



# 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 in writing**, 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

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

OMB Control No: 1249-0002  
Expiration Date: 03/31/2022

**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  DONT 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 Numbers  
a. Home: ( ) \_\_\_\_\_  
b. Other: ( ) \_\_\_\_\_

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

Cancer (List Specific Diagnosis Below)

	Month	Day	Year
a.			
b.			
c.			
d.			

Chronic Beryllium Disease (CBD)

Chronic Silicosis

Other Work-Related Condition(s) due to exposure to toxic substances or radiation (List Specific Diagnosis Below)

	Month	Day	Year
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)?  
If yes, provide RECA Claim #: \_\_\_\_\_  YES  NO

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

Form EE-2  
November 2016  
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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 Number(s)
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 any 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

**Resource Center Date Stamp**

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## 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 Transcripts
    - Obituaries
    - Affidavits
  - Tax Records
  - Photographs
  - Death certificates of employee and 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](mailto:DEEOIC-Outreach@dol.gov)

Thank you very much for attending the DEEOIC Webinar