Special Exposure Cohort Petition

under the Energy Employees Occupational Illness Compensation Program Act

U.S. Department of Health and Human Services

Centers for Disease Control and Prevention National Institute for Occupational Safety and Health

Special Exposure Cohort Petition — Form B

OMB Number: 0920-0639 Expires: 01/31/2026

Page 1 of 7

Use of this form is voluntary. Failure to use this form will not result in the denial of any right, benefit, or privilege to which you may be entitled.

General Instructions on Completing this Form (complete instructions are available in a separate packet):

Except for signatures, please **PRINT** all information clearly and neatly on the form.

Please read each of Parts A - G in this form and complete the sections appropriate to you. <u>If there is more than one petitioner</u>, then each petitioner should complete those sections of Parts A - C of the form that apply to them. Additional copies of the first two pages of this form are provided at the end of the form for this purpose. A maximum of three petitioners is allowed.

If you need more space to provide additional information, use the continuation page provided at the end of the form and attach the completed continuation page(s) to Form B.

For Further Information: If you have questions about the use of this form, please call the following NIOSH phone number and request to speak to someone in the Division of Compensation Analysis and Support about an SEC petition: 513-533-6825.

		3		Start at D		
lf yo	ou 🛛	🗆 An En	ergy Employee (cur	rent or former),		Start at C
are) :	🗆 A Surv	vivor (of a former Er	nergy Employee),		Start at B
		🗆 A Rep	presentative (of a cu	rrent or former Energy	Employee);	Start at A
Α.			ve Information (o petition on behal		are authorized b	y an Energy Employee or
A.1	Are	you a coi	ntact person for ar	n organization? 🗆 Ye	es (Go to A.2)	No (Go to A.3)
A.2	Organization Information:					
	Nam	ie of Orga	nization			
	Position of Contact Person					
A.3	Nan	ne of Peti	tion Representativ	e:		
	Mr./	Mrs./Ms.	First Name	Middle Initia	al	Last Name
A.4	Add	ress of P	etition Representa	tive:		
	Stre	et			Apt #	P.O. Box
	City			State	Z	ip Code
A.5	Tele	phone N	umber of Petition F	Representative: ()	
A.6	Ema	ail Addres	ss of Petition Repr	esentative:		
A.7	Check the box at left to indicate you have attached to the back of this form written authorization to petition by the survivor(s) or energy employee(s) indicated in Parts B or C of this form.					
	If you are representing a Survivor, go to Part B; if you are representing an Energy Employee, go to Part C.					

	ial Exposure Cohort Petition the Energy Employees Occupational	U.S. Depart		nd Human Services e Control and Prevention
	Compensation Program Act	Natio		ational Safety and Health
Spec	al Exposure Cohort Petition — Form B	OMB Nu	umber: 0920-0639	Expires: 01/31/2026
B.	•		rvivor or represent	Page 2 of 7 ing a Survivor.
B.1	Name of Survivor:			
	Mr./Mrs./Ms. First Name	Middle Initial	La	ast Name
B.2	Address of Survivor:			
	Street		Apt #	P.O. Box
	City Sta	ate	Zip Co	de
B.3	Telephone Number of Survivor: ()		
B.4	Email Address of Survivor:			
DE	Deletionelia to Energy Englandor -			
B.5		∃ Spouse ∃Grandparent	□Son/Daughter □Grandchild	Parent
		Go to Part C.		
C.		nplete Part C UNLE	SS you are a labor	organization.
C.1	Name of Energy Employee:			
	Mr./Mrs./Ms. First Name	Middle Initial		st Name
C.2				
0.2	Former Name of Energy Employee (e.	g., maiden name/leç	jai name change/oth	er).
	Mr./Mrs./Ms. First Name	Middle Initial	La	st Name
C.3	Address of Energy Employee (if living)			
0.0				
	Street		Apt #	P.O. Box
	City Sta	te	Zip Coo	de
C.4	Telephone Number of Energy Employ	ee: ()		
C.5	Email Address of Energy Employee:			
C.6	Employment Information Related to P	etition:		
C.6a	Energy Employee Number (if known):			
C.6b	Dates of Employment: Start			
C.6d	Work Site Location:			
0.60	Suparvisar's Name:			
0.66	Supervisor's Name:			
		Go to Part E.		

Special Exposure Cohort Petition		U.S. Department of Health and Human Services		
under the Energy Employees Occupational		Centers for Disease Control and Prevention		
Illness	Compensation Program Act	National Institute for Occupational Safety and		
Spec	ial Exposure Cohort Petition — Form B	OMB Number: 0920-0639	Expires: 01/31/2026 Page 3 of 7	
D.	Labor Organization Information Comp	lete Part D ONLY if you are a lat		
			0	
D.1	Labor Organization Information:			
	Name of Organization			
	Name of Organization			
	Position of Contact Person			
D.2	Name of Datition Depresentatives			
D.2	Name of Petition Representative:			
	Mr./Mrs./Ms. First Name	Middle Initial	Last Name	
D.3	Address of Petition Representative:			
	Street	Apt #	P.O. Box	
	City State	Zin (Code	
	ony one		oode	
D.4	Telephone Number of Petition Represent	tative: ()		
D.5	Email Address of Petition Representative	e:		
D.6	Period during which labor organization r	oprocented operate employees	overed by this petition	
D.0	(please attach documentation):	epresented energy employees of	covered by this petition	
	Start	End		
D.7	Identity of other labor organizations that	may represent or have represen	nted this class	
	of energy employees (if known):			
		to Part E.		
	60	TU FAILE.		

Special Exposure Cohort Petition under the Energy Employees Occupational Illness Compensation Program Act		U.S. Department of Health and Human Services Centers for Disease Control and Prevention National Institute for Occupational Safety and Health		
Spec	cial Exposure Cohort Petition — Form B	OMB Number: 0920-0639 Expires: 01/31/2026 Page 4 of 7		
E.	Proposed Definition of Energy Employee			
E.1	Name of DOE or AWE Facility:			
E.2.	Locations at the Facility relevant to this p	petition:		
E.3		employees included in the class. In addition, you can etitioners identified on this form who you believe		
E.4	Employment Dates relevant to this petitio			
	Start End			
	Start End			
E.5	recorded exposure incidents?:	 and a complete description (attach additional pages as 		
	Go	o to Part F.		

Special Exposure Cohort Petition	U.S. Department of Health and Human Services
under the Energy Employees Occupational	Centers for Disease Control and Prevention
Illness Compensation Program Act	National Institute for Occupational Safety and Health
Special Exposure Cohort Petition — Forn	
	and Information are Inadequate for Individual Dose
Reconstruction Complete Part F	
	es in this section by checking the appropriate box and providing ion. You are not required to complete more than one entry.
radiation exposures and radiation	nts or statements provided by affidavit that indicate that doses potentially incurred by members of the proposed class, t monitored, either through personal monitoring or through area
(Attach documents and/or affidavit	s to the back of the petition form.)
	e, to the extent it might be unclear, how the attached ndicate that potential radiation exposures were not monitored.
radiation monitoring records for me	ents or statements provided by affidavit that indicate that embers of the proposed class have been lost, falsified, or mation regarding monitoring, source, source term, or process ployees worked.
(Attach documents and/or affidavit	s to the back of the petition form.)
	e, to the extent it might be unclear, how the attached ndicate that radiation monitoring records for members of the ered illegally, or destroyed.
Part F is co	ntinued on the following page.

Special E	xposure Cohort	Petition	U.S. Department of	of Health and	Human Services
	nergy Employees Oc pensation Program A		Centers for Disease Control and Prevention National Institute for Occupational Safety and Health		
Special Ex	posure Cohort P	etition — Form B	OMB Number: 09	920-0639	Expires: 01/31/2026 Page 6 of 7
r: b n g	adiation dose reco adiation exposures pelieving these doc nembers of the cla puidelines.	nstruction documenting at the facility, as releve umented limitations mi ss under 42 CFR Part	physicist or other indiv the limitations of exist ant to the petition. The ght prevent the comple 82 and related NIOSH	ing DOE or AW report specifies tion of dose rec	/E records on s the basis for constructions for
(.	Attach report to the	e back of the petition fo	rm.)		
E C ja	Executive Branch o Commission, or the ournal, that identifie	of Government or the G Defense Nuclear Faci es dosimetry and relate destruction or loss of	I report, issued by a go eneral Accounting Offic lities Safety Board, or p ed information that are records) for estimating	ce, the Nuclear published in a p unavailable (du	Regulatory eer-reviewed e to either a lack
(.	Attach report to the	e back of the petition fo	rm.)		
		Go	to Part G.		
G. Sig	nature of Person(s) Submitting this Pe		rt G.	
All Petitio	ners should sign	and date the petition.	A maximum of three	persons may	sian the petition.
	5	•			5
Signature			Da	ate	
Signature			Da	ate	
Signature			 Da	ate	
Notice:	fact or any other knowingly accep administrative re criminal provisio	act of fraud to obtain outs compensation to when the second secon	false statement, misre compensation as provid ich that person is not e ny criminal prosecution ne or imprisonment or rue.	led under EEO ntitled is subject and may, unde	ICPA or who ct to civil or er appropriate
Send this f	orm to:	SEC Petition Division of Compensa NIOSH 1090 Tusculum Ave, I Cincinnati, OH 45226	ntion Analysis and Supp MS-C-47	port	
If there ar			nplete the Appendix F ated at the end of this		tional petitioners.
			area at the ond of the		

Special Exposure Cohort Petition under the Energy Employees Occupational Illness Compensation Program Act

U.S. Department of Health and Human Services Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health

Special Exposure Cohort Petition — Form B

OMB Number: 0920-0639

Expires: 01/31/2026 Page 7 of 7

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 5 hours per response, including time for reviewing instructions, gathering the information needed, and completing the form. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to CDC Reports Clearance Officer, 1600 Clifton Road, MS-E-11, Atlanta GA, 30333; ATTN: PRA 0920-0639. Do not send the completed petition form to this address. Completed petitions are to be submitted to NIOSH at the address provided in these instructions. Persons are not required to respond to the information collected on this form unless it displays a currently valid OMB number.

Privacy Act Advisement

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. § 552a), you are hereby notified of the following:

The Energy Employees Occupational Illness Compensation Program Act (42 U.S.C. §§ 7384-7385) (EEOICPA) authorizes the President to designate additional classes of employees to be included in the Special Exposure Cohort (SEC). EEOICPA authorizes HHS to implement its responsibilities with the assistance of the National Institute for Occupational Safety (NIOSH), an Institute of the Centers for Disease Control and Prevention. Information obtained by NIOSH in connection with petitions for including additional classes of employees in the SEC will be used to evaluate the petition and report findings to the Advisory Board on Radiation and Worker Health and HHS.

Records containing identifiable information become part of an existing NIOSH system of records under the Privacy Act, 09-20-147 "Occupational Health Epidemiological Studies and EEOICPA Program Records and WTC Health Program Records, HHS/CDC/NIOSH." These records are treated in a confidential manner, unless otherwise compelled by law. Disclosures that NIOSH may need to make for the processing of your petition or other purposes are listed below.

NIOSH may need to disclose personal identifying information to: (a) the Department of Energy, other federal agencies, other government or private entities and to private sector employers to permit these entities to retrieve records required by NIOSH; (b) identified witnesses as designated by NIOSH so that these individuals can provide information to assist with the evaluation of SEC petitions; (c) contractors assisting NIOSH; (d) collaborating researchers, under certain limited circumstances to conduct further investigations; (e) Federal, state and local agencies for law enforcement purposes; and (f) a Member of Congress or a Congressional staff member in response to a verified inquiry.

This notice applies to all forms and informational requests that you may receive from NIOSH in connection with the evaluation of an SEC petition.

Use of the NIOSH petition forms (A and B) is voluntary but your provision of information required by these forms is mandatory for the consideration of a petition, as specified under 42 CFR Part 83. Petitions that fail to provide required information may not be considered by HHS.

This page intentionally left blank.

	ial Exposure Cohort Petition	U.S. Department of Health a	nd Human Services se Control and Prevention	
	Compensation Program Act	National Institute for Occup		
Specia	al Exposure Cohort Petition — Form B	OMB Number: 0920-0639	Expires: 01/31/2026 Appendix — Petitioner 2	
	Use of this form is voluntary. Fa the denial of any right, benefit, or	ailure to use this form will not res		
	Use this Appe	ndix for Petitioner 2.		
	ppendix form is to be used as needed. Petitio ns applicable to him or her.	ner 2, or his or her representative, s	should complete the	
Refer t	to the General Instructions on completing peti	itioner information for Parts A, B, or	С.	
	need more space to provide additional inform m and attach the completed continuation pag		ovided at the end of	
Except	t for signatures, please PRINT all information	clearly and neatly on the form.		
lf v	/ou An Energy Employee (current or f		Start at C	
-	e:		Start at B	
A.	□ A Representative (of a current or Representative Information Complete F			
Α.	Survivor(s) to petition on behalf of a class		Energy Employee of	
A.1	Are you a contact person for an organization	tion?	□ No (Go to A.3)	
A.2	Organization Information:			
	Name of Organization			
	Position of Contact Person			
A.3	Name of Petition Representative:			
	Mr./Mrs./Ms. First Name	Middle Initial La	ast Name	
A.4	Address of Petition Representative:			
	Street	Apt #	P.O. Box	
	City State	Zip Co	ode	
A.5	Telephone Number of Petition Represent	ative: ()		
A.6	Email Address of Petition Representative	::		
A.7	A.7			
	petition by the survivor(s) or energy employee(s) indicated in Parts B or C of this form. An authorization form for this purpose is provided.			
	If you are representi	ng a Survivor, go to Part B;		
	if you are representing an Energy Employee, go to Part C.			

under	ial Exposure Cohort Petition the Energy Employees Occupational Compensation Program Act		Centers for Disease	nd Human Services e Control and Prevention ational Safety and Healt
Snooi	al Exposure Cohort Petition — Form E	OMB N	umber: 0920-0639	Expires: 01/31/202
B.	•		A rvivor or representi	ppendix — Petitioner : ng a Survivor.
B.1	Name of Survivor:			5
	Mr./Mrs./Ms. First Name	Middle Initial	La	ist Name
B.2	Address of Survivor:			
	Street		Apt #	P.O. Box
	City Sta	ate	Zip Co	de
B.3	Telephone Number of Survivor: ()		
B.4	Email Address of Survivor:			_
B.5		☐ Spouse ☐Grandparent	□Son/Daughter □Grandchild	□Parent
		Go to Part C.		
C. C.1	Energy Employee Information Con Name of Energy Employee:	nplete Part C.		
	Mr./Mrs./Ms. First Name	Middle Initial	La	st Name
C.2	Former Name of Energy Employee (e.	.g., maiden name/le	gal name change/oth	er):
	Mr./Mrs./Ms. First Name	Middle Initial	La	st Name
C.3	Address of Energy Employee (if living)):		
	Street		Apt #	P.O. Box
	City Sta	te	Zip Coo	de
C.4	Telephone Number of Energy Employ	/ee: ()		
C.5	Email Address of Energy Employee:			
C.6	Employment Information Related to P	Petition:		
C.6a	Energy Employee Number (if known):			
C.6c	Employer Name:			
C.6d	Work Site Location:			
C.6e	Supervisor's Name:			
	Sign Part	G of the original pe	etition.	

Special Exposure Cohort Petition under the Energy Employees Occupational	U.S. Department of Health and Human Services Centers for Disease Control and Prevention		
Illness Compensation Program Act	National Institute for Occupational Safety and Health		
Special Exposure Cohort Petition — Form B	OMB Number: 0920-0639 Expires: 01/31/2026 Appendix — Petitioner 3		
	ilure to use this form will not result in privilege to which you may be entitled.		
	ndix for Petitioner 3.		
This appendix form is to be used as needed. Petitic sections applicable to him or her.	ner 3, or his or her representative, should complete the		
Refer to the General Instructions on completing pet	itioner information for Parts A, B, or C.		
If you <u>need more space to provide additional inform</u> the form and attach the completed continuation pag	ation, use the continuation page provided at the end of e(s) to Form B.		
Except for signatures, please PRINT all information	clearly and neatly on the form.		
If you	ent or former), Start at C		
are:			
	ent or former Energy Employee); Start at A		
A. Representative Information Complete I Survivor(s) to petition on behalf of a class	Part A if you are authorized by an Energy Employee or S.		
A.1 Are you a contact person for an organiza	tion? \Box Yes (Go to A.2) \Box No (Go to A.3)		
A.2 Organization Information:			
Name of Organization			
Position of Contact Person			
A.3 Name of Petition Representative:			
Mr./Mrs./Ms. First Name	Middle Initial Last Name		
A.4 Address of Petition Representative:			
Street	Apt # P.O. Box		
City State	Zip Code		
A.5 Telephone Number of Petition Represent	ative: ()		
A.6 Email Address of Petition Representative	:		
petition by the survivor(s) or energy empl	7 Check the box at left to indicate you have attached to the back of this form written authorization to petition by the survivor(s) or energy employee(s) indicated in Parts B or C of this form. An authorization form for this purpose is provided.		
	ng a Survivor, go to Part B; Energy Employee, go to Part C.		

under	ial Exposure Cohort Petition the Energy Employees Occupational Compensation Program Act	-	Centers for Disease	d Human Services Control and Prevention tional Safety and Health	
	al Exposure Cohort Petition — Form B		er: 0920-0639	Expires: 01/31/2026	
B.	-	B if you are a Surviv		pendix — Petitioner 3 g a Survivor.	
B.1	Name of Survivor:				
	Mr./Mrs./Ms. First Name	Middle Initial	Las	t Name	
B.2	Address of Survivor:				
	Street	,	Apt #	P.O. Box	
	City State	Э	Zip Cod	le	
B.3	Telephone Number of Survivor: ()		-	
B.4	Email Address of Survivor:			-	
B.5		Spouse □Son/I Grandparent □Grand		Parent	
		Go to Part C.			
C.	Energy Employee Information Comp	lete Part C.			
C.1	Name of Energy Employee:				
	Mr./Mrs./Ms. First Name	Middle Initial	Last	t Name	
C.2	Former Name of Energy Employee (e.g.	, maiden name/legal r	name change/othe	r):	
	Mr./Mrs./Ms. First Name	Middle Initial	Las	t Name	
C.3	Address of Energy Employee (if living):				
	Street	Ą	.pt #	P.O. Box	
	City State	· · · · · · · · · · · · · · · · · · ·	Zip Code	9	
C.4	Telephone Number of Energy Employed	e: ()			
C.5	Email Address of Energy Employee:	·			
C.6	Employment Information Related to Petition:				
C.6a	Energy Employee Number (if known):				
C.6b	Dates of Employment: Start		End		
C.6c	Employer Name:				
C.6d	Work Site Location:				
C.6e	Supervisor's Name:				
	Sign Part G	of the original petitie	on.		

Special Exposure under the Energy Emplo Illness Compensation P	oyees Occupational	U.S. Department of Health and Human Services Centers for Disease Control and Prevention National Institute for Occupational Safety and Health	
Special Exposure C	ohort Petition — Form B	OMB Number: 0920-0639 Appendi	Expires: 01/31/2026 x — Continuation Page
Continuation Page	Photocopy and complete a	as necessary.	
	· · · · · · · · · · · · · · · · · · ·		
	Attac	h to Form B if necessary.	