



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

Received Date

DMNA Use Only

**Application for Conversion of
a Performance of Duty
Disability Pension to an
Accidental Death Benefit**

DMNA 911-D

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 print plainly or type. The application must be signed on the reverse side.

Information About The Deceased Service Member (please print)			
1. Name of Deceased Service Member: (First, Middle Initial, Last)		2. Service Member's Date of Birth:	
3. Service Member's Date of Death:		4. Cause of Death:	

5. LIST BELOW ALL DOCTORS WHO TREATED THE DECEASED: (Use the last box** to name the doctor who performed autopsy.)		
Primary Care Physician:	Doctor:	Doctor:
Internal Med/Family Practitioner:	Medical Specialty:	Medical Specialty:
Street:	Street:	Street:
City, State and Zip Code:	City, State and Zip Code:	City, State and Zip Code:
Doctor:	Doctor:	Autopsy Doctor **:
Medical Specialty:	Medical Specialty:	Medical Specialty:
Street:	Street:	Street:
City, State and Zip Code:	City, State and Zip Code:	City, State and Zip Code:

6. LIST BELOW ALL HOSPITALS WHERE THE DECEASED WAS TREATED: (Use additional sheets if required) (If none, so state)			
Hospital:	Dates of Admission:	Hospital:	Dates of Admission:
Street:		Street:	
City, State and Zip Code:		City, State and Zip Code:	

7. LIST BELOW ALL HOSPITALS WHERE THE DECEASED WAS TREATED: (Use additional sheets if required) (If none, so state)			
Hospital:	Dates of Admission:	Hospital:	Dates of Admission:
Street:		Street:	
City, State and Zip Code:		City, State and Zip Code:	

INFORMATION ABOUT THE APPLICANT			
8. Name: (First, Middle Initial, Last)		9. Date of Birth:	
10. Address: (Including Street, City, State and Zip Code)		11. Telephone Numbers: HOME () WORK () CELL ()	
12. Relationship to Deceased:	13. If Spouse, married to deceased on:	14. Place of Marriage:	

15. LIST ALL CHILDREN AND/OR DEPENDENT PARENTS OF DECEASED SERVICE MEMBER:			
NAME:	DATE OF BIRTH:	NAME:	DATE OF BIRTH:

16. ARE YOU RECEIVING WORKERS' COMPENSATION BENEFITS? YES NO CLAIM NO. _____

17. TO BE ELIGIBLE TO RECEIVE THIS BENEFIT:

- 1) you must be an eligible beneficiary, and
- 2) the service member or an individual on their behalf must have filed an Application for World Trade Center Notice form (DMNA form 911-A) with the New York Division of Military and Naval Affairs on or before September 11, 2026, and
- 3) the service member must not have been retired for more than 25 years at the time of death.

18. As required by DMNA Regulation 27-9 911 Eligibility and Filing Requirements, I have attached the Death Certificate of the deceased service member as well as all necessary documentary evidence of my authority to file a claim on behalf of the service member.

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 the Retirement System constitutes a crime punishable by potential incarceration and other sanctions.

Your 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.

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.

DMNA 911-D

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