

**Appendix N**  
**30 Day Letter Requesting Additional Information**

**Re:** <Member ID#>

<Date>

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

Your application to enroll in the World Trade Center (WTC) Health Program remains incomplete.

**We cannot process your application until we receive needed information from you.** 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