

DEFINITIONS

CLAIM TYPES:

I. Special Exposure Cohort (SEC) Cancer

To establish membership in the SEC, a worker (or his or her survivor) must establish that the worker was an employee of the DOE, a DOE contractor or subcontractor, or an atomic weapons employer (AWE) designated by the DOE and worked for one or more of the gaseous diffusion plants located in Paducah, Kentucky, Portsmouth, Ohio or Oakridge, Tennessee for at least 250 workdays before February 1, 1992, and contracted a specified cancer; or worked on Amchitka Island, Alaska, and was exposed to ionizing radiation related to certain underground nuclear tests; or is a member of a class of employees designated as SEC by the Department of Health and Human Services (HHS).

II. Non Special Exposure Cohort (nonSEC) Cancer

If the worker is not a member of the SEC, as described above, he or she (or his or her survivor) must establish that the worker is or was an employee of DOE, a DOE contractor or subcontractor, or an AWE designated by DOE and sustained a cancer that is determined, through use of guidelines developed by the National Institute for Occupational Safety and Health (NIOSH), to be at least as likely as not related to employment at a DOE or AWE facility. Any type of cancer may be covered under the EEOICPA. A member of the SEC who has a non-specified cancer must also go through the NIOSH process.

III. Other Conditions:

Beryllium Disease

To receive compensation as a result of a beryllium disease, a worker (or his or her survivor) must establish that the worker is or was an employee of DOE, a DOE contractor or subcontractor or a beryllium vendor who was exposed to beryllium at a DOE facility or at a facility owned, operated or occupied by a beryllium vendor.

An individual with Chronic Beryllium Disease is entitled to the lump-sum monetary compensation plus medical expenses. An individual with Beryllium Sensitivity is entitled to medical monitoring.

Chronic Silicosis

To establish eligibility for compensation for chronic silicosis, a worker (or his or her survivor) must establish that the worker was an employee of DOE or a DOE contractor who was present for at least 250 workdays at a DOE facility in Nevada or Alaska during tunnel mining for atomic weapons tests or experiments.

IV. Radiation Exposure Compensation Act (RECA)

For an uranium employee to be eligible for benefits from DOL, a claimant must establish that the Department of Justice has determined that a covered uranium employee was entitled to compensation under section 5 of the RECA and that the claimant was awarded those benefits or is an eligible survivor of the deceased worker.

V. NIOSH

When DOL concludes that a claim for cancer involves a covered employee who is not a member of the SEC (nonSEC) or is a member of the SEC with a non-specified cancer, the claim is sent to NIOSH to undergo a dose reconstruction analysis. NIOSH is responsible for estimating the radiation dosage received by the employee based upon information provided by DOE and the claimant. This dosage estimate is then used by DOL to determine whether the cancer was at least as likely as not related to the covered employment (50% or greater).

In order to conduct the dose reconstruction, NIOSH will obtain information, data, and records from DOE or other sites where an individual has worked.

In addition, NIOSH will conduct phone interviews with each claimant to obtain any additional information regarding the employee's radiation exposure and work history to help complete radiation dose reconstructions.

The DOL claims examiner will use the information from the dose reconstruction report and apply the probability of causation guidelines to determine whether a cancer was as likely as not (50%) caused by exposure during the time of employment for nonSEC cancers.

For further information, contact your servicing District Office:

Jacksonville District Office

(Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee)
(877) 336-4272

Cleveland District Office

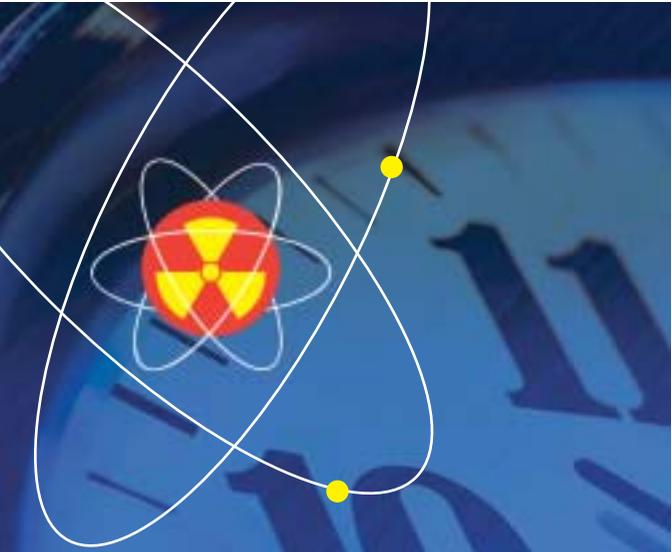
(Connecticut, Delaware, District of Columbia, Illinois, Indiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Puerto Rico, Rhode Island, Vermont, Virgin Islands, Virginia, West Virginia and Wisconsin)
(888) 859-7211

Denver District Office

(Arkansas, Colorado, Iowa, Kansas, Louisiana, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, South Dakota, Texas, Utah, Wyoming and all claims from RECA Section 5 awardees)
(888) 805-3389

Seattle District Office

(Alaska, Arizona, California, Idaho, Hawaii, Marshall Islands, Nevada, Oregon and Washington)
(888) 805-3401



What Happens When You File a Claim Under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA)



U.S. Department of Labor
Division of Energy Employees
Occupational Illness Compensation

Now that you have filed a claim for EEOICPA Benefits

What Happens Next?

Your claim is filed with one of the program's District Offices. These are located in Jacksonville, Florida; Cleveland, Ohio; Denver, Colorado; and Seattle, Washington. The District Office where your claim is filed is based upon the location of the employee's last place of employment with the Department of Energy (DOE).

The District Office will contact you in 30 days to acknowledge receipt of your claim. At that time, the District Office will provide you with a claim number. If you are not notified within 30 days, please call your servicing District Office (contact information is listed on the back of this pamphlet).

Your claim will be assigned to a claims examiner in the District Office. The claims examiner will develop your claim as fully as possible to determine if the information provided meets the requirements of the EEOICPA. You may be requested to provide additional information to establish your claim for benefits. This request for information does not mean that you are being denied benefits. At any point in this process, if you have questions about what is being requested, please contact your claims examiner at the numbers listed for your District Office at the back of this pamphlet.

The first step in the examination process is for the claims examiner to determine if you have a covered illness under the EEOICPA. If you have not claimed a covered illness, the claims examiner will request additional information. You will be provided specific information detailing the lack of documentation relative to the illnesses covered by the Department of Labor (DOL) administered program. You may also be referred to the

DOE's program for assistance in obtaining state workers' compensation for illnesses not covered by the DOL. Once the District Office has determined that the employee has/had a covered illness, the following actions are initiated to verify employment or develop medical documentation.

VERIFICATION OF EMPLOYMENT: A claims examiner will seek information concerning the employment history submitted on the form EE-3 (Employment History for Claim Under Energy Employees Occupational Illness Compensation Program Act) in cooperation with the DOE. In instances where the DOE is unable to verify all or part of the claimed employment, you may be asked to provide any employment records, government documents, business records, corroborating evidence or affidavits that you may have in your possession. Although it is ultimately the claimant's responsibility to provide sufficient information to establish employment at a covered facility, the DOL will assist and, if necessary, obtain records from other sources such as the Social Security Administration, pension and union records, statements by co-workers or other contacts.

DEVELOPMENT OF MEDICAL DOCUMENTATION: Once a covered illness is established, a claim is examined to ensure that appropriate medical documentation is available to meet the requirement for the covered illness as identified on form EE-7 (Medical Requirements Under the Energy Employees Occupational Illness Compensation Program Act). If during the examination, the claims examiner determines that the medical documentation that has been provided is insufficient then the claimant will be requested to provide additional documentation in support of the claim.

Normally, you will be requested to provide this documentation within 30 days of the request letter. However, if you need more time to

gather this information, please notify the District Office.

When a covered medical condition and covered employment are established by the District Office, you will receive forms EE/EN-15 requesting information about tort suits, third party settlements, fraud charges, any other known survivors of the deceased employee, and asking for any other corrections to your name, address and social security number. You will have 30 days to return the completed form EN-15.

After all the necessary employment, medical evidence and dose reconstruction (if necessary) have been received, the District Office will issue a Recommended Decision to the claimant and also to the Final Adjudication Branch (FAB) for review.

YOU WILL RECEIVE A RECOMMENDED DECISION EITHER AFFIRMING OR DENYING YOUR CLAIM. THIS IS ONLY A RECOMMENDED DECISION. NO BENEFITS WILL BE AWARDED OR DENIED UNTIL A FINAL DECISION IS RENDERED.

Once you receive a Recommended Decision, you may waive your rights to submit objections to the findings of fact or conclusions of law contained in the recommended decision of the district. If you waive your rights, the FAB will issue a final decision based on the evidence and the information already in the record. If you waive your rights, the FAB may immediately issue a Final Decision on your claim.

Recommended Decisions - Rights of Action

If you disagree with the findings of fact and/or the conclusions of law in the Recommended Decision, you may file objections with the FAB, and your objections will be considered by a review of the written

record or by an oral hearing if you request one. You may also submit to the FAB, any additional evidence or information you believe may assist in deciding your claim. If no objections are received or no hearing requested within 60 days, the FAB will issue a Final Decision based upon the record submitted to the FAB by the District Office.

Review of the Written Record

A review of the written record means that the FAB will examine the record forwarded by the District Office, your objections, and any additional evidence and/or argument you submit. The FAB may also conduct whatever investigation is deemed necessary.

Oral Hearing

You may request an oral hearing and the FAB will notify you of the time and place of the hearing 30 days before the scheduled date. This notice will also describe the issues to be addressed during the hearing. If the hearing representative agrees, you may raise additional objections at the hearing. The oral hearing is an informal process, and the hearing representative is not bound by formal rules of evidence or procedure. The hearing representative may conduct the hearing in such a manner as to best ascertain and protect your rights. During the hearing process, you may state your arguments and present new evidence and/or testimony in support of the claim. After the hearing, you will be provided a copy of the transcribed record, and will be allowed to review it and add comments to the record during the 20 days after you are sent the transcribed record. You will also be given 30 days after the hearing to submit additional evidence or argument.

THE FAB WILL THEN ISSUE A FINAL DECISION.

If you receive a Recommended Decision of acceptance and waive your rights, the FAB, after its review, may issue a Final Decision within 60 days.

If you receive a final decision of acceptance, you will be asked to select what method of payment (check or direct deposit) you would like.

If you receive a Recommended Decision of denial and have exhausted your rights to a review of the written record and/or an oral hearing, a Final Decision will be issued by the FAB.

Final Decision - Rights of Action

If you are not satisfied with the Final Decision issued by the FAB, you may file a request for reconsideration in writing within 30 days of the date of the decision. If the FAB grants the request for reconsideration, it will review the District Office's Recommended Decision again and issue a new decision on the claim. If your request for reconsideration is denied, you will receive a notice that the denial of your request for reconsideration is the final decision of the Department of Labor. You may then file suit in an appropriate Federal district court.

In addition, a Final Decision may be modified within one year after it is issued, if you can show a mistake of fact in the decision, or establish that claimed conditions have changed. If you do not request reconsideration, you may also file suit in an appropriate Federal district court after 30 days have passed from the date of the Final Decision.

New Claim

If the period for modification has passed, and if you contract a covered illness, you may file a new claim.