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

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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, or privilege to which you may be entitled.

General Instructions on Completing this Form (complete instructions are available in a separate packet):

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

Please read each of Parts A - G in this form and complete the sections appropriate to you. <u>If there is more than one petitioner</u>, then each petitioner should complete those sections of Parts A - C of the form that apply to them. Additional copies of the first two pages of this form are provided at the end of the form for this purpose. A maximum of three petitioners is allowed.

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.

For Further Information: If you have questions about the use of this form, please call the following NIOSH toll-free phone number and request to speak to someone in the Division of Compensation Analysis and Support about an SEC petition: 1-877-222-7570.

		□ A Labor Organization,		Start at D		
lf ye	ou	🗆 An En	ergy Employee (cu	rrent or former),		Start at C
are):	🗆 A Sur	vivor (of a former E	nergy Employee),		Start at B
		□ A Representative (of a current or former Energy Employee				Start at A
Α.	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:					
	Nam	e of Orga	nization			
	Posi	tion of Co	ntact Person			
A.3	Nan	ne of Peti	tion Representativ	ve:		
	Mr./	Mrs./Ms.	First Name	Middle Init	ial	Last Name
A.4	Add	ress of P	etition Representa	ative:		
	Stre	et			Apt #	P.O. Box
	City			State	Z	Zip Code
A.5	Telephone Number of Petition Representative: ()					
A.6	Ema	ail Addres	ss of Petition Repr	esentative:		
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.					
			-	representing a Surviv senting an Energy Er		rt C.

	ial Exposure Cohort Petition the Energy Employees Occupational	U.S. Depart		nd Human Services e Control and Prevention
	Compensation Program Act	Natio		ational Safety and Health
Speci	al Exposure Cohort Petition — Form E	OMB Nu	umber: 0920-0639	Expires: 10/31/2019
B.	•		rvivor or represent	Page 2 of 7 ing a Survivor.
B.1	Name of Survivor:			
	Mr./Mrs./Ms. First Name	Middle Initial	La	ast Name
B.2	Address of Survivor:			
	Street		Apt #	P.O. Box
				. <u>.</u>
	City Sta	ate	Zip Co	de
B.3	Telephone Number of Survivor: ()		
B.4	Email Address of Survivor:			
	Deletionekin te Energy Employee	7 0		
B.5		☐ Spouse ☐Grandparent	□Son/Daughter □Grandchild	Parent
~	Energy Employee Information Con	Go to Part C.		orgonization
C.		nplete Part C UNLE	SS you are a labor	organization.
C.1	Name of Energy Employee:			
	Mr./Mrs./Ms. First Name	Middle Initial	la	st Name
C.2	Former Name of Energy Employee (e.			
0.2		.g., malden name/reg		
	Mr./Mrs./Ms. First Name	Middle Initial	La	st Name
C.3	Address of Energy Employee (if living):		
		,		
	Street		Apt #	P.O. Box
	City Sta	ite	Zip Coo	de
C.4	Telephone Number of Energy Employ	/ee: ()		
C.5	Email Address of Energy Employee:			
C.6	Employment Information Related to P			
C.6a	3515151515151515151515151151151111111111111			
C.6b	Dates of Employment: Start			
0.00	Work Site Location:			
C.6e	Supervisor's Name:			
		Go to Part E.		
		GO IO FAILE.		

Special Exposure Cohort Petition		U.S. Department of Health and Human Services				
under the Energy Employees Occupational		Centers for Disease Control and Prevention				
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Spec	ial Exposure Cohort Petition — Form B		Page 3 of 7			
D.	Labor Organization Information Comp	lete Part D ONLY if you are a la	abor organization.			
D.1	Labor Organization Information:					
	C					
	Name of Organization					
	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:					
2.0						
	Street	Apt #	P.O. Box			
	Oncer	$Apt \pi$	1.0.00			
	City State	Zip	Code			
	•					
D.4	Telephone Number of Petition Represent	tative: ()				
D.5	Email Address of Petition Representative	e:				
D.6	Period during which labor organization r (please attach documentation):	epresented energy employees	covered by this petition			
	Start	End				
D.7						
	of energy employees (if known):					
	Go to Part E.					

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		
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Spec	Proposed Definition of Energy Employee	Page 4 of 7 Class Covered by Petition Complete Part E.		
E.1	Name of DOE or AWE Facility:			
E.2.	Locations at the Facility relevant to this p	etition:		
E.3		mployees included in the class. In addition, you can titioners identified on this form who you believe		
E.4	Employment Dates relevant to this petition			
	Start End			
	Start End			
	Start End			
E.5	Is the petition based on one or more unmore recorded exposure incidents?:	nitored, unrecorded, or inadequately monitored or		
	If yes, provide the date(s) of the incident(s necessary):) and a complete description (attach additional pages as		
	Go	to Part F.		

	Exposure Cohort Petition	U.S. Department of Health and Hun			
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•	Exposure Cohort Petition — Form B		ires: 10/31/2019 Page 5 of 7		
	asis for Proposing that Records and Infe econstruction Complete Part F.	ormation are Inadequate for Individual D	ose		
Complete	at least one of the following entries in this	s section by checking the appropriate box a u are not required to complete more than or			
F.1 🗆	F.1 I/We have attached either documents or statements provided by affidavit that indica radiation exposures and radiation doses potentially incurred by members of the pro that relate to this petition, were not monitored, either through personal monitoring o monitoring.				
	(Attach documents and/or affidavits to the	back of the petition form.)			
		e extent it might be unclear, how the attache that potential radiation exposures were not			
			_		
			_		
			_		
			_		
			_		
F.2 🗆	radiation monitoring records for members	statements provided by affidavit that indicat of the proposed class have been lost, falsif regarding monitoring, source, source term, s worked.	ied, or		
	(Attach documents and/or affidavits to the	back of the petition form.)			
		e extent it might be unclear, how the attache that radiation monitoring records for memb egally, or destroyed.			
			_		
			_		
			_		
			_		
			_		
			_		
	Part F is continue	d on the following page.			

Special Exposure Cohort Petition under the Energy Employees Occupational	U.S. Department of Health and Human Services Centers for Disease Control and Prevention		
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radiation dose reconstruction documenting radiation exposures at the facility, as relev believing these documented limitations mi members of the class under 42 CFR Part guidelines.	physicist or other individual with expertise in g the limitations of existing DOE or AWE records on ant to the petition. The report specifies the basis for ght prevent the completion of dose reconstructions for 82 and related NIOSH technical implementation		
(Attach report to the back of the petition fo	rm.)		
Executive Branch of Government or the G Commission, or the Defense Nuclear Faci journal, that identifies dosimetry and relate	al report, issued by a government agency of the eneral Accounting Office, the Nuclear Regulatory lities Safety Board, or published in a peer-reviewed ed information that are unavailable (due to either a lack records) for estimating the radiation doses of energy		
(Attach report to the back of the petition fo	rm.)		
	to Part G.		
G. Signature of Person(s) Submitting this Pe	tition 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		
fact or any other act of fraud to obtain on knowingly accepts compensation to whe administrative remedies as well as felo	false statement, misrepresentation, concealment of compensation as provided under EEOICPA or who ich that person is not entitled is subject to civil or ny criminal prosecution and may, under appropriate ne or imprisonment or both. I affirm that the information rue.		
Send this form to: SEC Petition Division of Compensa NIOSH 1090 Tusculum Ave, I Cincinnati, OH 45226	ation Analysis and Support MS-C-47		
	nplete the Appendix Forms for additional petitioners. ated at the end of this document.		

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

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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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Special Exposure Cohort Petition under the Energy Employees Occupational	U.S. Department of Health and Human Services Centers for Disease Control and Prevention			
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Special Exposure Cohort Petition — Form B	OMB Number: 0920-0639 Expires: 10/31/2019 Appendix — Petitioner 2			
-	Failure to use this form will not result in or privilege to which you may be entitled.			
	pendix for Petitioner 2.			
This appendix form is to be used as needed. Pet sections applicable to him or her.	itioner 2, or his or her representative, should complete the			
Refer to the General Instructions on completing p	petitioner information for Parts A, B, or C.			
If you need more space to provide additional info the form and attach the completed continuation p	rmation, use the continuation page provided at the end of age(s) to Form B.			
Except for signatures, please PRINT all informati	on clearly and neatly on the form.			
If you	,			
are:				
	or former Energy Employee or Survivor); Start at A			
A. Representative Information Complet Survivor(s) to petition on behalf of a cla	e Part A if you are authorized by an Energy Employee or ass.			
A.1 Are you a contact person for an organi	zation? \Box Yes (Go to A.2) \Box 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 of Petition Representative:				
Street	Apt # P.O. Box			
City State	Zip Code			
A.5 Telephone Number of Petition Represe	ntative: ()			
A.6 Email Address of Petition Representation	ve:			
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.				

under	ial Exposure Cohort Petition the Energy Employees Occupational Compensation Program Act	· · ·	Centers for Disease	nd Human Service e Control and Preventio ational Safety and Healt
C maa:	al Europuiro Cohart Datition - Formul	OMB N	umber: 0920-0639	Expires: 10/31/201
Speci B.	al Exposure Cohort Petition — Form I Survivor Information Complete Pa		A rvivor or representi	ppendix — Petitioner ng a Survivor.
B.1	Name of Survivor:			
	Mr./Mrs./Ms. First Name	Middle Initial	La	ast Name
B.2	Address of Survivor:			
	Street		Apt #	P.O. Box
	City St	ate	Zip Co	de
B.3	Telephone Number of Survivor: ()		
B.4	Email Address of Survivor:			
B.5		□ Spouse □Grandparent	□Son/Daughter □Grandchild	□Parent
C.		Go to Part C. nplete Part C.		
C.1	Name of Energy Employee:			
	Mr./Mrs./Ms. First Name	Middle Initial	La	st Name
C.2	Former Name of Energy Employee (e	.g., maiden name/leg	gal name change/oth	er):
	Mr./Mrs./Ms. First Name	Middle Initial	La	st Name
C.3	Address of Energy Employee (if living):		
	Street		Apt #	P.O. Box
	City Sta	ate	Zip Coo	de
C.4	Telephone Number of Energy Employ	yee: ()		
C.5	Email Address of Energy Employee:			
C.6	Employment Information Related to I	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 pe	etition.	

Special Exposure Cohort Petition under the Energy Employees Occupational	U.S. Department of Health and Human Services Centers for Disease Control and Prevention					
Illness Compensation Program Act	National Institute for Occupational Safety and Health					
Special Exposure Cohort Petition — Form B	OMB Number: 0920-0639 Expires: 10/31/2019 Appendix — Petitioner 3					
	ilure to use this form will not result in privilege to which you may be entitled.					
	ndix for Petitioner 3.					
This appendix form is to be used as needed. Petitio sections applicable to him or her.	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 pet	tioner information for Parts A, B, or C.					
If you <u>need more space to provide additional inform</u> the form and attach the completed continuation pag	ation, use the continuation page provided at the end of e(s) to Form B.					
Except for signatures, please PRINT all information	clearly and neatly on the form.					
If you						
are:						
	ent or former Energy Employee); Start at A					
A. Representative Information Complete I Survivor(s) to petition on behalf of a class	Part A if you are authorized by an Energy Employee or 5.					
A.1 Are you a contact person for an organiza	tion? \Box Yes (Go to A.2) \Box 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 of Petition Representative:						
Street	Apt # P.O. Box					
City State	Zip Code					
A.5 Telephone Number of Petition Represent	ative: ()					
A.6 Email Address of Petition Representative						
petition by the survivor(s) or energy empl	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.						

under	the Energy Employees Occupational	•	Centers for Dise	and Human Services ase Control and Preventio
mness	Compensation Program Act			upational Safety and Healt
-	ial Exposure Cohort Petition — Form	В	Imber: 0920-0639	Expires: 10/31/201 Appendix — Petitioner
Β.	Survivor Information Complete Pa	art B if you are a Sur	vivor or represe	nting a Survivor.
3.1	Name of Survivor:			
	Mr./Mrs./Ms. First Name	Middle Initial		Last Name
B.2	Address of Survivor:			
	Street		Apt #	P.O. Box
	City St	tate	Zip	Code
B.3	Telephone Number of Survivor: ()		
B.4	Email Address of Survivor:			
B.5		•	on/Daughter randchild	□Parent
		Go to Part C.	Tanucinu	
C.	Energy Employee Information Cor	mplete 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	e.g., maiden name/leg	al name change/o	other):
	Mr./Mrs./Ms. First Name	Middle Initial		Last Name
C.3	Address of Energy Employee (if living)):		
	Street		Apt #	P.O. Box
	City Sta	ate	Zip (Code
C.4	Telephone Number of Energy Employ	yee: ()		
C.5	Email Address of Energy Employee:			
C.6	Employment Information Related to I	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 pe	tition.	

Special Exposure under the Energy Emplo Illness Compensation P	oyees Occupational	U.S. Department of Health and Human Services Centers for Disease Control and Prevention National Institute for Occupational Safety and Health		
Special Exposure Co	ohort Petition — Form B	OMB Number: 0920-0639 App	Expires: 10/31/2019 endix — Continuation Page	
Continuation Page	Photocopy and complete a	as necessary.		
	Attac	h to Form B if necessary.		