



# Military and Naval Affairs

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

## Supplemental Information Form

**DMNA 911-H**

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. This form is intended to be utilized where a claimant or representative needs additional space to provide information requested in DMNA 9/11 Forms A through F. To ensure this information is timely and accurately reviewed, please note the form this supplemental information relates to. Do not combine responses from separate forms.

### \*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.