

**ENERGY EMPLOYEES
COMPENSATION RESOURCE CENTER**

RESOURCE CENTER CLAIM CHECK LIST

Date: _____

To:

<input type="checkbox"/>	DOL Jacksonville District Office	→ Attention: _____
<input type="checkbox"/>	DOL Denver District Office	
<input type="checkbox"/>	DOL Cleveland District Office	
<input type="checkbox"/>	DOL Seattle District Office	

The attached claim forms are submitted with supporting documentation.

Employee: _____ SSN: _____

Enclosed documents include:

<input type="checkbox"/>	EE-1/EE-2	<input type="checkbox"/>	Authorized Representative
<input type="checkbox"/>	EE-3	<input type="checkbox"/>	SSA-581
<input type="checkbox"/>	EE-4	<input type="checkbox"/>	Social Security Records brought in by claimant
<input type="checkbox"/>	EE-5(s) sent	<input type="checkbox"/>	Medical Records
<input type="checkbox"/>	ORISE Print Out	<input type="checkbox"/>	Pathology Report
<input type="checkbox"/>	Employment History provided by claimant	<input type="checkbox"/>	Occupational History Questionnaire
<input type="checkbox"/>	Death Certificate	<input type="checkbox"/>	Occupational History Summary
<input type="checkbox"/>	Marriage License	<input type="checkbox"/>	Ethnicity Form
<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>	Smoking Questionnaire
<input type="checkbox"/>	Divorce Decree	<input type="checkbox"/>	Part E Questionnaire
<input type="checkbox"/>	Power of Attorney	<input type="checkbox"/>	Waiver
<input type="checkbox"/>	Adoption Records	<input type="checkbox"/>	EN-20
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other

Resource Center Manager _____