

**U.S. DEPARTMENT OF LABOR**

Office of Workers' Compensation Programs  
Division of Energy Employees Occupational  
Illness Compensation – Jacksonville Office  
DOL DEEOIC Central Mail Room  
P.O. Box 8306  
London, KY 40742-8306  
Tel: 877-336-4272 or 904-357-4705



Date

File Number:  
Case ID Number:

Name  
Address

Dear \_\_\_\_\_ :

Thank you for submitting an application for benefits under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA). Your application was received in the \_\_\_\_\_ Resource Center on \_\_\_\_\_, and subsequently received in the Jacksonville District Office on \_\_\_\_\_.

**What We Received**

- Form EE-1 (Claim for Benefits under EEOICPA)
- Form EE-3 (Employment History for Claim under EEOICPA)
- SSA-581 Form (Authorization to Obtain Earnings Data from the Social Security Administration)
- Occupational History Interview

**Your Claim**

You identified \_\_\_\_\_ as the diagnosed condition being claimed as work-related. You reported that you were employed by \_\_\_\_\_ at the \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. You reported that you were employed by \_\_\_\_\_ at the \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

**Employment**

We have been able to verify part of your employment for the time period of \_\_\_\_\_.

Additional information is pending. This office has requested that the Department of Energy (DOE) verify your employment with the subcontractor companies that you listed on your EE-3 Employment History form. They may or may not be able to do so.

We have requested your Earnings Data from the Social Security Administration. To assist you, we will also attempt to obtain your social security earnings records. Please complete and sign the attached Form SSA-581 and return it to our office. It is very important that you return the SSA-581 Form signed and completed in order for our office to request and obtain your earnings records. This form is time sensitive; please sign and return to our office as soon as possible. Although we are attempting to assist you by sending this form to the SSA, we cannot control the timeliness of their responses. Therefore, you should also make attempts to obtain your SSA earnings for the period you are claiming. If we do not receive your earnings, by our own request or yours, we will issue a decision based on the evidence of record.

To assist us in verifying employment please have co-workers and union officials complete the enclosed Employment History Affidavits (EE-4). **Please ensure that all forms are completed in their entirety and ORIGINALS returned to this office.**

In addition to the above, you may also submit any other documents to establish employment. These may include, but are not limited to:

- Records created by any government agency such as W-2 forms, security clearance applications, etc.
- Time and attendance forms
- Minutes from a meeting that lists the participants at a meeting
- Punch cards
- Letters from employers
- Notification of promotions
- Pay stubs, wage statements
- Sign in and sign out forms from logbooks
- Tax records
- Union documentation
- Pension records
- Copies of contracts, if available

### **Medical Evidence You Need to Submit**

To establish entitlement to benefits under the EEOICPA, the claimant must provide medical evidence in support of the claimed condition. Please be advised that all claims must include the following evidence:

- A history of the illness or condition
- A physical examination and its findings
- The clinical laboratory tests performed and discussion of the results
- A diagnosis (ICD-9 coded if possible) and the date when it was first documented.

I recommend that you make a copy of the EE-7 Medical Requirements Form and submit it to any treating physicians or hospitals when you request the necessary medical records. The doctors or hospitals can use the EE-7 Form as a checklist and provide you with the required medical documentation to support your claim.

Please note that (\_\_\_\_\_) are/is a (symptom or symptoms) and may be a result of an underlying illness(es); therefore, please submit all related medical evidence that may indicate a covered condition.

Please note that (\_\_\_\_\_) are/is a medical procedure(s) and unfortunately, not a covered condition.

### **Survivorship:**

Under Part B of the Act, every eligible survivor of a covered employee must be identified prior to the payment of any compensation. Eligible survivors may include: surviving spouse, child (natural, step or adopted), parent, grandchild, or grandparent. Therefore, please submit the following:

- A copy of the employee's death certificate and obituary
- A copy of your birth certificate with the employee's name listed
- A copy of all your marriage certificates
- A copy of the death certificate of the employee's spouse (if married at the time of death)
- The names, addresses and phone numbers of all your siblings (please note that if they are now deceased, please submit a copy of their death certificate.)

Under Part E of the Act not all children are eligible for compensation benefits. An eligible child includes a recognized natural child, a stepchild who lived with the employee in a regular parent-child relationship, and an adopted child. However, the child must have been, as of the date of the employee's death either:

- under the age of 18 years, or
- under the age of 23 years and a full-time student who was continuously enrolled in one or more educational institutions since attaining the age of 18 years, or
- any age and incapable of self-support.

If you meet any of the above requirements, please submit documentation such as school records or medical records to show how you meet the criteria. If you know of

any other children that may meet the above requirements that have not already filed a claim, please provide our office with their name and address.

### **Step-Child:**

Please submit a copy of the marriage certificate for **(employee name)** and **(parent and step-parent, i.e. child's mother or father)**.

In order to determine your eligibility for benefits as a step-child, please provide information that documents your parent-child relationship with . Such documentation might include:

- School records (e.g., a report card signed by the employee)
- Tax returns showing that the covered employee claimed the step-child as a dependent
- Photographs taken at family gatherings
- Newspaper articles
- Obituaries
- Insurance policies listing the step-child as the son or daughter of the employee
- Wills or any other documents that refer to the step-child and the deceased employee in a familial way.

If you became a step-child as an adult at the time of the marriage between your parent and step-parent, submit the following information:

- Documentation showing that the step-child was the primary contact in medical dealings with the deceased employee
- Documentation showing that the step-child provided financial support for the deceased employee, and/or had the deceased employee living with him/her.
- Photographs taken at family gatherings
- Newspaper articles
- Obituaries
- Insurance policies listing the stepchild as the son or daughter of the employee
- Wills or any other documents that refer to the stepchild and the deceased employee in a familial way.

### **Time Limit for Your Reply**

You should submit the requested evidence so that this office receives it by . If this is not enough time, please contact this office as soon as possible to request an extension of this time frame.

### **If You Have Questions**

If you have any questions or concerns, please feel free to contact me at (877) 336-4272. If you prefer, you can write to me at the address listed above.

If you would like to complete an anonymous customer service survey, please visit our web site at [www.dol.gov/owcp/energy](http://www.dol.gov/owcp/energy).

Sincerely,

Theresa Apple  
Claims Examiner, DEEOIC  
Jacksonville, FL

Enc: EE-4 Form  
EE-7 Form