



GUIDE TO YOUR EEOICPA CLAIM

DayBreak Adult Care Services is your local provider for the Department of Labor's EEOICPA Program for former and current Savannah River Site workers. Current or former SRS employees who fit certain criteria might be eligible for benefits, including home healthcare, through the Energy Employees Occupational Illness Compensation Program. The claims process goes smoothly for some people, but it can get complicated and challenging for others. You can rely on DayBreak's experience and leave the driving to us. We truly enjoy helping people with these claims.

Our EEOICPA claim team has years of experience with this program and can assist families on the path to claim their DOL benefits. The claim process can be daunting and having a team that understands the program is priceless! DayBreak Adult Care Services is committed to being beside you through the whole process and will ensure that all the important details are handled for you. Once the worker is approved for the EEOICPA program, we will be happy to help you understand the benefits of your white card and provide the quality home care services that you need and deserve!

DayBreak is proud to have case managers and a trained team of skilled, experienced nurses that support the worker and the family to claim all the benefits the "white card" entails.

STAGES OF AN EEOICPA CLAIM

STEP 1: DETERMINE ELIGIBILITY

- Who is Eligible to file a claim?
- Did the employee work at a designated Department of Energy facility, such as Savannah River Site?
Are you a worker, spouse/widow, or a direct relative?
- Does worker have a defined, diagnosed medical condition?
- Under EEOICPA, medical conditions that could have been caused by radiation exposure (cancers) or caused by chemical exposures (pulmonary, beryllium, kidney, neurological) can be claimed. Determining where your claim fits and how likely a claim is to be approved depends on several factors, including:
- How many years did the worker work at the site? And at which site?
- What is/was the worker's job function?
- Can you provide a basic or general employment history?
Did the employee work the minimum length of time to be eligible for the program?
Did the employee work for the managing company or a subcontractor?

STEP 2: PAPERWORK AND FILE WITH THE EEOICPA

To initiate a claim, specific forms are required for each Claimant (EE-1 or EE-2 if a Survivor), including: a Work History (EE-3) and, depending on medical condition(s) claimed, specialized forms for lung conditions (EE-8 Smoking Questionnaire) or Skin Cancer (EE-9 Ethnicity Form). Most are available online.

Be sure to include medical evidence for the condition(s) to be claimed. This is primarily a pathology report for cancer(s), or a formal diagnosis (earliest date diagnosed) for other conditions. Be specific and send only what is

required. Sending hundreds of pages lengthens the review process and could weaken your claim.

If you are a surviving family member, you'll need to provide evidence establishing your relationship to the worker. This could include a death certificate for worker, birth certificate(s) for spouse/widow or children and marriage certificate(s).

STEP 3 - PRELIMINARY DENIAL

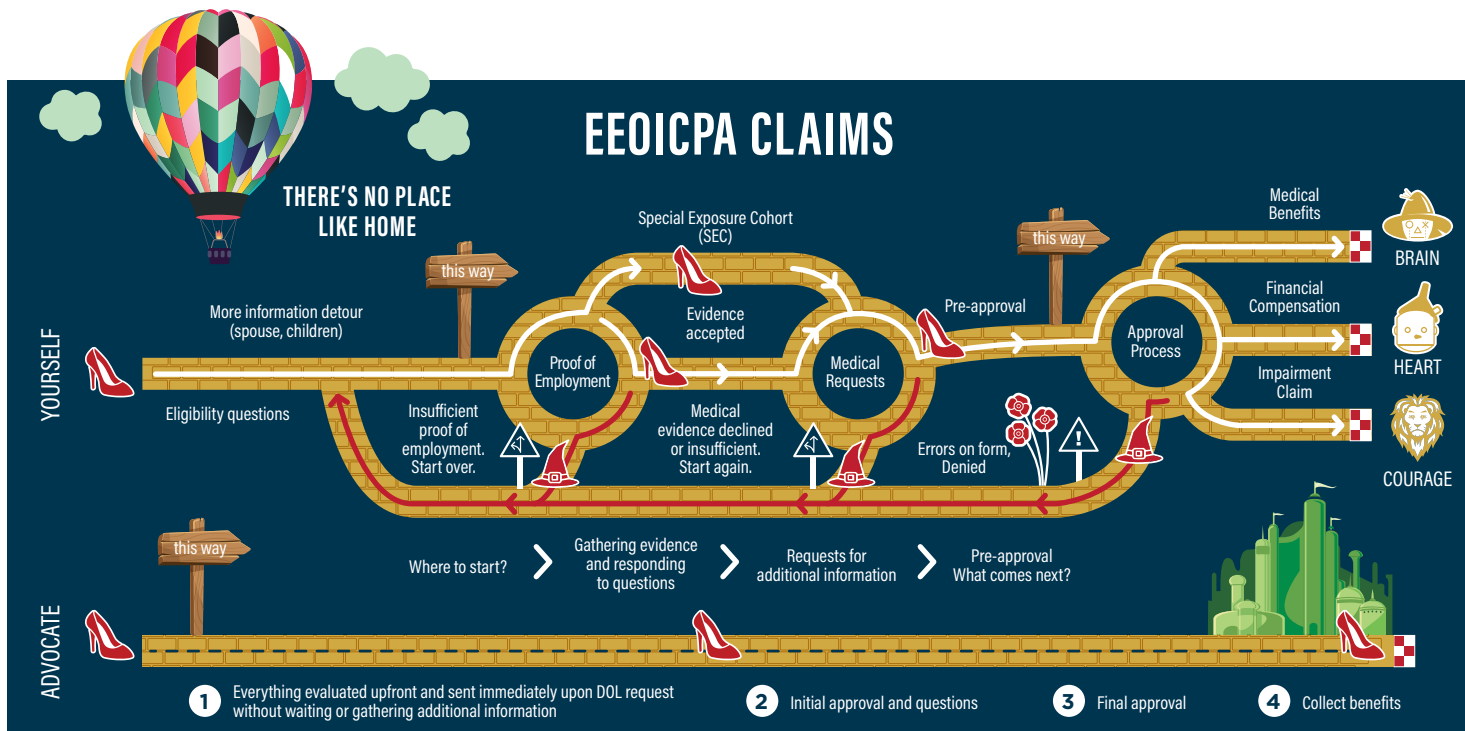
If you received Recommended Decision for Denial, you may object and appeal the decision. Objections need to be fact-based and provable through submission of new employment, medical evidence or identification of overlooked evidence. You have a right to object/appeal and a right to request a hearing. You also may present new evidence at a later time to reopen a claim. If your objection/appeal is successful, there still is no guarantee the claim will be approved.

STEP 4 - PRELIMINARY APPROVAL

Even if you have received a Recommended Decision to Approve, there still are a few steps remaining. Once you receive a Final Decision to Approve, then you'll be in position to learn about how the medical benefits work and possibly receive monetary compensation. For some claims, the worker is required to file a follow-up claim to determine the level of monetary compensation (an Impairment or Wage Loss claim).

STEP 5 - POST APPROVAL

The DayBreak EEOICPA coordinator who has worked alongside you throughout the claim process will then start the steps to help you begin to use the benefits provided by DOL for the approved diagnosis or diagnoses. This may mean care in your home from a caregiver and/or a nurse.



COMMON REASONS FOR CLAIMS TO BE DENIED

MISSING OR INCOMPLETE MEDICAL EVIDENCE; NOT SUPPORTED BY EVIDENCE PROVIDED

- This is the most often reason claims fail. In most cases, you omitted the specific test result because it was not requested (by name) from your medical provider;
- you claimed a condition that has not been formally diagnosed by your medical provider;
- or you filed for symptoms associated with a chronic illness but not the actual medical condition.
- These are usually correctable with a more careful review of available medical records or a request for a medical appointment specific to the condition claimed.

MISSING OR INCOMPLETE EMPLOYMENT PROOF

Although you know the worker was at a specific work site, historical personnel records are not always available 20, 30 or 40 years after the fact. Especially if the worker worked under sub-contractors or was occasional or part-time in construction trades. For many medical conditions, there are specific work history guidelines that must be met before a claim has a chance for approval. The DayBreak claims team can assist with finding other employees who worked at SRS who can establish proof that your loved one did work at the site.

MISSING LEGAL DOCUMENTS

This area makes a big difference in the speed of processing a claim, especially a survivor claim. As a survivor, you must establish that you are who you say you are through birth, marriage or death certificates. Have you provided clear and legible documents as

required/requested? Claimants must demonstrate through legal documents any changes in last name from birth to current name. For spouse/widows, common law marriages are state specific and recognized.

PHYSICIAN LETTER INSUFFICIENT

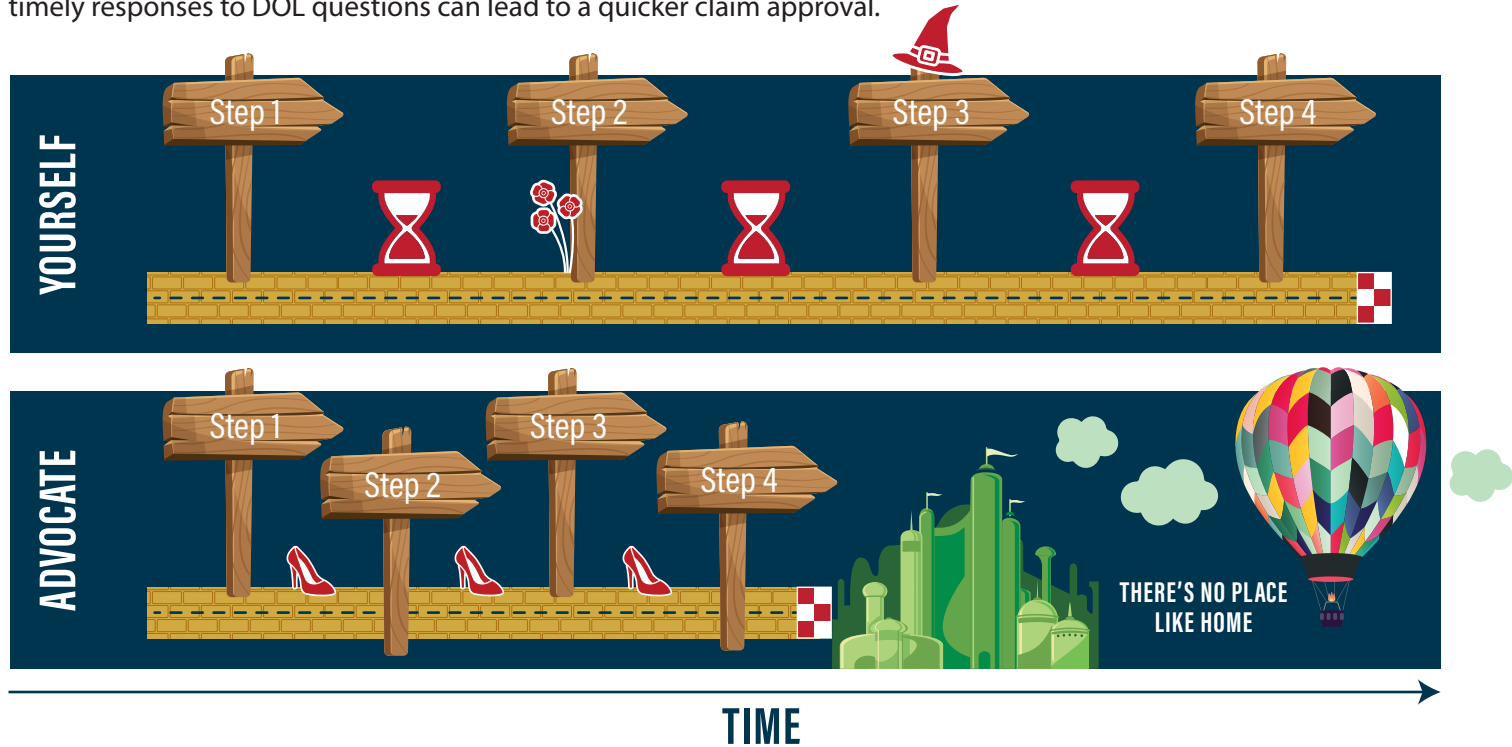
When you receive a letter from the Department of Labor (DOL) requesting medical evidence or medical opinion from your physician related to chemical causation, they also ask for a "well rationalized medical opinion." A physician letter should reflect the physician's direct knowledge of your medical history, work history/type of work performed, specific chemicals with which the worker likely came into contact, and any medical or scientific basis for concluding that the claimed condition was caused by or significantly contributed to by the worker's workplace exposure to toxic chemicals. The DayBreak Claim team can assist in providing work details to the physician that he/she can use to provide the level of understanding that the Department of Labor required for the physician letter.

CHEMICAL EXPOSURE NOT SUPPORTED

At most of the plants/worksites, workers were often in hazardous environments because of the chemical processes all around. Building a case for chemical exposure having caused a medical condition has many variables. For some workers, these chemicals and the potential for exposure are well-documented. For others, this is not the case. The potential for chemical exposure is primarily evaluated based on a worker's job function or work processes. Direct exposure, frequency, duration, and intensity of exposure are considered for medical conditions with known scientific causation links.

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There are several stages to submitting an EEOICPA claim. If you pursue a claim on your own, you often proceed one stage at a time, waiting for the Department of Labor (DOL) to respond and ask for the next step. When you work with an advocate, you'll know the requirements for a claim in advance, many tasks will be completed at the start, and timely responses to DOL questions can lead to a quicker claim approval.



STAGES OF AN EEOICPA CLAIM

1. DETERMINING ELIGIBILITY

Workers, spouses, and surviving children each have unique eligibility requirements

2. FILE CLAIM

What forms are required?

- a. Requests for Additional Employment Evidence
- b. Requests for Additional Medical Evidence
- c. Requests for Additional Survivor Evidence

3. PRELIMINARY APPROVAL OR DENIAL

What to do next?

4. FINAL APPROVAL

There is still more that might come next.

6 COMMON REASONS CLAIMS ARE DENIED

1. Missing or incomplete medical evidence
2. Missing or incomplete employment proof
3. Missing legal documents
4. Medical condition not supported by Evidence provided
5. Physician letter is insufficient or incomplete
6. Chemical exposure(s) not supported

Better preparation at the start and experience of knowing the options when issues arise will lead to faster approvals and avoid unnecessary delays or denials.

CONTACT DAYBREAK

The experts at DayBreak Aiken will be happy to provide a free, in-home consultation to discuss your EEOICPA case. Go to DayBreakAiken.com or call **803-226-0288** for more information.