

Case ID Number:
Claimant Name: .

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 workers' compensation) against a beryllium vendor or atomic weapons employer related to an exposure for which you would be eligible to receive compensation under EEOICPA? Yes or No: 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 OR AWARDS

1. Have you received any settlement or award from a claim or suit (other than a claim for workers' compensation) against a third party (other than a beryllium vendor or atomic weapons employer listed in Part A above) related to an exposure for which you would be eligible to receive compensation under EEOICPA? Yes or No: No

2. If Yes, state:

Date of judgment or settlement: _____

Party or parties involved: _____

Type of suit or settlement: _____

Amount of award or settlement: _____

List any other third party settlements or awards on an extra sheet.

PART C – STATE WORKERS’ COMPENSATION

1. Have you filed for or received any state workers’ compensation benefits on account of your claimed illness(es)? Yes or No: No

2. If you answered “Yes,” please tell us the following information:

Date of filing: _____

State in which you filed: _____

Illness(es) for which you received benefits: _____

Name of employer, insurer or state that paid: _____

Amount of monetary benefits received: \$ _____

Type of benefits (disability, impairment, etc.): _____

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 EEOICPA or any other federal or state workers’ compensation law? Yes or No: No

2. If Yes, state:

Date of conviction or guilty plea: _____

Jurisdiction where fraud charges were brought: _____

PART E – SURVIVORS OF DECEASED EMPLOYEES

1. Are you claiming compensation under EEOICPA as a survivor of a deceased employee? Yes or No: No

2. If Yes, state:

Your relationship to the deceased employee: _____

If spouse, list date and place of marriage: _____

If other than spouse, list your date of birth: _____

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

4. If Yes, state:

Name of other survivor: _____

Relationship of other survivor to deceased employee: _____

Address and/or telephone number of other survivor (if known): _____

List any other survivors on an extra sheet.

PART F – CORRECTIONS

If the name, address, Case ID Number or telephone number 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: _____

Case ID Number: _____

Address: _____

Telephone Number: _____

PART G – 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 EEOICPA may be subject to criminal prosecution, from which a fine and/or imprisonment may result.

I understand that I must immediately report to DEEOIC any tort suit or state workers' compensation 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 committed 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.



Signature

Date