NEW YORK CITY FIRE PENSION FUND

ONE BATTERY PARK PLAZA, 9TH FLOOR
NEW YORK, NY 10004
(929) 436-0099

RESET FORM

WORLD TRADE CENTER DISABILITY LAW

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This form can be filled out online. Once completed, print the document, sign and return to the Fire Pension Fund. These instructions will not appear on the print out.

Member Information:

Tax ID No. Reference No.

First Name MI Last Name

Address Apt

City State Zip Code

Rank: Select One Unit: Date Appointed:

TYPE OF QUALIFYING CONDITION: [Please check applicable box(es)]

☐ Diseases of the upper respiratory tract & mucosae, including rhinitis, sinusitis, pharyngitis, laryngitis, vocal cord disease, and upper airway hyper-reactivity, or a combination of such conditions.
Please specify:

☐ Diseases of the lower respiratory tract, including but not limited to, tracheo-bronchitis, bronchitis, chronic obstructive pulmonary disease (COPD), asthma, reactive airway dysfunction syndrome, and different types of pneumonitis, such as hypersensitivity, granulomatous, or eosinophilic.
Please specify:

☐ Diseases of the gastroesphageal tract, including esophagitis and reflux disease, either acute or chronic, caused by exposure or aggravated exposure.
Please specify:

☐ Skin diseases such as conjunctivitis, contact dermatitis or burns, either acute or chronic, infectious, irritant, allergic, idiopathic or non-reactive in nature, caused by exposure or aggravated exposure.
Please specify:

☐ New onset diseases resulting from exposure, as such diseases occur in the future, including cancer, asbestos-related disease, heavy metal poisoning, and musculoskeletal disease.
Please specify:

☐ Diseases of the psychological axis, including post-traumatic stress disorder, anxiety, depression, or any combination of such conditions, or new onset diseases resulting from exposure, as such diseases occur in the future, including chronic psychological disease.
Please specify:

Member Signature: _____ Date: