

Special Exposure Cohort Petitionunder the Energy Employees Occupational
Illness Compensation Act**U.S. Department of Health and Human Services**Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

OMB Number: 0920-0639

Expires: 07/31/2010

Petitioner Authorization Form

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Use of this form is voluntary. Failure to use this form will not result in the denial of any right, benefit,**Instructions:**

If you wish to petition HHS to consider adding a class of employees to the Special Exposure Cohort and you are NOT either a member of that class, a survivor of a member of that class, or a labor organization representing or having represented members of that class, then 42 CFR Part 83, Section 83.7(c) requires that you obtain written authorization. You can obtain such authorization from either an employee who is a member of the class or a survivor of such an employee. You may use this form to obtain such authorization and submit the completed form to NIOSH with the related petition. **Please print legibly.**

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.

Authorization for Individual or Entity to Petition HHS on Behalf of a Class of Employees for Addition to the Special Exposure Cohort

I, _____
Name of Class Member or Survivor

Street Address of Class Member or Survivor Apt. # P.O. Box

City, State, Zip Code of Class Member or Survivor

do hereby authorize:

Name of Petitioner

Address of Petitioner Apt. # P.O. Box

City, State and Zip Code of Petitioner

to petition the Department of Health and Human Services on behalf of a class of employees that includes:

Name of Class Member (employee, not the employee's survivor)

for the addition of the class to the Special Exposure Cohort, under the Energy Employee's Occupational Illness Compensation Program Act (42 U.S.C. §§ 7384-7385).

In providing this authorization, I recognize that the petitioner named above will have all the rights of a petitioner as provided for under 42 CFR Part 83.

Signature of Class Member or Survivor

Date

Name or Social Security Number of First Petitioner: _____

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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 0920-0639. 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.

Use of this form is voluntary. Failure to use this form will not result in the denial of any right, benefit, or privilege to which you may be entitled.

Name or Social Security Number of First Petitioner: _____