

WORBY GRONER EDELMAN & NAPOLI BERN LLP

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CHRISTOPHER LOPALO
CLOPALO@NAPOLIBERN.COM

October 20, 2011

[REDACTED]
[REDACTED]
[REDACTED]

Re: In Re: World Trade Center Litigation Settlement
Reconsideration Granted

Dear [REDACTED]

We write to inform you that the Allocation Neutral has granted the reconsideration request we filed on your behalf. Enclosed are copies of the Allocation Neutral's Determination Notice and the Allocation Neutral's Notice of Granted Reconsideration Request. We now agree with the Allocation Neutral's decision since they have finally agreed with the claim we filed on your behalf. As a result, there is no need for you to do anything further.

If for some reason you wish to appeal the Allocation Neutral's determination you must immediately email us at [REDACTED]@napolibern.com. If we do not receive an email mail from you by **10/30/2011** the decision will become final and you will be compensated accordingly. As mentioned above, we see no basis to seek an appeal on this decision since the Allocation Neutral agreed with your claim.

We will provide you with any additional information or updates as we receive it from the Allocation Neutral. Updates will be periodically posted on our website at www.877wtchero.com

Please do not hesitate to contact us if you have any questions.

Very truly yours,
WORBY GRONER EDELMAN & NAPOLI BERN, LLP



Christopher LoPalo

Enclosures



David P. Wehner
Chairman

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
PO BOX 5205
BINGHAMTON, NY 13902-5205
www.wcb.state.ny.us
(800) 877-1373

State of New York - Workers' Compensation Board

In regard to [REDACTED], WCB Case # [REDACTED]

NOTICE OF DECISION

keep for your records

At the Workers' Compensation hearing held on 04/28/2004 involving the claim of [REDACTED] at the Brooklyn hearing location, Judge Mark Solomon made the following decision, findings and directions:

DECISION: The claimant [REDACTED] had a work related injury which resulted in sinusitis, rhinitis, and reactive airway disease. The claimant's average weekly wage for the year worked before this work related injury or occupational disease is determined to be [REDACTED] per payroll and claimant. Medical treatment and care, as necessary, for established sites of injury and/or conditions, is authorized.

Claimant to produce medical evidence of all periods of lost time claimed.

The carrier is to produce C-11 and claimant's leave records. No further action is planned by the Board at this time.

Claimant -	[REDACTED]	Employer -	New York City Transit Authority
Social Security No. -	[REDACTED]	Carrier -	N.Y.C. Transit Authority
WCB Case No. -	[REDACTED]	Carrier ID No. -	W848006
Date of Accident -	09/12/2001	Carrier Case No. -	TA-200103173
District Office -	NYC	Date of Filing of this Decision -	05/05/2004

ATENCION:

Puede llamar a la oficina de la Junta de Compensacion Obrera, en su area correspondiente, cuyo numero de telefono aparece al principio de la pagina y pida informacion acerca de su reclamacion(caso).



July 1, 2014

[REDACTED]

Dear [REDACTED]

Your Eligibility Form for the September 11th Victim Compensation Fund (VCF) has been reviewed. You submitted an Eligibility Form for Personal Injury Claimants. Your claim number is VCF0017289. The Claims Evaluator determined that your Eligibility Form was substantially complete on July 1, 2014. As stated in the Regulations and on the Eligibility Form, by filing a substantially complete Eligibility Form, you have waived your right to file or be a party to a September 11th-related lawsuit.¹ For more information about this topic, please review Frequently Asked Questions (FAQ) 7.1-7.4 on <http://www.vcf.gov/faq.html>.

The Decision on your Claim

The VCF has determined that you meet the eligibility criteria established in the statute (the Zadroga Act and the original statute) and regulations and therefore the VCF will review your Compensation Form and supporting materials to determine the amount of any award. Based on the information you submitted and information the VCF has received from the World Trade Center Health Program (WTCHP), you have been found eligible for the following injuries:

- CHRONIC RHINITIS
- ESOPHAGEAL REFLUX
- MALIGNANT MELANOMA SKIN OTHER&UNSPEC PARTS FACE
- UNSPECIFIED SINUSITIS

Please note that there are several reasons why an injury that you think should be eligible is not listed above. First, for non-traumatic injuries, the description of the injury is based on the information provided by the WTCHP and there can be several alternative descriptions for the same injury. Additionally, a WTCHP physician may have provided testing or treatment for an injury even if the WTCHP has not certified that injury for treatment. Finally, your injury may not be listed if it was only recently certified for treatment by the WTCHP. The VCF regularly receives updated information from the WTCHP and will notify you if additional injuries have become eligible.

What Happens Next

¹ The Statute (the Air Transportation Safety and System Stabilization Act as amended by the Zadroga Act) and the Regulations are located at <http://www.vcf.gov/lawRulesOtherDocs.html>.



September 11th
Victim Compensation Fund

The VCF will determine your compensation award based solely on the eligible injuries listed above. In order for the VCF to do so, you must submit the Compensation Form for Personal Injury Claimants and the required supporting documents. If you have not already done so, please submit the Compensation Form and the required supporting documents as soon as possible. You are encouraged to submit the Compensation Form through the VCF's web-based claim system at www.vcf.gov. If you wish to complete the Compensation Form in hardcopy, you may request the form by contacting the toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-353-0356.

In addition to the Compensation Form, please also complete and submit the VCF ACH Payment Information Form. This form can be found on our website in Section 8 of the Frequently Asked Questions (FAQs). The completed form must be submitted before the VCF can arrange for any payment.

The VCF will be able to determine your compensation award based on the eligible conditions after all compensation related documents are submitted. When you receive an award letter, you will have the right to appeal. In that appeal, you have the right to assert additional injuries that you believe are eligible and for which you believe you should be compensated. For purposes of the statutory deadlines, the injuries listed in your claim form and the injuries certified as eligible will be deemed "filed". You will receive instructions on the appeal process when you receive the letter with details of your compensation award.

If you have questions about the information in this letter or the claims process in general, please contact our toll-free Helpline at the number noted above. Every effort will be made to respond to your inquiries as soon as possible.

Sincerely,

September 11th Victim Compensation Fund

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