



**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
Accidental Disability Presumption
DMNA 911-B**

Email Address

Phone Number

Social Security Number

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

INSTRUCTIONS: Please type or print clearly in blue or black ink. The application must be signed on the reverse side.

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| INFORMATION ABOUT YOU (The Service Member) | |
| 1. Name: (First, Middle Initial, Last) | 2. Date of Birth: |
| 3. Address: (Including Street, House or Apt #, City, State and Zip Code) | 4. Telephone Numbers: HOME() WORK () CELL () |
| 5. Current Employer: (If retired, last employer) | 6. Military Retirement Date: |
| 7. I am permanently disabled because of the following condition or impairment of health: (Use additional sheets if required) | |
| 8. Have you filed an Application for World Trade Center Notice? (Form DMNA 911-A or DMNA 911-A2) Yes No | |

YOU MUST HAVE FILED A WORLD TRADE CENTER NOTICE BY SEPTEMBER 11, 2026:

Medical Record Information prior to September 11, 2001

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| 9. I HAVE BEEN TREATED BY THE FOLLOWING DOCTORS: (Use DMNA Form 9/11-H if additional sheets are required) | | |
| Primary Care Physician: | Doctor: | Doctor: |
| Internal Med/Family Practitioner: | Medical Specialty: | Medical Specialty: |
| Address: | Address: | Address: |

| | | | |
|--|---------------------|---------------------------|---------------------|
| 10. LIST HOSPITALIZATIONS, IF ANY: (Use DMNA Form 9/11-H if additional sheets are required) | | | |
| Hospital: | Dates of Admission: | Hospital: | Dates of Admission: |
| Street: | | Street: | |
| City, State and Zip Code: | | City, State and Zip Code: | |

