



9 MetroTech Center – 6th Floor, Brooklyn, New York 11201
World Trade Center Disability Law
Addendum to Application for Disability Retirement

To: Fire Commissioner

Date of Application: _____

Name: _____ Social Security Number: _____

Rank: _____ Unit: _____ Tax Reg. #: _____ Telephone #: _____

Date of Appointment: _____

Home Address: _____

Type of Qualifying Condition: (please check applicable box(es))

Diseases of the Upper Respiratory Tract & Mucosae, including rhinitis, sinusitis, pharyngitis, laryngitis, vocal cord disease, and upper airway hyper-reactivity, or a combination of such conditions.
Please Specify: _____

Diseases of the Lower Respiratory Tract, including but not limited to tracheo-bronchitis, bronchitis, chronic obstructive pulmonary disease (COPD), asthma, reactive airway dysfunction syndrome, and different types of pneumonitis, such as hypersensitivity, granulomatous, or eosinophilic.
Please Specify: _____

Diseases of the Gastroesophageal Tract, including esophagitis and reflux disease, either acute or chronic, caused by exposure or aggravated by exposure.
Please Specify: _____

Skin Diseases such as conjunctivitis, contact dermatitis or burns, either acute or chronic, infectious, irritant, allergic, idiopathic or non-specific in nature, caused by exposure or aggravated by exposure.
Please Specify: _____

New Onset Diseases resulting from exposure as such diseases occur in the future including cancer, asbestos-related disease, heavy metal poisoning, and musculoskeletal disease.
Please Specify: _____

Post-Traumatic Stress Disorder, anxiety, depression, or any combination of such conditions. New onset diseases resulting from exposure as such diseases occur in the future including chronic psychological disease. Please Specify: _____

Respectfully submitted,

SIGNATURE _____