

Basic Claims Examiner (CE) Training Course

**Radiation Exposure Compensation Act
(RECA) Session**

PARTICIPANT GUIDE

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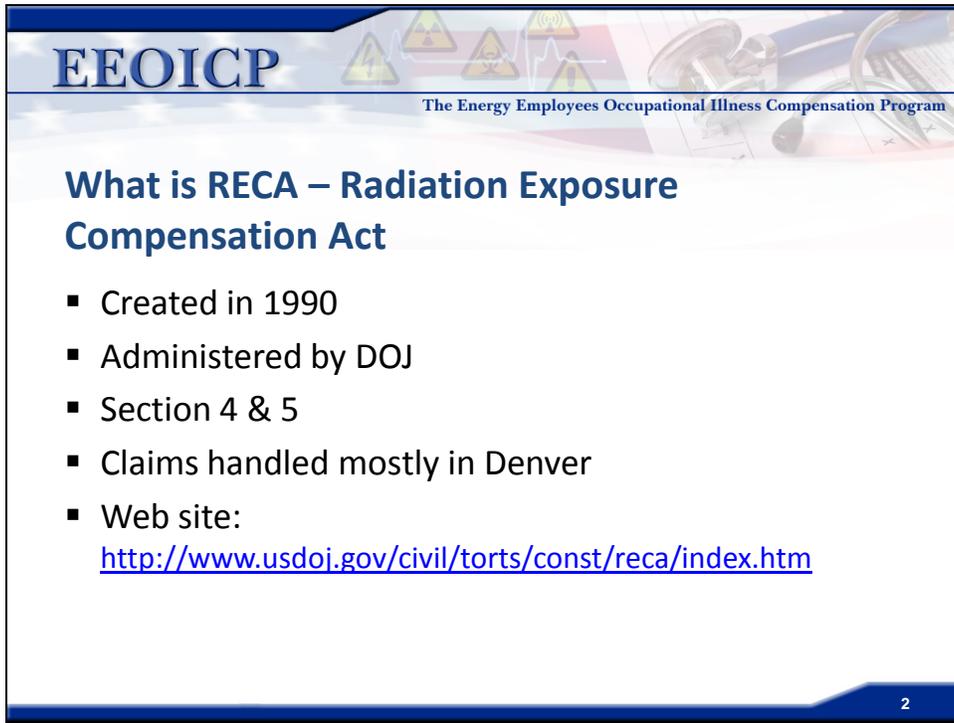
Session Description

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



EEOICP
The Energy Employees Occupational Illness Compensation Program

What is RECA – Radiation Exposure Compensation Act

- Created in 1990
- Administered by DOJ
- Section 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

Section 5



EEOICP
The Energy Employees Occupational Illness Compensation Program

Section 5

- §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

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Part B



EEOICP
The Energy Employees Occupational Illness Compensation Program

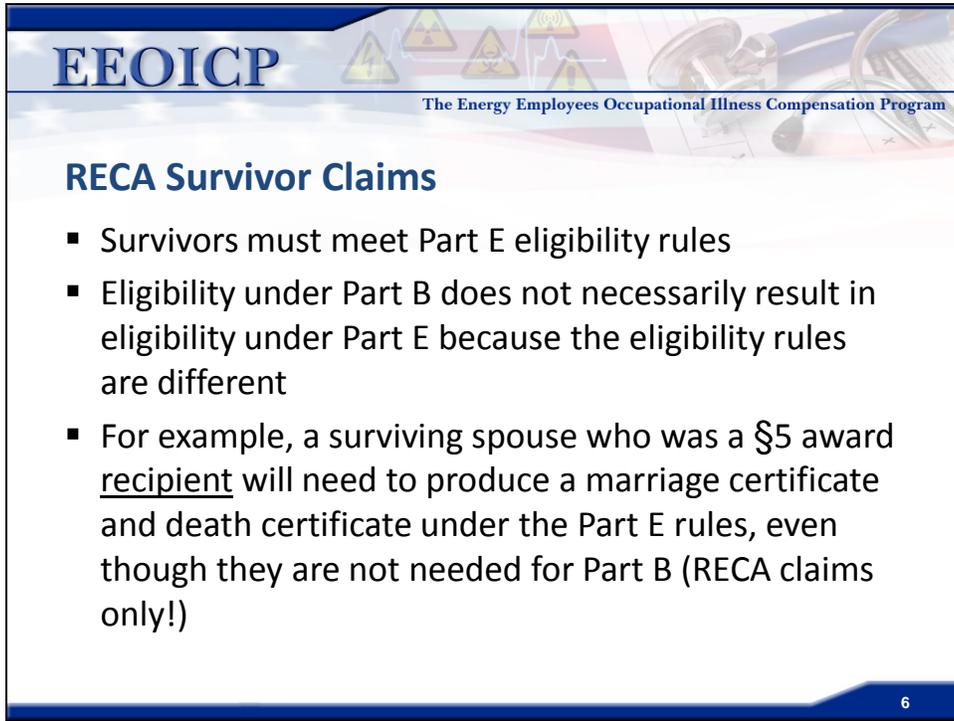
Section 5 – Part B

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

- If employee who received the §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
- §5 award recipients receive \$50,000 under Part B of the EEOICPA (DOJ pays \$100,000)
- Medical benefits

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RECA Survivor Claims



EEOICP
The Energy Employees Occupational Illness Compensation Program

RECA Survivor Claims

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

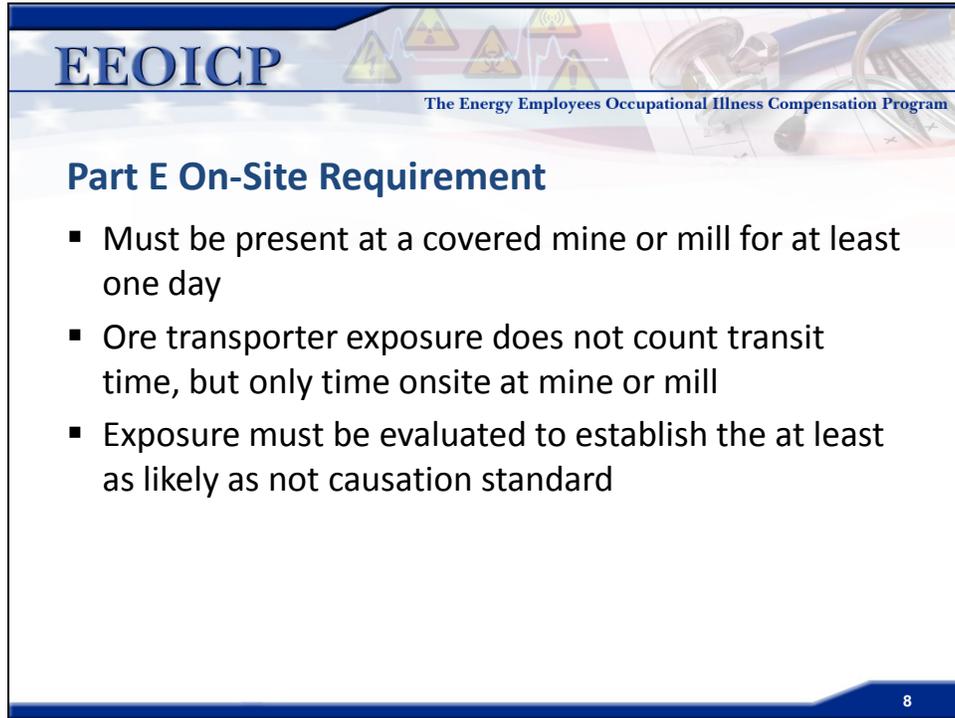
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Your Notes

On-Site Requirement

In general, if it is shown that a uranium worker was on site at a covered Section 5 RECA mine or mill for one day that will meet the employment threshold under Part E.

While the threshold is met with one day on site, additional employment and exposure evidence will be necessary to develop for causation.



EEOICP
The Energy Employees Occupational Illness Compensation Program

Part E On-Site Requirement

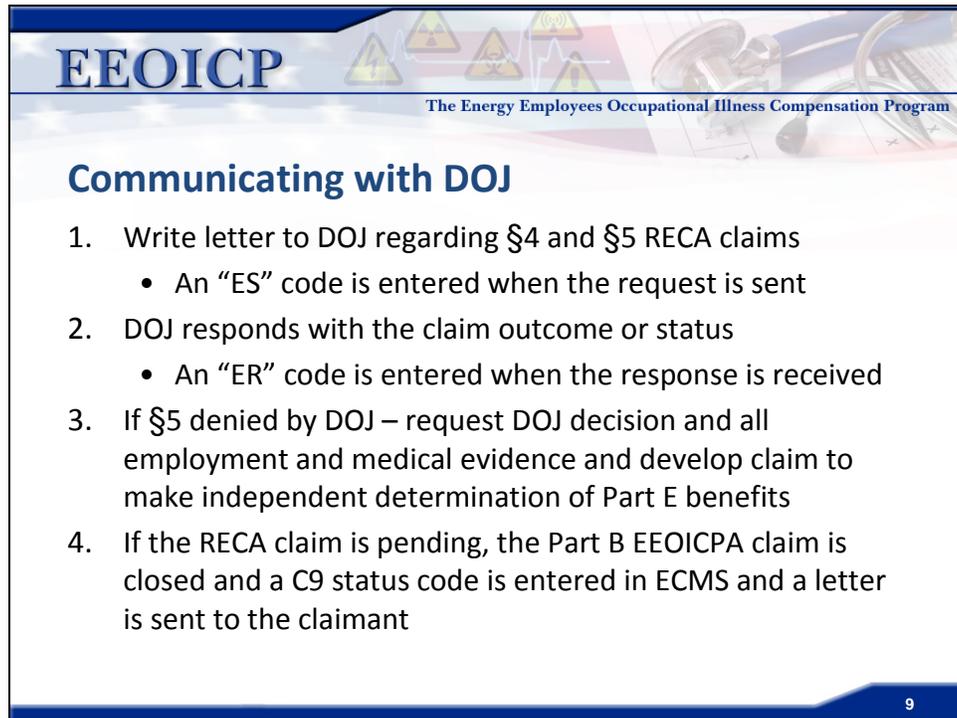
- Must be present at a covered mine or mill for at least one day
- Ore transporter exposure does not count transit time, but only time onsite at mine or mill
- Exposure must be evaluated to establish the at least as likely as not causation standard

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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

Communicating with DOJ

A presentation slide for the EEOICP (The Energy Employees Occupational Illness Compensation Program). The slide features a blue header with the EEOICP logo and the program name. Below the header, the title "Communicating with DOJ" is displayed in a large, bold, blue font. The main content consists of a numbered list of four steps, with the second step including a bulleted sub-point. The slide is numbered "9" in the bottom right corner.

EEOICP
The Energy Employees Occupational Illness Compensation Program

Communicating with DOJ

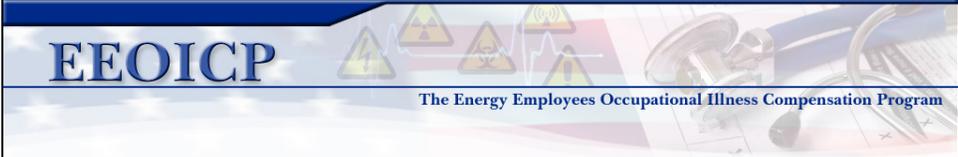
1. Write letter to DOJ regarding §4 and §5 RECA claims
 - An “ES” code is entered when the request is sent
2. DOJ responds with the claim outcome or status
 - An “ER” code is entered when the response is received
3. If §5 denied by DOJ – request DOJ decision and all employment and medical evidence and 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 C9 status code is entered in ECMS and a letter is sent to the claimant

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NOTE: A “C9” code should only be entered in Part E if development is complete and none of the claimed conditions are in posture for acceptance.

Your Notes

Section 4



EEOICP
The Energy Employees Occupational Illness Compensation Program

Section 4

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

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Your Notes

How to Process a RECA 4 Claim

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The Energy Employees Occupational Illness Compensation Program

How to Process RECA Section 4 Claims

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

Your Notes

How to Process RECA Section 4 Claims, continued

5. If DOJ indicates that RECA-4 decision is pending determination, prepare a letter to the claimant(s), explaining that an EEOICPA and a RECA-4 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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How to Process RECA Section 4 Claims, continued

- If claimant(s) wishes 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
 - Advise them that if their RECA claim ultimately ends in a denial, then they may seek to have their EEOICPA cancer claim reopened
6. Develop of any non-cancer conditions in accordance with the EEOICPA

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Your Notes



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The Energy Employees Occupational Illness Compensation Program

Does Claimant withdraws §4 RECA claim

- If yes, proceed with the adjudication of the claimed cancer upon confirmation of §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 §4 RECA and EEOICPA, must reference 42 U.S.C. § 7385j

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Conclusion

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The Energy Employees Occupational Illness Compensation Program

Conclusion

- Always identify a 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

EE-1

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

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



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

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

Employee Information (Please Print Clearly)

1. Name (Last, First, Middle Initial) **2. Social Security Number**

Claimant. _____ **A** _____

3. Date of Birth **4. Sex** **5. Dependents**

Month: 12 Day: 12 Year: 1940 Male Female Spouse Children Other:

6. Address (Street, Apt. #, P.O. Box) **7. Telephone Number(s)**

c/o Walter K Lawyer Law Office 219 Any Street a. Home: (800) 555- - 1234
(City, State, ZIP Code) Albuquerque NM 87102 b. Other: () -

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

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

Awards and Other Information

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

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

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

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

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

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

If yes, provide RECA Claim #: 201-16-25145

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

Employee Declaration

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

Resource Center Date Stamp

Date Claimant _____ **12-18-06**
Employee Signature _____ Date _____

Form EE-1
April 2005

DOJ Award Letter



U.S. Department of Justice

Civil Division

Washington, D.C. 20530

November 30, 2006

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

RE: RECA Claim No. **sss-ss-ssss**
Claimant: Dale A. **Claimant**

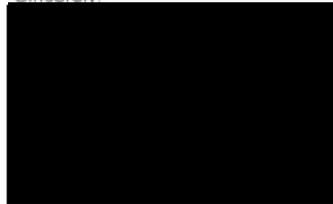
Dear Mr. **Lawyer**:

I am pleased 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,



Enclosures

SSN: **sss-ss-ssss**

Letter of Verification to DOJ

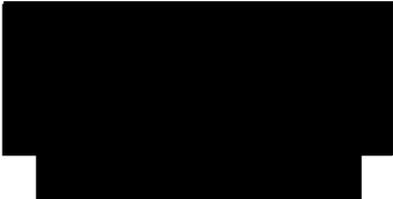
U.S. DEPARTMENT OF LABOR

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



[Date]

Employee:
Claimant:
Employee SSN:
RECA Claim No.:



The U.S. Department of Labor (DOL) has received a claim for benefits under the Energy Employees Occupational Illness Compensation Act (EEOICPA) regarding the above-referenced employee. Please see attached EE-1/EE-2 claim form. The claimant seeks benefits under the EEOICPA based on Radiation Exposure Compensation Act (RECA) uranium worker employment. 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 copy of all of your records for the employee and a letter that includes a factual statement verifying employment. 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 a copy of all of your records for the employee and a copy of DOJ's decision in this matter;
4. If no Section 5 RECA claim has been filed, please provide DOL with a letter verifying employment.

DOJ's Response



U.S. Department of Justice
Civil Division

Washington, D.C. 20530

APR 19 2007

Ms. Janet Kapsin
District Director
U.S. Department of Labor
EEOICP
1999 Broadway
Suite 1120
P.O. Box 46550
Denver, CO 80201-6550

Re: Dale **Claimant**, DOJ Cl. No. **### ## #####** DOL Cl. No. **SSS-SS-SSSS**

Dear **Ms. Kapsin**

We have conducted a search of our records and have determined that Dale **Claimant** was approved for an award under section 5 of the Radiation Exposure Compensation Act, 42 U.S.C. § 2210 note (2000), amended by Pub. L. No. 107-273 (2002) (RECA), on November 30, 2006, for the following medical conditions: pulmonary fibrosis, fibrosis of the lung, pneumoconiosis, and silicosis. Please feel free to contact me with any questions, comments, or concerns you may have.

Very Truly Yours,

A large black rectangular redaction box covering the signature and name of the sender.

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 2

EE-2

Claim for Survivor Benefits Under the Energy Employee Occupational Illness Compensation Program Act

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



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

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

Deceased Employee Information (Please Print Clearly)

1. Name (Last, First, Middle Initial)
Claimant WILLIAM C

2. Sex
 Male Female

3. Social Security Number
SSS-SS-SSSS

4. Date of Birth 05 / 16 / 1918
Month Day Year

5. Date of Death 10 / 27 / 1994
Month Day Year

6. Was an autopsy performed on the employee?
 YES - List Medical Facility: _____
 NO DON'T KNOW

Survivor Information (Please Print Clearly)

7. Name (Last, First, Middle Initial)
Claimant-Smith JOYCE V

8. Sex
 Male Female

9. Social Security Number
SSS-SS-SSS2

10. Date of Birth 07 / 23 / 1950
Month Day Year

11. Your relationship to the deceased employee
 spouse child step-child parent
 grandparent grandchild Other: _____

12. Address (Street, Apt. #, P.O. Box)
419 Any Street
(City, State, ZIP Code)
RAINIER OR 97048

13. Telephone Numbers
a. Home: (503) 555 - 1234
b. Other: () -

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

Cancer (List Specific Diagnosis Below)

a. SKIN (SQUAMOUS CELL CARCINOMA)

b. _____

c. _____

Beryllium Sensitivity

Chronic Beryllium Disease (CBD)

Chronic Silicosis

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

a. _____

b. _____

c. _____

15. Date of Diagnosis

Month	Day	Year
SEP	25	2003

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 #: 201-16-12571

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

Other Potential Survivors

23. Are you aware of any person(s) who may also qualify as a survivor of the deceased employee? YES NO

If YES, please provide the following:

	Name	Relationship to the deceased employee	Address	Phone Number(s)
a.	DONNA M. Claimant-Jones	DAUGHTER	123 Another Street MANSFIELD LA 71052	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.

Donna V. Claimant-Smith

Claimant Signature

9-18-06

Date

Resource Center Date Stamp

RECEIVED
Rocky Flats Resource Center

SEP 21 2006

Transmitted to DOL-DO

9-22-06

Form EE-2
April 2005

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: 08/31/2007

Employee's Information (Print clearly)

1. Employee's Name (Last, First, Middle Initial) Claimant WILLIAM C	2. Former Name (e.g. Maiden/Legal Change) 	3. Social Security Number (If known) SSS-SS-SSSS
---	--	--

Contact Information for Person Completing this Form (Print clearly)

4. Name (Last, First, Middle Initial) Claimant-Smith JOYCE V	5. Claim Type (check one) <input type="checkbox"/> Employee <input checked="" type="checkbox"/> Survivor
6. Address (Street, Apt. #, P.O. Box) 419 Anv Street (City, State, ZIP Code) RAINIER OR 97048	7. Telephone Number(s) a. Home: (503) 555 - 1234 b. Other: () - -

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

In chronological order, *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.

Employer - 1	Start Date: 09 / 1958 <small>Month Day Year</small>	End Date: 02 / 1959 <small>Month Day Year</small>	Work Schedule (check one) <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Facility Name (spell out name) MOONLIGHT MINE	Specific Location (building/site/mine/mill) moonlight mine	City/State where worked performed ARIZONA	
Contractor/sub-contractor or Vendor name(s) WELLS FARGO	Type of Facility/Employer (check one) <input type="checkbox"/> - Department of Energy Facility <input type="checkbox"/> - Beryllium Vendor <input type="checkbox"/> - Unknown <input type="checkbox"/> - Atomic Weapons Facility <input checked="" type="checkbox"/> - Uranium Miner/Miller/Transporter		
Position Title or Mine/Mill Activity SHOVEL OPERATOR	Was a dosimetry badge worn while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Unknown		
Work Identification Number	If known, provide the Dosimetry Badge Number: <input style="width: 100px;" type="text"/>		

Description of Work Duties (Describe in detail)

LOADED URANIUM WITH SHOVEL.
 PICKED UP URANIUM WITH HIS HANDS.
 PERFORMED MAINTENANCE ON SHOVEL, 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.
 EXPOSURE TO DIESEL FUMES.

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):

Employer - 2		Start Date: _____ Month Day Year	End Date: _____ Month Day Year	Work Schedule (check one) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Facility Name (spell out name)		Specific Location (building/site/mine/mill)		City/State where worked performed	
Contractor/sub-contractor or Vendor name(s)		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		Was a dosimetry badge worn while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown			
Work Identification Number		If known, provide the Dosimetry Badge Number: _____			
Description of Work Duties (Describe in detail)					
Describe or list the work conditions/exposures you believe caused or contributed to the claimed work illness(es) at this facility					
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): _____					
Employer - 3		Start Date: _____ Month Day Year	End Date: _____ Month Day Year	Work Schedule (check one) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Facility Name (spell out name)		Specific Location (building/site/mine/mill)		City/State where worked performed	
Contractor/sub-contractor or Vendor name(s)		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		Was a dosimetry badge worn while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown			
Work Identification Number		If known, provide the Dosimetry Badge Number: _____			
Description of Work Duties (Describe in detail)					
Describe or list the work conditions/exposures you believe caused or contributed to the claimed work illness(es) at this facility					
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): _____					
Declaration of the Person Completing this Form				Resource Center Date Stamp	
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. 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.				Rocky Flats Resource Center SEP 21 2006 Transmitted to DOL-DO 9-22-06	
<u>Joyce V. Claimant-Smith</u> (Signature)				<u>9-18-06</u> (Date)	

Letter to DOJ for Verification

U.S. DEPARTMENT OF LABOR

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



[Date]

Employee:
Claimant:
Employee SSN:
RECA Claim No.:



The U.S. Department of Labor (DOL) has received a claim for benefits under the Energy Employees Occupational Illness Compensation Act (EEOICPA) regarding the above-referenced employee. Please see attached EE-1/EE-2 claim form. The claimant seeks benefits under the EEOICPA based on Radiation Exposure Compensation Act (RECA) uranium worker employment. 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 copy of all of your records for the employee and a letter that includes a factual statement verifying employment. 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 a copy of all of your records for the employee and a copy of DOJ's decision in this matter;
4. If no Section 5 RECA claim has been filed, please provide DOL with a letter verifying employment.

Response from DOJ



U.S. Department of Justice
Civil Division

Washington, D.C. 20530

NOV 27 2006

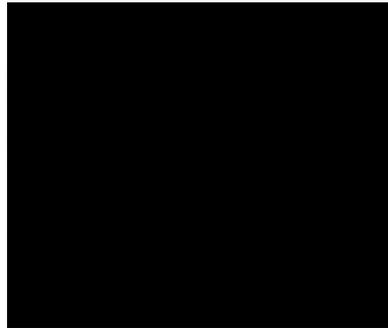
Ms. Janet Kapsin
District Director
U.S. Department of Labor
EEOICP
1999 Broadway
Suite 1120
P.O. Box 46550
Denver, CO 80201-6550

Re: William C.**Claimant**, DOJ Cl. No. **###-##-#####**; DOL Cl. No. **sss-ss-ssss**

Dear Mr. White:

We have conducted a search of our records and have determined that the claim filed on behalf of William C.**Claimant** by his eligible surviving beneficiaries, Donna M.**Jones**, Joyce V. **Smith**, and Dale L.**Claimant**, was approved for an award under **section 4** of the Radiation Exposure Compensation Act, 42 U.S.C. § 2210 note (2000), amended by Pub. L. No. 107-273 (2002), on October 9, 2002, for the following medical condition: salivary gland cancer. The surviving beneficiaries accepted the RECA award in the amount of \$50,000, on November 12, 2002. Please note that **no one** has filed a claim on behalf of William C.**Claimant** under section 5 of RECA. Feel free to contact me with any questions, comments, or concerns you may have.

Very Truly Yours,



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.

