefore, you may be considered as a Responder even if you performed the listed services through a private employer or on a volunteer basis.

This section also asks for information about the time and location(s) of your presence at a 9/11 crash site from September 11, 2001 through May 30, 2002. To be eligible for compensation, you must have been present at a "9/11 crash site" at some point during the period beginning September 11, 2001 through May 30, 2002.

**Present at the 9/11 crash site** means physically present at the time of the crashes or between September 11, 2001 through May 30, 2002 at one of the following:

- (1) The World Trade Center site, the Pentagon site or the Shanksville, Pennsylvania site;
- (2) The buildings or portions of buildings that were destroyed as a result of the terrorist-related aircraft crashes of September 11, 2001;
- (3) The "NYC Exposure Zone"

***What is the "NYC Exposure Zone"?***

The "NYC Exposure Zone" includes:

- the area in Manhattan south of the line that runs along Canal Street from the Hudson River to the intersection of Canal Street and East Broadway, north on East Broadway to Clinton Street, and east on Clinton Street to the East River; and
- any area related to or along the routes of debris removal, such as barges and Fresh Kills landfill.

**Note:** Although the Special Master may identify, based on additional evidence, additional acceptable areas, the Special Master expects to do so only in rare circumstances.

**Note:** Part II.B of the claim form asks you to provide the number of hours that you were present at a 9/11 crash site on each day between September 11, 2001 and May 30, 2002. You also need to identify the crash site you were at. However, in this section you do not need to indicate the role or specific location within each crash site that you were at. For example, if you indicated in Part II.A that you both worked and lived in the NYC Exposure Zone, you do not need to separately list the number of hours that you were at work and at home. Instead, you should provide one total number of hours for each day that you were within the NYC Exposure Zone.

You must submit proof of the Claimant's location, time, and activities at a 9/11 crash site.

**Note:** If you are amending a claim that was previously **approved and paid by** the original Victim Compensation Fund ("VCF1"), you do not need to submit any documentation regarding your "presence at the site". However, you may need to submit additional documents if you are claiming presence in additional locations or at additional times than in your prior claim.

***What type of proof is sufficient to establish the Claimant's presence at a 9/11 crash site?***

You must submit documents proving that you were physically present at a 9/11 crash site. For example, documents showing that your office was within the NYC Exposure Zone will not be sufficient unless you also provide documents showing that you were actually present at that office at some point between September 11, 2001 and May 30, 2002. Similarly, proof that you had a house or apartment in the NYC Exposure Zone is not enough unless you also submit documents showing that you were actually at that house or apartment during this time period. Examples of sufficient documentation may include the following:

***For Responders:***

- (1) Employer records confirming employment with an organization or entity that was responsible for rescue and recovery, clean up, or transportation of debris. These records must confirm that the Claimant was present at the site. Examples may include an official personnel roster, site credentials or a pay stub; **OR**
- (2) Contemporaneous documentation showing the time and place of the Claimant's presence. This may include orders, instructions, confirmation of tasks performed, contemporaneous medical records, or contemporaneous records of federal, state, city or local government.

***For Residents:***

- (1) Proof of residence in the area during the relevant time period. Examples include

rent receipts, mortgage receipts, or utility bills **AND**

(2) Proof that the Claimant was physically present at the residence at some point beginning September 11, 2001 through May 30, 2002. Examples include sworn and notarized affidavits (or unsworn statements detailed below) from at least two co-habitants, landlords, doormen, or neighbors.

**For Non-Responder Workers in the NYC Exposure Zone or at the Pentagon:**

(1) Employment records documenting employment and presence in the NYC Exposure Zone or at the Pentagon; **OR**

(2) Contemporaneous documentation of presence – such as contemporaneous medical records or contemporaneous records of federal, state, city or local government.

**For School or Child/Adult Care Facility Attendees:**

School or day care records confirming enrollment/attendance during the period.

**For Presence in the NYC Exposure Zone in some other capacity (e.g., a visitor):**

Contemporaneous documentation of presence – such as contemporaneous medical records or contemporaneous records of federal, state, city or local government.

**Note:** “Primary” and contemporaneous documents (official documents or records from the time period) are the best evidence that you were present at a 9/11 crash site. However, the Special Master recognizes that such documents may no longer exist or may be impossible to obtain. If you are unable to submit these types of documents, you may instead submit sworn affidavits from people who can attest to your presence at a 9/11 crash site. These affidavits will serve as acceptable proof **only if** other official or primary forms of proof (such as those listed above) are not available **and** the VCF determines that such affidavits are sufficiently reliable. The affidavits must be signed and notarized or they must contain the language below.

**Will the VCF accept statements that are not sworn and notarized?**

Statements do not need to be sworn and notarized if they include one of the following (depending on whether or not the statement is signed within the United States):

- If signed within the United States, its territories, possessions, or commonwealths: “I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct. Executed on [date]. [Signature]”
- If signed outside the United States: “I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed on [date]. [Signature]”

**Note:** Like sworn affidavits, unsworn statements will serve as acceptable proof **only if** other official or primary forms of proof are not available **and** the VCF determines that the statements are sufficiently reliable.

### **PART III. INFORMATION ABOUT THE CLAIMANT’S PHYSICAL INJURY**

In order to receive compensation from the VCF, you must have suffered “physical harm or death as a result of” one of the terrorist-related aircraft crashes of September 11, 2001 or debris removal.

In order to show that your physical injury or condition is eligible for compensation, you must demonstrate four things:

- (i) You suffered a physical injury or condition;
- (ii) Your physical injury or condition is on the list of presumptively covered “WTC-related health conditions;”
- (iii) Your physical injury or condition was treated by a medical professional within a reasonable time from the date that you discovered the harm; and
- (iv) Your physical injury or condition was “a result of” the terrorist-related aircraft crashes or debris removal.

This Part of the claim form asks whether you have been diagnosed with any presumptively covered physical injuries conditions. If you have been diagnosed with more than one presumptively covered physical condition, you should complete this Part separately for each condition.

**Note:** Mental harm (such as Post-Traumatic Stress Disorder or other mental health conditions) is not covered by the Act. If you claim a mental injury, that injury cannot be compensated by the VCF.

What Are the Presumptively Covered WTC-Related Health Conditions?

The final regulations provide that initially, the presumptively covered health conditions and diseases will consist of the physical injuries that the World Trade Center (WTC) Health Program has determined to be WTC-related health conditions. (See box below for more information about the WTC Health Program). As of October 3, 2011, the following are presumptively covered conditions under the WTC Health Program:

- Interstitial lung diseases
- Chronic respiratory disorder – Fumes/Vapors
- Asthma
- Reactive airways dysfunction syndrome (RADS)
- WTC-exacerbated chronic obstructive pulmonary disease (COPD)
- Chronic cough syndrome
- Upper airway hyperreactivity
- Chronic rhinosinusitis
- Chronic nasopharyngitis
- Chronic laryngitis
- Gastroesophageal reflux disorder (GERD)
- Sleep apnea exacerbated by or related to the above conditions
- Low back pain
- Carpal tunnel syndrome
- Other musculoskeletal disorders
- Traumatic injury

**Note:** In rare cases, where the Claimant is otherwise eligible for an award and establishes extraordinary circumstances, the Special Master may find the Claimant eligible even if the injury in question is not on the list of presumptively covered conditions.

What Is a “Reasonable Time” Between Discovery and Treatment?

The VCF may only compensate Claimants who were treated “within a reasonable time” from when they discovered their condition. This Part asks when you discovered, were first treated, and were diagnosed with each physical injury or condition. This will help the VCF determine whether you were treated in a “reasonable time.” You should answer these questions with as much detail as possible. If you cannot provide exact dates, you should still provide the month and year for each question.

**Note:** The VCF will determine what a “reasonable time” is on a case-by-case basis.

How do I Demonstrate that my Physical Condition “Is a Result” of the September 11th Attacks or Debris Removal?

The final section of this Part asks whether your condition has been treated by:

- (1) the WTC Health Program (since July 1, 2011);
- (2) either the WTC Medical Monitoring and Treatment Program or the Environmental Health Center Community Program (before July 1, 2011); OR
- (3) any other physician or health program (at any time)

This information may help determine what additional information and documentation (if any) you must provide in order to demonstrate that your physical condition is a result of September 11th.

***What are the World Trade Center (WTC) Health Program, The WTC Medical Monitoring and Treatment Program and the Environmental Health Center Community Program?***

The WTC Health Program, which is operated by the National Institute for Occupational Safety and Health (NIOSH), was established pursuant to Title I of the Zadroga Act and commenced on July 1, 2011. The WTC Health Program provides medical diagnostic and treatment services for eligible individuals with specified injuries or conditions determined to be aggravated, contributed to, or caused by the September 11, 2001 terrorist attacks or the subsequent debris removal efforts. The program is open to emergency responders, recovery and cleanup workers of the September 11, 2001 terrorist attacks in New York City, at the Pentagon and in Shanksville, Pennsylvania, and residents, building occupants, and area workers who were adversely affected by the September 11, 2001 terrorist attacks in New York City. Under the program, treatment and monitoring are available at several “Clinical Centers of Excellence” in the New York/New Jersey area, as well as through the National Responder Health Program (NRHP) a network of nationwide clinics that have been contracted to provide care under this program. In addition to NRHP centers, the Clinical Centers of Excellence include:

- Fire Department of New York (FDNY)
- Long Island Jewish Medical Center
- Mount Sinai Medical Center
  - Mount Sinai School of Medicine (Annenberg Building, New York, NY)
  - Mount Sinai School of Medicine (Richmond University Medical Center, Staten Island, NY)
- New York University, Bellevue Hospital Center
- State University of New York, Stony Brook
  - State University of New York, Stony Brook, Suffolk County (Islandia, NY)
  - State University of New York, Stony Brook, Nassau County (Garden City, NY)
  - State University of New York, Stony Brook, Nassau County (Hicksville, NY)
  - State University of New York, Stony Brook, Kings County, (Brooklyn, NY)
- University of Medicine and Dentistry of New Jersey
- World Trade Center Environmental Health Program (NYC Health and Hospitals Corporation)
  - Bellevue Hospital Center
  - Elmhurst Hospital Center
  - Gouverneur Healthcare Services

As of July 1, 2011, the WTC Health Program assumed the functions and goals of two prior programs: the WTC Medical Monitoring and Treatment Program and the Environmental Health Center Community Program. Those programs provided treatment at many of the same medical centers that are now providing services under the WTC Health Program.

***What documentation do I need to submit to demonstrate that I suffer from an eligible physical injury or condition and that my physical injury or condition was a direct result of the air crashes or debris removal?***

The documentation you are required to submit may depend on whether you have a condition that is certified for treatment under the WTC Health Program and that is eligible in the VCF.

*If you do have a condition that is certified for treatment under the WTC Health Program:* The VCF may be able to obtain the necessary records directly from the WTC Health Program. In order for the VCF to obtain these records, you must submit the signed authorization forms at Part IV and Exhibits A and B2 of the Eligibility Form. It is possible that the VCF will need additional records and if so, the VCF will notify you and provide instructions.

*If your injury or condition has been treated by physicians or programs other than the WTC Health Program:* You must provide proof that you sustained a physical injury or condition that is one of the presumptively covered physical injuries or conditions listed above. This means you must submit certified contemporaneous medical records and documents created by or at the direction of the medical professional(s) who provided the medical care. (A contemporaneous record is one that was created at or near the time you received an examination or treatment). This may include medical records of hospitals, clinics, physicians, licensed medical staff, or registries maintained by the federal, state or local governments. Additionally, your physician(s) will need to complete certain medical history forms if you are not getting or will not be seeking treatment under the WTC Health Program. The VCF will send these forms directly to your physician(s). These forms will allow you to demonstrate that your physical injury or condition was a direct result of the air crashes or debris removal.

**Note:** Documentation should include proof of when each injury or condition was discovered and when each injury or condition was first treated by a medical professional. **Tip!** For certified medical records contact the medical provider directly and request certified copies.

## **PART IV – ATTESTATIONS AND CERTIFICATIONS FOR ELIGIBILITY FORM**

This Part contains a series of important certifications and authorizations you must make. Please take sufficient time to read and understand each of them. They cover the information you submit in and with your claim.

#### **Part IV.A. Privacy Act Notice**

This section contains important information about when the VCF and Department of Justice may disclose information you have provided with your claim. You must sign and date this section to indicate that you authorize the Department of Justice to disclose your information in the circumstances described.

#### **Part IV.B. Proof of Dismissal of Any Lawsuit**

Participation in the Victim Compensation Fund is voluntary. To participate, however, you must certify that you are not a party to a lawsuit relating to the terrorist-related aircraft crashes of September 11, 2001 or the related debris removal. This does not apply to lawsuits to recover collateral source obligations or lawsuits against any person who is a knowing participant in any conspiracy to hijack any aircraft or commit any terrorist act.

If you or your spouse or any of your dependents have already filed a lawsuit (or were party to a lawsuit), you must indicate if you, your spouse or any of your dependents have:

- withdrawn from such lawsuit by January 2, 2012. If so, you must submit proof of the withdrawal.
- settled the lawsuit and released all claims in the lawsuit prior to January 2, 2011. If so, you must submit proof of the settlement and release.
- unsettled claims and whether those unsettled claims were dismissed by January 2, 2012. If so, you must submit proof that any unsettled claims were dismissed.

#### **Part IV.C. Acknowledgement of Waiver of Rights**

If you submit a substantially complete Eligibility Form, you give up the right to file a lawsuit relating to September 11, 2001 or the related debris removal. This waiver could apply to the rights of individuals other than you. This waiver does not apply to lawsuits to recover collateral source obligations or lawsuits against any person who is a knowing participant in any conspiracy to hijack any aircraft or commit any terrorist act.

You must initial to show that you read and understand this waiver.

#### **Part IV.D. Declaration of Authority to Act on Minor Claimant's Behalf**

You must complete this section if the Claimant is a minor (under 18 years old) at the time this claim is submitted. Do not complete this section if the Claimant is 18 years or older.

In this section, you must declare, under penalty of perjury, that you are legally authorized to act on the minor Claimant's behalf. You should sign whichever of the four signature boxes accurately describes your circumstances and relationship to the Claimant. If you share or have joint legal custody of the Claimant with someone else, both you and that other person must sign this section and every other section of the claim form requiring a signature.

#### **Part IV.E. Authorization for Release of Information**

You must authorize the release of information relating to your claim. This will allow the Special Master to review, verify, and process your claim. This authorization allows the U.S. Department of Justice and the Special Master to do the following:

- Obtain information from other people, such as doctors, hospitals, and employers.
- Disclose information relating to your claim to other federal, state, or local agencies, such as the U.S. Department of Treasury and NIOSH; or other entities having information related to your claim, such as your employer(s) and insurer(s)
- Publish your name as a Claimant on the Victim Compensation Fund website at [www.vcf.gov](http://www.vcf.gov).
- Release information on you and your claim to law enforcement authorities if there is evidence of possible fraud

Your authorization is valid for six years from the date of your signature, or upon your written termination, whichever is sooner.

#### **Part IV.F. Claimant's Acknowledgment of Attorney's Compliance with Limitation on Attorney Fees**

If you are represented by an attorney in connection with this claim, you must sign and date this section. There are limitations on how much your attorney may charge you in connection with your claim to the VCF. By signing this section, you acknowledge that you have read and understand the provisions governing the limitation on attorney fees. For your convenience, the regulations are provided below:

##### **Subpart H—Attorney Fees**

##### **§ 104.81 Limitation on Attorney Fees**

###### *(a) In general.*

(1) *In general.* Notwithstanding any contract, the representative of an individual may not charge, for services rendered in connection with the claim of an individual under this title, including expenses routinely incurred in the course of providing legal services, more than 10 percent of an award paid under this title on such claim. Expenses incurred in connection with the claim of an individual in this title other than those that are routinely incurred in the course of providing legal services may be charged to a claimant only if they have been approved by the Special Master.

(2) *Certification.* In the case of any claim in connection with which services covered by this section were rendered, the representative shall certify his or her compliance with this section and shall provide such information as the Special Master

requires to ensure such compliance.

(b) *Limitation.*

(1) *In general.* Except as provided in paragraph (b)(2) of this section, in the case of an individual who was charged a legal fee in connection with the settlement of a civil action described in section 405(c)(3)(C)(iii) of the Act, the representative who charged such legal fee may not charge any amount for compensation for services rendered in connection with a claim filed by or on behalf of that individual under this title.

(2) *Exception.* If the legal fee charged in connection with the settlement of a civil action described in section 405(c)(3)(C)(iii) of the Act of an individual is less than 10 percent of the aggregate amount of compensation awarded to such individual through such settlement, the representative who charged such legal fee to that individual may charge an amount for compensation for services rendered to the extent that such amount charged is not more than—

- (i) Ten (10) percent of such aggregate amount through the settlement, minus
- (ii) The total amount of all legal fees charged for services rendered in connection with such settlement.

(c) *Discretion to lower fee.* In the event that the Special Master finds that the fee limit set by paragraph (a) or (b) of this section provides excessive compensation for services rendered in connection with such claim, the Special Master may, in the discretion of the Special Master, award as reasonable compensation for services rendered an amount lesser than that permitted for in paragraph (a) of this section.

#### **Part IV.G. Authorization For Communication and Correspondence**

If an attorney or alternate contact person is assisting you with this claim and you want the VCF to communicate with that person, you must authorize that person to discuss your claim with the VCF. If you would like to receive a copy of all VCF correspondence regarding your claim, you must check the appropriate box in this Section.

#### **Part IV.H. Certification of Accuracy of Information**

You must certify that the information contained in and submitted with or attached to the Eligibility Form is true and accurate, under penalty of perjury. The Special Master will use procedures to verify, authenticate, and audit claims. False statements may result in fines, imprisonment, and/or any other remedy available by law. The Special Master shall refer all evidence of false or fraudulent claims to the Department of Justice and other appropriate law enforcement authorities.

### **EXHIBITS**

#### **Exhibit A – Authorization for Release of Medical Records**

This exhibit contains an authorization for all doctors and health care providers who have treated your condition to release your medical records. **IMPORTANT:** You **must** submit a completed copy of **Exhibit A, Authorization for Release of Medical Records** with the Eligibility Form in order for the VCF to process your claim. Please sign this authorization and submit it with your completed Eligibility Form.

#### **Exhibit B.1 – Authorization for Release of Pension Records and Health Information by New York Individuals and Entities**

You must complete this exhibit if you have been awarded a pension by any of the following entities: the New York City Police Pension Fund, the New York Fire Department Pension Fund, the New York City Employees' Retirement System, the Teachers' Retirement System of the City of New York, or the New York City Board of Education Retirement System. You do not need to complete this exhibit if you have not been awarded a pension by one of these entities.

#### **Exhibit B.2 – Authorization for Release of Health Information by New York Individuals and Entities**

You must complete this exhibit if your condition has been treated by any doctors in New York or if any other facilities, hospitals, entities, or individuals in New York have medical information about your condition that is relevant to your claim.

#### **Exhibit C – Attorney Certification of Compliance with Provision on Limitation on Attorney Fees**

If you are represented by an attorney in connection with this claim, your attorney must complete and submit Exhibit C along with the Eligibility Form. You do not need to submit this Exhibit if you are not represented by an attorney or if you are represented by an attorney providing services on a pro bono basis.

#### **Exhibit D - Attorney Request for Approval For Charge of Non-Routine Expenses (If Applicable)**

This exhibit only needs to be submitted if you are represented by an attorney in connection with this claim and if your attorney wishes to charge you for non-routine legal expenses. If your attorney is submitting this exhibit, he or she must attach a statement explaining the expenses for which approval is sought and why such expenses should be approved. The Special Master will review such requests on a case-by-case basis and determine whether such expenses should be approved. Your attorney may not charge you for non-routine expenses unless the Special Master approves such expenses.

\* \* \*

If you are submitting your claim electronically on the VCF website, you should complete Part IV and the Exhibits online by filling in the

text boxes and selecting the buttons as appropriate. The electronic version has places for your signatures, but will not allow you to sign online. Instead, once you finish completing Part IV and the Exhibits online, you will be asked to download and print a copy of these documents. Please sign in the appropriate places and mail the entire Part IV and all applicable Exhibits **with your original signatures (no copies)** to the VCF at:

September 11th Victim Compensation Fund  
P.O. Box 34500  
Washington, DC 20043

Please keep a copy of the signed documents for your records. If possible, upload a copy of your signed documents to the Document Checklist on the website. This will allow the VCF to begin processing your claim.

## **SUPPORTING DOCUMENTATION CHECKLIST**

As noted throughout the Eligibility Form, you must submit supporting documentation. The document checklist helps you prepare and submit a complete Eligibility Form. Please use it to collect the required documentation. Unless noted otherwise, you must submit documentation for all Parts. Finally, if you are submitting supporting documents by mail, please submit the checklist with those documents.

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