



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

Military ID Number (if available)

Received Date

DMNA Use Only

**Request for
Independent Medical
Examination
DMNA
911-G**

Social Security Number [last 4 digits]

XXX-XX-

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.

INFORMATION ABOUT YOU

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-B) ☐ Yes ☐ No

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

Applicants may request an independent medical exam to certify a qualifying World Trade Center condition as defined in DMNA Regulation 27-9 (9/11 Pension Eligibility) by completing this form.

DMNA will refer applicants meeting the criteria set forth herein to a State contracted or State approved IME provider, who will schedule the exam with the applicant and ultimately provide all medical determinations directly to DMNA.

Applicants are entitled to no more than one IME every twelve months and will incur no charges associated with the exam itself.

Applicant Name/Title (Please Print)

Applicant Signature (Sign Name in Full/Date)

RELATIONSHIP TO MEMBER: ☐ Self ☐ Personal Representative ☐ Other _____

(If applicant is not the service member, you must submit original documentation that authorizes you to file.)

***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.