



New York Division of Military and Naval Affairs
330 Old Niskayuna Road
Latham New York 12110-3514

Received Date
DMNA Use Only

Application for World Trade Center Notice For Authorized Representatives DMNA 911-A2

Email Address

Phone Number

Social Security Number

Please return this application to DMNA in an envelope marked "Personal and Confidential 9/11 Claim"

You must file this form with the New York Division of Military and Naval Affairs on or before September 11, 2026. If the service member is permanently disabled or becomes permanently disabled in the future, you will also need to file the Application for World Trade Center Accidental Disability Presumption (DMNA 911-B) to receive benefits.

Information About You:
1. Name: (First, Middle Initial, Last)
2. Authorizing Document:
3. Address: (Including Street, City, State and Zip Code)
4. Telephone Numbers: HOME ( ) WORK ( ) CELL ( )
5. Service Member's Name: (First, Middle Initial, Last)
6. Relationship to Service Member

Table with 3 columns: Locations, Dates, Nature of the Work/Service Performed. Rows include World Trade Center Site, Fresh Kills Landfill, New York City Morgue, Temporary Morgue on Pier, Locations on the West Side of Manhattan, Barges between the West Side of Manhattan and the Fresh Kills Landfill.

If you worked at any sites not listed above, list the site with the address below:

Table with 3 columns: Locations, Dates, Nature of the Work/Service Performed. Empty rows for additional site information.

Description of Other Duties performed during the WTC rescue and recovery or clean up operations:

[Empty box for description of other duties]

**MEDICAL RECORDS RELEASE AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize the release of all relevant medical psychiatric, psychological, hospital and health insurance records, including specially protected or listed records such as those relating to drug abuse, alcoholism, genetic testing, psychiatric care and/or confidential HIV/AIDS related information.

All pertinent records are authorized to be released to the New York Division of Military and Naval Affairs (DMNA) and will be used to determine a WTC disability and/or death claim.

I understand that I have a right to revoke this authorization at anytime. I understand that if I revoke this authorization, I must do so in writing and it may impact my ability to qualify for disability or accidental death benefits provided under NYS CLS MIL § 217.

By signing below I acknowledge that I have read and accept all of the above and hereby authorize any hospital, medical group, or other organization to disclose all information to the New York Division of Military and Naval Affairs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign your name in full below:

I certify that the information on my application is true and complete to the best of my knowledge. I further certify that I am aware that any false statement I knowingly make or permit to be made on this or any record of DMNA constitutes a crime punishable by potential incarceration and other sanctions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC**

State of \_\_\_\_\_ County of \_\_\_\_\_ On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
NOTARY PUBLIC (Please sign and affix stamp)

**\*Social Security Disclosure Requirement**

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is voluntary. Disclosure will be used in the processing and verification of the data supplied to determine eligibility for benefits. However, failure to submit requested data may delay or prevent further processing of this application.

## LEGAL AUTHORITY FOR CLAIMS FILED ON A SERVICE MEMBER'S BEHALF

Only individuals authorized by law, or a court order, may pursue a claim on behalf of a service member. In order to process a claim filed by someone other than the service member, DMNA must first validate the individual's authority to represent the service member for the claim. Different types of documentation are required depending on the representative's relationship to the service member. Individuals filing a claim on a service member's behalf must submit the documents that are required for DMNA to validate their authority as an authorized representative. The list of required documents is explained below according to the type of claim you are filing. DMNA does not require applicants to submit original documents but reserves the right to request further documentation as may be necessary to verify claims.

### a. Authorized Representative of a Service Member

- (1) Attorneys: Applicants should submit a fully executed Letter of Representation detailing the scope and duration of representation.
- (2) Authorized Representatives: Applicants should submit a fully executed Power of Attorney pursuant to New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, [www.nysenate.gov](http://www.nysenate.gov) or [www.nyassembly.gov](http://www.nyassembly.gov).

### b. Personal Representative of a Deceased Victim

- (1) Death Certificate: If possible, applicants should submit the "long form" version of the death certificate, which lists the cause of death.
- (2) Letters of Administration, Letters Testamentary, or other Court Order showing the appointment as the Personal Representative, Executor of Will, or Administrator of the Estate.
  - i. Court orders may include limitations. Some limitations do not interfere with DMNA's ability to validate the Personal Representative, while other limitations may impact DMNA's ability to process the claim.
  - ii. If a Letter of Administration, Letter Testamentary, or other Court Order includes limitations that interfere with DMNA's ability to process or pay a claim, DMNA will advise the applicant in writing and allow for time to obtain the appropriate documentation.
  - iii. Proof of Cause of Death: This may be included on the SM's death certificate. If it is not included on the death certificate, other documents sufficient to show proof of cause of death may include a hospital discharge summary, or the service member's final medical records.

c. Claims with Co-Personal Representatives: If the court has appointed multiple individuals as co-Personal Representatives for the victim's estate, the co-Personal Representatives must designate among themselves who will serve as the Lead Personal Representative ("Lead PR"). The Lead PR is the individual who DMNA will primarily communicate with regarding a claim, and the individual to whom DMNA will issue any payment on the claim.

d. Guardian of an Incapacitated Adult: If the court has appointed a guardian for an incapacitated adult, the applicant must provide a Court Order Appointing Guardianship. DMNA does not generally accept Powers of Attorney to fulfill this requirement.

### Personal Privacy Protection Law

The Division of Military and Naval Affairs is required by law to maintain records to determine eligibility for benefits. Failure to provide information may interfere with the timely payment of benefits. The Division may be required to provide certain information to participating employers.