

Special Exposure Cohort Petition

under the Energy Employees Occupational Illness Compensation Act

U.S. Department of Health and Human ServicesCenters for Disease Control and Prevention
National Institute for Occupational Safety and Health

OMB Number: 0920-0639

Expires: 05/31/2007

Special Exposure Cohort Petition — Form B**Appendix — Petitioner 2**

Use of this form and disclosure of Social Security Number are voluntary. Failure to use this form or disclose this number will not result in the denial of any right, benefit, or privilege to which you may be entitled.

Use this Appendix for Petitioner 2.

This appendix form is to be used as needed. Petitioner 2, or his or her representative, should complete the parts applicable to him or her.

Refer to the General Instructions on completing petitioner information for Parts A, B, or C.

If you need more space to provide additional information, use the continuation page provided at the end of the form and attach the completed continuation page(s) to Form B.

Except for signatures, please **PRINT** all information clearly and neatly on the form.

If you are:	<input type="checkbox"/> An Energy Employee (current or former),	Start at C
	<input checked="" type="checkbox"/> A Survivor (of a former Energy Employee),	Start at B
	<input type="checkbox"/> A Representative (of a current or former Energy Employee),	Start at A

A Representative Information — Complete Section A if you are authorized by an Employee or Survivor(s) to petition on behalf of a class.

A.1 **Are you a contact person for an organization?** Yes (Go to A.2) No (Go to A.3)

A.2 Organization Information:

Name of Organization _____

Position of Contact Person _____

A.3 Name of Petition Representative:

Mr./Mrs./Ms. First Name Middle Initial Last Name

A.4 Address:

Street Apt # P.O. Box

City State Zip Code

A.5 **Telephone Number:** () _____

A.6 **Email Address:** _____

A.7 Check the box at left to indicate you have attached to the back of this form written authorization to petition by the survivor(s) or employee(s) indicated in Parts B or C of this form. An authorization form for this purpose is provided.

If you are representing a Survivor, go to Part B; if you are representing an Employee, go to Part C.

Name or Social Security Number of First Petitioner: _____

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Appendix — Petitioner 2

Special Exposure Cohort Petition — Form B

B Survivor Information — Complete Section B if you are a Survivor or representing a Survivor.

B.1 Name of Survivor: _____
Mr./Mrs./Ms. First Name Middle Initial Last Name

B.2 Social Security Number of Survivor: _____

B.3 Address of Survivor: _____
City State Zip Code

B.4 Telephone Number of Survivor: _____

B.5 Email Address of Survivor: _____

B.6 Relationship to Employee: Spouse Son/Daughter Parent
 Grandparent Grandchild

Go to Part C.

C Employee Information — Complete Section C.

C.1 Name of Employee: _____
First Name Middle Initial Last Name

C.2 Former Name of Employee (e.g., maiden name/legal name change/other):
Same

C.3 Social Security Number of Employee: _____

C.4 Address of Employee (if living):
dead
Street Apt # P.O. Box
City State Zip Code

C.5 Telephone Number of Employee: _____

C.6 Email Address of Employee: _____

C.7 Employment Information Related to Petition:

C.7a Employee Number (if known): *1987*

C.7b Dates of Employment: Start *60* End *72*

C.7c Employer Name: *Atomic Energy Commission - TAAP*

C.7d Work Site Location: *Middletown, Iowa*

C.7e Supervisor's Name: _____

Sign Part G of the original petition.

Name or Social Security Number of First Petitioner: _____

05-22-04A10:10 RCVD

Special Exposure Cohort Petition — Form B

Appendix — Petitioner 3

Use of this form and disclosure of Social Security Number are voluntary. Failure to use this form or disclose this number will not result in the denial of any right, benefit, or privilege to which you may be entitled.

Use this Appendix for Petitioner 3.

This appendix form is to be used as needed. Petitioner 3, or his or her representative, should complete the parts applicable to him or her.

Refer to the General Instructions on completing petitioner information for Parts A, B, or C.

If you need more space to provide additional information, use the continuation page provided at the end of the form and attach the completed continuation page(s) to Form B.

Except for signatures, please **PRINT** all information clearly and neatly on the form.

If you are:	<input type="checkbox"/> An Energy Employee (current or former),	Start at C
	<input checked="" type="checkbox"/> A Survivor (of a former Energy Employee),	Start at B
	<input type="checkbox"/> A Representative (of a current or former Energy Employee),	Start at A

A Representative Information — Complete Section A if you are authorized by an Employee or Survivor(s) to petition on behalf of a class.

A.1 **Are you a contact person for an organization?** Yes (Go to A.2) No (Go to A.3)

A.2 Organization Information:

Name of Organization

Position of Contact Person

A.3 Name of Petition Representative:

Mr./Mrs./Ms. First Name Middle Initial Last Name

A.4 Address:

Street Apt # P.O. Box

City State Zip Code

A.5 **Telephone Number:** () - _____

A.6 **Email Address:** _____

A.7 Check the box at left to indicate you have attached to the back of this form written authorization to petition by the survivor(s) or employee(s) indicated in Parts B or C of this form. An authorization form for this purpose is provided.

If you are representing a Survivor, go to Part B; if you are representing an Employee, go to Part C.

Name or Social Security Number of First Petitioner: _____

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Appendix — Petitioner 3

Special Exposure Cohort Petition — Form B

B Survivor Information — Complete Section B if you are a Survivor or representing a Survivor.

B.1 Name of Survivor:

First Name Middle Initial Last Name

B.2 Social Security Number of Survivor: _____

B.3 Address of Survivor:

Apt # P.O. Box

City State Zip Code

B.4 Telephone Number of Survivor: _____

B.5 Email Address of Survivor: _____

B.6 Relationship to Employee: Spouse Son/Daughter Parent
 Grandparent Grandchild

Go to Part C.

C Employee Information — Complete Section C.

C.1 Name:

First Name Middle Initial Last Name

C.2 Former Name of Employee (e.g., maiden name/legal name change/other):

SAME
Mr./Mrs./Ms. First Name Middle Initial Last Name

C.3 Social Security Number of Employee: _____

C.4 Address of Employee (if living):

Street Apt # P.O. Box

City State Zip Code

C.5 Telephone Number of Employee: _____

C.6 Email Address of Employee: _____

C.7 Employment Information Related to Petition:

C.7a Employee Number (if known): 1987

C.7b Dates of Employment: Start 80 End 72

C.7c Employer Name: _____

C.7d Work Site Location: MIDDLETOWN, IOWA

C.7e Supervisor's Name: _____

Sign Part G

Name or Social Security Number of First Petitioner _____

Special Exposure Cohort Petition — Form A

Use of this form and disclosure of Social Security Number are voluntary. Failure to use this form or disclose this number will not result in the denial of any right, benefit, or privilege to which you may be entitled.

Instructions on Completing this Form:

You should use this petition form only if NIOSH has reported to you in writing that it cannot complete the dose reconstruction needed for your cancer claim.

All other petitioners should use Petition Form B to submit a petition to NIOSH.

For Further Information: If you have questions about these instructions, please call the following NIOSH toll-free phone number and request to speak to someone in the **Office of Compensation Analysis and Support** about an SEC petition: **1-800-356-4674**.

A NIOSH Claim Information — Complete as much information as you can in Section A.

A.1 **NIOSH Tracking Number** (indicated on all NIOSH correspondence):

A.2 **Print Name of Energy Employee for whom this claim was filed:**

Mr./Mrs./Ms. First Name Middle Initial Last Name

A.3 **Social Security Number of Energy Employee for whom this claim was filed:**

B Signature of Person Submitting this Petition — Complete Section B.

Print and sign your name below to indicate that you are petitioning for HHS to consider adding a class of employees to the Special Exposure Cohort that would include the employee indicated by the tracking number or name under entry 1 above.

Print your name below:

Sign your name below:

First Name Middle Initial Last Name

First Name Middle Initial Last Name

C Please send this form to NIOSH at the address below.

Once NIOSH receives this form, the U.S. Department of Health and Human Services will consider adding a class of employees to the Special Exposure Cohort. Your contact at NIOSH will be available to inform you of the progress of your petition.

Send this form to:

SEC Petition
Office of Compensation Analysis and Support
NIOSH
4676 Columbia Parkway, MS-C-47
Cincinnati, OH 45226

Name or Social Security Number of First Petitioner: _____

Special Exposure Cohort Petition — Form A

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, gathering the information needed, and completing the form. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to CDC Reports Clearance Officer, 1600 Clifton Road, MS-E-11, Atlanta GA, 30333; ATTN:PRA 0920-XXXX. Do not send the completed petition form to this address. Completed petitions are to be submitted to NIOSH at the address provided in these instructions. Persons are not required to respond to the information collected on this form unless it displays a currently valid OMB number.

Privacy Act Advisement

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. § 552a), you are hereby notified of the following:

The Energy Employees Occupational Illness Compensation Program Act (42 U.S.C. §§ 7384-7385) (EEOICPA) authorizes the President to designate additional classes of employees to be included in the Special Exposure Cohort (SEC). EEOICPA authorizes HHS to implement its responsibilities with the assistance of the National Institute for Occupational Safety (NIOSH), an Institute of the Centers for Disease Control and Prevention. Information obtained by NIOSH in connection with petitions for including additional classes of employees in the SEC will be used to evaluate the petition and report findings to the Advisory Board on Radiation and Worker Health and HHS.

Records containing identifiable information become part of an existing NIOSH system of records under the Privacy Act, 09-20-147 "Occupational Health Epidemiological Studies and EEOICPA Program Records. HHS/CDC/NIOSH." These records are treated in a confidential manner, unless otherwise compelled by law. Disclosures that NIOSH may need to make for the processing of your petition or other purposes are listed below.

NIOSH may need to disclose personal identifying information to: (a) the Department of Energy, other federal agencies, other government or private entities and to private sector employers to permit these entities to retrieve records required by NIOSH; (b) identified witnesses as designated by NIOSH so that these individuals can provide information to assist with the evaluation of SEC petitions; (c) contractors assisting NIOSH; (d) collaborating researchers, under certain limited circumstances to conduct further investigations; (e) Federal, state and local agencies for law enforcement purposes; and (f) a Member of Congress or a Congressional staff member in response to a verified inquiry.

This notice applies to all forms and informational requests that you may receive from NIOSH in connection with the evaluation of an SEC petition.

Use of the NIOSH petition forms (A and B) is voluntary but your provision of information required by these forms is mandatory for the consideration of a petition, as specified under 42 CFR Part 83. Petitions that fail to provide required information may not be considered by HHS.

Name or Social Security Number of First Petitioner: