



Health Resources & Services Administration

**Health Systems Bureau**

5600 Fishers Lane

Rockville, MD 20857



Date

Name

Address

Address

Case Number: CICIP Numerical Case Number

Dear Salutation, Last Name:

This letter is to inform you that the Request for Benefits (RFB) form that you filed with the U.S. Department of Health and Human Services' (HHS) Countermeasures Injury Compensation Program (CICP or the Program) is incomplete. Specifically, you did not provide a response to the question in section A: "Describe the injury that may have resulted from the countermeasure." Requesters seeking compensation from the CICP are required to submit "[a] completed and signed Request form." 42 C.F.R. §110.51(a). The Program will treat the incomplete RFB you filed as a Letter of Intent to file a CICP claim for purposes of the filing deadline (meaning as long as it was filed within one year from date of administration or use of the countermeasure, the claim will be considered timely filed). 42 C.F.R. §110.42(b). However, you are still required to submit "[a] completed and signed Request Form." 42 C.F.R. §110.51(a)(1). Because the RFB is incomplete, there is currently insufficient documentation for the Program to make a determination concerning your eligibility for CICP benefits. See 42 C.F.R. §110.71. **Within 60 calendar days** from the date of this letter, you must submit to the CICP a completed RFB form that describes "the injury that may have resulted from the countermeasure." If insufficient documentation is submitted in response to this letter, the CICP may disapprove the Request for Benefits. 42 C.F.R. § 110.71.

If you are unable to submit a completed RFB form, you may provide a written explanation of the reason(s) why and the efforts you made to submit a completed RFB form. The CICP may accept such a statement in place of the required documentation or disapprove the Request for Benefits due to insufficient documentation.

Last Name, First Initial, CICP#####

Please submit the completed RFB form online at [cicpsubmit.hrsa.gov](http://cicpsubmit.hrsa.gov)  
[injurvecompensation.hrsa.gov](http://injurvecompensation.hrsa.gov) (preferred). If you are unable to submit these records  
electronically, please send them to the following address:

Health Resources and Services Administration  
Countermeasures Injury Compensation Program  
5600 Fishers Lane, 8W-25A  
Rockville, MD 20857

Please note that if you disagree with the CICP's eligibility determination and you request a reconsideration of the determination by an independent panel, the panel cannot review any new documentation that was not previously submitted to the Program. 42 C.F.R. §110.90(a).

If you have questions, please call 1-855-266-2427, email [CICP@HRSA.gov](mailto:CICP@HRSA.gov), or mail them to the address above.

Sincerely,



CAPT George Reed Grimes, MD,  
MPH  
Director, Division of Injury  
Compensation Programs

**PUBLIC BURDEN STATEMENT** The purpose of this data collection is to gather information to allow the Secretary of Health and Human Services to determine if requesters are eligible for Countermeasures Injury Compensation Program (CICP) benefits. Requesters (or their representatives) must submit appropriate documentation forms and relevant medical records as specified in ~~Section 42 CFR Part 110, subparts F, G, 50-110.53~~ to the CICP. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0334 and it is valid until 4/30/2026. This information collection is required to obtain or retain a benefit (~~42 USC § 247d-6e, 42 CFR Part 110~~). Access to these records is strictly limited to authorized users who are aware of their responsibilities under the Privacy Act and who are required to maintain Privacy Act safeguards with respect to such records. The System of Records Notice for Injury Compensation Programs, HHS/HRSA/HSB, System No. 09-15-0056, identifies authorized users. Public reporting burden for this collection of information is estimated to average 5.1 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including

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Last Name, First Initial, CICIP#####  
suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers  
Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please do not  
send documents related to an individual claim to paperwork@hrsa.gov.