



9 MetroTech Center – 6th Floor, Brooklyn, New York 11201
World Trade Center Disability Law
Addendum to Application for Disability Retirement

To: Fire Commissioner Date of Application: _____
c/o Bureau of Uniformed Payroll and Pension

Name: _____ Social Security Number: _____

Rank: _____ Unit: _____ Tax REG. #: _____ Telephone #: _____

Date of Appointment: _____

Home Address: _____

Type of Qualifying Condition: (please check applicable box(es))

- Diseases of the upper respiratory tract and mucosae, including rhinitis, sinusitis, pharyngitis, laryngitis, vocal chord disease, 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 gastroesophageal tract, including esophagitis and reflux disease, either acute or chronic, caused by exposure or aggravated by exposure. Please specify: _____.
- Diseases of the psychological axis, including post-traumatic stress disorder, anxiety, depression, or any combination of such conditions. Please specify: _____.
- New onset diseases resulting from exposures such diseases occur in the future including chronic psychological disease. Please specify: _____.
- Diseases of the skin such as conjunctivitis contact dermatitis or burns, either acute or chronic in nature, infectious, irritant, allergic, idiopathic or non-specific reactive in nature, caused by exposure or aggravated by exposure. Please specify: _____.
- New onset diseases resulting from exposure as such diseases may occur in the future including cancer, asbestos-related disease, heavy metal poisoning, musculoskeletal disease and chronic psychological disease. Please specify: _____.

Respectfully submitted,

SIGNATURE _____