

Date

Telephone number

File Number:

Claimant:

Social Security Number:

JOHN Q. CLAIMANT  
1111 MAIN STREET  
OAK RIDGE, TN 44444

Dear Mr. Claimant:

The information requested in the attached enclosure is required in connection with your claim for benefits under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA), Pub. L. 106-398. This information will be used to decide if you are entitled to receive these benefits, and if so, the level of benefits you may receive.

You must completely answer all questions and return the enclosure within 30 days of the date of this letter. Otherwise, OWCP will not be able to process your claim for benefits under the EEOICPA. Pub. L. 100-503 provides that the statements on the enclosure and other information in your claim file may be verified through computer matches. OWCP may also request that you submit any factual evidence it deems necessary to support your statements.

**READ ALL INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THE ENCLOSURE. YOU MUST ANSWER ALL OF THE QUESTIONS. IF THE QUESTION DOES NOT APPLY TO YOUR CLAIM, STATE "NOT APPLICABLE (N/A)" OR "NONE."**

If you need more space to fully answer any of the questions, use another sheet of paper with your name and claim number at the top. Sign and date each extra sheet.

#### WARNING

**A FALSE OR EVASIVE ANSWER TO ANY QUESTION, OR THE OMISSION OF AN ANSWER, MAY BE GROUNDS FOR FORFEITING YOUR BENEFITS AND SUBJECT YOU TO CIVIL LIABILITY. A FRAUDULENT ANSWER MAY RESULT IN CRIMINAL PROSECUTION. ALL STATEMENTS ARE SUBJECT TO INVESTIGATION FOR VERIFICATION.**

When you have completed the enclosure, **sign it and return it to the address shown at the top of this letter**. Your signature certifies that you have supplied all information requested by the enclosure. If you have any questions about completing the enclosure, call or write to the district office.

Sincerely,

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CLAIMS EXAMINER

Enclosure: EN-15

#### NOTICE TO RECIPIENT

Public reporting burden for this collection of information is estimated to average 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, OWCP, Room S3524, 200 Constitution Avenue, NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THIS ADDRESS.** Persons are not required to complete this form unless it displays a currently valid OMB number.