

This Document Checklist is a tool to help guide you in determining the documents required for Deceased claims. Use this checklist if you are filing a claim for an individual who is believed to have died as a result of a 9/11-related physical condition.

If the victim did not die as a direct result of an eligible 9/11-related condition, you must file a Personal Injury claim.

**The VCF cannot begin review of the claim until the following documents are submitted and sufficiently complete. The documents must be completed, signed, and submitted by the individual who has been appointed as the Personal Representative of the decedent. These are the minimum documents needed in order to begin substantive review of the claim:**

- Completed Claim Form
- Original or certified copy of the Court Order or Letters of Administration showing appointment as the Personal Representative, the Executor of Will, or the Administrator of the Estate
- Original or certified death certificate showing the cause of death
- Claim Form Signature Page
- Exhibit A – Authorization for Release of Medical Records
- Documentation to support presence at a 9/11 site (for victims whose employer or other affiliated organization does not have an existing relationship with the VCF allowing for the exchange of this information)
- Information about life insurance
- Claim Form Appendix A (if filing a hard copy claim form)
- Exhibit 1 – “Social Security Administration Consent Form” (required only if claiming loss *other than* non-economic loss only)

This Document Checklist includes detailed information about each document listed above, and explains the documents the Personal Representative must provide based on the circumstances of the claim. Carefully review the information in each section and use this checklist to confirm all required documentation is ready to be submitted to the VCF. This list includes what is needed for processing most claims; however, based on the specific circumstances of the claim, the VCF may contact the Personal Representative for additional documentation once we begin review of the claim.

The VCF will accept copies of most documents. Unless an original or a certified copy is requested, documents can be uploaded directly to the online claim. The Personal Representative is only required to provide an original or certified copy where it is specifically noted on the checklist. A notation of “N/A” means the corresponding documents are not required for that scenario.

If a specific document is listed in more than one section of the checklist, and it is applicable to your claim, you only need to provide the document one time in support of your claim.

**NOTE:** You will not be able to submit any additional documents in support of your claim after the VCF has finalized substantive review of your compensation claim. A claim has reached the final stages of substantive review when the status in the online system moves to “Determination Made: Processing.” The VCF will not allow any amendment in a deceased claim after a substantive determination on the compensation claim has been made, except in limited circumstances. It is therefore very important that you claim all losses and submit the required supporting documentation when you file your claim.

**The VCF keeps all documents. Please make copies of any documents you submit.**

**Important Note:** If the court has appointed multiple individuals as co-Personal Representatives for the decedent, each Personal Representative must submit the proper documentation showing appointment as a Personal Representative for the deceased victim and sign all of the applicable signature sections of any required documentation. See Section 6.5 of the [VCF “Policies and Procedures” document for more information.](#)

For any questions or assistance with this checklist, please visit the VCF website at [www.vcf.gov](http://www.vcf.gov) or call the toll-free Helpline at 1-855-885-1555. Foreign language interpreters are available.

<b>DOCUMENTS APPLICABLE TO <u>ALL</u> DECEASED CLAIMS</b>	
<b>1. Documents Required for Processing:</b>	<b>Documents Required</b>
<p><b>The Personal Representative of a deceased claimant who is believed to have died from an eligible 9/11-related injury or illness must submit the following to establish his or her authority to file the claim:</b></p> <ol style="list-style-type: none"> <li>1. <b>Original or a certified copy</b> of the Court Order or Letters of Administration showing appointment as either the Personal Representative, the Executor of Will, or the Administrator of the Estate. <ul style="list-style-type: none"> <li>• <b>If the Court Order or Letters of Administration appoint more than one Personal Representative, Executor of Will, or Administrator of the Estate</b>, you must submit a letter signed by all Personal Representatives that designates one individual as the Lead Personal Representative. <b>Note:</b> In addition, <b>each Personal Representative</b> must submit the proper documentation showing appointment as a Personal Representative for the deceased victim <i>and sign all of the applicable signature sections of the claim form</i>. <b>See Section 6.5 of the VCF “<a href="#">Policies and Procedures</a>” document for more information.</b></li> </ul> </li> <li>2. <b>Original or a certified copy</b> of the death certificate showing the cause of death. If the death certificate does not clearly link the victim’s death to an eligible 9/11-related condition, you must also submit documentation, such as a hospital discharge summary or final medical records, to show the victim’s death was directly related to an eligible injury or condition.</li> </ol>	<input type="checkbox"/> Yes  <input type="checkbox"/> Yes   <input type="checkbox"/> Yes
<p>September 11th Victim Compensation Fund <a href="#">Claim Form Signature Page</a> signed by the Personal Representative.</p>	<input type="checkbox"/> Yes
<p><a href="#">Exhibit A Deceased Individual</a> – “Authorization for Release of Medical Records.” <b>This document must be completed and mailed to the VCF with original signatures.</b> This document is required in order for the VCF to obtain information from the WTC Health Program regarding the victim’s eligible conditions. This document must be signed by the Personal Representative.</p>	<input type="checkbox"/> Yes
<p>If you are filing a Hard Copy Claim Form, a complete Claim Form <a href="#">Appendix A</a>.</p>	<input type="checkbox"/> Yes
<p>Information directing the VCF how to make any payment on your claim:</p> <ul style="list-style-type: none"> <li>• If you are not represented by an attorney, or if you and your attorney have agreed that the Personal Representative will be paid directly, submit the <a href="#">VCF ACH Payment Information Form</a>.</li> <li>• If you are represented by an attorney, and you have agreed that payment on the claim will be made to the attorney’s bank account, the attorney will provide you with a document to sign to authorize the payment. <b>This document must be mailed to the VCF with an original signature.</b></li> </ul>	<input type="checkbox"/> Yes

2. Proof of the victim’s presence at a 9/11-related Site* or in the <a href="#">VCF NYC Exposure Zone</a> beginning September 11, 2001, through May 30, 2002:	Documents Required
<p>If the victim was an active firefighter working for FDNY on September 11, 2001, the VCF will obtain verification of presence directly from the FDNY. You do not need to submit any documentation for proof of presence.</p>	N/A
<p>If the victim received an award through the original September 11th Victim Compensation Fund that operated from 2001-2004, you do not need to submit proof of presence.</p>	N/A
<p><b>For all others</b>, you must submit at least two forms of written proof showing the victim was present at the site or in the <a href="#">NYC Exposure Zone</a> during the time period beginning September 11, 2001 through May 30, 2002. <b>Upload each document to the claim separately.</b> Below are examples of types of documents that can be used to show proof of presence. The VCF also has agreements with certain employers to provide information about presence in support of VCF claims. <b>See Section 1.6 of the VCF “<a href="#">Policies and Procedures</a>” document for details.</b></p> <ul style="list-style-type: none"> <li>• <b>Sworn <a href="#">Employer Verification Form</a> or Employer records</b> confirming presence submitted to the VCF directly by the employer – such as a letter from the employer confirming work at the site*, an official personnel roster and site credentials confirming work location, a workers’ injury report (documenting injury at the site), or a pay stub showing dates of work and location where work was performed.</li> <li>• <b>Proof of residence</b> in the area during the relevant time period – such as rent or mortgage receipts, utility bills, <b>and proof that the victim was physically present at the residence</b> between September 11, 2001 and May 30, 2002. Sworn statements from witnesses who can attest to the victim’s presence at the residence may be sufficient.</li> <li>• <b>School or day care records</b> confirming the victim’s enrollment or attendance during the relevant time period – the school transcript or report card, or day care records, should be certified or accompanied by a letter from an employee of the school or day care facility certifying the accuracy of the information contained in the transcript, report card, or other record. NOTE: If you submit certified school or day care records, or records with a certifying letter, you do <u>not</u> need to submit any additional proof of presence unless requested by the VCF.</li> <li>• <b>Any contemporaneous document</b> that shows the victim’s location – such as orders, instructions, confirmation of tasks performed, medical records (documenting treatment as a result of injury that occurred at the site).</li> <li>• <b>Sworn and notarized affidavits</b> (or unsworn statements complying with 28 U.S.C. 1746) regarding the presence of the victim from persons who can attest to the victim’s presence. <b>Affidavits must meet all requirements outlined in Section 1.6.a of the VCF “<a href="#">Policies and Procedures</a>” document.</b></li> </ul> <p>*References to the “site” includes the three crash sites and the <a href="#">NYC Exposure Zone</a>.</p>	<p>Two (2) Required</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p>+</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p>
3. Physical Injury or Condition:	Documents Required
<p>If the victim’s 9/11-related physical injuries or conditions were certified for treatment under the WTC Health Program after July 1, 2011, and the victim’s death was due to a certified condition, you do not need to submit any proof of physical injury or condition.</p> <p>If one or more of the victim’s 9/11-related physical injuries or conditions was <b>not</b> certified for treatment by the WTC Health Program, you must answer the Private Physician questions on the online claim form <b>and</b> submit the required supporting documentation. If you are submitting a hard copy Claim Form, or if you are completing the <a href="#">Private Physician forms</a> after submitting your online claim, you must complete and submit Claim Form <a href="#">Appendix C</a> or <a href="#">Appendix D</a> depending on the site where the decedent was present. Follow the detailed instructions located under “Forms and Resources” on the VCF website.</p>	<p>N/A</p> <p><input type="checkbox"/> Yes</p>

<b>4. Non-Economic Loss (i.e. pain and suffering):</b>	<b>Documents Required</b>
<p>The VCF regulations set a presumed award for non-economic losses in deceased claims: \$250,000 for the decedent, plus an additional \$100,000 for the spouse and each of the decedent’s dependents. You do not need to submit any documentation for dependents who were under the age of 18 at the time of the victim’s death.</p> <p><b>If you are claiming non-economic loss for a dependent who was over the age of 18 at the time of the victim’s death</b>, you must submit the decedent’s federal tax return for the year prior to the year of the victim’s death.</p>	<p>N/A</p> <p><input type="checkbox"/> Yes</p>
<b>5. Information on Life Insurance:</b>	<b>Documents Required</b>
<p>The VCF cannot award compensation without complete information about any payments received or due to be paid on any life insurance policies held by the victim.</p> <ul style="list-style-type: none"> <li>• <b>If the victim did not have life insurance:</b> you must provide a written statement confirming that you have investigated and confirmed that there is no life insurance. <b>The VCF cannot award any compensation without this information.</b></li> <li>• <b>If the victim had life insurance:</b> you must submit documentation of any payments received or due to be paid on any life insurance policies held by the victim. The VCF must be able to identify the amount of the compensation and the time period during which it was received or is expected to be received (if not paid in a lump sum). <b>This information is required regardless of beneficiary; any compensation received by anyone in connection with the victim’s death may be offset from the VCF award.</b> If you provide evidence that clearly shows the amount of premiums paid for a life insurance policy, the VCF will exclude that amount from the offset.</li> </ul>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p>

**- The checklist continues on the following page. -**

The following sections are only applicable if they apply to the victim’s specific situation or if you are claiming the specific type of loss. Please review the information and follow the guidance if appropriate for your claim.

<b>DOCUMENTS REQUIRED <u>ONLY IF APPLICABLE</u> TO THE DECEASED CLAIM</b>	
<b>1. Lawsuits related to September 11, 2001 (if applicable):</b>	<b>Documents Required</b>
<b>The victim, a representative of the victim, a dependent, spouse, or beneficiary did <u>not</u> have a lawsuit related to September 11, 2001.</b>	N/A
<p><b>If the victim, a representative of the victim, a dependent, spouse, or beneficiary participated in a September 11th-related lawsuit</b>, you must provide documents showing the lawsuit was withdrawn, settled, or dismissed.</p> <p><b>Note:</b> In many cases, the VCF can obtain this information from third parties. For example, if the victim was represented by Napoli, Bern, Ripka, Shkolnik (“Napoli Bern”) in the lawsuit, you do not need to submit any documents related to the settlement because the VCF may be able to get all of the necessary information from Napoli Bern. The VCF will notify you if you need to submit any additional documents.</p> <p>For all others, you must submit:</p> <ul style="list-style-type: none"> <li>• A copy of the notice of withdrawal, or dismissal, or court order of dismissal filed by the victim (or on behalf of the victim). The VCF requires proof that claims against all defendants were dismissed. This may require the submission of several dismissal documents.</li> <li>• If the lawsuit was settled with some or all parties, the VCF requires documentation showing the amount of the settlement and the signed and dated release of the lawsuit.</li> </ul> <p>If the victim received coverage for certain cancers under a Critical Injury Insurance policy through <b>Metropolitan Life Insurance Company (MetLife)</b> as part of a 9/11-related lawsuit settlement, you must provide the VCF with a copy of the policy document and the amount of any payment received under the policy.</p>	<p style="text-align: right;"><input type="checkbox"/> Yes</p> <p style="text-align: right;"><input type="checkbox"/> Yes</p> <p style="text-align: right;"><input type="checkbox"/> Yes</p>
<b>2. Replacement Services (if applicable):</b>	<b>Documents Required</b>
<p>If you are seeking compensation for replacement services, you must submit the following to support your claim:</p> <ul style="list-style-type: none"> <li>• A clear statement listing the types of services the victim provided before his or her death and the amount of time spent on those services (per week or month).</li> <li>• If you are seeking compensation for services the victim was unable to perform because of disability <i>before</i> death, you must submit: <ul style="list-style-type: none"> <li>• Medical records that show that the eligible condition was the reason the victim could not perform the services.</li> <li>• A complete <a href="#">Exhibit 1</a> – “Social Security Administration Consent Form”</li> </ul> </li> </ul>	<p style="text-align: right;"><input type="checkbox"/> Yes</p> <p style="text-align: right;"><input type="checkbox"/> Yes</p> <p style="text-align: right;"><input type="checkbox"/> Yes</p>

3. Loss of Earnings (if applicable):	Documents Required
<p>You must submit the following to support a claim for loss of earnings:</p> <ul style="list-style-type: none"> <li>• <b>All claims:</b> <a href="#">Exhibit 1</a> - "Social Security Administration Consent Form." The VCF will use this to obtain the victim's earnings history since 1998. If the victim received disability benefits prior to death, the SSA will provide the primary and secondary conditions that are the basis of the disability and the disability onset date. If the victim did not have a Social Security number, you must submit other evidence of earnings, with an explanation.</li> <li>• <b>For NYPD officers and FDNY firefighters,</b> submit <a href="#">Exhibit B1</a> - "Authorization for Release of Pension Records and Health Information by New York Individuals and Entities." The VCF will use this to obtain information about any accidental death benefits, as well as the information required to calculate any earnings and benefit loss for the victim's FDNY or NYPD employment.</li> <li>• <b>If the victim was found to be disabled prior to death by the New York State Workers' Compensation Board,</b> you must provide the victim's Workers' Compensation claim number. The VCF will use this to obtain information about the victim's disability.</li> <li>• <b>If the victim was not found disabled prior to death due to an eligible condition by the SSA, a NYC pension program, or the New York State Workers' Compensation Board, and you are seeking compensation for loss of earnings prior to death,</b> you must submit a disability determination from another entity for the VCF to consider calculating past lost earnings. For example, you may show that another government entity or a private disability insurance company found that the victim's ability to work was reduced because of an eligible condition. In rare cases, the VCF may accept a disability opinion from a qualified private physician if it is sufficiently specific and well-supported by objective testing or treatment records.</li> </ul>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p>
<p>When calculating loss of future earnings, the VCF will include a 401k employer contribution equal to 4% of base salary and \$2,400 per year for health insurance, unless you submit sufficient evidence that the victim's employment benefits were greater than these standard default values.</p> <p>To claim loss of benefits greater than the standard default values, you must submit the following:</p> <ul style="list-style-type: none"> <li>• Documentation about the victim's health care plan that clearly identifies the amount of the employer's contribution.</li> <li>• Documentation of the amount the employer agreed to match or contribute to a 401k or other retirement account.</li> <li>• If the victim participated in a defined benefit pension through their employment, you must submit information that will enable the VCF to calculate the value of the pension the victim would have earned but for their death due to an eligible condition, and the value of the pension the victim did, in fact, earn, if applicable. As each pension plan is unique, please see <b>Section 2.2 of the VCF "<a href="#">Policies and Procedures</a>" document for more information on documents to support loss of pension.</b></li> </ul>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p>

4. Collateral Source Payments (as applicable):	Documents Required
<p>The VCF cannot award compensation without complete information about any benefits the victim or the victim’s beneficiaries have received, or are entitled to receive, from other sources as a result of the victim’s death. Some types of compensation may not be offset under VCF policies (e.g., charitable gifts and deferred compensation such as after-death distribution of a 401k), but you should submit documentation of all payments related to the victim’s death so that the VCF can assess whether they must be offset.</p> <p><b>The VCF must be able to identify the amount of the benefit and the time period during which the compensation was received or is expected to be received (if not paid in a lump sum). This information is required regardless of beneficiary; any compensation received by anyone in connection with the victim’s death may be offset from the VCF award.</b> Submit all of the following documents, as applicable:</p>	
<ul style="list-style-type: none"> <li>• <b>SSA:</b> If the victim’s spouse or dependents received survivor benefits from the Social Security Administration, you must submit an <a href="#">Exhibit 1</a> - “<i>Social Security Administration Consent Form</i>” for <u>each</u> beneficiary. The VCF will use this to obtain a complete history of SSA survivor benefits. <b>If the victim had minor children, you must submit an Exhibit 1 for each child so that the VCF can confirm whether or not they are receiving survivor benefits.</b> An Exhibit 1 submitted for a minor must be signed by someone authorized to act for the minor, and you must also submit evidence of that authority, such as an original or certified birth certificate or guardianship document. You do not need to submit documentation of SSA’s \$255 lump sum death benefit, as the VCF will assume it was paid whenever a victim was married or had minor or dependent children at the time of death.</li> </ul>	<p><input type="checkbox"/> Yes</p>
<ul style="list-style-type: none"> <li>• <b>Workers’ Compensation:</b> If the victim’s spouse or dependents applied for death benefits or reimbursement of burial expenses from the New York State Workers’ Compensation Board, you must provide the Workers’ Compensation claim number. The VCF will use this to obtain information about any benefits or settlements paid. If you have filed a claim for workers’ compensation death or survivor benefits or burial expense reimbursement with another state agency, with the U.S. Department of Labor, or in another country, you must provide a copy of any decisions that were made on the claim and documentation of all benefits or settlements awarded.</li> </ul>	<p><input type="checkbox"/> Yes</p>
<ul style="list-style-type: none"> <li>• <b>Disability Pension:</b> If the victim participated in a pension program other than FDNY, NYPD, or NYCERS – for example, NYSLRS, FERS, Department of Defense, or a union pension plan – you must provide complete documentation of any death benefits and/or survivor pension available to the victim’s beneficiaries. As each pension plan is unique, please see <b>Section 2.2 of the VCF “Policies and Procedures” document for more information.</b> The following worksheets can be found on the VCF website and should be submitted with your claim as appropriate: <ul style="list-style-type: none"> <li>• <a href="#">NYCERS and NYSLRS Worksheet</a> - submit with the claim if the victim worked for an agency that is a part of NYCERS or NYSLRS and you are claiming loss of pension benefits.</li> <li>• <a href="#">Union and Defined Benefit Plan Worksheet</a> - submit with the claim if the victim had a defined benefit plan through a union, employer, or other entity.</li> </ul> </li> </ul>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p>
<ul style="list-style-type: none"> <li>• <b>Private Disability Insurance:</b> If the victim received short-term or long-term disability benefits, and the insurer then paid survivor and/or death benefits to the victim’s beneficiaries, you must provide complete documentation of all payments.</li> </ul>	<p><input type="checkbox"/> Yes</p>
<ul style="list-style-type: none"> <li>• <b>Department of Veterans Affairs:</b> If the victim or any of the victim’s beneficiaries received, or are receiving or have applied to receive, disability benefits, death benefits, or a death or survivor pension from the VA, you must notify the VCF. We will obtain the information needed directly from the VA. If you have a copy of the victim’s rating decision, it may speed up the process if you submit it.</li> </ul>	<p><input type="checkbox"/> Yes</p>
<ul style="list-style-type: none"> <li>• <b>Public Safety Officers’ Benefits Program (“PSOB”):</b> If the victim or any of the victim’s beneficiaries applied to receive a disability or death benefit from PSOB, you must notify the VCF. We will obtain the information needed directly from PSOB. If you have a copy of the decision and amount awarded, it may speed up the process if you submit it.</li> </ul>	<p><input type="checkbox"/> Yes</p>
<ul style="list-style-type: none"> <li>• <b>Other Benefits Programs:</b> If the victim or any of the victim’s beneficiaries received, or applied to receive, compensation from any other source for compensation in connection with the victim’s death, you must submit documentation sufficient to identify the amount of the compensation and the time period during which it was received or is expected to be received (if not paid in a lump sum). For example, submit documentation of any death benefit or burial expense reimbursement from the victim’s union, professional or social organization, or mutual benefit society.</li> </ul>	<p><input type="checkbox"/> Yes</p>