



Instructions - Compensation Form for Deceased Victims

This claims process was established under the September 11th Victim Compensation Fund, part of legislation passed by Congress and signed into law by the President. The Fund provides compensation to individuals who were physically injured or the families and beneficiaries of individuals who were killed as a result of the terrorist-related attacks of September 11, 2001. The United States Department of Justice and the Special Master issued final regulations to implement this fund on March 7, 2002. Both the United States Department of Justice and the Special Master are committed to ensuring that this program is administered expeditiously, fairly, and in a manner that is sensitive to the needs of those who have suffered as a result of the attacks. To help accomplish these goals, assistance will be made available to all claimants to help them complete this claims process and obtain any and all benefits that will be available to eligible claimants under this fund.

These instructions are designed to help Personal Representatives complete and submit the Compensation Form for Deceased Victims. If you were physically injured as a result of the September 11th attacks, you should use the instructions for the Personal Injury Compensation Form.

Please remember to put Social Security Numbers or National Identification Numbers for you and the Victim on the top of each page and on any additional pages you submit with the Compensation Form.

Where can I go for more information?

Through the Internet – The Victim Compensation Fund web site address is:

www.usdoj.gov/victimcompensation

By telephone – The toll-free Helpline number is 1-888-714-3385 (TDD 888-560-0844). If you are

calling from outside the United States, please call 202-305-1352.

In person – You can also go to one of several Claims Assistance Sites. Because their locations and hours of operation are subject to change, please call the Helpline or visit the website to find the nearest location, directions, and current hours of operation.

Introduction

What is the September 11th Victim Compensation Fund?

The Fund was established by Congress as part of Public Law 107-42 and is designed to bring financial relief to those most devastated by the events of September 11th. Specifically, it provides compensation to:

- Individuals who suffered physical injury as a result of the terrorist attacks
- The families and beneficiaries of those killed as a result of the terrorist attacks

Your participation in the Fund is voluntary. The Fund provides a no-fault alternative to tort litigation. By participating in the Fund process, claimants waive their rights to bring such litigation.

What is included in the Compensation Form for Deceased Victims?

The Compensation Form has four parts:

Part I – Eligibility and Application for Advance Benefits: This identifies the Victim and establishes eligibility requirements. The Personal Representative is the only person who can submit a claim for Victim. This part also allows you to elect for Advance Benefits against the final award.

Part II – Compensation: This part of the form addresses the information and documentation the Special Master needs to calculate the award. It also includes the Personal Representative's proposed plan for distributing the award.

Part III – Attestations and Certifications: This part describes the required notification of filing a claim that you must complete before submitting the Compensation Form. This part also includes your authority for release of information contained in the Compensation Form and your certification that the information in the Compensation Form is true, accurate, and complete.

Part IV – Supporting Document Checklist: This checklist identifies the supporting documentation that you must submit with the Form.

Who should complete the Compensation Form for Deceased Victims?

The Personal Representative submits a claim for an eligible deceased Victim. The Personal Representative is normally the individual who is appointed by a court of competent jurisdiction – such as a State surrogate or probate court – as one of the following:

- The Victim's Personal Representative
- The Executor of the Victim's will
- The Administrator of the Victim's estate.

The process of being appointed a Personal Representative can be complicated in some jurisdictions. You may want to consult an attorney to help you with Personal Representative issues.

In limited circumstances, the Special Master has the authority to appoint a Victim's Personal Representative for the Fund where



a court has not already appointed someone as one of the above.

Do I use this form to apply for Advance Benefits?

Yes. You can apply in Part I – Eligibility and Application for Advance Benefits.

If you already submitted the earlier version of the *Eligibility Form and Application for Advance Benefits* form and did not apply for Advance Benefits through that form, you can use this Compensation Form and do so now.

Where should I mail my completed Compensation Form?

Completed compensation forms should be mailed to the following address:

By regular mail:
Victim Compensation Fund
P.O. Box 18698
Washington, DC 20036-8698

By overnight mail:
Victim Compensation Fund
1900 K Street, NW
Suite 900
Washington, DC 20006
202-822-4485

General instructions

- Please read all instructions carefully before completing this form.
- Review the Supporting Document Checklist in Part IV for the documents that you will need to provide with your form.
- Include both your Social Security Number or National Identification Number and the Victim's Social Security Number or National Identification Number at the top of all pages of the form, and on all additional pages or documents you submit.

What should I do if I already submitted the form entitled *Eligibility Form and Application for Advance Benefits*?

This Compensation Form for Deceased Victims replaces and supplements the earlier version of the *Eligibility Form and Application for Advance Benefits*. It should be used for all claims submitted after March 7, 2002. If you submitted the earlier document, you will **not** have to resubmit information you already provided. However, you will need to do the following:

- Part I – Please provide the claim number you received from the Special Master. Also, if you did not apply for Advance Benefits in your previous submission and you wish to do so now, please indicate this in Part 1.e. Otherwise, you can skip the rest of Part I.
- Part II – Please complete all questions.
- Part III – You must initial, sign, and notarize this part.
- Part IV – Please identify all supporting documentation you are submitting.
- Have a Notary Public (or equivalent for non-U.S. Personal Representatives) notarize your signatures in Part III – Attestations and Certifications.
- Mail your completed Compensation Form so that it is postmarked no later than December 21, 2003.
- Complete all sections of the Compensation Form. Otherwise, the Special Master will not be able to calculate the compensation award.
- Only the Personal Representative may submit a claim for a deceased Victim.
- Please make a copy of your completed Compensation Form before you mail it. The Special Master's office may need to contact you for clarification or

additional information based on what you submit.

- Please send a letter or call the Victim Compensation Fund Helpline if you change your address and/or telephone number between now and December 21, 2003. If the Special Master has questions and cannot locate you, your claim may be deemed abandoned at the end of the program, which is December 21, 2003.
- If you choose to participate in this program, you waive the right to litigate. This waiver of rights could apply to the rights of individuals other than the Personal Representative. This waiver does not apply to a civil action to recover collateral source obligations or to a civil action against any person who is a knowing participant in any conspiracy to hijack any aircraft or commit any terrorist act.

Claims from non-U.S. residents/citizens

- In most cases you must be appointed by a court of law as the Personal Representative of the Victim's will or estate.
- If neither you nor the Victim have a U.S. Social Security Number, you must provide your country's equivalent identification number (such as a national tax identification number). These numbers will be used to track your claim.
- A Notary Public or equivalent for your country must notarize your signature.
- You must notify all family members and potential beneficiaries that you are filing a claim because the waiver of rights applies even if you and/or the beneficiaries are not U.S. citizens.
- Please list the amounts for income, benefits, and collateral sources of income in whatever



currency they were earned. The Special Master will calculate the presumed compensation award amount in the foreign currency and will convert the final award amount to U.S. dollars.

- Unless you have a U.S. bank account, the Advance Benefits award will be paid to you in U.S. dollars via a check from the U.S. Department of Treasury. It will be mailed to the address you provide in Part I.c.

Section-By-Section Instructions

These instructions provide an overview of the questions in each section, provide more detail on certain questions, and identify the supporting documentation that you must include with your form.

Part I – Eligibility

Part I.b – Information about Victim’s Circumstances on September 11, 2001

This section asks for information on the following:

- Was the Victim a rescue worker?
- Where the Victim was killed (please check “other” and provide information if the Victim died somewhere other than on one of the aircrafts, at the Pentagon, or the World Trade Center)

You must submit a certified copy of the Victim’s death certificate (with the embossed, raised seal).

If the Victim was at the World Trade Center, you will also need to submit additional information indicating that the Victim was present at the World Trade Center at the time of the aircraft crashes or in the immediate aftermath on September 11th. Examples include, but are not limited to the following:

- Information from the Victim’s employer showing that the Victim

- was working at the World Trade Center at the time of the attacks;
- An affidavit from the Victim’s employer stating that the Victim was visiting the World Trade Center at the time of the crash (for example, to attend a meeting);
- An affidavit that the Victim was at the site for another reason; or,
- Records of Federal, State, city or local governments.

Part I.c – Information about the Personal Representative

The Act and the regulations require that only one person, the Personal Representative, may submit a claim for the deceased Victim.

You must submit the original court order or other documentation that proves you are the Personal Representative. There are two ways to become a Personal Representative for the Fund:

1) In most cases, the Personal Representative will be the individual appointed by a court of competent jurisdiction as (i) the Victim’s Personal Representative, (ii) Executor of the will, or (iii) Administrator of the Victim’s estate.

2) In *limited circumstances* the Special Master may appoint you as the Personal Representative if (i) you have been unable to be appointed as the Personal Representative and (ii) you demonstrate that no other person has been appointed Administrator, Executor, or Personal Representative of the Victim’s will or estate by a court and (iii) such issue is not the subject of a pending dispute and (iv) you must also provide one the following:

- a) If the Victim had a will, you must provide written proof that *you* are listed as the Executor of the will. You will need to include a certified copy of the will and written proof of all relevant filings you have made to probate the will in court.
- b) If the Victim did not have a will, the Special Master could appoint

you as the Personal Representative if you are the first person in the line of succession according to the laws of intestacy in the decedent’s domicile. To be considered, you will need to

- 1) Submit proof of your relationship to the Victim. Proof might include birth certificates, a tax return, or other documents demonstrating your relationship to the Victim at the time of Victim’s death; and
- 2) Submit proof that you are the next in line of succession according to the laws of intestacy in the Victim’s domicile.

Who is a Personal Representative?

In most cases a **Personal Representative** is appointed by a court of competent jurisdiction, such as a State surrogate or probate court, to be the Victim’s Personal Representative, Executor of the Victim’s will, or Administrator of the Victim’s estate.

What does the Personal Representative do?

- The Personal Representative has the following responsibilities:
- Notify all interested parties (including the immediate family) of the filing
 - Collect the necessary supporting documentation
 - Submit this form
 - Distribute the award in a manner consistent with the rules of the state where the Victim lived (subject to final review and approval by the Special Master).

Part I.d – Information about the Personal Representative’s Attorney or Alternate Contact Person

You are not required to have a lawyer to file a claim. However, you have the right to be represented by an attorney and you should be aware that you will be waiving and



affecting rights to file lawsuits by your submission of a claim.

Please complete this section if you are represented by counsel and indicate if you want either your attorney or another person to deal with the Special Master's office regarding questions about your claim (instead of contacting you directly).

Question:

I am the Personal Representative for a Victim that was a member of the military. Can the Casualty Assistance Claims Officer (CACO) deal with the Special Master's office for me on information requests?

Yes. Please provide the CACO's name, address, and telephone number in Part 1.d.

Part I.e – Advance Benefits Election

Advance Benefits is a payment of \$50,000 to the Personal Representative of a deceased Victim whose family is facing financial hardship. The Special Master deducts the Advance Benefit from the final compensation award.

Please indicate if you wish to apply for Advance Benefits for the Victim's family. Then, check the box showing why you are eligible to apply for Advance Benefits:

- *If the Victim was married or had dependents* – to be eligible the spouse or dependents of the Victim may not have received more than \$450,000 from other sources, such as life insurance, government programs, or employer-provided benefits. (Money received from privately-funded charitable entities should not be included when calculating this amount.)
- *If the Victim was single and had no dependents* – to be eligible the

Victim's family may not have received more than \$250,000 from other sources, such as life insurance, government programs, or employer-provided benefits (Money received from privately-funded charitable entities should not be included when calculating this amount.)

Certification of Consent from Spouse or Dependents (for Advance Benefits only)

Please complete this only if you are applying for Advance Benefits and you are not the Victim's spouse. If this applies to you, the Advance Benefits could be authorized immediately after a determination of eligibility if you provide written consent from the spouse (or dependents if there is no living spouse) to apply for Advance Benefits. You will also need to attach the written consent to the Compensation Form.

You must initial that you read and understand this certification and attached the written consent.

Acknowledgement of Waiver of Rights

If you are applying for Advance Benefits, you must acknowledge your understanding that by submitting a substantially complete Eligibility Form (Part I of the form) requesting Advance Benefits you are waiving the right to file a civil action (or be a party to an action) in any Federal or State court relating to or arising out of damages sustained as a result of the terrorist-related aircraft crashes of September 11, 2001. This Waiver of Rights could apply to the rights of individuals other than you. This waiver does not apply to other civil actions to recover collateral source obligations or a civil action against any person who is a knowing participant in any conspiracy to hijack any aircraft or commit any terrorist act.

You must sign that you read and understand this acknowledgement.

Method of Payment of Advance Benefits

Please make an election for how you wish to receive the Advance Benefits payment. If you elect direct deposit, enclose the requested financial institution information.

Part II – Compensation Information

You must complete all sections of Part II. Otherwise, the Special Master will not be able to calculate your compensation. The compensation will be determined in accordance with the regulations. The Special Master will determine the final amount of compensation based on the individual circumstances.

You can find more detailed information on the procedures and assumptions used to calculate loss and collateral offsets in the *Presumed Loss Calculation Tables Before any Collateral Offsets* and the *Frequently Asked Questions*. You can find these on the Victim Compensation Fund website at www.usdoj.gov/victimcompensation, or you can call the Victim Compensation Fund Helpline at 1-888-714-3385 and have them mailed to you.

Part II.a – Selection of Claims Processing Track

You can choose one of two tracks to adjudicate (process) your claim. You must submit a completed Compensation Form, and all the supporting documentation, regardless of which Track you select:

Track A has two steps. In Step 1, the claim is reviewed and a presumed award is calculated. Step 2 is optional. In Step 2, you can request a hearing and have the presumed award reviewed. You can present additional information at the hearing.



Track B has one step. The claim is presented at a hearing, after which the award is calculated. You must submit all information before the hearing is held. You cannot submit additional information after the hearing, although you may offer witnesses to testify at the hearing.

Please review the regulations and Frequently Asked Questions for more information (available on the web or through the toll-free Helpline)

Part II.b – Victim’s Employment History

This section asks you to provide information about the Victim’s employment. Please start with the most recent employment information and work backwards to 1998.

In most instances the Special Master will use data for the year 2001 as the primary basis for compensation calculation. However, he may need to analyze trends between 1998 and 2001.

Fill in as much information as you can. The Special Master recognizes that in some cases it may not be possible to provide a specific title or job description.

Part II.c – Victim’s Education History/ Accreditation History

This section asks you to provide information on the highest education level, accreditation, certification (including trade), or degree earned by the Victim, along with the year and name of the school/institution/certifying body.

Part II.d – Dependents not Listed on the 2000 United States Federal or other Nation’s Tax Return

The number of dependents directly impacts the economic loss and the non-economic loss calculation. The Special Master will be able to identify most of the Victim’s dependents from the Victim’s 2000

United States Federal tax return or other nation’s national tax return.

You should list any of the Victim’s dependents not listed on the 2000 Federal/national tax return. These would include a child born or adopted on or after January 1, 2001, children listed on the tax return of the Victim’s spouse if the couple filed their taxes separately, any another person who became a dependent on or after January 1, 2001, or any other dependents who could have been, but were not claimed as a dependent on the Victim’s 2000 return.

Part II.e – Tax Return Information

In order to calculate the economic loss the Special Master will need to review complete copies of all tax information/returns (with attachments) the Victim submitted for tax years 2000, 1999, and 1998.

If the Victim lived and worked in the U.S., you need to attach copies of the Victim’s Federal, State (if there is one), City (if there is one), and local (if there is one) returns for all three years.

For non-U.S. Victims or U.S. Victim’s who lived and worked outside the U.S., you need to submit any additional tax information/returns the Victim submitted with non-U.S. taxing authorities for tax years 1998-2000. Please describe what you are submitting in Part II.k, Other Information.

If the Victim did not file a tax return/information in tax year 2000, please explain why. For example, if the Victim was a child, retired, or on sabbatical.

If the Victim did not file a tax return/information in tax year 2000, but did so in a previous year, please identify the most recent year when return(s) were filed and attach complete copies.

How can a Personal Representative get copies of the Victim’s Federal tax returns?

You can use the IRS Form 4506, *Request for Copy or Transcript of Tax Forms*. Because you are not the taxpayer, you will also need to submit another form. This will either be a *Power of Attorney and Declaration of Representative* found on Form 2848 or a *Notice Concerning Fiduciary Relationship* found on Form 56. The IRS has a toll free number, 1-800-829-1040, available for any questions. The IRS website can be accessed at www.irs.gov. All of the forms discussed above are available from the IRS website.

Part II.f – Compensation Information

The Victim’s compensation award will be based, in part, on earned income. This includes base salary and wages, bonus, commission, overtime, or incentive pay, and certain other employer provided benefits. This does **not** include passive income such as investments or rentals.

Although the compensation information requested in this section is necessary to be able to calculate the loss for each claim as required by the Act, the Special Master understands that collecting this information may be an extremely difficult task for surviving family members in many circumstances. Claimants should feel free to contact the Helpline or the assistance centers to get assistance in this process.



What if the Victim was a not employed? How will the economic loss be calculated?

- If the Victim was a child, the Special Master will use the average income of all wage earners in the U.S.
- If the Victim was retired or non-working, the Special Master will calculate an award based on the economic value of replacement services using standard values as provided by relevant studies or alternative approaches.
- If the Victim did not have three full years of work experience, the Special Master will calculate the economic loss based on the individual circumstances.

You can provide relevant information for such claims in Part II k, Other Information.

Please enter the Victim's pre-tax **base salary and wages** for 1998, 1999, 2000, and 2001. Indicate how the salary was paid and attach supporting documentation. Documentation could include pay stubs, salary letters, or end of year pay statements.

Some Victims received **additional sources of compensation**, such as bonuses, commissions, overtime, tips, honoraria, or other incentive pay. The Special Master will consider these when determining total compensation. Please describe and provide information for each additional source of compensation the Victim received in 1998, 1999, 2000, and 2001.

If the Victim was self-employed or a business owner, please provide compensation details with the form at Part II.k..

The Special Master recognizes that claimants may find it too difficult to separate base salary from other

sources of additional compensation like bonuses and overtime. If you are unable to do so, you can provide the total amount that the Victim received each year. Please contact the Helpline or the claim assistance centers if you need assistance or further guidance.

Part II.g – Employer-Provided Benefit Information

In addition to base salary and other sources of compensation, many Victims received benefits provided by their employers. The amount of certain benefits will be considered with the compensation information to calculate the economic loss. The most common benefits include the following:

- Health benefits
- Pension
- Employer contribution to Victim's 401(k) or similar plan
- Housing allowance
- Transportation subsidy or company car
- Military benefits
- Government employee benefits
- Other- such as profit sharing plans

Please provide details on benefits the Victim received from his/her employer in 2000 and 2001. Some benefits are provided as a dollar amount (such as medical benefits), and some are provided as a percentage of income (such as 401(k) contributions). Please indicate how the employer provided these benefits.

Please note: If you do not provide information on employer-provided benefits, the Special Master will assume that the Victim had pension benefits equal to four percent of compensable income, plus medical benefits of \$2,400 per year. For military personnel the Special Master will look at public data.

Military housing allowances should be included under the compensation section in Part II.f.,

instead of the benefit page in Part II.g.

The Special Master will need a variety of supporting documents for this section. Please see the Document Checklist for help determining what documents to include. Employers can be contacted for additional information on benefits provided.

The Special Master recognizes that collecting this information may be a difficult task. Please contact the Helpline or the claim assistance centers if you need further assistance or guidance.

Please note: The Special Master will seek to work with the Victim's employer to confirm these benefits and make sure they have been calculated correctly.

Part II.h – Non-Reimbursed Burial, Memorial Service and Medical Costs

The Special Master will calculate any loss due to non-reimbursed burial and memorial costs on a case-by-case basis. The Special Master will also consider the loss due to non-reimbursed costs for any medical treatment prior to death for injuries the Victim sustained as a direct result of the September 11th attacks. These will be added to the total compensation.

Please list the amount of out-of-pocket burial, memorial and medical costs that were not reimbursed and attach documentation of the costs.

Part II.i – Collateral Sources of Income

When Congress created the Victim Compensation Fund, it legislated that the compensation award be reduced by **collateral sources of compensation**. These include certain benefits the Victim's beneficiaries received or are entitled to receive from life insurance, pension funds, death benefit programs, and payments by Federal, State, or local



governments related to the terrorist attacks of September 11, 2001.

The Special Master recognizes that providing information about collateral offsets can present extremely complicated and difficult issues. Claimants are encouraged to contact the claims assistance centers and the Helpline to get information and assistance.

Please note: Contributions from **privately-funded charitable entities** to the Victim's family and beneficiaries will **not** be deducted as a collateral source.

The most common collateral source of compensation is **life insurance**. You must list all life insurance policies associated with the Victim, even if they have not yet been paid. For each policy, list the insurance carrier or provider, the policy or account number, the beneficiary(ies), and the amount per beneficiary. Also, please include a copy of the insurance policy and/or relevant policy statements.

Some life insurance policies have beneficiaries who are not part of the final award distribution plan. The Special Master has the discretion not to deduct these amounts as collateral sources of compensation, but you must still provide the information.

Additionally, the Special Master may be able to subtract out from any offset the amount of premium payments the deceased paid into the policy. Please provide this information if available and contact us if you have questions.

Tip! Some forms of **life insurance** are used as investment tools, including "**universal**" and "**whole**" **life policies**. For these policies, the Special Master will **reduce the collateral source deduction** by the amount of the investment in the policy.

Please contact the Victim's insurance company for more information about the Victim's life insurance policy(s).

Please identify and describe the Victim's **pension plan(s)** and provide a copy of the pension plan description and statement from 2001.

Some families received a **death benefit payment** as a result of the Victim's death. For example, the families of most rescue workers and military personnel receive a death benefit if the person died in the line of duty. Please describe any payment the Victim's beneficiaries received or are entitled to receive that would be considered a death benefit, and attach a copy of the program description.

Please describe any **Social Security benefits** the Victim's beneficiaries have received, are currently receiving, or have applied to receive from the Social Security Administration as a result of the death of the Victim. Please provide a copy of appropriate documentation from the Social Security Administration, including any determinations and any pending applications.

Please describe any **worker's compensation** payments the Victim's beneficiaries have received, are currently receiving, or have applied to receive as a result of the Victim's death. Please provide appropriate documentation from the worker compensation program including any determinations and any pending applications. This information should be available from the

Victim's employer or union (if the employer or union provided the program) or from the Victim's insurance agent (if the Victim purchased worker's compensation insurance independently).

Please describe any **other payments** the Victim's beneficiaries or estate have received, or are entitled to receive (excluding charities). Please provide a copy of appropriate documentation.

Part II.j – Information Regarding Will and Proposed Distribution Plan for Award

You must distribute the award in a manner consistent with the law of the State or country where the Victim lived, with any applicable rulings made by a court of competent jurisdiction, or as directed by the Special Master. The way in which the payment is distributed may depend on where the Victim lived.

In many cases the Special Master anticipates that awards may be distributed through a combination of the will (if one exists), rule of intestacy and the wrongful death laws of the decedent's State or country.

If the Victim had a will, please provide a certified copy and list the beneficiaries at Part II.j.

Please provide information on how you propose to distribute the award (recognizing that the final distribution plan may be different). The proposed plan must be in accordance with the law of the State or country where the Victim lived.

The final distribution plan will be determined after the Special Master calculates the compensation amount and any allocation of that award.

Part II.k – Other Information (Optional)

Please use this section to provide any additional information you



believe is relevant to the calculation of compensation. This might include clarification of information you provided elsewhere in the form or information not covered elsewhere, including information relevant to the determination of economic and non-economic loss.

Please remember to put the Victim's and your Social Security Numbers/national identification numbers at the top of each page of additional information you attach to your form.

Part III – Attestations and Certifications

This Part contains a series of important certifications and authorizations you must make as the Personal Representative. Please take sufficient time to read and understand each of them. They cover the information you submit in and with your claim. You must also have your signature on page 17 notarized.

What is a Notary Public? What does "notarization" mean?

A Notary Public is a person authorized by the state to notarize certain documents. To notarize means to witness a person signing a document. In New York State, for example, Notary Publics are commissioned in their counties of residence. There is a small fee to notarize a document.

Part III.a – Authorization for Release of Information

You must authorize the release of information relating to your claim so that the Special Master can review, verify, and process your claim. This authorization allows the U.S. Department of Justice and the Special Master to do the following:

- Obtain information from third parties, such as the Victim's employer(s) and financial institution(s)

- Disclose information relating to your claim to other Federal, State, or local agencies, such as the U.S. Department of the Treasury; or other entities having information related to your claim, such as the Victim's employer(s) and insurer(s)
- Publish your name and the Victim's name for whom you are submitting a claim (this will be published on the Victim Compensation Fund website, at www.usdoj.gov/victimcompensation)
- Release information on you and your claim to law enforcement authorities if there is evidence of fraud
- Allow the U.S. Department of Justice to provide released information to duly accredited representatives of the Department during the review of your claim
- Contact your attorney or other individual (identified in Part I.d) for more information on your submission, if necessary
- Release information on the proposed distribution plan to any of the Victim's beneficiaries or other individuals who may have an interest in the compensation award.

In addition, you must certify that you are the person who you say you are. Finally, your authorization is valid for five years from the date of your signature, or upon your written termination, whichever is sooner.

Part III.c – Certification of Dismissal from Any Legal Action

Participation in the Victim Compensation Fund is voluntary. To participate, however, you must certify that you have not filed a civil action (or been a party to an action) in any Federal or State court relating to or arising out of damages sustained as a result of the terrorist-related aircraft crashes of September 11, 2001. This does not apply to other civil actions to recover collateral source obligations or a civil action against any person

who is a knowing participant in any conspiracy to hijack any aircraft or commit any terrorist act.

If you or the Victim's spouse or any of the Victim's dependents or beneficiaries already filed a civil action (or were party to an action) you must indicate if this civil litigation action was dismissed by March 21, 2002, and you must attach the order of dismissal.

You must initial that you read and understand this certification.

Part III.d – Acknowledgement of Waiver of Rights

You must acknowledge your understanding that by submitting a substantially complete Compensation Form for Deceased Victims you are waiving the right to file a civil action (or be a party to an action) in any Federal or State court relating to or arising out of damages sustained as a result of the terrorist-related aircraft crashes of September 11, 2001. This Waiver of Rights could apply to the rights of individuals other than you. This waiver does not apply to other civil actions to recover collateral source obligations or a civil action against any person who is a knowing participant in any conspiracy to hijack any aircraft or commit any terrorist act.

You must initial that you read and understand this acknowledgement.

Part III.e – Certification Regarding Distribution Plan

You must initial that you will distribute the compensation award in a manner consistent with the law of the State in which the Victim lived, or consistent with the applicable ruling by a court of competent jurisdiction, or as directed by the Special Master. The final distribution plan may be different from the proposed distribution plan in Part II.j.



Part III.f – Notarized Certification of Accuracy of Information

You must certify that the information contained in and attached to the Compensation Form is true and accurate. The Special Master will apply various procedures to verify, authenticate, and audit claims. False statements may result in fines, imprisonment, and/or any other remedy available by law. The Special Master shall refer all evidence of false or fraudulent claims to the Department of Justice and other appropriate law enforcement authorities.

TIP! Please remember to wait and sign the Certification in front of the Notary Public. If you sign the form before you see the Notary Public, you will have to re-sign the form so that the Notary Public can witness your signature.

Part IV – Supporting Documentation Checklist

In order to process your claim, we need certain supporting documents to substantiate information you provided. We have developed this checklist to assist you as you compile those documents. To help with processing, it is important that you submit this checklist with your claim.

Exhibit A – Notice of Filing a Claim

Unless you already did so if you previously filed an Eligibility Form and Application for Advance Benefit, you need to notify other potentially interested parties in writing that you intend to file a claim before you submit this form. Specifically, you must deliver a copy of **Exhibit A, Notification of Filing**, (attached at the end of the Compensation Form) to all of the following people:

- The immediate family of the Victim (including, but not limited to, the spouse, former spouse(s), children, other dependents, siblings, and parents).
- The Executor or Administrator and beneficiaries of the Victim's will and life insurance policies.
- Any other person who may reasonably be expected to assert an interest in an award or to have a cause of action to recover damages relating to the wrongful death of the Victim.

You must deliver a copy of Exhibit A to all of these individuals either in person or via certified mail, return receipt requested.

The purpose of this notification is to ensure that all potential beneficiaries of the claim know that you are submitting a claim, and to ensure that they do not object to you submitting this claim. Remember, when you submit the Compensation Form, the **Waiver of Rights** could apply to the rights of other individuals to file a civil action (or be a party to an action) in any Federal or State court for damages sustained as a result of the terrorist-related aircraft crashes of September 11, 2001.

Exhibit B – List of Individuals Notified of Claim Filing

Unless you already did so if you previously filed an Eligibility Form and Application for Advance Benefit, you need to submit a completed copy of **Exhibit B, List of Individuals Notified of Claim Filing** with the Compensation Form. This exhibit lists the name, address, relationship to the victim, telephone number, and Social Security Number (if available) for each person you notified, as well as the date and method you used to notify each of them.

You must sign the certification on Exhibit B and attach it with your completed Compensation Form.

Paperwork Reduction Act Notice.

An agency may not conduct or sponsor an information collection

and a person is not required to respond to a collection of information unless it contains a currently valid OMB approval number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you. The estimated average time to complete and file this application is 15 hours. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Office of the Special Master, U.S. Department of Justice, 950 Pennsylvania Ave, NW, Washington, DC 20530; OMB No. 1105-0078.

*(Do **not** mail your completed application to this address.)*



September 11th Victim Compensation Fund of 2001 Compensation Form for Deceased Victims Part I - Eligibility and Application for Advance Benefits

Victim's SSN or Nat'l ID #

____ - ____ - _____

Personal Representative's SSN or Nat'l ID #

____ - ____ - _____

PLEASE COMPLETE THIS FORM BY TYPING OR PRINTING IN CAPITAL LETTERS

If you have previously submitted an *Eligibility Form and Application for Advance Benefits*, please enter your Claim Number here [Claim # _____] and proceed directly to Part II.

Part I. a - General Victim Information as of September 11, 2001

Victim's Last Name

First Name

Middle Name

Street Address Line 1

Street Address Line 2

Apartment Number

City

State/Province

ZIP/Postal Code

Country

Passport Country (if not U.S.)

Passport Number (if not U.S.)

Country of Citizenship

Victim's Date of Birth (mm/dd/yyyy)

Status of Victim at time of death:

- Married Separated
- Single Widowed
- Divorced Other - please explain: _____



September 11th Victim Compensation Fund of 2001 Compensation Form for Deceased Victims Part I - Eligibility and Application for Advance Benefits

Victim's SSN or Nat'l ID #

____ - ____ - _____

Personal Representative's SSN or Nat'l ID #

____ - ____ - _____

Part I. b - Information about Victim's Circumstances on September 11, 2001

Location of the Victim at time of the terrorist related airplane crashes or resulting building collapses (choose one)

Aircraft (please check one) AA11 AA77 UA93 UA175

Pentagon

World Trade Center

Public Street near WTC (Please provide address/cross-streets)

Other

Date and Time of Victim's death (you need to complete only if death occurred after the morning of September 11, 2001)

Date (mm/dd/yyyy)

Time (hour) A.M. P.M.

Was the Victim a rescue worker? Yes No

Part I. c - Information about the Personal Representative

The Personal Representative is the only person who can submit a claim to the Victim Compensation Fund for a deceased Victim. To be a Personal Representative, you generally must be appointed by a court as (a) the Personal Representative, (b) the Executor of the Victim's will, or (c) the Administrator of the estate. In some limited instances, where a court has not made such an appointment and such issue is **not** the subject of a pending dispute, the Special Master may appoint a Personal Representative for the Fund.

I have been appointed by a court as (a) the Personal Representative, (b) the Executor of the Victim's will, or (c) the Administrator of the Victim's estate. (Please attach original court order or Letter of Administration)

I understand that in most cases the Personal Representative should be the individual already appointed by a court, but I have been unable to be appointed Personal Representative, Executor, or Administrator by a court and hereby request that the Special Master appoint me as Personal Representative for this fund. *Please describe below why you have been unable to be appointed as Personal Representative. Also, please attach a certified copy of the Victim's will (if one exists) showing you are named executor, as well as relevant filings. If no will exists, attach (a) relevant proof of your relationship to the Victim and (b) proof that you are the first person in line of succession under the laws of intestacy in the Victim's domicile:*

Are you aware of anyone else who has been named Executor of the Victim's will or who has been appointed or has applied to be appointed as (a) the Personal Representative, (b) the Executor of the Victim's will, or (c) the Administrator of the Victim's estate? Yes No

If yes, please explain _____



September 11th Victim Compensation Fund of 2001 Compensation Form for Deceased Victims Part I - Eligibility and Application for Advance Benefits

Victim's SSN or Nat'l ID #

____ - ____ - _____

Personal Representative's SSN or Nat'l ID #

____ - ____ - _____

Personal Representative's Last Name

First Name

Middle Name

Street Address Line 1

Street Address Line 2

Apartment Number

City

State/Province

Zip/Postal Code

Country

Telephone Number (day)

Telephone Number (evening)

Date of Birth (mm/dd/yyyy)

Country of Citizenship

Personal Representative's Relationship to Victim (please check one)

- Spouse
- Parent
- Child
- Sibling
- Ex-Spouse
- Step-Parent
- Guardian
- Attorney
- Other _____

Part I. d - Information about the Personal Representative's Attorney or Other Authorized Individual

If an attorney or other authorized individual is assisting the Personal Representative with this claim, please check the applicable box and fill out the information below:

- Attorney
- Other Individual
- If other, explain _____

Last Name

First Name

Middle Name

Firm Name (for attorneys only)

Street Address Line 1

Street Address Line 2

Suite/Apt. Number

City

State/Province

Zip/Postal Code

Country

Telephone

May we discuss your claim with and send related correspondence to this individual?
Yes No



September 11th Victim Compensation Fund of 2001 Compensation Form for Deceased Victims Part I - Eligibility and Application for Advance Benefits

Victim's SSN or Nat'l ID #

□ □ □ - □ □ - □ □ □ □ □

Personal Representative's SSN or Nat'l ID #

□ □ □ - □ □ - □ □ □ □ □

Part I. e - Advance Benefits Election

As the Personal Representative of a deceased Victim, do you wish to apply for Advance Benefits?

Yes No

If Yes, please continue below. If No, please skip to Part II.

I hereby certify that I need the Advance Benefits to alleviate financial hardship faced by the claimant or the beneficiaries of the deceased victim and: (check one):

- I am a Personal Representative of a deceased Victim who had a spouse or dependent(s) and have not yet received \$450,000 from other sources, such as government programs or employer-provided benefits (excluding monies received from privately funded charities).
- I am a Personal Representative of a deceased Victim who was single and had no dependents and have not yet received \$250,000 from other sources, such as government programs or employer-provided benefits (excluding monies received from privately funded charities).

(See Frequently Asked Questions for further information on benefits that are excluded)

Certification of Consent from Spouse or Dependents (for Advance Benefits only)

This section applies only if the Personal Representative is not the spouse of the victim.

Have you obtained the consent of the spouse of the victim or, if there is no surviving spouse, of all the dependents of the victim to file for Advance Benefits?

Yes No

If Yes, have you attached these consents to this claim form?

Yes No

Initial here _____

Acknowledgement of Waiver of Rights

I hereby acknowledge that by submitting a substantially complete *Part I - Eligibility and Application for Advance Benefits* Form and requesting Advance Benefits, I am **waiving** the right to file a civil action (or be a party to an action) in any Federal or State court for damages sustained as a result of the terrorist-related aircraft crashes of September 11, 2001.

Please note this Waiver of Rights could apply to the rights of individuals other than the Personal Representative. This waiver does not apply to a civil action to recover collateral source obligations or to a civil action against any person who is a knowing participant in any conspiracy to hijack any aircraft or commit any terrorist act.

Signature of Personal Representative

_____|_____|_____|_____|_____|_____|_____|_____|

Date (mm/dd/yyyy)



September 11th Victim Compensation Fund of 2001
Compensation Form for Deceased Victims
Part I - Eligibility and Application for Advance Benefits

Victim's SSN or Nat'l ID #

SSN input boxes: [][][] - [][] - [][][][]

Personal Representative's SSN or Nat'l ID #

Personal Representative's SSN input boxes: [][][] - [][] - [][][][]

Method of Payment of Advance Benefits

Please select how you, the Personal Representative, would like to receive payment. Check one of the boxes below (direct deposit is generally the quickest way to receive payment).

- Check - Note that the check will be mailed to the Personal Representative at the address listed in Part I. c.
Direct deposit/electronic fund transfer (available for U.S. banks only) - Note that payments will be wired to the account of the Personal Representative only. Please attach a copy of a voided check and fill out the information below.

Account Number input field

Checking Other

ABA Routing Number - This number can be obtained by contacting your Financial Institution or can be located at the bottom of your checks. (Nine digit number preceding your account number.)

Name of Financial Institution input field

Street Address Line 1 input field

Street Address Line 2 input field

City input field

State input field

Zip Code input field

Telephone Number input field

Supporting Documentation - Please see the Document Checklist at the end of this form to identify the documents you need to enclose with this claim.



September 11th Victim Compensation Fund of 2001 Compensation Form for Deceased Victims Part II - Compensation

Victim's SSN or Nat'l ID #

□□□□ - □□□□ - □□□□□□

Personal Representative's SSN or Nat'l ID #

□□□□ - □□□□ - □□□□□□

The information requested in this part will help determine the compensation amount. Please answer each question in full. Use additional paper if you need more space. If you do so, please add the Victim's and your SSN or National ID # to each page as well as the applicable part number.

Part II. a - Selection of Adjudication Track

Please select one of the adjudication tracks described below by checking one of the boxes. (Note that you must submit a completed claim package regardless of which track you choose).

- Track A - This Track includes two steps. In step 1, the claim is reviewed and a presumed award is determined by the Special Master. In step 2, the Personal Representative may, at his/her option, accept the award or request a hearing to review the presumed award and to present additional information.
- Track B - In this Track, a hearing will be held to determine the amount of the award.

Part II. b - Victim's Employment History

Please provide the Victim's employment history from January 1998 to September 11, 2001, to the extent it is available. Please note any changes in employer, job title, and/or job description (if known) during this period. If self-employed, write "Self-Employed" in the Employer Name and Address box.

Date Range	Employer Name and Address	Employer Phone #
/ / to 09/11/2001		
Job Title and/or Description		

Date Range	Employer Name and Address	Employer Phone #
/ / to / /		
Job Title and/or Description		

Date Range	Employer Name and Address	Employer Phone #
/ / to / /		
Job Title and/or Description		

Note: if you need more space to answer Part II.b, check the box and continue on another copy of this page.



**September 11th Victim Compensation Fund of 2001
 Compensation Form for Deceased Victims
 Part II - Compensation**

Victim's SSN or Nat'l ID #

- -

Personal Representative's SSN or Nat'l ID #

- -

Part II. c - Victim's Education History/ Accreditation History

Please provide information on the highest degree or accreditation earned by the Victim (or the last year of schooling completed).

Year Earned (mm/dd/yyyy)	Name and Address of Institution	Degree/Accreditation (e.g., BA, PhD, GED, Trade Certification)

Part II. d - Dependents not Listed on 2000 Federal/National Tax Return

Please list any qualifying dependents that were **not** listed on the Victim's 2000 Federal/National Tax Return (such as children born or adopted after December 31, 2000 or children listed on the spouse's separately-filed return) and explain their relationship to the Victim.

Dependent's Name (First Middle Last)	Date of Birth (mm/dd/yyyy)	SSN or National ID Number	Relationship to Victim

Note: if you need more space to answer Part II.d, check the box and list dependents on another copy of this page.

Part II. e - Tax Return Information

In order for the Special Master to calculate the compensation award, you must provide complete copies of all tax returns (including all W-2 forms and other attachments) filed for the tax years 1998, 1999 and 2000, including Federal, State, city and local tax returns as applicable. For non-U.S. Victims, you should submit any tax information or returns the Victim filed with non-U.S.. taxing authorities.

Did the Victim file tax return(s) in tax year 2000? Yes No

Did the Victim file tax return(s) in tax year 1999? Yes No

Did the Victim file tax return(s) in tax year 1998? Yes No

If tax returns were not filed for these years please explain why:

If no tax returns were filed in 2000, 1999, 1998, please attach copies of tax returns for the three most recent years filed.



September 11th Victim Compensation Fund of 2001 Compensation Form for Deceased Victims Part II - Compensation

Victim's SSN or Nat'l ID #

____ - ____ - _____

Personal Representative's SSN or Nat'l ID #

____ - ____ - _____

Part II. f - Compensation Information

Compensation typically includes base salary and wages as well as other sources of earned income such as commissions, bonuses, incentive pay, etc. Please provide the Victim's complete compensation history below. Please note that passive sources of income, such as income from rental properties or investments, are not considered in the calculation. For salaried victims please provide their base salary at the end of each listed year. If the victim was both employed and self-employed complete both lines. For 2001, indicate salary for period up to September 2001. If additional amounts were due please describe at part II.k.

Compensation Amount

(Please provide currency if other than US Dollars _____)

Was the Victim self-employed? If yes, enter total yearly compensation amount here.

<u>2001</u> (to 9/2001)	<u>2000</u>	<u>1999</u>	<u>1998</u>
_____	_____	_____	_____

If not self-employed, enter **Base Salary/Wage** information here.

_____	_____	_____	_____
-------	-------	-------	-------

Indicate whether figure provided is a yearly, monthly, bi-weekly, weekly, or hourly figure.

Additional Compensation - Please provide information for all other compensation including, but not limited to, incentive pay, bonuses, overtime, commissions, tips, shift differentials, longevity, and honoraria. For 2001, indicate salary for period up to September 2001. If additional amounts were due please describe at part II.k.

For Victims who were in the armed forces - Please include housing, subsistence, TAD, re-enlistment, and other compensation by each category. However, if you want the Special Master to rely on published compensation and benefit scales please check the box at the end of this statement. If you do so, there is no need to complete this section, but please attach a copy of the Victim's Military Leave and Earnings Statement indicating the pay level and benefit information.

I wish to rely on published data regarding U.S. military compensation.

	<u>2001</u> (to 9/2001)	<u>2000</u>	<u>1999</u>	<u>1998</u>
Other Compensation (Please describe)	_____	_____	_____	_____

Other Compensation (Please describe)	_____	_____	_____	_____
--------------------------------------	-------	-------	-------	-------

Other Compensation (Please describe)	_____	_____	_____	_____
--------------------------------------	-------	-------	-------	-------

Other Compensation (Please describe)	_____	_____	_____	_____
--------------------------------------	-------	-------	-------	-------

Other Compensation (Please describe)	_____	_____	_____	_____
--------------------------------------	-------	-------	-------	-------



September 11th Victim Compensation Fund of 2001 Compensation Form for Deceased Victims Part II - Compensation

Victim's SSN or Nat'l ID #

____ - ____ - _____

Personal Representative's SSN or Nat'l ID #

____ - ____ - _____

Part II. g - Employer Provided Benefit Information

In addition to the compensation information provided above, the compensation award will be based on certain employment benefits provided to the Victim by his/her employer. Please provide details on employer provided benefits received during the years 2000 and 2001. See instructions for more information.

Total Benefits

(Please provide currency if other than US Dollars _____)

1. **Health Benefits** - Payroll deduction or cost of employer-provided health benefits to employee and any other covered persons (indicate who was covered):

- Victim only
- or
- Victim and One Dependent
- or
- Victim and Family

2001
(to 9/2001)

2000

_____	_____
_____	_____
_____	_____

2. **Pension Benefits** - Attach (a) pension plan or pension section from employee handbook and (b) recent pension statement. Check one:

Defined Benefit Plan (monthly pension payable at retirement)
(indicate victim's hire date at last employer:
____/____/____)

Defined Contribution Plan (employer contribution each pay period)
(indicate employer contribution as % of salary: _____%)

3. Employer **Matching Contribution to 401(k)/403(b)**

Employer matching contributions as a percent of pay: _____%

_____%

Actual dollar amount of employer matching contribution:

_____	_____
-------	-------

4. **Employer-provided transportation subsidy or company car**

If car was provided, please specify % of personal use

_____%

5. **Employer-provided club dues, memberships**

Indicate whether figure is yearly, monthly, weekly, hourly, etc.

_____	_____
-------	-------

6. **Non-military Housing allowance** (Military allowances should be included on previous page.)

Indicate whether figure is yearly, monthly, weekly, hourly, etc.

_____	_____
-------	-------

Was the allowance permanent or temporary?

Permanent Temporary

If temporary, when did it end (mm/dd/yyyy)?

_____	_____
-------	-------

7. **Other employer-provided benefit** (please describe)

Indicate whether figure is yearly, monthly, weekly, hourly, etc.

_____	_____
-------	-------

8. **Other employer-provided benefit** (please describe)

Indicate whether figure is yearly, monthly, weekly, hourly, etc.

_____	_____
-------	-------



September 11th Victim Compensation Fund of 2001 Compensation Form for Deceased Victims Part II - Compensation

Victim's SSN or Nat'l ID #

□□□□ - □□□□ - □□□□□□

Personal Representative's SSN or Nat'l ID #

□□□□ - □□□□ - □□□□□□

Part II. h - Non-Reimbursed Burial, Memorial Service, and Medical Costs

Non-reimbursed burial and memorial service costs, as well as non-reimbursed costs for medical treatment prior to death, may be factored into the award calculation. Please indicate the amount of out-of-pocket expenses incurred, if any, and provide supporting documents.

(Please provide currency if other than US Dollars _____)

Amount of non-reimbursed burial or memorial service costs:

□□□□□□□□□□□□□□□□

Amount of non-reimbursed medical treatment:

□□□□□□□□□□□□□□□□

Part II. i - Collateral Source Compensation

The value of collateral sources of compensation (e.g. benefits from life insurance, pension funds, death benefit programs, etc.) will be considered in determining award amounts. **Charitable assistance will not be deducted when determining the award amount and should not be listed below.** You must provide the following information on compensation received or eligible to be received:

Life Insurance (including Accidental Death and Mortgage Insurance) paid or to be paid as a result of the Victim's death.

Insurance		Beneficiary(s) and Relationship to Victim	Amount (by beneficiary)	Amount of Victim's Investment Portion or Premiums Paid (if applicable)
Carrier/ Provider	Account/Policy Number			
<i>Example:</i> Generic Insurance Co.	000-00-0000	Jane Doe (spouse)	\$75,000	Victim invested \$10,000 in this \$100,000 policy
		George Doe (son)	\$25,000	

Note: if you need more space to answer Part II.i, please check the box and continue on another copy of this page.



September 11th Victim Compensation Fund of 2001 Compensation Form for Deceased Victims Part II - Compensation

Victim's SSN or Nat'l ID #

□□□□ - □□ - □□□□□□

Personal Representative's SSN or Nat'l ID #

□□□□ - □□ - □□□□□□

Pension - Please identify and describe any pension plans in which the Victim was a participant. Please specify the part of the pension that was paid or is payable because of death and the amount vested or payable to the Victim prior to death. Attach supporting documentation on the pension plans, such as a plan description and 2001 statement.

[Empty box for Pension information]

Death Benefit Programs - Please identify and describe any payments that the Victim's beneficiaries have received as a result of the death of the Victim (other than insurance and charitable contributions). For example, Public Safety Officer Benefit payments or Dependency and Indemnity Compensation. Attach supporting documentation on the program such as a program description.

[Empty box for Death Benefit Programs information]

Note: if you need more space, please check the box and continue on another copy of this page.



September 11th Victim Compensation Fund of 2001 Compensation Form for Deceased Victims Part II - Compensation

Victim's SSN or Nat'l ID #

□□□□ - □□□□ - □□□□□□

Personal Representative's SSN or Nat'l ID #

□□□□ - □□□□ - □□□□□□

Social Security and Worker's Compensation Programs - Please identify and describe any payments that the Victim's beneficiaries have received, are receiving, or have applied to receive from the Social Security Administration or from the Victim's worker's compensation programs. Also identify and attach any pending applications for or determinations from worker's compensation or Social Security.

[Empty box for Social Security and Worker's Compensation Programs]

Other Payments - Please identify and describe any other payments that the Victim's beneficiaries have received as a result of the death of the Victim (excluding charitable contributions). Please attach copies of appropriate documentation.

[Empty box for Other Payments]

Note: if you need more space, please check the box and continue on another copy of this page.



September 11th Victim Compensation Fund of 2001 Compensation Form for Deceased Victims Part II - Compensation

Victim's SSN or Nat'l ID #

□□□□ - □□□□ - □□□□□□

Personal Representative's SSN or Nat'l ID #

□□□□ - □□□□ - □□□□□□

Part II. j - Information Regarding Will and Proposed Distribution Plan

Did the Victim leave a will? Yes No If Yes, has the will been probated? Yes No

Please list the beneficiaries of the Victim's will and their percentage if it can be determined:

Beneficiary Name (First Middle Last)	Percentage of Estate

Below, please provide information on how you **propose** to distribute the award. The distribution must be consistent with the law of the Victim's State of domicile or any applicable ruling made by a court of competent jurisdiction. In many cases the Special Master anticipates that a portion of the award may be distributed in accordance with the wrongful death laws of the decedent's State or country, although this will not be the case universally. Please refer to the instructions and FAQ's for more information on the distribution plan. Note that any proposed distribution plan may be affected by offsets and any final plan must be reviewed by the Special Master.

Relationship to Victim	Name and Address	Telephone Number	SSN or National ID Number	Date of Birth	% of Economic Award
Spouse					
Child					
Child					
Child					
Mother					
Father					
Sibling					
Sibling					
Other (specify)					
Other (specify)					

Note: if you need more space to answer Part II.j, check the box and continue on another copy of this page



September 11th Victim Compensation Fund of 2001 Compensation Form for Deceased Victims Part II - Compensation

Victim's SSN or Nat'l ID #

□ □ □ - □ □ - □ □ □ □

Personal Representative's SSN or Nat'l ID #

□ □ □ - □ □ - □ □ □ □

Part II. k - Other Information (optional)

Please use the area below (and any additional pages you need) to provide any other information that you believe may be relevant to the individualized circumstances of your claim, the calculation of economic and non-economic loss, and the calculation of collateral source offsets. You may also provide any additional documents not already requested that you believe might be relevant.

Note: if you need more space to answer Part II.k and are attaching additional page(s), please check the box to the left.

Supporting Documentation - Please see the Document Checklist at the end of this form to identify the documents you need to enclose with this claim.



September 11th Victim Compensation Fund of 2001
Compensation Form for Deceased Victims
Part III - Attestations and Certifications

Victim's SSN or Nat'l ID #

Form for Victim's SSN or Nat'l ID #

Personal Representative's SSN or Nat'l ID #

Form for Personal Representative's SSN or Nat'l ID #

Part III. a - Authorization for Release of Information

I Authorize the U.S. Department of Justice to obtain any information relating to my claim under the September 11th Victim Compensation Fund of 2001 (Compensation Fund) from individuals, employers, hospitals, medical service providers, other federal, state or local agencies including the Social Security Administration and the Internal Revenue Service, or other sources having information relating to my claim. This information may include, but is not limited to, medical, employment, and financial information about me or the deceased individual whom I represent.

I Further Authorize the U.S. Department of Justice to disclose any records or information relating to my Compensation Fund claim to: agency contractors assisting in the administration of the Compensation Fund; other federal, state, or local agencies, including the Department of the Treasury; and other individuals or entities having information related to the claim, such as physicians, medical service providers, insurers, and employers.

I Further Authorize the U.S. Department of Justice to publish my name as the Personal Representative filing a claim and the name of the Victim for whom compensation is sought.

I Further Authorize the release of information relating to my claim, where such information indicates a violation or potential violation of law, including submission of fraudulent claims to any civil or criminal law enforcement authority or other appropriate agency charged with responsibility of investigating or prosecuting such a violation.

I Further Authorize individuals having information pertinent to my claim to release such information to a duly accredited representative of the Department of Justice during the review of my claim to the Compensation Fund, regardless of any previous agreement to the contrary. Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon my written termination whichever is sooner.

I Further Authorize the Special Master, the United States Department of Justice or agency contractors assisting in the administration of the Compensation Fund to contact my attorney or other persons authorized to act on my behalf (if identified in Part I. d) if the Special Master needs additional information or clarification about my claim.

I Further Authorize the U.S. Department of Justice to release information about my proposed plan of distribution to any of the Victim's beneficiaries and to anyone deemed by the Special Master to be a party with a potential interest in any award that may be made for this claim.

I Certify that I am the person named below (claimant to the Compensation Fund) and I authorize the release of information listed above.

Signature of Personal Representative - Please sign and date below

Signature line for Personal Representative

Signature of Personal Representative

Date line for Personal Representative

Date (mm/dd/yyyy)



September 11th Victim Compensation Fund of 2001
Compensation Form for Deceased Victims
Part III - Attestations and Certifications

Victim's SSN or Nat'l ID #

□□□□ - □□□□ - □□□□□□

Personal Representative's SSN or Nat'l ID #

□□□□□□ - □□□□□□ - □□□□□□

Part III. b - Privacy Act Notice

The Department of Justice is authorized to collect this information by the September 11th Victim Compensation Fund of 2001, Title IV of Public Law 107-42, 115 Stat.230 ("Air Transportation Safety and System Stabilization Act"). The information you submit in your claim is for official use by the U.S. Department of Justice for the purposes of determining your eligibility for and the amount of compensation you may receive under your claim to the Victim Compensation Fund. Provision of this information is voluntary; however, failure to provide complete information may result in a delay in processing or a denial of your claim. Information you submit regarding your claim may be disclosed by the Government only in accordance with the provisions of the Privacy Act.

Part III. c - Certification of Dismissal of any Legal Action

Have you or any dependent, spouse, or beneficiary of the Victim filed a civil action (or been a party to an action) in any Federal or State court relating to or arising out of damages sustained as a result of the terrorist-related aircraft crashes of September 11, 2001 (other than civil actions to recover collateral source obligations or a civil action against any person who is a knowing participant in any conspiracy to hijack any aircraft or commit any terrorist act)?

Yes No If Yes, has such action(s) been dismissed as of March 21, 2002? Yes No

Initial here _____

(please attach proof of dismissal if applicable)

Part III. d - Acknowledgement of Waiver of Rights

I hereby acknowledge that by submitting a substantially complete Compensation Form for Deceased Victims I am **waiving** the right to file a civil action (or be a party to an action) in any Federal or State court for damages sustained as a result of the terrorist-related aircraft crashes of September 11, 2001.

Please note this Waiver of Rights could apply to the rights of individuals other than the Personal Representative. This waiver does not apply to a civil action to recover collateral source obligations or to a civil action against any person who is a knowing participant in any conspiracy to hijack any aircraft or commit any terrorist act.

Signature of Personal Representative

Date (mm/dd/yyyy)



September 11th Victim Compensation Fund of 2001 Compensation Form for Deceased Victims Part III - Attestations and Certifications

Victim's SSN or Nat'l ID #

□□□□ - □□ - □□□□□□

Personal Representative's SSN or Nat'l ID #

□□□□ - □□ - □□□□□□

Part III. e - Certification of Distribution Plan

I hereby agree to distribute any award in a manner consistent with the law of the decedent's domicile or any applicable ruling by a court of competent jurisdiction or as directed by the Special Master. I understand that the final distribution plan may differ from the plan proposed in Part II. j.

Initial here _____

Part III. f - Notarized Certification of Accuracy of Information

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. Further, I understand that false statements or claims made in connection with this application may result in fines, imprisonment and/or any other remedy available by law to the Federal Government.

Signature of Personal Representative
(Sign in the presence of Notary Public)

Date (mm/dd/yyyy)

Official Notarization - Please have this page certified by a Notary Public (or equivalent for non-U.S.. Personal Representatives). The Notary Public should apply seal to this page.

Signature of Notary Public

Date (mm/dd/yyyy)



**September 11th Victim Compensation Fund of 2001
 Compensation Form for Deceased Victims
 Part IV -- Supporting Documentation Checklist**

Victim's SSN or National ID #

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Personal Representative's
 SSN or National ID #

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In order to process your claim, we need certain supporting documents to substantiate information you provided. This checklist has been developed to help you compile those documents. **Please submit it with your claim.**

Supporting Documentation for Part I (Eligibility)	Attached ?	For Internal Use Only
<p>Part I.b -- Victim's Circumstances on September 11, 2001</p> <ul style="list-style-type: none"> • Original Certified Copy of the Death Certificate with raised seal (required for all claims) • Written proof showing the Victim was present at the World Trade Center. For example, an affidavit from the Victim's employer, records of employment, medical records, records of Federal, State, city or local government, other sworn statement regarding the presence of the victim. (required for World Trade Center Victims only) 	<input type="checkbox"/> <input type="checkbox"/>	<hr/> <hr/>
<p>Part I.c -- Information About the Personal Representative</p> <ul style="list-style-type: none"> • Original Court Order or Letter of Administration showing your appointment as (1) Personal Representative, (2) Executor of Will, or (3) Administrator of Estate <p align="center">OR</p> <ul style="list-style-type: none"> • If you were unable to obtain an appointment as one of the above, any documentation that you could not get the necessary appointment (see instructions for more information) and either <ul style="list-style-type: none"> 1) attach a copy of the Victim's will and copies of relevant filings you have made to probate the will <p align="center">OR</p> <ul style="list-style-type: none"> 2) If there is no will, attach: <ul style="list-style-type: none"> • Proof of your relationship to the Victim (such as birth certificate(s) and/or marriage certificate) and • Proof that you are the first person in line of succession under the laws of intestacy in the Victim's domicile. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<hr/> <hr/> <hr/> <hr/> <hr/>
<p>Part I.e -- Advance Benefits Election</p> <ul style="list-style-type: none"> • Written consent of spouse or dependents (only if you are not the spouse of the decedent) • Voided check (if requesting direct deposit) 	<input type="checkbox"/> <input type="checkbox"/>	<hr/> <hr/>
<p>Other Documentation</p> <p>Other documentation you have included in support of Part I:</p> <p>Other (please describe) _____</p> <p>Other (please describe) _____</p>	<input type="checkbox"/> <input type="checkbox"/>	<hr/> <hr/>



**September 11th Victim Compensation Fund of 2001
 Compensation Form for Deceased Victims
 Part IV -- Supporting Documentation Checklist**

Victim's SSN or National ID #

Personal Representative's SSN or National ID #

Supporting Documentation for Part II (Compensation Information)	Attached ?	For Internal Use Only
<p>Part II.e – Tax Return Information</p> <ul style="list-style-type: none"> • Tax returns filed by the Victim for tax years 2000, 1999, and 1998, including returns for non-U.S. taxing authorities <ul style="list-style-type: none"> • Most recent tax returns filed by the Victim (only if no returns were filed in 2000, 1999, and 1998) <p>Please describe _____</p>	<p>Federal '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>State '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>City '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Local '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Other '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>Part II.f – Compensation Information (base salary/wages)</p> <p>Please attach written proof of the Victim's base salary/wages for 2001, 2000, 1999, and 1998. Examples of the types of proof to include are listed below. You do not need to attach all of these documents for each year. All that is needed is a single supporting document for each year - one that you believe best substantiates the compensation information you provided in the form:</p> <p align="right">Year-end pay statement</p> <p align="right">Pay stubs</p> <p align="right">Salary letter</p> <p>Other (please describe) _____</p> <p>Other (please describe) _____</p> <p>Other (please describe) _____</p>	<p>'01 '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>'01 '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>'01 '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>'01 '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>'01 '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	



**September 11th Victim Compensation Fund of 2001
 Compensation Form for Deceased Victims
 Part IV -- Supporting Documentation Checklist**

Victim's SSN or National ID #

Personal Representative's SSN or National ID #

Supporting Documentation for Part II (continued)	Attached ?	For Internal Use Only
<p>Part II.f -- Compensation Information (additional compensation)</p> <p>Please attach written proof of additional sources of compensation the Victim received in 2001, 2000, 1999, and 1998. Examples of the types of documents to include are listed below. You do not need to attach all of these documents for each year. All that is needed is a single supporting document for each year -one that you believe best substantiates the additional compensation information you provided in the form:</p>		
<p align="right">End of year pay statement</p>	<p>'01 '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	_____
<p align="right">Bonus letter</p>	<p>'01 '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	_____
<p align="right">Commission letter</p>	<p>'01 '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	_____
<p align="right">Overtime stubs</p>	<p>'01 '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	_____
<p>Other (please describe) _____</p>	<p>'01 '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	_____
<p>Other (please describe) _____</p>	<p>'01 '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	_____
<p>Other (please describe) _____</p>	<p>'01 '00 '99 '98 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	_____
<p>Part II.g -- Employer-Provided Benefit Information</p> <p>Please attach written proof of employer-provided benefits in 2001 and 2000. Examples of benefits are listed below. Please check the ones that apply and for which you have attached documentation:</p>		
<p align="right">Documentation on Health Benefits</p>	<p>'01 '00 <input type="checkbox"/> <input type="checkbox"/></p>	_____
<p align="right">Pension plan description(s)</p>	<p>'01 '00 <input type="checkbox"/> <input type="checkbox"/></p>	_____
<p align="right">Pension plan statement(s)</p>	<p>'01 '00 <input type="checkbox"/> <input type="checkbox"/></p>	_____
<p align="right">Employer-provided transportation</p>	<p>'01 '00 <input type="checkbox"/> <input type="checkbox"/></p>	_____
<p align="right">401k documentation</p>	<p>'01 '00 <input type="checkbox"/> <input type="checkbox"/></p>	_____
<p align="right">Employer-provided club dues</p>	<p>'01 '00 <input type="checkbox"/> <input type="checkbox"/></p>	_____
<p align="right">Non-military housing allowances</p>	<p>'01 '00 <input type="checkbox"/> <input type="checkbox"/></p>	_____
<p>Other (please describe) _____</p>	<p>'01 '00 <input type="checkbox"/> <input type="checkbox"/></p>	_____
<p>Other (please describe) _____</p>	<p>'01 '00 <input type="checkbox"/> <input type="checkbox"/></p>	_____
<p>Other (please describe) _____</p>	<p>'01 '00 <input type="checkbox"/> <input type="checkbox"/></p>	_____



**September 11th Victim Compensation Fund of 2001
 Compensation Form for Deceased Victims
 Part IV -- Supporting Documentation Checklist**

Victim's SSN or National ID #

Personal Representative's SSN or National ID #

Supporting Documentation for Part II (continued)	Attached ?	For Internal Use Only
<p>Part II.h – Non-Reimbursable Burial, Memorial Service, and Medical Costs</p> <ul style="list-style-type: none"> • Burial/Memorial cost receipts (that were not reimbursed) <input type="checkbox"/> • Medical cost receipts (that were not reimbursed) <input type="checkbox"/> 		
<p>Part II.i – Collateral Sources of Compensation Please attach documentation for all collateral sources of compensation the Victim's beneficiaries or estate has or is entitled to receive. Examples of collateral sources of compensation are listed below. Please check the ones that apply and for which you have attached documentation.</p> <p align="right">Life Insurance policy(s) <input type="checkbox"/></p> <p align="right">Life Insurance policy statement(s) <input type="checkbox"/></p> <p align="right">Pension plan description(s) <input type="checkbox"/></p> <p align="right">Pension plan statement(s) <input type="checkbox"/></p> <p align="right">Death Benefits Program description <input type="checkbox"/></p> <p align="right">Social Security application or determinations <input type="checkbox"/></p> <p align="right">Worker's Compensation application or determinations <input type="checkbox"/></p> <p>Other (please describe) _____ <input type="checkbox"/></p> <p>Other (please describe) _____ <input type="checkbox"/></p> <p>Other (please describe) _____ <input type="checkbox"/></p>		
<p>Part II.j – Information Regarding Will and Proposed Distribution Plan</p> <p align="center">Certified copy of the Victim's will (if one exists) <input type="checkbox"/></p>		
<p>Part II.k – Other Information Please list any additional documents that you have included with the Compensation Form that you believe are relevant to your individual claim and will assist the Special Master in reviewing your claim.</p> <p>Other (please describe) _____ <input type="checkbox"/></p> <p>Other (please describe) _____ <input type="checkbox"/></p> <p>Other (please describe) _____ <input type="checkbox"/></p>		



**September 11th Victim Compensation Fund of 2001
 Compensation Form for Deceased Victims
 Part IV -- Supporting Documentation Checklist**

Victim's SSN or National ID #

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Personal Representative's
 SSN or National ID #

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Supporting Documentation for Part III (Attestations and Certifications) and Exhibits	<i>Attached ?</i>	<i>For Internal Use Only</i>
<p>Part III.c -- Certification of Dismissal of Legal Action</p> <p>Order of dismissal (only if applicable)</p>	<input type="checkbox"/>	<hr/>
<p>Notification of Claim Filing (required)</p> <p>Exhibit B – Signed list of individuals notified of claim filing</p>	<input type="checkbox"/>	<hr/>

**September 11th Victim Compensation Fund of 2001
Exhibit A to Compensation Form for Deceased Victims
Notice of Filing Claim**

Instructions to Victim's Personal Representative:

- Fill out a separate copy of this page for each person to whom you are required to provide a Notice of Filing.
- On each copy, fill out the Name and Address of the person to whom you are providing the Notice and insert the name of the Victim in the spaces provided below as indicated.
- Check the box at the bottom of this page if you are applying for an Advance Benefit.
- Deliver each Notice personally or by certified mail, return receipt requested.
- *You must deliver a copy of this document to the following people:*
 - The immediate family of the Victim (including, but not limited to, the spouse, former spouse(s), children, other dependents, siblings, and parents).
 - The Executor or Administrator and beneficiaries of the Victim's will and life insurance policies.
 - Any other person who may reasonably be expected to assert an interest in an award or to have a cause or action to recover damages relating to the wrongful death of the Victim.

TO: NAME: _____

 ADDRESS: _____

You are receiving this notice to inform you that a claim on behalf of _____ (insert name of Victim) is being filed with the September 11th Victim Compensation Fund of 2001. The claim is being filed by _____ (insert name of Personal Representative).

The rules that govern the Victim Compensation Fund state that only **one** claim may be filed in connection with the death of a Victim and that the claim must be filed by the Victim's Personal Representative. The rules also state that any award from the Victim Compensation Fund shall be paid to the Personal Representative and that the Personal Representative is required to distribute the award among the Victim's beneficiaries in accordance with the laws of the Victim's domicile.

You have been notified that a claim is being filed on behalf of _____ (insert name of Victim) because the Personal Representative is required to give notice of claim filing to the Victim's immediate family, to the executor, administrator, and beneficiaries of the Victim's will and life insurance policies and to other people who might reasonably have an interest in any award that may be made from the Victim Compensation Fund.

The rules that govern the filing of claims with the Victim Compensation fund require that the Personal Representative waive any right to file a lawsuit for damages sustained as a result of the terrorist-related aircraft crashes of September 11, 2001. This waiver could affect the rights of others, including you, to file any such lawsuits.

You are not required to take any action in response to this notice. However, any objection to the filing of the claim must be made within 30 days after the claim has been filed, which could be as soon as 30 days from the date this notice was mailed or otherwise provided to you. If the box at the bottom of this page has been checked, the Personal Representative is seeking an Advance Benefit from the Victim Compensation Fund, which could be paid 15 days after the claim has been filed or in some cases sooner. Therefore, if the Personal Representative has applied for an Advance Benefit, any objection should be made as promptly as possible.

If you want to learn more about the Victim Compensation Fund, please call 1-888-714-3385 (TDD: 1-888-560-0844; outside the U.S.: 202-305-1352). Information can also be obtained over the Internet at www.usdoj.gov/victimcompensation.

Personal Representative: check the box to the left if you are applying Advance Benefits.



September 11th Victim Compensation Fund of 2001 Compensation Form for Deceased Victims Exhibit B – List of Individuals Notified of Claim Filing

Please submit with your Compensation Form for Deceased Victims

Victim's SSN or Nat'l ID #

- -

Personal Representative's SSN or Nat'l ID #

- -

I hereby certify that I have provided the required Notice of Filing of Claim to all the individuals listed below by either personal delivery or certified mail, return receipt requested, and that I am not aware of anyone else to whom such notice should be provided.

Signature of Personal Representative

Date (mm/dd/yyyy)

Relationship to Victim	Name (First, Middle, Last)	Address	Date of Birth	Telephone Number	SSN or National ID # (if available)	Date of Delivery (mm/dd/yyyy)	
						Hand Delivered	Certified Mail, Return Receipt Requested
Mother							
Father							
Spouse							
Former Spouse							
Sibling							
Sibling							
Child							
Child							
Child							
Partner							

Check here if you need more space for Exhibit B and are attaching additional pages.