

Acceptance of Payment Under the Energy Employees Occupational Illness Compensation Program Act

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

File Number:
Claimant Name:
Social Security Number:

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

Dear Mr. Claimant:

I am pleased to inform you that your claim for benefits under the Energy Employees Occupational Illness Compensation Program Act has been approved in the amount of:

\$

Enclosed is the EN-20 Acceptance of Payment form (EN-20) which you or your legal guardian must complete, sign and return before OWCP can send the compensation payment to you.

You must sign and return the Acceptance of Payment form to OWCP within 60 days from the date of this letter. **Failure to return the signed form within this period may be deemed to be a rejection of the payment.** If you have any questions about completing the enclosure, call your district office.

Sincerely,

CLAIMS EXAMINER

Enclosures: EN-20

NOTICE TO RECIPIENT

Public reporting burden for this collection of information is estimated to average 10 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 S3229, 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.