This page intentionally left blank.

B. Survivor Information Complete Part B if you are a Survivor or representing a Survivor.

B.1 **Name of Survivor:**

_____
Mr./Mrs./Ms. First Name Middle Initial Last Name

B.2 **Address of Survivor:**

_____
Street Apt # P.O. Box

_____
City State Zip Code

B.3 **Telephone Number of Survivor:** (_____)_____

B.4 **Email Address of Survivor:** _____

B.5 **Relationship to Energy Employee:** ☐ Spouse ☐Son/Daughter ☐Parent ☐Grandparent ☐Grandchild

Go to Part C.

C. Energy Employee Information Complete Part C.

C.1 **Name of Energy Employee:**

_____
Mr./Mrs./Ms. First Name Middle Initial Last Name

C.2 **Former Name of Energy Employee** (e.g., maiden name/legal name change/other):

_____
Mr./Mrs./Ms. First Name Middle Initial Last Name

C.3 **Address of Energy Employee** (if living):

_____
Street Apt # P.O. Box

_____
City State Zip Code

C.4 **Telephone Number of Energy Employee:** (_____)_____

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: _____

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

OMB Number: 0920-0639 Expires: 01/31/2023

Special Exposure Cohort Petition — Form B

Appendix — Petitioner 3

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.

Use this Appendix for Petitioner 3.

This appendix form is to be used as needed. Petitioner 3, or his or her representative, should complete the sections applicable to him or her.

Refer to the General Instructions on completing petitioner information for Parts A, B, or C.

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.

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

If you are:		
	☐ An Energy Employee (current or former),	Start at C
	☐ A Survivor (of a former Energy Employee),	Start at B
	☐ A Representative (of a current or former Energy Employee);	Start at A

A. Representative Information Complete Part A if you are authorized by an Energy Employee or Survivor(s) to petition on behalf of a class.

A.1 **Are you a contact person for an organization?** ☐ Yes (Go to A.2) ☐ 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 Representative:** (_____)_____

A.6 **Email Address of Petition Representative:** _____

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. An authorization form for this purpose is provided.

If you are representing a Survivor, go to Part B; if you are representing an Energy Employee, go to Part C.

B. Survivor Information Complete Part B if you are a Survivor or representing a Survivor.

B.1 **Name of Survivor:**

_____
Mr./Mrs./Ms. First Name Middle Initial Last Name

B.2 **Address of Survivor:**

_____
Street Apt # P.O. Box

_____
City State Zip Code

B.3 **Telephone Number of Survivor:** (_____)_____

B.4 **Email Address of Survivor:** _____

B.5 **Relationship to Energy Employee:** ☐ Spouse ☐Son/Daughter ☐Parent ☐Grandparent ☐Grandchild

Go to Part C.

C. Energy Employee Information Complete Part C.

C.1 **Name of Energy Employee:**

_____
Mr./Mrs./Ms. First Name Middle Initial Last Name

C.2 **Former Name of Energy Employee** (e.g., maiden name/legal name change/other):

_____
Mr./Mrs./Ms. First Name Middle Initial Last Name

C.3 **Address of Energy Employee** (if living):

_____
Street Apt # P.O. Box

_____
City State Zip Code

C.4 **Telephone Number of Energy Employee:** (_____)_____

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: _____

Continuation Page **Photocopy and complete as necessary.**