

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 'LYLVLRQ 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
1090 Tusculum Avenue, MS C-46
Cincinnati, OH 45226-1938

Name or Social Security Number of First Petitioner: _____

**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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 99110 ATLANTA, GA 30333

Postage Will Be Paid by Department of Health and Human Services

ATTN

MAIL STOP _____

~~XXXXXXXXXX~~ **DCAS**

**NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY & HEALTH
ROBERT A TAFT LABORATORIES
1090 TUSCULUM AVE
CINCINNATI OH 45226-1938**

