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

[Current Date]

[Requester/Representative full name]
[Requester/Representative home address]
[Requester/Representative city, state zip code]

Case Number: CICP[10-digit case number]

Dear [Requester/Representative full name]:

You submitted a Request for Benefits Form in which you indicated that you are [a survivor/the representative of a survivor] of [Deceased Countermeasure Recipient name]. As stated in [a/an] [date of letter] letter from t~~T~~he Countermeasures Injury Compensation Program (CICP or the Program), ~~has determined that~~ [Deceased Countermeasure Recipient name]'s death was directly caused by the use or administration of ~~the~~ [covered countermeasure]~~, as stated in the [date of letter] decision letter~~. As a result, [his/her]~~Certain~~ survivor(s) may be eligible for death benefits from the Program ~~once eligibility is determined~~. ~~You submitted a Request for Benefits Form in which you indicated that you are a survivor of [Deceased Countermeasure Recipient name].~~ Death benefits under the CICP may be available to eligible survivors under one of two different calculations: the "standard calculation" or the "alternative calculation." Read this letter and Attachment~~s~~ 1 ~~and 2~~ carefully to understand the ~~available~~ death benefits that may be available, including the two types of death benefit calculations, ~~eligibility for~~who can select each calculation, and the order of priority among categories of survivors for receipt of ~~those survivors to receive the~~ death benefits~~. under each~~

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Standard Calculation

Payment Amount: The "standard calculation" is based on the death benefit available under the Public Safety Officers' Benefits (PSOB) Program in the fiscal year in which the injured countermeasure recipient died. For deaths occurring in Fiscal Year [FY that Deceased Countermeasure Recipient Died], the fiscal year in which [Deceased Countermeasure Recipient's Name] died, the total death benefit amount is $[PSOB payment for that year]. For more information on the PSOB Program, please see: https://www.psob.gov.

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Payment Type: ~~I~~Lump-sum payment~~s~~ in shares to eligible survivors in order of priority.

Eligibility Categories and Priority for Payment~~y~~: ~~These below survivor categories may be eligible for death benefits:~~

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- Spouse – a spouse refers to an individual's lawful husband, wife, widower, or widow. Certain common law marriages may qualify in states that recognize common law marriages. An eligible spouse who is separated but not legally divorced may be considered for death benefits

- Child(ren) - A surviving child will qualify under this category if they are a natural, illegitimate, adopted, or posthumous child, or stepchild of a deceased injured countermeasure recipient who, at the time of the countermeasure recipient's death, is: 18 years old or younger, or between 19 and 22 years of age and a full-time student, or incapable of self-support due to a physical or mental disability, regardless of age.
- Beneficiary(s) – A person(s) named in a beneficiary designation form supplied by an employer or, if no such form exists, the most recently executed insurance policy may be eligible for death benefits.
- Parent(s) – Natural or adoptive parent(s)
- Legal guardian(s)
- Adult child(ren) – A surviving child will qualify under this category if they are a natural, illegitimate, adopted, or posthumous child, or stepchild of a deceased injured countermeasure recipient who, at the time of the countermeasure recipient's death, is over 18 years old.

- Legal guardian – Legal guardianship must be determined by a court of competent jurisdiction under applicable State law

Please carefully read refer to Countermeasures Injury Compensation Program: Survivor Benefits Eligibility Category Definitions and Priority (Attachment 1).

Priority and Shares for Payment: Payments will be disbursed to survivors who are in the categories below in order of priority, number one being the highest priority. For a survivor to be eligible under categories four two through fiveseven, there can be no individual in a higher priority category. Eligible survivor(s) portion/share of the benefit is based on the category of other eligible survivors.

Priority to receive payment	Survivor Category to receive payment	Proportionate Amount of Benefit to each eligible survivor recipient
1	ISpouse; if no surviving child(ren), to the spouse.	Entire (100%) benefit
12	Spouse and child(ren)	50% to spouse, AND 50% in equal shares to child(ren)
13	Child(ren) if no surviving spouse: • Child(ren) under 18 years old • Child(ren) in full-time school 19-22 years old • Child(ren) incapable of self-support	Entire (100%) benefit in equal shares
To be eligible under categories twofour through fiveseven, there can be no individual in a higher priority category		
42	If no surviving spouse or child; named beneficiary(s) of deceased countermeasure recipient	Entire (100%) benefit in shares per the designation, or, otherwise, in equal shares
35	Parent(s) of deceased countermeasure recipient	Entire (100%) benefit in equal shares
6	Legal guardian if deceased countermeasure recipient was a minor and no surviving parent(s)	Entire (100%)
467	Adult child(ren) of deceased countermeasure recipient	Entire (100%) benefit in equal shares

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57	If none of the above, to the legal guardian of a deceased minor without surviving parent(s)	Entire (100%) benefit

All eligible survivors will receive the Standard Calculation benefit in proportionate shares unless a minor child or minor dependent's legal guardian chooses to select the Alternate Calculation. Survivors who are eligible for the standard calculation and have priority to receive death benefits under the standard calculation generally will receive a proportionate share of death benefits under the standard calculation.

Alternative Calculation

Payment Amount: Only certain survivors may elect to receive death benefits under the alternative calculation. The types of survivors eligible for the alternative calculation are listed in Attachment 1. The "alternative calculation" is calculated at 75% of the deceased injured countermeasure recipient's gross income annual salary at the time he or she sustained the covered injury that resulted in death and is divided into proportional shares for each eligible dependent survivor whose legal guardian elects to receive death benefits eligible under this calculation. However, the amount of death benefits will be reduced for all payments made, or expected to be made in the future, by any third-party payer for: (1) compensation for the deceased countermeasure recipient's loss of employment income on behalf of the dependents or their legal guardians(s) (but not any lost employment income benefits paid by the Program); (2) disability, retirement, or death benefits in relation to the deceased countermeasure recipient (including, but not limited to, death and disability benefits under the PSOB Program) on behalf of the dependents or their legal guardians; and (3) life insurance benefits on behalf of the dependents. As explained further below, the proportional shares are paid via annual installments, but the maximum payment of death benefits that may be made on behalf of the aggregate of the dependents in any one year under the alternative calculation is $50,000.

Payment Type: Annual Equal installments, adjusted for inflation, paid to the legal guardian(s) on behalf of the eligible dependent survivors until each the dependent survivor reaches the age of 18 (i.e., once an eligible dependent reaches the age of 18, payments will no longer be made for that eligible dependent), accounting for inflation.

Eligibility Categories and Priority for Payment: Please carefully read Countermeasures Injury Compensation Program: Survivor Benefits Eligibility and Priority (Attachment 1). refer to Survivor Category Definitions and Priority (Attachment 1).

Eligibility: The following survivors may qualify for the alternative calculation if at the time of the deceased countermeasure recipient's death, payment, the survivor **is younger than 18 years old or younger.**

Priority to receive payment	Survivor Category to receive payment	Proportionate Amount of Benefit to each eligible survivor recipient
1	Natural, illegitimate, adopted or posthumous child or step-child younger than 18 years of age	Equal shares
1	Any minor dependent (i.e., younger than 18 years of age) who is not a natural, illegitimate, adopted,	Equal shares

	or posthumous child or step-child but never adopted (e.g., niece, nephew, foster child)	

Legal guardians of minor children and other minor dependent survivors, who wish to request the Alternative Calculation, should complete Form 3: Standard or Alternative Calculation Selection for Minors.

*Note: Dependents that were "never adopted" that qualify as a survivor for the alternative calculation do **not** qualify for benefits under the standard calculation.*

Priority: All survivors who are eligible for and select the alternative calculation dependents in this category have the **same** priority for payments. Surviving dependents younger than the age of 18 who are not the minor children of the deceased injured countermeasure recipient under this category have the same priority as surviving children as described under section two for the standard calculation in Category 1 in Attachment 1. If other eligible survivors are of equal priority to receive death benefits as the dependents receiving death benefits under the alternative calculation (e.g., the deceased injured countermeasure recipient is survived by a dependent ten year-old child and a spouse who is not the child's legal guardian), CICP will pay the dependents a proportionate share of the death benefit available and calculated under the alternative calculation and will pay the other eligible survivors a proportionate amount of the death benefit available and calculated under the standard calculation.

Legal Guardians: The legal guardian of a minor who would qualifyies as a child under cCategory 1two for the standard calculation (see Section II in Attachment 1) and as a minor dependent child for the alternative calculation (see Section IV in Attachment 1) will have to request one of the two types of death benefits. In addition, although minor dependents who are not children are only eligible for death benefits under the alternative calculation, their legal guardians must still select to receive death benefits under the alternative calculation. Therefore, legal guardians of minor children and other minor dependent survivors, who wish to request the alternative calculation, must complete Form 3: Standard or Alternative Calculation Selection for Minors. A selection under the alternative calculation is subject to approval by the CICP.

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To help you legal guardians understand the two types of calculations, a sample calculation has been provided as an attachment;. it is provided only as an example and may not reflect the amount of benefits available or the number and type of eligible survivors in your case. Please note that the sample alternative calculation assumes no payments were made, or are expected to be made in the future, by any third-party payer, which would reduce the total amount of the benefit as described above.

Payer of Last Resort

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Under the standard calculation, tThe CICP is the payer of last resort. That means that under the standard calculation, the CICP and can only disburse death benefits less than the amount of a temporary and partial disability benefit that has been or will be paid under the PSOB Program. No death benefit will be paid under the standard calculation if a death benefit is paid for the

deceased injured countermeasure recipient, or if survivors are eligible to receive a death benefit, under the PSOB Program.

Further, uUnder the alternative calculation, the CICP ~~is the payer of last resort and~~ can only disburse death benefits less ~~than~~ the amount covered by other third-party payers. Third-party payers are organizations that are responsible for paying benefits with respect to the deceased injured countermeasure recipient, such as a life insurance company, employer (e.g., Workers' Compensation), or a government program (e.g., Department of Veterans Affairs). You are~~will be~~ responsible for providing information about ~~eligible~~ third-party payers.

~~*See* **42 C.F.R. § 110.3(ee) .**~~

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How to Request Benefits

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To request reimbursement or payment for available benefits, please follow these steps:

1. **Understand the Benefits** ~~–~~ – Read t~~T~~his letter and its attachments, which explain~~s~~ available death benefits.
2. **Review and Complete Forms and Attachments** - Read, complete and sign the forms that are applicable to the benefits you request. (More than one individual may be required to sign).
3. **Gather Your Documents** ~~–~~ – See all Forms and Attachments~~.~~ ~~1The attachment explains what documents to submit.~~
4. **Send Everything to CICP** - Submit the completed forms and supporting documents~~.~~ within **60 calendar days** of this letter's date or inform the CICP if you need more time.

~~**IMPORTANT: You Have 60 Days to Send Your Forms**~~

~~You have **60 calendar days from the date of this letter** to send the required forms and supporting documents for CICP to calculate benefits. If CICP does not receive enough information, the Program may not be able to complete the review and may have to deny payment of benefits. See **42 C.F.R. § 110.71.**~~

~~If you are **unable to provide some of the required documents**, you may send a written explanation on why the documents are unavailable and what steps you have taken to try to obtain them. CICP must receive your explanation **within the same 60-day period**. The Program may accept your explanation in place of the missing documentation, or it may deny some or all the benefits if the documentation is not sufficient. See **42 C.F.R. §§ 110.50(c) and 110.71**~~

Need Help? Contact CICP

~~CICP understands this process can feel overwhelming.~~ Please don't hesitate to reach out with any questions.

- **Email:** CICPBenefits@HRSA.gov
  When you email, please include your phone number and the best days and times to reach you (Monday through Friday, 8:00 AM - 5:00 PM EST). This helps CICP call you back quickly.
- **Call:** 1-855-266-2427
  When you call, tell the representative: "I~~m~~ received a decision letter stating that I am eligible for benefits~~ medically eligible for CICP benefits~~, and I'm calling about ~~eligible~~ benefits." This helps them direct you to the right person immediately.
- **Mail:** You can also send written questions to the mailing address listed~~ on the next page~~.

How to send your forms and documents:

Submit online:

1. Go to: https://cicpsubmit.hrsa.gov.
2. Upload your forms on the website.

If you cannot use the website, you can mail in your forms to:

Health Resources and Services Administration
Countermeasures Injury Compensation Program
5600 Fishers Lane, 14~~8~~W-18~~25A~~
Rockville, MD 20857

Sincerely,

_____ _____

~~CDR~~ CAPT ~~George Reed Grimes, M.D., M.P.H.~~ Date

Director, Division of Injury Compensation Programs Date

Enclosures:
Attachment 1 – Countermeasures Injury Compensation Program: Survivor Benefits ~~Eligibility and~~Eligibility and Priority
Attachment 2 – Definitions for Determining Categories of Survivorship for CICP Death Benefit ~~Survivor Benefits Eligibility and Priority~~
~~Attachment 2 – Sample Calculation~~
~~Death Benefit Document Checklist~~
Form 1 – Identifying Eligible Survivors
Form 2 – Identifying Third-Party Payers
Form 3 – Standard or Alternative Calculation Selection
~~Forom 4 – Alternative Calculation Selection~~
~~Attachment 1 – Survivor Benefits Eligibility and Priority~~

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~~Attachment 21 – Sample Calculation~~

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 10~~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. Please do not send documents related to an individual claim to paperwork@hrsa.gov.

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