



Establishing Survivorship Under Part B and Part E



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Lesson Objectives

- Explain general survivorship criteria under the EEOICPA.
- Part B vs. Part E similarities and differences in the benefits and eligibility criteria for survivorship.
- Interpret eligibility criteria for survivorship under RECA.





Survivorship Introduction

- If an eligible employee is **deceased**, one or more of his or her eligible survivors may be entitled to benefits under the Act.
- Survivorship entitlement and eligibility criteria differ depending on which Part of the Act is being adjudicated.





General Survivorship Criteria

- A claim for survivor benefits **must be filed** utilizing Claim for Survivor Benefits **Form EE-2**.
- Employee's death must be established by a death certificate.
- Survivors must provide proof of their relationship to the employee.



Claim for Survivor Benefits Form EE-2

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

U.S. Department of Labor
Office of Workers' Compensation Programs
Division of Energy Employees Occupational Illness Compensation

OMB Control No: 1249-0002
Expiration Date: 05/31/2025

Note: Please read the instructions on page 3 before filling out this form. Provide all information requested, and sign and date the bottom of page 2. Do not write in the shaded areas.

Deceased Employee Information (Please Print Clearly)

1. Name (Last, First, Middle Initial) _____ 2. Sex Male Female 3. Social Security Number _____

4. Date of Birth _____ 5. Date of Death _____ 6. Was an autopsy performed on the employee?
 Yes - List Medical Facility: _____
 No Don't Know

Survivor Information (Please Print Clearly)

7. Name (Last, First, Middle Initial) _____ 8. Sex Male Female 9. Social Security Number _____

10. Date of Birth _____ 11. Your relationship to the deceased employee
 spouse child step-child adopted child
 parent grandparent grandchild other: _____

12. Address (Street, Apt. #, P.O. Box) _____
(City, State, ZIP Code) _____

13. Telephone Number(s)
a. Home: (____) _____ - _____
b. Other: (____) _____ - _____

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

<input type="checkbox"/> Cancer (List Specific Diagnosis Below)	15. Date of Diagnosis
a. _____	Month Day Year
b. _____	_____
c. _____	_____
d. _____	_____
<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. _____	_____
d. _____	_____

Awards and Other Information

16. Have you or the deceased employee filed a lawsuit based on exposure to radiation, beryllium, asbestos or any other toxic substance? Yes No

17. Have you or the deceased employee filed any state workers' compensation claims in connection with any condition(s) you claim in item 14? Yes No

18. Have you, the deceased employee, or another person received a settlement or other award in connection with a lawsuit or state workers' compensation claim described in questions 16 or 17? Yes No

19. Have you either pled guilty to or been convicted on any charges connected with an application for or receipt of federal or state workers' compensation? Yes No

20. 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 #: _____

21. Have you or the employee applied for an award under Section 4 of RECA? Yes No

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Other Potential Survivors

22. List any person(s) who may also qualify as a survivor of the deceased employee and include the following information:

Name	Relationship to the deceased employee	Address	Phone Numbers
a.			Home: _____ Other: _____
b.			Home: _____ Other: _____
c.			Home: _____ Other: _____
d.			Home: _____ Other: _____
e.			Home: _____ Other: _____
f.			Home: _____ Other: _____
g.			Home: _____ Other: _____
h.			Home: _____ Other: _____
i.			Home: _____ Other: _____
j.			Home: _____ Other: _____

Survivor 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.

Claimant Signature _____ Date _____

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Claim Forms are available on the DEEOIC website via the following link:
https://www.dol.gov/agencies/owcp/energy/regs/compliance/claim_forms



Options for Filing Survivor Claims

- Access the Energy Document Portal (EDP) by visiting the EDP website at: <https://eclaimant.dol.gov>. Claimants can select a claim application form to complete, digitally sign, and submit to DEEOIC. Claimants using EDP to submit an EE-2 form must use this option to provide a valid digital signature; we are unable to accept scanned copies of these forms in EDP.
- Utilize [Resource Center assistance](#). There are 11 [Resource Centers](#) located across the country. Assistance can be provided at any office, regardless of location. The Resource Centers provide assistance either in person or over the phone.
- By [mail](#) to:

U.S. Department of Labor OWCP/DEEOIC
P.O. Box 8306
London, KY 40742-8306



Survivorship – Spouse: Part(s) B and E

- Marriage certificate (not license) and employee's death certificate, establishing at least one year of marriage prior to, and at the time of the employee's death.
- Common Law Marriage (as defined by the specific state).





Survivorship - Children: Part(s) B and E

- **Part B:** Birth/adoption certificates are sufficient, but other records (generally for step-children) can include:
 - School records or transcripts
 - Affidavits
 - obituaries
 - Tax records
 - Photographs
 - Death certificate of employee or spouse
- **Part E:** Same evidence as Part B, but criteria can be different.



Awards and Compensation: Part(s) B and E

- Compensation is based on covered employee and does not include medical benefits unless the employee filed for the compensable condition before death:
 - Part B is **\$150,000.00**
 - Part E typically entitles the eligible survivor to **\$125,000.00** in compensation, plus wage loss (if applicable)
 - Maximum aggregate compensation per covered employee (excluding medical) is **\$400,000.00**
(**\$150,000.00** under Part B + **\$250,000.00** under Part E)



Apportionment of Awards

- In multiple survivor claims, if one potentially eligible survivor does not file a claim, his or her portion of compensation will be held in abeyance.
- The compensation will **not** be distributed among the remaining eligible survivors until the non-filing survivor's eligibility is determined.





Survivorship Criteria: Part B

- Cause of death **does not** need to be related to the employees accepted condition.
- Eligible survivors (in order of precedence):
 - Covered spouse
 - Children
 - Parents
 - Grandchildren
 - Grandparents



Survivorship Criteria: Part E

- Cause of death **must** be related to the accepted condition.
- Eligible survivors include covered spouse and covered children living at the time of the employee's death.
- Covered children must be:
 - Under the age of 18 years
 - Under the age of 23 years and a continuous full-time student or any age and incapable of self-support



Order of Precedence: Part E

- If there is a **covered spouse**, the compensation shall be paid to the spouse.
- If there is no covered spouse, the compensation shall be paid in **equal shares to all covered children** of the deceased covered employee.





Non-spousal Child

If there is a covered spouse and

- at least one child of the deceased covered Part B employee who is a minor at the time of payment, **or**
- at least one covered child of the deceased covered Part E employee who is not a recognized natural child or adopted child of the covered spouse:

Then:

- Half of the compensation shall be paid to the spouse.
- The other half of the compensation shall be paid **in equal shares** to each eligible child of the deceased covered employee regardless of whether the child is a spousal/non-spousal child.



Other Remedies: Part E



- Election of benefits can apply when an employee has previously filed a claim, and his/her death is **not** the result of a covered illness, **eligible** survivor(s) may elect to receive what the employee would have received.



Linking Employee's Death to a Covered Illness: Part E

- Evidence must establish that an occupational exposure to a toxic substance was **at least as likely as not** a significant factor in **causing, contributing to, or aggravating** the death of the employee.





Awards and Compensation: RECA

- DOJ Acceptance - Part B benefits awarded if covered employee (or survivor) received DOJ award under Section 5.
 - DEEOIC awards survivor a supplemental lump sum of \$50,000.00.
 - Part B acceptance equals Part E acceptance if the condition contributed to the employee's death.
- DOJ Denial – No Part B benefits are available;
 - However, can file for Part E benefits.



Questions



Questions can also be submitted to DEEOIC-Outreach@dol.gov

Thank you very much for attending the DEEOIC Webinar