

***DEEOIC Claims Examiner Training Course***

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



***PARTICIPANT GUIDE***

*US Department of Labor  
Office of Workers' Compensation Programs  
Division of Energy Employees Occupational Illness Compensation  
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## Session Description

This session focuses exclusively on the Radiation Exposure Compensation Act (RECA) and how those claims are handled by the CE.

## Instructional Objectives

Upon completion of this session, you will be able to explain what is covered under RECA

## What is RECA – Radiation Exposure Compensation Act

The slide features a blue header with the EEOICP logo and the text 'The Energy Employees Occupational Illness Compensation Program'. The main content is in a white box with a blue border. It includes a title, a bulleted list of facts, and a website URL. A small number '2' is in the bottom right corner of the slide.

**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### What is RECA – Radiation Exposure Compensation Act

- 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>

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## Your Notes

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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.

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

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

employment. The initial communication with DOJ (Exhibit 2) indicates that additional evidence may be sought as claim adjudication proceeds. The DO CE seeks additional evidence from DOJ as necessary by contacting DOJ in writing (either by letter or email) requesting whatever additional documentation is required to adjudicate the claim under Part E. DOJ has requested that all medical, employment and survivorship (if applicable) evidence be requested at the same time to avoid multiple requests on the same claim.

In cases where DOJ does not grant a Section 5 award based upon employment, the CE requests all employment and medical evidence in DOJ's possession and renders an independent finding as to employment. The CE reviews all evidence obtained from DOJ to assist in reaching a decision regarding the acceptance or denial of benefits under the EEOICPA.

(1) Concurrent Development. While obtaining information from DOJ is important, the CE concurrently conducts independent development as needed to obtain employment, medical, survivorship and exposure evidence that assists the CE in adjudicating the claim under Part E. Such development should begin immediately upon receipt of the claim file in the DO if a medical condition is claimed that is not covered under the RECA or if the applicant indicates a RECA claim was not filed. The CE pursues additional evidence from the claimant, treating physicians, other health care providers, employers, and exhausts all other sources of information when developing for adjudication. The CE reviews and weighs all evidence obtained through the development process before issuing the recommended decision.

f. Cancer Claims. Based upon a diagnosed cancer not accepted under RECA and covered employment, the case file must be referred for dose reconstruction to the Department of Health and Human Service's National Institute for Occupational Safety and Health (NIOSH). The dose reconstruction is used to determine the probability of causation between the diagnosed cancer and the radiation dose potentially received during the covered employment. If a cancer claim is accepted under Part E based on exposure to a chemical or biological toxic substance, there is no need to refer the case to NIOSH.

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

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

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

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.

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

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](#)

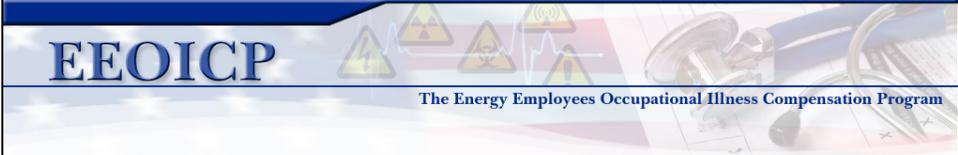
[Exhibit 4: DOJ Response to District Office Request for Identification of Pending RECA Claim](#)

[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](#)

RECA Section 5



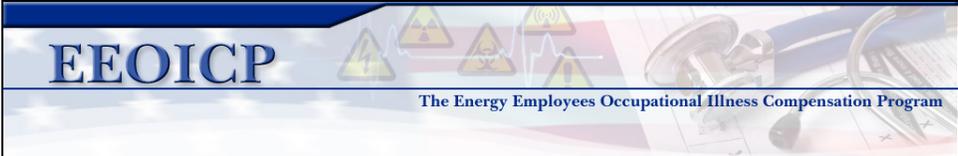
**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### 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

Part B



**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



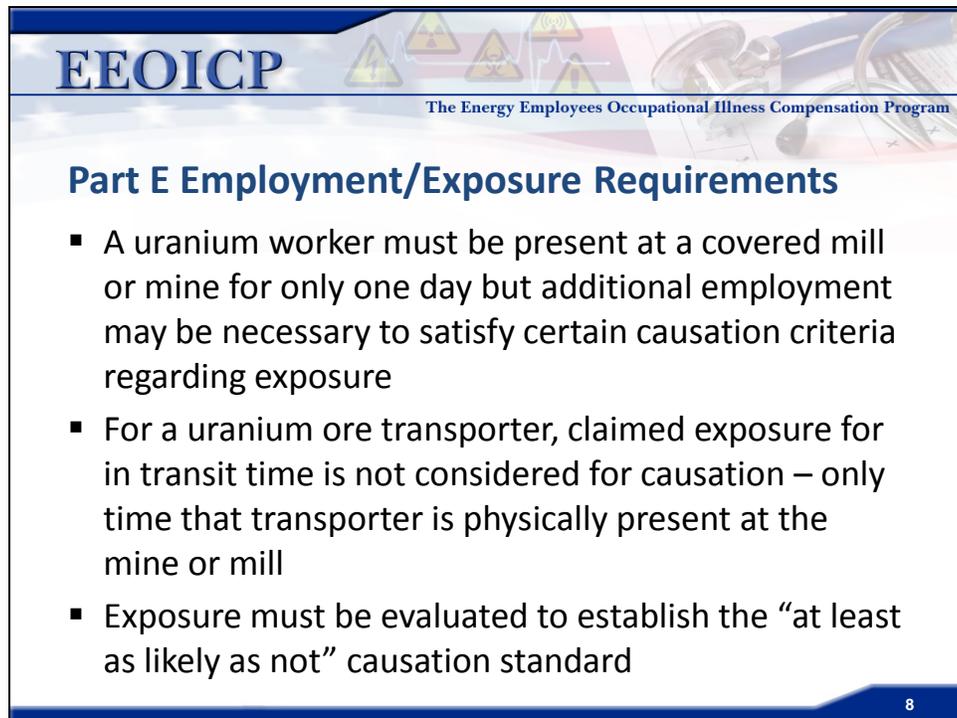




### Part E Employment/Exposure Requirement

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.



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 several yellow radiation warning symbols and a blurred image of 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" followed by three bullet points. A small number "8" is visible 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

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.

### *Your Notes*

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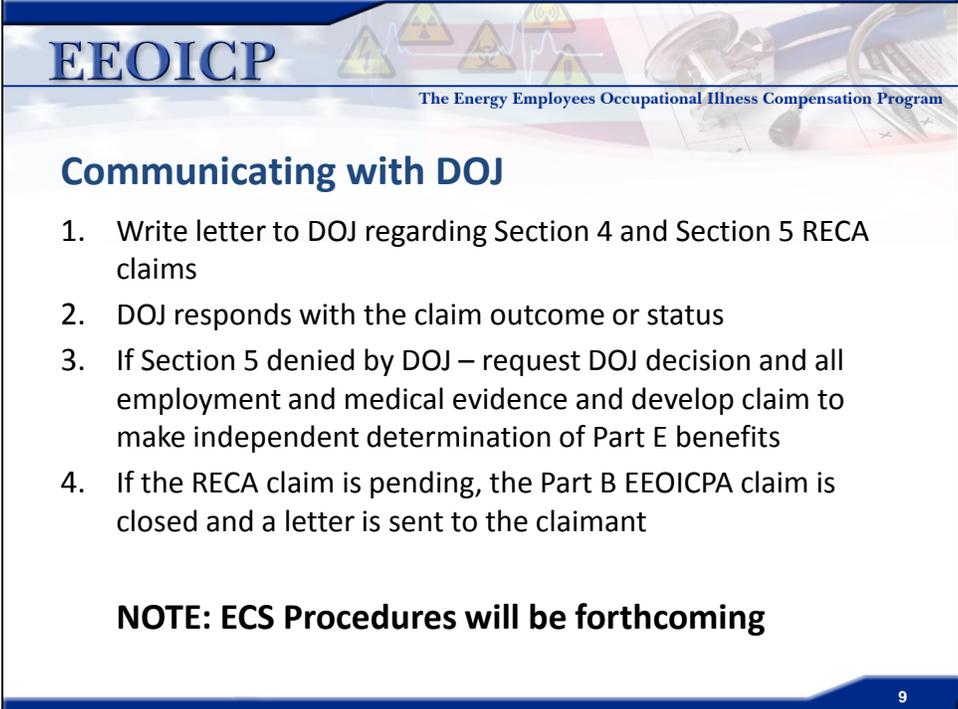
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### Communicating with DOJ

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.



The slide features a blue header with the EEOICP logo and the full program name. The main content is a numbered list of steps for communicating with DOJ, followed by a bolded note about ECS procedures. The slide number '9' is in the bottom right corner.

**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

Once a Section 5 RECA claim is identified, you should prepare a letter to DOJ requesting a tiered listing of information:

1. Confirmation of entitlement under Section 5 of 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 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 Section 5 RECA claim on grounds other than employment, please provide DOL with a letter verifying employment and all available medical and employment records;



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.

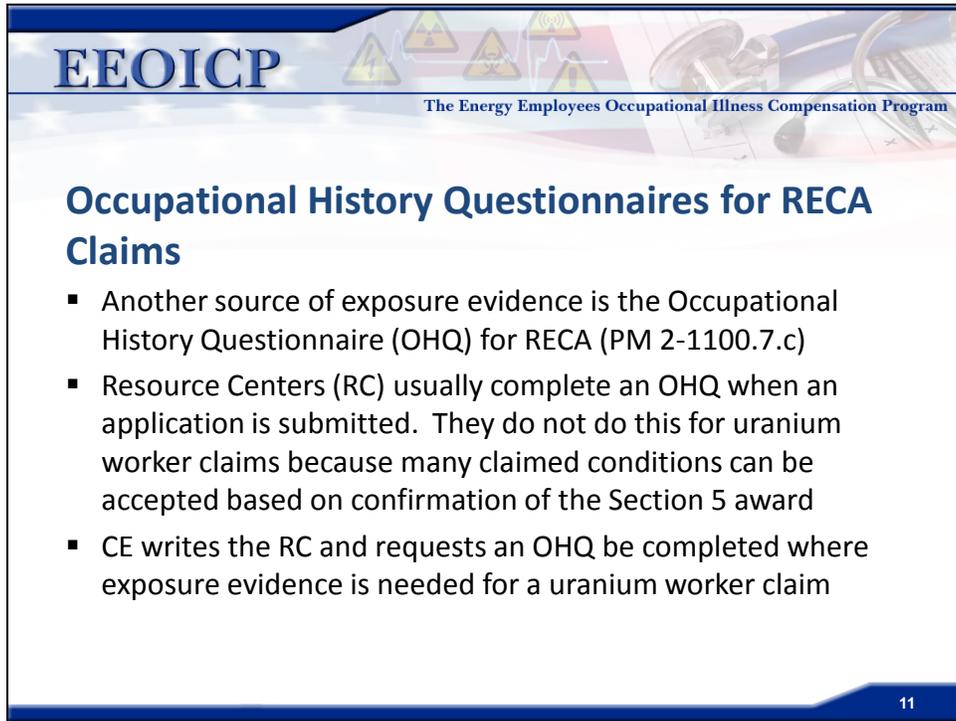
Sincerely,

Claims Examiner

Enclosures: EE-1 or EE-2



Occupational History Questionnaires for RECA Claims



**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

Reminder: Please review the enclosed OHQ used for RECA claims.

*Your Notes*

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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

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)

EEOICPA Tr. No. 05-04  
September 2005

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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)
	<b>Mining Occupations</b>		
	Drill Operator		
	Powder Man		
	Shooter		
	Slusher Operator		
	Loader		
	Superintendent		
	Foreman		
	Mucker Operator		
	Electrician		
	Mechanic		
	Jack Leg Operator		
	Shuttle Operator		
	Track Man		
	Raise Driver		
	Cage Operator		
	Rock bolter		
	Scaler		
	Laborer/Helper		

	<b>Mill Occupations</b>		
	Superintendent		
	Engineer		
	Office Worker		
	Uranium Black Cake Operator		
	Uranium Furnace Operator		

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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		
	<b>Ore Transport Occupations</b>		
	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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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)		

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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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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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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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FEDERAL (EEOICPA) PROCEDURE MANUAL

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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.	
<b>SOLVENTS AND CHEMICALS</b>			
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 (Stripase)			
Nitrogen Oxide			
Perchloroethylene			
Sodium Bicarbonate			
Sodium Carbonate			
Sodium Hydroxide			
Sulfides			
Sulfuric Acid			

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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.	
<b>RADIATION</b>			
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)			<input type="checkbox"/> Yes <input type="checkbox"/> 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

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













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,

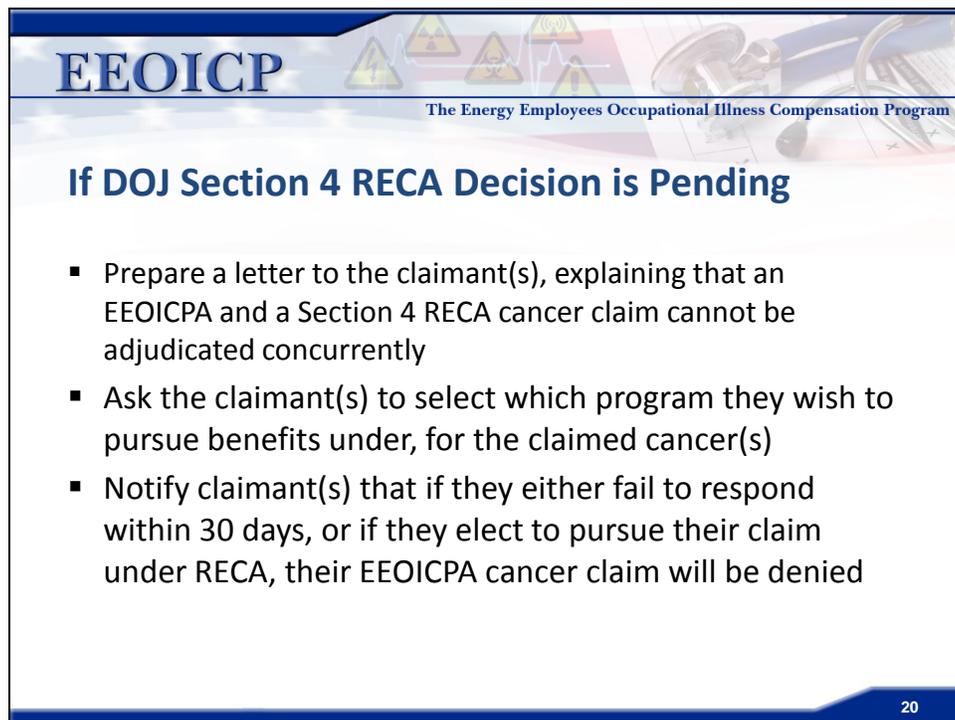
Name  
Claims Examiner

Enclosures: EE-1 or EE-2





If DOJ Section 4 Claims is Pending



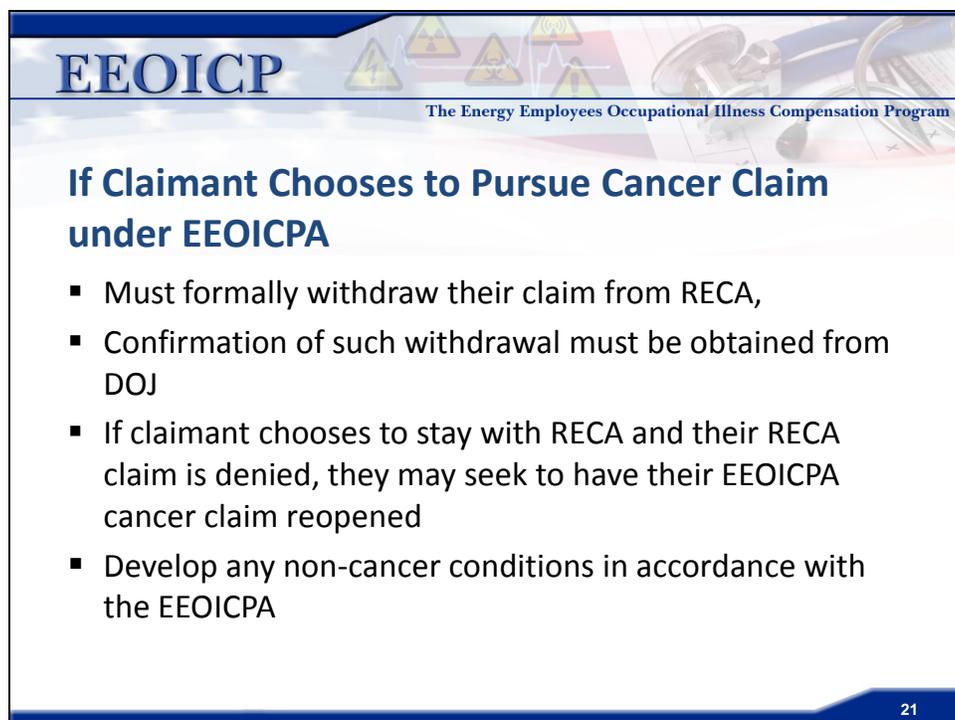
**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### 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

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If Claimant Chooses to Pursue Cancer Claim under EEOICPA



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

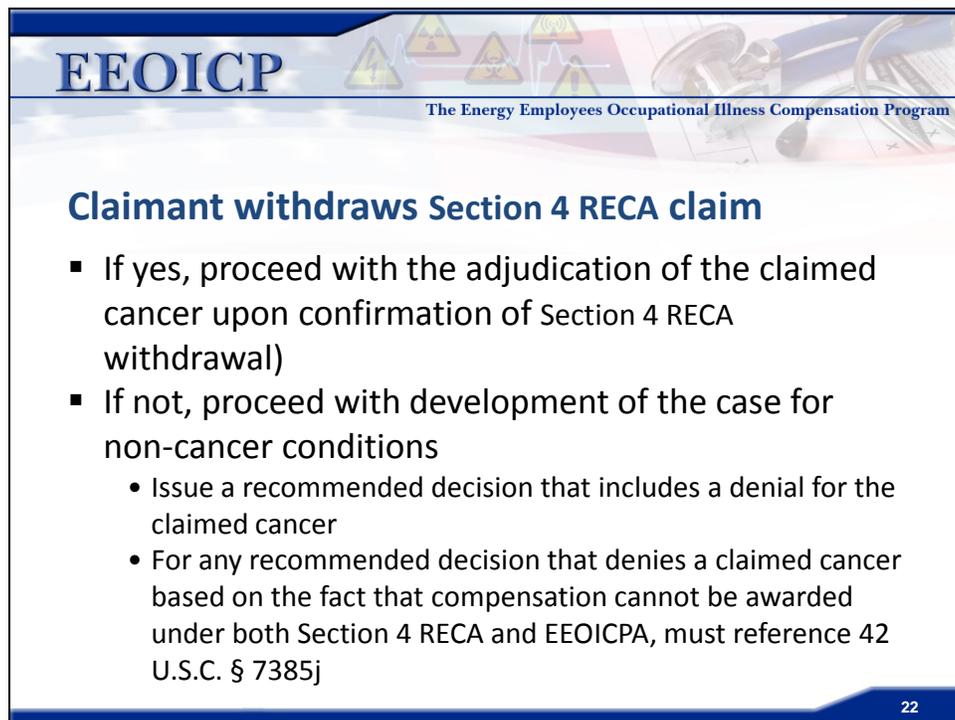
### If Claimant Chooses to Pursue Cancer Claim under EEOICPA

- 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

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Claimant Withdraws Section 4 RECA Claim



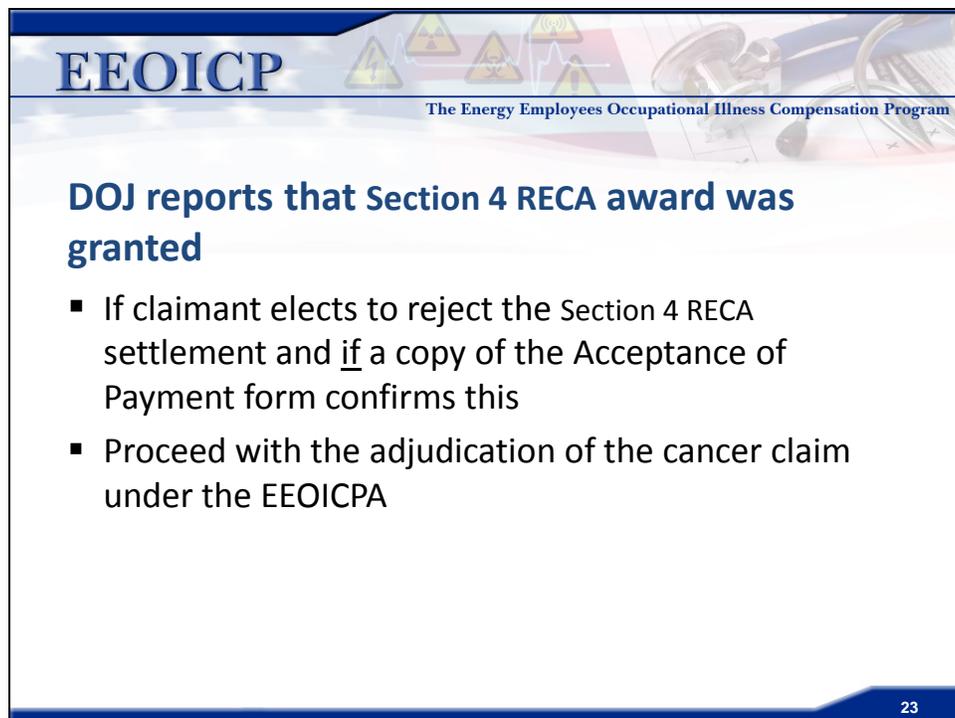
**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

**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

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DOJ Reports Section 4 RECA Award Granted



**EEOICP**  
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

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## Conclusion

**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

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**EEOICP**   
The Energy Employees Occupational Illness Compensation Program

### Questions



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Case Study 1

Form EE-1

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

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

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

OMB Number: 12-15-0197  
 Expiration Date: 08/31/2007

<b>Employee Information</b> (Please Print Clearly)		Submit	Reset	Print
<b>1. Name</b> (Last, First, Middle Initial) Claimant: _____ Dale: _____ A		<b>2. Social Security Number</b> 000-00-0000		
<b>3. Date of Birth</b> Month: 12 Day: 12 Year: 1940	<b>4. Sex</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<b>5. Dependents</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Child ren <input type="checkbox"/> Other: _____		
<b>6. Address</b> (Street, Apt. #, P.O. Box) C/O Walter K. Lawyer, Law Office, 219 Any Street (City, State, ZIP Code) Anytown, NM 87102		<b>7. Telephone Number(s)</b> a. Home: (800) 665 - 1234 b. Other: ( ) - -		
<b>8. Identify the Diagnosed Condition(s) Being Claimed as Work-Related</b> (check box and list specific diagnosis)				
<input type="checkbox"/> <b>Cancer</b> (List Specific Diagnosis Below)		<b>9. Date of Diagnosis</b>		
a. _____		Month	Day	Year
b. _____				
c. _____				
<input type="checkbox"/> <b>Beryllium Sensitivity</b>				
<input type="checkbox"/> <b>Chronic Beryllium Disease (CBD)</b>				
<input type="checkbox"/> <b>Chronic Silicosis</b>				
<input checked="" type="checkbox"/> <b>Other Work-Related Condition(s) due to exposure to toxic substances or radiation</b> (List Specific Diagnosis Below)				
a. Pneumoconiosis		05	27	2006
b. Primary Fibrosis		05	27	2006
c. Silicosis		05	27	2006
<b>Awards and Other Information</b>				
10. Did you work at a location designated as a Special Exposure Cohort (SEC)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
11. Have you filed a lawsuit seeking either money or medical coverage for the above claimed condition(s)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
12. Have you filed any workers' compensation claims in connection with the above claimed condition(s)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
15. Have you applied for an award under Section 5 of the Radiation Exposure Compensation Act (RECA)?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
<b>If yes, provide RECA Claim #:</b>		000-00-0000		
16. Have you applied for an award under Section 4 of the Radiation Exposure Compensation Act (RECA)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>Employee Declaration</b>				
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 (OWCOP). 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.				<b>Resource Center Date Stamp</b>    
Employee Signature: _____		Date: 12/18/2006		

Form EE-1  
 April 2005

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DOJ Award Letter

DOJ AWARD LETTER



U.S. Department of Justice  
Civil Division

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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]

### Case 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, corpulmonale 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.





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.*

**Your Notes**

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Case Study 2

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)      2. Sex      3. Social Security Number  
 Claimant: William       Male  Female      000-00-0000

4. Date of Birth      5. Date of Death      6. Was an autopsy performed on the employee?  
 05 / 16 / 1918      10 / 27 / 1994       YES - List Medical Facility: \_\_\_\_\_  
Month Day Year      Month Day Year       NO     DON'T KNOW

---

**Survivor Information** (Please Print Clearly)

7. Name (Last, First, Middle Initial)      8. Sex      9. Social Security Number  
 Claimant: Smith, Joyce       Male  Female      000-00-0000

10. Date of Birth      11. Your relationship to the deceased employee  
 07 / 23 / 1950       spouse     child     step child     parent  
Month Day Year       grandparent     grandchild     Other: \_\_\_\_\_

12. Address (Street, Apt. #, P.O. Box)      13. Telephone Numbers  
 419 Any Street      a. Home: (503) 555 - 1234  
(City, State, ZIP Code)      b. Other: ( ) -  
 Anytown      OR 97048

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

	15. Date of Diagnosis		
	Month	Day	Year
<input checked="" type="checkbox"/> <b>Cancer</b> (List Specific Diagnosis Below)			
a. Skin (Squamous Cell Carcinoma)			
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)?       YES  NO

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

18. Have you or the deceased employee filed any workers' compensation claims in connection with the claimed condition(s)?       YES  NO

19. Have you, the deceased employee, or another person received a settlement or other award in connection with the above claimed condition(s)?       YES  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?       YES  NO

21. Have you or the employee applied for an award under Section 5 of the Radiation Exposure Compensation Act (RECA)?       YES  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?       YES  NO

Form EE-2  
April 2005

Next Page



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. OMB No. 1215-0197  
Expiration Date: 08/31/2010

**Employee's Information** (Print clearly) Submit Reset Print

<b>1. Employee's Name</b> (Last, First, Middle Initial) Claimant William	<b>2. Former Name</b> (e.g. Maiden/Legal Change)	<b>3. Social Security Number</b> (if known) 000-00-0000
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**Contact Information for Person Completing this Form** (Print clearly)

<b>4. Name</b> (Last, First, Middle Initial) Claimant Joyce	<b>5. Claim Type</b> (check one) <input type="checkbox"/> Employee <input checked="" type="checkbox"/> Survivor
<b>6. Address</b> (Street, Apt. #, P.O. Box) 419 Any Street (City, State, ZIP Code) Anyw here OR 97048	<b>7. Telephone Number(s)</b> a. Home: (503) 556 - 1234 b. Other: ( ) -

**Employee's Work History** (Provide as much information as known - if necessary attach a separate sheet)

In chronological order, *starting with the most recent period of employment*, 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.

<b>Employer - 1</b>	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
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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"/> Atomic Weapons Facility <input checked="" type="checkbox"/> Beryllium Vendor <input type="checkbox"/> Uranium Miner/Miller/Transporter <input type="checkbox"/> Unknown
--	--

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: <input type="text"/>
-------------------------------------	--

**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): <input type="text"/>

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Form EE-3  
April 2005

Form EE-3 (Page 2)

<b>Employer - 2</b>	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"/>	City/State where worked performed <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"/>	
<b>Description of Work Duties</b> (Describe in detail) <input type="text"/>			
<b>Describe or list the work conditions/exposures you believe caused or contributed to the claimed work illness(es) at this facility</b> <input type="text"/>			
<b>Indicate whether the employee participated in any employer health programs or unions at this facility</b> (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"/>			
<b>Employer - 3</b>	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"/>	City/State where worked performed <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"/>	
<b>Description of Work Duties</b> (Describe in detail) <input type="text"/>			
<b>Describe or list the work conditions/exposures you believe caused or contributed to the claimed work illness(es) at this facility</b> <input type="text"/>			
<b>Indicate whether the employee participated in any employer health programs or unions at this facility</b> (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"/>			
<b>Declaration of the Person Completing this Form</b> 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.			<b>Resource Center Date Stamp</b>
<input type="text"/> (Signature)			<input type="text"/> 09/18/2006 (Date)

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Form EE-3  
April 2005

Letter to DOJ for Verification

[REDACTED]

Response from DOJ

[REDACTED]

### Case 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.





## Acronym List

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
IREP-EE	IREP-EE- Enterprise Edition used for POCs between 45 and 50%

Acronym	Meaning
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
TAs	Technical Assistants



