

# Radiation Exposure Compensation Form - Download

## Name \*

First

Last

## Address

Street Address

Address Line 2

City

State

ZIP Code

## Phone \*

## Relationship to the person diagnosed with Cancer

- Self
- Spouse
- Child
- Grandchild
- Parent

## Type of Cancer

- Bile Duct
- Bladder
- Brain
- Breast (male or female)
- Colon
- Esophagus
- Gallbladder
- Leukemia (other than CLL or Chronic Lymphocytic Leukemia)
- Liver (if no evidence of cirrhosis or hepatitis B)
- Lung
- Lymphomas (except for Hodgkin's disease)
- Multiple Myeloma
- Nasal Pharynx
- Ovarian
- Pancreas
- Rectal
- Salivary Gland
- Small Intestine
- Stomach
- Thyroid

Which of the following States/Counties between 1951 and 1962 did the person diagnosed with cancer reside.

- Arizona
  - Apache
  - Navajo
  - Coconino
  - Yavapai
  - Gila
- Nevada
  - Eureka
  - Lincoln
  - White Pine or the North East portion of Clark
  - Lander
  - Nye
- Utah
  - Beaver
  - Kane
  - San Juan
  - Wayne
  - Garfield
  - Millard
  - Sevier
  - Iron
  - Piute
  - Washington

Please submit form or print and mail with medical diagnoses to:

Downwinders

1300 South Milton RD., Suite 214 Flagstaff, AZ 86001

For Claims assistance please call (855) 631-7197

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