

The World Trade Center Medical Monitoring Program Clinical Center at Mount Sinai

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Mailing address: Mount Sinai School of Medicine, Box 1057 One Gustave L. Levy Place, New York, NY 10029

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Dear WTCMMTP Patient:

The New York State Workers' Compensation Law has been changed to allow WTC responders to protect their right to file Workers' Compensation claims for any WTC-related illnesses they have or may develop in the future. In order to preserve your right to file, you must register under this law by filing a two-page form.

Whether or not you have already filed a Workers Compensation claim, whether you are sick or well, we urge you to register in case you get sick in the future. WTC first responders must register with the New York State Workers' Compensation Board by August 14, 2007. If you do not register, you will lose your right to file a WTC-related Workers' Compensation claim forever.

Some of you may not regularly be covered by the NYS Workers' Compensation system in the course of your job. NYPD, Sanitation workers and others have a line of duty injury system that is separate from Workers' Compensation. If you are not normally covered by Workers' Compensation, but you volunteered time at the site, you are still encouraged to register. Under the Workers' Compensation law, volunteers may be eligible for the same Workers' Compensation benefits as workers are.

Attached is a schedule of **FREE** walk-in legal clinics that will provide you with consultation and assistance in filing the WTC-12. The legal clinics, which are sponsored by the WTC Medical Monitoring and Treatment Program at Mount Sinai, will give you the opportunity to meet with Workers' Compensation attorneys. The attorneys will assist you in filling out and notarizing the document. You can also receive assistance from WTC Medical Monitoring and Treatment Program clinical center staff in filling out and notarizing the forms during your follow-up medical monitoring examinations or treatment appointments.

The future is uncertain and we cannot predict with any accuracy when or whether slow starting diseases will arise. Therefore, we strongly urge you to protect yourself and your family:

- 1. Keep track of your health by ensuring you are up to date with your follow-up medical examinations**
- 2. Preserve your right to file a workers' compensation claim by filling out and submitting a Workers' Compensation Board WTC-12 form.**

For more information please call 212-241-6307 or log on to www.wtcexams.org. To schedule a medical monitoring examination, please call 1-888-702-0630.

Sincerely,

Reggie Pabon
Outreach Coordinator
WTC Medical Monitoring and Treatment Program
Mount Sinai Clinical Center

Enclosures
WTC-12 registration form
Schedule of legal clinics at Mount Sinai Clinical Center

**State of New York
WORKERS' COMPENSATION BOARD**

**REGISTRATION OF PARTICIPATION IN WORLD TRADE CENTER RESCUE,
RECOVERY AND/OR CLEAN-UP OPERATIONS**

(Sworn Statement Pursuant to Workers' Compensation Law §162)

**Please read the background and instructions below completely and carefully
before completing the Sworn Statement beginning on page 3.**

BACKGROUND

1. On August 14, 2006, Workers' Compensation Law (WCL) Article 8-A was enacted to expand the time for a "participant" in World Trade Center rescue, recovery and/or clean-up operations who suffers, or may suffer in the future, from a "qualifying condition" to file a claim for workers' compensation lost wage and medical benefits and to permit the Board to reopen such claims previously denied as untimely.
2. A "Participant in World Trade Center rescue, recovery, or cleanup operations" (referred to as "participant") is defined in WCL §161(1) as any:
 - (a) **employee** who within the course of employment, or (b) **volunteer** upon presentation to the Board of evidence satisfactory to the Board that he or she:
 - (i) participated in the rescue, recovery, or cleanup operations at the World Trade Center site between September 11, 2001 and September 12, 2002, or
 - (ii) worked at the Fresh Kills Land Fill in New York City between September 11, 2001 and September 12, 2002, or
 - (iii) worked at the New York City morgue or the temporary morgue on pier locations on the west side of Manhattan between September 11, 2001 and September 12, 2002, or
 - (iv) worked on the barges between the west side of Manhattan and the Fresh Kills Land Fill in New York City between September 11, 2001 and September 12, 2002.
3. "World Trade Center site" is 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."
4. A "qualifying condition" is defined as "any latent disease or condition resulting from a hazardous exposure during participation in World Trade Center rescue, recovery or clean-up operations."
5. In order for the claim of a participant in World Trade Center rescue, recovery or cleanup operations to come within the application of Article 8-A of the Workers' Compensation Law, the participant is required to register with the Workers' Compensation Board ("Board") within the period August 14, 2006 to August 14, 2007.
6. To register, this Sworn Statement must be accurately and truthfully completed and the original mailed to the Board District Office or Downstate Central Mailing Center (see addresses below) before August 14, 2007.

INSTRUCTIONS

- A. If you were a "participant" in World Trade Center rescue, recovery, and/or cleanup operations, as that term is defined above, you are required to provide information requested by the Board in the accompanying Sworn Statement if you were exposed to hazardous conditions which cause you to suffer, or may cause you to suffer in the future, from a "qualifying condition" for which you will or may file or have filed a claim for workers' compensation benefits.
- B. Please complete the Sworn Statement by providing the following information:

Item 1. – Give your current residential address, including apartment number (if applicable), street number, street name, city, state and zip code. Give mailing address if different from the residential address provided. Be sure to include your telephone number. Please provide your Social Security Number and your date of birth by month/date/year.

Item 2. – This sentence just states that you participated in the World Trade Center rescue, recovery and cleanup operations between September 11, 2001, and September 12, 2002, at the World Trade Center site, the Fresh Kills Land Fill, the New York City morgue or temporary morgue, or the barges between the west side of Manhattan and the Fresh Kills Land Fill.

Item 3 – State whether you participated in the World Trade Center rescue, recovery and/or clean-up operations as an **employee** (in the course of your employment for pay) or as a **volunteer** (not in the course of your employment, but upon your own initiative without pay);

Item 4 – List with a brief description any evidence of your activities as a volunteer, for example, badge, letters, statements, pictures, accommodations, etc.;

Item 5 – Fill in the table. Specify the dates and locations of your participation in World Trade Center rescue, recovery and/or cleanup operations to the best of your ability. Describe the work you performed at each location on the date or dates you were there. Give the complete name and address of your employer(s) or the rescue entity/volunteer agency you volunteered with during the period of participation in World Trade Center rescue, recovery and/or clean-up operations, and if applicable and you know, the name of your employer's insurance carrier; and

Item 6 – Indicate whether you previously filed a workers' compensation claim with the Board relating to your participation in World Trade Center rescue, recovery and/or cleanup operations. If you have, you must include the date the claim was filed and the WCB case number.

Item 7 – This item states your understanding that filing the Sworn Statement, and thereby registering as a "participant", is not the same as filing a claim for workers' compensation benefits. To file a claim for benefits you must timely submit to the Board Form C-3 or Form WTCVol-3.

Item 8 – This item states that you understand that the law penalizes those who submit false written documents to the Board and for making false statements.

- C. After you complete the Sworn Statement, please review it to insure that it is truthful and accurate.
- D. Sign the Sworn Statement in front of a notary public. Your signature on the Sworn Statement must be notarized or the comparable process for the jurisdiction in which you are located when signing this Statement. Do not sign the Sworn Statement until you are in the presence of the notary public. **PLEASE NOTE:** by signing this statement, you swear and affirm that the information provided and statements made therein are true under the penalty of perjury. You are also stating that you understand that the law prescribes penalties for perjury, for willfully making false statements in connection with an insurance claim, and for submitting a false instrument for filing.
- E. You must file the original Sworn Statement with the Board before **August 14, 2007**. You may mail it to the appropriate Board District Office or the Downstate Central Mailing Center. The District Office and Downstate Central Mailing Center addresses are:

Downstate Centralized Mailing for New York City, Hempstead, Hauppauge and Peekskill district offices: P.O. Box 5205, Binghamton, N.Y. 13902. NYC (800) 877-1373. Hemp. (866) 805-3630. Haup. (866) 681-5354. Peek. (866) 746-0552. For those who live or work in the counties of: Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Westchester.

Albany: 100 Broadway Menands, Albany, N.Y. 12241. (866) 750-5157. For those who live or work in the counties of: Albany, Clinton, Columbia, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schoenectady, Schoharie, Ulster, Warren, Washington.

Binghamton: State Office Building, 44 Hawley Street, Binghamton, N.Y. 13901. (866) 802-3604. For those who live or work in the counties of: Broome, Chemung, Chenango, Cortland, Delaware, Otsego, Schuyler, Sullivan, Tioga, Tompkins.

Buffalo: Statler Towers, 107 Delaware Ave., Buffalo, N.Y. 14202. (866) 211-0645. For those who live or work in the counties of: Cattaraugus, Chautauqua, Erie, Niagara.

Rochester: 130 Main Street, Rochester, N.Y. 14614. (866) 211-0644. For those who live or work in the counties of: Allegany, Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming, Yates.

Syracuse: 935 James Street, Syracuse, N.Y. 13203. (866) 802-3730. For those who live or work in the counties of: Cayuga, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence.

ADDITIONAL INFORMATION

- F. Filing this Sworn Statement with the Board is **NOT** considered the filing of a claim for workers' compensation benefits. In order to file a claim for workers' compensation benefits, you must submit a Form C-3 (Employee's Claim for Compensation) or WTCVol-3 (World Trade Center Volunteer's Claim for Compensation) to the Board in a timely manner.
- G. **PLEASE NOTE:** If you previously filed a claim for workers' compensation benefits relating to your participation in World Trade Center rescue, recovery and/or cleanup operations, which was disallowed by the Board because you did not give timely notice to your employer or did not file a claim with the Board within the time allowed, the Board will reopen and reconsider such claim **PROVIDED** your Sworn Statement is filed with the Board before August 14, 2007.
- H. **PLEASE NOTE:**
- A "participant" must register by filing a Sworn Statement with the Board before August 14, 2007, in order for the extended claim filing period to apply to his/her claim.
 - If a "participant" has already filed a claim for workers' compensation benefits for a "qualifying condition" which was disallowed as untimely and now fails to timely file a Sworn Statement with the Board, the "participant's" claim will not be reopened and reconsidered by the Board.
 - The extended period in which to file a claim will only apply to the claim of a "participant" who registers by filing a Sworn Statement with the Board before August 14, 2007.

**Registration of Participation in World Trade Center
Rescue, Recovery and/or Clean-up Operations**
(Sworn Statement Pursuant to Workers' Compensation Law §162)

REGISTRATION IS NOT THE FILING OF A CLAIM FOR WORKERS' COMPENSATION BENEFITS

In the Matter of the Registration of

_____, Participant
(Your first name, middle initial and last name)

SWORN STATEMENT

Regarding Participation in World Trade Center
Rescue, Recovery and/or Clean-up Operations.

WCL §162

State of _____)
(State/province where you have this notarized)

) ss:

County of _____)
(County, or country if outside U.S.A., where you have this notarized)

I, _____ (print first name, middle initial and last name) being duly sworn, depose and say:

1. I am the above named Participant, and I reside at _____ (provide street number and name, city, state, zip code and country if not U.S.A.). My mailing address (if different from residential address) is _____. My telephone number is _____ (area code, number). My Social Security Number is _____ (optional) and my date of birth is _____.
2. I was a participant in World Trade Center rescue, recovery, and/or clean-up operations as that term is defined in Workers' Compensation Law §161 (1). (See instruction page for complete definition.)
3. I participated in the World Trade Center rescue, recovery and/or clean-up operations as defined in Workers' Compensation Law §161 (1) as (specify whether participated as an **employee** or **volunteer**) _____. (A person participated as an employee if he/she was in the course of his/her employment and was paid. A person participated as a volunteer if it was not part of his/her employment, he/she was not directed to participate by the employer and he/she was not paid for the services performed.)
4. I have the following evidence of my activities as a **volunteer** _____ (list any evidence such as pictures, badges, letters, etc. of your volunteer activities). (If you did not participate as a volunteer, cross out this paragraph.)
5. The date(s) and location(s) where I worked as a participant, a description of the work I performed, the name and address of my employer while a participant or the name of the agency or entity that directed my volunteer participation, and the insurance carrier, if applicable and/or known for my employer are as follows:

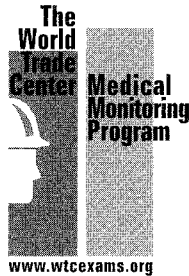
Date(s) Participated	Location(s) Where Participated	Description of Work Performed	Name of Employer/ Rescue Entity or Agency	Address of Employer/ Rescue Entity or Agency	Name of Employer's Insurance Carrier (if known)

6. I (state whether you **have or have not**) _____ filed a claim with the Workers' Compensation Board (hereinafter referred to as "Board") relating to my participation in World Trade Center rescue, recovery and/or clean-up operations as defined in Workers' Compensation Law §162 (1). I filed my claim on _____ (*date claim was filed with the Workers' Compensation Board*) and the "WCB Case No." for the claim I filed is _____ (*eight digit number assigned by the Workers' Compensation Board*).
7. I understand that by filing this Sworn Statement with the Board I am not filing a claim for benefits and the Board will not create a case file. I understand that to file a claim I must timely submit to the Board Form C-3, Employee's Claim for Compensation, or Form WTCVol-3, World Trade Center Volunteer's Claim for Compensation.
8. I understand that the law prescribes penalties for perjury, for knowingly making false statements in a written instrument offered for filing with a public entity such as the Board, and for willfully making false statements in connection with an insurance claim. By signing my name below I swear and affirm under penalty of perjury that the information and statements I have made herein are true.

(complete signature)

Sworn to before me this _____ day
of _____, 20_____

Notary Public



WORKERS COMPENSATION FILING DATE EXTENDED FOR WTC RESPONDERS

REGISTER NOW!

All WTC Medical Monitoring Program participants are encouraged to register to protect their right to file for future Workers' Compensation benefits.

Whether or not you have already filed a claim, whether you are sick or well, everyone is encouraged to file in case you get sick in the future.

Come to one of our FREE Walk-in Legal Clinics for assistance in filling out the WTC-12 form.

You must register with the New York State Workers' Compensation Board by August 14, 2007

Walk-in Legal Clinics

All clinics will be held on Thursdays from 12:00 PM to 8:00 PM.

All sessions will provide assistance in English/Spanish. See below for Polish assistance.

January 18th

February 22nd (Polish is also available)

March 22nd

April 26th

May 24th

June 7th (Polish is also available)

June 14th

June 21st

June 28th

July 5th

July 12th

July 19th (Polish is also available)

July 26th

August 2nd

August 9th

Location: WTC Clinical Center at Mt. Sinai
10 East 101st Street, Room 130

For more information, please call (212) 241- 6307.