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This material was prepared by the Office of Workers' Compensation Programs (OWCP), U.S. Department of Labor. It is meant to serve as a handbook for Federal agency personnel specialists, compensation specialists, and supervisors. The term "supervisor" is used generically to refer to individuals in all of these roles.

For information concerning any aspect of the program which is not addressed in this manual, contact the OWCP district office serving your agency. These offices are listed in Chapter 1-4 and Appendix D.

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Table of Contents

Chapter 1, Overview

- 1-1 Purpose
- 1-2 Exclusiveness of Remedy
- 1-3 OWCP Structure
- 1-4 Jurisdiction
- 1-5 Information and Records
- 1-6 Penalties
- 1-7 Forms
- 1-8 References
- 1-9 Training

Chapter 2, Initiating Claims

- 2-1 Exposure to Infectious Agents
- 2-2 Traumatic Injury
- 2-3 Occupational Disease
- 2-4 Recurrences
- 2-5 Death

Chapter 3, Conditions of Coverage

- 3-1 Time
- 3-2 Civil Employee
- 3-3 Fact of Injury
- 3-4 Performance of Duty
- 3-5 Causal Relationship
- 3-6 Statutory Exclusions

Chapter 4, Processing Claims

- 4-1 Administrative Matters
- 4-2 Burden of Proof
- 4-3 Questionable Cases
- 4-4 Decisions and Notification

Chapter 5, Continuation of Pay (COP)

- 5-1, Definition and Entitlement
- 5-2 Use of Leave Instead of COP
- 5-3 Controversion
- 5-4 Pay Rate for COP Purposes
- 5-5 Computation
- 5-6 Light- or Limited-Duty Assignments
- 5-7 Recurrences
- 5-8 Terminating COP
- 5-9 Reporting COP

Chapter 6, Medical Benefits and Care

- 6-1 Entitlement
- 6-2 Definition of Physician
- 6-3 Choice of Physician
- 6-4 Medical Treatment and Evaluation
- 6-5 Exclusion of Providers
- 6-6 Payment of Bills

Chapter 7, Compensation Benefits

- 7-1 Disability Benefits
- 7-2 Death Benefits
- 7-3 Dual Benefits
- 7-4 Computing Compensation

Chapter 8, Managing Disability Claims

- 8-1 Initial Actions by OWCP
- 8-2 Retention Rights
- 8-3 Nurse Services
- 8-4 Reemployment with the Agency
- 8-5 Vocational Rehabilitation Services
- 8-6 Assisted Reemployment
- 8-7 Payment of Relocation Expenses
- 8-8 Employees in Light- or Limited-Duty Status
- 8-9 Separation from Employment

Chapter 9, Agency Management of Compensation Claims

- 9-1 Obtaining Information
- 9-2 Inspection and Protection of Records
- 9-3 Managing Compensation Programs
- 9-4 Chargeback

Appendix A. Basic Forms

Appendix B. Injury/Illness Type and Source Codes

Appendix C. Occupational Disease Checklists

Appendix D. Address List and Jurisdictional Map

Chapter 1. Overview

This chapter provides basic information about the administration of the Federal Employees' Compensation Act (FECA).

- 1-1 Purpose
- 1-2 Exclusiveness of Remedy
- 1-3 OWCP Structure
- 1-4 Jurisdiction
- 1-5 Information and Records
- 1-6 Penalties
- 1-7 Forms
- 1-8 References
- 1-9 Training

1-1. Purpose

The FECA (5 U.S.C. 8101 et seq.) provides compensation benefits to civilian employees of the United States for disability due to personal injury or disease sustained while in the performance of duty. The FECA also provides for payment of benefits to dependents if a work-related injury or disease causes an employee's death. The FECA is intended to be remedial in nature, and proceedings under it are non-adversarial.

1-2. Exclusiveness of Remedy

Benefits provided under the FECA constitute the sole remedy against the United States for work-related injury or death. A Federal employee or surviving dependent is not entitled to sue the United States or recover damages for such injury or death under any other law.

1-3. OWCP Structure

The Division of Federal Employees' Compensation (DFEC) administers the FECA. The Director for DFEC and the various OWCP Regional

Directors have authority over the operations of the 12 district offices. Each of these offices is headed by a District Director, who is responsible for office functions.

In each district office are two or more Supervisory Claims Examiners, or Claims Managers, who are responsible for the operation of individual claims units. A number of Senior Claims Examiners and Claims Examiners have primary responsibility for handling claims. Individuals at each level have specific responsibilities for issuing decisions on claims.

1-4. Jurisdiction

The jurisdictions of the 12 district offices are as follows (see Appendix D for addresses and map):

District 1 -- Boston, MA: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont.

District 2 -- New York, NY: New Jersey, New York, Puerto Rico and the Virgin Islands.

District 3 -- Philadelphia, PA: Delaware, Pennsylvania, West Virginia and Maryland when the injured worker's zip code begins 21***.

District 6 -- Jacksonville, FL: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee.

District 9 -- Cleveland, OH: Indiana, Michigan and Ohio. Also handles claims for employees injured overseas, employees claiming injury due to radiation or Agent Orange, Peace Corps and VISTA volunteers, Reserve Officers' Training Corps (ROTC) Cadets, members of the Coast Guard Auxiliary and temporary members of the Coast Guard Reserve and certain non-Federal claims.

District 10 -- Chicago, IL: Illinois, Minnesota and Wisconsin.

District 11 -- Kansas City, MO: Arkansas, Iowa, Kansas, Missouri and Nebraska. Also handles claims for Department of Labor employees (except employees of the OWCP Midwest Region and their relatives).

District 12 -- Denver, CO: Colorado, Montana, New Mexico, North Dakota, South Dakota, Utah and Wyoming.

District 13 -- San Francisco, CA: Arizona, California, Hawaii, Nevada and Pacific territories and possessions.

District 14 -- Seattle, WA: Alaska, Idaho, Oregon and Washington.

District 16 -- Dallas, TX: Louisiana, Oklahoma and Texas.

District 25 -- Washington, DC: District of Columbia, Virginia and Maryland except when the injured worker's zip code begins 21***. Also handles Members of Congress and their staffs, White House officials and employees, Executive Office of the President, Architect of the Capitol, Library of Congress, employees of the Government Accounting Office, employees of the Capitol Hill Police, employees whose cases involve security consideration and employees of the OWCP Midwest Region and their relatives.

1-5. Information and Records

Individual case files are protected under the Privacy Act of 1974 (5 U.S.C. 552a) and maintained in a system of records known as DOL-GOVT 1. Only the employee, his or her representative (if any), and authorized agency personnel may routinely have access to a given file. Any of these parties may inspect the file at the district office which has custody. An appointment should be requested ahead of time. If it is not possible to travel to the district office, a copy of the case file may be provided.

Employees and their representatives may have access to records, including medical reports, which OWCP has released to the agency. The records must be safeguarded in the same manner as other personnel material, and the agency must determine whether such information may properly be released in accordance with the regulations contained in 29 CFR parts 70 and 71. Use of the record must be consistent with the purpose for which the record was created; the record was created for the administration of FECA and payment of FECA benefits.

As stated in OWCP's FECA regulations, while an employer may establish procedures for an injured employee or beneficiary to obtain documents, any decision issued in response to such a request must comply with OWCP's regulations and no employer may correct or amend records pertaining to OWCP claims.

1-6. Penalties

A. The regulations at 20 CFR § 10.15 address waiver of compensation rights as follows:

No employer or other person may require an employee or other claimant to enter into any agreement, either before or after an injury or death, to waive his or her right to claim compensation under the FECA. No waiver of compensation rights shall be valid.

B. The regulations at 20 CFR § 10.16 address criminal penalties in connection with a claim under the FECA as follows:

(a) A number of statutory provisions make it a crime to file a false or fraudulent claim or statement with the government in connection with a claim under the FECA, or to wrongfully impede a FECA claim. Included among these provisions are sections 287, 1001, 1920, and 1922 of Title 18, United States Code. Enforcement of these and other criminal provisions that may apply to claims under the FECA are within the jurisdiction of the Department of Justice.

(b) In addition, administrative proceedings may be initiated under the Program Fraud Civil Remedies Act of 1986 (PFCRA), 31 U.S.C. 3801-12, to impose civil penalties and assessments against persons who make, submit, or present, or cause to be made, submitted or presented, false, fictitious or fraudulent claims or written statements to OWCP in connection with a claim under the FECA. The Department of Labor's regulations implementing the PFCRA are found at 29 CFR Part 22.

C. The regulations at 20 CFR § 10.17 address the effects to a beneficiary who defrauds the government in connection with a claim for benefits as follows:

When a beneficiary either pleads guilty to or is found guilty of either Federal or state criminal charges of defrauding the Federal government in connection with a claim for benefits, the beneficiary's entitlement to any further compensation benefits will terminate effective the date either the guilty plea is accepted or a verdict of guilty is returned after trial, for any injury occurring on or before the date of such guilty plea or verdict. Termination of entitlement under this section is not affected by any subsequent change in or recurrence of the beneficiary's medical condition.

1-7. Forms

Agencies should maintain an adequate supply of the basic forms needed to process claims, as follows:

<u>Form</u>	<u>Title</u>
CA-1	Federal Employee's Notice of Traumatic Injury and Claim for Continuation of ay/ Compensation
CA-2	Notice of Occupational Disease and Claim for Compensation
CA-2a	Notice of Employee's Recurrence of Disability and Claim for Pay/Compensation
CA-3	<i>Report of Termination of Disability</i> (used by agencies in electronic format)
CA-5	Claim for Compensation by Widow, Widower, and/or Children
CA-5b	Claim for Compensation by Parents, Brothers, Sisters, Grandparents or Grandchildren

<u>Form</u>	<u>Title</u>
CA-6	Official Superior's Report of Employee's Death
CA-7	Claim for Compensation on Account of Traumatic Injury or Occupational Disease
CA-7a	Time Analysis Form
CA-7b	Leave Buy-Back (LBB) Worksheet/Certification and Election
CA-16	Authorization for Examination and/or Treatment
CA-17	Duty Status Report
CA-20	Attending Physician's Report (attached to Form CA-7; also available separately)
CA-35, a-h	Occupational Disease Checklists
CA 40, 41, 42	Death Gratuity Forms 5 U.S.C. 8102a
OWCP-915	Claim for Medical Reimbursement
OWCP-957	Medical Travel Refund Request
OWCP-1500	Health Insurance Claim Form

A chart showing the use of each form is found in Appendix A.

Many forms are available in PDF format at:

<http://www.dol.gov/owcp/dfec/regs/compliance/forms.htm>

All forms available online may be completed manually via the print form option. Some forms may be completed electronically via the electronic fill option. Still others may be completed and submitted electronically.

Please note the CA-16 is available for download on the Agency Query System (AQS) website at: <https://aqsweb.dol-esa.gov/AQS>.

Agencies may order forms from the Superintendent of Documents, U.S. Government Printing Office, at: www.gpo.gov.

1-8. References

Several resources describing the provisions of the law and how they are applied are available on the DFEC home page at:

<http://www.dol.gov/owcp/dfec/index.htm>. Some materials are also available in printed format.

A. *The Federal Employees' Compensation Act* as amended, 5 U.S.C. 8101 et seq., is the source of entitlement to compensation benefits for Federal workers. Most of the provisions of the FECA have been interpreted and more fully described through OWCP directives and decisions of the Employees' Compensation Appeals Board (ECAB). For this reason, the program's Procedure Manual and ECAB decisions will usually prove more helpful than the FECA itself. Copies of the FECA may be obtained from the DFEC website or by contacting the National Office.

B. *The Code of Federal Regulations*, 20 CFR Part 10, more fully describes the provisions of the law, and it contains additional information about administration of the program. Letters and decisions from OWCP may contain references to the regulations. Copies may also be obtained from the DFEC website or by contacting the National Office.

C. *The Federal (FECA) Procedure Manual* describes in detail the procedures which OWCP staff use to process claims. It is divided into several parts by subject area; the section most likely to be useful to agency personnel is Part 2, Claims.

D. *Questions and Answers about the Federal Employees' Compensation Act* (Publication CA-550) describes the basic provisions of the law in non-technical language. It addresses the most common issues about entitlement and claims processing. It is intended for use

primarily by employees who may obtain a copy from the DFEC website. Agencies may order printed copies from the GPO.

E. *Decisions of the Employees' Compensation Appeals Board* maybe found in most law libraries. Recent decisions are available on line at the ECAB website: <http://dol.gov/ecab/decisions.htm>.

1-9. Training

OWCP provides the following courses in response to requests from agency personnel:

A. *The FECA Seminar* gives an overview of the law for first-time supervisors as well as middle- and senior-level managers. The seminar includes lectures and visual aids. Tailored toward the audience, it lasts from one to six hours and is usually held at the requesting agency's facility. The seminar may be given to small or large groups which are composed of one or more agencies. Also, Federal labor unions may avail themselves of this seminar.

B. *The Basic Compensation Specialist Workshop* is a formal session in a classroom setting. It is intended for agency staff who are primarily responsible for processing OWCP claims and for those who spend at least 50% of their time handling OWCP claims. The training stresses skills needed to counsel injured employees, review claim forms for accuracy, document continuation of pay and develop record-keeping systems.

C. *The FECA Supervisor's Workshop* is tailored to the needs of the agency requesting training. The course covers management of pay, deciding whether to controvert a claim, light or limited duty assignments and reemployment. The length of this course varies and is dependent on the type and amount of material presented.

Arrangements for these courses may be made with the district office serving your area, or with the Branch of Technical Assistance.

Chapter 2. Initiating Claims

This chapter begins by describing the difference between exposure to an infectious agent, which is not compensable, and actual injury. It then outlines the forms and procedures which employees and agency personnel use to initiate claims for traumatic injury, occupational disease, recurrence of disability, and death. Agency personnel are cautioned never to prevent employees from filing claims under any circumstances.

- 2-1. Exposure to Infectious Agents
- 2-2. Traumatic Injury
- 2-3 Occupational Disease
- 2-4. Recurrences
- 2-5 Death

2-1. Exposure to Infectious Agents

The FECA does not provide for payment of expenses associated with simple exposure to an infectious disease without the occurrence of a work-related injury. Infectious diseases include tuberculosis, hepatitis, and HIV (human immuno-deficiency virus).

The Occupational Safety and Health Administration has published regulations addressing the health risks posed by blood borne pathogens in the work place. Under these regulations, an “exposure incident” is defined as a “specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties” (29 CFR §19 10.1030).

Both a work-related injury and exposure to a known carrier must occur before OWCP can pay for diagnostic testing. For instance, a puncture wound from a needle used to draw blood from a patient not known to be infected with HIV would entitle the worker to benefits only for the effects of the puncture wound, and the supervisor would not issue CA-16 to authorize precautionary testing since no indication exists that a

communicable disease has been contracted on duty. However, a puncture wound from a needle used to draw blood from a patient known to be infected with HIV would entitle the worker to benefits for the effects of the puncture wound and to payment for diagnostic studies to rule out the presence of a more serious condition, because exposure to a known carrier would be involved.

Similarly, fear of exposure to an infectious agent does not entitle the worker to benefits under the FECA, since no definable injury has occurred. For instance, the act of searching an individual known to have hepatitis or an individual believed to belong to a high-risk group for tuberculosis would not entitle an employee to benefits. In these situations, the supervisor should not issue Form CA-16 as no injury or exposure has occurred.

However, employees who have encountered persons with serious communicable infections may suffer anxiety for their health and employing agencies should take these concerns seriously when actual exposure (as opposed to fear of exposure) has occurred. In such cases, the supervisor may use the authority provided by 5 U.S.C. 7901 to authorize testing or counseling. This section of the law allows agencies to provide screening and associated health services to their own employees and the services offered may be geared to the particular occupational hazards to which an agency's employees are commonly exposed.

It may also be helpful to arrange for surveillance testing, which monitors a population at risk for certain conditions, as opposed to diagnostic testing, which is performed to assess the specific nature of an individual's illness when a medical condition is known to exist. To arrange for HIV testing or employee counseling, a supervisor may wish to contact the appropriate regional office of the Public Health Service.

2-2. Traumatic Injury

A traumatic injury is defined as a wound or other condition of the body caused by external force, including stress or strain. The injury must be identifiable by time and place or occurrence and member of the body

affected. It must be caused by a specific event or incident or series of events or incidents within a single day or work shift.

Traumatic injuries also include damage to or destruction of prosthetic devices or appliances, including eyeglasses, contact lenses, and hearing aids, if they were damaged incidental to a personal injury requiring medical services. (Personal property claims can be made only under the Military Personnel and Civilian Employees' Claim Act, 31 U.S.C. § 3721.)

A. Notice of Injury - Form CA-1

When an employee sustains a traumatic injury in the performance of duty, he or she should file a report on Form CA-1. It may be filed on the paper form or electronically, depending on the employing agency participation. The report should be submitted to the supervisor as soon as possible, but not later than 30 days from the date of injury. If the employee is incapacitated, this action may be taken by someone acting on his or her behalf, including a family member, union official, or representative. (The supervisor may provide such notice as well.) The paper form must contain the original signature of the person giving notice. Employing agencies that submit claims electronically must print a copy of the form and retain the claimant's or representative's signature. The supervisor should:

(1) Review page one of the form for completeness and accuracy, and assist the employee in correcting any deficiencies found;

(2) Complete and sign page two of the Form CA-1, including a telephone number in case OWCP staff has questions about the injury. Also, the appropriate codes should be entered on the form. Include codes for occupation, type and source of injury, agency identification and location of duty station. (Appendix B of this publication describes the type and source of injury codes and their use.)

(3) Sign and return to the employee the receipt attached to the paper Form CA-1 and give a copy of the entire form to the employee. Or, if submitted electronically, print and sign the copy of the electronic form and give it to the employee.

(4) Authorize medical care, if needed, in accordance with paragraph C below;

(5) Inform the employee of the right to elect continuation of pay (COP), (discussed in detail in Chapter 5), or annual or sick leave if time loss will occur;

(6) Advise the employee whether COP will be controverted, and if so, whether pay will be terminated. The basis for the action must be explained to the employee. (Controversion is discussed in Chapter 5-3; the reason for controverting a claim must always be shown on Form CA-1.)

(7) Advise the employee of his or her responsibility to submit prima facie medical evidence of disability within ten calendar days or risk termination of COP. (See Chapter 5-8.)

B. Disposition of Form CA-1

If the employee incurs medical expense or loses time from work beyond the date of injury, the supervisor should send Form CA-1 to the district office with supporting information as soon as possible but no later than ten working days after receipt of Form CA-1 from the employee.

If the employee is examined or treated at the agency's medical facilities or by medical providers under contract to the agency, and this examination or treatment occurs during working hours beyond the date of injury, the supervisor should check "first aid" in block 39 of the agency's portion of the form and submit the form to OWCP. "First aid" injuries also include those requiring two or more visits to a medical facility for examination or treatment during non-duty hours beyond the date of injury, as long as no leave or COP is charged and no medical expense is incurred.

If the employee obtains no medical care, or obtains only agency-sponsored care on the date of injury, and no time loss is charged to either leave or COP, the supervisor should place Form CA-1 in the workers' Employee Medical Folder (EMF) instead of sending it to OWCP.

C. Medical Treatment - Form CA-16

If an employee requires medical treatment for the injury, the supervisor should complete the front of Form CA-16, within four hours of the request whenever possible. If the supervisor doubts whether the employee's condition is related to the employment, he or she should so indicate on the form. Where there is no time to complete a Form CA-16, the supervisor may authorize medical treatment by telephone and send the completed form to the medical facility within 48 hours. Retroactive issuance of Form CA-16 is usually not permitted under other circumstances.

(1) Delayed Report of Injury. If an employee reported an injury several days after the fact, or did not request medical treatment within 24 hours of the injury, the supervisor may still authorize medical care using Form CA-16. Agency personnel are encouraged to use discretion in issuing authorizations for medical care under such circumstances, but employees should not be penalized for short delays in reporting injuries. The supervisor may, however, refuse to issue a CA-16 if more than a week has passed since the injury on the basis that the need for immediate treatment would become apparent in that period of time. An employee may not use Form CA-16 to authorize his or her own treatments.

(2) Choice of Physician. The employee is entitled under FECA to select the physician who is to provide treatment. The provider must meet the definition of "physician" under the FECA and must not have been excluded from payment under the program. (refer to Chapter 6 for guidance in authorizing providers.) Physicians employed by or under contract to the agency may examine the employee at the agency's facility in accordance with OPM regulations. However, the employee's choice of physician must be honored, and treatment by the employee's physician must not be delayed for the purpose of obtaining an agency-directed medical examination.

(3) Obtaining Treatment. Along with Form CA-16, the supervisor should give the employee Form OWCP-1500, which is used for billing. (This form is discussed in Chapter 6.) The physician should complete the reverse of Form CA-16 and the OWCP-1500 and forward them to OWCP's central mailroom; the supervisor may ask the physician for a copy of the report as well. The employee may be furnished

transportation and/or reimbursed for travel and incidental expenses. OWCP generally considers 25 miles from the agency or the employee's home a reasonable distance to travel for medical care unless appropriate care is not available within that radius.

(4) Further Referral. The original treating physician may wish to refer the employee for additional testing or specialized treatment. He or she may do so on the basis of the Form CA-16 already issued; it is not necessary to issue authorizations for treatment. Both the original physician and any physician to whom the employee is referred are guaranteed payment for 60 days from the date of issue of Form CA-16 unless OWCP terminates this authority at an earlier date. Treatment may continue at OWCP expense if the claim is approved. Should the employee wish to change physicians after the initial choice, he or she must contact OWCP in writing for approval and include the reasons for requesting the change.

D. Medical Reports - Forms CA-20 and CA-17

When OWCP is adjudicating entitlement, a medical report from the attending physician is required. This report may be submitted on Form CA-16 or on Form CA-20, Attending Physician's Report, which is attached to the Form CA-7, Claim for Compensation. Also, the report may be submitted in narrative form on the physician's letterhead stationery, or in the form of a hospital or health plan summary. The report should bear the physician's signature or signature stamp. The supervisor should supply Forms CA-20 to the employee as often as needed. The original reports should be sent to OWCP.

Agency personnel should use Form CA-17, Duty Status Report, to obtain interim medical reports about the employee's fitness for duty; it may be issued initially with Form CA-16. The supervisor should complete the agency's portion of the form by describing the physical requirements of the employee's job and noting the availability of any light or limited duty. The physician should send the original Form CA-17 to the agency and a copy to OWCP's central mailroom. The supervisor may send CA-17 to the physician at reasonable intervals (but not more often than once a week) to monitor the employee's medical status and ability to return to light or full duty. (Agency offers of light or limited duty during the COP period are discussed in Chapter 5.)

E. Wage Loss/Permanent Impairment - Form CA-7

If disability is anticipated at the time of injury, the employee may elect to use leave or COP (which is discussed in chapter 5) on Form CA-1. An employee who cannot return to work when COP ends, or who is not entitled to receive COP, may claim compensation for wage loss on Form CA-7. In controverted cases where pay is terminated, Form CA-7 should be submitted with Form CA-1.

(1) When to File. If it is not clear whether the employee will remain disabled after the 45 days of COP are used, he or she should initiate a claim for compensation. Supervisors should carry employees who have filed claims in LWOP status. If an employee returns to work after Form CA-7 has been filed, the supervisor should notify OWCP by telephone, or by electronic notice through the Agency Query System (AQS).

(2) Completion of Form. If compensation is to be claimed, the supervisor should give Form CA-7 to the employee on the 30th day of COP with instructions to complete the front and return the form to the agency within one week. (This measure is used to help avoid major interruptions in pay). If the employee has not returned it by the 40th day of COP, the supervisor should contact him or her by telephone and ask for its submittal as soon as possible.

When the form is returned, the supervisor should complete the reverse of the form, including the name and the telephone number of an agency official with direct knowledge of the claim.

The employee should arrange to provide medical evidence to support the period of disability claimed; this evidence may be submitted with the Form CA-7 or sent to OWCP separately.

(3) Submission of Form. After completing the form, the supervisor should send it to OWCP, along with any new medical evidence in the agency's possession. OWCP will use the pay data supplied by agency personnel to determine the rate at which compensation is to be paid. (Submittal should not be delayed for computation of shift differential, Sunday or holiday pay, or other incremental pay. These elements, which are discussed in Chapter 8, may be computed and submitted separately.) The dates of

compensation claimed should represent the period of disability supported by the medical evidence or the interval until the employee's next medical appointment.

(4) Leave Repurchase. An employee who uses sick or annual leave to avoid interruption of income may repurchase that leave, subject to agency concurrence, if the claim is approved. Form CA-7 (along with Forms CA-7a and CA-7b) is used for this purpose. The employee and supervisor should supply the factual and medical evidence described above and the supervisor should also provide a detailed breakdown of leave used, showing the number of hours charged for each day claimed and whether sick or annual leave was used. (The relationship between COP use and leave use is discussed in Chapter 5-2.)

(5) Lost Wages for Medical Treatment. An employee who has returned to work but still requires medical treatment during work hours may claim compensation for lost wages while undergoing or traveling to and from the treatment. For a routine medical appointment, a maximum of four hours of compensation is usually allowed. Such a claim should be made on Form CA-7 and it should be accompanied by a statement from the supervisor showing the exact period of time, the total amount of wages lost due to the treatment, the rate of pay and the number of hours or days the employee would have worked if available.

Form CA-7 is also used to claim continuing compensation for wage loss. During the period of disability, a new Form CA-7 should be submitted every two weeks, absent other instructions from OWCP.

Finally, Form CA-7 is used to claim schedule awards for permanent impairment. (Entitlement to such awards is discussed in Chapter 7-1.)

2-3. Occupational Disease

An occupational disease is defined as a condition produced in the work environment over a period longer than one workday or shift. It may result from systemic infection, repeated stress or strain or conditions of the work environment.

A. Notice of Occupational Disease - Form CA-2

The injured employee, or someone acting on his or her behalf, should give notice of occupational disease on Form CA-2. It may be filed on the paper form or electronically, depending on the employing agency's participation. (Such notice may be provided by the supervisor as well.) The supervisor should issue to the employee two copies of the appropriate checklist, Form CA-35, a-h, for the disease claimed. (To facilitate submittal of evidence, specific checklists have been devised for various conditions. See Appendix C.) The supervisor should also explain the need for detailed information to the employee and advise him or her to furnish supporting medical and factual information requested on the checklist. If possible, this information should be submitted with the form. Upon receiving Form CA-2, the supervisor should:

(1) Review the front of paper form CA-2, or the information submitted electronically by the employee, for completeness and accuracy and assist the employee in correcting any errors or omissions;

(2) Complete and sign the reverse of the paper Form CA-2 or complete the electronic form. A telephone number should be included in case OWCP staff has questions about the claim. Also, enter the appropriate codes on the form. Include codes for occupation, type and source of injury, agency identification and location of duty station. (Appendix B describes the type and source of injury codes and their uses.);

(3) Sign and return to the employee the receipt attached to the paper Form CA-2 and give a copy of the entire form to the employee. Or, if submitted electronically, print a copy of the electronic form and give it to the employee.

(4) Review the employee's portion of the form and provide comments on the employee's statement;

(5) Prepare a supporting statement to include exposure data, test results, copies of results of previous medical examinations and/or witness statements, depending on the nature of the case. The checklist

may be used to coordinate compilation of material by agency personnel, including compensation specialists and safety and health officers;

(6) Advise the employee of the right to elect sick or annual leave or leave without pay, pending adjudication of the claim. The supervisor should submit completed Form CA-2 to the district office within 10 working days of receipt from the employee. It should not be held for receipt of supporting documentation.

B. Medical Treatment - Form CA-16

Only rarely may employers authorize medical care in occupational disease claims. The supervisor must contact OWCP before issuing a Form CA-16.

C. Wage Loss/Permanent Impairment - Form CA-7

Form CA-7 is used to file a claim for compensation because of pay loss. The claim should be filed as soon as possible, but no more than 14 calendar days after the date pay stops or when the employee returns to work, whichever comes first.

(1) Leave Repurchase. The employee may use sick or annual leave pending adjudication of the claim. If this is done, the employee may initiate repurchase of this leave, subject to agency concurrence, using Form CA-7, (along with Forms CA-7a and CA-7b). The supervisor should certify the amount and kind of leave used for each day claimed, and the employee should arrange to submit medical evidence supporting the period of repurchase requested.

(2) Lost Wages for Medical Treatment. An employee who has returned to work but still needs medical treatment during work hours may claim compensation for lost wages while undergoing or traveling to and from the treatment. For a routine medical appointment, a maximum of four hours of compensation is usually allowed. Such a claim should be made on Form CA-7 and it should be accompanied by a statement from the supervisor showing the exact period of time, the total amount of wage lost due to the treatment, as well as the rate of pay.

Form CA-7 is also used to claim continuing compensation and to initiate a claim for a schedule award for permanent impairment resulting from

occupational disease. Chapter 7-1 addresses entitlement to schedule awards.

2-4. Recurrences

A recurrence of disability is defined as a spontaneous return or increase of disability due to a previous injury or occupational disease without intervening cause, or a return or increase of disability due to a consequential injury (defined in Chapter 3-5). A recurrence of disability differs from a new injury in that with a recurrence, no event other than the previous injury accounts for the disability.

A recurrence of medical condition is defined as a documented need for further medical treatment after release from treatment for the accepted condition or injury when there is no accompanying work stoppage. Continuous treatment for the original condition or injury is not considered a “need for further medical treatment after release from treatment” nor is an examination without treatment.

A. Claim for Recurrence of Disability - Form CA-2a

If a recurrence of disability develops, the employee and supervisor should complete Form CA-2a and submit it to OWCP. If the employee was entitled to use COP and the 45 calendar days of COP have not been exhausted, he or she may elect to use the remaining days if 45 days have not elapsed since the first return to duty. (See Chapter 5-7 for detailed information.) Otherwise, the employee may elect to use sick or annual leave pending adjudication of the claim for recurrence. The employee should arrange for submittal of the factual and medical evidence described in the instructions attached to the form, paying particular attention to the need for “bridging” information which describes his or her condition and job duties between the original injury and the recurrence.

B. Medical Treatment

Ordinarily, no medical treatment is authorized at OWCP expense until a claim for recurrence is accepted. At its discretion, the district office may authorize an emergency medical examination without Form CA-2a.

C. Continuing Claim for Wage Loss - Form CA-7

Form CA-7 is used to file a claim for continuing compensation due to a recurrence. During the period of disability, a new Form CA-7 should be submitted every two weeks, absent other instructions from OWCP.

2-5. Death

When an employee dies because of an injury incurred in the performance of duty, the supervisor should immediately notify the district office by telephone or facsimile message. The supervisor should also contact any survivors, provide them with claim forms and help them prepare the claim. The forms should be submitted to OWCP, even if a disability claim was previously filed and benefits were paid. Continuation of benefits is not automatic as it must be shown that the work related condition contributed to the death.

A. Claims for Death Benefits - Forms CA-5 and CA-5b

The survivors of a deceased employee should use Form CA-5 or CA-5b to submit claims for death benefits. Such notice may be provided by the supervisor as well. The survivor should complete the front of the appropriate form, while the attending physician should complete the medical report on the reverse. The claim form should be forwarded to OWCP with a copy of the death certificate, a copy of the marriage certificate if a spouse is making claim and a copy of any divorce or annulment decree if the decedent or spouse was formerly married. The submittal should also include copies of birth certificates of any children for whom claim is made.

B. Agency Notice - Form CA-6

The supervisor uses this form to report the work-related death of an employee. It should be completed by the supervisor and sent to OWCP no more than 10 working days after notification of the death.

2-6 Death Gratuity

FECA was amended by adding a new section 8102a (5 U.S.C. § 8102a – Death Gratuity). (See section 1105 of the National Defense

Authorization Act for FY 2008, Public Law 110-181.) This new provision creates a death gratuity for Federal employees and employees of nonappropriated fund instrumentalities by authorizing the United States to pay up to \$100,000 to the survivors and designated beneficiaries "an employee who dies of injuries incurred in connection with the employee's service with an Armed Force in a contingency operation." This provision became effective on January 28, 2008.

A. Claim for Benefit

Any time a Federal employee is assigned to provide service to an Armed Force in a contingency operation, as defined in 8102(a), he or she should be informed of this death gratuity and be given the opportunity to designate a beneficiary on the Designation of Recipient of Death Gratuity Payment under Section 1105 of Public Law 110-181 form. Employees already so assigned should also be given this opportunity. An employee desiring to designate one or more beneficiaries of a death gratuity payable under this provision should complete and sign a copy of the form, retain a copy, and give the original to his or her employer to be maintained by the employer in the employee's official personnel file, or a related system of records.

Chapter 3. Conditions of Coverage

Each claim for compensation must meet certain requirements before it can be accepted. This is true whether the claim is for traumatic injury, occupational disease or death. While the requirements are addressed somewhat differently according to the type of claim, they are always considered in the same order. This chapter will describe these requirements as well as the three statutory prohibitions to payment of compensation. It will also describe the kind of information which the supervisor and employee should submit with respect to each issue.

- 3-1 Time
- 3-2 Civil Employee
- 3-3 Fact of Injury
- 3-4 Performance of Duty
- 3-5 Causal Relationship
- 3-6 Statutory Exclusions

3-1. Time

All cases must first satisfy the statutory time requirements of the FECA.

A. Provisions of the Law

For injuries and deaths on or after September 7, 1974, the law provides that a claim for compensation must be filed within three years of the injury or death. See 5 U.S.C. 8122. Even if a claim is not filed within three years, however, compensation may still be allowed if written notice of injury was given within 30 days or the immediate supervisor had actual knowledge of the injury or death within 30 days after occurrence. This knowledge may consist of written records or verbal notification; an entry into an employee's medical record may also satisfy this requirement if it is sufficient to place the agency on notice of a possible work-related injury or illness.

The law also provides that filing a disability claim because of injury will satisfy the time requirements for a death claim based on the same injury. OWCP may excuse failure to comply with the three-year time

requirement because of exceptional circumstances (for example, being held prisoner of war).

For injuries and deaths occurring before September 7, 1974, different provisions apply with respect to timeliness. Contact the district office concerning any such situation.

B. When Time Begins to Run

For a traumatic injury, the statutory time limitation begins to run from the date of injury. For a latent condition, it begins to run when an injured employee who has a compensable disability becomes aware, or reasonably should have been aware, of a possible relationship between the medical condition and the employment. Where the exposure to the identified factors of employment continues after this knowledge, the time for filing begins to run on the date of the employee's last exposure to those factors.

Where death is due to disease, time begins to run when the beneficiary is aware, or reasonably should have been aware, of causal relationship between the death and the factors of employment. For a minor, the time limitations do not begin to run until he or she reaches the age of 21 or has a legal representative. For a person who is mentally incompetent, the time limitations do not begin to run until he or she has a legal representative.

C. Written Notice

Form CA-1 or CA-2 constitutes notice of injury. A claim for compensation (Form CA-7 in disability cases, CA-5 or CA-5b in death cases) may also constitute notice of injury. OWCP will also accept as a notice of injury or death any written statement which is signed by the person claiming benefits, or someone acting on his or her behalf, and which states the name of the employee; the name and address of the person claiming benefits; the time and location of the injury or death; and the cause and nature of injury or death.

D. Actual Knowledge

An agency official may acquire actual knowledge through firsthand observation of the incident, from another employee or from medical personnel at the agency's medical facility. This knowledge must place the employing agency reasonably on notice of an on-the-job injury or

death. An entry into the employee's medical records may be considered actual knowledge, as may the results of tests conducted by agency personnel in connection with known occupational hazards. The date on which the agency or OWCP receives written notice will be considered the date of filing. OWCP will request information addressing the issue of actual knowledge only where the agency did not receive written notice within three years.

3-2. Civil Employee

If the claim is timely filed, it must be determined whether the injured or deceased individual was an "employee" within the meaning of the law. This is always the second requirement considered.

A. Provisions of the Law

The FECA covers all civilian Federal employees except for non-appropriated fund employees. In addition, special legislation provides coverage to Peace Corps and VISTA volunteers; Federal petit or grand jurors; volunteer members of the Civil Air Patrol; Reserve Officer's Training Corps Cadets; Job Corps and Youth Conservation Corps enrollees; and non-Federal law enforcement officers under certain circumstances involving crimes against the United States.

B. Other Considerations

Temporary employees are covered on the same basis as permanent employees. Contract employees, volunteers and loaned employees are covered under some circumstances. Such determinations must be made on a case-by-case basis once a claim is filed. Federal employees who are not citizens or residents of the United States or Canada are covered subject to certain special provisions governing their pay rates and computation of compensation payments.

3-3. Fact of Injury

If the issues of "time" and "civil employee" have been resolved affirmatively, it must be established whether the employee in fact sustained an injury or disease. Two factors are involved in this determination:

A. Occurrence of Event

Whether the employee actually experienced the accident, event, or employment factor which is alleged to have occurred. This is resolved on the basis of factual evidence, including statements from the employee, the supervisor, and any witnesses. An injury need not be witnessed to be compensable. A supervisor who believes, however, that the employee's testimony is contrary to the facts should supply pertinent information to support this belief.

B. Existence of Medical Condition

Whether the accident or employment factor resulted in an injury or disease. This is determined on the basis of the attending physician's statement that a medical condition is present that could be related to the incident, though the medical report need not relate the condition to the incident. Simple exposure, for instance to a contagious condition or dusty environment does not constitute an injury.

3-4. Performance of Duty

If the first three criteria have been met, it must be determined whether the employee was in the performance of duty when the injury occurred.

A. Agency Premises

An employee who is injured on agency premises during working hours has the protection of the FECA unless engaged in an activity which removes him or her from the scope of employment. Coverage includes injuries which occur while the employee was performing assigned duties or engaging in an activity which was reasonably associated with the employment. Such activities include use of facilities for the employee's comfort, health, and convenience as well as eating meals and snacks provided on the premises. The premises include areas immediately outside the building, such as steps or sidewalks, if they are federally owned or maintained. The supervisor should document an injury occurring in such an area by submitting a diagram showing where it happened.

(1) Outside Working Hours. Coverage is extended to employees who are on the premises for a reasonable time (usually considered 30 minutes) before or after working hours. It is not extended, however, to employees who are visiting the premises for non-work-related reasons. The supervisor should verify the time of the injury and provide any available information about the employee's purpose for being on the premises at the time of injury.

(2) Representational Functions. Injuries to employees performing representational functions entitling them to official time are covered. Injuries to employees engaged in the internal business of a labor organization, such as soliciting new members or collecting dues, are not covered. The supervisor should advise whether the employee was entitled to official time when injured.

(3) Parking Facilities. The agency's premises include the parking facilities which it owns, controls, or manages. An employee will usually be covered if injured on such parking facilities. Information submitted by the supervisor should include a statement indicating whether the agency owns or leases the parking lot and, if the latter, the name and address of the owner (this information may be needed to develop the third-party aspect of the claim, which is described in Chapter 4-1). If the parking lot is not immediately adjacent to the building, the supervisor should also supply a diagram showing where the injury took place in relation to the parking lot and building.

(4) Agency Housing. An employee is covered if injured during the reasonable use of premises which he or she is required or expected to occupy, and which are furnished or made available by the agency. (Employees using such housing include firefighters and Job Corps enrollees.) Any claim for injury occurring in this way should be accompanied by a full description of the living arrangements and the requirements and expectations surrounding them.

B. Off-Premises Injuries Coverage is extended to workers such as letter carriers, chauffeurs and messengers who perform service away from the agency's premises. It is also extended to workers who are sent on errands or special missions and workers who perform services at home.

(1) To and From Work. Employees do not have the protection of the FECA when injured en route between work and home except where the agency furnishes transportation to and from work, the employee is required to travel during a curfew or emergency or the employee is required to use his or her vehicle during the workday. Such claims should be accompanied by a description of the circumstances.

(2) Lunch Hour. Injuries which occur during lunch hour off the premises are not ordinarily covered unless the employee is in travel status or is performing regular duties off premises.

(3) Travel Status. Employees in travel status are covered 24 hours a day for all reasonable incidents of their temporary duty. Thus, an employee injured on a sightseeing trip in the city to which he or she was assigned would not be covered, while an employee injured while taking a shower in the hotel would be covered. All claims for injuries occurring in travel status should be accompanied by a copy of the travel authorization.

(4) Vehicle Accidents. Any claim involving a traffic accident should be accompanied by a copy of the police report, if any, and a diagram or map showing the location of the accident in relation to the places where official duty was last performed and next scheduled.

C. Other Factors Some injuries occur under circumstances which are not governed, or not completely governed, by the premises rules. Injuries involving any of the circumstances indicated below must be determined on a case-by-case basis.

(1) Recreation. An employee is covered while engaged in formal recreation for which he or she is paid or is required to perform as part of training or assigned duties. Also covered are employees engaged in informal recreation, such as jogging, while on the agency premises. Under other circumstances, the agency must explain what benefit it derived from the employee's participation, the extent to which the agency sponsored or directed the activity and whether the employee's participation was mandatory or optional.

(2) Horseplay. An employee who is injured during horseplay is covered if the activity was one which could reasonably be expected where a group of workers are closely associated for extended periods of

time. In this kind of case, it must be determined whether the specific activity was a reasonable incident of the employment or whether it was an isolated event which could not reasonably have been expected to result from close association.

(3) Assault. An injury or death caused by the assault of another person may be covered if it is established that the assault was accidental and arose out of an activity directly related to the work or work environment. Coverage may also be extended if the injury arose out of a personal matter having no connection with the employment if it was materially and substantially aggravated by the work associations. The supervisor should submit copies of reports of any internal or external investigations as well as witness statements from parties with knowledge of the incident.

(4) Emergencies. Coverage is extended to employees who momentarily step outside the sphere of employment to assist in an emergency, such as to extinguish a fire or help a person hit by a car.

3-5. Causal Relationship

After the four factors described above have been considered, causal relationship between the condition claimed and the injury or disease sustained is examined. Unlike fact of injury, which is discussed in paragraph (3-3) above and which involves the determination that a medical condition is present, causal relationship involves the establishment of a connection between the injury and the condition found. This factor is based entirely on medical evidence provided by physicians who have examined and treated the employee. Opinions of the employee, supervisor or witness are not considered, nor is general medical information contained in published articles.

A. Kinds of Causal Relationship

An injury or disease may be related to employment factors in any one of four ways:

(1) Direct Causation. This term refers to situations where the injury or factors of employment result in the condition claimed through a natural and unbroken sequence.

(2) Aggravation. If a pre-existing condition is worsened, either temporarily or permanently, by a work-related injury, that condition is said to be aggravated.

(a) Temporary aggravation involves a limited period of medical treatment and/or disability after which the employee returns to his or her previous medical status. Compensation is payable only for the period of aggravation established by the medical evidence and not for any disability caused by the underlying disease. This is true even if the employee cannot return to the job held at the time of injury because the pre-existing condition may be aggravated again. For example, if exposure to dust at work temporarily aggravates an employee's pre-existing allergy, compensation will be payable for the period of work-related disability but not for any subsequent period even though further exposure to the work place may cause another aggravation.

(b) Permanent aggravation occurs when a condition will persist indefinitely due to the effects of the work-related injury or when a condition is materially worsened by a factor of employment such that it will not return to the pre-injury state.

(3) Acceleration. A work-related injury or disease may hasten the development of an underlying condition. Acceleration is said to occur when the ordinary course of the disease does not account for the speed with which a condition develops.

(4) Precipitation. This term refers to a latent condition which would not have manifested itself on this occasion but for the employment. For example, an employee's latent tuberculosis may be precipitated by work-related exposure.

B. Medical Evidence

The issue of causal relationship almost always requires reasoned medical opinion for resolution. This opinion must come from a physician who has examined or treated the employee for the condition claimed. Where a pre-existing condition involving the same part of the body is present, the physician must provide rationalized medical opinion which differentiates the effects of the employment-related injury or disease

from the pre-existing condition. Such evidence will permit the proper kind of acceptance (temporary vs. permanent aggravation, for instance).

To establish causal relationship, additional medical opinion may be requested of OWCP's District Medical Director/Advisor or from a specialist in the medical field pertinent to the injury or disease. In a claim for a psychiatric condition, a report from a psychiatrist or clinical psychologist will be required. In claims for hearing loss and pulmonary disease, OWCP will refer the employee for examination by an appropriate specialist after exposure to the hazardous condition or substance has been established. Chapter 6 contains further information about medical examinations.

C. Consequential and Intervening Injuries

Sometimes an injury occurring outside the performance of duty affects the compensability of a work-related injury.

(1) A consequential injury is a new injury which occurs as the result of a work-related injury (for example, because of weakness or impairment caused by a work-related injury). Included in this definition are injuries sustained while obtaining medical care for a work-related injury. Consequential injuries are compensable.

(2) An intervening injury is one which occurs outside the performance of duty to the same part of the body originally injured. The resulting condition will be considered related to the original injury unless the second injury, and any other factors unrelated to the original injury, is established as its cause.

For instance, an employee with an accepted claim for back strain later begins to have pain which suggests disc involvement. Later, while at home, the employee suffers back pain when leaning over the tub to clean it. Unless the incident at home is medically competent to cause the resulting condition and it breaks the chain of causation of an earlier injury, OWCP will consider the resulting condition to be causally related to the original injury.

3-6. Statutory Exclusions

Sometimes the circumstances of a case raise the issues of willful misconduct, intention to bring about the injury or death of oneself or another, or intoxication. If any of these factors is the cause of the injury or death, benefits are denied. Agency or OWCP staff must assert and prove these factors.

A. Willful Misconduct

The question of deliberate willful misconduct may arise when the employee violated a safety rule, disobeyed orders of the employer, or violated a law. Because safety rules are established for the protection of the worker rather than the employer, simple negligent disregard of such rules is not sufficient to deprive an employee or beneficiary of entitlement to compensation. Disobedience of such orders may destroy the right to compensation only if the disobedience is deliberate and intentional as distinguished from careless and heedless.

B. Intoxication

In any case involving intoxication, whether by alcohol or illegal drugs, the record must establish the extent to which the employee was intoxicated at the time of the injury and the particular manner in which the intoxication caused the injury. It is not sufficient just to show that the employee was intoxicated; it must be shown that the intoxication proximately caused the injury. This requirement does not, however, provide agency personnel with any additional authority to test employees for drug use beyond that which may exist under other statutes or regulations.

C. Intent to Bring About Injury or Death to Oneself or Another

Where it appears that the employee brought about his or her own injury or death, or that of another, intent must be established. If the factual and medical evidence show that the employee was not in full possession of his or her faculties, the injury may be compensable. Thus, suicide may be compensable if the injury and its consequences directly caused a mental disturbance or physical condition which produced a compulsion to commit suicide and prevented the employee from exercising sound discretion or judgment so as to control that compulsion.

Chapter 4. Processing Claims

This chapter describes procedures and responsibilities for case handling once the proper forms and information have reached OWCP. It also describes the steps which agency personnel should take if they believe a claim is questionable.

- 4-1 Administrative Matters
- 4-2 Burden of Proof
- 4-3 Questionable Cases
- 4-4 Decisions and Notification

4-1. Administrative Matters

A. Initial Handling

The notice of traumatic injury, occupational disease or death should be filed with the district office with jurisdiction over the location of the employing agency. (After adjudication, the claim may be transferred to the district office with jurisdiction over the location of the employee's residence, if different.) When possible, the notice should be accompanied by supporting documents such as medical reports and statements from the employee, the supervisor, and any witnesses. However, submittal of claim forms should not be delayed pending receipt of the supporting documents. When the notice is received, OWCP will send the employee a Form CA14 which contains general information and the case number. Employers receive notice of new case numbers either through EDI transmission or by postcard notification.

OWCP will administratively close uncontroverted claims with medical bills totaling less than \$1500, no claim for compensation benefits, and no potential third-party liability. Claims not meeting these criteria will be assigned to a claims examiner for formal adjudication, as will those which exceed the \$1500 threshold for medical bill payment.

The claims examiner will determine if information in addition to the initial submittal is required to adjudicate the claim. If so, the information will be

requested of the employee and/or the supervisor with a copy to all parties to the claim. While the requirements for accepting a claim are considered in the order shown in the previous chapter, OWCP will attempt to request information on all unresolved aspects of the claim at the same time in the interest of efficient case handling.

B. Obtaining Information

Most routine requests for information are conveyed by mail. Under the Privacy Act, the employee or representative is entitled to receive one copy of the case file from OWCP free of charge; additional copies will be sent at a cost of \$.15 per page. It is not necessary to request the records under the Freedom of Information Act.

Ordinarily, a complete copy of the record is sent directly to the requestor; occasionally, if sensitive medical information is involved, OWCP will forward the medical reports to a physician of the employee's choice so that the contents may be properly interpreted to the employee.

Sensitive medical information may be sent to the employee's representative, with the proviso that it not be disclosed to the employee without the attending physician's permission.

C. Conferencing

Telephone conferences conducted by a senior claims examiner may be held in cases involving complicated adjudicatory and case management issues. Conferences may be used to address the agency's controversion; the occurrence of an injury as claimed, the occurrence of an injury in the performance of duty; occupational disease cases involving voluminous factual evidence or complex determinations; overpayments; and return-to-work efforts. Conferences may also be held where the employee is not able to express himself or herself well in writing.

A representative of the agency may be asked to participate in such a conference, either with the claims examiner or senior claims examiner alone or together with other parties to the claim. After the conference, the Examiner completes a Memorandum of Conference which describes what each party said, then asks the participant(s) to provide any comments on this document within 15 days (except that comments are not requested if the decision is found in favor of the party conferenced)..

The Senior Claims Examiner then makes findings on the issue for resolution and issues a decision.

D. Representation

The FECA provides that an employee may be represented if he or she so desires, but it is not required. A representative need not be an attorney; a union representative, family member or friend, for example, may act in this capacity. A Federal employee may act as a representative only for an immediate family member or in the capacity of a union representative. The employee must designate any representative in writing before OWCP will recognize him or her, and there can be only one representative at a time.

OWCP does not honor contingency fee agreements, and the law contains no provision for OWCP to pay representatives' fees. It does require, however, that OWCP approve such fees before payment. Where the representative and the employee agree on the fee charged, the fee is deemed approved. Where a disagreement exists, OWCP will evaluate the request. In this instance, the employee shall not pay any fee prior to approval by OWCP, unless the fee is paid into a true escrow account.

E. Third Party

When a party other than the injured employee or another employee of the agency appears to be responsible for an injury or death, OWCP may ask the employee to seek damages from that party, which may be an individual, a company or a product manufacturer. OWCP encourages supervisors to investigate the third-party aspect of any claim and submit all information gathered. OWCP will contact the employee with specific instructions about this aspect of the claim; he or she should not attempt to settle such claim without first obtaining advice and approval from the Solicitor of Labor through OWCP.

While a claim is pending against the third party, OWCP will pay medical and compensation benefits to which the beneficiary is entitled. If a recovery is made, the beneficiary must first pay outstanding legal fees and costs. He or she is then entitled to retain 20 percent of the remaining amount, plus an amount equivalent to a reasonable attorney's fee in proportion to the sum which will be owed to OWCP. The latter amount generally includes the total medical and compensation

payments made by OWCP up to the time of settlement. The beneficiary retains any money remaining, which is credited against future claims for benefits. OWCP will resume payment of compensation benefits and medical bills only after the beneficiary has submitted claims which exceed the amount of money remaining.

4-2. Burden of Proof

The employee is responsible for establishing the essential elements of the claim as described in Chapter 3. OWCP will help the employee to meet this responsibility, which is termed burden of proof, by requesting evidence needed to establish these elements if such information is not included with the original submittal.

OWCP will try to obtain any pertinent medical evidence in the possession of another Federal facility, including the employing agency, but this assistance does not relieve the employee of his or her burden of proof. Agencies are required by law to provide medical and factual evidence requested by OWCP to adjudicate a claim. Agencies and employees are always entitled to present information not specifically requested by OWCP.

When information is not submitted in a timely manner, delays in adjudicating cases and paying claims often result. To minimize such delay, OWCP will ask the employee and supervisor to submit the required evidence within a specific period, usually 30 days from the date of the request. A copy of any request to the supervisor for information will be sent to the employee, and vice versa.

A. Traumatic Injury Cases (Including Recurrence and Death)

(1) The factual evidence required from an employer in a traumatic case often concerns the circumstances of the injury. By anticipating the information that OWCP will need, as described in the preceding chapter, supervisors contribute to the efficient handling of the claim. Each submittal of forms should contain a clear description of how the injury occurred, including the time and place, whether it happened during working hours, the presence of witnesses, etc.

If this information is not included in the original submittal, OWCP will request it. If the requested information is not received, OWCP will process the case on the basis of the evidence submitted by the employee, as follows:

(a) If the employee's statement is sufficiently detailed and/or credible, OWCP will accept the statement and adjudicate the case accordingly.

(b) If the employee's statement is not sufficient and/or credible, the case will be denied for the reason that one or more of the five basic elements required to approve a claim has not been established.

(2) Medical evidence in possession of the agency may also be requested.

(a) In an unadjudicated case, the supervisor should submit copies of medical records pertaining to the injury and any relevant pre-existing condition, at the time of initial submittal to OWCP. OWCP will request this evidence of the agency if it is not sent with the original submittal.

(b) In an accepted case, if the employee receives continuing care from an agency physician (or its contract provider), the supervisor should include supporting medical evidence for disability with claims submitted. Otherwise, OWCP will request this evidence.

If the file contains prima facie medical evidence of disability for the period claimed but additional support is needed, OWCP will authorize payment for a reasonable period and request the evidence from the employer. If another claim is received and the previously requested evidence has not been submitted, OWCP will again authorize payment of compensation for a reasonable period and refer the employee to a medical specialist for examination.

(3) Information needed to make payment will usually include the employee's salary and the days of LWOP claimed. Agencies can speed up payment by advising OWCP if the pay rate includes elements of pay such as night and Sunday differential. If so, OWCP will need to know whether the employee has received the increments regularly (in which case the biweekly amount should be stated) or sporadically (in

which case the employee's entire earnings in the relevant pay category for the year preceding the injury should be stated).

Where the pay rate is in question, OWCP will begin paying compensation using the lower salary and request clarification from the supervisor. If a second request is necessary, OWCP will advise the employee that documentation is needed to support the higher pay rate and will ask for any documentation in his or her possession. If the agency fails to reply and the employee submits adequate documentation (e.g., pay stubs), OWCP will adjust compensation. Until sufficient documentation is received from the supervisor or the employee, compensation will be paid at the lower rate.

Where the days and hours of LWOP are in question, OWCP will request clarification from the supervisor. Any follow-up request will also advise the employee of the need for documentation and invite him or her to submit a detailed account for the period in question. If the employee provides such an account, OWCP will send a copy to the supervisor for review and advise that unless OWCP is notified of any inaccuracies in a timely manner, the employee's accounting will be used to compute the payment.

B. Occupational Disease Claims (Including Recurrence and Death)

(1) OWCP's requirement for factual information varies according to the type and severity of the medical condition involved. Simple occupational disease claims, for example a claim for poison ivy where the job duties involved exposure to the plant, and the medical evidence confirmed the diagnosis, require less evidence to adjudicate.

The information specified in the instructions on Form CA-2 and on the evidence checklist appropriate to the disease in question should be sent with the initial submittal. If sufficiently detailed descriptions of how the condition developed are not received, OWCP will request the information needed for adjudication.

If the information is not received, OWCP will process the case on the basis of the evidence submitted by the employee. As with traumatic injury cases, if that evidence is sufficient and/or credible, OWCP will accept the employee's statements and adjudicate the case accordingly.

If the evidence is not sufficient and/or not credible, OWCP will deny the case because one or more of the five basic elements required to approve a case has not been established.

(2) An agency's medical facility sometimes provides medical examination and treatment.

If additional evidence about such treatment is needed from the agency, OWCP will advise the employee that we are attempting to obtain it, but the burden of proof still rests upon the employee and that he or she should also try to obtain that evidence.

(3) As with traumatic injury cases, payment information needed from the agency will likely include the employee's pay rate and the days of LWOP claimed, and OWCP will use the procedures described above for obtaining such information in traumatic injury cases. The medical evidence developed for initial adjudication should provide sufficient information about the nature and extent of disability to permit adjudication of the claim for wage loss. If not, OWCP will follow the procedures for developing medical evidence for wage-loss claims in traumatic injury claims.

Once OWCP accepts a claim, the burden of proof shifts from the employee to OWCP. To rescind the acceptance of a condition or to make a retroactive determination that an employee was not disabled for a period during which compensation was paid, OWCP must demonstrate not only that an error was made but that the weight of the evidence supports a different conclusion about the merits of the claim. In practice, this means that new evidence is virtually always required to rescind an acceptance.

4-3. Questionable Cases

If the supervisor questions the validity of a claim, he or she should investigate the circumstances and report the results to OWCP. All such allegations must be supported by specific factual evidence. Situations which may prompt the supervisor to conduct such an investigation, and actions which the agency may take, are as follows:

A. Differing Versions

If the employee has given differing versions of the incident to different people, or if several witnesses give differing accounts of the facts surrounding the injury, the supervisor should request a written statement from each person which details his or her knowledge of the situation.

B. Previous Injury

If the employee reported to work on the date of the claimed injury with the appearance of a pre-existing condition or injury, the agency should obtain statements from witnesses which detail the relevant observations.

C. Time Lags

If an injury is reported long after its alleged occurrence, and the employee appears to be able to perform normal duties, a written statement detailing the situation should be composed.

D. Other Employment

If an employee who has claimed injury is reported to be working at another job, the supervisor should first ask him or her about the requirements of the other employment. Depending on the reply, the supervisor may wish to ask the employee for permission to contact the other employer for information about duties and periods of work.

OWCP will consider all information submitted and correspond with the parties if necessary. Also, OWCP may investigate the claim, whether or not the agency has conducted an investigation. The authority to determine any aspect of a claim rests with OWCP, and while the agency is entitled to an explanation of the basis of OWCP's actions, it must accept the determination rendered.

4-4. Decisions and Notification

If disability is expected to occur or continue, OWCP will notify the employee by letter that his or her case is accepted. The letter will state the medical condition for which the claim is accepted and advise how to claim compensation benefits and obtain payment or reimbursement of medical bills.

In cases involving potential long-term disability, OWCP will notify the employee of his or her obligation to seek work when he or she is no longer totally disabled. The supervisor will receive a copy of this notification and will also be asked to submit a copy of the employee's job description and job application (OF-612 or equivalent) to prepare for eventual reemployment. (That process is described in Chapter 8.)

During the life of a claim, decisions may be rendered on various issues. OWCP, through our contractor, will usually advise employees by letter about such matters as approval or denial of surgical procedures and other forms of medical care, and payment of medical bills. Appeal rights are not included in such notifications, but OWCP will issue formal decisions on such matters if requested.

Any determination that sets forth OWCP's findings in the case and includes a description of the employee's appeal rights is known as a formal decision. OWCP issues a formal decision whenever it reaches an adverse decision about entitlement, such as denial of an initial claim or denial of continuing benefits. Three avenues of appeal are provided for employees (the agency is not entitled to appeal). The employee may request only one form of appeal at a time.

A. Hearing

The employee is entitled to either an oral hearing before an OWCP representative or a review of the written record (but not both), as long as written request is made within 30 days of the formal decision and a reconsideration has not already been requested. The employee may request a change of format under certain circumstances.

The request should be sent to the Branch of Hearings and Review at the address stated in the appeal rights; no specific form is needed. Hearings may be held in person, by telephone or video conference at the discretion of the hearing representative. If the hearing is held in person, it will be held within 100 miles of the employee's home; and the employee may present written evidence or oral testimony in support of the case. If a review of the written record is chosen, the employee may not present oral testimony but he or she may submit written evidence or argument.

If an oral hearing is requested, OWCP will advise the agency of the date and time. The agency may have one representative (or more, where appropriate) present at the hearing and/or request a copy of the transcript. The agency representative may not participate in the proceedings, however, unless specifically invited to do so by the employee or the OWCP representative.

For either an oral hearing or a review of the written record, OWCP will allow the agency representative 20 days to submit comments and/or additional documents, which will be subject to review and comment by the employee within a further 20 day period.

After the oral hearing is held or the review of the written record is completed, OWCP will issue a formal decision, including a description of the employee's further appeal rights.

B. Reconsideration

The employee may ask OWCP to reconsider a formal decision made by the district office. The request should be addressed to the district office. No special form is required, but the request should clearly state the grounds on which it is based. It must be accompanied by relevant evidence not previously submitted or arguments for error in fact or law in reaching the contested decision. A reconsideration must be requested within one year of the date the contested formal decision was issued.

For any request which meets these criteria, OWCP will provide the agency representative with a copy of the employee's request, and will allow 20 days for submittal of comments and/or documents which will in turn be subject to the employee's review and comment within 20 days. Following reconsideration, OWCP will issue a new formal decision that includes a description of the employee's further appeal rights.

C. Review by Employees' Compensation Appeals Board (ECAB)

An employee may request review by the ECAB, which is the highest authority in Federal workers' compensation claims. The employee should file for such review directly with the ECAB at the address shown in the formal decision. The ECAB's review is based solely upon the case record at the time of the formal decision; new evidence is not considered.

Employees should file application for review by the ECAB within 180 days of the date of the decision. This rule became effective, November 19, 2008.

Chapter 5. Continuation of Pay (COP)

This chapter describes the employee's entitlement to continuation of his or her regular pay (COP) for periods of disability or medical care which occur soon after a traumatic injury.

- 5-1 Definition and Entitlement
- 5-2 Use of Leave Instead of COP
- 5-3 Controversion
- 5-4 Pay Rate for COP Purposes
- 5-5 Computation
- 5-6 Light-or Limited-Duty Assignments
- 5-7 Recurrences
- 5-8 Terminating COP
- 5-9 Reporting COP

5-1. Definition and Entitlement

The FECA provides that an employee's regular pay may continue for up to 45 calendar days of wage loss due to disability and/or medical treatment after a traumatic injury. The intent of this provision is to avoid interruption of the employee's income while the case is being adjudicated. COP is not considered compensation and is therefore subject to the usual deductions from pay, such as income tax and retirement allotments. After entitlement to COP ends, the employee may apply for compensation or use leave.

An employee is entitled to receive COP when he or she is absent from work due to disability or medical treatment, or when he or she is reassigned by formal personnel action to a position with a lower rate of pay due to partial disability. Because informal assignment to light or limited duties without a personnel action does not result in pay loss, time worked in such a position may not be changed to COP. However, an employee whose work schedule is changed so that a loss of salary or premium pay (e.g., holiday pay or night differential, though not Sunday pay) results, is entitled to COP for such wage loss whether or not the schedule was changed by a formal personnel action.

Temporary employees are entitled to COP on the same basis as permanent employees. If a termination date has been set for an employee prior to the injury, however, COP need not be continued past the date of termination as long as Form SF-52 showing the date of termination has been completed. In this instance, OWCP will pay compensation to a disabled worker after employment has ceased. Like any other employee, a temporary worker who first reports a traumatic injury after employment ends is not entitled to COP.

Employees of the U.S. Postal Service who request COP as a result of a traumatic injury are not under FECA entitled to COP for the first 3 days of temporary disability. During this 3 day waiting period, an employee may choose to use annual leave, sick leave, or leave without pay. If disability eventually exceeds 14 days or is followed by permanent disability, COP will be paid for the 3 day waiting period and the USPS will reinstate any sick or annual leave used by the employee during this period.

5-2. Use of Leave Instead of COP

An employee may use annual or sick leave to cover all or part of an absence due to injury. If an employee elects to use leave, each full or partial day for which leave is taken will be counted against the 45 days of entitlement to COP. Therefore, while an employee may use COP intermittently along with sick or annual leave, entitlement is not extended beyond 45 days of combined absences.

An election of sick or annual leave during the 45-day period is not irrevocable. If an employee who has elected leave later wishes to elect COP, the supervisor must make such a change on a prospective basis from the date of the employee's request. Where the employee wishes to have leave restored retroactively, the supervisor must honor the request provided he or she receives *prima facie* medical evidence of injury-related disability for the period in question. A request to elect COP retroactively in lieu of leave must be made within one year of the date the leave was used or the date of written approval of the claim by OWCP, whichever is later.

U.S. Postal Service employees may use sick or annual leave, or leave without pay, during the three day waiting period. If disability extends beyond 14 days, the USPS will convert the three day waiting period to COP and restore any leave used.

5-3. Controversion

An agency's objection to paying COP for one of the reasons provided by regulation is called controversion. The supervisor may controvert a claim by completing the indicated portion of Form CA-1 and submitting detailed supporting information to OWCP. Even though a claim is controverted, the agency must continue the employee's regular pay unless at least one of the following conditions applies:

- A. The disability is a result of an occupational disease or illness;
- B. The employee comes within the exclusions of 5 U.S.C. 8101 (1)(B) or (E) (which refers to persons serving without pay or nominal pay and to persons appointed to the staff of a former President);
- C. The employee is neither a citizen nor a resident of the United States or Canada;
- D. The injury occurred off the employing agency's premises and the employee was not engaged in official "off-premises" duties;
- E. The employee caused the injury by his or her willful misconduct, or the employee intended to bring about his or her injury or death or that of another person, or the employee's intoxication was the proximate cause of the injury;
- F. The injury was not reported on a form approved by OWCP (usually Form CA-1) within 30 days of the injury;
- G. Work stoppage occurred more than 45 days after the injury;

H. The employee first reported the injury after employment was terminated;

I. The employee is enrolled in the Civil Air Patrol, Peace Corps, Job Corps, Youth Conservation Corps, work study program or other group covered by special legislation.

The agency may not continue pay under any of the above circumstances.

The agency may dispute an employee's right to receive COP, and/or the validity of the claim as a whole, on other grounds, for instance on the basis that the employee was not performing assigned duties when the injury occurred or that the condition claimed is not the result of a work-related injury. Any such objection should be supported by factual evidence such as witness statements, pictures, accident investigation reports, or time sheets. If the validity of a claim is disputed for reasons other than the nine listed above, the agency must continue regular pay for up to 45 calendar days. COP may not be interrupted during the 45-day period unless one of the conditions in section 5-6 or 5-8 is met.

5-4. Pay Rate for COP Purposes

An employee's regular pay is his or her average weekly earnings, including night or shift differential and various kinds of premium pay. It also includes other extra pay such as pay authorized by the Fair Labor Standards Act for employees who receive annual premium pay for standby duty and who also earn and use leave on the basis of their entire tour of duty including periods of standby duty. Overtime pay is not included except for administratively uncontrollable work covered under 5 U.S.C. 5545(c)(2).

A. *Standard Tour of Duty.* For a full-time or part-time worker, whether permanent or temporary, who works the same number of hours per week, the weekly pay rate equals the number of hours regularly worked each week times the hourly pay rate on the date of injury, excluding overtime.

B. *Non-standard Tour of Duty.* For a part-time worker, whether permanent or temporary, who does not work the same number of hours per week, the weekly pay rate equals the average weekly earnings for the year prior to the date of injury, excluding overtime.

C. *Intermittent Work.* For an intermittent or part-time worker, whether permanent or temporary, who does not work each week of the year (or the period of appointment), the weekly pay rate equals the average of the employee's weekly earnings during the year before the injury. The pay rate is computed on the basis of the total earnings divided by the number of weeks worked. Partial weeks worked are counted as whole weeks. The annual earnings used for this computation must not be less than 150 times the average daily wage (hourly rate times eight) earned within one year before the date of injury.

D. *Increments of Pay.* Night or shift differential, holiday or other extra premium pay (except for Sunday pay) should be included but overtime pay may not be considered.

E. *Changes in Pay.* Changes in pay due to within-grade increases, promotions, demotions, terminations of temporary details, etc., which would have occurred but for the injury are included in COP since COP represents salary and not compensation. Moreover, an employee who moves into a higher-paying job during the COP period is entitled to receive COP at the higher rate of pay. Where the weekly COP rate is based on the employee's average weekly earnings during the year prior to the date of injury, the COP rate should be changed by the same percentage as the change in hourly pay or salary.

F. *Lost Elements in Pay.* An element is sometimes lost due to the effects of the injury. For instance, a night shift worker may be reassigned to the day shift to perform light duty, and thus lose night differential. In such instances COP should be granted for the lost element of pay. Each day for which COP is granted to cover a lost element of pay will count as one full day of COP.

G. An employing agency is not required to include in COP elements of pay that the agency is prohibited to pay by law.

5-5. Computation

Unless the injury occurs before the beginning of the workday, time lost on the date of injury should be changed to administrative leave. For non-Postal employees, the period to be charged to COP begins with the first day or shift of disability or medical treatment after the date of injury, provided that the absence began within 45 days after the injury. For U.S. Postal Service employees, COP entitlement begins following the three day waiting period, unless the period of disability exceeds 14 days.

COP should be charged for weekends and holidays if the medical evidence shows the employee was disabled on the days in question. For example, if the physician states that disability will continue only through Saturday for an employee who has Saturday and Sunday off, COP will be charged only through Saturday.

If work stoppage occurs for only a portion of a day or shift, a full day of COP will be counted toward the 45-day entitlement even though the employee is not entitled to COP for the entire day or shift. For example, if an employee who has returned to work must lose three hours to obtain physical therapy for the effects of the injury, he or she is entitled to only three hours of COP even though one full day will be counted. If the employee is absent for all or part of the remaining workday, the time loss should be covered by leave, LWOP, AWOL, etc., as appropriate since absence beyond the time needed to obtain the physical therapy cannot be charged to COP.

If a partially disabled employee continues to work several hours a day, each day or partial day of absence from work is chargeable against the 45-day period.

5-6. Light or Limited Duty Assignments

When the physician's report shows that the employee is no longer totally disabled, he or she is required to accept any reasonable offer of suitable light or limited duty. Such an offer may be made by telephone but must be confirmed in writing within 48 hours to be valid. The offer should

include a description of the duties and requirements of the offered position. If a personnel action is involved, the employee must be furnished with a copy of it prior to the effective date.

COP should be paid if the employee has been assigned light or limited duty by formal personnel action and pay loss results (e.g., the employee is placed in a light-duty position at lower pay). The dollar amount of COP will be the difference between the pay rates of the job held on the date of injury and the light- or limited-duty position. One full day of COP should be charged for each day of light duty, even though the employee is working a full shift. COP should also be paid if the light or limited duty consists of work at regular duties for fewer than the usually scheduled number of hours.

If the employee refuses to accept the work offered, COP should be terminated as of the date of the employee's refusal or after five workdays from the date of the offer, whichever is earlier. OWCP will then determine entitlement based on the medical reports and the duties of the offered position and issue a formal decision concerning payment of COP. A discussion of the criteria used in making such determinations is found in Chapter 8-4.

5-7. Recurrences

In many cases, an employee will return to work without using all 45 days of entitlement to COP. Should such an employee suffer a recurrence of disability, he or she may use COP if no more than 45 days have elapsed since the date of first return to work, including part-time work and light or limited duty, and if he or she completes the Form CA-2a and elects to receive regular pay. If the recurrence begins later than 45 days after the first return to work, the agency should not pay COP even though some days of entitlement remain unused. A period which begins before the 45-day deadline and continues beyond it may be charged to COP as long as the period of time is uninterrupted.

If a third-party credit has been established, the supervisor should contact OWCP before paying COP.

5-8. Terminating COP

COP should not be stopped unless:

A. *Medical Evidence is Not Submitted Within 10 Calendar Days.* This period should be counted from the date the employee claims COP or the disability begins, or recurs, whichever is later. If the agency has not received *prima facie* medical evidence of injury-related disability within that period, it may stop COP.

However, the agency need not wait 10 days to request such evidence, which is defined as medical evidence showing that the employee is disabled because of an employment injury. Pay may be continued without such evidence if the supervisor is satisfied that the employee sustained a disabling traumatic injury.

For the purposes of this provision, *the 10-day period begins the day after the employee claims COP or the disability begins or recurs.*

B. *The Employee is No Longer Disabled.* The agency should terminate COP if: it received medical information from the attending physician stating that the employee is no longer disabled for regular work; a partially disabled employee returns to full-time light or limited duty with no pay loss; or the employee refuses a suitable offer of light-or limited-duty work.

C. *OWCP Notifies the Agency That Pay should be terminated.*

D. *The 45-Day Period Expires.*

An employee who is scheduled to be separated, and who reports a traumatic injury on or before the date of separation, is entitled to COP up to the date of separation and to compensation thereafter.

5-9. Reporting COP

A. *Time Cards.* Time loss for an employee who is receiving COP should be recorded as “COP” on the Time and Attendance Report. A diminishing record of the 45-day limitation is to be maintained in the “Remarks” block.

B. *Disability Ends.* If the disability ends before the 45-day period expires, the agency should terminate COP. An employee who is no longer disabled must return to work upon notification by the attending physician that he or she is able to perform full regular duty or suitable and available light or limited duty. If the employee has returned to duty prior to the Form CA-1 being completed, that information should be recorded on the Form CA-1. If not, the information may be obtained telephonically by a nurse assigned to the case during the COP period. If the employee who is no longer disabled does not return to duty, an overpayment which is subject to collection by the agency may result.

Employing agencies who use the Agency Query System (AQS) should complete and submit the electronic form CA-3, Report of Work Status, to notify OWCP of an injured employee's return to work following a work-related injury. This electronic form replaces the previous version of form CA-3, and may only be submitted via AQS. It may be submitted by an agency as often as necessary to report the return to work of an employee following a period of disability.

C. *Formal Decision.* In all cases OWCP has the final authority to determine whether the agency's action in paying or terminating COP is correct. If entitlement is denied, OWCP will issue a formal determination, usually conveyed by Form CA-1050. Payment made may then be changed, at the employee's option, to sick or annual leave or be deemed an overpayment subject to collection by the agency.

Chapter 6. Medical Benefits and Care

This chapter addresses medical benefits under the FECA.

- 6-1 Entitlement
- 6-2 Definition of Physician
- 6-3 Choice of Physician
- 6-4 Medical Treatment and Evaluation
- 6-5 Exclusion of Providers
- 6-6 Payment of Bills

6-1. Entitlement

The FECA at 5 U.S.C. 8103 authorizes medical services for treatment of any condition which is causally related to factors of Federal employment. No limit is imposed on the amount of medical expenses or the length of time for which they are paid as long as the charges represent the reasonable and customary fees for the services involved and the need for the treatment can be shown.

Federal employees are entitled to all services, appliances, and supplies prescribed or recommended by qualified physicians that, in the opinion of OWCP, are likely to cure, give relief, reduce the degree or the period of disability or aid in lessening the amount of monthly compensation. Medical care includes examination, treatment and related services such as medications, hospitalization, as well as transportation needed to secure these services. Preventative care may not be authorized, however.

6-2. Definition of Physician

The term “physician” includes surgeons, osteopathic practitioners, podiatrists, dentists, clinical psychologists, optometrists, and chiropractors within the scope of their practice as defined by State law. Naturopaths, faith healers, and other practitioners of the healing arts not recognized as physicians within the meaning of the law.

A. *Chiropractors.* Under the FECA, the services of chiropractors may be reimbursed only for treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist. The term “subluxation” is defined as an incomplete dislocation, off-centering, misalignment, fixation or abnormal spacing of the vertebrae anatomically which must be demonstrable on any X-ray film to individuals trained in the reading of X-rays. Chiropractors may interpret their own X-rays and, if a subluxation is diagnosed, OWCP will accept the chiropractor’s assessment of any disability caused by it.

If a Form CA-16 is issued to a chiropractor for emergency care and the condition diagnosed is other than a subluxation, OWCP will honor the charges incurred and terminate the authority of the Form CA-16. In this situation, the employee is entitled to select another physician who will need to submit a report substantiating the condition found in order for the claim to be accepted.

B. *Excluded Physicians.* The term “qualified physician” does not include those whose licenses to practice medicine have been suspended or revoked by a state licensing or regulatory authority or who have been excluded from payment under the FECA. (See paragraph 6-5 below.)

6-3. Choice of Physician

A. *Initial Choice.* An employee is entitled to initial choice of physician for treatment of an injury. He or she may choose any licensed physician in private practice who is not excluded, or he or she may choose to be treated at a government medical facility if one is available. Such facilities include hospitals of the Army, Navy, Air Force, Department of Veterans Affairs and their medical officers.

Agency personnel may not interfere with the employee’s right to choose a physician and may not require an employee to go to a physician employed by, or under contract to, the agency before going to the physician of the employee’s choice. Agency personnel may contact the attending physician only in writing and only to clarify or obtain

additional information about the employee's duty status or medical progress.

B. *Referral by Attending Physician.* The attending physician may engage the services of facilities which provide X-ray or laboratory services, or the services of specialists who can provide consultation. Charges for such services will usually be paid on the basis that the attending physician requested them.

C. *Change of Physicians.* Except for a referral made by the attending physician, any change in treating physician must be authorized by OWCP. Otherwise, OWCP will not pay for the treatment. The employee should request any such change in writing and explain the reasons for the request. If a physician chosen by an employee is later excluded from participation under the regulations, the employee should choose another physician. Otherwise, and upon notification by OWCP, he or she will be liable for payment of the bills from the excluded provider.

D. *Transfer of Medical Care.* The agency does not have authority to transfer medical care from one physician to another. If adequate medical care is not available locally or it appears that transfer of medical care is advisable for other reasons, the agency must contact OWCP for assistance.

E. *Provider Enrollment.* In order to receive payment, all medical providers must enroll with OWCP's contracted authorization and billing administrator. Instructions on enrollment procedures may be found on the OWCP web bill processing portal. Upon submission of the necessary enrollment information, each provider is assigned a unique provider identification number, which must be placed on all bills and authorization requests. An employee may view a listing of medical providers within a geographical area who have enrolled with our vendor by visiting the web portal.

6-4. Medical Treatment and Evaluation

A. *Provider Requests.* To guarantee payment, authorization for some forms of medical treatment should be obtained in advance. OWCP's medical authorization and billing contractor processes medical

authorization requests. Whenever an injured worker is treated, the medical provider should contact our vendor to determine whether the service or procedure requires authorization. Eligibility may be checked via the web portal ([link to site](#)). Providers for non-pharmacy services will need the case file number, procedure or revenue code for the service requested and the date(s) of service. For pharmacy services, the case file number, date of service and NDC code is needed. A real-time answer will be provided when this information is entered into the web portal.

Automated information on bill payment and medical authorization status may also be obtained via an interactive voice response telephone system at 1-866-335-8319. A customer service representative may be reached by calling 850-558-1818.

When a service requires prior authorization, the medical provider may submit a request via the web portal, or the authorization request may be faxed to 1-800-215-4901. . For faxed authorization requests, providers should use the appropriate authorization template. These forms are available on line at the web portal ([link to site](#)) .

The medical provider is responsible for requesting authorization of services. Neither the injured employee nor the employing agency should request medical authorizations.

Some services, such as non-emergency surgery, may require a second opinion examination before they can be approved. OWCP will not require an employee to undergo surgery or any other invasive procedure, such as a myelogram.

B. *OWCP Requests.* OWCP may ask other physicians besides the attending physician to evaluate an employee and/or file. OWCP may request such evaluations in connection with original or continuing entitlement to benefits, the percentage of the employee's permanent impairment, the ability to return to full or light duty or other issues. Physicians who may be asked to examine the employee and/or file are as follows:

(1) District Medical Director/Advisor (DMD/DMA). Each district office has one or more physicians on staff or under contract who

respond to questions raised by OWCP staff. These physicians interpret medical issues posed by treating physicians and provide their own opinions on medical questions. DMDs and DMAs also consider certain requests for surgery. They do not, however, examine employees except where a claim for disfigurement of the face, head, or neck is involved.

(2) Medical Specialist (Second Opinion Referral).

Medical issues sometimes arise which cannot be resolved on the basis of opinions given by the attending physician and the DMD/DMA. Opinion will then be requested from a physician who specializes in the field of medicine pertinent to the issue. OWCP will schedule the appointment and advise the employee of the arrangements. OWCP pays for the examination, as well as for reasonable travel expenses and wage loss incurred in connection with it. The employee may bring a physician paid by him or her to the examination if desired. The compensation of an employee who fails to attend an OWCP-scheduled examination without good cause will be suspended until the employee reports for examination.

(3) Referee Medical Specialist. A conflict of medical opinion may occur when the file contains differing medical opinions of approximately equal weight. Medical opinion from a referee specialist will then be arranged to resolve the conflict. Such conflicts may concern the relationship of a condition to factors of employment or the extent of disability.

OWCP selects the referee physician on the basis of rotation among the available specialists within a given geographical area who practice in the pertinent field of medicine. OWCP will arrange the appointment and advise the employee of the arrangements. As with second opinion referrals, OWCP will pay the cost of the examination, reasonable travel expenses and the amount of lost wages. Here again, the compensation of an employee who fails to attend the examination without good reason will be suspended until the employee reports for examination.

C. *Agency Requests.* The FECA does not address the issue of medical examination directed by the agency. Parts 339 and 353 of OPM's regulations grant authority to agencies to arrange for examination of any employee who files a compensation claim by a

physician of the agency's choice, at the agency's expense. However, the purpose of such an examination is solely to determine if the employee can work in some capacity, thereby facilitating a return to work. Medical examinations may not be used to intimidate employees. While agencies must send the results of such examinations to OWCP and notify OWCP if the employee refuses to be examined, the results of such examinations *per se* do not affect entitlement to compensation.

6-5. Exclusion of Providers

Certain providers may be excluded from participation in the Federal employees' compensation program. OWCP may not pay for the services of such providers during the period of exclusion.

A. *Fraud.* Providers who have been convicted under a criminal statute for fraudulent activities in connection with a Federal or state program which makes payments to providers for medical services are automatically excluded from participation in the FECA program. This means that OWCP will not honor their bills for services. Providers who are excluded or suspended from similar Federal or state programs, including Medicare, are also automatically excluded from participation in the FECA program.

B. *Other Grounds.* OWCP will begin exclusion procedures upon receipt of information that a provider has knowingly: made a false statement or misrepresented a fact in connection with a claim for reimbursement or request for payment; charged more than the provider's customary fee for similar services without good cause; failed to reimburse an employee who has paid a bill for treatment which was also paid by OWCP; repeatedly failed to submit full and accurate medical reports or failed to respond to requests for medical information; or furnished treatment substantially beyond the employee's needs or which fails to meet professionally recognized standards.

C. *Due Process.* The regulations appearing at 20 CFR §§ 10.815-10.826 include due process at every step to protect the rights of providers. These rights include administrative review of decisions and consideration of reinstatement after a period of exclusion if reasonable assurances exist that the action which led to the exclusion will not be

repeated. OWCP automatically reinstates providers who have been restored to participation in Medicare by the Health Care Financing Administration.

D. *Notification.* OWCP periodically distributes to agencies the names and addresses of excluded medical providers and reinstated medical providers. Before authorizing medical services on Form CA-16, the supervisor should ensure that the medical provider chosen by the employee is not excluded. An excluded physician may be reimbursed only for services rendered in a medical emergency. Designated agency officials should report to the OWCP district offices any instances of fraud or abuse coming to their attention.

E. *Medical Charges.* On receipt of a bill from an excluded provider, OWCP will determine whether either the agency or OWCP notified the employee that the provider was excluded from the program. If not, OWCP will generally honor the bill and advise both the provider and the employee that, in accordance with the regulations, OWCP will not pay for further treatment. An employee whose attending physician is excluded will be allowed to choose a new physician.

6-6. Payment of Bills

OWCP's contracted authorization and billing administrator provides medical bill payment services for OWCP. This includes enrolling providers, maintaining the provider file and performing certain bill resolutions and adjustments.

Only those services rendered for work-related injuries will be paid. Documentation usually takes the form of a report or clinical notes from the physician, or a copy of the discharge summary from the hospital.

A. *Forms.* Most providers must submit their bills on the American Medical Association (AMA) Standard Health Insurance Form (HCFA-1500). A version of the form which includes instructions for submitting bills to OWCP carries the same form number OWCP-1500. Either may be submitted. In some states the local version of the form may not be designated "HCFA-1500" or may differ from the standard

AMA form in other ways. Such local variations are acceptable if they are otherwise complete.

The following providers are required to use form HCFA-1500 or form OWCP-1500 to submit bills: physicians; psychologists; chiropractors; therapists, audiologists; radiologists; laboratories; ambulatory surgery centers; home nursing services, ambulance services and suppliers of medical equipment and goods. These providers can bill electronically via one of the following web portals:

- The OWCP Web Bill Processing Portal
- ACS EDI Gateway
- P2P Link

The provider will complete the required fields on a screen which resembles the HCFA-1500.

Pharmacies may bill electronically utilizing the above portals if charges are submitted on a HCFA-1500 or OWCP-1500 form, and the National Drug Code (NDC) number is accompanied by a J code. Pharmacies which utilize the Pharmacy Bill Management (PBM) system for real-time point of sale transactions may submit charges via the PBM portal (link to site). Pharmacies which do not utilize these forms of electronic submission should complete and submit form HCFA-1500 or OWCP-1500 to the OWCP central mailing address.

Dentists should use the ADA Form J515.

Hospitals, nursing homes and hospice facilities must use the Form UB-92.

Veterans Administration facilities must submit bills using the UB-92 for in-patient charges or the HCFA-1500 for outpatient charges.

Bills from foreign providers may be submitted on billhead.

B. *Requirements.* To be accepted for payment, the bill must include the following minimum information:

- (1) Employee's name and OWCP file number;

(2) Provider's name, address (including zip code where services were rendered), and ACS provider ID number;

(3) Diagnosis with appropriate International Classification of Disease, 9th Edition(ICD-9) code;

(4) Itemized list of services, with charges, and

(5) Tax identification number (the provider's Employer Identification Number or Social Security Number).

C. *Itemization.* All bills must be sufficiently itemized to allow for evaluation of charges. The Current Procedural Terminology (CPT) code for each medical, surgical, X-ray or laboratory service should be shown on the HCFA-1500, and bills should state the dates on which the services or supplies were furnished. Individual dates are not necessary if the bill is for repetitive charges over a period of time. In such cases, the billing should show the beginning and ending dates of service and the number of units of service.

D. *Time Limitation on the Payment of Bills.* No bill or reimbursement claim will be paid unless it is submitted to OWCP on or before December 31st of the year following the calendar year in which the expense was incurred or the claim or specific condition, as appropriate, was first accepted as compensable by OWCP, whichever is later.

E. *Disallowance of Charges.* The payee will be advised by Remittance Voucher (RV) of any adjustments to the bill. The RV will explain the amount of the deletion or reduction, the particular charge affected, the reasons for the action and the amount for which the bill is being approved. If a bill is reduced because the charges exceed the amount allowed by the OWCP fee schedule, this is noted on the RV. The medical provider must accept the amount paid by OWCP as payment in full, and may not attempt to collect any unpaid balance from the employee. Bill status information is also available on line at <http://owcp.dol.acs-inc.com>. This information is also available 24

hours per day, seven days per week via our contractor's Interactive Voice Response system (IVR) at (866) 335-8319.

F. *Reimbursement.* An employee may request reimbursement by submitting a completed Form OWCP-915, Claim for Medical Reimbursement. For office visits and most medical procedures or services, the Form HCFA-1500, completed in its entirety and signed by the provider, must accompany the OWCP-915. For hospitalizations, a UB-92, completed in its entirety, must be submitted with the OWCP-915. For pharmacy bills, a paper pharmacy billing form containing the name of the drug, the National Drug Code (NDC) and the date the prescription was filled must be submitted with the OWCP-915. Proof of payment must be submitted with the OWCP-915. As with payments to providers, the amount claimed may be reduced according to the OWCP fee schedule.

G. *Insurance Companies.* Sometimes bills for a work-related injury are submitted to an employee's health insurance carrier. The carrier may request reimbursement for such charges by submitting a completed NALC-200, Health Insurance Claim Form, Carrier Reimbursement (FECA Program) to ACS. This form, when completed and signed by the carrier's representative, requires no further verification of payment.

H. *Transportation Expenses.* Unless transportation is furnished by the government, the employee may be reimbursed for travel expenses to obtain medical care. Travel should be undertaken by the shortest route and by public conveyance, such as bus or subway, unless the medical condition requires the use of a taxicab or specially equipped vehicle. An employee who uses his or her automobile will be reimbursed at the standard mileage rate for government travel.

The Form OWCP-957 should be used to claim reimbursement for travel expenses. All items will be reimbursed on the basis of actual expenses. A per diem allowance is not payable. Wages and travel expenses of an attendant to accompany the employee may be approved if his or her condition is such that travel cannot be accomplished otherwise. Authorization for this expense should be obtained in advance of the travel, if possible.

I. *Incorrect Payments.* An employee who receives a reimbursement which he or she knows to be incorrect, either partially or totally, should return the payment to OWCP immediately. If an overpayment occurs, OWCP will determine whether the beneficiary is with fault in the creation of the overpayment. Only if a beneficiary is determined to be without fault may waiver of the overpayment be considered.

Chapter 7. Compensation Benefits

This chapter describes the various forms of compensation benefits which are available to injured employees and, in death claims, to survivors. It also includes a section on computing compensation payments.

7-1 Disability Benefits

7-2 Death Benefits

7-3 Dual Benefits

7-4 Computing Compensation

7-1. Disability Benefits

An employee who suffers work-related disability may be entitled to receive one or more types of wage-loss compensation, according to the nature and extent of disability incurred.

A. *Temporary Total Disability.* Compensation based on loss of wages is payable after continuation of pay ends (see Chapter 5) or from the beginning of pay loss. Without dependents, an employee is generally entitled to compensation at the rate of 66 2/3% of his or her salary. With dependents, he or she is entitled to compensation at the rate of 75% of the salary.

(1) Dependents. The following are considered dependents for compensation purposes:

(a) A wife or husband residing with the employee or receiving regular support payments from him or her, either court-ordered or otherwise;

(b) An unmarried child who lives with the employee or who receives regular contributions of support from him or her and who is under the age of 18, or over the age of 18 and incapable of self-support due to physical or mental disability;

(c) An unmarried child between 18 and 23 years of age who has not completed four years of post-high school education and who is regularly pursuing a full-time course of study;

(d) A parent who is wholly dependent upon and supported by the employee.

(2) **Waiting Days.** Except where the disability last more than 14 days or permanent disability results from the injury, a three-day waiting period, for which no compensation is payable, applies. Where COP is paid, the three-day waiting period begins after the 45th day of COP. For employees of the United States Postal Service, the three-day waiting period applies to payment of COP, and begins on the first day of the 45 day COP entitlement period.

OWCP will notify an employee who receives long-term disability payments of the amount of compensation to be paid, including the pay rate and compensation rate. Agency personnel should verify pay information via the Agency Query System (AQS). Compensation payments for total disability may continue as long as the medical evidence supports total disability. Only rarely is an employee declared permanently and totally disabled. Benefits provided for permanent total disability are the same as those provided for temporary total disability.

B. *Schedule Awards.* Compensation is provided for specified periods of time for the permanent loss or loss of use of certain members and functions of the body. Partial loss or loss of use of these members and functions is compensated on a proportional basis.

(1) **Compensation Schedule.** The following table shows the number of weeks payable for each schedule member if the loss or loss of use is total:

Member	Weeks
Arm	312
Leg	288
Hand	244
Foot	205
Eye	160
Thumb	75
First finger	46
Great toe	38
Second finger	30
Third finger	25
Toe other than great toe	16
Fourth finger	15
Loss of hearing – monaural	52
- binaural	200
Breast	52
Kidney	156
Larynx	160
Lung	156
Penis	205
Testicle	52
Tongue	160
Ovary (including Fallopian tube)	52
Uterus/cervix	205
Vulva/vagina	205

Compensation for loss of binocular vision, or for loss of 80 percent or more of the vision of an eye, is the same as for loss of the eye. The degree of loss of vision or hearing is determined without regard to correction. That is, improvements obtainable with use of eyeglasses, contact lenses and hearing aids are not considered in establishing the percentage of the impairment. The law does not allow for payment of a schedule award for impairment to the back, heart or brain.

(2) Medical Evidence Required. Before OWCP can consider payment of a schedule award, the condition of the affected part of the body must reach maximum medical improvement. This determination involves a medical judgment that the condition has

permanently stabilized. In most cases, the percentage of impairment is determined in accordance with the American Medical Association's Guides to the Evaluation of Permanent Impairment, Sixth Edition, and the evaluation on which the award is based must conform to the rules set forth there.

(3) Claim and Payment. Form CA-7 may be used to file a claim for schedule award, or consideration may be requested by narrative letter. Compensation for a schedule award is computed by multiplying the indicated number of weeks times 66 2/3% (without dependents) or 75% (with dependents) of the pay rate. (See paragraph A. (1) above for more information concerning dependents.)

(4) Decision. In issuing a schedule award, OWCP will notify the employee and agency of its length (in number of weeks or days), its starting date (the date of maximum medical improvement), the pay rate on which benefits are computed and the compensation rate. The decision will include a description of the employee's appeal rights.

Schedule awards can be paid even if the employee returns to work. Employees may not, however, receive wage-loss compensation and schedule award benefits concurrently for the same injury. If an employee sustains a period of total disability during the course of the award, it may be interrupted to pay the period of disability. The schedule award will resume afterwards. If an employee dies during the course of a schedule award from causes unrelated to the injury, his or her dependents are entitled to the balance of the award at the rate of 66 2/3%.

C. Loss of Wage-Earning Capacity. When the medical evidence shows that the employee is no longer totally disabled, OWCP will work toward his or her reemployment, either with the original agency or with another employer. (This process is described in Chapter 8.) If the employee is reemployed at a lower-paying job, or if OWCP determines that he or she can perform the duties of a lower-paying job deemed medically and otherwise suitable, compensation will be paid on the basis of the loss of wage-earning capacity.

(1) Payment. The FECA provides that employees who are partially disabled by a work-related injury or illness shall be

compensated at a rate equal to 66 2/3% (without dependents) or 75% (with dependents) of the wage loss incurred as a result of the disability. (Paragraph A.(1) above discusses dependents.) Benefits are paid for the duration of the wage loss due to work-related disability.

(2) *Decision.* When OWCP determines that the employee can perform a particular job and that the job fairly and reasonably represents the employee's wage-earning capacity or is otherwise suitable and available, OWCP issues a formal decision. This decision describes the basis for this determination and the formula used to compute the new level of benefits. It also contains a description of the employee's appeal rights.

D. *Disfigurement.* Where the employee suffers injury to the face, head, or neck and disfigurement results, the FECA provides for an award of compensation not to exceed \$3,500 if the disfigurement will likely be a handicap in securing or maintaining employment. As with schedule awards, payment of an award for disfigurement cannot be considered until maximum medical improvement has occurred. Such awards can be considered only for seriously disfiguring scars and deformities.

E. *Attendant's Allowance.* If an injury is so severe that the employee is unable to care for his or her physical needs such as feeding, bathing or dressing, an attendant's allowance of up to \$1,500 per month may be paid. The assistance required must be personal in nature. An attendant's allowance cannot be paid for housekeeping services. An employee who believes he or she is entitled to such an allowance should contact the district office by letter, for instructions on how to apply for this benefit.

Effective January 4, 1999, all attendants' allowances are paid as medical expenses. A home health aide, licensed practical nurse or similarly trained individual is to provide the necessary services, including assistance in feeding, bathing and using the toilet. Like other medical providers, the attendant is to bill OWCP using Form OWCP-1500 or HCFA-1500.

F. *House and Vehicle Modifications.* An employee whose injury severely restricts mobility and independence in the normal

functions of living, either permanently or for a prolonged period, may be entitled to house and/or vehicle modifications. Examples of such conditions include blindness, profound bilateral deafness or total loss of use of limbs such that a prosthesis, wheelchair or leg brace is required. An employee may apply for such modifications by narrative letter. They must be recommended by the attending physician and the modified house or vehicle must be consistent with the employee's pre-injury standard of living.

7-2. Death Benefits

The survivors of a Federal employee whose death is work-related are entitled to benefits in the form of compensation payments, funeral expenses, transportation expenses for the remains, if necessary, and payment for termination of the deceased's status as a Federal employee.

A. *Entitlement.* The following individuals are entitled to compensation:

- (1) A widow or widower;
- (2) An unmarried child under the age of 18, or over the age of 18 who is incapable of self-support due to mental or physical disability;
- (3) An unmarried child between 18 and 23 years of age who has not completed four years of post-high school education and is regularly pursuing a full-time course of study;
- (4) A parent, brother, sister, grandparent or grandchild who was wholly or partially dependent on the deceased.

B. *Compensation Payments.* Compensation is paid at the following rates:

- (1) A surviving spouse with no eligible children is entitled to compensation at the rate of 50% of the deceased employee's salary. Benefits are paid to the spouse until death or remarriage, if he or she is

under age 55. If a spouse under age 55 remarries, OWCP makes a lump-sum payment equal to 24 times the monthly compensation at the time of remarriage. Remarriage after the age of 55 does not affect benefits.

(2) A surviving spouse who has eligible children is entitled to compensation at the rate of 45% of the deceased employee's salary. An additional 15% is payable for each child, to a maximum of 75% of the salary. The children's portion is paid on a share-and-share-alike basis.

(3) If the deceased employee leaves no spouse, the first child is entitled to 40% and each additional child is entitled to 15% of the deceased employee's salary, to a maximum of 75%, payable on a share-and-share-alike basis.

(4) Other surviving dependents may be entitled to benefits at various percentages specified by the FECA according to the degree of dependence. Contact the district office for information about claims in this category.

C. *Funeral and Burial Expenses.* Up to \$800 will be paid for funeral and burial expenses. If the employee dies away from his or her area of residence the cost of transporting the body to the place of burial or cremation will be paid in full. Itemized funeral bills should be sent to OWCP. In addition, a \$200 allowance will be paid in consideration of the expense of terminating the deceased's status as a Federal employee.

D. *Employing Agency Death Gratuity.* Survivors of employees who died in the line of duty on or after August 2, 1990 are entitled to a death gratuity not to exceed \$10,000, less burial and administrative expenses paid by OWCP. Death gratuity payments that are made by employing agencies do not constitute dual benefits and no election between them and OWCP benefits is required.

E. *FECA Death Gratuity.* Under an amendment to the FECA, up to \$100,00 may be paid by OWCP to survivors of "an employee who dies of injuries incurred in connection with the employee's service with an Armed Force in a contingency operation." This one-time death gratuity is disbursed to the survivors in a specific order of precedence set forth in

the statute. An employee may change the order of precedence of survivors, as well as designate up to 50 percent of the benefit to any person. Designation of beneficiaries must be made in writing, signed and dated by the employee and an employing agency official. OWCP has created a designation form which may be used to specify the desired distribution of the death gratuity. It is recommended that this form be completed and retained by the employing agency any time an employee is assigned to provide service to an Armed Force in a contingency operation. The form may be found on the DFEC website at: <http://www.dol.gov/owcp/dfec/DeathGratuity.htm>

7-3. Dual Benefits

The FECA prohibits payment of compensation and certain other Federal benefits at the same time. This prohibition does not, however, prevent an individual from filing for benefits from more than one government program at a time. For instance, a claimant for disability benefits may file for a retirement annuity (regular or disability) while his or her claim with OWCP is pending. Similarly, a claimant for death benefits may file for a death annuity while his or her claim with OWCP is pending. Only if both benefits are approved will the rules governing dual benefits be invoked.

A. *Office of Personnel Management (OPM).* Except for schedule awards, a person may not receive disability benefits from OWCP concurrently with a regular or disability annuity (CSRS or FERS). Also, a person may not receive death benefits from OWCP concurrently with a survivor's annuity (CSRS or FERS).

Therefore, a beneficiary entitled to both benefits must elect between them. An individual may, however, receive disability benefits from OWCP or an annuity from OPM on his or her own behalf along with death benefits from the other agency which are payable on account of a spouse's death.

Either OWCP or OPM may offer the election, depending on which agency determined entitlement first. The beneficiary may change his or her election based on the more advantageous benefit.

B. *Department of Veterans Affairs (VA).* Individuals entitled to receive both compensation from OWCP and veterans' benefits may need to elect between the two. Such an election is required when the disability or death resulted from an injury sustained in civilian Federal employment and the VA has held that it was caused by military service, or when the VA increases a service-connected disability award due to an injury sustained in Federal civilian employment. In the latter case the election involves only the increase in VA benefits due to disability incurred during civilian employment. No election is required between OWCP benefits and VA benefits for strictly service-related disability. In death claims, OWCP may not duplicate any payment made by the VA for funeral or burial expenses and the total payable by both agencies may not exceed \$800.

C. *Social Security Administration.* An employee may receive Social Security payments and OWCP benefits at the same time, subject to income limitations imposed by the Social Security Administration. OWCP will offset any Social Security old age or death benefits which are attributable to the employee's Federal service and paid to an employee or his or her survivors.

D. *Lump Sum Death Benefits.* The lump sum death benefit available to survivors of an employee covered under the Federal Employees Retirement System (FERS) is considered a dual benefit. The lump-sum death benefit must be repaid by the survivor or absorbed by OWCP benefits before any OWCP benefits would be paid to the survivor.

E. *Other Federal Income.* An employee may receive compensation concurrently with military retired pay, retirement pay, retainer pay or equivalent pay for service in the armed forces or other uniformed services subject to reduction of such pay. (Delete reference-repealed)

An employee may receive severance pay concurrently with compensation for a schedule award or for loss of wage-loss capacity but not with compensation for temporary total disability. Separation pay may constitute a dual benefit and an agency offering such payments should contact OWCP for further guidance.

Finally, an employee may receive unemployment compensation benefits concurrently with OWCP benefits, although the state may offset a portion of these benefits.

7-4. Computing Compensation

While compensation is usually claimed in two-week increments to conform to standard Federal pay periods, compensation checks are issued on a weekly or four-weekly basis. Payments of compensation for brief periods of temporary total disability or schedule impairments are issued on a weekly basis, while longer-term payments for disability, schedule award and death are made every four weeks. Payments may be sent to the beneficiary or to a financial institution which he or she designates but they may not be sent in care of the employee's representative unless guardianship or conservatorship is established.

Compensation payments are based on a percentage of the employee's salary (or a statutory pay rate). Payments are computed by multiplying the applicable percentage by the wage rate and increasing the result by any cost-of-living increases to which the beneficiary is entitled.

A. *Pay Rate.* For both disability and death claims, the pay rate used to compute payments is the one in effect on the date of injury, date of recurrence or date disability began, whichever is higher. Thus, the pay rate for compensation purposes may change over the life of a claim. The salary used to compute compensation is not affected, however, by general increases in the rate paid for the employee's grade and step. Moreover, the pay rate is not affected by any promotion or raise the employee might have received in the future.

B. *Additional Elements of Pay.* Included in the salary are: night shift; Sunday differential; holiday pay; hazard pay; dirty work pay; quarters allowance and post differential for overseas employees and extra pay authorized by the Fair Labor Standards Act (FLSA) for employees who receive annual premium pay for standby duty and who also earn and use leave on the basis of their entire tour or duty, including periods of standby duty. Overtime pay is not included, except

for administratively uncontrollable work covered under 5 U.S.C. 5545(c)(2).

The supervisor should report these elements of pay by indicating the weekly or biweekly amount, if the employee has a regular schedule. Otherwise, the supervisor should compute and submit to OWCP the dollar amount paid in each category for the calendar year preceding the effective date of the pay rate.

C. *Compensation Rate.* The compensation rate is the percentage applied to the salary to determine the monetary amount of the compensation payment. (These rates are described in Chapters 7-1 for disability case and 7-2 for death cases.)

D. *Cost-of-Living Increases.* Each March 1, the increase in the cost of living for the preceding calendar year is determined. If the beneficiary has been entitled to compensation for at least one year before March 1, a cost-of-living increase may be applied to the benefits.

E. *Minimum and Maximum Rates.* The law provides for minimum and maximum payments of compensation.

(1) Disability. Compensation for temporary total disability or schedule awards may not exceed 75% of the basic monthly salary of an employee at the highest step of the GS-15 level. For temporary total disability it may not be less than 75% of the basic monthly salary of an employee at the first step of the GS-2 level or actual pay, whichever is less.

(2) Death. Compensation for death may not exceed 75% of the highest step of the basic GS-15 level and it may not be less than the minimum pay of the first step of the basic GS-2 salary. In no case may it exceed the employee's salary except when the excess is created by cost-of-living increases.

F. *Buy-back of Leave.* Compensation entitlement for leave repurchase is computed in the same way as compensation for temporary total disability. Because leave is paid at 100% of the usual wage rate and compensation is paid as a percentage, the employee will likely owe the agency money for repurchased leave.

Form CA-7a is used when dates of leave are intermittent or when more than one continuous period of leave is claimed. Form CA-7b explains how leave is repurchased and asks the agency to estimate the amount of compensation payable. The agency should advise the employee of the amount it requires to reinstate the leave and both parties must agree to the transaction before submitting the form.

G. *Lump-Sum Payments.* The FECA was designed to provide periodic payments of compensation benefits so that beneficiaries would have a continuing source of income. With few exceptions, such benefits are free from speculation, fluctuation and attachment by creditors, and they are also generally free from taxes. OWCP will consider making a lump-sum payment of compensation only to pay a schedule award or as a survivor's benefit to a widow or widower who remarries before age 55.

H. *Incorrect Payments.* An employee who receives a compensation payment which is incorrect should return the payment to OWCP immediately. If an overpayment occurs, OWCP will decide whether the beneficiary is with fault in creating the overpayment. Only if OWCP determines that the beneficiary is without fault may waiver of the overpayment be considered.

I. *Health Benefits.* OWCP makes deductions for health benefits coverage in cases where beneficiaries are entitled to continue their enrollment. Compensation must be paid for at least 28 days for deductions to be made and deductions cannot be made for periods less than 14 days.

(1) Criteria. The following requirements must be met to continue enrollment:

(a) Disability. If an employee was enrolled in a health plan under the Federal Employees' Health Benefit Plan at the time of injury, the enrollment will continue while compensation is being paid.

(b) Death. Enrollment may continue for the surviving family members if the deceased employee was enrolled for Self and Family at time of death and at least one covered family member receives compensation as a surviving beneficiary under the FECA.

Beneficiaries may change health benefits plans during open season in the same manner as current Federal employees.

(2) Transfer. If the employee will likely be on OWCP rolls for 90 days or more, OWCP will ask the employer to transfer the enrollment. If the employee returns to full duty (more than 32 hours per week), OWCP will transfer the enrollment back to the agency. If compensation benefits are terminated or if the employee elects an annuity from OPM, OWCP will transfer enrollment to OPM. (Once benefits from OWCP cease, there is no entitlement to health benefits through OWCP.) OWCP will also transfer to OPM the enrollment of a retired employee who is receiving a schedule award.

(a) Loss of Wage Earning Capacity (WEC). Employees (except Postal Service Employees - see (b) below) receiving compensation benefits for partial disability remain entitled to FEHB coverage. Thus, the enrollment will be retained by the district office and not transferred to the employing agency.

(b) Postal Service Employees. For all employees who return to duty with the U.S. Postal Service with a WEC, OWCP will transfer the enrollment back to the Postal Service to make the health benefit deductions.

J. *Federal Long Term Care Insurance Program (FLTCIP)*. FLTCIP, or "Long Term Care" is an insurance program sponsored by OPM and administered by Long Term Care Partners, a private sector partnership between the John Hancock Life Insurance Company and the Metropolitan Life Insurance Company. Long Term Care is available to all current Federal employees who are eligible for FEHB coverage, whether or not they are currently enrolled in a plan. Individuals receiving compensation who are separated from Federal service remain eligible to elect long term care. In addition, surviving spouses of deceased Federal or Postal employees are eligible. D.C. Government employees are not eligible to apply for coverage in the Federal Program, even if they may be eligible for FEHB coverage.

K. *Optional Life Insurance (OLI)*. For claimants injured before January 1, 1990, basic life insurance continues at no cost to the

employee while he or she is receiving compensation, unless the employee has elected Post-Retirement Basic Life Withholdings at 100% or 50% of the original value. Claimants injured on or after January 1, 1990, must pay for basic life insurance.

The agency determines eligibility for OLI. Therefore, when question “c” of section 10 on Form CA-7 is checked “yes”, OWCP considers the claimant eligible for continued coverage as long as the claimant is considered unable to return to duty.

Questions about basic life insurance should be referred to OPM.

Chapter 8. Managing Disability Claims

This chapter describes how OWCP manages disability claims. It also addresses the process of reemploying partially disabled workers and the sanctions applied to employees who do not cooperate with reemployment efforts.

- 8-1 Initial Actions by OWCP
- 8-2 Retention Rights
- 8-3 Nurse Services
- 8-4 Reemployment with the Agency
- 8-5 Vocational Rehabilitation Services
- 8-6 Assisted Reemployment
- 8-7 Payment of Relocation Expenses
- 8-8 Employees in Light-or Limited-Duty Status
- 8-9 Separation from Employment

8-1. Initial Actions by OWCP

If it appears that disability will continue for at least 60 days, OWCP may place the employee on the periodic roll and advise him or her that payment is being made.

OWCP also informs the employee that benefits for total disability are payable only while he or she is unable to perform his or her regular duties at work. The employee is also advised that he or she is expected to return to duty as soon as possible and is required to contact the agency to see if light or limited duty is available.

At the same time, OWCP asks the agency to send a copy of the employee's job description, including physical requirements, and a copy of his or her SF-171 or other employment application form. OWCP will request information about the employee's earnings and dependents periodically during the course of disability.

When the medical evidence shows that total disability has ended, OWCP will advise the employee that he or she is expected to seek

work. In accordance with 5 U.S.C. 8106, which provides for payment of compensation to partially disabled employees, OWCP will make every reasonable effort to arrange for employment of such employees. These efforts will concentrate initially on the employing agency. Only if reemployment with the agency is not possible will OWCP attempt to place the employee with a new employer.

8-2. Retention Rights

Under 5 U.S.C 8151, an employee who recovers within one year of starting compensation has mandatory rights to his or her old position or its equivalent, regardless of whether he or she is still on the agency rolls. If full recovery occurs after one year, or the employee is considered partially recovered, he or she is entitled to priority consideration as long as application is made within 30 days of the date compensation ceases.

Such employees incur no loss of benefits which they would have received but for the injury or disease. The regulations on retention rights are contained in 5 CFR Section 353, 301, 302, and 303. These sections of the regulations, as well as 5 U.S.C. 8151 are administered by OPM, not OWCP.

Any period of time during which an employee receives compensation from OWCP is credited to the employee for the purposes of determining rights and benefits based upon length of service, including eligibility for retirement.

An employee who has applied for and been approved for Federal retirement benefits is no longer considered an employee and any reemployment is covered by OPM rules and regulations for reemployed annuitants. This is true even if the employee never actually received a Federal retirement annuity.

OWCP's case management procedures emphasize return to work before the expiration of the employee's one-year entitlement to the same or an equivalent job.

8-3. Nurse Services

COP Nurse Intervention. Beginning in FY 2000, OWCP implemented a nurse intervention program during the COP period. Registered nurses (RNs) under contract to OWCP call or meet with employees, physicians and agency representatives to permit early identification of cases that will require more extensive nurse intervention.

A. This intervention is solely telephonic in nature and is limited to 30 days of case management. All traumatic injury cases with an initial work stoppage date less than 30 days prior to the date the case is received by OWCP are considered for this program. If the injured worker returns to work within 15 days of the date of the initial work stoppage, the case will not be considered for this program.

B. In cases where there is no return to work within 15 days of work stoppage, a telephonic nurse will be assigned to the case to contact the employer to ascertain the claimant's return to work status. If contact with the employer cannot be made or is unproductive, a call to the claimant will be placed to determine return to work status.

C. While nurse intervention is not extensive during the COP period, the nurses' medical knowledge and experience permits them to identify cases that will require more extensive nurse intervention due to the severity of the injuries, contemplated surgical intervention or other issues impeding a return to work. Such early recognition permits district offices to identify cases in need of prompt adjudication and assists claims examiners in prioritizing adjudication efforts, resulting in earlier active disability management in these cases.

D. Since claims in which the injured worker has successfully returned to work in a full time capacity may not require additional nurse intervention, effective use of the electronic CA-3 by the employing agency to notify OWCP of a return to work is critical to maximize the benefits of this early nurse intervention.

Field Nurse (FN) Intervention. RNs under contract to OWCP call or meet with employees, physicians and agency representatives to

ensure that proper medical care is being provided and to assist employees in returning to work.

OWCP refers for services all employees with approved traumatic injury claims who have continuing disability and, on a selective basis, employees with approved occupational illness claims who have continuing disability.

A. *Contacting the Interested Parties.* FNs may contact claimants, attending physicians and/or employing agencies to address claimants' questions concerning medical care; to obtain treatment plans, return to work plans, return to work dates and descriptions of work limitations; and to arrange return to work.

B. *Return to Work.* Conference calls may be held to arrange for return to work. Such calls should always include agency officials. When an employee returns to work the FN may accompany him or her on a walk through of the job to ensure that the duties are within the employee's medical limitations and that both the employee and the supervisor understand the limitations.

C. *Agency Nurses.* FNs may occasionally coordinate care with agency nurses. As a rule, however, agencies should not assign their own nurses to work with employees simultaneously with OWCP RNs.

8-4. Reemployment with the Agency

When the medical evidence shows that total disability has ended the agency is encouraged to consider reemployment. The following procedures apply to all employees still on the agency's rolls, regardless of how long they have received compensation.

A. *Medical Evidence.* To make a job offer the agency will need medical evidence describing the employee's medical limitations. (In some cases OWCP can provide this information.) Medical reports which address current limitations will usually suffice for this purpose. If the employee refuses to provide sufficient medical information for the agency to evaluate whether a job offer is appropriate, the agency should advise OWCP.

B. *Degree of Recovery.* If the employee is expected to return eventually to the job held at the time of injury, the agency may offer light, limited or modified duty pending full recovery. Any such offer should be made in the manner outlined in paragraph D below. If the residuals of the injury will prohibit the employee from returning to the position held at the time of injury and the employee has received compensation for more than one year, the agency should consider reemployment in the following order of preference:

- (1) Return to the position held at the time of injury with modifications to accommodate the employee's limitations;
- (2) Employment in another position at the same salary as the position held at the time of injury; or
- (3) Employment in another position at a lower salary than the position held at the time of injury.

C. *Guidelines for Reemployment.* The position should be compatible with the employee's medical condition, including any non-work-related medical condition which either pre-existed the injury at work or developed since it occurred. A temporary position may be offered only to a worker who held a temporary position when injured and, if such a job is offered, it must be at least 90 days in duration. Similarly, a seasonal position may be offered only to a worker who held a seasonal position when injured.

Generally, an employee who is capable of working four or more hours a day should be offered a position providing at least that much work, since employment of less than four hours a day is considered sheltered work and is reserved for the severely disabled. An offer of less than four hours of work a day is suitable for an employee who cannot work longer hours.

As far as possible, the tour of duty and the location of the identified job should correspond to those of the job held on the date of injury. If a job is offered in a location other than the one where the employee currently resides, the agency must document that no positions are available in the

current location. The agency must ensure that any position offered will be available for the entire period allowed for response to the offer.

D. *Elements of Job Offer.* The agency may contact the employee by telephone to advise that the job is available but the offer must be confirmed in writing within two business days. A copy of the offer must be sent to OWCP at the same time. The offer should include:

- (1) A description of the duties to be performed;
- (2) The specific physical requirements of the position and any special demands of the workload or unusual working conditions;
- (3) The organizational and geographical location of the job;
- (4) The date on which the job will be available;
- (5) The date by which a response to the job offer is required.

The agency should not, however, request election of OPM benefits if the employee declines the job offer. OWCP is solely responsible for obtaining such an election.

E. *Advising the Employee.* If the employee does not accept the job, OWCP will make a suitability determination. If the job is deemed unsuitable, OWCP will advise the employing agency of the reasons. If the job is found to be suitable, OWCP will notify the employee in writing and advise that he or she is expected to accept the job or to show reasonable cause for refusal. OWCP will advise the employee that failure to accept the job or respond within 30 days will result in termination of compensation payments.

F. *Employee Response.* If the employee responds to the agency, a copy should be forwarded to OWCP.

(1) Acceptance. If the employee accepts the job, the agency should notify OWCP as soon as possible of the date of return to duty so as to avoid overpayments of compensation. Effective the date of return to duty, compensation will be terminated, if no loss of pay has resulted, or reduced, if the new job pays less than the old.

(2) No Response. If no answer is received, OWCP will terminate benefits and issue a formal decision on the basis that the employee has refused suitable work.

(3) Refusal with No Explanation. If the employee refuses the offer without explanation, OWCP will terminate benefits and issue a formal decision.

(4) Refusal with Explanation. If the employee refuses the offer and provides reasons in support of the refusal, OWCP will evaluate them and determine whether reasonable cause has been shown. If so, OWCP will advise the employing agency and compensation will continue at a level reflecting the degree of disability while further attempts at placement are made. If not, OWCP will advise the employee and allow him or her an additional 15 days to return to work. If the employee still does not return to work, OWCP will terminate benefits and issue a formal decision.

Returning employees to gainful employment requires close cooperation between agencies and OWCP. Early notification of job offers and complete information about the offers aids OWCP in making its decisions. For its part, OWCP recognizes its responsibility to evaluate job offers promptly and advise employees of their rights and responsibilities in a timely manner so as to avoid undue delays.

8-5. Vocational Rehabilitation Services

The FECA at 5 U.S.C. 8104 provides for vocational rehabilitation services to assist disabled employees in returning to gainful employment consistent with their physical, emotional and educational abilities. An employee with extended disability may be considered for rehabilitation services if requested by the attending physician, the employee or

agency personnel. In addition, OWCP will routinely consider a case for rehabilitation services if the agency cannot reemploy the employee.

A. *Services Provided.* An OWCP Rehabilitation Specialist will contact the employee for an initial interview. The employee will then be referred to a state or private Rehabilitation Counselor for development of a rehabilitation plan. A plan may include one or more of the following: selective placement with the previous employer, placement with a new employer, counseling, guidance, testing, work evaluations, training and job follow-up. Each employee is provided the services most suitable for him or her and not every service will be included in a given rehabilitation plan.

B. *Advice to Employee.* When suitable jobs are identified, OWCP will advise the employee that it appears that he or she has a wage-earning capacity of a specific dollar amount which will likely determine future compensation entitlement. The employee will be advised that he or she is expected to return to work in a job similar to the one identified, that partial compensation based on the wage-earning capacity of the indicated job will probably be paid at the end of this effort and that when he or she has completed any necessary training or other preparation, OWCP will provide 90 days of placement services.

C. *Benefits Payable.* An employee in an approved vocational rehabilitation program may be paid an allowance in connection with this program not to exceed \$200 per month. The employee is also entitled to compensation at the rate for total disability during the rehabilitation program. Payment of a schedule award meets this requirement.

When the employee returns to work, OWCP will reduce compensation to reflect the wage-earning capacity if the new job pays less than the old. If reemployment is at the same or higher pay rate than the job held at the time of injury, OWCP will fully reduce compensation benefits. Even if the employee does not return to work, compensation will, in all likelihood, be reduced.

D. *Penalties.* Should an employee refuse to participate in an OWCP rehabilitation program or refuse to make a good faith effort to obtain reemployment, OWCP may reduce or terminate compensation depending on the circumstances of the refusal.

E. *Constructed Positions.* In some situations, reemployment does not occur despite the best efforts of the employee and OWCP. When this happens, OWCP may determine the employee's wage-earning capacity on the basis of a position that the medical evidence indicates the employee can perform and that is available in his or her commuting area. OWCP will determine the suitability of the position in accordance with the following factors:

- (1) The nature of the injury;
- (2) The degree of physical impairment;
- (3) The usual employment;
- (4) The employee's age;
- (5) Qualifications for other employment, including education, previous employment and training.

OWCP will issue a formal decision, including appeal rights, in any case where the benefit level is affected.

F. *Continued Disability Payments.* Only after careful medical and vocational development will OWCP determine that an employee has no current wage-earning capacity and should, therefore, be carried on the long-term compensation rolls at the rate for total disability.

8-6. Assisted Reemployment

OWCP may reimburse an employer who was not the employer at the time of injury for part of the salary of a reemployed worker. This wage subsidy is intended to assist in reemploying workers who could not be placed with their former employers. It is available to other Federal employers as well as to State and local governments and the private sector.

A. *Eligibility.* To be eligible, the agency cannot have been the worker's employer at the time of the injury, as identified by OWCP

chargeback billings, appropriations account number and agency hiring authority. Intra-departmental salary reimbursements are limited to agencies with a separate appropriation number from that of the original employing agency. It is not proper to use assisted reemployment where an employee is transferred within the agency or where an agency uses more than one appropriation number but hiring is controlled at a higher organizational level.

B. *Conditions of Participation.* The rate of reimbursement may not exceed 75% of the employee's gross wage. The actual rate of reimbursement available is decided on a case-by-case basis by OWCP and the agency.

Salary reimbursement may extend for up to 36 continuous months, but it will not continue if the period of reimbursement is interrupted by a recurrence of disability due to the accepted condition. The subsidy may not be transferred from one employer to another.

An agency interested in participating in assisted reemployment should contact the District Director or a rehabilitation specialist at the OWCP district office. Where a potentially suitable job has been identified, the rehabilitation counselor assigned to the worker will meet with agency personnel to explain details of the program.

For OWCP to consider reimbursement of salary expenses, the job offered must be found suitable, medically and otherwise. (See paragraph 8-5 above) To make such a finding, OWCP needs a copy of the position description which includes a statement of the physical requirements of the job.

C. *Elements of Agreement.* When a worker accepts a suitable job offer, the new employing agency and OWCP will enter into an Assisted Reemployment Cooperative Agreement. Each Agreement includes the following elements:

- (1) Employee's name and OWCP claim number;
- (2) Employer's name and address;

(3) A description of the procedures for claiming reimbursement and the payment schedule, including the method and maximum amount of wage reimbursement payments from OWCP to the employer for each employee hired;

(4) A job description and statement of starting wage rate.

D. *Transfer of Funds.* Once OWCP and the agency agree to financial and administrative arrangements, OWCP will contact the agency to determine the best methods of payment and transfer of funds. OWCP prefers to use the U.S. Treasury's GOALS/OPAC (On-Line Payment and Collection) system for reimbursement. For agencies which do not process payments through the U.S. Treasury, OWCP will make the reimbursement by check.

OWCP will then advise the agency, in writing, of the specific accounting procedures for transferring funds. Payment is made after the agency certifies, in writing, that the employee was actually employed and received wages during the quarter for which reimbursement is requested. Regardless of the method of reimbursement, OWCP will require quarterly submittal of records of the wages paid to these reemployed workers and the periods covered by those payments.

8-7. Payment of Relocation Expenses

OWCP's regulations at 20 CFR Section 10.508 provide that an injured employee who relocates to accept a suitable job offer after termination from the agency rolls may receive payment or reimbursement of moving expenses from the compensation fund. This regulation further states that Federal travel regulations (Joint Travel Regulations for employees of the Department of Defense) pertaining to permanent change of station (PCS) moves are to be used as a guideline in determining whether expenses claimed are reasonable and necessary.

A. *Locations of Old and New Jobs.* Relocation expenses may be paid for a former employee who is partially recovered from a compensable injury and who is offered a job in either the same or a different commuting area from the former job. OPM regulations governing the restoration rights of injured workers require consideration

of partially recovered employees only in the former commuting area. Thus, the extent to which an agency considers partially recovered employees for jobs outside the commuting area is a matter for agency personnel to decide.

Former employees who move voluntarily to other locations and are offered reemployment at their former installations are generally not entitled to payment of relocation expenses. (See Federal Travel Regulations or Joint Travel Regulations, as appropriate, and pertinent Comptroller General decisions which address relocation in the Government's interest.) The extent to which relocation expenses are payable when a fully or partially recovered employee is still on the agency's rolls is determined by government travel regulations pertaining to PCS moves.

However, OWCP's regulations state specifically that "the agency may offer suitable employment at the employee's former duty station or other location" and that relocation expenses will be payable in either case. Therefore, employing agencies should not discourage applications for payment of relocation expenses to the previous duty station. Given the savings in compensation costs which accrue to employing agencies that return their injured workers to the employment rolls, payment of relocation expenses to the original duty station is considered to be in the interest of the government.

B. *Eligibility. Relocation expenses are payable only to claimants who are no longer on the agency rolls.* The distance between the two locations must be at least 50 miles and the job must be medically and vocationally suitable. OWCP will authorize payment of expenses incurred to accept a temporary position as long as it is expected to lead to a permanent assignment. The employee need not show financial need for relocation expenses to be paid and payment/reimbursement of relocation expenses may be considered after the fact as long as the move took place after June 1, 1987, the effective date of the provision governing such moves.

OWCP staff will determine whether relocation expenses can be approved and will notify the employee and agency personnel. While payment by the agency, with reimbursement by OWCP through the U.S. Treasury's GOALS/OPAC (On-Line Payment and Collection) system is

preferred, direct withdrawal from the compensation fund may be authorized where necessary.

C. *Arranging the Move.* Because employing agencies have expertise in arranging PCS moves, OWCP asks agencies to calculate the costs and coordinate the activities involved in such moves, as far as possible. OWCP will be responsible for resolving any disputes between the employee and the agency as to allowable costs in accordance with government travel regulations.

D. *RITA Payments.* The IRS considers at least a portion of PCS payments to be reportable as income, even though such payments are intended to reflect actual expenses, and employing agencies usually include a Relocation Income Tax Allowance (RITA) to offset the additional income tax liability incurred because of PCS reimbursements. Because compensation benefits are not taxable, the RITA should not be included in paying relocation expenses under the FECA.

8-8. Employees in Light- or Limited-Duty Status

Many agencies place both newly injured and long-term disabled employees in light-or limited-duty jobs. Such placements usually benefit both employers and employees. However, when employees continue to hold such assignments after they are able to return to full duty, fewer light- or limited-duty jobs are available for more recently injured employees.

Therefore, it is the policy of OWCP to monitor injured employees who hold light- or limited-duty jobs until they have returned to full duty or until the medical evidence clearly establishes that they will never be able to return to full duty. Employing agencies can aid in this effort by identifying employees who have been in light- or limited-duty status for over three months.

8-9. Separation from Employment

A. *Reductions in Force.* When a formal loss of wage-earning capacity decision has been issued, the employee has the burden to establish further entitlement to compensation. Therefore, the status of an employee with an established wage-earning capacity who is removed due to an across-the-board reduction in force (RIF) or the closing of an installation (as opposed to the elimination of only light- or limited-duty jobs), does not change with regard to receipt of FECA benefits unless a formal claim for recurrence is filed. When no formal finding with regard to wage-earning capacity has been made and the employee has worked in the position for at least 60 days, OWCP may consider a retroactive loss of wage-earning capacity determination.

However, this does not preclude the employee from filing a formal claim for recurrence.

B. *Removal for Cause.* An employee who is separated for misconduct and whose removal is wholly unconnected to the work-related injury is not entitled to further compensation benefits.

Chapter 9. Agency Management of Compensation Claims

This chapter describes how agency personnel can learn more about the claims of their current and former employees and how they can manage their compensation programs.

- 9-1. Obtaining information
- 9-2. Inspection and Protection of Records
- 9-3. Managing Compensation Programs
- 9-4. Record-Keeping
- 9-5. Chargeback

9-1. Obtaining Information

Agencies have several options for obtaining claim information and contacting OWCP:

A. *Agency Query System (AQS)*. This system enables employers to access data for their employees through an Internet server that contains data on current case status, compensation payments and medical bill payments for all active compensation cases. Individual requests for access to AQS should be directed to the employing agency's Intra-Agency Coordinator.

B. *OWCP Interactive Voice Response (IVR)*. This system enables callers to access information using their telephone keypads. The IVR provides callers with information about submitting medical bills for reimbursement and filing claims. It also allows callers to query the Program's database for the status compensation claims, the date of the last compensation payment and other case-specific information.

C. *ACS Website and IVR*. Both the ACS website and the IVR enable users to access information on medical eligibility, medical authorization status and medical bill payment status.

D. *Telephone*: Most district offices have Customer Service Representatives who can provide information on the status of a claim and answer general questions. When more detailed information is needed, the Claims Examiner responsible for the case file can often satisfy the inquiry.

Agency managers with questions about common themes identified in a number of claims may contact the district office for clarification. Only inquiries that cannot be resolved in this way should be referred through the agency's headquarters. Policy questions may also be referred to OWCP's National Office.

9-2. Inspection and Protection of Records

Claims staff are instructed to provide agency personnel with copies of all significant correspondence to employees, even when the employees are no longer on the agency's rolls. Under the routine use provisions of the regulations governing release of information under the Privacy Act, agencies are entitled to obtain copies of other materials in their employees' compensation files as well.

The use of these copies must, however, be consistent with the reason the information was collected. In practice, this means that the use must be connected in some way with the compensation claim. Agencies may not use copies of information from claim files in connection with EEO complaints, disciplinary actions or other administrative actions without the employee's consent. Any questions concerning use or release of records should be directed to the district office.

To safeguard the privacy of information in compensation files, much of which is inherently sensitive, agencies should observe the following procedures:

A. *Making Specific Requests.* Requests from the agency for materials in a case file should include the specific reason for requesting the information (e.g. to verify that the employee actually worked for the agency or to attempt reemployment of the worker). OWCP will release the requested information either by telephone or in writing once satisfactory identification is presented. (This requirement needs to be met only once if an agency designates a particular individual as a liaison or principal contact with the district office.) Representatives of an investigative body within an agency may also obtain information upon presentation of proper credentials as long as the purpose for the request is stated.

B. *Inspecting Files.* An agency representative may ask to inspect files at the district office. OWCP will accommodate all such requests subject to logistical and physical limitations, including reasonable advance notice of the visit and a list of cases to be reviewed. Here again, the purpose should be stated specifically and the reviewer should be identified before the visit. A picture ID must be presented at the time of the visit unless the reviewer is known to the office.

C. *Penalties under the Privacy Act.* It is not appropriate for agency personnel to inspect records without a specific and valid purpose for doing so. That is, curiosity is not an acceptable reason for review. Agency personnel who review files should be conversant with the restrictions of the Privacy Act and the penalties stipulated for violations. These penalties include fines and imprisonment. OWCP will deny further access to any individual who improperly uses information from OWCP files.

D. *Contractors.* If the agency wishes to designate a private contractor to inspect the records, the agency should contact the OWCP National Office, in writing, to obtain approval for the arrangements. The agency should ensure that the contractor observes the regulations governing the Privacy Act as they review the files and report their findings to the agency.

Additional guidance regarding appropriate release of information from an employee's case file may be found in FECA Circular No. 09-05 ([link to document](#)).

9-3. Managing Compensation Programs

In the interests of providing good service to employees while containing costs, OWCP encourages active management of workers' compensation programs by agency personnel. It is important that agencies devote the time and effort necessary to ensure that claims are processed in a timely fashion. In particular, this means prompt submission of notices of injury and claims for compensation to OWCP.

A. *Training.* Ensure that sufficient training in technical and managerial skills is given to staff who routinely handle compensation claims and that resource materials are available to those who handle them infrequently. (A list of courses and resources is shown in Chapter 1.)

B. *Administration.* Establish a record-keeping system which will enable the agency to maintain copies of claim forms, medical reports, correspondence with OWCP and other materials related to each compensation claim in an orderly fashion. Designate a representative within each organization unit to act as a liaison with OWCP concerning unusually difficult claims.

C. *Documentation.* Ensure that the facts surrounding each injury are adequately investigated at the time of injury. Such investigation will help both the agency and OWCP to determine the validity of the claim.

D. *Medical Information.* Within OWCP and OPM regulations, obtain medical information from OWCP or injured employees as often as necessary to assess potential return to regular, light or limited duty. Advise physicians of any light-duty assignments available and their specific requirements. The agency can use the information gathered to monitor the claimant's medical care and notify OWCP if it appears that the care is inadequate.

E. *Reemployment.* Stay in touch with injured employees while they are receiving compensation, identify jobs suitable for them and take steps to reemploy recovered or recovering employees as soon as the medical evidence shows this is possible.

F. *Financial Records.* Monitor chargeback billings and arrange to charge costs to the lowest organizational level practicable to make managers more aware of costs. (Paragraph 9-5 below discusses the chargeback system in detail.

9-4. Record Keeping

Employing agencies often retain documents in connection with workers' compensation claims. Rules governing release, retention and disposal of such records differ according to the nature and source of the document involved.

A. *Documents in Employee Medical Folder (EMF).* A notice of injury not filed with OWCP is to be placed in the employee's EMF and retained in accordance with OPM regulations governing disposal of the EMF.

B. *Documents in OWCP Case File.* These documents include medical reports, copies of letters and decisions and any other material which is part of the case file, regardless of its source. These documents should be maintained in folders apart from the EMF or Official Personnel Folder, but such folders are not considered a "system of records" separate from the case file. Rather, they are considered an alternate location for the records, which remain under the jurisdiction of OWCP. Their retention and disposal is covered by the OWCP Records Retirement Schedule that requires case file material to be maintained for two years after case closure.

9-5. Chargeback

The FECA program is financed by the Employees' Compensation Fund that consists of monies appropriated by Congress or contributed by certain agencies from operating revenues. The chargeback system is the mechanism by which the costs of compensation for work-related injuries and deaths are assigned to employing agencies annually at the end of the fiscal accounting period, that runs from July to June for this purpose. Each year OWCP furnishes each agency with a statement of payments made from the Fund on account of injuries to its employees. The agencies include these amounts in their budget requests to Congress. The sums appropriated or obtained from operating revenues are deposited in the Fund.

A. *Identification.* A compensation claim is identified as belonging to a particular agency based on the agency code entered into

OWCP's data processing system when the case is created. The agency should code all initial notices of injury, disease and death to reduce chargeback errors. The employing agency receives a postcard (CA-801) containing only a case number. The agency should reference the case number in the Agency Query System (ACS) to determine the employee's name. OWCP also provides each agency with quarterly listings of the cases and charges that will appear on its yearly chargeback bill.

B. *Errors.* To prevent incorrect entries from appearing on the quarterly chargeback report and yearly bill, agencies should review the postcards and report errors to district offices as soon as possible. If no objection is raised upon receipt of the postcard, OWCP assumes that the chargeback code is correct and charges costs associated with the case to that agency's account.

If an agency receives a postcard that it believes to be incorrect, it should notify OWCP, in writing, within 60 days. The district office will then review the disputed case to determine whether a keying or coding error occurred and correct the agency code if necessary.

C. *Quarterly Chargeback Report.* Each agency receives a quarterly report listing all case and costs for which charges will appear on the yearly chargeback bill. This report can be used to identify and correct errors before the agency is billed for them. When an agency believes that a case appearing on its chargeback report does not belong on its account, it should check current personnel and payroll records, search the service record file and payroll records and/or send an inquiry to the Federal Records Center. Agency personnel may also review case files at the district office to resolve such discrepancies.

D. *Requesting Changes.* Requests for changes based on review of the quarterly chargeback report should be addressed to the District Director. The request should be made within 90 days of receipt of the report. It must be accompanied by appropriate documentation, such as a copy of a SF-50, service record card (SF-7) or response from the Federal Records Center. OWCP will review the case file and supporting evidence to determine whether an incorrect agency code was assigned. If the evidence does not support the agency's request,

OWCP will send the agency a copy of the Form CA-1, CA2, or CA-6 from the case file and explain the basis for its finding.

If the evidence shows that the disputed case belongs on another agency's account, OWCP will notify the new agency and forward a copy of Form CA-1, CA-2, or CA-6 from the case file. Before changing the agency code, OWCP will provide the new agency 60 days to advance any arguments for disputing ownership of the case. Due to the time needed to verify information and correct errors, problems brought to OWCP's attention during the fourth quarter of a fiscal year may not be corrected in time for that year's bill. If incorrect charges appear on the bill, adjustment will be handled as described below.

If the assigned chargeback code represents the wrong organization or command within the agency, the request for change of code must be made by an agency official with the authority to speak for the entire department, rather than for a single command or organizational unit.

E. *Adjustments to the Chargeback Bill.* When an adjustment to the yearly chargeback bill is desired, the agency must send the request directly to the OWCP National Office. It must be accompanied either by documentation that shows the disputed charge did not involve an employee of that agency or by a complete explanation of the basis for the agency's objection. OWCP will make a decision and correct verified errors by crediting the next year's billing statement.

If another agency should have been charged, OWCP will so advise that agency and a debit will appear on its next bill. Credits or debits will be made only for charges appearing on the agency's most recent bill. An adjustment will be made only if it will affect the total for the particular billing entity. OWCP will not transfer charges from one organization to another on the same bill.

APPENDIX A

BASIC FORMS

BASIC OWCP FORMS

Form Number	Form Title	Purpose	Prepared By	When Submitted	Completed Forms Sent To
CA-1	Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation	Notifies supervisor of a traumatic injury and serves as the report to OWCP when (1) the employee has sustained a traumatic injury which is likely to result in a medical charge against the compensation fund; (2) the employee loses time from work on any day after the injury date, whether the time is charged to leave or to continuation of pay; (3) disability for work may subsequently occur; (4) permanent impairment appears likely; or (5) serious disfigurement of the face, head or neck is likely to result	Employee or someone acting on employee's behalf; witness (if any); supervisor	By employee within 30 days (but will meet statutory requirements if filed no later than three years after the injury); by supervisor within 10 work days following receipt of the form from the employee	Supervisor by employee or someone acting on employee's behalf; then to appropriate OWCP office by supervisor

CA-2	Notice of Occupational Disease and Claim for Compensation	Notifies supervisor of an occupational disease and serves as the report to OWCP when (1) the disease is likely to result in a medical charge against the compensation fund; (2) the employee loses time from work on any day after the injury date, whether the time is charged to leave or leave without pay; (3) disability for work may subsequently occur; (4) permanent impairment appears likely; or (5) serious disfigurement of the face, head or neck is likely to result	Employee or someone acting on employee's behalf; witness (if any); supervisor	By employee within 30 days (but will meet statutory requirements if filed no later than three years after last exposure to the conditions causing the disease or awareness of a relationship between the disease and Federal employment); by supervisor within 10 work days following receipt of the form from the employee	Supervisor by employee or someone acting on employee's behalf; then to appropriate OWCP office by supervisor
CA-2a	Notice of Recurrence	Notifies OWCP that an employee, after returning to work, is again disabled due to a prior injury or occupational disease, or has suffered a recurrence of the accepted medical condition. It also serves as a claim for continuation of pay or compensation based on the recurrence of a previously reported disability	Employee	Immediately upon awareness that the employee has suffered a recurrence. An employee who stops work as a result of recurring disability shall advise the supervisor whether he or she wishes to continue receiving regular pay (if eligible) or charge the absence to sick or annual leave or leave without pay	Supervisor by employee or someone acting on employee's behalf; then to appropriate OWCP office by supervisor. An employee no longer employed by the Federal government should complete parts A and C and submit all materials directly to the appropriate OWCP district office

CA-3	Report of Work Status	Notifies OWCP that an employee has returned to work following a period of disability; provides information on the dates the employee stopped and returned to work, the reason for work stoppage and whether the employee has returned to full or modified duty	Injury compensation specialist with access to the Agency Query System (AQS)	As soon as possible after an employee returns to duty following a period of disability	Electronically submitted to OWCP via the Agency Query System (AQS)
CA-5	Claim for Compensation by Widow, Widower and/or Children	Claims compensation on behalf of these dependents when injury results in death	Person claiming compensation (for self or on behalf of children) and attending physician	Within 30 days, if possible, but no later than three years after death. If the death resulted from an injury for which a disability claim was timely filed, the time requirements for filing the death claim have been met.	Supervisor, by claimant or someone acting on claimant's behalf; then to appropriate OWCP district office
CA-5b	Claim for Compensation by Parents, Brothers, Sisters, Grandparents or Grandchildren	Claims compensation on behalf of these dependents when injury results in death	Person claiming compensation (or guardian on behalf of children) and attending physician	Within 30 days, if possible, but no later than three years after death. If the death resulted from an injury for which a disability claim was timely filed, the time requirements for filing the death claim have been met.	Supervisor, by claimant or someone acting on claimant's behalf; then to appropriate OWCP district office
CA-6	Official Superior's Report of Employee's Death	Notifies OWCP of the work-related death of an employee	Supervisor	Within 10 work days after knowledge by supervisor of an employee's work related death	Appropriate OWCP district office

CA-7	Claim for Compensation	Claims compensation for (1) leave without pay due to injury related disability or absence to obtain medical treatment; (2) repurchase of sick or annual leave used due to injury related disability or absence to obtain medical treatment; (3) loss of wage earning capacity resulting from the work injury; (4) schedule award for permanent impairment resulting from the work injury	Employee and supervisor or injury compensation specialist	By employee as soon as possible following wage loss or awareness of impairment; by supervisor or injury compensation specialist within 5 work days of receipt from employee	Supervisor by employee or someone acting on employee's behalf; then to appropriate OWCP office by supervisor
CA-7a	Time Analysis Form	Attached to form CA-7 when compensation is claimed for intermittent dates of absence due to work injury. Lists dates for which compensation or leave buy back is claimed	Employee and supervisor or injury compensation specialist	By employee, along with CA-7, as soon as possible after absence; by supervisor or injury compensation specialist within 5 work days of receipt from employee	Appropriate OWCP district office
CA-7b	Leave Buy Back Worksheet/Certification and Election	Attached to form CA-7 when leave buy back is claimed. Completed by employing agency to provide employee with estimate of amount needed to repurchase leave and election as to whether to proceed	Employee and supervisor or injury compensation specialist	By supervisor or injury compensation specialist, along with form CA-7, upon receipt of employee signature electing to repurchase leave	Appropriate OWCP district office
CA-16	Authorization for Examination and/or Treatment	Authorizes an injured employee to obtain immediate examination and/or treatment from a physician chosen by the employee for an on-the-job injury and provides OWCP with initial medical report.	Part A: Supervisor Part B: Attending physician	Part A: By supervisor within four hours of a traumatic injury. May be issued up to one week after injury. Part B: By attending physician or medical facility as promptly as possible after	Part A: Given to employee to provide to physician Completed form sent to appropriate OWCP district office

		Treatment may be obtained from a local hospital or physician		initial examination	
CA-17	Duty Status Report	Provides supervisor and OWCP with interim medical report containing information on employee's ability to return to work and physical limitations	Side A: Supervisor Side B: Attending physician	Promptly upon completion of examination	Original to employing agency; copy to OWCP central mail address
CA-20	Attending Physician's Report	Provides medical support for claim and is attached to Form CA-7 (can also be obtained or submitted separately); provides OWCP with medical information	Attending physician	Promptly upon completion of examination	Appropriate OWCP district office, if attached to form CA-7; OWCP central mail address otherwise
CA-40	Designation of a Recipient of the Death Gratuity Payment under Section 1105 of Public Law 110-181	Designates the manner in which a death gratuity of up to \$100,000 payable under Section 1105 of Public Law 110-181 will be disbursed when a Federal employee dies of injuries incurred in connection with his or her service with an Armed Force in a contingency operation	Employee and supervisor or injury compensation specialist	Any time a Federal employee is deployed overseas or otherwise assigned to provide service to an Armed Force in a contingency operation, as defined in Section 1105 of Public Law 110-181. Completed form should be maintained by the employing agency in the employee's official personnel file, or a related system of records, until such time as it is needed	Supervisor by employee or someone acting on employee's behalf; then to appropriate OWCP office by supervisor upon death of employee in connection with service with an Armed Force in a contingency operation

OWCP-5	Work Capacity Evaluation	Provides OWCP with medical opinion on employee's ability to work, and any work limitations experienced by the employee	Attending physician	Promptly upon completion of examination	OWCP Central mail address
OWCP-915	Claim for Medical Reimbursement	Used to seek reimbursement for out of pocket medical expenses pertaining to the treatment of an accepted condition. Form OWCP-915 can be used to seek reimbursement for expenses in regard to medical treatment, prescription medication and medical supplies.	Employee	As soon as possible after the expense is incurred. To be timely, form must be submitted within one year of the end of calendar year in which expense was incurred or claim accepted by OWCP	OWCP Central mail address
OWCP-957	Medical Travel Refund Request	Used to seek reimbursement for expenses incurred for travel to obtain medical treatment of a work related condition	Employee	As soon as possible after the expense is incurred. To be timely, form must be submitted within one year of the end of calendar year in which expense was incurred or claim accepted by OWCP	OWCP Central mail address

APPENDIX B INJURY/ILLNESS TYPE AND SOURCE CODES

Note: Select most specific type and source for event which initiated injury/illness.

Use heading as "other" for that category.

Use TYPE as "verb" and SOURCE as "noun" to describe incident.

EXAMPLE: Employee slipped on ice, cut hand on rock.

TYPE: 210, fell on same level

SOURCE: 0220, weather

INJURY/ILLNESS TYPE CODES

100 STRUCK

110 Struck by

111 Struck by falling object

120 Struck against

200 FELL, SLIPPED, TRIPPED

210 Fell on same level

220 Fell on different level

230 Slipped, tripped (no fall)

300 CAUGHT

310 Caught on

320 Caught in

330 Caught between

400 PUNCTURED, LACERATED

410 Punctured by

420 Cut by

430 Stung by

440 Bitten by

500 CONTACT

510 Contact with (motion of person)

520 Contact by (motion of object)

600 EXERTION

610 Lifted, strained by (single action)

620 Stressed by (repeated action)

700 EXPOSURE

710 Inhalation

720 Ingestion

730 Absorption

800 TRAVELING IN

999 UNCLASSIFIED OR INSUFFICIENT DATA

INJURY/ILLNESS SOURCE CODES

0100 BUILDING OR WORKING AREA

- 0110 Walking/working surface (floor, street, curbs, porches)
- 0120 Stairs, steps
- 0130 Ladder
- 0140 Furniture, furnishings, office equipment
- 0150 Boiler, pressure vessel
- 0160 Equipment layout (ergonomic)
- 0170 Windows, doors
- 0180 Electric, electricity

0200 ENVIRONMENTAL CONDITION

- 0210 Temperature extreme (indoor)
- 0220 Weather (ice, rain, heat, etc.)
- 0230 Fire, flame, smoke (not tobacco)
- 0240 Noise
- 0250 Radiation
- 0260 Light
- 0270 Ventilation
- 0271 Tobacco smoke
- 0280 Stress (emotional)
- 0290 Confined space

0300 MACHINE OR TOOL

- 0310 Hand tool (powered: saw, grinder, etc.)
- 0320 Hand tool (non-powered)
- 0330 Mechanical power transmission apparatus
- 0340 Guard, shield (fixed, moveable, deadman)
- 0350 Video Display Terminal
- 0360 Pump, compressor, air pressure tool
- 0370 Heating equipment
- 0380 Welding equipment

0400 VEHICLE

0410 Privately-owned vehicle (includes rental)

0411 As driver

0412 As passenger

0420 Government-owned vehicle

0421 As driver

0422 As passenger

0430 Common carrier (airline, bus, etc.)

0440 Aircraft (not commercially scheduled)

0450 Boat, ship, barge

0500 MATERIAL HANDLING EQUIPMENT

0510 Earthmover (tractor, backhoe, etc.)

0520 Conveyor (for material and equipment)

0530 Elevator, escalator, personnel hoist

0540 Hoist, sling chain, jack (for material and equipment)

0550 Forklift, crane

0560 Handtrucks, dollies

0600 DUST, MIST, VAPOR, ETC.

0610 Dust (silica, coal, grain, cotton)

0620 Fibers

0621 Asbestos

0630 Gases

0631 Carbon monoxide

0640 Mist, steam, vapor, fume

0650 Particles (unidentified)

0700 CHEMICAL, PLASTIC, ETC.

0710 Chemical dry

0711 Corrosive

0712 Toxic

0713 Explosive

0714 Flammable

0720 Chemical liquid

0721 Corrosive

0722 Toxic
0723 Explosive
0724 Flammable
0730 Plastic
0740 Water
0750 Medicine

0800 INANIMATE OBJECT

0810 Box, barrel, container, etc.
0820 Paper
0830 Metal item, mineral
0831 Needle
0840 Glass
0850 Scrap, trash
0860 Wood
0870 Food
0880 Personal clothing, apparel, shoes

0900 ANIMATE OBJECT

0910 Animal
0911 Bite (dog)
0912 Bite (other)
0920 Plant
0930 Insect
0940 Human (violence)
0950 Human (communicable disease)
0960 Bacteria, virus (not human contact)

1000 PERSONAL PROTECTIVE EQUIPMENT

1010 Protective clothing, shoes, glasses/goggles
1020 Respirator, mask
1021 Diving equipment
1030 Safety belt, harness
1040 Parachute

9999 UNCLASSIFIED OR INSUFFICIENT DATA

OCCUPATION CODES

For Postal Service employees, the occupation code consists of the characters "PS" plus the first four numbers of the appropriate occupation code. For all other Federal employees, the code begins with the two letters of the employee's pay plan (i.e., "GS", "GM", "WG", etc.) followed by the four numbers of the occupation series. For workers who perform services for the Federal government but who do not have job titles which fall under the usual job classification systems, a list of "non-standard" occupation codes and titles follows. Each code begins with the characters "??" instead of the usual pay plan letters.

Alpha/Numeric Code	Title
??013600	Peace Corps Volunteer
??008300	Non-Federal Law Enforcement Officer
??002100	VISTA Volunteer
??024300	Job Corps Enrollee
??030200	Mail Messenger
??350100	Contract Job Cleaner
??062100	Student Nurse
??046200	Forest Service Volunteer
??134100	Volunteer Weather Observer
??009900	State Maritime Academy Cadet
??009900	ROTC Cadet
??093000	Federal Juror
??218100	Civil Air Patrol Volunteer
??068500	Volunteer Hospital Worker
??024300	Youth Conservation Corps Volunteer
??047500	County Agent, Dept. of Agriculture
??350600	Student Aide

Alpha/Numeric Code	Title
??982500	Seaman
??020400	Coast Guard Reserve Member
??024000	Coast Guard Auxiliary Member
??002300	National Park Service Collaborator
??009900	College Work/Study Participant
??006000	Chaplain
??186300	State/Local Agriculture Inspector
??003000	Sports Clinic Performer
??018800	Entertainer/Armed Forces
??024300	Vocational Trainee
??046000	Forest Service Cooperator
??131600	Gage Reader, Corps of Engineers
??470100	Maintenance Worker, Dept. of HUD
??002600	National Park Service Volunteer
??020400	National Defense Executive Reserve
??174000	National Teacher Corps Member

Alpha/Numeric Code	Title
??061000	Contract Nurse
??060200	Contract Physician
??063000	Nutritional Aide, USDA
??174000	Reader for the Blind
??101600	Trust Employee, Smithsonian Institution
??045700	Soil/Water Conservation District Employee
??024300	Youth/Adult Conservation Corps Enrollee
??009900	Military Academy Cadet
??000600	Volunteer Trainee Probation Officer
??000600	Urban Crime Prevention Program Volunteer
??034500	Congressional Staff Member

APPENDIX C OCCUPATIONAL DISEASE CHECKLISTS

Evidence Required in Support of a Claim for Occupational Disease

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



All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	✓	FROM EMPLOYING AGENCY	✓
1. Give a detailed description of factors of employment believed responsible for condition. Be specific as to the duration and nature of the factors: for instance weights carried, distances walked, chemicals used, or other relevant job actions.		5. Review and comment on employee's statement provided in response to Item no. 1.	
2. Give the history of the condition from first awareness of the problem. Include description of all home treatment and professional care as well as symptoms.		6. If employee's job differs from official description, describe exactly his/her duties.	
3. Describe any prior similar problem, with dates of onset, history, medical care received, and copies of the medical records of your treatment.		7. Give a day-by-day listing of leave and leave without pay used due to this condition.	
4. Attach or forward a medical report from your physician to include the following items: a. Dates of examination and treatment. b. History given by you. c. Detailed description of findings. d. Results of all diagnostic tests. e. Diagnosis. f. The clinical course of treatment followed. g. Doctor's opinion, with reasons for such opinion, as to the relationship between any condition you may now have and the factors of employment identified in Item no. 1 above.		8. Attach copies of the employee's: a. SF-171, Application for Employment. b. Position description with physical requirements. c. Pertinent dispensary records. d. Most recent SF-50, Notification of Personnel Action.	

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

Diseases and illnesses which occur during or after Federal employment are not automatically covered by the Federal Employees' Compensation Act. You must provide factual and medical evidence to establish that conditions of employment caused or aggravated the disease or illness.

The Office of Workers' Compensation Programs (OWCP) understands that gathering the necessary evidence requires substantial effort. The attached checklist is designed to help you. Form CA-2 ("Federal Employees' Notice of Occupational Disease and Claim for Compensation"), your statements in response to the checklist, and a report from your treating physician should all be given to your agency Compensation Specialist at the same time. Please return the checklist with your statements. Check off each item as it is completed or let us know when we can expect the information. Your supervisor and the Compensation Specialist will compile the additional information required and forward a complete and organized package to OWCP. If your Agency has no Compensation Specialist or other person designated to forward information to OWCP, give the information directly to your supervisor.

Upon receipt of your claim, OWCP will create a case and assign it to a claims examiner for processing. You will receive a post card advising you of the case number. Use this number on all future correspondence about your claim.

If you are eligible for Civil Service retirement, you may apply for both retirement benefits from the Office of Personnel Management (OPM) and workers' compensation benefits from OWCP. However, in most cases, you cannot receive both benefits for the same period of time.

HINTS: Are your statements legible? Would your statements make sense to someone who has never done your job? Do your statements answer the questions? Are your statements complete and accurate? A NARRATIVE REPORT FROM YOUR PHYSICIAN IS REQUIRED. Reports on medical forms, such as Form CA-20, are rarely adequate in occupational disease cases.

NOTICE TO COMPENSATION SPECIALISTS AND SUPERVISORS

OWCP needs your help to improve the timeliness of adjudication of occupational disease cases. We have developed checklists to help you and the employee submit a claim in an organized and complete manner. The checklists will help the claims examiner identify what information has been submitted and what is still outstanding.

Whenever an employee wants to file a claim for occupational disease or illness, please give him or her:

1. Form CA-2, Federal Employees' Notice of Occupational Disease and Claim for Compensation, and
2. Two copies of the checklist describing evidence required in support of the claim. One checklist is for the employee to mark and return with the completed package. The second checklist is for the employee to take to the physician.

In addition to describing the evidence required from the employee, the checklists describe the information to be submitted by the employing agency. When Form CA-2 and the employee's statements are returned, you are required by instructions on the CA-2 to forward them to OWCP within ten working days. Statements and documents required from the agency should be submitted with the CA-2 whenever possible. Please use the checklist to note what information from the employing agency is enclosed, unavailable or pending. If pending, please give the anticipated mailing date. Agency comments, statements and documentation are essential for the examiner to get a well rounded picture of the employment conditions.

We appreciate your cooperation in this effort.

Evidence Required in Support of a
Claim for Work-Related Hearing Loss

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



IF YOU ARE FILING A CLAIM FOR HEARING LOSS, THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	✓	FROM EMPLOYING AGENCY	✓
1. List your employment history by employer, job title, and inclusive dates. Include non-Federal employment and military service.		9. Review and comment on the employee's statement in response to questions 1-5.	
2. For each job title, describe source of noise, number of hours of exposure per day, and use of any safety devices to protect against noise exposure. State when safety devices were provided.		10. Describe all work-related exposure to hazardous noise, including: a. Locations of job sites. b. Nature of exposure to noise (machinery, etc.). c. Decibel and frequency level (noise survey report) for each job site. d. Period of exposure, hours per day, days per week. e. Type of ear protection provided.	
3. Give history of any previous ear or hearing problems.			
4. Describe any hobbies which involve exposure to loud noise.			
5. If you are no longer exposed to hazardous noise at work, give the date you were last exposed.		11. Attach copies of the employee's: a. SF-171, Application for Employment. b. Job sheet and employment record. c. All medical examinations pertaining to hearing or ear problems, including preemployment examination and all audiograms.	
6. If you have been examined or treated by a doctor for an ear or hearing problem, provide a medical report and audiograms.			
7. State whether a claim for workers, compensation benefits for this or any other condition affecting ears or hearing was ever filed. If so, give date of claim, name and address where filed, and benefits received.		12. If the employee is no longer exposed to hazardous noise, give date of last exposure and the payrate in effect on that date.	
8. Give the date you first noticed your hearing loss.			
Give date you first related hearing loss to employment, and reason why.			

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

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HINTS: Are your statements legible? Would your statements make sense to someone who has never done your job? Do your statements answer the questions? Are your statements complete and accurate? A NARRATIVE REPORT FROM YOUR PHYSICIAN IS REQUIRED. Reports on medical forms, such as Form CA-20, are rarely adequate in occupational disease cases.

NOTICE TO COMPENSATION SPECIALISTS AND SUPERVISORS

OWCP needs your help to improve the timeliness of adjudication of occupational disease cases. We have developed checklists to help you and the employee submit a claim in an organized and complete manner. The checklists will help the claims examiner identify what information has been submitted and what is still outstanding.

Whenever an employee wants to file a claim for occupational disease or illness, please give him or her:

1. Form CA-2, Federal Employees' Notice of Occupational Disease and Claim for Compensation, and
2. Two copies of the checklist describing evidence required in support of the claim. One checklist is for the employee to mark and return with the completed package. The second checklist is for the employee to take to the physician.

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We appreciate your cooperation in this effort.

Evidence Required in Support of A
Claim for Asbestos-Related Illness

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



If you are filing a claim based on exposure to asbestos. Use this checklist to identify the information needed from you and your employing agency. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	✓	FROM EMPLOYING AGENCY	✓
1. List your employment history by employer, job title, and inclusive dates. Include non-Federal employment and military service (see attached questionnaire.)		9. Review and comment on the accuracy of the employee's description of work performed and exposure to asbestos and other substances.	
2. For each job title, describe the work you performed, the type of asbestos material used, locations where exposure occurred, period of exposure, number of hours per day and days per week exposed, and the types and frequency of safety precautions (mask, respirator, etc.) used (see attached questionnaire).		10. Provide exposure data, including air sample surveys or statements of the type of asbestos exposure, frequency, degree and duration for each job held. Air sample results should be reported in units of fiber/cc time weighted average. Also report concentrations of other pollutants and chemicals (see attached questionnaire).	
3. Describe any exposure you have had to other toxic substances. If none, state "None".		11. Give the date employee was last exposed to asbestos at work. If the employee was removed from exposure, give the circumstances.	
4. Describe any breathing or lung problems you have had in the past and treatment received (see attached questionnaire).		12. Attach copies of the employee's:	
5. Give your smoking history to include amount per day, and years (dates) you have smoked (see attached questionnaire).		a. SF-171, Application for Employment.	
6. Submit a report from your physician, including chest x-ray report, history, physical findings, diagnosis, opinion as to the relationship of the condition to employment, and course of treatment.		b. Position description with physical requirements for last job held.	
7. Give the date you first consulted a physician regarding respiratory or asbestos-related disease.		c. Job sheet and employment record.	
8. Submit reports of examination, treatment or hospitalization for any previous similar condition or pulmonary problem.		d. Pertinent dispensary records.	
		e. Most recent SF-50, Notification of Personnel Action.	
		f. Laboratory test results and chest x-ray reports on file.	
		13. Describe safety regulations and protective devices in use by employee, with period and frequency of use.	

PART A TO BE COMPLETED BY CLAIMANT

In order to determine if you are eligible for benefits, please provide the following information using your best estimates. If you run out of space, use a separate piece of paper and attach it to this form. Submit the form to your current (or last) employing agency. If the facility is no longer active, submit the statement to OWCP.

I. Employment History: Please include all employers, both Federal and non-Federal, your job titles, the work you performed, and the period you held each job. (Include military service).

Employer (Agency)	Job Title	Work Performed	Period	Fed. Civil Service? (Yes/No)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

II. Exposure History: Please describe all exposure to asbestos and other toxic materials in your employment. Include period of employment, type of exposure, number of hours exposed per workday and description of safety precautions used while working.

a. Asbestos: For "type of exposure" indicate whether exposure was heavy, medium or light:

Heavy - Visible airborne asbestos particles were evident.

Medium - Asbestos dust was visible on floors and work surfaces.

Light - No dust visible, but asbestos was in use.

Period	Type of Exposure (H, M, L)	Exposure Hrs/Day	Safety Precautions Used
1.			
2.			
3.			
4.			
5.			

b. Toxic Chemicals/Dust

Period	Material Exposed to:	Exposure Hrs/Day	Safety Precautions Used
1.			
2.			
3.			
4.			
5.			

(PLEASE CONTINUE ON REVERSE SIDE)

III. Medical History: Describe your medical history and include any treatment for heart, lung and other major health problems.				
Have you ever had:	Yes	No	If Yes, explain	Dates
1. Heart Problems?				
2. Lung Problems?				
3. Other Major Problems?				

IV. Smoking History: Describe your smoking history, including dates you smoked, amount of material smoked per day, and type of material smoked.						
Have you ever smoked:	Yes	No	If Yes, amount	No. of years	Date stopped	Dates
1. Cigarettes?						
2. Pipe?						
3. Cigars?						

PART B TO BE COMPLETED BY EMPLOYING AGENCY

Using the categories shown below, please complete the chart at the bottom of the page with reference to each Federal job held by this employee.

a. Nature of Exposure:

Primary - Normal duties required actual manipulation of asbestos and/or asbestos-related products and generated dust.

Secondary - Normal duties regularly involved work alongside others primarily exposed or in confined spaces.

Intermittent - Normal duties irregularly involved entry into locations where asbestos and/or asbestos products were manipulated.

Environmental - Normal duties were performed at a location where asbestos was used but the individual had no normal exposure in excess of ambient levels.

b. Degree of Exposure:

Heavy - Asbestos dust was usually visible in the air.

Medium - Asbestos dust was generally visible on work surfaces but did not cloud the air.

Light - Asbestos was used in work area but was generally not visible (although detectable).

Ambient - Asbestos levels did not exceed normal levels in the air outside of work spaces.

c. Frequency of Exposure: Hours per day.

Job Title	Period		Asbestos Exposure			Other Chemical or Dust Exposure				
	From	To	Nature	Degree	Frequency	Material	Nature	Degree	Frequency	Fiber/cc
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										

*U.S. Government Printing Office: 1989-229-460/99190

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

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Upon receipt of your claim, OWCP will create a case and assign it to a claims examiner for processing. You will receive a post card advising you of the case number. Use this number on all future correspondence about your claim.

If you are eligible for Civil Service retirement, you may apply for both retirement benefits from the Office of Personnel Management (OPM) and workers' compensation benefits from OWCP. However, in most cases, you cannot receive both benefits for the same period of time.

HINTS: Are your statements legible? Would your statements make sense to someone who has never done your job? Do your statements answer the questions? Are your statements complete and accurate? A NARRATIVE REPORT FROM YOUR PHYSICIAN IS REQUIRED. Reports on medical forms, such as Form CA-20, are rarely adequate in occupational disease cases.

NOTICE TO COMPENSATION SPECIALISTS AND SUPERVISORS

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Whenever an employee wants to file a claim for occupational disease or illness, please give him or her:

1. Form CA-2, Federal Employees' Notice of Occupational Disease and Claim for Compensation, and
2. Two copies of the checklist describing evidence required in support of the claim. One checklist is for the employee to mark and return with the completed package. The second checklist is for the employee to take to the physician.

In addition to describing the evidence required from the employee, the checklists describe the information to be submitted by the employing agency. When Form CA-2 and the employee's statements are returned, you are required by instructions on the CA-2 to forward them to OWCP within ten working days. Statements and documents required from the agency should be submitted with the CA-2 whenever possible. Please use the checklist to note what information from the employing agency is enclosed, unavailable or pending. If pending, please give the anticipated mailing date. Agency comments, statements and documentation are essential for the examiner to get a well rounded picture of the employment conditions.

We appreciate your cooperation in this effort.

Evidence Required in Support of a Claim
for Work-Related Coronary/Vascular Condition

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



IF YOU ARE FILING A CLAIM FOR CORONARY OR VASCULAR CONDITIONS (for example: heart attack, stroke, hypertension). THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	✓	FROM EMPLOYING AGENCY	✓
1. Give a detailed description of the factors of your employment you believe responsible for your condition. Identify dates, periods, events, people involved, etc.		6. Review and comment on the employee's statements in response to questions 1-5.	
2. If you are claiming compensation for a heart attack or stroke, provide a specific account of your activities on and off duty for one week prior to the attack, with emphasis on the twenty-four hours immediately preceding the attack.		7. Describe in detail the duties of the employee and the manner in which the duties were performed. If the work was different or more stressful than that performed by other employees, this should be explained.	
3. If you have a prior history of heart problems, provide a description of your condition and copies of medical records of treatment.		8. Document any personnel actions described in the employee's statement, such as changes in assignment, grievances filed by the employee, and other adverse personnel actions.	
4. Give your smoking history to include amounts and years (dates) you smoked.		9. Give the number of hours worked per day, days per week and the extent of overtime duty worked.	
5. Provide a medical report from your physician which includes:		10. Provide a day-by-day listing of leave and leave without pay used due to this condition.	
<ul style="list-style-type: none"> a. Dates of examination and treatment. b. History given by you. c. Family history and other risk factors. d. Detailed description of findings. e. Copies of all diagnostic test results. f. Diagnosis. g. The clinical course of treatment followed. h. Doctor's opinion, with reasons for such opinion, as to the relationship between any condition you may now have and the factors of employment identified in Item no. 1 above. 		11. Attach copies of the employee's:	
		<ul style="list-style-type: none"> a. SF-171, Application for Employment. b. Position description with physical requirements. c. Preemployment medical examination. d. All other pertinent medical reports available. e. Most recent SF-50, Notification of Personnel Action. 	

Form CA-35D
Rev. Aug. 1988

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

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HINTS: Are your statements legible? Would your statements make sense to someone who has never done your job? Do your statements answer the questions? Are your statements complete and accurate? A NARRATIVE REPORT FROM YOUR PHYSICIAN IS REQUIRED. Reports on medical forms, such as Form CA-20, are rarely adequate in occupational disease cases.

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1. Form CA-2, Federal Employees' Notice of Occupational Disease and Claim for Compensation, and
2. Two copies of the checklist describing evidence required in support of the claim. One checklist is for the employee to mark and return with the completed package. The second checklist is for the employee to take to the physician.

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We appreciate your cooperation in this effort.

Evidence Required in Support of a Claim
for Work-Related Skin Disease

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



IF YOU ARE FILING A CLAIM FOR A SKIN CONDITION, THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	✓	FROM EMPLOYING AGENCY	✓
1. Give a detailed description of employment factors you believe responsible for your condition, to include: a. Specific type of exposure. b. Frequency and duration of exposure. c. Protective equipment used to guard against exposure.		6. Review and comment on the employee's statements provided in response to questions 1-5. Comment on the exposure claimed, providing any available information about the trade name and/or chemical content of the suspected irritants.	
2. Describe any exposure to skin irritants outside the work environment, including the type, duration and frequency of exposure.		7. Provide a day-by-day listing of leave and leave without pay used due to this condition.	
3. Describe any previous skin conditions from the time they began through the present.		8. Attach copies of the employee's: a. SF-171, Application for Employment. b. Position description with physical requirements. c. Pertinent dispensary records. d. Copies of all physical examinations on file. e. Most recent SF-50, Notification of Personnel Action.	
4. Provide treatment records from any physicians who have provided treatment for any skin conditions.			
5. Attach or forward a medical report from your current physician to include: a. History of exposure. b. Findings. c. Diagnosis. d. Details of treatment. e. Explanation of the relationship between the findings and exposure history listed in Item no. 1 above. f. Discussion of temporary vs. permanent effect from work exposure. g. Work restrictions caused by the condition.			

Form CA-35E
Rev. Aug. 1988

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

Diseases and illnesses which occur during or after Federal employment are not automatically covered by the Federal Employees' Compensation Act. You must provide factual and medical evidence to establish that conditions of employment caused or aggravated the disease or illness.

The Office of Workers' Compensation Programs (OWCP) understands that gathering the necessary evidence requires substantial effort. The attached checklist is designed to help you. Form CA-2 ("Federal Employees' Notice of Occupational Disease and Claim for Compensation"), your statements in response to the checklist, and a report from your treating physician should all be given to your agency Compensation Specialist at the same time. Please return the checklist with your statements. Check off each item as it is completed or let us know when we can expect the information. Your supervisor and the Compensation Specialist will compile the additional information required and forward a complete and organized package to OWCP. If your Agency has no Compensation Specialist or other person designated to forward information to OWCP, give the information directly to your supervisor.

Upon receipt of your claim, OWCP will create a case and assign it to a claims examiner for processing. You will receive a post card advising you of the case number. Use this number on all future correspondence about your claim.

If you are eligible for Civil Service retirement, you may apply for both retirement benefits from the Office of Personnel Management (OPM) and workers' compensation benefits from OWCP. However, in most cases, you cannot receive both benefits for the same period of time.

HINTS: Are your statements legible? Would your statements make sense to someone who has never done your job? Do your statements answer the questions? Are your statements complete and accurate? A NARRATIVE REPORT FROM YOUR PHYSICIAN IS REQUIRED. Reports on medical forms, such as Form CA-20, are rarely adequate in occupational disease cases.

NOTICE TO COMPENSATION SPECIALISTS AND SUPERVISORS

OWCP needs your help to improve the timeliness of adjudication of occupational disease cases. We have developed checklists to help you and the employee submit a claim in an organized and complete manner. The checklists will help the claims examiner identify what information has been submitted and what is still outstanding.

Whenever an employee wants to file a claim for occupational disease or illness, please give him or her:

1. Form CA-2, Federal Employees' Notice of Occupational Disease and Claim for Compensation, and
2. Two copies of the checklist describing evidence required in support of the claim. One checklist is for the employee to mark and return with the completed package. The second checklist is for the employee to take to the physician.

In addition to describing the evidence required from the employee, the checklists describe the information to be submitted by the employing agency. When Form CA-2 and the employee's statements are returned, you are required by instructions on the CA-2 to forward them to OWCP within ten working days. Statements and documents required from the agency should be submitted with the CA-2 whenever possible. Please use the checklist to note what information from the employing agency is enclosed, unavailable or pending. If pending, please give the anticipated mailing date. Agency comments, statements and documentation are essential for the examiner to get a well rounded picture of the employment conditions.

We appreciate your cooperation in this effort.

Evidence Required in Support of a Claim
for Work-Related Pulmonary Illness
(not asbestosis)

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



IF YOU ARE FILING A CLAIM FOR PULMONARY CONDITION NOT RELATED TO EXPOSURE TO ASBESTOS, THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	✓	FROM EMPLOYING AGENCY	✓
1. Describe the work conditions which caused or aggravated your pulmonary condition; include types of irritants, dates of exposure and hours per day. Describe any safety measures taken.		6. Review and comment on employee's statement provided in response to questions 1-5. Give periods, degree and nature of exposure. Explain safety precautions. Give full details of any tests which were made to determine the concentration of irritants. Have other employees been similarly affected?	
2. Explain the development of the present pulmonary condition and treatment from its beginning.			
3. Give your smoking history to include amounts and years (dates) you smoked.		7. Provide a day-by-day listing of leave and leave without pay used due to this condition.	
4. Give the history of previous pulmonary conditions: include dates and nature of illness, and treatment records from all physicians and hospitals where you were treated.		8. Attach copies of the employee's:	
5. Attach or forward a medical report which includes the following items:		a. SF-171, Application for Employment.	
a. Dates of examination and treatment.		b. Position description with physical requirements.	
b. History given by you.		c. Preemployment medical examination and any other pertinent medical records.	
c. Detailed description of findings.		d. Most recent SF-50, Notification of Personnel Action.	
d. Results of all diagnostic tests.			
e. Diagnosis.			
f. The clinical course of treatment followed.			
g. Doctor's opinion, with reasons for such opinion, as to the relationship between any condition you may have and the factors of employment listed in Item no. 1.			

Form CA-35F
Rev. Aug. 1988

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

Diseases and illnesses which occur during or after Federal employment are not automatically covered by the Federal Employees' Compensation Act. You must provide factual and medical evidence to establish that conditions of employment caused or aggravated the disease or illness.

The Office of Workers' Compensation Programs (OWCP) understands that gathering the necessary evidence requires substantial effort. The attached checklist is designed to help you. Form CA-2 ("Federal Employees' Notice of Occupational Disease and Claim for Compensation"), your statements in response to the checklist, and a report from your treating physician should all be given to your agency Compensation Specialist at the same time. Please return the checklist with your statements. Check off each item as it is completed or let us know when we can expect the information. Your supervisor and the Compensation Specialist will compile the additional information required and forward a complete and organized package to OWCP. If your Agency has no Compensation Specialist or other person designated to forward information to OWCP, give the information directly to your supervisor.

Upon receipt of your claim, OWCP will create a case and assign it to a claims examiner for processing. You will receive a post card advising you of the case number. Use this number on all future correspondence about your claim.

If you are eligible for Civil Service retirement, you may apply for both retirement benefits from the Office of Personnel Management (OPM) and workers' compensation benefits from OWCP. However, in most cases, you cannot receive both benefits for the same period of time.

HINTS: Are your statements legible? Would your statements make sense to someone who has never done your job? Do your statements answer the questions? Are your statements complete and accurate? A NARRATIVE REPORT FROM YOUR PHYSICIAN IS REQUIRED. Reports on medical forms, such as Form CA-20, are rarely adequate in occupational disease cases.

NOTICE TO COMPENSATION SPECIALISTS AND SUPERVISORS

OWCP needs your help to improve the timeliness of adjudication of occupational disease cases. We have developed checklists to help you and the employee submit a claim in an organized and complete manner. The checklists will help the claims examiner identify what information has been submitted and what is still outstanding.

Whenever an employee wants to file a claim for occupational disease or illness, please give him or her:

1. Form CA-2, Federal Employees' Notice of Occupational Disease and Claim for Compensation, and
2. Two copies of the checklist describing evidence required in support of the claim. One checklist is for the employee to mark and return with the completed package. The second checklist is for the employee to take to the physician.

In addition to describing the evidence required from the employee, the checklists describe the information to be submitted by the employing agency. When Form CA-2 and the employee's statements are returned, you are required by instructions on the CA-2 to forward them to OWCP within ten working days. Statements and documents required from the agency should be submitted with the CA-2 whenever possible. Please use the checklist to note what information from the employing agency is enclosed, unavailable or pending. If pending, please give the anticipated mailing date. Agency comments, statements and documentation are essential for the examiner to get a well rounded picture of the employment conditions.

We appreciate your cooperation in this effort.

**Evidence Required in Support of a Claim
for Work-Related Psychiatric Illness**

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



IF YOU ARE FILING A CLAIM FOR A PSYCHIATRIC CONDITION, THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	✓	FROM EMPLOYING AGENCY	✓
1. Give a detailed chronological description of particular employment factors which you believe caused your condition. Please identify dates, periods, events, people involved, etc.		7. Review and comment on the employee's statements provided in response to questions 1-5. Submit statements from witnesses, if appropriate.	
2. Describe the progress and development of the work-related condition from its beginning.		8. Provide a detailed statement describing the duties of the employee and the manner in which the duties were performed. If the work was different or more stressful than that performed by other employees, this should be explained.	
3. Have you previously suffered from this or a similar condition? If so, give details of symptoms, disability and treatment records from all physicians and hospitals where you were treated.		9. Document any personnel actions described in the employee's statement, such as changes in assignment, grievances filed by the employee, and other adverse personnel actions.	
4. Give a brief description of your personal activities, hobbies, and any other employment.		10. Give the number of hours worked per day, days per week and the extent of overtime duty worked.	
5. Describe changes or other sources of stress in your personal life occurring in the same time frame.		11. Provide a day-by-day listing of leave and leave without pay used due to this condition.	
6. Attach or forward a medical report as described on the reverse.		12. Attach copies of the employee's: <ul style="list-style-type: none"> a. SF-171, Application for Employment. b. Position description with physical requirements. c. Preemployment medical examination. d. All other pertinent medical reports available. e. Most recent SF-50, Notification of Personnel Action. 	

Form CA-35G
Rev. Aug. 1988

MEDICAL REPORT FOR PSYCHIATRIC CLAIM

You should submit a medical report from your physician which includes:

- a. History of onset of illness.
- b. Social and family history.
- c. Detailed description of your work situation and identification of the specific work factors contributing to your emotional or psychiatric condition.
- d. Review of any non-industrial stress situations.
- e. Mental status examination, with pertinent findings.
- f. Results of psychological and personality testing.
- g. Diagnosis according to DSM III.
- h. Clinical course of treatment followed.
- i. Prognosis with estimate of when you will be able to return to work.
- j. Physician's opinion, with reasons for such opinion, as to whether, how and which factors of your employment caused, aggravated, precipitated, or accelerated your disability.
- k. An assessment of your current condition, with specific details on how you can or cannot function in daily activities, including a discussion of any limitations you may have in your ability to give or take supervision, cooperate with others, work under deadlines, or any other pertinent factors which may effect your work capacity.

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

Diseases and illnesses which occur during or after Federal employment are not automatically covered by the Federal Employees' Compensation Act. You must provide factual and medical evidence to establish that conditions of employment caused or aggravated the disease or illness.

The Office of Workers' Compensation Programs (OWCP) understands that gathering the necessary evidence requires substantial effort. The attached checklist is designed to help you. Form CA-2 ("Federal Employees' Notice of Occupational Disease and Claim for Compensation"), your statements in response to the checklist, and a report from your treating physician should all be given to your agency Compensation Specialist at the same time. Please return the checklist with your statements. Check off each item as it is completed or let us know when we can expect the information. Your supervisor and the Compensation Specialist will compile the additional information required and forward a complete and organized package to OWCP. If your Agency has no Compensation Specialist or other person designated to forward information to OWCP, give the information directly to your supervisor.

Upon receipt of your claim, OWCP will create a case and assign it to a claims examiner for processing. You will receive a post card advising you of the case number. Use this number on all future correspondence about your claim.

If you are eligible for Civil Service retirement, you may apply for both retirement benefits from the Office of Personnel Management (OPM) and workers' compensation benefits from OWCP. However, in most cases, you cannot receive both benefits for the same period of time.

HINTS: Are your statements legible? Would your statements make sense to someone who has never done your job? Do your statements answer the questions? Are your statements complete and accurate? A NARRATIVE REPORT FROM YOUR PHYSICIAN IS REQUIRED. Reports on medical forms, such as Form CA-20, are rarely adequate in occupational disease cases.

NOTICE TO COMPENSATION SPECIALISTS AND SUPERVISORS

OWCP needs your help to improve the timeliness of adjudication of occupational disease cases. We have developed checklists to help you and the employee submit a claim in an organized and complete manner. The checklists will help the claims examiner identify what information has been submitted and what is still outstanding.

Whenever an employee wants to file a claim for occupational disease or illness, please give him or her:

1. Form CA-2, Federal Employees' Notice of Occupational Disease and Claim for Compensation, and
2. Two copies of the checklist describing evidence required in support of the claim. One checklist is for the employee to mark and return with the completed package. The second checklist is for the employee to take to the physician.

In addition, to describing the evidence required from the employee, the checklists describe the information to be submitted by the employing agency. When Form CA-2 and the employee's statements are returned, you are required by instructions on the CA-2 to forward them to OWCP within ten working days. Statements and documents required from the agency should be submitted with the CA-2 whenever possible. Please use the checklist to note what information from the employing agency is enclosed, unavailable or pending. If pending, please give the anticipated mailing date. Agency comments, statements and documentation are essential for the examiner to get a well rounded picture of the employment conditions.

We appreciate your cooperation in this effort.

Evidence Required in Support of A Claim
for Work-Related Carpal Tunnel Syndrome

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



If you are claiming that your carpal tunnel or wrist problems are due to your job, use this checklist to identify the specific information needed from you and your employing agency to make a decision on the claim. All of the following information should be submitted with Form CA-2. Please return the checklist with statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	✓	FROM EMPLOYING AGENCY	✓
1. Prepare a statement giving the following information:		1. Review the employee's statement, giving the following information:	
a. Provide an outline of your work history, including non-Federal employment and military service. For each job held, give your job title, agency/company name, and dates (period) of employment.		a. Comment on the accuracy of the employee's statement describing Federal job duties involving use of hand/wrist.	
b. For each job title, describe duties which required exertion with or repeated movement of the wrist or hand. Describe nature and frequency of motions required, and average number of hours a day/week you did such work.		b. Provide a day-to-day listing of leave and leave without pay used by the employee due to carpal tunnel/wrist problems.	
c. Describe hobbies, physical fitness or other activities outside of work which also involved exertion or repeated motions of wrist/hand. State the nature of each such activity, years involved in each, and how many hours a week you engaged in such.		c. Give date employee entered on duty in job requiring above duties. Also give the effective date(s) and description(s) of any changes in work assignments due to employee's condition and indicate whether duty changes resulted in changes in pay.	
d. If you have ever had an injury to the hand/arm/wrist, or been diagnosed as having gout, arthritis, hypothyroidism, diabetes, a tumor, or deformity of the hand/wrist, from/since birth, describe the injury or condition, and state when injury occurred or condition was found.		2. Send us copies of employee's:	
e. Give a brief chronological history of your hand/wrist problem. State which hand(s) are affected, when you first experienced problems, nature of the problems and changes over time to present, and dates and nature of medical care obtained.		a. SF-1 71, Application for Employment;	
2. Ask all doctors who treated you to send us a copy of reports or notes describing the condition, testing, and treatment given.		b. Position description with physical requirements for last job held;	
		c. All available medical records, including report of pre-employment examination;	
		d. SF-50s or equivalent documents for changes in assignment/pay due to condition.	
3. Ask the doctor currently treating your condition to provide a detailed current medical report to include the following specifics:			
a. Dates of examinations;		e. Treatment to date and prognosis;	
b. Complete medical history of condition;		f. Reasoned opinion explaining any causal relationship between the condition and your Federal civilian job.	
c. Medical diagnosis of condition;			
d. Findings and test results, specifically including: results of Phalen's and Tinel's Sign tests; physical findings concerning sensation over palmar aspect of first three and one-half digits, and dorsal aspect of end joints of same digits, and any atrophy of the Thenar Eminence; results of nerve conduction velocity, and electromyographic testing;		It is MOST IMPORTANT that the doctor provide opinion as to the likely nature of the physical effects attributable to specified duties of your Federal job, and explain the medical reasoning which supports the opinion as to cause.	

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

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The Office of Workers' Compensation Programs (OWCP) understands that gathering the necessary evidence requires substantial effort. The attached checklist is designed to help you. Form CA-2 ("Federal Employees' Notice of Occupational Disease and Claim for Compensation"), your statements in response to the checklist, and a report from your treating physician should all be given to your agency Compensation Specialist at the same time. Please return the checklist with your statements. Check off each item as it is completed or let us know when we can expect the information. Your supervisor and the Compensation Specialist will compile the additional information required and forward a complete and organized package to OWCP. If your Agency has no Compensation Specialist or other person designated to forward information to OWCP, give the information directly to your supervisor.

Upon receipt of your claim, OWCP will create a case and assign it to a claims examiner for processing. You will receive a post card advising you of the case number. Use this number on all future correspondence about your claim.

If you are eligible for Civil Service retirement, you may apply for both retirement benefits from the Office of Personnel Management (OPM) and workers' compensation benefits from OWCP. However, in most cases, you cannot receive both benefits for the same period of time.

HINTS: Are your statements legible? Would your statements make sense to someone who has never done your job? Do your statements answer the questions? Are your statements complete and accurate? A NARRATIVE REPORT FROM YOUR PHYSICIAN IS REQUIRED. Reports on medical forms, such as Form CA-20, are rarely adequate in occupational disease cases.

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2. Two copies of the checklist describing evidence required in support of the claim. One checklist is for the employee to mark and return with the completed package. The second checklist is for the employee to take to the physician.

In addition to describing the evidence required from the employee, the checklists describe the information to be submitted by the employing agency. When Form CA-2 and the employee's statements are returned, you are required by instructions on the CA-2 to forward them to OWCP within ten working days. Statements and documents required from the agency should be submitted with the CA-2 whenever possible. Please use the checklist to note what information from the employing agency is enclosed, unavailable or pending. If pending, please give the anticipated mailing date. Agency comments, statements and documentation are essential for the examiner to get a well rounded picture of the employment conditions.

We appreciate your cooperation in this effort.

APPENDIX D ADDRESS LIST AND JURISDICTIONAL MAP



District Office 1 – Boston

U.S. Department of Labor, OWCP
JFK Federal Office Building, Room E-260
Boston, MA 02203
617-624-6600

District Office 2 – New York

U.S. Department of Labor, OWCP
201 Varick Street, Room 740
New York, NY 10014
646-264-3000

District Office 3 – Philadelphia

U.S. Department of Labor, OWCP
Curtis Center, Suite 715 East
170 S. Independence Mall West
Philadelphia, PA 19106-3308
215-861-5481

District Office 6 – Jacksonville

U.S. Department of Labor, OWCP
400 West Bay Street, Room 826
Jacksonville, FL 32202
904-357-4777

District Office 9 – Cleveland

U.S. Department of Labor, OWCP
1240 East Ninth Street, Room 851
Cleveland, OH 44199
216-357-5100

District Office 10 – Chicago

U.S. Department of Labor, OWCP
230 South Dearborn Street, Eighth Floor
Chicago, IL 60604
312-596-7157

District Office 11 – Kansas City

U.S. Department of Labor, OWCP
Two Pershing Square Building
2300 Main Street, Suite 1090
Kansas City, MO 64108
816-502-0301

District Office 12 – Denver

U.S. Department of Labor, OWCP
1999 Broadway, Suite 600
Denver, CO 80202
720-264-3000

District Office 13 – San Francisco

U.S. Department of Labor, OWCP
90 Seventh Street, Suite 15300
San Francisco, CA 94103
415-625-7500

District Office 14 – Seattle

U.S. Department of Labor, OWCP
1111 Third Avenue, Suite 650
Seattle, WA 98101-3212
206-398-8100

District Office 16 – Dallas

U.S. Department of Labor, OWCP
525 South Griffin Street, Room 100
Dallas, TX 75202
972-850-2300

District Office 25 – Washington, D.C.

U.S. Department of Labor, OWCP
800 N. Capitol St., N.W., Room 800
Washington, D.C. 20211
202-513-6800