

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 #: XXXXX / Case ID:

Employee: name

Name

Address

address

Dear Mr./Ms. :

I have received your claim for benefits filed through the Energy Employees Occupational Illness Compensation Program Act (the Act).¹

You claimed that (you your spouse your father etc.) developed (list claimed conditions) as a result of employment at the site in state. In order to continue processing your claim you need to submit additional medical and employment survivorship information (or just medical or just employment). Please read the following attachments carefully and submit the requested documents.

To ensure timely adjudication of your claim please submit the requested information to this district office by date 30 days from letter date. If you require additional time, please write me to request a 30 day extension.

If you have any questions or concerns, please contact our office, toll free at 1-(877)-336-4272, and a customer service representative will be happy to assist you. For any correspondence you send to our office, please include the employee's name and file number.

Sincerely,

CE name
Claims Examiner, DEEOIC
Jacksonville, FL

Attachments:

Medical

Employment

EE-4

Survivorship

¹ If you have a disability (a substantially limiting physical or mental impairment), please contact our office/claims examiner for information about the kinds of help available, such as communication assistance (alternate formats or sign language interpretation), accommodations and modifications.

AR name
AR address
AR address

MEDICAL

Please submit the following documentation for each of the claimed conditions: **(List the conditions)**

A narrative medical report from a physician includes the following:

- Diagnosis, including a date of diagnosis
- A history of the claimed condition
- Physical findings from examination
- Clinical laboratory tests performed and discussion of the results and any applicable pathology reports.

A pathology report that diagnoses each of the claimed conditions.

Since you have claimed a respiratory illness, you may also be eligible for other conditions covered under this program:

1. **Beryllium Sensitivity:** To establish beryllium sensitivity, provide a copy of an abnormal beryllium Lymphocyte Proliferation Test (LPT) or Lymphocyte Transformation Test (LTT) that has been performed on blood or lung lavage cells.

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2. **Chronic Beryllium Disease (CBD):** To establish CBD, there are different criteria depending on the date of diagnosis.

a. If a diagnosis of CBD was made on or after January 1, 1993, you must submit an abnormal beryllium Lymphocyte Proliferation Test (LPT) and one (1) or more of the following:

- A lung biopsy showing granulomas or a lymphocytic process consistent with chronic beryllium disease
- A computerized axial tomography (CAT) scan showing changes consistent with chronic beryllium disease
- A pulmonary function study or exercise tolerance test showing pulmonary deficits consistent with chronic beryllium disease.

For any test results, your physician must provide an opinion whether the findings are consistent with chronic beryllium disease.

b. If diagnosis of CBD was made before January 1, 1993, you must submit at least three (3) of the following:

- A characteristic chest radiographic (x-ray) or computed tomography denoting abnormalities.
- A restrictive or obstructive lung physiology test or diffusion lung capacity defect

- A lung pathology report consistent with chronic beryllium disease
- A clinical course report consistent with chronic respiratory disease disorder
- Immunologic tests showing beryllium sensitivity (skin patch test or beryllium test).

For beryllium disease prior to January 1, 1993, a specific diagnosis of CBD is not required.

Hearing Loss

submit a narrative **medical report signed by a physician** which includes:

1. the type of hearing loss (sensorineural hearing loss or conductive hearing loss)
2. if the hearing loss is bilateral

“**Very low red blood count**” is not a medical diagnosis but a symptom of a medical condition. Please submit documentation which diagnosis the condition which is causing you to have **a low RBC count** as well as:

A **narrative medical report** signed by a physician that includes the following:

- **Diagnosis**, including a date of diagnosis for each skin cancer episode
- A **history** of the claimed condition
- Physical findings from examination
- Clinical laboratory **tests** performed and discussion of the **results** and any applicable pathology reports.

DEATH CERTIFICATE USED AS MEDICAL

There are specific procedures that we must follow when only a death certificate is available to establish a covered medical condition. If we can establish that there are no medical records available then we can use the death certificate to establish the diagnosis evidence. Using a death certificate is a last resort, appropriate only when all efforts to obtain diagnostic medical evidence have failed.

- Contact the hospital and request copies of all medical records and reports that may include diagnosis and diagnosis date, pathology reports, doctor’s reports, lab results, medical payments, hospitalization records, surgical reports, initial examinations, referrals.
- If there is no medical documentation please obtain a letter from the treating hospital indicating that they have destroyed (**employee’s name**) medical records and no records are not available.

EMPLOYMENT

You claimed employment at the **site** in **state**, from **date** to **date**. At present we have been **unable to confirm this employment. Or list employment dates that has been confirmed**

To assist in verifying your employment, please ask former co-workers, union officials, supervisor (or anyone with specific knowledge of your employment) to affirm employment history by completing the enclosed Employment History Affidavits (EE-4). EE-4's may be used **only if** written employment records are not available. If you use these documents, please have them completed, preferably by co-workers or other individuals that do not stand to benefit from your claim. The person completing the form should provide their phone number so that we may contact them if we have questions. They are to be as detailed as possible regarding location of work (plant, building names), frequency of work (hours/week, days/week, and weeks/year), and how they acquired their knowledge (saw employee at work, rode together, etc.). (Copies of this form may be made, if necessary).

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
- Commendations on DOE letterhead
- Notification of promotions from employer
- Pay stubs, wage statements with the facility listed
- Sign in and sign out forms from logbooks
- Tax records
- Union documentation
- Copies of contracts showing a contractual agreement, if available
- Performance appraisals

SURVIVORSHIP:

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. The documents necessary to establish eligibility include, but may not be limited to the following:

Every eligible survivor of a covered employee must be identified prior to the payment of any compensation. Eligible survivors include: surviving spouse, child (biological, step or adopted), parent, grandchild, or grandparent. Please submit the following documents to establish eligibility include:

Keep necessary bullets

- A copy of the employee's obituary
- A copy of the employee's death certificate. If the spouse was alive after the employee's death and is now deceased a copy of the spouse's death certificate.
- A copy of your birth certificate with the employee's name listed
- The name, addresses and phone numbers of your sibling (if now deceased, please submit a copy of the death certificate.)
- A death certificate must be submitted unless there is substantive documentation that one is not available. An example of substantive documentation includes a letter from the appropriate State Vital Records agency explaining why a death certificate is not available.

Child:

Under Part E of the Act, not all surviving children are eligible for compensation benefits. An eligible child includes a recognized natural child, a stepchild who establishes a parent-child relationship through the marriage of their parent to the employee, and an adopted child. An adopted child is defined as a child that is not biologically related to the employee, but whose parental responsibilities have been transferred by a legal mechanism to the employee. However, any child claiming eligibility 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. A child is incapable of self-support if his or her physical or mental condition is such that he or she is unable to obtain and retain a job, or engage in self-employment that provides a sustained living wage.

1. A child is incapable of self-support if, at the time of the employee's death, when his/her physical or mental condition was such that he/she was unable to obtain and retain a job or engage in self-employment that could provide him/her with a sustainable living wage.

2. Medical evidence must show that the child was diagnosed with a medical condition establishing that he/she was physically/mentally incapable of self-support at the time of the employee's death.

3. Documentation to support the incapability of self-support can include: medical records, social security disability records, tax returns showing the covered child was claimed as a dependent, state guardianship documents and affidavits. Social Security Administration (SSA) records or state disability records alone are not used to establish incapable of self-support.

If you meet any of the above criteria for an eligible child under Part E, please submit documentation to show how you meet the criteria.

Step-Child:

Please submit a copy of the marriage certificate for **parent** and **and step-parent**.

In order to determine your eligibility for benefits as a step-child, please provide information that documents your parent-child relationship with **EM name**. 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.