

File Number:  
Claimant:

**PART A -- TORT SUITS FILED AGAINST BERYLLIUM VENDORS OR ATOMIC WEAPONS EMPLOYERS**

1. Have you filed a tort suit (other than an administrative or judicial proceeding for worker's compensation) against a beryllium vendor or atomic weapons employer in connection with either an occupational illness or a consequential injury for which you would be eligible to receive compensation under the EEOICPA? Yes or No: \_\_\_\_\_

2. If Yes, state:

Date of filing: \_\_\_\_\_

Party or parties involved: \_\_\_\_\_

Date tort suit was dismissed: \_\_\_\_\_

List any other tort suits on an extra sheet.

**PART B -- THIRD PARTY SETTLEMENTS**

1. Have you received any settlement or award from a claim or suit (other than a claim for worker's compensation) against a third party (other than a beryllium vendor or atomic weapons employer listed in Part A above) in connection with either an occupational illness or a consequential injury for which you would be eligible to receive compensation under the EEOICPA? Yes or No: \_\_\_\_\_

2. If Yes, state:

Date of judgment or settlement: \_\_\_\_\_

Party or parties involved: \_\_\_\_\_

Type of suit or settlement: \_\_\_\_\_

Amount of judgment or settlement: \_\_\_\_\_

List any other third party settlements on an extra sheet.

PART C -- SURVIVORS OF DECEASED EMPLOYEES

1. Are you claiming compensation under the EEOICPA as a survivor of a deceased employee who sustained a covered occupational illness? Yes or No: \_\_\_\_\_

2. If Yes, state:

If widow or widower, date of marriage to deceased employee: \_\_\_\_\_

If child, sibling or grandchild of deceased employee, date of birth: \_\_\_\_\_

If parent or grandparent of deceased employee, were you dependent on the deceased employee at the time of his or her death? State Yes or No: \_\_\_\_\_

3. Do you know of any other persons who may also be eligible to receive compensation under the EEOICPA as a survivor of the deceased employee upon whom your claim is based? Yes or No: \_\_\_\_\_

4. If Yes, state:

Name of other survivor: \_\_\_\_\_

Relationship of other survivor to deceased employee: \_\_\_\_\_

Address and/or telephone number of other survivor: \_\_\_\_\_

List any other survivors on an extra sheet.

PART D -- FRAUD CHARGES

1. Have you either pled guilty to or been convicted on any charges of having committed fraud in connection with an application for or receipt of benefits under the EEOICPA or any other federal or state worker's compensation law? Yes or No: \_\_\_\_\_

2. If Yes, state:

Date of conviction or guilty plea: \_\_\_\_\_

Jurisdiction where fraud charges were brought: \_\_\_\_\_

PART E -- CORRECTIONS

If the name, address, file number, or Social Security number (SSN) shown at the top of the first page of the accompanying letter is incorrect, provide the correct information in the space provided below. (Do not complete if the information is correct).

Name: \_\_\_\_\_

File Number: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_

## PART F -- CERTIFICATION

I know that anyone who fraudulently conceals or fails to report information that would have an effect on benefits, or who makes a false statement or misrepresentation of a material fact in claiming a payment or benefit under the Energy Employees Occupational Illness Compensation Program Act may be subject to criminal prosecution, from which a fine and/or imprisonment may result.

I understand that I must immediately report to OWCP any third party settlement I receive, any tort suit I file against a beryllium vendor or atomic weapons employer, any change in the status of a survivor, and any conviction for fraud against this program or any other federal or state workers' compensation law.

I certify that all the statements made in response to questions on this enclosure are true, complete and correct to the best of my knowledge and belief. I have placed "Not Applicable (N/A)" or "None" next to those questions that do not apply to me or my claim.

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Signature

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Date

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Street Address

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Telephone

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City, State and Zip Code