

**Special Exposure Cohort Petition — Form A**

Use of this form and disclosure of Social Security Number are voluntary. Failure to use this form or disclose this number will not result in the denial of any right, benefit, or privilege to which you may be entitled.

**Instructions on Completing this Form:**

You should use this petition form only if NIOSH has reported to you in writing that it cannot complete the dose reconstruction needed for your cancer claim.

All other petitioners should use Petition Form B to submit a petition to NIOSH.

**For Further Information:** If you have questions about these instructions, please call the following NIOSH toll-free phone number and request to speak to someone in the Division of Compensation Analysis and Support about an SEC petition: 1-877-222-8570.

**A NIOSH Claim Information — Complete as much information as you can in Section A.**

A.1 **NIOSH Tracking Number** (indicated on all NIOSH correspondence):

\_\_\_\_\_

A.2 **Print Name of Energy Employee for whom this claim was filed:**

\_\_\_\_\_

First Name

Middle Initial

Last Name

A.3 **Social Security Number of Energy Employee for whom this claim was filed:**

**B Signature of Person Submitting this Petition — Complete Section B.**

Print and sign your name below to indicate that you are petitioning for HHS to consider adding a class of employees to the Special Exposure Cohort that would include the employee indicated by the tracking number or name under entry 1 above.

**Print your name below:**

**Sign your name below:**

\_\_\_\_\_

First Name

Middle Initial

Last Name

\_\_\_\_\_

First Name

Middle Initial

Last Name

**C Please send this form to NIOSH at the address below.**

Once NIOSH receives this form, the U.S. Department of Health and Human Services will consider adding a class of employees to the Special Exposure Cohort. Your contact at NIOSH will be available to inform you of the progress of your petition.

Send this form to:

SEC Petition  
Division of Compensation Analysis and Support  
NIOSH  
4676 Columbia Parkway, MS-C-47  
Cincinnati, OH 45226



Name or Social Security Number of First Petitioner: \_\_\_\_\_

**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

**Petitioner Authorization Form**

OMB Number: 0920-0639

Expires: 07/31/2016

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**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.**

**Instructions:**

If you wish to petition HHS to consider adding a class of energy employees to the Special Exposure Cohort and you are NOT either a member of that class, a survivor of a member of that class, or a labor organization representing or having represented members of that class, then 42 CFR Part 83, Section 83.7(c) requires that you obtain written authorization. You can obtain such authorization from either an energy employee who is a member of the class or a survivor of such an employee. You may use this form to obtain such authorization and submit the completed form to NIOSH with the related petition. **Please print legibly.**

**For Further Information:** If you have questions about these instructions, please call the following NIOSH toll-free phone number and request to speak to someone in the Division of Compensation Analysis and Support about an SEC petition: 1-877-222-8570.

**Authorization for Individual or Entity to Petition HHS on Behalf of a Class of Energy Employees for Addition to the Special Exposure Cohort**

I,

\_\_\_\_\_  
Name of Class Member or Survivor

\_\_\_\_\_  
Street Address of Class Member or Survivor Apt. # P.O. Box

\_\_\_\_\_  
City, State, Zip Code of Class Member or Survivor

do hereby authorize:

\_\_\_\_\_  
Name of Petitioner

\_\_\_\_\_  
Address of Petitioner Apt. # P.O. Box

\_\_\_\_\_  
City, State and Zip Code of Petitioner

to petition the Department of Health and Human Services on behalf of a class of energy employees that includes:

\_\_\_\_\_  
Name of Class Member (energy employee, not the employee's survivor)

for the addition of the class to the Special Exposure Cohort, under the Energy Employee's Occupational Illness Compensation Program Act (42 U.S.C. §§ 7384-7385).

In providing this authorization, I recognize that the petitioner named above will have all the rights of a petitioner as provided for under 42 CFR Part 83.

\_\_\_\_\_  
Signature of Class Member or Survivor

\_\_\_\_\_  
Date



DEPARTMENT OF  
HEALTH & HUMAN SERVICES  
Public Health Service  
Centers for Disease Control  
National Institute for  
Occupational Safety & Health  
Robert A. Taft Laboratories  
1090 Tusculum Ave, MS C-45  
Cincinnati, OH 45226-1938

Return After Five Days

Official Business  
Penalty for Private Use, \$300

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 99110 ATLANTA, GA 30329-4027

Postage Will Be Paid by Department of Health and Human Services

ATTN:

~~XXXXXXXXXX~~ DCAS

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY & HEALTH  
ROBERT A TAFT LABORATORIES  
1090 TUSCULUM AVE, MS C-46  
CINCINNATI OH 45226-1938



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