



The following topics were discussed during the conference call held with law firms on April 25, 2018. The meeting covered important updates and reminders about the VCF.

- **General Announcements:** It has come to our attention that unknown persons are attempting to impersonate the VCF in an effort to scam claimants and potential claimants into turning over personal information such as social security numbers and credit card information. We reported these incidents immediately to the Justice Department's Office of Inspector General and to the Federal Trade Commission and we are aware that the congressional sponsors of the Zadroga Act have similarly called on the FTC and the Justice Department to investigate. Please reassure your clients that the VCF no longer asks for a full social security number during our identity validation procedures, and that we will never ask for a credit card. If your client has any question about whether they are talking to the VCF, they are encouraged to hang up and call the VCF Helpline directly so they can be sure they have reached an authorized representative of the VCF who can help them.

Since our call in December, we have rendered over 3,500 determinations, including eligibility and compensation, new claims and amendments. We continue to make substantial progress on one of our most central goals – reducing the amount of time claimants wait for an award. When we spoke in December, we were still clearing out claims that were submitted in 2015 but had turned our attention to claims that were submitted in 2016. At that time, we had over 3,000 of these claims. In the months since our last call, we have cut that number in half; we currently have just over 800 claims from 2016 or earlier that need a compensation determination, either on an original claim or on an amendment, while just about 700 claims from 2016 or earlier need some form of an eligibility determination.

The VCF invested significant energy last year into policy and process changes designed to accelerate the determination of claims, and while we continue to fine tune our internal processes, there are some elements of the overall claim process that lie in your hands more than ours. Several of the items on today's agenda address ways that you can help us help claimants by processing claims more expeditiously.

The most important thing you can do is to please submit a complete claim. With the establishment of our pre-screen process, we are picking up claims much faster these days; all claims filed in 2017 and economic loss claims filed in 2018 are being picked up in pre-screen **now** to make sure that the minimally required documents have been submitted. We are increasing the resources directed to eligibility review so that claims can move into compensation review as soon as an eligibility determination is made, but we want those claims to be ready for compensation review when they get there. Because of this, it is no longer the case that you can wait to submit presence documents or supporting information for compensation because you expect it to be a while before the claim is picked up for review. **As a result, if you have to wait to submit a complete claim, then please wait and do not submit the claim form until you are ready to provide the required supporting documents at the same time.** Our Pre-Screen team is operating with a 60-day grace period, which means they will let a claim sit for 60 days after it is submitted before picking it up to make sure it has those minimally required documents (as a reminder, these are listed on page 27 of the [Policies and Procedures](#) document). Once those 60 days have passed, we are starting that preliminary review.

The number of claims that are being deactivated for lack of these minimally required documents is significant – **more than 55% of claims that receive a missing information letter as part of our pre-screen process are missing either an Exhibit A** (the authorization that allows us to submit the claim to NIOSH), **a claim form signature page, or even one piece of documentation relating to presence. We have deactivated nearly 1,000 claims for just these reasons since**



**January.** Each time we send one of these letters, we know that we will have to pick the claim up again when the required documents come in and then, most likely, we will again have to request missing information once substantive review begins. Please help us cut down on missing information letters and the need to repeatedly – and inefficiently – touch the same claim over and over again by filing all required supporting documentation when you submit the claim.

- **Reminders on Completeness and Timing of Claim Submission:** We continue to pick up claims that cannot be decided because they are missing information – not “unique” information that would only be known once we review the claim, but the general information and documents needed for all claims. The following are some of our more common missing information requests, starting with a very basic one – Eligibility claims.
  - **Eligibility Claims:** Eligibility claims should be straight forward, and should not have issues when they are submitted. Here are a few simple things you can do to make sure we can move through these claims quickly.
    - (1) **Please make sure that all affidavits contain accurate contact information, and alert affiants to expect our call.** We all know how hesitant people are to pick up calls from unknown numbers, so let them know ours is a call they can safely answer.
    - (2) **Make sure affidavits have the language necessary to comply with federal law (28 U.S.C. 1746) regarding unsworn affidavits, i.e., the declaration under penalty of perjury that the contents are true and correct.** We prefer this language to a sworn, notarized affidavit. If you choose to submit a sworn, notarized affidavit rather than including the permissible “penalty of perjury” language, please be sure the notary includes language about the statement being sworn under penalty of perjury (a notary seal that does nothing more than validate the identity of the affiant is not sufficient).
    - (3) **The affidavits need to include as much *specific detail as possible*.** This means specific information such as: what the affiant was doing on 9/11; the specific address/location where they were; how they know the claimant; what the claimant was doing on 9/11 and how they know this; and as much specificity as possible on dates they know the claimant was present and why those dates stand out to them. Affidavits that simply reference “Ground Zero” without supporting details are not sufficient.
  - **Claiming Discrete Past Lost Earnings:** If you are claiming discrete past lost earnings, be specific about exactly what you are filing for, and provide sufficient evidence to support the request, including completing the worksheet that we have provided to help you identify the data points necessary to support these types of claims. Absent the worksheet, proper documentation, explanation, and evidence, the claim for discrete past lost earnings will be denied.
  - **Personal Injury Claims Seeking Replacement Services:** If the only economic loss being claimed on a Personal Injury claim is Replacement Services, an Exhibit 1 is required. This has been reflected in our Missing Information requests for quite some time, but there still seems to be some confusion. Our practice has been that if we send a request for the Exhibit 1 in a claim seeking only replacement services and don’t receive a response in the requested timeframe, we deactivate the claim. **Going forward, if we don’t receive the Exhibit 1 in the requested timeframe, we will review the claim for non-economic loss only and you will need to amend the claim for replacement services loss once you have the Exhibit 1.** The amendment will then be prioritized for review based on the amendment submit date. The Exhibit 1 should not be a difficult document to complete and submit at the time you submit the claim. Please submit it with the claim form so we can avoid having to send a Missing



Information letter, place the claim on hold, and end up touching the claim multiple times before a complete decision is rendered.

- Incomplete Responses to Requests for Pension Information: Our reviewers have told us that even when they send tailored Missing Information letters for specific pension information, they almost always receive incomplete responses. When we send you these Missing Information letters, do not simply reorganize and re-send documents you already provided or submit pension worksheets that are missing critical information. **If you do not respond with the information we need, we will use the generic assumptions if we know the pension was a service pension, or we will deny lost earnings when issuing the award if we are unable to calculate a required offset.** If you do not understand the missing information request, or are unsure about what to provide, please contact our law firm liaisons and they will try to clarify the request.
- Life Insurance Offsets: If you have a deceased claim that includes a large life insurance policy, consider whether that offset is likely to exceed – and therefore negate – the VCF award. Please do not file or amend a claim that will result in a zero award due to large offsets. If you file an amendment where it is clear there will be no change to the award because of large offsets, we will disposition the amendment without doing any substantive review.
- Appeals: We take great pride in our appeal process and our entire team works very hard to make this a smooth process for claimants in which they can provide information to support and supplement their claim. You play an important part in this process, and can help ensure its success on behalf of claimants in several ways:
  - 1) **Be specific about what you are challenging on appeal.** Rather than a non-specific request to appeal “lost earnings,” provide details on the component you are challenging, such as “earning basis,” start of loss,” or “percentage of disability.” The more information we have in advance, the better prepared we can be.
  - 2) **Do not submit medical records on the eve of the hearing.** We prepare for the hearing 4 weeks in advance. If you submit additional records after that time, we may not be able to review them prior to the hearing – which impacts our ability to fully prepare and can create confusion when we try to figure out what has or has not been reviewed and considered.
  - 3) **The hearing is not the appropriate forum to walk through spreadsheets prepared by an economist and do a compare and contrast, particularly when the economist is not there to explain the underlying assumptions.** We have begun to see an increase in the number of economist reports presented at hearings and these issues should be addressed prior to, or outside of, the hearing. We have found that economists rarely use the same assumptions we are using, which makes it difficult to identify the source of the difference in calculations. If you do submit an economist report, either in support of the claim or in support of a hearing, please be sure to include more than a one-page table in order for us to try to parse through where the calculations may differ. We need to know the underlying assumptions and calculations used.
  - 4) **We continue to get appeals of non-economic loss where evidence of CPAP usage and compliance is presented at the hearing. These issues should be – and will be – processed as amendments.** Going forward, if a claimant is certified for Obstructive Sleep Apnea (“OSA”) and you appeal for non-economic loss, our Appeals Team will be reaching out to you in advance of the hearing. If you plan to raise CPAP usage, we will be cancelling the appeal and processing it as an amendment.



- **Expedites:** When you are submitting an expedite request, you **must** call the Helpline after uploading the request and supporting documents so that we are aware of, and can act on, the request. Please **do not** call to request expedite status if the claim form and/or supporting documents have not been submitted, uploaded, or mailed. Those requests are not “ripe” for review and there is no action we can take on the claim until a complete claim is submitted.
- **Supplemental Document Checklists:** We are in the process of preparing document checklists for certain categories of claims and claimants, to identify specific information and documentation we need to process these claims and to be used as a supplement to the general document checklist. We will update you once those checklists are finalized but want you to know that project is in the works.
- **Policy and Procedure Updates and Reminders:**
  - **Policy Document:** We continue to update our [Policies and Procedures](#) document to add clarifying information based on questions we hear on a regular basis. We recently posted an updated version of the document to our website.
    - In the Introductory section, we added links to several website materials and inserted the one-page overview of the VCF Claim Review Process. This overview has been on our website for quite some time and we thought it would be useful to include it in the Policy document, particularly for those who are not as familiar with our review process. We also updated the eligibility and compensation review sections to better explain the different steps in the “preliminary” review of a claim – also known as “pre-screen” – versus the substantive review activities. These updates included adding some detail about when claims are deactivated and why.
    - In Sections 1.3 (c) and (d), and the “Chart of Litigation Settlement/Dismissal Rules,” we added clarification about lawsuits that are filed after the lawsuit policy changes that were made in November 2016. While we clarified that claimants with newly covered conditions would have some leeway to allow them to receive compensation from the VCF when the timing was such that equity required an exception to the statutory language, that clarification was not carte blanche to file lawsuits now. The VCF remains a litigation alternative program; apart from the lawsuits that are specifically allowed by the statutory language, claimants must waive their rights to file a lawsuit before participating in the program. They cannot file a lawsuit now, wait to see if it favorably settles, and then dismiss it if it does not and still pursue their claim with the VCF. Accordingly, we have clarified that the rule for lawsuits and newly covered conditions applies only to lawsuits filed before the date on which we announced the rule. Any lawsuit (apart from one allowed by the statute) filed after November 2016 will bar a VCF claim regardless of when it is dismissed.
    - Specific to demonstrating presence at the site, we have included new information specific to FBI employees and we have updated the information for FDNY EMS members. These changes reflect conversations with these entities and their efforts to help ease the burden on claimants.
    - We added a new Section 1.9 specific to claims filed on behalf of a deceased victim or a minor victim to better explain the documents and information that are needed in these situations. The requirements themselves are not new – but separating it out in this manner makes the information easier to understand. We also updated the information in section 6.4 (a) specific to Personal Representatives.



- In the sections regarding how loss is calculated, we added clarifying language regarding the treatment of VCF1 non-economic loss awards when evaluating a VCF2 claim; clarified the information specific to claimants who receive SSI benefits; updated the information specific to NYCERS members who are claiming loss of earnings and pension benefits; and added language regarding the requirement that an Exhibit 1 must be submitted even if replacement services is the only type of loss being claimed. We also updated the Collateral Offsets section specific to Social Security survivor and dependent benefits and information about the WTC Volunteer Fund. Lastly, we added a new section 2.6 with information on withdrawing a prior claim for economic loss.
- The last changes include new information specific to claimants who file USVSST claims; new information with examples about when an amendment may not result in a change to the award, and we added clarification regarding attorney expenses and fees related to proceedings in Surrogate's or probate court.
- Personal Injury ("PI") to Deceased Claims/Superseding Claims: Because we are aware that there is confusion about the handling of PI claims when the claimant dies, we are working on updated procedures that are more specific to the circumstances of the PI claim – meaning the status of the claim – at the point when we are notified the individual has passed away. As part of this effort, we are also revamping the correspondence that is mailed in this situation so it is very clear exactly what is happening to the PI claim and the next steps that need to be taken. You will also see some new "disposition" letters to close out amendments if they are filed on these claims when it is not appropriate to do so.

As a general rule, when we are notified that a victim has passed away, we will stop processing the PI claim until the proper Personal Representative ("PR") is verified. This means some PI claims will be duplicated or superseded in the system and appear "cancelled," while in other cases, the claim may be deactivated until we complete whatever action is needed on the PI claim. We are working to make sure the new letters are very clear in explaining the status that will be shown in the system.

There are certain exceptions to this "stop processing" rule:

- The first happens in very few instances and is very much about timing – if the PI claim has already been authorized for payment and delivered to the DOJ budget office for processing, the payment will proceed based on the instructions that were in place at the time the payment was authorized. Once the payment has been confirmed as issued, we consider the PI claim to be "closed." No further action will be taken specific to this claimant/victim until a wrongful death claim is filed. Or, if the death is not related to an eligible condition, we will not take any action unless a PR amendment is filed on the PI claim along with a corresponding compensation amendment.
- The second exception is for those instances where the amount of the PI award had already been communicated to the claimant through either an award letter or a Missing Information-Loss Calculation letter, but the claim has not yet been authorized for payment. In these instances, once the PR is validated, we will pay the PI non-economic loss award up to any limit in the Letters of Administration ("LOA"). Note that we will not request new LOAs at this point in the process, but will instead determine whether or not a portion of the non-economic loss can be paid based on what is submitted with the PR documents.

To address the question of whether the PR documents should be submitted via a PR amendment on the PI claim, or through a new wrongful death registration, please consider the



following: **In all scenarios, you should only file a PR amendment if you know with certainty that the death was not 9/11-related.** Otherwise, a wrongful death claim should be filed. We can relate the two claims and use the validated PR from the wrongful death claim to make any payment on the PI claim. If we realize later in the process that the death was not 9/11-related, we can change the claim type on the second claim from wrongful death to PI. If you file both a PR amendment and a new wrongful death claim, we are going to disposition the PR amendment and only proceed with review of the wrongful death claim.

If we do pay a portion of the PI claim, we will send a revised award letter with the award equal to the amount of the payment. Once payment is issued, the PI claim is considered “closed” and when applicable, the remainder of the original PI award, along with any open amendments on the PI claim, will be recalculated under the wrongful death claim.

We are making these changes in an effort to provide the family with whatever payment is allowed under the PI claim, while saving you and the family from having to go to the courts twice in cases where the LOAs are limited (once for the PI award and again for the wrongful death award).

- **Wrongful Death Claims:** When completing a claim form for a deceased victim, **you should select “Yes” to the question, “Did the decedent die as a result of his or her 9/11-related physical injury?” unless you know with 100% certainty that the victim did not die of an eligible condition.** If you submit a claim on behalf of a deceased victim and you do not intend to pursue a wrongful death claim, you should select “No” when answering the question, “Did the decedent die as a result of his or her 9/11-related physical injury?”

If you answer the question by selecting “Do Not Know,” you bypass a series of questions that are needed to calculate a wrongful death award. Please only use “Do Not Know” when you: (1) truly don’t know; **AND** (2) you do not intend to seek wrongful death losses. It is much easier for us to change a claim from wrongful death to PI than the other way around because if you don’t answer the question about cause of death as “Yes,” you won’t be asked the questions that provide the information we need if it is, in fact, a wrongful death claim. **Even if you are still confirming the cause of death when registering the claim, if you intend to claim wrongful death losses, choose “YES.”** We can easily change it to a PI claim later if needed.

If you choose to select “Do Not Know,” then you must also submit a written statement indicating either: (1) you are not claiming that the decedent’s death was the result of an eligible condition; or (2) you do not intend to pursue a wrongful death claim.

If your claim is submitted and we are not able to determine the cause of death, your claim will be deactivated before eligibility is determined. This means we will not review the claim until you submit the required documents and the claim is reactivated for review.

If you have Letters of Administration with limitations, and those limitations reference a specific document such as an underlying petition or decree/court order, then we need you to provide those documents with the LOA. Otherwise, we have to request that information from you and it delays the processing of the claim.

- **NYCERS Update:** On our December call, we shared that we had met with NYCERS leadership to educate them about VCF policies and procedures, and to discuss how to help facilitate the processing of VCF claims for NYCERS members. At that time, we had agreed, in principle, to resume a direct data exchange to obtain pension information and documentation directly from them, but we were working out the logistics to implement the exchange.

The data exchange is now up and running and, after test runs, we are confident that it will



provide us with the information we need to process the claims for *living* NYCERS members in a timely fashion going forward. As a result, and effective immediately, we ask that you please refrain from contacting NYCERS directly to obtain these documents, as that will result in a duplication of effort and may delay claims processing by tying up limited resources at NYCERS. This is similar to the process we have with the Fire and Police Pension Funds, which has worked very well. Note, however, that this data exchange applies only for *living* NYCERS members.

- If you have a claim for a *deceased* NYCERS member – whether it is a Personal Injury or Wrongful Death claim – you will need to obtain information from NYCERS on your own. NYCERS has additional requirements that must be met in order to release information on behalf of deceased members. Once NYCERS provides you with the requested information for your VCF claim, you should amend your claim and submit the information to us. Please complete the NYCERS worksheet and provide supporting documentation for deceased members when submitting your claims. You no longer need to complete the worksheet for living NYCERS members.
- Last month, NYCERS posted on their website an update regarding their World Trade Center policies and procedures. Of note, in response to the VCF’s clarification of its policies and procedures, a policy change was made in situations where a NYCERS member files a WTC disability application for both a psychiatric condition and a physical condition. In those cases, if the psychiatric condition is approved for disability first, NYCERS will continue to evaluate and render a decision on the physical condition as well. That way, if approved for a WTC qualifying physical condition, the member may be eligible for a VCF economic loss award. We are very pleased that our efforts to educate NYCERS on how its policies and processes impact VCF claims resulted in such a meaningful change for its members affected by 9/11.
- **Surrogate’s Courts Update:** On our December call, we also mentioned that we met with representatives from the New York State Surrogate’s Courts to discuss the VCF and the processing of claims for deceased victims. We asked if the courts would consider removing certain limitations in Letters of Administration that delay our ability to process and pay claims and establish uniform language in the Letters across the various courts. We continue to be in contact with the courts but do not have any developments to report on that front; once we do, we will share them with you.
- **NIOSH Updates:** We meet regularly with the NIOSH team, as well as representatives from the WTC Health Program and their Clinical Centers of Excellence (“CCE”). Dr. Howard and members of his staff were at the VCF recently to discuss a number of current issues, including CCE capacity, particularly for survivors. They reported that they will be opening a survivor Surge Clinic later this summer. The contract for the clinic is in progress, and they plan to eventually ramp up to 750 appointments per month. They also hope to have a scheduling system that will go as far as one year out. A letter will be going out shortly to survivors who have been waiting for an initial appointment, which will provide general information about the Surge Clinic. The WTC Health Program will send a second letter closer to the opening date of the Surge Clinic with information on how to make an appointment. Along with NIOSH, we are very hopeful that this will alleviate some of the strain on the WTC Health Program for appointments. It is also helpful if you can avoid suggesting to claimants that they repeatedly call the WTC Health Program call center or the CCE to get an appointment.

NIOSH has also reported receiving calls to their call center from claimants asking for a “verbal confirmation” of their certification date. We will not accept a verbal confirmation of certification



dates. We need the actual letter with the original date. Their call center has also mentioned calls from individuals who are sick but were not in the WTC Health Program geographic disaster area and are therefore not eligible for the WTC Health Program. Please consider this as you advise your clients on their eligibility for both programs.

- **Claimant Portal Updates:**

- **Amendment functionality:** We rolled out several changes to our online system in March which we hope enhances its utility. The most significant changes were to the Amendment functionality. A new Eligibility amendment option was added for amendments that are not condition amendments – such as amendments for presence, lawsuits, or to provide additional information on previously denied claims. The Compensation amendment screen was updated with three new options: (1) withdraw lost earnings; (2) request consideration for the WTC Health Program Disability Evaluation Process; and (3) submit a completed WTC Health Program Disability Evaluation report. We also made a number of text updates to include more detailed information specific to each type of amendment.

We updated the PR Amendment functionality to prevent a PR amendment from being filed on a personal injury claim if the victim passed away from a 9/11-related injury; in those cases, a new deceased claim should be filed. The details of these changes, along with screen shots and tips, can be found on our website under “Information for Law Firms.”

- **Social Security Numbers:** We have seen an uptick in Registrations recently where the SSN is entered as “000-00-0000,” “123-45-6789,” or any other generic/ inaccurate number. This causes significant problems in our system because the system automatically identifies potentially related claims based on matching SSNs. What does this mean from a processing perspective? It means we appear to have about 600 claims for the same individual – and we need to spend time trying to reconcile multiple claim issues that really aren’t multiple claims. We stop processing a claim when there is a multiple claim or data discrepancy issue and these take time and effort to resolve. **Using a dummy SSN is not an acceptable “place holder” while you gather additional information or documents. Please wait until you have the SSN before even starting the Registration – as soon as the SSN is in the system, even if the Registration is incomplete, the “potential related claim” issue will surface.** And, since you cannot change an SSN once the registration is submitted, this is an extra step we have to take on your behalf.
- **System Maintenance:** We know there has been more frequent maintenance-related downtime over the last several months, and we appreciate your understanding when this occurs. The majority of these maintenance activities are security-related and required by DOJ in order to continue to operate the system. Thursday nights, beginning at 8:00 p.m. are our routine maintenance nights when you should expect the system to be unavailable.

- **Miscellaneous:**

- **Cover Letters sent with hard copy documents:** We continue to receive hard copy mail from law firms that includes documents for multiple claims in a single envelope, with a cover letter that lists each claim for which there is a document in the mailing. In these instances, because of privacy issues, we need to redact the names and/or claim numbers of the other claimants, essentially creating a different version of the cover letter for each claim that was listed in the letter. We then upload redacted versions of the letter to each claim. This takes quite a bit of time for our Intake team. We understand your temptation to provide a cover letter identifying all of the claims for which you are submitting information in a mailing, but **the practice is actually unnecessary for our purposes and results in additional work, so please do not submit**



these “multiple claim” cover letters in the future. As long as the documents are clearly marked for their respective claim, or you include a cover memo for *each* claim’s materials, the general cover letter is not needed.

- **Closing Remarks from Rupa**

We appreciate your commitment to the 9/11 community, and the collaborative spirit in which we work together toward our shared goal of continuous claim process improvement and faster turnaround times. Expedient claim determinations are my primary goal, and I appreciate everything you all have already done to try to help us make progress towards that goal.

If you can implement many of the suggestions we have made on today’s call, I believe we can make even more progress toward getting determinations to our very worthy community more quickly. VCF claim reviewers are dedicated to this mission, but they depend on the information they receive from you to properly consider each claim. Please help them by providing the information they need, in a timely fashion, with accuracy and instruction on where to find relevant details. As we look at the volume of claims that exists, if we are to continue to make progress in reducing the time it takes to process them, we have to honestly gauge the cost of trying to track down missing information, pouring over records to find what is relevant, and formulating arguments on behalf of individual claimants. We remain determined to make significant progress, but we can only do so much - we need you to be the advocates for your clients, and experts on their claims.

Finally, a reminder about our Law Firm Liaisons. They have the knowledge and experience to answer your claim-specific and policy questions, and I can’t emphasize enough how important it is that you call them, not other members of the VCF team, with questions. Of course, the Helpline should be your first call, since many questions can be resolved by them; but if you have a question or concern that is not handled by our Helpline, please reach out to the Law Firm Liaisons. This will ensure that you get the best and fastest answers to your questions, and that all necessary follow-up is thorough.

On behalf of Jordy, Stefanie, and myself, I thank you all for your time and your continued commitment.

- **Questions: The following questions and answers were discussed:**

1. **We understand the need to submit a complete claim to the VCF, but in some cases we don’t have the luxury of waiting before submitting a claim, especially when the claim may be up against the statutory registration deadline. Is there a way to modify the VCF claimant portal so that we can begin compiling documents and information online, then let the VCF know when it’s complete and ready for review?**

The timeliness requirement - meaning filing a claim within two years of the time you knew or should have known your condition was related to 9/11 – is met by submitting Registration. You do not have to submit the claim for the timeliness requirement to be met. The only information required to register the claim are the basic claimant details, including a complete social security number (WTC Health Program certifications are not required to register). You tell us that a claim is ready for review by **submitting** the claim. When you click the **Submit** button, *that* is what tells us that the claim is ready for review. Please do not submit the claim until it is complete, including not just the claim form, but the required supporting documents.

2. **What is the time span for receiving the award determination after the “Determination Made: Processing” status shows on the claimant portal?**

During the “Determination Made: Processing” period, we are doing a final quality check before



sending your award letter. The quality check process may take several weeks. The timeframe depends in large part on whether we are missing a document that is necessary for payment. Please keep in mind that claims remain in this status until the award letter is issued, and this includes claims where we have notified you of the amount of the award through a Missing Information-Loss Calculation letter (“MILC”), but are waiting for you to submit the missing documentation requested in that letter. As you know, we will not issue the award letter until we have all the information necessary to pay the claim, so the faster you respond to any missing information request, the faster we can complete our review and issue the award letter.

- 3. Regarding the WTC Health Program, we had a number of claims that were fully submitted before the change in the Private Physician process. After the rule changed, each of the claims has been moved to inactive status. While claimants wait for an appointment with the WTC Health Program, their claims remain deactivated for several months to one year. Is the claim still going to be valid once they get their appointment?**

It is not our policy to deny claims that are waiting for certification from the WTC Health Program. Those claims will stay in an inactive status until certifications are issued, at which point the claim will be reactivated and queued up for review. When you receive the certification letter, please upload it to the claim. This triggers our system to reactivate the claim and we will know it is ready for review.

- 4. What do we need to submit to establish a claimant passed away due to a 9/11-related condition? Do we need to tie the individual’s death to their exposure?**

For deceased claims, we need to establish that the cause of death is tied to the claimant’s eligible condition. We need a death certificate or physician letter that states the claimant’s death was caused by his/her eligible condition. The death certificate does *not* need to draw a direct link between the condition and 9/11 exposure, but it does need to draw a link between the death and the certified condition. For example, if the certified condition is cancer, we need a death certificate or a letter from the physician that shows the cause of death as the specific eligible cancer.

- 5. How long is a claim typically in “Special Master Review” status on the claimant portal? We know this status means the claim is awaiting Rupa’s review.**

I review claims in priority order. The time a claim is in “Special Master Review” will vary because I always begin with the oldest claims in my queue first. This means newer claims may end up waiting longer if they moved to my queue while I still have older claims to decide.

- 6. If the Letters of Administration have a monetary limit, will you work with us to get the limitation lifted?**

When we receive Letters of Administration (“LOAs”) that only allow the VCF to pay up to a certain amount, we will issue a Missing Information-Loss Calculation letter (“MILC”). The MILC will include the award amount and the underlying assumptions, as well as a detailed breakdown of the award that will allow you to see how the award is being allocated between the PI claim and the Wrongful Death claim. You may use this letter to petition the Surrogate’s Court for unlimited LOAs or LOAs with a monetary limit that allows for payment of the full VCF award. If you receive the MILC and know the claimant will want to appeal the award, please let our Law Firm Liaisons know. We will then consider whether the existing LOA allows us to issue the full award letter, including appeal right, so that you can take the appeal and wait for the post-hearing determination before going back to the courts for the revised LOAs.