

**Special Exposure Cohort Petition**under the Energy Employees Occupational  
Illness Compensation 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: 09/20/2013

**Petitioner Authorization Form**

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**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:**

If you wish to petition HHS to consider adding a class of 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 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 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 employees that includes:**

\_\_\_\_\_  
Name of Class Member (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

10/28/2011

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

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**Public Burden Statement**

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, gathering the information needed, and completing the form. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to CDC Reports Clearance Officer, 1600 Clifton Road, MS-E-11, Atlanta GA, 30333; ATTN:PRA 0920-0639. Do not send the completed petition form to this address. Completed petitions are to be submitted to NIOSH at the address provided in these instructions. Persons are not required to respond to the information collected on this form unless it displays a currently valid OMB number.

**Privacy Act Advisement**

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. § 552a), you are hereby notified of the following:

The Energy Employees Occupational Illness Compensation Program Act (42 U.S.C. §§ 7384-7385) (EEOICPA) authorizes the President to designate additional classes of employees to be included in the Special Exposure Cohort (SEC). EEOICPA authorizes HHS to implement its responsibilities with the assistance of the National Institute for Occupational Safety (NIOSH), an Institute of the Centers for Disease Control and Prevention. Information obtained by NIOSH in connection with petitions for including additional classes of employees in the SEC will be used to evaluate the petition and report findings to the Advisory Board on Radiation and Worker Health and HHS.

Records containing identifiable information become part of an existing NIOSH system of records under the Privacy Act, 09-20-147 "Occupational Health Epidemiological Studies and EEOICPA Program Records. HHS/CDC/NIOSH." These records are treated in a confidential manner, unless otherwise compelled by law. Disclosures that NIOSH may need to make for the processing of your petition or other purposes are listed below.

NIOSH may need to disclose personal identifying information to: (a) the Department of Energy, other federal agencies, other government or private entities and to private sector employers to permit these entities to retrieve records required by NIOSH; (b) identified witnesses as designated by NIOSH so that these individuals can provide information to assist with the evaluation of SEC petitions; (c) contractors assisting NIOSH; (d) collaborating researchers, under certain limited circumstances to conduct further investigations; (e) Federal, state and local agencies for law enforcement purposes; and (f) a Member of Congress or a Congressional staff member in response to a verified inquiry.

This notice applies to all forms and informational requests that you may receive from NIOSH in connection with the evaluation of an SEC petition.

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.

Name or Social Security Number of First Petitioner:

OFFICIAL BUSINESS  
Penalty for Private Use \$300

ORLANDO FL 328

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UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS MAIL PERMIT NO. 99110 ATLANTA, GA 30333

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ATTN: \_\_\_\_\_ MAIL STOP \_\_\_\_\_

DHHS PHS CDC  
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY & HEALTH  
ROBERT A TAFT LABORATORIES  
4676 COLUMBIA PARKWAY  
CINCINNATI OH 45226-9987

