Special Exposure Cohort Petition

SEC00229

U.S. Department of Health and Human Services

under the Energy Employees Occupational Illness Compensation Act

10-27-15A10:55 RCVD

Centers for Disease Control and Prevention National Institute for Occupational Safety and Health

OMB Number: 0920-0639

Expires: 07/31/2016

Special Exposure Cohort Petition — Form A

Page 1 of 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.

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 'LYLVLRQ of Compensation Analysis and Support about an SEC petition: 1-877-222-8570.

Α	NIOSH Claim Information — Complete as much information as you can in Section A.		
A.1	NIOSH Tracking Number (indicated on all NIOSH correspondence): Print Name of Energy Employee for whom this claim was filed:		
A.2			
	First Name	Middle Initial	Last Name
A.3	Social Security Number of Energy Employee for whom this claim was filed:		
В	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 vour name below:	Sign your n	ame below:
	First Name Middle Initial Last Nam	ne First Name	Middle Initial Last Name
C	Please send this form to NIOSH at th	ne 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

Division of Compensation Analysis and Support

NIOSH

1090 Tusculum Avenue, MS C-46

Cincinnati, OH 45226-1938

DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service Centers for Disease Control National Institute for Occupational Safety & Health Robert A. Taft Labortories 1090 Tusculum Ave, MS C-45 Cincinnati, OH 45226-1938

Return After Five Days

Official Business
Penalty for Private Use, \$300

BUSINESS REPLY MAIL

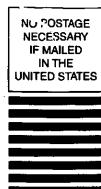
Postage Will Be Paid by Department of Health and Human Services

PERMIT NO. 99110

FIRST-CLASS MAIL

ATTN MAIL STOP _____

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY & HEALTH ROBERT A TAFT LABORATORIES 1090 TUSCULUM AVE CINCINNATI OH 45226-1938





ATLANTA, GA 30333