



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

OMB Number: 0920-0639

Expires: 10/31/2019

**Page 2 of 7****B. Survivor Information Complete Part 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 Address of Survivor:**\_\_\_\_\_  
Street Apt # P.O. Box\_\_\_\_\_  
City State Zip Code**B.3 Telephone Number of Survivor:** (\_\_\_\_\_)\_\_\_\_\_**B.4 Email Address of Survivor:** \_\_\_\_\_

- B.5 Relationship to Energy Employee:**  Spouse  Son/Daughter  Parent  
 Grandparent  Grandchild

**Go to Part C.****C. Energy Employee Information Complete Part C UNLESS you are a labor organization.****C.1 Name of Energy Employee:**\_\_\_\_\_  
Mr./Mrs./Ms. First Name Middle Initial Last Name**C.2 Former Name of Energy Employee** (e.g., maiden name/legal name change/other):\_\_\_\_\_  
Mr./Mrs./Ms. First Name Middle Initial Last Name**C.3 Address of Energy Employee** (if living):\_\_\_\_\_  
Street Apt # P.O. Box\_\_\_\_\_  
City State Zip Code**C.4 Telephone Number of Energy Employee:** (\_\_\_\_\_)\_\_\_\_\_**C.5 Email Address of Energy Employee:** \_\_\_\_\_**C.6 Employment Information Related to Petition:****C.6a** Energy Employee Number (if known): \_\_\_\_\_**C.6b** Dates of Employment: Start \_\_\_\_\_ End \_\_\_\_\_**C.6c** Employer Name: \_\_\_\_\_**C.6d** Work Site Location: \_\_\_\_\_**C.6e** Supervisor's Name: \_\_\_\_\_**Go to Part E.**

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**Page 3 of 7****D. Labor Organization Information Complete Part D ONLY if you are a labor organization.****D.1 Labor Organization Information:**\_\_\_\_\_  
Name of Organization\_\_\_\_\_  
Position of Contact Person**D.2 Name of Petition Representative:**\_\_\_\_\_  
Mr./Mrs./Ms. First Name

Middle Initial

Last Name

**D.3 Address of Petition Representative:**\_\_\_\_\_  
Street

Apt #

P.O. Box

\_\_\_\_\_  
City

State

Zip Code

**D.4 Telephone Number of Petition Representative:** (\_\_\_\_\_) \_\_\_\_\_**D.5 Email Address of Petition Representative:** \_\_\_\_\_**D.6 Period during which labor organization represented energy employees covered by this petition**  
(please attach documentation):

Start \_\_\_\_\_ End \_\_\_\_\_

**D.7 Identity of other labor organizations that may represent or have represented this class**  
**of energy employees (if known):**

\_\_\_\_\_

**Go to Part E.**





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F.3  I/We have attached a report from a health physicist or other individual with expertise in radiation dose reconstruction documenting the limitations of existing DOE or AWE records on radiation exposures at the facility, as relevant to the petition. The report specifies the basis for believing these documented limitations might prevent the completion of dose reconstructions for members of the class under 42 CFR Part 82 and related NIOSH technical implementation guidelines.

(Attach report to the back of the petition form.)

F.4  I/We have attached a scientific or technical report, issued by a government agency of the Executive Branch of Government or the General Accounting Office, the Nuclear Regulatory Commission, or the Defense Nuclear Facilities Safety Board, or published in a peer-reviewed journal, that identifies dosimetry and related information that are unavailable (due to either a lack of monitoring or the destruction or loss of records) for estimating the radiation doses of energy employees covered by the petition.

(Attach report to the back of the petition form.)

**Go to Part G.**

**G. Signature of Person(s) Submitting this Petition Complete Part G.**

**All Petitioners should sign and date the petition. A maximum of three persons may sign the petition.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Notice:** Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided under EEOICPA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both. I affirm that the information provided on this form is accurate and true.

Send this form to:

SEC Petition  
Division of Compensation Analysis and Support  
NIOSH  
1090 Tusculum Ave, MS-C-47  
Cincinnati, OH 45226

**If there are additional petitioners, they must complete the Appendix Forms for additional petitioners. The Appendix forms are located at the end of this document.**

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**Page 7 of 7****Public Burden Statement**

Public reporting burden for this collection of information is estimated to average 5 hours 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.

**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 and WTC Health 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.

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**Appendix — Petitioner 2****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.****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  
sections 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 type="checkbox"/> A Survivor (of a former Energy Employee),                              | Start at B |
| <input type="checkbox"/> A Representative (of a current or former Energy Employee or Survivor); | Start at A |

**A. Representative Information Complete Part A if you are authorized by an Energy 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 PersonA.3 **Name of Petition Representative:**\_\_\_\_\_  
Mr./Mrs./Ms. First Name Middle Initial Last NameA.4 **Address of Petition Representative:**\_\_\_\_\_  
Street Apt # P.O. Box\_\_\_\_\_  
City State Zip CodeA.5 **Telephone Number of Petition Representative:** (\_\_\_\_\_) \_\_\_\_\_A.6 **Email Address of Petition Representative:** \_\_\_\_\_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 energy 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 Energy Employee, go to Part C.**

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**Appendix — Petitioner 2****B. Survivor Information Complete Part 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 Address of Survivor:**\_\_\_\_\_  
Street Apt # P.O. Box\_\_\_\_\_  
City State Zip Code**B.3 Telephone Number of Survivor:** (\_\_\_\_\_) \_\_\_\_\_**B.4 Email Address of Survivor:** \_\_\_\_\_**B.5 Relationship to Energy Employee:**  Spouse  Son/Daughter  Parent  
 Grandparent  Grandchild**Go to Part C.****C. Energy Employee Information Complete Part C.****C.1 Name of Energy Employee:**\_\_\_\_\_  
Mr./Mrs./Ms. First Name Middle Initial Last Name**C.2 Former Name of Energy Employee (e.g., maiden name/legal name change/other):**\_\_\_\_\_  
Mr./Mrs./Ms. First Name Middle Initial Last Name**C.3 Address of Energy Employee (if living):**\_\_\_\_\_  
Street Apt # P.O. Box\_\_\_\_\_  
City State Zip Code**C.4 Telephone Number of Energy Employee:** (\_\_\_\_\_) \_\_\_\_\_**C.5 Email Address of Energy Employee:** \_\_\_\_\_**C.6 Employment Information Related to Petition:****C.6a** Energy Employee Number (if known): \_\_\_\_\_**C.6b** Dates of Employment: Start \_\_\_\_\_ End \_\_\_\_\_**C.6c** Employer Name: \_\_\_\_\_**C.6d** Work Site Location: \_\_\_\_\_  
\_\_\_\_\_**C.6e** Supervisor's Name: \_\_\_\_\_**Sign Part G of the original petition.**

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**Appendix — Petitioner 3****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.****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 sections 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 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 Part A if you are authorized by an Energy 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 PersonA.3 **Name of Petition Representative:**\_\_\_\_\_  
Mr./Mrs./Ms.    First Name                      Middle Initial                      Last NameA.4 **Address of Petition Representative:**\_\_\_\_\_  
Street    Apt #    P.O. Box\_\_\_\_\_  
City    State    Zip CodeA.5 **Telephone Number of Petition Representative:** (\_\_\_\_\_) \_\_\_\_\_A.6 **Email Address of Petition Representative:** \_\_\_\_\_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 energy 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 Energy Employee, go to Part C.**

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**Appendix — Petitioner 3****B. Survivor Information Complete Part 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 Address of Survivor:**\_\_\_\_\_  
Street Apt # P.O. Box\_\_\_\_\_  
City State Zip Code**B.3 Telephone Number of Survivor:** ( \_\_\_\_\_ ) \_\_\_\_\_**B.4 Email Address of Survivor:** \_\_\_\_\_**B.5 Relationship to Energy Employee:**  Spouse  Son/Daughter  Parent  
 Grandparent  Grandchild**Go to Part C.****C. Energy Employee Information Complete Part C.****C.1 Name of Energy Employee:**\_\_\_\_\_  
Mr./Mrs./Ms. First Name Middle Initial Last Name**C.2 Former Name of Energy Employee (e.g., maiden name/legal name change/other):**\_\_\_\_\_  
Mr./Mrs./Ms. First Name Middle Initial Last Name**C.3 Address of Energy Employee (if living):**\_\_\_\_\_  
Street Apt # P.O. Box\_\_\_\_\_  
City State Zip Code**C.4 Telephone Number of Energy Employee:** ( \_\_\_\_\_ ) \_\_\_\_\_**C.5 Email Address of Energy Employee:** \_\_\_\_\_**C.6 Employment Information Related to Petition:****C.6a** Energy Employee Number (if known): \_\_\_\_\_**C.6b** Dates of Employment: Start \_\_\_\_\_ End \_\_\_\_\_**C.6c** Employer Name: \_\_\_\_\_**C.6d** Work Site Location: \_\_\_\_\_**C.6e** Supervisor's Name: \_\_\_\_\_**Sign Part G of the original petition.**

