

**Appendix M**  
**Initial Letter Requesting Additional Information**

**Re:** <Member ID#>

<Date>

**Dear** <First Name> <Last Name>:

Thank you for submitting an application to enroll in the World Trade Center (WTC) Health Program. We received your enrollment application and assigned it the following number [Member ID #].

**We cannot process your application at this time because it is missing needed information.** If you have already received a telephone call about the needed information, this letter is meant as a reminder.

Please provide the Enrollment Center the following information at your earliest convenience:

**[Specify exactly what information is needed from the applicant]**

Missing information may be faxed to 1-877-646-5308, or mailed to:

WTC Health Program  
PO Box 7000  
Rensselaer, NY 12144

**If you have questions about the WTC Health Program or need any assistance in providing the information we request:**

Call your Enrollment Center Specialist at [TELEPHONE NUMBER]. If you are unable to reach your Enrollment Center Specialist, call us at 1-888-982-4748, Monday through Friday, 9 AM to 5 PM (Eastern Time Zone) or visit the WTC Health Program website at: <http://www.cdc.gov/wtc>.

Sincerely,

[NAME]

Enrollment Center Specialist  
WTC Health Program