

2 Broadway, 10th Floor
New York, NY 10004



Metropolitan Transportation Authority

State of New York

**20-YEAR POLICE RETIREMENT
PROGRAM
OF THE
MTA DEFINED BENEFIT PENSION PLAN**



To the Board of Pension Managers:

You must file this form with the MTA Defined Benefit Pension Plan (the "Plan") **on or before September 11, 2026**. If you are permanently incapacitated or become permanently incapacitated in the future, you will also need to file the Application for Disability Retirement Based on World Trade Center Accidental Disability Presumption to receive the benefit.

Please note to be eligible for the benefit, the applicant must have participated in World Trade Center rescue, recovery or clean-up operations for any period of time within the first 48 hours after the first airplane crashed, or a minimum of 40 hours between September 11, 2001 and September 12, 2002.

Locations	Dates
World Trade Center	
Fresh Kills Landfill	
New York City Morgue	
Temporary Morgue on pier locations on the west side of Manhattan	
Barges between the west side of Manhattan and Fresh Kills Landfill	

If you worked at any sites not listed above, list the site with the address below:

Locations	Dates

MTA Police Department will be contacted to verify your involvement:

Name:			
Last:	First:	MI:	
Employee No.:	Date of Birth:	Social Security	
Home Address:			
Street:	City:	State:	Zip:
Home Phone:	Work Phone:		

Description of Duties performed during the WTC rescue and recovery or clean-up operations

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: _____ Employer: _____

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 public service, the Plan is required to have your authorization to satisfy the requirements of the provisions of the Plan. 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.

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 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 any time. 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 Accidental Disability Presumption.

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 Plan.

Signature _____ Date _____

I certify that the information contained on this form is true.

Signature (Sign Name in Full)

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)

NOTE: In accordance with the Federal Privacy Act of 1974 you are hereby advised that disclosure of your Social Security account number is required by the Plan. Your number will be used in identifying your retirement records and in the administration of the Plan.