

DEEOIC Claims Examiner Training Course

**Developing Radiation Exposure
Compensation Act (RECA) Claims**



INSTRUCTOR GUIDE

*US Department of Labor
Office of Workers' Compensation Programs
Division of Energy Employees Occupational Illness Compensation
200 Constitution Avenue, NW
Washington, DC 20210*

SESSION BACKGROUND INFORMATION

Session Title	Radiation Exposure Compensation Act (RECA) Claim Development
Instructional Time	60 minutes
Session Description	This session focuses exclusively on the Radiation Exposure Compensation Act (RECA) and how those claims are handled by the CE.
Instructional Objectives	Explain what is covered under RECA
Instructor Materials	For this session, the following materials are required: RECASession.PPT
Participant Guide	RECA Session
Case Study	The case study should be conducted after slide #26 and included in the PG.
Instructor Note	Tell the trainees that an acronym list is included in the back of their Participant's Guide (placed just before the training evaluation form) to assist them in understanding acronyms used in this program.
Instructor Note	Please be advised that the same acronym list included in the back of the Participant's Guide is also placed in the back of the Instructor Guide for reference.



SHOW PPT

#1

The slide features a blue header with the text "EEOICP" in large white letters and "The Energy Employees Occupational Illness Compensation Program" in smaller white letters below it. The background is a light blue gradient with faint icons of radiation warning signs and a microscope. The main content area is white with the title "Adjudicating RECA Claims" in a large, bold, blue font. A small number "1" is visible in the bottom right corner of the slide.



SHOW PPT

#2

The slide features a blue header with the text "EEOICP" in large white letters and "The Energy Employees Occupational Illness Compensation Program" in smaller white letters below it. The background is a light blue gradient with faint icons of radiation warning signs and a microscope. The main content area is white with the title "What is RECA – Radiation Exposure Compensation Act" in a bold, blue font. Below the title is a bulleted list of five items, and a website URL is provided at the bottom. A small number "2" is visible in the bottom right corner of the slide.

- Created in 1990
- Administered by DOJ
- Sections 4 & 5
- Claims handled mostly in Denver
- Web site:
<http://www.usdoj.gov/civil/torts/const/reca/index.htm>

Instructor
NOTE

Distribute a copy of the EEOICPA PM 2-1100 to the trainees.

EEOICPA PM 2-1100 (Page 1)

1. Purpose and Scope. This chapter describes the policies and procedures for processing claims involving uranium miners, millers, and ore transporters who worked at facilities covered by Section 5 of the Radiation Exposure Compensation Act (RECA) and, where applicable, the survivors of such employees. This chapter also describes the policies and procedures for processing claims involving claimants who applied for an award under Section 4 of the RECA.

2. RECA Background.

a. Department of Justice (DOJ) Administered. On October 5, 1990, Congress passed the Radiation Exposure Compensation Act ("RECA"), 42 U.S.C. § 2210 note, providing for payments to individuals who contracted certain cancers and other serious diseases as a result of their exposure to radiation released during above-ground nuclear weapons tests or as a result of their exposure to radiation during covered employment. It was the intent of Congress in enacting EEOICPA to treat certain uranium workers covered under RECA the same as Department of Energy (DOE) workers under EEOICPA.

b. Section 5 of RECA.

(1) Covered Employee. Uranium miners, uranium mill workers and uranium and vanadium-uranium ore transporters who transported ore from mines or mills.

(2) Covered States. Colorado, New Mexico, Arizona, Wyoming, South Dakota, Washington, Utah, Idaho, North Dakota, Oregon and Texas.

(3) Covered Time Period. January 1, 1942 through December 31, 1971.

(4) Covered Illnesses. Primary lung cancer, renal cancer, other chronic renal diseases including nephritis and kidney tubal tissue injury, and the following nonmalignant respiratory illnesses: pulmonary fibrosis, fibrosis of the lung, cor pulmonale related to pulmonary fibrosis, silicosis and pneumoconiosis.

(5) Benefits Payable by DOJ. A payment of \$100,000 is available to eligible employees or their survivors.

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c. Section 4 of RECA.(1) Downwinders.

(a) Coverage: Individuals who were physically present in one of the affected areas downwind of the Nevada Test Site during a period of atmospheric nuclear testing, and later developed a covered illness.

(b) Covered Illnesses: Leukemia (other than chronic lymphocytic leukemia), multiple myeloma, lymphomas (other than Hodgkin's disease), and primary cancer of the thyroid, male or female breast, esophagus, stomach, pharynx, small intestine, pancreas, bile ducts, gall bladder, salivary gland, urinary bladder, brain, colon, ovary, liver (except if cirrhosis or hepatitis B is indicated), or lung.

(c) Benefits Payable by DOJ: A payment of \$50,000 is available to eligible individuals.

(2) Onsite Participants.

(a) Coverage: Individuals who participated onsite in a test involving the atmospheric detonation of a nuclear device, and later developed a covered illness.

(b) Covered Illnesses: Same as downwinders.

(c) Benefits Payable by DOJ: A payment of \$75,000 is available to eligible individuals.

d. All claims identified as RECA claims, Section 4 or Section 5, should be referred to the Denver District Office for adjudication regardless of the employee's last place of employment.

3. How DOL Identifies a RECA Section 5 Uranium Worker. The Claims Examiner (CE) can identify a claim submitted by a Section 5 RECA uranium worker, or an eligible surviving beneficiary of such uranium worker, by reviewing the information provided on the EE-1 or EE-2. If the claimant indicated on the EE-1 or EE-2 that the employee was a uranium worker, or that a Section 5 RECA award was applied for or has been approved, the claim is to be

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developed in accordance with the guidance set out under this Chapter. In cases where the EE-1 or EE-2 does not specify if the employee was/is a uranium worker and/or the Section 5 RECA status, the CE will review the EE-3, if provided, for an indication of possible RECA employment.

4. Determining Uranium Worker Eligibility. Under Part B, eligibility is entirely dependent upon a Section 5 RECA award. Under Part E, denial of a Section 5 award by the DOJ has no effect on a claimant's eligibility. The CE must independently develop a claimant's Part E claim as set forth in this Chapter.

a. Benefits Available Under Part B.

(1) Award Letter from DOJ. 42 U.S.C. § 7384u describes the requirements for determining eligibility for benefits under Part B of the EEOICPA. An individual is a "covered uranium employee" when the DOJ has determined that the employee or his or her survivor is entitled to payment of \$100,000 as compensation due under Section 5 of the RECA for a claim made under that statute and has issued a Section 5 RECA award. Receipt of payment is not required. DOJ advises DOL of Section 5 RECA awards in writing (Exhibit 1).

(2) No Additional Development. Once the CE receives confirmation of the Section 5 award, the Part B claim is in posture for acceptance. The illness awarded under RECA by DOJ must also be awarded under Part B of the EEOICPA.

(3) Benefits Payable. If the Section 5 RECA recipient is a uranium worker and was approved for a lump sum compensation payment of \$100,000 under Section 5 of the RECA, the additional lump sum payment of \$50,000 under Part B of the EEOICPA will be made to the uranium worker. The uranium worker is also eligible for medical benefits in relation to his or her accepted covered condition(s) per 42 U.S.C § 7384t.

(a) If the Section 5 RECA recipient is deceased, the uranium worker's eligible survivor(s) is entitled to the additional lump sum payment of \$50,000 compensation. The CE will review the claim for survivor benefits per 42 U.S.C. § 7384u(e).

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(b) If the Section 5 RECA recipient(s) was awarded benefits as surviving beneficiary(s) of a covered uranium worker, the additional lump sum payment of \$50,000 under the EEOICPA will be made to the same recipient(s). No survivorship development is conducted. For example, it is unnecessary to obtain a marriage certificate from a surviving spouse who has already received a Section 5 RECA award as a surviving beneficiary.

(c) If the uranium worker's survivor(s) received the Section 5 RECA award and died, only the eligible survivor(s) of the uranium worker described in 42 U.S.C. § 7384u(e) are eligible for EEOICPA benefits.

(4) Issuing Recommended and Final Decisions. A decision of acceptance of a Part B claim will address the fact that the additional lump sum payment of \$50,000 and medical benefits are awarded in addition to and as a result of Section 5 RECA award of \$100,000.

b. Benefits Available Under Part E.

(1) NO DOJ Award Required. As noted above, a DOJ Section 5 award denial has no effect on a claimant's eligibility under Part E due to expanded definition of a covered uranium worker under Part E and coverage extending to any medical condition if it is determined to be related to exposure to toxic substances at a covered DOE facility or covered uranium mine or mill. The CE must independently develop a claimant's Part E claim where there is no DOJ award.

(2) DOJ Award Letter / Part B Acceptance. In all instances other than awards involving survivors, an acceptance under Part B will correlate to an automatic acceptance under Part E as to the medical conditions accepted by DOJ and the CE can prepare a recommended decision to accept the claim for benefits under the Act and proceed with whatever other development that is required (i.e. other claimed illnesses, impairment claims and wage loss claims).

(a) Eligible survivors of Section 5 RECA award recipients, and survivors who are award

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recipients in their own right, are approved for benefits under Part B of the EEOICPA. However, such acceptance under Part B does not automatically translate to an acceptance under Part E. Survivors of Section 5 RECA award recipients, and survivors who are award recipients in their own right, must submit the requisite documents to establish survivorship eligibility under Part E. All Part E survivorship rules apply to RECA survivors. The CE develops all necessary requirements to establish survivorship eligibility as it is defined under Part E of the EEOICPA.

(3) Benefits Payable. In addition to medical benefits, Part E of the Act grants covered employees compensation for impairment and/or wage loss related to an accepted illness.

5. Developing RECA Section 5 Claims. The CE must evaluate the status of the Part B and Part E claims as follows in order to proceed with adjudication. In all cases where employment verification is required, the CE proceeds under the guidance set forth under paragraph 6. In all instances where a uranium worker files a claim under EEOICPA without demonstrating a RECA award, DOL must write to DOJ for additional information.

a. Section 5 RECA Covered Condition. Once a Section 5 RECA claim is identified, the CE prepares a letter to DOJ (Exhibit 2) notifying DOJ that a claim based on RECA has been submitted and requesting information concerning whether the claimant either received an award or filed a claim under Section 5 of the RECA. This letter provides DOJ with options for response depending on the status of the RECA claim. The initial inquiry to DOJ is not done via email. As discussed below, no further information is required of DOJ if a Section 5 RECA award has been approved for all claimed conditions. If a Section 5 RECA claim is pending, the letter requests that DOJ send a letter verifying employment and all medical, employment and survivorship evidence on file. If the Section 5 award is denied, the letter requests the following: a copy of DOJ's decision and all employment, medical and survivorship evidence available to DOJ. If no Section 5 RECA claim exists, the letter requests that DOJ send a letter verifying employment.

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b. Condition Not Covered Under RECA Section 5, But Claim Involves a Uranium Miner. The CE prepares a different letter to DOJ (Exhibit 3) if the claimed condition is not a covered RECA Section 5 illness. This letter requests that DOJ send all employment, medical and survivorship evidence available to DOL and a statement verifying employment regardless of the outcome of the Section 5 claim.

c. If the claimant filed for a medical condition that is not covered under the RECA in addition to covered RECA conditions, the CE may send the standard request to DOJ (Exhibit 2) and defer the request for copy of records until additional development is conducted to avoid multiple requests for the same claim. The CE may also defer the request for copy of records based on the nature and quality of the medical evidence in the case file. Upon receipt of the requested documentation from DOJ, the CE can request whatever additional evidence deemed necessary for development at a later date via follow up email communication with DOJ. The CE attaches a copy of the EE-1 or EE-2 to the letter in all instances. The EE-1 or EE-2 signed by the claimant serves as a Privacy Act waiver allowing DOJ to release information to DOL regarding specific individuals.

d. Response from DOJ.

(1) DOJ Approves the Section 5 Award. DOJ advises DOL of Section 5 RECA awards in writing (Exhibit 1). Once the CE receives confirmation of the award, the Part B claim is in posture for acceptance.

(2) DOJ Award Adjudication Pending. If a Section 5 RECA claim is filed but pending DOJ adjudication, DOJ will provide DOL with a letter (Exhibit 4). DOJ also provides DOL with the factual statement of employment as requested and all employment, medical and survivorship evidence available to DOJ. The CE proceeds to develop for benefits under Part E. Any factual statement provided by the DOJ verifying the uranium worker's specific dates and places of employment covered under Section 5 of the RECA suffices to verify employment as to those specific dates and places only.

(3) DOJ Denies Section 5 Award. A DOJ Section 5 award denial automatically translates into a DOL denial

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under Part B. However, due to the expanded definition of a covered uranium worker and expanded covered conditions under Part E, a DOJ Section 5 award denial has no effect on Part E adjudication, and the CE continues to develop for coverage regardless of any negative determination or pending action on the part of DOJ. DOJ may deny Section 5 awards based upon RECA employment requirements that have no bearing on the EEOICPA. Additionally, DOJ denies Section 5 awards if the claimed condition is not a covered condition under the RECA. Expanded covered conditions under Part E might allow for an acceptance where DOJ has denied a claim. Accordingly, the CE proceeds to develop for Part E benefits, obtains all information relevant to DOJ's adjudication process from DOJ, and evaluates all available evidence to reach a determination as to coverage under the Act.

(4) No DOJ Section 5 Claim Filed. If the DOJ responds (Exhibit 5) indicating the claimant has not filed for an award under Section 5 of the RECA, the CE will contact the claimant in writing (Exhibit 6) and advise the claimant that benefits may only be awarded under Part B of the EEOICPA if the covered employee or claimant has been approved for an award under Section 5 of the RECA. The letter also notifies the claimant their Part E claim is not dependent on a Section 5 RECA award and is being developed. In such cases, the CE requests employment verification from DOJ (See Exhibits 2 and 3). The letter should ask the DOJ to confirm the accuracy of the claimed employment and whether the reported employment is covered under the RECA. The CE completes development of the Part E claim and issues a recommended decision as soon as all the required facts are examined and a coverage determination made.

(5) If a claimant was denied due to having no Section 5 RECA award and later obtains an award and submits it to DEEOIC, there is no need to require the claimant to file a new claim. In this instance, the claim is simply reopened and adjudicated under the guidance set out in this Chapter.

e. Evaluating and Obtaining Evidence from DOJ. In some cases DOJ initially provides verification of RECA Section 5 employment in the form of a factual statement of

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g. Issuing the Recommended / Final Decision and Post Adjudication Actions. Once the CE receives confirmation of a Section 5 RECA award, a recommended decision to accept the Part B claim should be issued. In all instances other than awards involving survivors, an acceptance under Part B will correlate to an acceptance under Part E as to the medical conditions accepted by DOJ and the CE can prepare a recommended decision to accept the claim for benefits under the Act and proceed with whatever other development that is required (i.e. other claimed illnesses, impairment claims and wage loss claims). The recommended decision of acceptance will address the fact that the additional lump sum payment of \$50,000 and medical benefits when applicable, are awarded in addition to the Section 5 RECA award of \$100,000.

(1) Part E Claim in Posture for Denial. If after complete development, the CE determines that the Part E claim is in posture for denial, no recommended decision denying benefits is issued until DOJ has issued its decision regarding the Section 5 award, because a DOJ acceptance may prompt an automatic approval under Part B and Part E (except in certain survivorship cases). In such cases where the Part E EEOICPA claim is in posture for denial and is pending adjudication at DOJ, the CE may administratively close the claim for timeliness purposes and reopen once DOJ issues its decision.

(2) Acceptances. If after complete development the CE determines that any part of the Part E EEOICPA claim is in posture for acceptance, a recommended decision is issued accepting the claim under Part E. The CE must address the status of the Part B claim in the recommended decision.

(3) Part B Reopening. If a Part B claim is denied by the Final Adjudication Branch because the claimant has not filed for or received an award under Section 5 of the RECA and the claimant later submits evidence showing a Section 5 award, a reopening should be initiated by the district office.

6. Verifying RECA Section 5 Part E Employment. Under Part E, the CE must develop claimed employment if the employee or survivor claims a medical condition not included in the claimant's RECA award. If not already submitted, the CE will

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g. Issuing the Recommended / Final Decision and Post Adjudication Actions. Once the CE receives confirmation of a Section 5 RECA award, a recommended decision to accept the Part B claim should be issued. In all instances other than awards involving survivors, an acceptance under Part B will correlate to an acceptance under Part E as to the medical conditions accepted by DOJ and the CE can prepare a recommended decision to accept the claim for benefits under the Act and proceed with whatever other development that is required (i.e. other claimed illnesses, impairment claims and wage loss claims). The recommended decision of acceptance will address the fact that the additional lump sum payment of \$50,000 and medical benefits when applicable, are awarded in addition to the Section 5 RECA award of \$100,000.

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6. Verifying RECA Section 5 Part E Employment. Under Part E, the CE must develop claimed employment if the employee or survivor claims a medical condition not included in the claimant's RECA award. If not already submitted, the CE will

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send a Form EE-3 to the claimant so that all potentially eligible employment can be identified and developed. This should be done upon the initial review of the claim file if a medical condition is claimed that is not covered under the RECA. The CE does not need to develop employment under Part E where all claimed medical conditions were awarded under RECA.

a. DOJ Employment Verification. Upon receipt of the notification letter that the Department of Labor has received a RECA claim, DOJ searches its records. DOJ issues a letter to DOL regarding the status of the claimant's Section 5 RECA claim. If requested, DOJ will also provide copies of all medical, employment and survivorship evidence on file for the employee. DOJ refers to survivorship documents as "identification" documents.

(1) Employment Verified. In instances where employment is verified by a Section 5 RECA award, the CE accepts this as proof establishing covered employment under the EEOICPA for the medical conditions upon which the RECA award is based.

(2) Employment Not Verified. In cases where DOJ has denied a Section 5 award based upon employment, the CE requests from DOJ (Exhibit 2) all evidence at its disposal that was used to determine that employment could not be verified. In instances where DOJ denies a Section 5 RECA claim because employment cannot be verified, or where no Section 5 RECA claim exists, the CE must independently develop employment.

(a) Reasons for Failure to Verify: DOJ cannot verify employment if no record of employment exists or if claimed employment at a certain mine or mill falls outside of the period in which the mine or mill was in operation or outside of the covered time period. In such instances, the CE conducts further development and obtains additional evidence where available in an attempt to verify employment during the covered time period of January 1, 1942 through December 31, 1971.

b. Use of SEM for Employment Development. The SEM cannot by itself verify employment. However, SEM should be used to verify the claimed site of covered employment years of operation and known operating contractors during the period

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of claimed employment. SEM contains a list of uranium mines, uranium mills and vanadium-uranium ore transporters and the time period each was in operation. By obtaining Social Security Administration (SSA) earnings records, the CE can confirm the employee worked for the reported employer(s). However, an affidavit (such as a Form EE-4) or verification from the DOJ is needed to place the worker at the covered site. Additionally, the SEM "Site History" section for each facility lists all prime operating entities and respective operating dates. The CE should attempt to match the operator's name and dates to employment evidence as an additional corroborative step toward verifying employment.

c. Uranium Worker Employment Requirements. In developing a claim for a uranium worker, only one day of employment exposure is required, but additional employment may be necessary to satisfy certain causation criteria regarding exposure as will be outlined in the new unified EEOICPA PM 2-0700 Establishing Toxic Substance Exposure.

d. The CE assesses exposure for a uranium ore transporter based upon that individual's confirmed presence at a uranium mine or mill. Claimed exposure in transit will not be considered when conducting a causation analysis. Only the time in which an ore transporter is actually physically present at a mine or mill will be counted as covered employment for exposure development purposes.

7. Verifying Part E Exposure for RECA Section 5 Claims. The CE evaluates exposure for uranium workers based upon SEM and/or other data which will be outlined in the new unified EEOICPA PM 2-0700. The CE also verifies exposure through employment exposure records and supporting evidence submitted by the claimant. In addition, the Resource Center (RC) calls the claimant to complete an occupational history questionnaire (OHQ) on RECA claims to obtain information regarding exposure.

a. Ensuring SEM Accuracy. - All covered RECA Section 5 uranium mines, mills and ore transporters should be listed in SEM because all such employment is covered under the EEOICPA. If the CE identifies a uranium mine, uranium mill or a vanadium-uranium ore transporter in operation during the covered time period but not listed in SEM, the CE should provide all pertinent facts regarding the omitted site or employer to the designated DO SEM point of contact (POC). The DO SEM POC will contact the National Office SEM

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POC via email. The National Office SEM POC will then contact DOJ to determine coverage.

b. Employment Evidence. The CE uses employment records, where available, to evaluate for exposure. The CE obtains such evidence from either the claimant or the employer and reviews the totality of the evidence of file to determine whether or not it is established that the employee was exposed to a toxic substance.

c. Occupational History Development. As noted above, the RC calls the claimant to complete an OHQ on most RECA claims involving the worker or eligible survivors. An OHQ is designed specifically to develop information regarding workplace exposure. The CE is to request that the RC conduct an OHQ interview if one has not been conducted for an eligible claimant.

8. RECA Section 4 Claims. Some EEOICPA claimants may have filed a claim under Section 4 of the RECA. The statutory language in 42 U.S.C. § 7385j of the EEOICPA acts as a bar to any cancer claim filed by an individual under EEOICPA who has received compensation under Section 4 RECA. Section 4 of the RECA only provides benefits for cancer. As such, a claimant cannot receive an award under both Section 4 RECA and the EEOICPA for a cancer claim regardless of whether the claimant filed for different cancers under EEOICPA than awarded under RECA 4 or if the claimant filed for multiple cancers and one or more cancers is the same as the cancer awarded under RECA Section 4. If a claimant has not yet received a Section 4 RECA award and is eligible for an EEOICPA award, the claimant must choose between the Section 4 RECA award and the EEOICPA award. A RECA Section 4 award has no effect on non-cancerous conditions claimed under the EEOICPA.

Under RECA, an individual cannot receive an award under both Section 4 and Section 5. Without an award under RECA section 5, a claim based on RECA employment will not meet the Part B requirements.

a. Identifying a Section 4 RECA Claimant. The CE can identify a claim submitted by a Section 4 RECA claimant by reviewing the information provided on the EE-1 or EE-2. If the claimant checked the box indicating he or she applied for an award under Section 4 RECA, the claim is to be developed in accordance with the guidance set out in this section.

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b. Letter to DOJ - Section 4 RECA. Once a Section 4 RECA claim is identified, the CE prepares a letter to DOJ (Exhibit 7) requesting information concerning whether the claimant either received an award or filed a claim under Section 4 of the RECA. The CE attaches a copy of the EE-1 or EE-2 to the letter in all instances.

c. DOJ Approves the Section 4 Award. Should cancer be the only claimed illness under the EEOICPA, and an acceptance of an award under RECA Section 4 is confirmed, the CE may proceed with a recommended denial of compensation under Part E. The denial of compensation should specifically reference the exclusion of benefits for cancer under both EEOICPA and RECA contained in 42 U.S.C. § 7385j.

d. DOJ Award Adjudication Pending. If the response from DOJ indicates that a RECA Section 4 decision is pending, the CE takes the following actions depending on the claimed conditions:

(1) Cancer. - The CE must prepare a letter to the claimant(s), explaining that an EEOICPA and a RECA Section 4 cancer claim cannot be adjudicated concurrently. The claimant(s) must be asked to select which program they wish to pursue benefits under, for the claimed cancer(s). The claimant(s) must be notified that if they accept the RECA Section 4 award, they cannot receive an award under the EEOICPA for a cancer claim. The claimant(s) should be notified that if they either fail to respond within 30 days, or if they elect to pursue their cancer claim under RECA, their EEOICPA cancer claim will be denied. The claimant(s) should also be advised that if they wish to pursue their cancer claim under EEOICPA, they must formally withdraw their claim from RECA, and confirmation of such withdrawal must be obtained from DOJ. The letter should further state that if their RECA claim ultimately ends in a denial, then they may seek to have their EEOICPA cancer claim reopened.

Depending upon the response from the claimant(s), the CE will either proceed with the adjudication of the claimed cancer (upon confirmation of RECA Section 4 withdrawal) or will proceed with development of the case for non-cancerous conditions, and will issue a recommended decision that includes a denial for the

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claimed cancer. Any recommended decision that includes a denial of a claimed cancer, on the grounds that compensation cannot be awarded under both RECA Section 4 and EEOICPA, must reference 42 U.S.C. § 7385j.

(2) Non-Cancer. Any non-cancerous condition will be treated like any other claim.

e. Rejection of Section 4 RECA Award. If DOJ reports that a RECA-4 award has been granted, but the claimant has elected to reject the settlement, and if a copy of the Acceptance of Payment form confirms this, the CE can proceed with the adjudication of the cancer claim under the EEOICPA.

9. Interagency Consistency. As noted above, since uranium workers and their survivors are treated and defined differently under Part E than Part B, and the universe of covered conditions has expanded significantly under Part E, uniform consistency in agency decision making is not always possible. Nonetheless, DOL and DOJ will inform each other when decisions are to be issued that are inconsistent with the other agency's findings. Both DOJ and DOL will work to issue consistent decisions where employment verification findings are concerned, but this may not always be possible. As such, FAB supplies DOJ with copies of final decisions issued to RECA claimants. DOJ will provide DEEOIC National Office with copies of those decisions inconsistent with DEEOIC findings. Additionally, the Senior CE in the DO will inform DOJ via email when a recommended decision is being issued that is inconsistent with a DOJ decision.

[Exhibit 1: DOJ Response to District office Request for Identification of Pending RECA Claim](#)

[Exhibit 2: Letter to DOJ for RECA Award Confirmation](#)

[Exhibit 3: Alternate Letter to DOJ for RECA Documentation](#)

[Exhibit 4: DOJ Response to District Office Request for Identification of Pending RECA Claim](#)

[Exhibit 5: DOJ Letter Indicating No Claim Filed](#)

[Exhibit 6: Letter to Claimant Advising of Part B RECA Award Requirement](#)

[Exhibit 7: Letter to DOJ for Section 4 RECA Claim Status](#)

Instructor
NOTE

Direct trainees to the relevant sections in EEOICPA PM 2-1100 that pertains to Section 5 RECA claims.



SHOW PPT

#3

The slide features a blue header with the EEOICPA logo and the text "The Energy Employees Occupational Illness Compensation Program". The main content area is white with a blue border. It contains a section header "Section 5" followed by a bulleted list of five criteria. The slide number "3" is in the bottom right corner.

EEOICP

The Energy Employees Occupational Illness Compensation Program

Section 5

- Section 5 provides benefits to specified uranium workers and their survivors
- At least one day in a uranium mine or mill located in Colorado, New Mexico, Arizona, Wyoming, South Dakota, Washington, Utah, Idaho, North Dakota, Oregon or Texas (covered states)
- At any time during the period from **January 1, 1942, and ending on December 31, 1971**(covered time period),
- Or was employed in the transport of uranium ore or vanadium-uranium ore from such a mine or mill during that same period
- One day of covered employment is enough for consideration under Part E

3



SHOW PPT

#4

The slide features a blue header with the EEOICPA logo and the text "The Energy Employees Occupational Illness Compensation Program". The main content area is white with a blue border. It contains a section header "Section 5 – Part B" followed by a paragraph and a bulleted list of four items. The slide number "4" is in the bottom right corner.

EEOICP

The Energy Employees Occupational Illness Compensation Program

Section 5 – Part B

If DOJ issued a Section 5 award, the claimant who received the Section 5 award is entitled to Part B compensation:

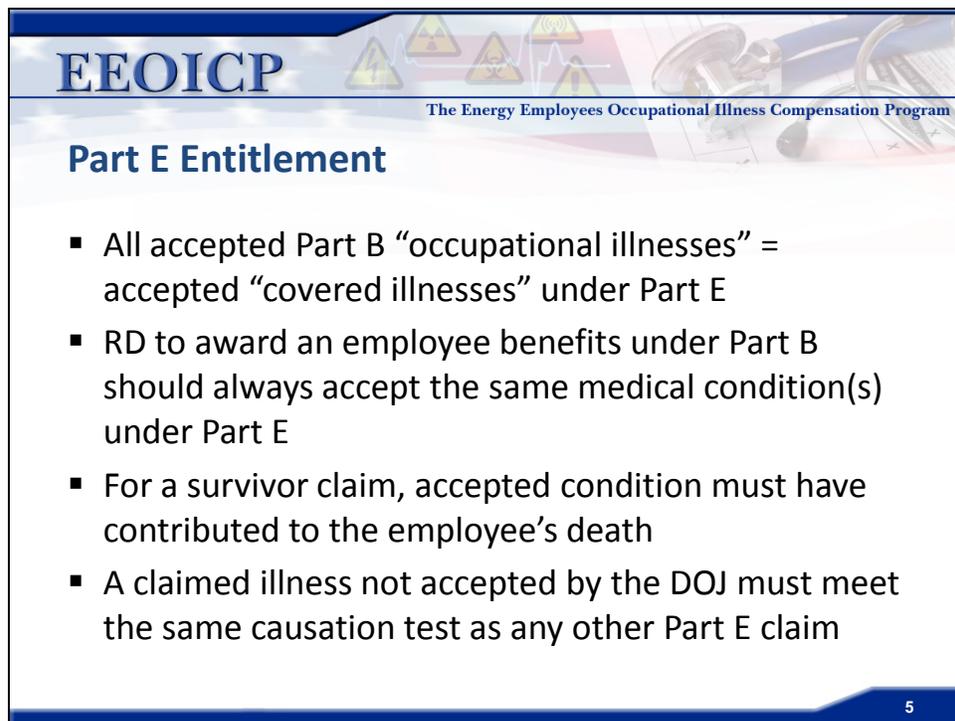
- If employee who received the Section 5 award is deceased, Part B award goes to employee’s eligible survivors as defined under Part B
- All medical conditions accepted by DOJ are accepted “occupational illness” under Part B
- Section 5 award recipients receive \$50,000 under Part B of the EEOICPA (DOJ pays \$100,000)
- Medical benefits

4



SHOW PPT

#5



EEOICP The Energy Employees Occupational Illness Compensation Program

Part E Entitlement

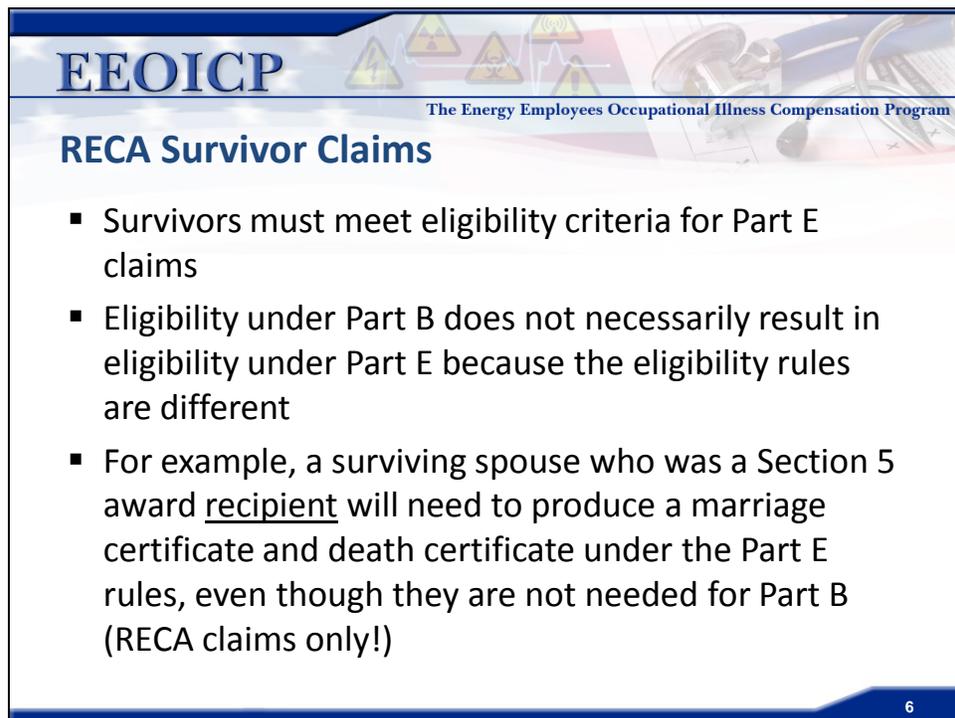
- All accepted Part B “occupational illnesses” = accepted “covered illnesses” under Part E
- RD to award an employee benefits under Part B should always accept the same medical condition(s) under Part E
- For a survivor claim, accepted condition must have contributed to the employee’s death
- A claimed illness not accepted by the DOJ must meet the same causation test as any other Part E claim

5



SHOW PPT

#6



EEOICP The Energy Employees Occupational Illness Compensation Program

RECA Survivor Claims

- Survivors must meet eligibility criteria for Part E claims
- Eligibility under Part B does not necessarily result in eligibility under Part E because the eligibility rules are different
- For example, a surviving spouse who was a Section 5 award recipient will need to produce a marriage certificate and death certificate under the Part E rules, even though they are not needed for Part B (RECA claims only!)

6



SHOW PPT

#7

A presentation slide with a blue header. The header contains the text 'EEOICP' in large white letters, followed by 'The Energy Employees Occupational Illness Compensation Program' in smaller white text. The background of the header features a collage of images including radiation warning symbols, a medical monitor, and industrial machinery. The main body of the slide is white with a blue border on the right and bottom. It contains a section title 'Part E Development' and a bulleted list of two items. A small number '7' is in the bottom right corner of the slide.

EEOICP

The Energy Employees Occupational Illness Compensation Program

Part E Development

- Uranium workers at a qualified mill or mine are treated similarly to contractor/subcontractors for purposes of establishing Part E employment
- Part E uranium worker claims are adjudicated on their own merits without waiting for DOJ to make a determination

7



SHOW PPT

#8

A presentation slide with a blue header. The header contains the text 'EEOICP' in large white letters, followed by 'The Energy Employees Occupational Illness Compensation Program' in smaller white text. The background of the header features a collage of images including radiation warning symbols, a medical monitor, and industrial machinery. The main body of the slide is white with a blue border on the right and bottom. It contains a section title 'Part E Employment/Exposure Requirements' and a bulleted list of three items. A small number '8' is in the bottom right corner of the slide.

EEOICP

The Energy Employees Occupational Illness Compensation Program

Part E Employment/Exposure Requirements

- A uranium worker must be present at a covered mill or mine for only one day but additional employment may be necessary to satisfy certain causation criteria regarding exposure
- For a uranium ore transporter, claimed exposure for in transit time is not considered for causation – only time that transporter is physically present at the mine or mill
- Exposure must be evaluated to establish the “at least as likely as not” causation standard

8



In order for a uranium worker to meet the employment threshold under Part E he or she must have worked at a Section 5 RECA covered mill or mine for only one day. However, additional employment may be necessary to satisfy certain causation criteria regarding exposure.

For a uranium ore transporter, claimed exposure for in transit time is not considered for causation – only time that transporter is physically present at the mine or mill.

Exposure must be evaluated to establish the “at least as likely as not” causation standard. Obviously, the greater the exposure (amount of verified employment and verified contact with a toxic substance known to have been present at the site) will translate into a greater probability for causation.



#9

EEOICP
The Energy Employees Occupational Illness Compensation Program

Communicating with DOJ

1. Write letter to DOJ regarding Section 4 and Section 5 RECA claims
2. DOJ responds with the claim outcome or status
3. If Section 5 denied by DOJ – request DOJ decision and all employment and medical evidence and develop claim to make independent determination of Part E benefits
4. If the RECA claim is pending, the Part B EEOICPA claim is closed and a letter is sent to the claimant

NOTE: ECS Procedures will be forthcoming

9



Please note that ECS Procedures will be forthcoming



Once a Section 5 RECA claim is identified, the CE prepares the letter to DOJ requesting a tiered listing of information:

1. Confirmation of entitlement under Section 5 of the RECA;
2. If an award has not been issued, then advise if a Section 5 RECA claim is pending. If pending, please provide DOL with a letter that includes a factual statement verifying employment and all medical and employment evidence. If the claim is denied at a later date, please provide information under the criteria set out below;
3. If DOJ denied the Section 5 RECA claim on grounds of employment, please provide DOL with all employment, medical and exposure records in DOJ's possession regarding the employee and a copy of DOJ's decision in this matter;
4. If DOJ denied the Section 5 RECA claim on grounds other than employment, please provide DOL with a letter verifying employment and all available medical and employment evidence;

If no Section 5 RECA claim has been filed, please provide DOL with a letter verifying employment and all available employment evidence.

**Instructor
NOTE**

Direct the trainees to Exhibit 2 in EEOICPA PM 2-1100 which is a letter template requesting Section 5 RECA verification from DOJ.

Letter to DOJ Regarding RECA Section 5 Claim Status (Page 1)

U. S. DEPARTMENT OF
LABOR

Employment Standards Administration
Energy Employees' Occupational Illness
Compensation
1999 Broadway, Suite 1120
Denver, CO 80202-5711



Date:

US DEPARTMENT OF JUSTICE
RECA PROGRAM
1425 NEW YORK AVE. NW, ROOM 3148
WASHINGTON, DC 20005 [All letters to this address must be
grouped together and sent via an overnight carrier]

Re: Employee:
Employee SSN:

Dear:

The U.S. Department of Labor (DOL) has received a claim for benefits under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) regarding the above-referenced employee. Please see attached EE-1/EE-2 claim form. The claimant seeks benefits as a Radiation Exposure Compensation Act (RECA) uranium worker or survivor of a uranium worker under the EEOICPA. Accordingly, DOL requests the following information from the Department of Justice (DOJ) so that the claim under the EEOICPA may be processed:

1. Confirmation of entitlement under Section 5 of the RECA;
2. If an award has not been issued, then advise if a Section 5 RECA claim is pending. If pending, please provide DOL with a letter that includes a factual statement verifying dates and places of employment covered under Section 5 of the RECA and a copy of all employment, medical and identification records in DOJ's possession regarding the employee. If the claim is denied at a later date, please provide information under the criteria set out below;
3. If DOJ denied the Section 5 RECA claim, please provide DOL with all employment, medical and identification records in DOJ's possession regarding the employee and a copy of DOJ's decision in this matter;

Letter to DOJ Regarding RECA Section 5 Claim Status (Page 2)

4. If no Section 5 RECA claim has been filed, please provide DOL with a letter verifying dates and places of employment covered under Section 5 of the RECA.

DOL appreciates your cooperation so that we may fully adjudicate the above-referenced claim for benefits under the EEOICPA. Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Claims Examiner

Enclosures: EE-1 or EE-2



SHOW PPT

#10

The slide features a blue header with the text 'EEOICP' in large white letters and 'The Energy Employees Occupational Illness Compensation Program' in smaller white letters below it. The background of the header shows a collage of radiation warning symbols, a stethoscope, and a microscope. The main content area is white with a blue border on the right and bottom. It contains a title 'Verifying Employment and Part E Exposure' and a bulleted list of items. A blue footer bar at the bottom right contains the number '10'.

EEOICP

The Energy Employees Occupational Illness Compensation Program

Verifying Employment and Part E Exposure

- CE evaluates records provided by DOJ (Only if a claimed condition was not accepted under Section 5)
- IF DOJ has not denied Section 5 we must deny under Part B
- Other sources of data
 - Site Exposure Matrices (SEM)
 - SSA earnings records
 - Claimant
 - EE-4 affidavits
 - Occupational History Questionnaire (OHQ)

10

KEY
POINT

If the DOJ has denied Section 5 of RECA we must deny under Part B of EEOICPA.



SHOW PPT

#11

The slide features a blue header with the text 'EEOICP' in large white letters and 'The Energy Employees Occupational Illness Compensation Program' in smaller white letters below it. The background of the header shows a collage of radiation warning symbols, a stethoscope, and a microscope. The main content area is white with a blue border on the right and bottom. It contains a title 'Occupational History Questionnaires for RECA Claims' and a bulleted list of items. A blue footer bar at the bottom right contains the number '11'.

EEOICP

The Energy Employees Occupational Illness Compensation Program

Occupational History Questionnaires for RECA Claims

- Another source of exposure evidence is the Occupational History Questionnaire (OHQ) for RECA (PM 2-1100.7.c)
- Resource Centers (RC) usually complete an OHQ when an application is submitted. They do not do this for uranium worker claims because many claimed conditions can be accepted based on confirmation of the Section 5 award
- CE writes the RC and requests an OHQ be completed where exposure evidence is needed for a uranium worker claim

11

Instructor
NOTE

Briefly review the RECA OHQ with the trainees.

RECA OHQ (PAGE 1)

FEDERAL (EEOICPA) PROCEDURE MANUAL Chapter E-700
Part E - Claims Eligibility Requirements for
Certain Uranium Workers

**Energy Employees Occupational Illness Compensation
Program Act (EEOICPA)
Occupational History Interview
Miners/Millers/Ore Transporters**

Section 1: INTRODUCTION			
Claim Number	Employee Name	DOL District Office	Interview Date/Time
Interviewer Name	Interviewee Name:	Relationship to Employee	
Do I have your consent to conduct this interview?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 2: EMPLOYEE PERSONAL HEALTH HISTORY				
Please <input checked="" type="checkbox"/> the appropriate response. If yes, indicate relationship. <i>S- Self</i> <i>P- Parent</i> <i>G-Grandparent</i>				
	Yes	No	Unsure	Relationship
Heart disease or Heart Attack				
Asthma				
High Blood pressure				
Anemia or Blood Disorders				
Diabetes				
Stroke				
Memory Problems				
Kidney Disease*				
Liver Disease*				
Skin Disease*				
Arthritis				
Sterility/Infertility**				
Cancer				
Specify Type(s):				
Other:				
(Specify Diagnosed Condition):				

* Note that we are asking about diseases other than cancer. If you have been diagnosed with a cancer of this organ, please refer to question, 'Cancers,' and note the organ involved in the space provided for specific type.
** Does not mean loss of sexual activity with old age.

Section 3: TOBACCO AND ALCOHOL HISTORY		
Did the Employee Ever Use Tobacco products? (Cigarettes.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type:
	Age began	Age Stopped

EEOICPA Tr. No. 05-04
September 2005

Exhibit 2

RECA OHQ (PAGE 2)

FEDERAL (EEOICPA) PROCEDURE MANUAL

Chapter E-700

Part E - Claims

Eligibility Requirements for
Certain Uranium Workers

Cigars, pipe, Snuff, Chewing Tobacco)	Average number used per day:	
Did applicant Ever consume Alcoholic Beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type:
	Age began	Age Stopped
	Average number drank per week	

**Section 4: NON-URANIUM MINING, MILLING, ORE TRANSPORTING
WORK HISTORY**

1. Please list jobs held before or after employed at/or as Mine, Miller or as an Ore Transporter.
2. Please list your jobs in employer order, starting with the most recent.

Employer	Job Title(s)/Description(s)	Beginning (mm/yy)	Ending (mm/yy)

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September 2005

Exhibit 2

RECA OHQ (PAGE 3)

FEDERAL (EEOICPA) PROCEDURE MANUAL

Chapter E-700

Part E - Claims

Eligibility Requirements for
Certain Uranium Workers

**Section 5 → Section 8
MUST be Completed for
EACH claimed Mining
Milling/Ore Transporting
Operation**

EEOICPA Tr. No. 05-04
September 2005

Exhibit 2

Page 3 of 13

RECA OHQ (PAGE 4)

FEDERAL (EEOICPA) PROCEDURE MANUAL Chapter E-700
 Part E - Claims Eligibility Requirements for
 Certain Uranium Workers

Have you ever participated in a Worker Screening Program or Epidemiological Study? Yes No
 If so describe who performed screening and location:

Section 5 (B): LABOR CATEGORY

Any that apply (Note work category; activity was surface or underground; and approx date of employment)

<input checked="" type="checkbox"/>	Work Category	Underground or Surface	Approximate dates of Employment (Example:11/59 - 02/65)
	Mining Occupations		
	Drill Operator		
	Powder Man		
	Shooter		
	Shusher Operator		
	Loader		
	Superintendent		
	Foreman		
	Mucker Operator		
	Electrician		
	Mechanic		
	Jack Leg Operator		
	Shuttle Operator		
	Track Man		
	Raise Driver		
	Cage Operator		
	Rock bolter		
	Scaler		
	Laborer/Helper		

	Mill Occupations		
	Superintendent		
	Engineer		
	Office Worker		
	Uranium Black Cake Operator		
	Uranium Furnace Operator		

EEOICPA Tr. No. 05-04
 September 2005

Exhibit 2

RECA OHQ (PAGE 5)

FEDERAL (EEOICPA) PROCEDURE MANUAL

Chapter E-700

Part E - Claims

Eligibility Requirements for
Certain Uranium Workers

<input checked="" type="checkbox"/>	Work Category	Underground or Surface	Approximate dates of Employment (Example:11/59 -- 02/65)
	Foreman		
	Sampler		
	Loader		
	Crusher Operator		
	Pug Mill Operator		
	Laborer/Helper		
	Aerofall Mill Operator		
	Ball Mill Operator		
	Bucking Operator		
	Mteallurgist		
	Technician		
	Ion Exchange Operator		
	IX Operator		
	Bull Gang		
	Acid Leach Operator		
	Carbonate Leach Operator		
	Maintenance		
	Electrician		
	Mechanic		
	Powerhouse Operator		
	Roaster Operator		
	Dryer Operator		
	Chemist		
	Precipitation Operator		
	Yellow Cake Operator		
	Bagger		
	Ore Transport Occupations		
	Bulldozer Operator		
	Ore Receiver		
	Ore Transfer Man		
	Truck Driver		
	Weigh Master		
	Scale House Operator		
	Loader Operator		
	<i>Other (List all other positions held)</i>		

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Exhibit 2

RECA OHQ (PAGE 6)

FEDERAL (EEOICPA) PROCEDURE MANUAL

Chapter E-700

Part E - Claims

Eligibility Requirements for
Certain Uranium Workers

<input checked="" type="checkbox"/>	Work Category	Underground or Surface	Approximate dates of Employment (Example: 11/59 - 02/65)

Section 5 (C): UNION AFFILIATION

Please All Unions to which you belonged.

- | | | |
|---|---|---|
| <input type="checkbox"/> Carpenters' Union | <input type="checkbox"/> OCAW | <input type="checkbox"/> Steel Worker's Union |
| <input type="checkbox"/> IAM | <input type="checkbox"/> Operating Engineers' Union | <input type="checkbox"/> Teamsters' Union |
| <input type="checkbox"/> IBEW | <input type="checkbox"/> Painter's Union | <input type="checkbox"/> United Mine Workers |
| <input type="checkbox"/> IGAN (Guards' Union) | <input type="checkbox"/> Plumbers' and Pipefitters' Union | <input type="checkbox"/> Other Union |
| <input type="checkbox"/> Ironworkers' Union | <input type="checkbox"/> Sheet metal workers' Union | Name of Union: _____ |
| <input type="checkbox"/> Laborers' Union | | |

Section 6: WORK AREAS

Please note years of employment and frequency in which the employee was performing specific type of mine related work activity.

Use the following key to fill in the "Frequency" box:

- 3 Daily or most days per week
- 2 Few times per month
- 1 Once per month or less

Area of Mine	Years of Employment	Frequency Pick 1-3
Production		
Drilling/Shooting		
Maintenance (INBY)		
Maintenance (OUTBY)		

EEOICPA Tr. No. 05-04
September 2005

Exhibit 2

RECA OHQ (PAGE 7)

FEDERAL (EEOICPA) PROCEDURE MANUAL

Chapter E-700

Part E - Claims

Eligibility Requirements for
Certain Uranium Workers

Area of Mine	Years of Employment	Frequency Pick 1-3
Maintenance (SETUP)		
Crushing/Milling		
BathHouse		

Area of Mill	Years of Employment	Frequency Pick 1-3
Extraction		
Sampling Lab		
Grinding/Crushing		
Acid Leaching		
Carbonate Leaching		
Concentration/ Purification		
Separation/Precipitation		
Handling, Storage, and Shipping		
Mill Support, and Maintenance		
Tailings		
Additional Information:		

Section 7: PERSONAL PROTECTIVE EQUIPMENT (PPE)

Description	Please <input checked="" type="checkbox"/> if Utilized	Please <input checked="" type="checkbox"/> Frequency of Use		
		Often /Always	Sometimes	Infrequent/Never
Apron or lab coat				
Respiratory Protection				
Supplied air or SCBA (Self Contained Breathing Apparatus)				
Face mask with filter/cartridges				

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September 2005

Exhibit 2

RECA OHQ (PAGE 8)

FEDERAL (EEOICPA) PROCEDURE MANUAL

Chapter E-700

Part E - Claims

Eligibility Requirements for
Certain Uranium Workers

Type:				
Disposable mask				
Gloves				
Type:				
Eye Protection				
Safety Glasses				
Face Shield				
Goggles				
Radiation monitoring:				
Radiation monitoring badge (including film badge)				
Pencil/Pocket dosimeter				
Extremity (finger or wrist) monitor				
none worn				
other (describe):				
Uniform or Company Provided Clothing laundered by plant or third party				
Own clothing and own laundering				

Please describe the work situations and exposures where employee used PPE noted above:

Were there times when you felt you should have worn any of the above protective equipment but did not? Yes No

If Yes, Please explain:

Section 8: EXPOSURE INFORMATION

1. For each section please review the identified agent and indicate if the employee is aware of exposure
2. Indicate the approximate number of years known to be exposed
3. Indicate if the employee "processed" the agent (i.e. machined, polished, mixed or poured)

METALS			
Agent	Please <input checked="" type="checkbox"/> if You Were Exposed to This Metal	Approximate Numbers of Years Exposed	Please <input checked="" type="checkbox"/> if You Ever Processed (Machine, Drill, Grind, Polish) This Metal

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September 2005

Exhibit 2

RECA OHQ (PAGE 9)

FEDERAL (EEOICPA) PROCEDURE MANUAL

Chapter E-700

Part E - Claims

Eligibility Requirements for
Certain Uranium Workers

Arsenic			
Beryllium			
Cadmium			
Chromium			
Cobalt			
Copper			
Iron			
Iron Oxide			
Lead			
Manganese			
Mercury			
Molybdenum			
Nickel			
Rhenium			
Scandium			
Selenium			
Silver			
Uranium			
Vanadium			
Zirconium/Zircalloy			
Other			

In what job titles were you exposed to metals? (select job titles from Section 5B--Labor Category)

1.	2.	3.
4.	5.	6.

HIGH EXPLOSIVES			
Agent	Please <input checked="" type="checkbox"/> if Exposed	Approximate Numbers of Years Exposed	Please <input checked="" type="checkbox"/> if Employee Processed (melt, mix, pour) the Agent
A-6			
ANFO			
Baritol (Barium Nitrate+TNT)			
Boracitol (TNT+Boric Acid)			
CH6			
Comp B (TNT+RDX)			
HMX			
LX-04-1, LX-07-2(HMX+Viton A)			

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Exhibit 2

RECA OHQ (PAGE 10)

FEDERAL (EEOICPA) PROCEDURE MANUAL

Chapter E-700

Part E - Claims

Eligibility Requirements for
Certain Uranium Workers

LX-09 (HMX+ pDNPA+ FEFO)			
Octol			
PETN			
PBX			
RDX			
TNT			
XTX (PETN+ Silicone Rubber)			
Other Explosives			
In what job titles were you exposed to explosives? (select job titles from Section 5B--Labor Category)			
1.	2.	3.	
4.	5.	6.	
SOLVENTS AND CHEMICALS			
Agent	Please <input checked="" type="checkbox"/> if Exposed	Approximate Numbers of Years Exposed	Please <input checked="" type="checkbox"/> if Employee had Skin Contact
Acetone			
Acetonitrile			
Acids			
Alcohols			
Ammonia			
Benzene			
Butane			
Calcium Carbonate			
Carbon tetrachloride (Carbon Tet)			
Dimethylformamide (DMF)			
Ethers			
Hydrogen Fluoride			
Kerosene			
Methyl chloroform			
Methyl ethyl ketone (MEK)			
Methyl isobutyl ketone (MIBK)			
Methylene chloride (Stripcase)			
Nitrogen Oxide			
Perchloroethylene			
Sodium Bicarbonate			
Sodium Carbonate			
Sodium Hydroxide			
Sulfides			
Sulfuric Acid			

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September 2005

Exhibit 2

RECA OHQ (PAGE 11)

FEDERAL (EEOICPA) PROCEDURE MANUAL

Chapter E-700

Part E - Claims

Eligibility Requirements for
Certain Uranium Workers

Toluene			
Trichloroethane			
Trichloroethylene (TCE)			
Xanthate (Xanthic Acid)			
In what job titles were you exposed to solvents or chemicals? (select job titles from Section 5B Labor Category):			
1.	2.	3.	
4.	5.	6.	
RADIATION			
Agent	Please <input checked="" type="checkbox"/> if Exposed	Approximate Numbers of Years Exposed	
Cesium			
Californium			
Cobalt machine			
Plutonium			
Polonium			
Protactinium			
Radium			
Thorium (Ionium - 230)			
Tritium			
Uranium			
Depleted Uranium			
X-ray machine/Source radiography			
Other Source:			
1. Where you ever involved in a major accident or incident at the site (include approximate dates and description of event)? Describe:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Did you ever have your urine tested to measure radiation exposure?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

EEOICPA Tr. No. 05-04
September 2005

Exhibit 2

RECA OHQ (PAGE 12)

FEDERAL (EEOICPA) PROCEDURE MANUAL

Chapter E-700

Part E - Claims

Eligibility Requirements for
Certain Uranium Workers

In what job titles were you exposed to radiation? (select job titles from Section 5B--Labor Category)

1.	2.	3.
4.	5.	6.

PLASTICS / ADHESIVES/ RESINS			
Agent	Please <input checked="" type="checkbox"/> if Exposed	Approximate Numbers of Years Exposed	Please <input checked="" type="checkbox"/> if Ever Processed or otherwise Directly Handled
Adiprene			
Foams			
Isocyanates (TDI)			
MOCA			
Other			

Did you ever have urine or other medical tests for MOCA exposures?
4,4'-Methylene-bis(2-chloroaniline)

Yes No

In what job titles were you exposed to plastics or binders? (select job titles from Section 5B Labor Category)

1.	2.	3.
4.	5.	6.

DUSTS / FIBERS		
Agent	Please <input checked="" type="checkbox"/> if Exposed	Approximate Numbers of Years Exposed
Asbestos (pipe wrap, asbestos board)		
Coal Dust		
Diesel Particulate		
Fiberglass / Glass Wool / Mineral Fibers		
Metal Dusts		
Silica (sand blasting, masonry, concrete)		
Other		

EEOICPA Tr. No. 05-04
September 2005

Exhibit 2

RECA OHQ (PAGE 13)

FEDERAL (EEOICPA) PROCEDURE MANUAL

Chapter E-700

Part E - Claims

Eligibility Requirements for
Certain Uranium Workers

In what job titles were you exposed to dusts or fibers? (Select from list of job titles listed in Section 5B-- Labor Category):		
1.	2.	3.
4.	5.	6.

Other Toxic Substances		
Agent	Please <input checked="" type="checkbox"/> if Exposed	Approximate Numbers of Years Exposed
In what job titles were you exposed to plastics or binders? (select job titles from Section 5B Labor Category)		
1.	2.	3.
4.	5.	6.
Do you believe all information relevant to your occupational history was addressed? Yes No If no, please provide explain:		

**THANK YOU
FOR
YOUR PARTICIPATION AND TIME**

EEOICPA Tr. No. 05-04
September 2005

Exhibit 2

Page 13 of 13



SHOW PPT

#12

The slide header features the acronym 'EEOICP' in large blue letters on the left. To the right, there are several yellow triangular warning symbols with black radiation-like patterns. The background of the header is a light blue and white gradient with faint images of industrial equipment like a microscope and a computer monitor.

EEOICP
The Energy Employees Occupational Illness Compensation Program

Using the Site Exposure Matrices (SEM) for Developing RECA Claims under Part E

- SEM contains special sections for uranium mines, mills and ore transporters
- SEM lists companies who operated each uranium mine, mill and ore buying station and who transported ore
- In conjunction with Social Security Administration Earnings records, that information can help verify employment

12



SHOW PPT

#13

The slide header features the acronym 'EEOICP' in large blue letters on the left. To the right, there are several yellow triangular warning symbols with black radiation-like patterns. The background of the header is a light blue and white gradient with faint images of industrial equipment like a microscope and a computer monitor.

EEOICP
The Energy Employees Occupational Illness Compensation Program

Mines, Mills and Ore Buying Stations Designated as DOE sites

- Several uranium mills, mines and ore buying stations are also listed as DOE facilities because those facilities were at one time operated directly by the DOE
- Uranium workers who were employed at those locations are eligible for benefits under B just as any other DOE worker

13



SHOW PPT

#14

A presentation slide for EEOICP. The header features the EEOICP logo and the text 'The Energy Employees Occupational Illness Compensation Program'. The main content is titled 'Covered Uranium Mines and Mills' and lists three items: 4,170 uranium mines, 48 uranium mills, and 17 uranium ore buying stations. The slide has a blue footer with the number 14.

EEOICP
The Energy Employees Occupational Illness Compensation Program

Covered Uranium Mines and Mills

- 4,170 uranium mines
- 48 uranium mills
- 17 uranium ore buying stations

14



SHOW PPT

#15

A presentation slide for EEOICP. The header features the EEOICP logo and the text 'The Energy Employees Occupational Illness Compensation Program'. The main content is titled 'Interagency Consistency' and lists four items: Both DOJ and DOL will work to issue consistent decisions where employment verification findings are concerned, but this may not always be possible (with a sub-bullet for example); FAB supplies DOJ with copies of final decisions issued to RECA claimants; DOJ supplies DEEOIC with denials; and DO emails DOJ regarding decisions that are contrary to DOJ findings. The slide has a blue footer with the number 15.

EEOICP
The Energy Employees Occupational Illness Compensation Program

Interagency Consistency

- Both DOJ and DOL will work to issue consistent decisions where employment verification findings are concerned, but this may not always be possible
 - For example, DOL may be able to establish employment where the DOJ could not. In such a case we need to let the DOJ know about the evidence we found as they may want to reconsider the RECA claim
- FAB supplies DOJ with copies of final decisions issued to RECA claimants
- DOJ supplies DEEOIC with denials
- DO emails DOJ regarding decisions that are contrary to DOJ findings

15



SHOW PPT

#16

EEOICP
The Energy Employees Occupational Illness Compensation Program

Section 4

- RECA Section 4 provides benefits for individuals with cancer who were either in specified areas proximate to atomic tests at the Nevada Test Site (called downwinder), or participated at the site of an atmospheric atomic weapon test (onsite participant).
- “Except in accordance with section 7384u of this title, an individual may not receive compensation or benefits under the compensation program for cancer and also receive compensation under the Radiation Exposure Compensation Act”

16

Instructor
NOTE

Direct trainees to the relevant sections in EEOICPA PM 2-1100 2c (pages 4-5 in Instructor Guide and 6-7 in Participant Guide) that pertain to Section 4 RECA claims.



SHOW PPT

#17

EEOICP
The Energy Employees Occupational Illness Compensation Program

How to Process RECA Section 4 Claims

- Is there evidence that the employee has filed a claim with DOJ under Section 4 RECA?
 - Look at “Awards and Other Information” section of the EE-1 or EE-2 claim form
 - Look for relevant information in the case record indicative of a Section 4 RECA claim, such as an award letter or other RECA-related documentation
- If evidence shows Section 4 RECA claim was filed, determine status of claim by contacting DOJ, (sample letter attached to EEOICPA PM 2-1100)

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**Instructor
NOTE**

Direct the trainees to Exhibit 7 in EEOICPA PM 2-1100 which is a letter template requesting Section 4 RECA verification from DOJ.

Letter to DOJ Regarding RECA Section 4 Verification

U.S. DEPARTMENT OF
LABOR

Employment Standards Administration
Energy Employees' Occupational Illness
Compensation
1999 Broadway, Suite 1120
Denver, CO 80202-5711

Date:

US DEPARTMENT OF JUSTICE
RECA PROGRAM
1425 NEW YORK AVE. NW, ROOM 3148
WASHINGTON, DC 20005 **[All letters to this address must be
grouped together and sent via an overnight carrier]**

Re: Employee:
Employee SSN:

Dear:

The U.S. Department of Labor (DOL) has received a claim for benefits under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) regarding the above-referenced employee. Please see the attached EE-1 or EE-2 claim form. The employee (or a beneficiary of the employee), has indicated that they are seeking benefits under the Radiation Exposure Compensation Act (RECA) section 4.

To make a determination of eligibility under the EEOICPA, the Department of Labor requires information on the status of the RECA section 4 claim. Please provide the following:

- Copy of any RECA section 4 award or denial notice
- If a RECA section 4 award was granted, but the claimant has elected to reject payment, provide DOL with a copy of the Acceptance of Payment form, indicating such election.

DOL appreciates your assistance. Please mail any correspondence or other documentation to the address listed above. Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Name
Claims Examiner

Enclosures: EE-1 or EE-2



SHOW PPT

#18

EEOICP
The Energy Employees Occupational Illness Compensation Program

When you receive DOJ's response

- Proceed with development of the claim for compensation if DOJ confirms an award under Section 4 RECA
 - Develop any claimed medical condition(s), other than cancer, to determine if there is evidence of a compensable Part E covered illness
 - Follow the standard procedures for development of covered employment in a Part E claim

18



SHOW PPT

#19

EEOICP
The Energy Employees Occupational Illness Compensation Program

When Cancer is only claimed condition

- If cancer is the only claimed condition and claimant received a Section 4 RECA award confirmed by DOJ,
 - proceed with a recommended denial of compensation under Part E.
 - The denial of compensation should specifically reference the exclusion to benefits for cancer under both EEOICPA and RECA contained in 42 U.S.C. § 7385j

19



SHOW PPT

#20



EEOICP
The Energy Employees Occupational Illness Compensation Program

If DOJ Section 4 RECA Decision is Pending

- Prepare a letter to the claimant(s), explaining that an EEOICPA and a Section 4 RECA cancer claim cannot be adjudicated concurrently
- Ask the claimant(s) to select which program they wish to pursue benefits under, for the claimed cancer(s)
- Notify claimant(s) that if they either fail to respond within 30 days, or if they elect to pursue their claim under RECA, their EEOICPA cancer claim will be denied

20



SHOW PPT

#21



EEOICP
The Energy Employees Occupational Illness Compensation Program

If Claimant Chooses to Pursue Cancer Claim under EEOICPA

- Must formally withdraw their claim from RECA,
- Confirmation of such withdrawal must be obtained from DOJ
- If claimant chooses to stay with RECA and their RECA claim is denied, they may seek to have their EEOICPA cancer claim reopened
- Develop any non-cancer conditions in accordance with the EEOICPA

21



SHOW PPT

#22

EEOICCP
The Energy Employees Occupational Illness Compensation Program

Claimant withdraws Section 4 RECA claim

- If yes, proceed with the adjudication of the claimed cancer upon confirmation of Section 4 RECA withdrawal)
- If not, proceed with development of the case for non-cancer conditions
 - Issue a recommended decision that includes a denial for the claimed cancer
 - For any recommended decision that denies a claimed cancer based on the fact that compensation cannot be awarded under both Section 4 RECA and EEOICPA, must reference 42 U.S.C. § 7385j

22



SHOW PPT

#23

EEOICCP
The Energy Employees Occupational Illness Compensation Program

DOJ reports that Section 4 RECA award was granted

- If claimant elects to reject the Section 4 RECA settlement and if a copy of the Acceptance of Payment form confirms this
- Proceed with the adjudication of the cancer claim under the EEOICPA

23

Participants Guide *RECA Case Study materials begin in the Participants Guide on page 41.*

Case Study *The trainees are to review the materials and answer all of the questions. After allowing sufficient time, review the case study outcomes eliciting information from the trainees.*



#24

A presentation slide with a blue header and a white body. The header contains the text "EEOICP" in large blue letters and "The Energy Employees Occupational Illness Compensation Program" in smaller blue letters. The body contains the word "Conclusion" in blue, followed by a bulleted list of three items. The slide number "24" is in the bottom right corner.

EEOICP
The Energy Employees Occupational Illness Compensation Program

Conclusion

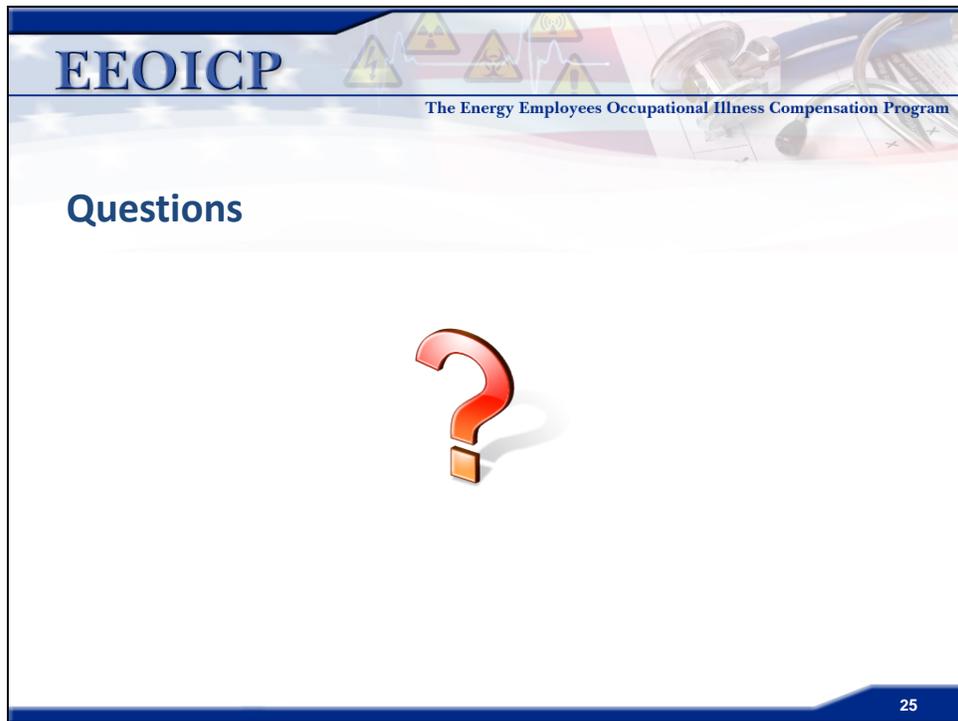
- Always identify a Section 5 (or 4) RECA claimant
- DOJ communication is a key development tool
- Part E RECA claims developed differently than Part B
 - Survivorship eligibility
 - Award possible without DOJ award

24



SHOW PPT

#25



Instructor
NOTE

Make sure that all trainees have had the opportunity to ask any outstanding questions about the information that has been covered in this session before proceeding.

Conclusion

This concludes the overview and steps in the development of RECA Section 5 and Section 4 claims.

Instructor
NOTE

Please review Case Study 1 Materials with the trainees.

Form EE-1

Claim for Benefits Under the Energy Employees Occupational Illness Compensation Program Act

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs



Note: Provide all information requested below. Do not write in the shaded areas.

OMB Number: 1215-0197
Expiration Date: 08/31/2007

Employee Information (Please Print Clearly)

1. Name (Last, First, Middle Initial) **2. Social Security Number**
 Claimant Date A 000-00-0000

3. Date of Birth **4. Sex** **5. Dependents**
 12 12 1940 Male Female Spouse Child ren Other:

6. Address (Street, Apt. #, P.O. Box) **7. Telephone Number(s)**
 C/O Walter K. Lawyer, Law Office, 219 Any Street
 (City, State, ZIP Code) Anytown NM 87102 a. Home: (800) 555 - 1234
 b. Other: () - -

8. Identify the Diagnosed Condition(s) Being Claimed as Work-Related (check box and list specific diagnosis)

	9. Date of Diagnosis		
	Month	Day	Year
<input type="checkbox"/> Cancer (List Specific Diagnosis Below)			
a.			
b.			
c.			
<input type="checkbox"/> Beryllium Sensitivity			
<input type="checkbox"/> Chronic Beryllium Disease (CBD)			
<input type="checkbox"/> Chronic Silicosis			
<input checked="" type="checkbox"/> Other Work-Related Condition(s) due to exposure to toxic substances or radiation (List Specific Diagnosis Below)			
a. Pneumocystis	05	27	2006
b. Pulmonary Fibrosis	05	27	2006
c. Silicosis	05	27	2006

Awards and Other Information

10. Did you work at a location designated as a Special Exposure Cohort (SEC)? YES NO

11. Have you filed a lawsuit seeking either money or medical coverage for the above claimed condition(s)? YES NO

12. Have you filed any workers' compensation claims in connection with the above claimed condition(s)? YES NO

13. Have you or another person received a settlement or other award in connection with a lawsuit or workers' compensation claim for the above claimed condition(s)? YES NO

14. Have you either pled guilty or been convicted of any charges connected with an application for or receipt of federal or state workers' compensation? YES NO

15. Have you applied for an award under Section 5 of the Radiation Exposure Compensation Act (RECA)? YES NO
 If yes, provide RECA Claim #: 000-00-0000

16. Have you applied for an award under Section 4 of the Radiation Exposure Compensation Act (RECA)? YES NO

Employee Declaration

Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided under EEOICPA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both. Any change to the information provided on this form once it is submitted must be reported immediately to the district office responsible for the administration of the claim. I hereby make a claim for benefits under EEOICPA and affirm that the information I have provided on this form is true. If applicable, I authorize the Department of Justice to release any requested information, including information related to my RECA claim, to the U.S. Department of Labor, Office of Workers' Compensation Programs (OWCP). Furthermore, I authorize any physician or hospital (or any other person, institution, corporation, or government agency, including the Social Security Administration) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs.

Employee Signature: _____ Date: 12/18/2006

Resource Center Date Stamp

Next Page

Form EE-1
April 2005

DOJ Award Letter

DOJ AWARD LETTER



U.S. Department of Justice
Civil Division

November 30, 2006

Mr. Kevin Lawyer
Walter K. Lawyer Law Office
219 Any Street
Albuquerque, NM 87102

RE: DOJ CI No. ###-##-####
Claimant: Dale A. Claimant

Dear Mr. Lawyer:

I am please to inform you that the above-referenced claim for compensation under the Radiation Exposure Compensation Act has been approved in the amount of \$100,000.00

- Please complete the Acceptance of Payment form enclosed with this letter
- Then you must return the original completed Acceptance of Payment form by regular mail in the self-addressed envelope that is enclosed for your convenience.

If you have any questions please call 1-800-729-RECP.

Sincerely,

G.W. Fischer

Gerard W. Fischer
Assistant Director
Torts Branch, Civil Division
United States Department of Justice
P.O. Box 146
Benjamin Franklin Station
Washington, D.C. 20044-0146
(202) 616-4138

Enclosures

SSN: 000-00-0000

Letter of Verification to DOJ

[REDACTED]

DOJ's Response

[REDACTED]

Instructor NOTE *Please review Case Study 1 Synopsis with the trainees.*

Case Study 1 Synopsis

EE-1 Form

For Question 15, the employee indicated he filed for an award under Section 5 of the Radiation Exposure Compensation Act (RECA).

For Question 8, Claimed Conditions, the employee claimed conditions that are all covered under Section 5 RECA.

Section 5 RECA only covers primary lung cancer, renal cancer, other chronic renal diseases including nephritis and kidney tubal tissue injury, and the following nonmalignant respiratory illnesses; pulmonary fibrosis, fibrosis of the lung, cor pulmonale related to pulmonary fibrosis, silicosis and pneumoconiosis

Notice of Award Letter

Claimants frequently send these in with their application. Note – the letter does not tell you which medical condition(s) were approved.

Letter to DOJ for Verification

This letter is an example of the request sent to the DOJ for verification of a Section 5 RECA award.

Response from DOJ

The letter verifies that the employee received an award under Section 5 RECA and indicates which illnesses the award was based on.

Instructor NOTE *Please review Case Study 1 Questions with the trainees and give them ample opportunity to answer.*

Case Study 1 Questions

- 1. Is there sufficient evidence to issue a recommended decision to accept all four claimed conditions under Part B? If not, what additional evidence is needed?**
- 2. Is there sufficient evidence to issue a recommended decision to accept all four claimed conditions under Part E? If not, what additional evidence is needed?**
- 3. What needs to be done in this case if the employee claimed stomach cancer in addition to the other claimed conditions?**

Instructor NOTE *Please review Case Study 1 Answers with the trainees and have them rate their progress on their responses to these questions.*

Case Study 1 Answers

1. **Is there sufficient evidence to issue a recommended decision to accept all four claimed conditions under Part B? If not, what additional evidence is needed?**

There is sufficient evidence to recommend acceptance of all four claimed conditions under Part B. To approve under Part B you need the EE-1 and Verification of Section 5 award from DOJ, both of which have been provided.

2. **Is there sufficient evidence to issue a recommended decision to accept all four claimed conditions under Part E? If not, what additional evidence is needed?**

Any occupational illness accepted under Part B is a covered condition under Part E. For an employee claim, you recommend acceptance of claimed conditions under Parts B and E in the same RD.

3. **What needs to be done in this case if the employee claimed stomach cancer in addition to the other claimed conditions?**

The stomach cancer claim must be developed as any other Part E claim. Medical employment evidence must be requested. The CE will request this evidence in the initial award verification letter sent to DOJ.

The stomach cancer claim will only be recommended acceptance if there is sufficient evidence to meet the Part E causation standard, i.e. the evidence establishes "it is at least as likely as not" that the exposure to a toxic substance during covered employment was a significant factor in aggravating, contributing to or causing the illness.

Instructor
NOTE

Please review Case Study 2 Materials with the trainees.

Form EE-2 (Page 1)

Claim for Survivor Benefits Under the Energy Employees Occupational Illness Compensation Program Act		U.S. Department of Labor Employment Standards Administration Office of Workers' Compensation Programs			
Note: Provide all information requested below. Do not write in the shaded areas.				OMB Number: 1215-0197	
				Expiration Date: 08/31/2010	
				Submit Reset Print	
Deceased Employee Information (Please Print Clearly)					
1. Name (Last, First, Middle Initial) Claimant: William		2. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		3. Social Security Number 000-00-0000	
4. Date of Birth 05 / 16 / 1918 Month Day Year		5. Date of Death 10 / 27 / 1994 Month Day Year		6. Was an autopsy performed on the employee? <input type="checkbox"/> YES - List Medical Facility: _____ <input checked="" type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	
Survivor Information (Please Print Clearly)					
7. Name (Last, First, Middle Initial) Claimant: Smith Joyce		8. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		9. Social Security Number 000-00-0000	
10. Date of Birth 07 / 23 / 1950 Month Day Year		11. Your relationship to the deceased employee <input type="checkbox"/> spouse <input checked="" type="checkbox"/> child <input type="checkbox"/> step child <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> grandchild <input type="checkbox"/> Other: _____			
12. Address (Street, Apt. #, P.O. Box) 419 Any Street (City, State, ZIP Code) Anytown OR 97048			13. Telephone Numbers a. Home: (503) 555 - 1234 b. Other: () -		
14. Identify the Diagnosed Condition(s) Being Claimed as Work-Related (check box and list specific diagnosis)					
<input checked="" type="checkbox"/> Cancer (List Specific Diagnosis Below)			15. Date of Diagnosis		
a. Skin (Squamous Cell Carcinoma)			Month	Day	Year
b. _____					
c. _____					
<input type="checkbox"/> Beryllium Sensitivity					
<input type="checkbox"/> Chronic Beryllium Disease (CBD)					
<input type="checkbox"/> Chronic Silicosis					
<input type="checkbox"/> Other Work-Related Condition(s) due to exposure to toxic substances or radiation (List Specific Diagnosis Below)					
a. _____					
b. _____					
c. _____					
Awards and Other Information					
16. Did the employee work at a location designated as a Special Exposure Cohort (SEC)?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
17. Have you or the deceased employee filed a lawsuit seeking either money or medical coverage for the claimed condition(s)?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
18. Have you or the deceased employee filed any workers' compensation claims in connection with the claimed condition(s)?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
19. Have you, the deceased employee, or another person received a settlement or other award in connection with the above claimed condition(s)?				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
20. Have you either pled guilty or been convicted of any charges connected with an application for or receipt of federal or state workers' compensation?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21. Have you or the employee applied for an award under Section 5 of the Radiation Exposure Compensation Act (RECA)?				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, provide RECA Claim #: #####					
22. Have you or the employee applied for an award under Section 4 of the Radiation Exposure Compensation Act?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

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Form EE-2
April 2005

Form EE-3 (Page 1)

Employment History for a Claim Under the Energy Employees Occupational Illness Compensation Program Act		U.S. Department of Labor Employment Standards Administration Office of Workers' Compensation Programs			
Note: Please provide as much information as possible. Do not write in the shaded areas.					CMB No. 1215-0197 Expiration Date: 08/31/2010
Employee's Information (Print clearly)			Submit	Reset	Print
1. Employee's Name (Last, First, Middle Initial) Claimant William		2. Former Name (e.g. Maiden/Legal Change)		3. Social Security Number (if known) 000-00-0000	
Contact Information for Person Completing this Form (Print clearly)					
4. Name (Last, First, Middle Initial) Claimant Joyce			5. Claim Type (check one) <input type="checkbox"/> Employee <input checked="" type="checkbox"/> Survivor		
6. Address (Street, Apt. #, P.O. Box) 419 Any Street (City, State, ZIP Code) Anyw here OR 97048			7. Telephone Number(s) a. Home: (503) 555 - 1234 b. Other: () -		
Employee's Work History (Provide as much information as known - if necessary attach a separate sheet)					
In chronological order, <i>starting with the most recent period of employment</i> , provide the complete work history of the employee named above. Provide as much identifying information as known concerning the name of the employer and location (city & state) where the employee performed the work. If you require additional space to explain or clarify a point, attach a signed supplemental statement to this form.					
Employer - 1		Start Date: 09 01 1958 End Date: 02 01 1958		Work Schedule (check one) <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Facility Name (spell out name) Moonlight Mine		Specific Location (building/site/mine/mill) Moonlight Mine		City/State where worked performed Arizona	
Contractor/sub-contractor or Vendor name(s) Wells Fargo		Type of Facility/Employer (check one) <input type="checkbox"/> Department of Energy Facility <input type="checkbox"/> Beryllium Vendor <input type="checkbox"/> Unknown <input type="checkbox"/> Atomic Weapons Facility <input checked="" type="checkbox"/> Uranium Miner/Miller/Transporter			
Position Title or Mine/Mill Activity Shovel Operator		Was a dosimetry badge worn while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Unknown			
Work Identification Number 00000		If known, provide the Dosimetry Badge Number:			
Description of Work Duties (Describe in detail) Loaded uranium with shovel, picked up uranium with hands, performed maintenance on shovel, and oiled the shovel.					
Describe or list the work conditions/exposures you believe caused or contributed to the claimed work illness(es) at this facility Handled raw uranium, exposure to uranium and uranium dust, and exposure to diesel fuel.					
Indicate whether the employee participated in any employer health programs or unions at this facility (check all that apply)					
<input type="checkbox"/> Former Worker Program (FWP) <input type="checkbox"/> Radiation Exposure Screening and Education Program (RESEP) <input type="checkbox"/> Other Medical Study <input type="checkbox"/> Other Medical Surveillance Program <input type="checkbox"/> Union Member <input type="checkbox"/> Other (specify):					
Next Page					Form EE-3 April 2005

Form EE-3 (Page 2)

Employer - 2	Start Date: <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Month Day Year</small>	End Date: <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Month Day Year</small>	Work Schedule (check one) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Facility Name (spell out name) <input type="text"/>		Specific Location (building/site/mine/mill) <input type="text"/>	
Contractor/sub-contractor or Vendor name(s) <input type="text"/>		Type of Facility/Employer (check one) <input type="checkbox"/> - Department of Energy Facility <input type="checkbox"/> - Beryllium Vendor <input type="checkbox"/> - Unknown <input type="checkbox"/> - Atomic Weapons Facility <input type="checkbox"/> - Uranium Miner/Miller/Transporter	
Position Title or Mine/Mill Activity <input type="text"/>		Was a dosimetry badge worn while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	
Work Identification Number <input type="text"/>		If known, provide the Dosimetry Badge Number: <input type="text"/>	
Description of Work Duties (Describe in detail) <input type="text"/>			
Describe or list the work conditions/exposures you believe caused or contributed to the claimed work illness(es) at this facility <input type="text"/>			
Indicate whether the employee participated in any employer health programs or unions at this facility (check all that apply) <input type="checkbox"/> Former Worker Program (FWP) <input type="checkbox"/> Radiation Exposure Screening and Education Program (RESEP) <input type="checkbox"/> Other Medical Study <input type="checkbox"/> Other Medical Surveillance Program <input type="checkbox"/> Union Member <input type="checkbox"/> Other (specify): <input type="text"/>			
Employer - 3	Start Date: <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Month Day Year</small>	End Date: <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Month Day Year</small>	Work Schedule (check one) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Facility Name (spell out name) <input type="text"/>		Specific Location (building/site/mine/mill) <input type="text"/>	
Contractor/sub-contractor or Vendor name(s) <input type="text"/>		Type of Facility/Employer (check one) <input type="checkbox"/> - Department of Energy Facility <input type="checkbox"/> - Beryllium Vendor <input type="checkbox"/> - Unknown <input type="checkbox"/> - Atomic Weapons Facility <input type="checkbox"/> - Uranium Miner/Miller/Transporter	
Position Title or Mine/Mill Activity <input type="text"/>		Was a dosimetry badge worn while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	
Work Identification Number <input type="text"/>		If known, provide the Dosimetry Badge Number: <input type="text"/>	
Description of Work Duties (Describe in detail) <input type="text"/>			
Describe or list the work conditions/exposures you believe caused or contributed to the claimed work illness(es) at this facility <input type="text"/>			
Indicate whether the employee participated in any employer health programs or unions at this facility (check all that apply) <input type="checkbox"/> Former Worker Program (FWP) <input type="checkbox"/> Radiation Exposure Screening and Education Program (RESEP) <input type="checkbox"/> Other Medical Study <input type="checkbox"/> Other Medical Surveillance Program <input type="checkbox"/> Union Member <input type="checkbox"/> Other (specify): <input type="text"/>			
Declaration of the Person Completing this Form Any person who knowingly makes any false statement, misrepresentation, concealment of fact of any other act of fraud to obtain compensation as provided under EEOICPA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both. I affirm that the information provided on this form is accurate and true. I also authorize the Department of Justice, Social Security Administration, any Former Worker Program, union, medical study or medical surveillance program (or any other person, institution, corporation, or government agency) identified on this form to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs.			Resource Center Date Stamp _____ (Date)
_____ (Signature)			09/18/2006 (Date)

Next Page Prev Page

Form EE-3
April 2005

Letter to DOJ for Verification

[REDACTED]

Response from DOJ

[REDACTED]

Instructor NOTE *Please review Case Study 1 Synopsis with the trainees.*

Case Study 2 Synopsis**Form EE-2**

For Question 21, the claimant indicated she filed for an award under Section 5 of the Radiation Exposure Compensation Act (RECA). However, the evidence of records shows that the claimant actually filed under Section 4 RECA, not Section 5 RECA. This is not an uncommon mistake.

For Question 14, Claimed Conditions, the only a cancer was claimed. If any non-cancerous conditions are claimed they must be developed under Part E. A Section 4 award recipient can receive an award under Part E for a non-cancerous condition only if the uranium worker employment requirements of the EEOICPA are met.

Form EE-3

The claimant reported the employee worked in a uranium mine in Arizona from September of 1958 through February of 1959. This is uranium worker employment covered under the EEOICPA.

Letter to DOJ for Verification

This letter is an example of the request sent to the DOJ for verification of a Section 4 RECA award.

Response from DOJ

The letter verifies that the claimant received an award under Section 4 RECA and indicates which illness(es) the award was based on.

Instructor NOTE *Please review Question #1 for Case Study #2 below with the trainees and give them ample opportunity to answer.*

Case Study #2 Question

1. Is the case in posture for a recommended decision to deny the claim under Part B and Part E? Why or why not?
-

Instructor NOTE *Please review the Answer for Case Study 2 below with the trainees and have them rate their progress on the response.*

Case Study #2 Answer

1. Is the case in posture for a recommended decision to deny the claim under Part B and Part E? Why or why not?

Yes, the only claimed condition is skin cancer. As the claimant received an award under Section 4 RECA, her cancer claim is barred under Part E of the EEOICPA. It does not matter that the claimed condition, skin cancer, is different from the cancer that the Section 4 RECA award was based on (salivary gland cancer). The claimant is not eligible under Part B because acceptance of a Part B claim based on uranium worker employment requires a Section 5 award. RECA mandates that a claimant cannot receive an award under both Section 4 and 5.

Instructor NOTE *Ask Trainees if they have any more questions and give them ample time to clear up any issues.*

Instructor NOTE *Instruct the trainees to complete to the Training Evaluation Form found in the back of their Participant's Guide and pass it to the end of the row. .*

Acronym list found in Participant's guide

Acronym	Meaning
AADEP	American Academy of Disability Evaluating Physicians
AAW	Average Annual Wage
ABIME	American Board of Independent Medical Examiners
ACS	Affiliated Computer Services (current medical bill pay contractor)
ADL	Activities of Daily Living
ADP	Automated Data Processing
AEC	Atomic Energy Commission
AMA's Guides	American Medical Association's Guides to the Evaluation of Permanent Impairment
ANRSD	Amended NIOSH Referral Summary Document
ARLD	Asbestos Related Lung Disease
AWE	Atomic Weapons Employer
BAL	Bronchoalveolar Lavage
Be	Beryllium
BeS	Beryllium Sensitivity
BOTA	Branch of Outreach and Technical Assistance
BPA	Bill Pay Agent
CAT	Computerized Axial Tomography
CATI	Computer Assisted Telephone Interview - held by NIOSH for DRs
CBD	Chronic Beryllium Disease
CE	Claims Examiner
CE2	Claims Examiner who can work on cases assigned to the Final Adjudication Branch
CFR	Code of Federal Regulations
CLL	Chronic Lymphocytic Leukemia
CMC	Contract Medical Consultant
CPI	Consumer Price Index
CPT	Current Procedure Terminology
CPWR	Center to Protect Workers Rights
CT	Computed Tomography
DAR	Document Acquisition Request
DD	District Director
DEEOIC	Division of Energy Employees Occupational Illness Compensation

Acronym	Meaning
DME	Durable Medical Equipment
DMS	District Medical Scheduler
DO	District Office
DoD	Department of Defense
DOE	Department of Energy
DOJ	Department of Justice
DOL	Department of Labor
DR	Dose Reconstruction
DRG	Diagnosis Related Group
ECS	Energy Compensation System
EE-1	Employee Claim for Benefits form
EE-2	Survivor Claim for Benefits form
EE-3	Employment History
EE-4	Employment History Affidavit
EEOICPA	Energy Employees Occupational Illness Compensation Program Act (the Act)
EFT	Electronic Funds Transfer
ERDA	Energy Research and Development Administration (pre DOE)
FAB	Final Adjudication Branch
FAB DO	FAB District Office
FO	Fiscal Officer
FOIA	Freedom of Information Act
FTE	Full Time Equivalent
FTR	Federal Travel Regulations
FWP	Former Worker Program
GTR	Government Travel Regulations
HHA	Home Health Aide
HHS	Health and Human Services
HP	Health Physicist
HR	FAB Hearing Representative
ICD-9	International Coding of Diseases
IH	Industrial Hygienist
IM	Intramuscular
IREP	Interactive RadioEpidemiological Program

Acronym	Meaning
IREP-EE	IREP-EE- Enterprise Edition used for POCs between 45 and 50%
IV	Intravenous
LPN	Licensed Practical Nurse
LPT	Lymphocyte Proliferation Test (Same as BeLPT)
LTT	Lymphocyte Transformation Test (Same as BeLTT)
MMI	Maximum medical improvement
NDC	National Drug Code
NIOSH	National Institute for Occupational Safety and Health
NO	National Office
NRSD	NIOSH Referral Summary Document
OCAS	NIOSH's Office of Compensation Analysis and Support
OCAS-1	NIOSH form to be signed by claimant after DR
OHQ	Occupational History Questionnaire
ORISE	Oak Ridge Institute for Science and Education
OWCP	Office of Workers' Compensation Programs
PA	Privacy Act
PCA	Payee Change Assistant
PEP	Program Evaluation Plan
PER	Program Evaluation Report
PII	Personally Identifiable Information
PM	Procedure Manual
PoC	Probability of Causation
POC	Point of Contact
POV	Privately Owned Vehicle
RC	Resource Center
RD	Recommended Decision
RECA	Radiation Exposure Compensation Act
SEC	Special Exposure Cohort
SEM	Site Exposure Matrices
SIR	ACS's "Stored Information Retrieval" system where bills are stored.
SOAF	Statement of Accepted Facts
SOL	Solicitor of Labor
SSA	Social Security Administration
SWC	State Workers' Compensation

Acronym	Meaning
TAs	Technical Assistants
WCA	Workers Compensation Assistants