



Health Resources & Services Administration

**Health Systems Bureau**

5600 Fishers Lane  
Rockville, MD 20857



[Current Date]

[Requester name]

[Requester home address]

[Requester City, State, Zip code]

Case Number: CICIP [Case number]

Dear [Administrator of the Estate name]:

The Countermeasures Injury Compensation Program (CICP or the Program) determined that [Deceased Countermeasure Recipient name]'s [injury and/or death] was directly caused by the use or administration of [covered countermeasure], as stated in the letter sent on [date of decision letter]. This means you can now request payment or reimbursement for eligible medical expenses and/or lost employment income related only to the covered injury(s) described in that letter. Please read this letter carefully. The sections below explain the types of benefits the estate may be eligible for under the Program, limits on those benefits, and how to request them.

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The benefits available to the estate of a deceased injured countermeasure recipient are payment or reimbursement for unreimbursed medical services or items and/or lost employment income accrued during [Deceased Countermeasure Recipient name]'s lifetime but were not paid in full by the Program before their death. [See 42 C.F.R. §§ 110.30\(c\), 110.31\(d\), 110.32\(d\).](#)

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**Important:** You have 60 days from the date of this letter to complete [the](#) next steps [outlined below](#).

**Benefits for Unreimbursed Medical Expenses**

The CICP may pay for [reasonable](#) unreimbursed [costs for](#) reasonable and necessary [costs medical items and services](#) related to the covered injury or its health complications. This can include medical services and items used to:

- Diagnose or treat the covered injury(s);
- Prevent or manage health complications related to the injury(s); and
- Reduce the degree or period of disability.

See 42 C.F.R. §§ ~~110.30(e)1~~, 110.80.

### **Benefits for Lost Employment Income**

The CICP may pay for employment income that **[Deceased Countermeasure Recipient name]** lost because ~~resulting from~~ of a covered injury(s) or its health complications as long as the benefits were accrued during their lifetime and not already paid in full by the CICP before their death. However, no lost employment income may be paid after the receipt, by the survivor(s) of a deceased injured countermeasure recipient, of death benefits.

To qualify for lost employment income benefits, the deceased countermeasure recipient must have:

- Been unable to work due to the covered injury(s), or its health complications; and
- Lost more than 5 days of work **without** pay

The missed workdays do not have to be consecutive. Partial days can be added together to count as full days.

See 42 C.F.R. §§ ~~110.32~~, ~~and~~ 110.81.

### **How CICP Calculates Lost Workdays**

The ~~CICP deceased injured countermeasure recipient must have~~ **had** a minimum of five total 5-day waiting period of lost work before ~~benefits the estate is~~ begin eligible for lost employment income benefits, which is calculated as follows:

- **5 days or less of lost work:** No payment
- **6 to 9 days of lost work:** Payment for the actual days minus 5 (For example: 7 days lost = payment for 2 days)
- **10 or more days of lost work:** Payment for all days lost

### **Important Rules About Paid Leave**

If the deceased injured countermeasure recipient used paid sick leave or vacation days, the CICP cannot pay for those days. The Program only pays for **unpaid** leave used during eligible lost workdays, if any. ~~This means, the estate would not qualify to receive lost employment income for those days.~~

## Payment Amounts

The CICP will pay for eligible lost workdays based on the deceased [injured](#) countermeasure recipient's gross employment income [at the time of the covered injury](#) and whether they had dependents at the time of injury:

- **No dependents:** 66% ~~percent~~ of gross employment income
- **One or more dependents:** 75% ~~percent~~ of gross employment income

Dependents are defined by the Internal Revenue Service (IRS) rules.

## Benefit Limitations

- Maximum amount per year: \$50,000
- ~~Age limit:~~ Lost employment income may only be paid to the estate if the deceased [injured](#) countermeasure recipient was under the age of 65 at the time of injury.
- ~~Time limit:~~ [Lost employment income cannot be paid if the survivor\(s\) of the deceased injured countermeasure recipient have already received death benefits.](#)

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## CICP as is a Secondary Payer the Payer of Last Resort

CICP pays benefits secondary to all other public and private third-party payers [who have an obligation to pay for such benefits](#). Before CICP can [reimburse or pay for any medical services, medical items, or](#) lost employment income, the CICP must first determine what other third-parties have [paid or are expected to pay](#) ~~not paid or should pay~~. Examples of third-party payers may include:

- Disability insurance programs,
- State workers' compensation programs,
- ~~Disability insurance programs,~~
- Uniform Services Retirement Board determinations,
- Department of Veterans Affairs determinations, [and](#)
- Other government programs

You will be required to submit information about any third-party payers. If you discover that a third-party payer may be required to pay or reimburse for medical services or items and/or lost employment income related to the injuries covered by CICP, you must notify the Program within [ten business days](#) of learning this information.

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See 42 C.F.R. §§ [110.3\(q\), \(ee\)](#); [110.60\(a\)\(1\)](#); [110.61\(a\)\(4\)](#).

## How to Request Benefits

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

1. **Understand the Benefits** - ~~This~~ [Read this](#) letter ~~and its attachments, which~~ explains the available benefits.
  1. **Review [and Complete](#) Forms** - Read, complete, and sign the forms that are applicable to the benefits you request ~~and/or decline. You are required to DECLINE each type of benefit if you choose not to request them.~~
2. **Gather Your Documents** - The forms explain what documents to submit.
  2. **Send Everything to [the](#) 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 and Supporting Documents**

~~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(e) and 110.71~~

**Need Help? Contact [the](#) CICP**

[The](#) CICP understands this process ~~can~~ [may](#) feel overwhelming. Please don't hesitate to reach out with any questions.

- **Email:** [CICPBenefits@HRSA.gov](mailto: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 medically eligible for CICP benefits, and I'm calling about my benefits." This helps them direct you to the right person immediately.
- **Mail:** You can also send written questions to the address listed below.

**How to send your forms:**

[Option 1: \(Preferred Method\) Submit online;](#)

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

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Option 2: Send your forms via postal mail to:

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

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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, 8W-25A  
Rockville, MD 20857

Sincerely,

\_\_\_\_\_  
CDR George Reed Grimes, M.D., M.P.H. Date  
Director, Division of Injury Compensation Programs

**Enclosures:**

- Form 1 – Unreimbursed Medical Expenses
- Form 2 – Lost Employment Income Benefits

**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 (CICP) 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 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 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 ~~105.4~~ 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) ~~HYPERLINK~~ "<mailto:paperwork@hrsa.gov>". Please do not send documents related to an individual claim to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) ~~HYPERLINK~~ "<mailto:paperwork@hrsa.gov>".