



Energy Employees Occupational Illness  
Compensation Program

# Frequently Asked Questions



U.S. Department of Labor  
Employment Standards Administration  
Division of Energy Employees Occupational Illness Compensation



# Frequently Asked Questions

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## 1. What is the Energy Employees Occupational Illness Compensation Program?

The Energy Employees Occupational Illness Compensation Program Act (EEOICPA) required implementation of a program to provide compensation to employees of the Department of Energy (DOE), its predecessor agencies, and its contractors and subcontractors involved in nuclear weapons production and testing programs. Employees (or their eligible survivors) who have suffered certain illnesses caused by exposure to radiation, beryllium or silica are eligible to receive a lump-sum payment of \$150,000 and payment of the medical expenses of the covered illness from the date of the claim. Uranium miners, millers and ore transporters (or their eligible survivors) who have been awarded compensation under Section 5 of the Radiation Exposure Compensation Act, are entitled to receive an additional payment of \$50,000 and medical expenses of the covered illness from the date of the claim. Adjudication of claims under the Act is done by the Department of Labor's Office of Workers' Compensation Programs (OWCP).

## 2. Who is eligible for benefits?

A worker or former worker may be eligible for benefits if:

- ❖ he or she has or had radiation-induced cancers, beryllium diseases or silicosis; and
- ❖ he or she was exposed to radiation, beryllium or silica while working in the nuclear weapons industry for DOE or its contractors or subcontractors.

Uranium miners, millers and ore transporters may be eligible for benefits if they have received an award of benefits under

Section 5 of the Radiation Exposure Compensation Act from the Department of Justice.

If a covered worker has died, his or her survivors may be eligible for benefits.

### 3. If a covered worker has died, which survivors are eligible for benefits?

If a covered worker is deceased at the time of payment, certain survivors are eligible to receive benefits, as follows:

- ❖ If the deceased employee is survived by: a spouse (husband or wife who was married to the "covered employee" for at least one year immediately before the death of that individual), the spouse receives the entire lump-sum unless the covered employee was also survived by at least one child of the covered employee who is
  - 1) living and a minor at the time of payment and
  - 2) not a recognized natural child or adopted child of such surviving spouse; half of the compensation shall be paid to the surviving spouse, and the other half of the compensation shall be paid in equal shares to each child of the deceased covered employee who is a minor at the time of payment.
  
- ❖ If the covered employee is not survived by a spouse but is survived by a child (includes a recognized natural child, a stepchild who lived with an individual in a regular parent-child relationship, and an adopted child), all of the children of the covered employee who are living at the time of payment share the lump sum equally.

- ❖ If the covered employee is not survived by a spouse or children, but is survived by a parent (includes fathers and mothers through adoption), the parents of the covered employee who are living at the time of payment share the lump sum equally.
- ❖ If the covered employee is not survived by a spouse, children, or parents, but is survived by grandchildren, the grandchildren of the covered employee who are living at the time of payment share the lump sum equally.
- ❖ If the covered employee is not survived by a spouse, children, parents, or grandchildren but is survived by grandparents, the grandparents of the covered employee who are living at the time of payment share the lump sum equally.

#### 4. In general, what proof do survivors need to file claims?

In addition to information about a deceased worker's employment history and illness, a survivor will need proof of his or her relationship to the deceased employee, such as marriage or birth certificates and a death certificate.

#### 5. What do I need to file a claim?

You do not need to use a specific form to initiate a claim, but you will be required to complete either Form EE-1 (employees) or Form EE-2 (survivors) in order for the Department of Labor to adjudicate the claim. Completion of the appropriate form ensures that OWCP has the basic information required to start processing the claim. In the event that additional information is required, the Department of Labor will notify you and provide you an opportunity to submit the necessary information.



- ❖ If you are a worker or former worker, you should complete Form EE-1 "Claim for Benefits under Energy Employees Occupational Illness Compensation Program Act".
- ❖ If you are a survivor, you should complete Form EE-2 "Claim for Survivor Benefits under Energy Employees Occupational Illness Compensation Program Act".

You should also submit:

- ❖ A completed Form EE-3, "Employment History for Claim under Energy Employees Occupational Illness Compensation Program Act".
- ❖ Medical evidence of the illness as outlined in Form EE-7, "Medical Requirements under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA)". See the section on each covered illness for specific medical evidence required. Each written medical document must be a clear readable copy.

## 6. How are employment records located for a claim?

Once a claim is submitted, the Department of Labor will seek information from DOE and its contractors concerning the employment history claimed on the Form EE-3. DOE will certify that it agrees or disagrees with the employment information provided on the EE-3 or that it has no relevant records. In the event that additional information is required, the Department of Labor will ask you to provide

employment records in your possession and, if necessary, assist you in obtaining records from other sources such as Social Security records, pension and union records, or statements by co-workers or other contacts.

## 7. Where can I get a claim form?

You can get forms through the following sources:

- ❖ You can download them off the Internet at [www.dol.gov/esa/regs/compliance/owcp/eeoicp/main.htm](http://www.dol.gov/esa/regs/compliance/owcp/eeoicp/main.htm).
- ❖ You can request a form from our toll-free call center at 1-866-888-3322.
- ❖ You can pick one up at the closest resource center or one of our district offices. Contact information can be found on pages 16-20.

There are resource centers near:

- ❖ Hanford, Washington
- ❖ Las Vegas, Nevada
- ❖ Oak Ridge, Tennessee
- ❖ Portsmouth, Ohio
- ❖ Savannah River, South Carolina
- ❖ Rocky Flats, Colorado
- ❖ Los Alamos, New Mexico
- ❖ Paducah, Kentucky
- ❖ Anchorage, Alaska
- ❖ Idaho Falls, Idaho
- ❖ Livermore, California

The Department of Labor (DOL) established the resource centers at all major DOE sites where workers and their families can receive assistance in filing claim forms for the DOL program and learn about the Act.

The Labor Department district offices are in Jacksonville, Florida; Cleveland, Ohio; Denver, Colorado; and Seattle, Washington.

These district offices adjudicate and process claims and make compensation payments. Both the resource centers and the district offices provide local outreach activities in their areas to provide assistance and services to claimants.

## 8. Where should I file my claim for benefits?

You can go to the district office or resource center and file your claim in person, or you can mail it to your district office. Claims should be submitted to the district office having jurisdiction of the state where the covered employee last worked. See pages 16 and 17 for a list of the states covered by each district office.

## 9. When do I need to file my claim?

You can send in your claim anytime. There is no deadline, but if you are eligible, medical benefits for your job-related illness start from the date you file your claim.

## 10. What is the claims process?

A claim package is filed by the worker or survivor. The district office reviews the package for medical evidence and employment verification. Dose reconstruction is done for non-Special Exposure Cohort claims. A Recommended Decision is made by the district office. The Recommended Decision explains the basis for the proposed decision and allows the claimant the opportunity to request a hearing, a

review of the written record or a waiver of additional review. Recommended Decisions are then referred to the Final Adjudication Branch for a Final Decision. The Final Decision results in the payment of compensation or the denial of the claim.

## 11. What are the procedures for receiving the lump-sum payment?

At the time a Final Decision accepting the claim is issued by the Final Adjudication Branch, you will be informed of the amount of the award and sent an "Acceptance of Payment" form.

## 12. What are the procedures for obtaining medical care?

Once a determination has been made that a covered employee is entitled to benefits under the EEOICPA, the Department of Labor will cover all medical costs related to the accepted condition. This includes necessary medical services, prescriptions, appliances or supplies that a qualified physician prescribes or recommends, retroactive to the date the claim was filed (but not before July 31, 2001). If there is any doubt as to whether a specific service, appliance or supply is necessary to treat the occupational illness, you should consult the district office prior to obtaining it. Any qualified physician or qualified hospital may provide services, appliances and supplies. A qualified provider of medical support services may also furnish appropriate services, appliances, and supplies. Prescription medications may also be covered.

You will be receiving additional information regarding your medical coverage. This will include a medical benefits

identification card, which you will need to show to your physician and any other authorized medical provider you choose to treat your covered condition. The card will be accompanied with instructions and a phone number to call to activate the card. This card will instruct your physician, hospital, durable medical equipment supplier or other health care providers to bill the Energy Employees Occupational Illness Compensation Program directly so that you will not have to pay for medical treatment covered under the program.

To bill us directly, providers must be enrolled in the Program. For information about enrollment and billing, please have your provider contact us at 1-866-272-2682 or give us your provider's phone number when you call to activate your medical benefits identification card. We will then call and explain the Program to your provider(s) and give them the necessary forms required for submitting bills for reimbursement.

To seek reimbursement for out-of-pocket expenses for medical treatment, prescription medication and medical supplies, you can complete and submit Form EE-915, "Claim for Medical Reimbursement under Energy Employees Occupational Illness Compensation Program Act". Medical treatment that was provided to an employee who dies before a claim is accepted will be paid, as long as such treatment was provided on or after the date the employee filed the claim, and a survivor may receive payment.

### 13. Who is eligible for benefits relating to a covered beryllium disease?

You may be eligible if you are a current or former employee of DOE, a DOE contractor or subcontractor or a beryllium vendor who was exposed to beryllium:

- ❖ at a DOE facility; or
- ❖ at a facility owned, operated or occupied by a beryllium vendor.

### 14. What is necessary to establish beryllium sensitivity?

You are eligible for coverage for beryllium sensitivity under the EEOICPA if you have received an abnormal lymphocyte proliferation test (LPT) or lymphocyte transformation test (LTT) performed on either blood or lung lavage cells.

### 15. What is necessary to establish chronic beryllium disease (CBD)

For a diagnosis **before** January 1, 1993:

You can establish chronic beryllium disease by showing a history or epidemiological evidence of exposure to beryllium and by providing evidence that meets any three of the following criteria:

- ❖ Characteristic chest X-ray abnormalities or characteristic CT abnormalities;
- ❖ Restrictive or obstructive lung physiology testing or diffusing lung capacity defect;
- ❖ Lung pathology consistent with chronic beryllium disease;
- ❖ Clinical course consistent with chronic respiratory disorder; or

- ❖ Immunologic tests showing beryllium sensitivity (skin patch test or beryllium blood test preferred).

For a diagnosis **after** January 1, 1993:

You can establish chronic beryllium disease by providing results from an abnormal LPT or LTT performed on either blood or lung lavage cells, together with one of the following:

- ❖ A lung biopsy showing granulomas or a lymphocytic process consistent with chronic beryllium disease;
- ❖ A computerized axial tomography (CAT) scan showing changes consistent with chronic beryllium disease; or
- ❖ Pulmonary function or exercise testing showing pulmonary deficits consistent with chronic beryllium disease.

## 16. What is considered proof of exposure to beryllium in the performance of duty?

To establish that a claimant was exposed to beryllium in the performance of duty, a claimant needs to establish that the covered employee was either;

- ❖ employed at a DOE facility; or
- ❖ present at a DOE or beryllium vendor facility because of employment by the United States, a beryllium vendor or a DOE contractor or subcontractor during a period when beryllium dust, particles or vapor may have been present at such facility. Generally proof of employment at such facilities during periods when beryllium was present will be sufficient to establish exposure to beryllium in the performance of duty.

## 17. What is the role of the National Institute for Occupational Safety and Health (NIOSH) in this program?

NIOSH is responsible for providing an estimate of the amount of radiation received by a covered employee at a covered facility. When the Department of Labor concludes that a claim for cancer involves a covered employee who is not a member of the Special Exposure Cohort, the claim is sent to NIOSH for dose reconstruction. NIOSH is responsible for estimating the radiation dose received by the employee. The dose estimate is then used by OWCP to determine whether the cancer was at least as likely as not related to the covered employment.

That determination is made based upon guidelines also developed by NIOSH and incorporated into an interactive computer program that OWCP uses to calculate the probability that a claimant's cancer was caused by exposure to radiation.

NIOSH is also responsible for developing procedures for and issuing determinations on petitions by classes of employees to be included in the Special Exposure Cohort.

## 18. What are the criteria to receive benefits for cancer?

To receive compensation as a result of cancer, a worker (or his or her survivor) must establish that the worker is or was an employee of DOE, a DOE contractor or subcontractor,



or an atomic weapons employer (AWE) designated by DOE, and that the worker sustained a cancer that is determined, through use of guidelines developed by NIOSH, to be “at least as likely as not” related to employment at a DOE or AWE facility. Any type of cancer may be covered under the EEOICPA.

## 19. How do you establish membership in the Special Exposure Cohort?

Congress defined a class of compensation recipients in the EEOICPA by establishing a Special Exposure Cohort to include Energy employees who worked at gaseous diffusion plants located in Kentucky, Tennessee and Ohio during a defined time period, and employees who were exposed to ionizing radiation during nuclear testing activities at Amchitka Island, Alaska.

Members of the Special Exposure Cohort are presumed to have acquired certain cancers in the performance of duty if the cancer appears on the list set forth in the Radiation Exposure Compensation Act or is one of an additional three cancers set forth in the EEOICPA.

To establish membership in the Special Exposure Cohort, a worker (or his or her survivor) must establish that the worker was an employee of DOE, a DOE contractor or subcontractor, or an atomic weapons employer designated by DOE and was:

- ❖ employed for a total of at least 250 workdays before February 1, 1992, at one or more of the gaseous diffusion plants located in Paducah, Kentucky; Portsmouth, Ohio; or Oak Ridge, Tennessee, and was monitored for exposure to radiation using dosimetry badges (or was employed in a job with exposures comparable to a job that was

monitored by dosimetry badges); or

- ❖ employed before January 1, 1974, by DOE or a DOE contractor or subcontractor on Amchitka Island, Alaska, and was exposed to ionizing radiation in the performance of duty related to the Long Shot, Milrow, or Cannikin underground nuclear tests; or
- ❖ a member of a class of employees designated as members of the Special Exposure Cohort by the Department of Health and Human Services.

## 20. What are the criteria for eligibility for cancer benefits for members of the Special Exposure Cohort?

To establish eligibility for compensation as a member of the Special Exposure Cohort, a worker (or his or her survivor) must establish that the worker contracted a specified cancer after beginning employment at a DOE or AWE facility.

The specified cancers are:

- ❖ Leukemia (other than chronic lymphocytic leukemia), if onset occurred more than 2 years after initial exposure;
- ❖ Primary or secondary lung cancer (other than in situ lung cancer that is discovered during or after a post-mortem exam);
- ❖ bone cancer;
- ❖ renal cancers.

The following diseases provided onset was at least 5 years after first exposure:

- ❖ Multiple myeloma;
- ❖ Lymphomas (other than Hodgkin's disease);
- ❖ Primary cancer of the:

Thyroid;

Male or female breast;

Esophagus;

Stomach;

Pharynx;

Small intestine;

Pancreas;

Bile ducts;

Gall bladder;

Salivary gland;

Urinary bladder;

Brain;

Colon;

Ovary; or

Liver (except if cirrhosis or hepatitis B is indicated).

## 21. What is considered proof of diagnosis of cancer?

Form EE-7, "Medical Requirements under the EEOICPA" is a set of guidelines regarding evidence that you can use to prove a diagnosis of cancer. You will have to provide medical information regarding the diagnosis of cancer and the date the diagnosis was made.

## 22. Who is eligible for chronic silicosis benefits?

To establish eligibility for compensation for chronic silicosis, a worker (or his or her survivor) must establish that the worker was an employee of DOE or a DOE contractor who was present for at least 250 workdays at a DOE facility in Nevada or Alaska during tunnel mining for atomic weapons tests or experiments.

## 23. What is necessary to establish chronic silicosis?

You must provide a written diagnosis of silicosis from a physician, and establish that the silicosis arose at least 10 years after the first exposure to silica dust, and provide any one of the following:

- ❖ results of a chest X-ray, interpreted by a NIOSH certified B reader, showing the existence of pneumoconioses of category 1/0 or higher;
- ❖ results from a computer assisted tomograph or other imaging technique that are consistent with silicosis; or
- ❖ lung biopsy findings consistent with silicosis.

## 24. What are the criteria for eligibility for benefits for uranium employees?

To be eligible for benefits from the Department of Labor, you must establish that the Department of Justice has determined that you are entitled to compensation under Section 5 of the Radiation Exposure Compensation Act (RECA).

## DISTRICT OFFICE LOCATIONS

### **District Office 1 – Jacksonville, Florida**

(Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee)

U.S. Department of Labor, DEEOIC  
214 North Hogan Street, Suite #910  
Jacksonville, FL 32202  
(904) 357-4705 (Main #)  
(904) 357-4704 (Fax #)  
(877) 336-4272 (Toll Free #)

Regional Director: Richard Brettell  
District Director: William Franson

### **District Office 2 – Cleveland, Ohio**

(Connecticut, Delaware, District of Columbia, Illinois, Indiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Puerto Rico, Rhode Island, Vermont, Virgin Islands, Virginia, West Virginia and Wisconsin)

U.S. Department of Labor, DEEOIC  
1001 Lakeside Avenue, Suite #350  
Cleveland, OH 44114  
(216) 802-1300 (Main #)  
(216) 802-1308 (Fax #)  
(888) 859-7211 (Toll Free #)

Regional Director: Nancy Jenson  
District Director: Annette Prindle

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### **District Office 3 – Denver, Colorado**

(Arkansas, Colorado, Iowa, Kansas, Louisiana, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, South Dakota, Texas, Utah, Wyoming and all claims from RECA Section 5 awardees)

U.S. Department of Labor, DEEOIC  
1999 Broadway, Suite #1120  
P.O. Box 46550  
Denver, CO 80201-6550  
(720) 264-3060 (Main #)  
(720) 264-3099 (Fax #)  
(888) 805-3389 (Toll Free #)  
District Director: Kevin Peterson

### **District Office 4 – Seattle, Washington**

(Alaska, Arizona, California, Idaho, Hawaii, Marshall Islands, Nevada, Oregon and Washington)

U.S. Department of Labor, DEEOIC  
719 2nd Avenue, Suite #601  
Seattle, Washington 98104  
(206) 373-6750 (Main #)  
(206) 373-6798 (Fax #)  
(888) 805-3401 (Toll Free #)  
Regional Director: Edward Bounds  
District Director: Christy Long

## RESOURCE CENTERS

### **Anchorage Resource Center**

2501 Commercial Drive  
Anchorage, AK 99501  
(907) 258-4070(Main)  
(907) 258-4240(Fax)  
(888) 908-4070 (toll-free)  
doecomp@acsalaska.net

### **California Resource Center**

2600 Kitty Hawk Road, Suite 101  
Livermore, CA 94551  
(925) 606-6302 (Main)  
(925) 606-6303 (Fax)  
(866) 606-6302 (toll-free)  
california.center@rrohio.com

### **Española Resource Center**

412 Paseo De Onate, Suite "D"  
Española, NM 87532  
(505) 747-6766 (Main)  
(505) 747-6765 (Fax)  
(866) 272-3622 (toll-free)  
espanola.center@rrohio.com

### **Hanford Resource Center**

303 Bradley Blvd., Suite 104  
Richland, WA 99352  
(509) 946-3333 (Main)  
(509) 946-2009 (Fax)  
(888) 654-0014 (toll-free)  
hanford.center@rrohio.com

**Idaho Falls Resource Center**

Exchange Plaza  
1820 East 17th Street, Suite 375  
Idaho Falls, ID 83404  
(208) 523-0158 (Main)  
(208) 557-0551 (Fax)  
(800) 861-8608 (toll-free)  
idaho.center@rrohio.com

**Las Vegas Resource Center**

Flamingo Executive Park  
1050 East Flamingo Road  
Suite W-156  
Las Vegas, NV 89119  
(702) 697-0841 (Main)  
(702) 697-0843 (Fax)  
(866) 697-0841 (toll-free)  
vegas.center@rrohio.com

**Oak Ridge Resource Center**

Jackson Plaza Office Complex  
800 Oak Ridge Turnpike  
Suite C-103  
Oak Ridge, TN 37830  
(865) 481-0411 (Main)  
(865) 481-8832 (Fax)  
(866) 481-0411 (toll-free)  
or.center@rrohio.com



**Paducah Resource Center**

Barkley Center, Unit 125  
125 Memorial Drive  
Paducah, KY 42001  
(270) 534-0599 (Main)  
(270) 534-8723 (Fax)  
(866) 534-0599  
paducah.center@rrohio.com

**Portsmouth Resource Center**

1200 Gay Street  
Portsmouth, OH 45662  
(740) 353-6993 (Main)  
(740) 353-4707 (Fax)  
(866) 363-6993 (toll-free)  
portsmouth.center@rrhio.com

**Rocky Flats Resource Center**

8758 Wolff Court  
Suite #101  
Westminster, Colorado 80031  
(720) 540-4977 (Main)  
(720) 540-4976 (Fax)  
(866) 540-4977 (toll-free)  
denver.center@rrhio.com

**Savannah River Resource Center**

1708 Bunting Drive  
North Augusta, SC 29841  
(803) 279-2728 (Main)  
(803) 279-0146 (Fax)  
(866) 666-4606 (toll-free)  
srs.center@rrohio.com