



Health Resources & Services Administration  
**Health Systems Bureau**  
 5600 Fishers Lane  
 Rockville, MD 20857



Date

Name

Address

Address

Case Number: -CICP Numerical Case Number

Dear Salutation. Last Name:

This letter is to inform you that there is insufficient documentation in the Request for Benefits Package (Request Package) that you filed with the U.S. Department of Health and Human Services' (HHS) Countermeasures Injury Compensation Program (CICP or the Program) for the Program to make a determination concerning your eligibility for CICP benefits. See 42 C.F.R. §110.71. You must submit the necessary documentation, identified below, to the CICP **within 60 calendar days** from the date of this letter. If insufficient documentation is submitted in response to this letter, the CICP may disapprove the Request for Benefits. 42 C.F.R. § 110.71.

**Documentation Received**

The CICP has received the following documents pertaining to your claim for CICP benefits:

- Medical Records Received Date To - From

**Documentation Required But Not Yet Received**

COMMENTS: [ADD CASE SPECIFIC INFORMATION CONCERNING THE MISSING RECORDS]

The CICP prefers that medical records are sent directly to the program by your health care provider(s). The indicated required documentation should be sent directly to the CICP online at [https://cicpsubmit.hrsa.gov/ injurycompensation.hrsa.gov](https://cicpsubmit.hrsa.gov/injurycompensation.hrsa.gov) (preferred). If unable to submit electronically, please send them to the following address:

Formatted: No underline

Last Name, First Initial, CICP#####

Health Resources and Services Administration  
Countermeasures Injury Compensation Program  
5600 Fishers Lane, [14W-188W-25A](#)  
Rockville, MD 20857

If you are unable to provide the required additional documentation, you may provide a written explanation of the reason(s) that the requested documentation is unavailable and the efforts you have made to obtain the documentation. 42 C.F.R. §§110.50(c); 110.71. The CICP may accept such a statement in place of the required documentation or disapprove the Request for Benefits due to insufficient documentation.

### Other Documentation

In addition to the required documentation that you must submit, identified above, you also may submit additional documentation that you believe will support your Request Package. This may include additional medical documentation or scientific evidence in order to establish that an injury was caused by a covered countermeasure.<sup>1</sup> Letters from treating physicians may be submitted as additional evidence but may not substitute for the required medical documentation. 42 C.F.R. §110.50(b).

Please note that if you disagree with the CICP's eligibility determination and you request a reconsideration of the determination by an independent panel, the panel cannot review any new documentation that was not previously submitted to the Program. 42 C.F.R. §110.90(a).

If you have questions, please call 1-855-266-2427, email [CICP@HRSA.gov](mailto:CICP@HRSA.gov), or mail them to the address above.

Very Respectfully,

Director,  
Division of Injury Compensation Programs

Sincerely,

Formatted: Indent: Left: 0"

<sup>1</sup> To establish causation, a requester must demonstrate that the covered injury ~~occurred as a direct result of~~ was directly caused by the administration or use of a covered countermeasure based on compelling, reliable, valid, medical and scientific evidence. 42 U.S.C. §247d-6e(a), (b)(4); 42 C.F.R. §110.20(c).

\_\_\_\_\_  
Last Name, First Initial, CICP#####



\_\_\_\_\_  
CAPT George Reed Grimes, MD,  
MPH  
Director, Division of Injury  
Compensation Programs

Last Name, First Initial, CICIP#####

~~Response Form (Optional)~~

Response Form (Optional)

Formatted: Centered  
Formatted: Font: Bold

Please return by mail to the following address:

Health Resources and Services Administration  
Countermeasures Injury Compensation Program  
5600 Fishers Lane, 14W-188W-25A  
Rockville, MD 20857

Please check the box of the statement that applies to you. Select only one option below.

I will not submit any more documentation. Please ~~review my file for medical eligibility based on what has already been submitted, and do not wait the 60 days outlined in CICIP's letter. The CICIP will determine medical eligibility after receipt of this form and inform the requester of the result and next steps.~~

I plan to submit the following additional documentation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Requester (Please print)

\_\_\_\_\_  
CICIP Case Number

\_\_\_\_\_  
Signature

~~**PUBLIC BURDEN STATEMENT** The purpose of this data collection is to gather information to allow the Secretary of Health and Human Services to determine if requesters are eligible for Countermeasure Injury Compensation Program (CICIP) benefits. Requesters (or their representatives) must submit appropriate documentation forms and relevant medical records as specified in Section 42 CFR 110.50-110.53 to the CICIP. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this~~

Last Name, First Initial, CICIP#####

information collection is 0915-0334 and it is valid until 4/30/2026. This information collection is required to obtain or retain a benefit (42 CFR Part 110). Access to these records is strictly limited to authorized users who are aware of their responsibilities under the Privacy Act and who are required to maintain Privacy Act safeguards with respect to such records. The System of Records Notice for Injury Compensation Programs, HHS/HRSA/HSB, System No. 09-15-0056, identifies authorized users. Public reporting burden for this collection of information is estimated to average 5.1 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov). Please do not send documents related to an individual claim to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

**PUBLIC BURDEN STATEMENT** The purpose of this data collection is to gather information to allow the Secretary of Health and Human Services to determine if requesters are eligible for Countermeasures Injury Compensation Program (CICP) benefits. Requesters (or their representatives) must submit appropriate documentation forms and relevant medical records as specified in 42 CFR Part 110, subparts F, G to the CICP. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0334 and it is valid until 4/30/2026. This information collection is required to obtain or retain a benefit (42 USC § 247d-6e, 42 CFR Part 110). Access to these records is strictly limited to authorized users who are aware of their responsibilities under the Privacy Act and who are required to maintain Privacy Act safeguards with respect to such records. The System of Records Notice for Injury Compensation Programs, HHS/HRSA/HSB, System No. 09-15-0056, identifies authorized users. Public reporting burden for this collection of information is estimated to average 5.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov). Please do not send documents related to an individual claim to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).