

ELRM Occupational Disease Sections

541.11 **Law** Under the provisions of the Postal Reorganization Act, 39 U.S.C. 1005 (c), all employees of the United States Postal Service are covered by the Federal Employees' Compensation Act (FECA), 5 U.S.C. 81.

541.131 **Disability** FECA provides that employees who suffer job-related disabilities are entitled to:

- a. Continuation of pay (COP) for the period of the disability, up to a maximum of 45 calendar days, for a traumatic job-related injury (see 541.2d).
- b. Compensation for wages lost as a result of job-related injury or disease or illness.
- c. Medical care for disability due to:
 - (1) Personal injuries sustained while in the performance of duty.
 - (2) Diseases proximately caused, aggravated, or accelerated by postal employment.
- d. Vocational rehabilitation.

541.2 Definitions

- b. *Claim* — an assertion, in writing, of an individual's entitlement to benefits under FECA. This claim must be submitted on a form as required by 542. A claim may be filed for a traumatic injury, an occupational disease or illness, or death.
- c. *Claimant* — an individual whose claim for benefits and/or compensation has been filed in accordance with FECA and the provisions of 542.
- e. *Control office* — a unit staffed with an Injury Compensation manager and human resources specialists responsible for injury compensation program administration.
- f. *Control officer* — the Injury Compensation manager who heads the control office and manages the administration of the injury compensation program within a performance cluster.
- g. *Control point* — an individual who is designated by the district manager and/or installation head to coordinate claim management activity with the control office and is one of the following:
 - (1) A human resources specialist if an injury compensation unit is available and staffed.
 - (2) The postal physician or occupational health nurse administrator if an occupational health services office is available and staffed.
 - (3) An appropriate designated supervisor (full-time or collateral duty).
- h. *Injury* — a traumatic injury (see 541.2r) or an occupational disease or illness (see 541.2j), including damage to or destruction of medical braces, artificial limbs, and other prosthetic devices. The term does not include the damage or destruction of eyeglasses and hearing aids, unless the damage or destruction is a direct result of a personal job-related injury requiring medical services.
- j. *Occupational disease or illness* — an illness or disease produced by one of the following:
 - (1) Systemic infections.
 - (2) Continued or repeated stress or strain.
 - (3) Exposure to toxins, poisons, fumes, etc.
 - (4) Other continued and repeated exposure to conditions of the work environment over a longer period of time than a single day or work shift.
- l. *Official supervisor* — an individual who is responsible for the supervision, direction, or management of employees.
- m. *Physician* — any surgeon, podiatrist, dentist, clinical psychologist, optometrist, chiropractor, or osteopathic practitioner used within the scope of his or her practice as defined by state law.

541.3 **Forms** Each installation head must maintain an adequate supply of the following basic forms, which are needed for recording and reporting injuries:

Form Title

CA-1 Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation
CA-2 Notice of Occupational Disease and Claim for Compensation
CA-2a Notice of Federal Employee's Recurrence of Disability and Claim for Pay/Compensation
CA-5 Claim for Compensation by Widow, Widower, and/or Children
CA-5b Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren
CA-6 U.S. Department of Labor Official Superior's Report of Employee's Death
CA-7/20 Claim for Compensation on Account of Traumatic Injury or Occupational Disease/Attending Physician's Report
CA-7a Time Analysis Form
CA-7b Leave Buy-Back Worksheet/Certification Form
CA-10 What a Federal Employee Should Do When Injured at Work
CA-11 When Injured at Work
CA-16 Authorization for Examination and/or Treatment
CA-17 Duty Status Report
CA-35A Evidence Required in Support of a Claim for Occupational Disease
CA-35B Evidence Required in Support of a Claim for Work-Related Hearing Loss
CA-35C Evidence Required in Support of a Claim for Asbestos- Related Illness
CA-35D Evidence Required in Support of a Claim for Work-Related Coronary/Vascular Condition
CA-35E Evidence Required in Support of a Claim for Work-Related Skin Disease
CA-35F Evidence Required in Support of a Claim for Work-Related Pulmonary Illness (not asbestosis)
CA-35G Evidence Required in Support of a Claim for Work-Related Psychiatric Illness
CA-35H Evidence Required in Support of a Claim for Carpal Tunnel Syndrome
CA-915 Claimant Medical Reimbursement Form
HCFA-1500 Health Insurance Claim Form
Pub 71 Notice for Employees Requesting Leave for Conditions Covered by Family and Medical Leave Policies
PS 2488 Authorization for Medical Report
PS 2491 Medical Report — First Aid Injuries
PS 2556 Third Party Statement of Recovery
PS 2557 Employee's Third Party Recovery Statement
PS 2559 Third Party Claim — Information Request
PS 2560 Referral of Third Party Material
PS 2562 Injury Compensation Program — Notice of Potential Third Party Claim
PS 2573 Request — OWCP Claim Status
PS 2577 Assignment of Claim to the Postal Service

542 **FECA Claim Requirements**

542.12 **Occupational Disease or Illness**

542.121 **Notice** The notice of occupational disease or illness is given on Form CA-2.

542.122 **Time Limit** FECA specifies that notice be given by the employee, or person acting on behalf of the employee, within 3 years of the onset of the condition. In cases of latent disability, the time for filing the claim does not begin to run until the employee has a compensable disability and is aware, or reasonably should be aware of the causal relationship between the disability and the employment. Failure to give notice within this time period may result in a loss of compensation rights. If the claim is not filed within 3 years, compensation may still be allowed if notice of injury was given within 30 days or the employer had actual knowledge of the injury or death within 30 days after occurrence. This knowledge may be evidenced by written records or verbal notification.

542.2 Evidence Required

542.21 General Forms CA-1, CA-2, CA-2a, CA-5, and CA-5b describe the evidence required. The evidence submitted must be reliable, probative, and substantial. The employee is responsible for establishing that five requirements have been met for a claim to be accepted. The five requirements are:

- a. The claim was filed within the time limits specified by FECA.
- b. The injured person was, at the time of injury, an employee of the United States as defined in 5 U.S.C. 8101.
- c. The fact that an injury, disease, or death occurred.
- d. The injury, disease, or death occurred while the employee was in the performance of duty.
- e. The medical condition for which benefits are claimed is causally related to the claimed injury, disease, or death.

542.22 Medical Reports The employee is responsible for submitting a medical report from the attending physician. (See 545.5 and 545.51 for requirements of medical reports and rules governing submission to OWCP.)

542.23 Disability The employee must submit medical evidence to substantiate any claimed disability. In COP cases, the employee must ensure the following:

- a. That medical evidence supporting disability resulting from the claimed traumatic injury, including a statement as to when the employee can return to his or her date-of-injury job, is provided to the control office or control point within 10 calendar days after the claim for COP is filed.
- b. That the treating physician specifies work limitations and provides them to the control office or control point and representatives of OWCP.

542.33 Penalty for Refusal to Process Claim Any employee or supervisor responsible for making reports in connection with an injury who willfully fails, neglects, or refuses to do so; induces, compels, or directs an injured employee to forego filing a claim; or willfully retains any notice, report, or paper required in connection with an injury may be subject to a fine of not more than \$500 or 1 year in prison, or both.

543 Employee Rights

543.1 Waiver of Compensation Rights 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 FECA. No waiver of compensation rights shall be valid.

543.3 Medical Care FECA guarantees the employee the right to an initial choice of physician. The employee is entitled to receive all medical services, appliances, or supplies that a qualified physician prescribes and OWCP determines necessary to treat the injury. For continued payment of medical expenses by OWCP, a change of the employee's initial choice of physician is permitted only with OWCP approval. Referrals for further examination, testing, or medical care by the physician designated on the Form CA-16 are covered. (See 545.4 for implementing medical care.)

544 Reporting Procedures

544.11 Immediate Supervisor Responsibility

- 544.111 **General** When a notice of traumatic injury or occupational disease is filed, the immediate supervisor is responsible for doing the following:
- Immediately ensuring that appropriate medical care is provided.
 - Providing the employee a Form CA-1 or a Form CA-2.
 - Completing the receipt attached to Form CA-1 or CA-2 and giving the receipt to the employee or the employee's representative.
 - Investigating all reported job-related injuries and/or illnesses.
 - Immediately notifying the control office or control point of an injury, disease, or illness.
 - Prompt completion and forwarding of Form CA-1 or CA-2 to the control office or control point on the same day it is received from the employee.

544.2 **Criteria and Time Limits**

544.21 **Traumatic Injury and Occupational Disease or Illness**

- 544.211 **Report Criteria** Completed forms are sent to OWCP when the injury or disease is likely to result in any of the following:
- A medical charge against OWCP.
 - Disability for work or assignment to limited duty beyond the day or shift the injury occurs.
 - The need for more than two appointments for medical examination and/or treatment on separate days resulting in time lost from work.
 - Future disability.
 - Permanent impairment.
 - Continuation of pay.

Exceptions: If none of the above conditions is evident, Form CA-1 or Form CA-2 must be filed in the employee's medical folder instead of being sent to OWCP.

- 544.212 **Time Limit** The control office or control point submits to the appropriate OWCP district office within 10 working days after it is received from the employee:
- Completed Form CA-1 or Form CA-2.
 - Any other information or documents that have some bearing on the claim.

545.2 **Authorizing Examination and/or Treatment With Form CA-16**

545.22 **Occupational Disease or Illness** In cases of occupational disease or illness, the control office or control point contacts OWCP district office for instructions if treatment authorization is requested by the employee.

545.3 **Return to Work Responsibility**

545.31 **Control Office or Control Point Responsibility** Upon authorization of medical care, the control office or control point advises the employee, in writing, of the obligation to return to work as soon as possible. The term *return to work* refers to work in the employee's bid assignment or work in other locations and positions. Notification to the employee must include the following:

- a. If a specific alternative position is available, the control office or control point must advise the employee in writing of the specific duties and physical requirements of the position.
- b. If no specific alternative position is necessary, the control office or control point should advise the employee of any change the agency can make to the employee's permanent assignment to accommodate the employee's limitations due to the injury.

545.32 **Suitable Work** To be considered suitable by OWCP, the job offer must include the following:

- a. A description of the duties of the position.
- b. A description of the specific physical requirements of the position and any special demands of the workload or unusual working conditions.
- c. The organizational and geographical location of the job.
- d. The effective date of the position.
- e. The date the employee must accept or refuse the job offer.
- f. Pay rate information for the offered position. The job offer may be made verbally, as long as a written job offer is provided to the employee within 2 business days of the verbal job offer.

545.33 **Employee Responsibility** The employee is responsible for the following:

- a. Ensuring that the treating physician specifies work limitations and provides them to the control office or control point.
- b. Providing the treating physician with a description of any specific alternative positions offered.
- c. Ensuring a prompt response from the treating physician with an opinion on whether and how soon the employee can be expected to return to work in any capacity, either an offered position or offered modified duties.
- d. Seeking and accepting suitable work.

545.51 **Medical Report Requirements** The medical report should include:

- a. Dates of examination and treatment.
- b. History given by the employee.
- c. Physical findings.
- d. Results of diagnostic tests (MRI, CAT scans, etc.).
- e. Diagnosis.
- f. Course of treatment.
- g. A description of any other conditions found but not due to the claimed injury.
- h. The treatment given or recommended for the claimed injury.
- i. The physician's opinion, with medical reasons, as to causal relationship between the diagnosed conditions and the factors or conditions of the employment.
- j. The extent of disability affecting the employee's ability to work due to the injury.
- k. The prognosis for recovery.
- l. All other material findings.

545.52 **Determining Return to Work Capability** The control office or control point must monitor the employee's medical progress and determine return to work capability by obtaining periodic medical reports. Form CA-17 may be used for this purpose. This form:

- a. Enables the Postal Service to provide the attending physician of an employee injured on duty with a brief summary of that employee's normal work duties.
- b. Provides a checklist of physical requirements to permit the attending physician to indicate to the Postal Service what types of duties an injured employee may safely perform, and with what limitations. The control office or control point completes Part A of Form CA-17 before it is issued to the attending physician for completion. Particular attention should be given to Item 7, Description of Regular Work.
- c. Is used to facilitate an injured employee's return to suitable employment.

To aid in returning an injured employee to suitable employment, the control office or control point may also contact the employee's physician in writing concerning the work limitations imposed by the effects of the injury and possible job assignments. However, FECA prohibits contacting the physician by telephone or through a personal visit except for administrative purposes such as determining whether a fax has been received or ascertaining the date of a medical appointment. A copy of all written correspondence to the employee's physician and any response received must be sent to the OWCP and the employee. The employee may be contacted at reasonable intervals to request periodic medical reports concerning return to work potential.

545.8 Compensation by OWCP for Disability

545.81 Initial Period of Compensation

545.812 Occupational Disease or Illness

If the disability is a result of an occupational disease or illness, a Form CA-7 is completed and submitted to OWCP not more than 5 working days after receipt from the employee.

545.82 Subsequent Periods of Compensation

In instances of either traumatic injury or occupational disease or illness, subsequent claims of compensation for periods of disability beyond the initial period of compensation are also made on Form CA-7. Employees are responsible for submitting the CA-7. Without receipt of such a claim, OWCP has no knowledge of a continuing wage loss. Therefore, while disability continues:

- a. The employee submits a claim using Form CA-7 every 2 weeks until the employee is otherwise instructed by OWCP.
- b. The employee completes and signs the face of the form and the control office or control point completes the reverse side.
- c. The employee is responsible for submitting or arranging for the submission of medical evidence in support of the claim (see 545.33 and 545.51).
- d. The control office or control point forwards the completed Form CA-7 and any other accompanying medical reports to OWCP within 5 working days upon receipt from the employee.

545.83 Waiting Period

The employee is advised that there is a waiting period of 3 calendar days before OWCP compensation begins, unless the disability extends beyond 14 calendar days. The 3-day waiting period may not be satisfied by using sick or annual leave; the employee must be in a nonpay status.

The waiting period applies as follows:

- a. In the case of an occupational disease or illness, compensation is not payable for the first 3 days of disability, unless the disability extends beyond 14 calendar days.
- b. In the case of traumatic injury, the 3-day waiting period begins immediately after the end of the 45-day COP period, unless the

disability continues for more than 14 calendar days after the expiration of the 45-day COP period.

546.14 **Disability Partially Overcome**

546.141 **General**

The procedures for current employees cover both limited duty and rehabilitation assignments. Limited duty assignments are provided to employees during the recovery process when the effects of the injury are considered temporary. A rehabilitation assignment is provided when the effects of the injury are considered permanent and/or the employee has reached maximum medical improvement.

546.142 **Obligation**

When an employee has partially overcome the injury or disability, the Postal Service has the following obligation:

a. *Current Employees.* When an employee has partially overcome a compensable disability, the Postal Service must make every effort toward assigning the employee to limited duty consistent with the employee's medically defined work limitation tolerance (see 546.611). In assigning such limited duty, the Postal Service should minimize any adverse or disruptive impact on the employee. The following considerations must be made in effecting such limited duty assignments:

(1) To the extent that there is adequate work available within the employee's work limitation tolerances, within the employee's craft, in the work facility to which the employee is regularly assigned, and during the hours when the employee regularly works, that work constitutes the limited duty to which the employee is assigned.

(2) If adequate duties are not available within the employee's work limitation tolerances in the craft and work facility to which the employee is regularly assigned within the employee's regular hours of duty, other work may be assigned within that facility.

(3) If adequate work is not available at the facility within the employee's regular hours of duty, work outside the employee's regular schedule may be assigned as limited duty. However, all reasonable efforts must be made to assign the employee to limited duty within the employee's craft and to keep the hours of limited duty as close as possible to the employee's regular schedule.

(4) An employee may be assigned limited duty outside of the work facility to which the employee is normally assigned only if there is not adequate work available within the employee's work limitation tolerances at the employee's facility. In such instances, every effort must be made to assign the employee to work within the employee's craft within the employee's regular schedule and as near as possible to the regular work facility to which the employee is normally assigned.

b. *Former Employees.* When a former employee has partially recovered from a compensable injury or disability, the Postal Service must make every effort toward reemployment consistent with medically defined work limitation tolerances. Such an employee may be returned to any position for which he or she is qualified, including a lower grade position than that which the employee held when compensation began.

Note: Placement priority for rehabilitation assignment is the same as for limited duty.

546.143 **Rights and Benefits Upon Partial Recovery**

When a current or former employee has partially overcome the injury or disability, he or she has the following rights and benefits upon reassignment or reemployment:

a. *Seniority.* Former employees who are reemployed into bargaining unit positions or current career employees who are reassigned into such positions are credited with seniority in accordance with the collective bargaining agreements covering the position to which they are assigned.

b. *Probationary Period.* Reemployed individuals who have completed their probationary periods, or would have completed their probationary periods but for their compensable injuries, are not required to serve a new probationary period.

c. *Leave Credit.* For purposes of computing leave rate accrual, former employees who were eligible to accrue leave under 510 are credited upon reemployment with the total time compensation was received from OWCP.

d. *Retirement.* Former employees (not reemployed annuitants) who were covered by the Civil Service Retirement Act (see 560) or Federal Employees Retirement System (see 580) are credited with the time spent on OWCP compensation in computing retirement credit.

Annuitants who are reemployed after a period of separation during which they received OWCP benefits in lieu of an annuity receive credit for the separation only after they have qualified for a redetermination of the annuity. (For additional information on retirement considerations see the federal *CSRS/FERS Handbook*, Chapter 102.)

e. *Salary Determination.* The following salary restoration criteria must be met for both reemployment and reassignment actions:

(1) *Reassignment or Reemployment to the Former Grade or Step in the Same Salary Schedule.* Those individuals who are reemployed into a position with the same grade or step as held at the time of injury or disability receive the current salary for that grade and the step that they would have acquired if there had been no injury or disability.

(2) *Reassignment or Reemployment to a Higher Grade Step in the Same Salary Schedule.* Those individuals who are reemployed to a position with a grade higher than that of the position held at the time of injury or disability are placed in the higher grade at the current salary for the grade or step that they would have acquired if there had been no injury or disability. If that salary is between steps in the higher grade, their salary is increased to the next higher step.

(3) *Reassignment or Reemployment to a Lower Grade or Step in the Same Salary Schedule:*

(a) *Salary Below Maximum of Lower Grade.* The individual is placed in any higher step in the lower grade that is less than one full step above the current salary for the grade or step that he or she would have acquired if there had been no injury or disability.

(b) *Salary Above Maximum of Lower Grade.* In those cases where the current salary for the grade that the individual would have acquired if there had been no injury or disability exceeds the maximum salary of the lower grade position, he or she is afforded a saved rate at the higher grade or step salary. These saved-rate provisions apply for an indefinite period and are subject to the rules of the salary schedule to which assigned for the following employees:

- (i) Current career employees who have accepted a permanent rehabilitation job offer and are reassigned to a lower grade due to a job-related injury.
- (ii) Former career employees who are being reemployed under 546.142b.
- (iii) Limited duty career employees.

(4) *Reassignment or Reemployment to a Position in a Different Salary Schedule.* When an individual is reemployed or reassigned to a position in a salary schedule that is different from the schedule under which he or she was paid at the time of injury or disability, he or she is treated under the rules applicable to the salary schedule to which reemployed or reassigned:

- (a) The individual is reemployed or reassigned at the grade appropriate for the position to which reemployed or reassigned.
- (b) The individual is placed in any higher step in the new grade that is less than one full step above the current salary for the grade or step that he or she would have acquired if there had been no injury or disability.
- (c) If reemployment or reassignment is in a nonstep schedule, the individual is placed at a salary plus any salary increases the he or she would have acquired if there had been no injury or disability. Bargaining unit merit salary increases are based on the most recent performance rating prior to the injury or disability.
- (d) If the current salary for the grade that the individual would have acquired if there had been no injury or disability exceeds the maximum salary of the new grade, he or she is given a saved rate. These saved-rate provisions apply for an indefinite period and are subject to the rules of the salary schedule to which assigned.

(5) *Reassignment or Reemployment to a Former Position Under Different Salary Schedule.* If the position held at the time of injury or disability is no longer under the same salary schedule, the current salary for the former grade or step is determined by:

- (a) The manager of Corporate Personnel Management for Headquarters and Headquarters field unit positions.
- (b) The area Human Resources manager for area positions.
- (c) The district Human Resources manager for other field positions.

(6) *Step Increases.* Upon reemployment or reassignment, the partially recovered and permanently partially disabled individuals are assigned a new waiting period for step or merit increases. The date assigned is based on the effective date for the most recent step, merit, or equivalent increase the individual would have acquired if there had been no injury or disability.

540 Injury Compensation Program

541 Overview

541.1 Background

541.11 Law

Under the provisions of the Postal Reorganization Act, 39 U.S.C. 1005 (c), all employees of the United States Postal Service are covered by the Federal Employees' Compensation Act (FECA), 5 U.S.C. 81.

541.12 Administration

FECA is administered by the Office of Workers' Compensation Programs (OWCP), United States Department of Labor. OWCP determines whether the employee, or a survivor of the employee, is entitled to benefits under FECA. The director of OWCP and his or her designees have the exclusive authority to administer, interpret, and enforce the provisions of the Act.

541.13 Coverage

541.131 Disability

FECA provides that employees who suffer job-related disabilities are entitled to:

- a. Continuation of pay (COP) for the period of the disability, up to a maximum of 45 calendar days, for a traumatic job-related injury (see 541.2d).
- b. Compensation for wages lost as a result of job-related injury or disease or illness.
- c. Medical care for disability due to:
 - (1) Personal injuries sustained while in the performance of duty.
 - (2) Diseases proximately caused, aggravated, or accelerated by postal employment.
- d. Vocational rehabilitation.

541.132 Death

FECA provides for payment of monetary compensation to specified survivors of an employee whose death results from a work-related injury or occupational disease or illness and payment of certain burial expenses subject to the provisions of 5 U.S.C. 8134.

541.133 Schedule Awards

Compensation is provided for the permanent loss, or loss of use, of each of certain members, organs, and functions of the body.

541.14 Privacy Act

Injury compensation records are maintained by the Postal Service within the privacy system of records identified as USPS 120.098 (*OWCP Record Copies*). (See 314 for a full explanation of injury compensation case files.)

541.2 Definitions

Except where the content clearly indicates otherwise, the following definitions apply:

- a. *Benefits or compensation* — any of the following:
 - (1) Money paid to claimants by OWCP because of loss of wages or earning ability.
 - (2) Money paid in the form of schedule awards (e.g., loss of finger).
 - (3) Money paid as reimbursement for medical diagnostic and treatment services supplied under FECA.
 - (4) Money paid as reimbursement for the replacement or repair of medical braces, artificial limbs, and other prosthetic devices, and for time lost while such devices or appliances are being replaced or repaired. However, a claim is not appropriate for the replacement or repair of eyeglasses and hearing aids except as provided in 541.2h.
 - (5) Money paid to specified survivors of employees whose death is job-related.
 - (6) Certain payments to individuals who are participating in an approved vocational rehabilitation program.
- b. *Claim* — an assertion, in writing, of an individual's entitlement to benefits under FECA. This claim must be submitted on a form as required by 542. A claim may be filed for a traumatic injury, an occupational disease or illness, or death.
- c. *Claimant* — an individual whose claim for benefits and/or compensation has been filed in accordance with FECA and the provisions of 542.
- d. *Continuation of pay (COP)* — continuation of the employee's regular pay for a period of 45 calendar days. The first COP day is the first day disability begins following the date of injury (except where the injury occurs before the beginning of the work day or shift, in which case the date of injury is charged to COP). COP can be received only if the disability begins within 45 days of the date of the injury or within 45 days from the date the employee first returns to work following the initial period of disability. Examples are as follows:
 - (1) If an employee is called in ahead of the employee's scheduled tour, is injured during the call-in period, and is unable to continue to work due to the injury, the 45-calendar-day period begins at the start of the scheduled tour.
 - (2) If an employee is injured during the scheduled tour and is unable to work due to the injury, the 45-calendar-day period begins on the next calendar day.
 - (3) If an employee works only a portion of a day or tour (other than the day or tour when the injury occurred), that day or tour is counted as 1 calendar day toward the 45-day period.

- e. *Control office* — a unit staffed with an Injury Compensation manager and human resources specialists responsible for injury compensation program administration.
- f. *Control officer* — the Injury Compensation manager who heads the control office and manages the administration of the injury compensation program within a performance cluster.
- g. *Control point* — an individual who is designated by the district manager and/or installation head to coordinate claim management activity with the control office and is one of the following:
 - (1) A human resources specialist if an injury compensation unit is available and staffed.
 - (2) The postal physician or occupational health nurse administrator if an occupational health services office is available and staffed.
 - (3) An appropriate designated supervisor (full-time or collateral duty).
- h. *Injury* — a traumatic injury (see 541.2r) or an occupational disease or illness (see 541.2j), including damage to or destruction of medical braces, artificial limbs, and other prosthetic devices. The term does not include the damage or destruction of eyeglasses and hearing aids, unless the damage or destruction is a direct result of a personal job-related injury requiring medical services.
- i. *Monthly pay* — the greatest of the following:
 - (1) Monthly pay at the time of injury.
 - (2) Monthly pay at the time disability begins.
 - (3) Monthly pay at the time compensable disability recurs if the recurrence begins more than 6 months after the injured employee resumes full-time employment with the Postal Service or other government agency.
- j. *Occupational disease or illness* — an illness or disease produced by one of the following:
 - (1) Systemic infections.
 - (2) Continued or repeated stress or strain.
 - (3) Exposure to toxins, poisons, fumes, etc.
 - (4) Other continued and repeated exposure to conditions of the work environment over a longer period of time than a single day or work shift.
- k. *Occupational health nurse administrator* — a career postal or contract occupational health nurse who, at the district level, is responsible for the oversight and management of the medical and occupational health services.
- l. *Official supervisor* — an individual who is responsible for the supervision, direction, or management of employees.

- m. *Physician* — any surgeon, podiatrist, dentist, clinical psychologist, optometrist, chiropractor, or osteopathic practitioner used within the scope of his or her practice as defined by state law. Exceptions are as follows:
- (1) Chiropractors are included only to the extent that their reimbursable services are limited to treatment to correct a spinal subluxation as demonstrated by X ray to exist.
Note: “Subluxation as demonstrated by X ray to exist” must appear in the chiropractor’s report for OWCP to consider payment of a chiropractor’s bill. Also, a chiropractor may provide physical therapy under the direction of a physician.
 - (2) Clinical psychologists serve as physicians within the scope of practice as defined by state law. Unless the state law allows clinical psychologists to treat physical conditions, a clinical psychologist may not serve as a physician when a condition includes a physical component.
 - (3) *Naturopaths, faith healers, and other practitioners of the healing arts* are not recognized as physicians within the meaning of FECA.
- n. *OWCP* — the Office of Workers’ Compensation Programs, Employment Standards Administration, of the Department of Labor.
- o. *Postal physician* — a Postal Service physician, medical designee, or contract physician.
- p. *Recurrence of disability* — an employee’s inability to work, after return to work, that is caused by a spontaneous change in the employee’s medical condition and is related to a previous injury or illness without intervening injury or new exposure.
- q. *Recurrence of medical condition* — a documented need for further medical treatment after release from treatment for the accepted condition or injury when there is no work stoppage.
- r. *Traumatic injury* — a condition of the body caused by external force, including stress or strain. The injury:
- (1) Must be identifiable as to time and place of occurrence and member or function of the body affected.
 - (2) Must be caused by a specific event or incident, or series of events or incidents, within a single day or work shift.

541.3 **Forms**

Each installation head must maintain an adequate supply of the following basic forms, which are needed for recording and reporting injuries:

Form	Title
CA-1	Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation
CA-2	Notice of Occupational Disease and Claim for Compensation
CA-2a	Notice of Federal Employee's Recurrence of Disability and Claim for Pay/Compensation
CA-5	Claim for Compensation by Widow, Widower, and/or Children
CA-5b	Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren
CA-6	U.S. Department of Labor Official Superior's Report of Employee's Death
CA-7/20	Claim for Compensation on Account of Traumatic Injury or Occupational Disease/Attending Physician's Report
CA-7a	Time Analysis Form
CA-7b	Leave Buy-Back Worksheet/Certification Form
CA-10	What a Federal Employee Should Do When Injured at Work
CA-11	When Injured at Work
CA-16	Authorization for Examination and/or Treatment
CA-17	Duty Status Report
CA-35A	Evidence Required in Support of a Claim for Occupational Disease
CA-35B	Evidence Required in Support of a Claim for Work-Related Hearing Loss
CA-35C	Evidence Required in Support of a Claim for Asbestos-Related Illness
CA-35D	Evidence Required in Support of a Claim for Work-Related Coronary/Vascular Condition
CA-35E	Evidence Required in Support of a Claim for Work-Related Skin Disease
CA-35F	Evidence Required in Support of a Claim for Work-Related Pulmonary Illness (not asbestosis)
CA-35G	Evidence Required in Support of a Claim for Work-Related Psychiatric Illness
CA-35H	Evidence Required in Support of a Claim for Carpal Tunnel Syndrome
CA-915	Claimant Medical Reimbursement Form
HCFA-1500	Health Insurance Claim Form
Pub 71	Notice for Employees Requesting Leave for Conditions Covered by Family and Medical Leave Policies

Form	Title
PS 2488	Authorization for Medical Report
PS 2491	Medical Report — First Aid Injuries
PS 2556	Third Party Statement of Recovery
PS 2557	Employee's Third Party Recovery Statement
PS 2559	Third Party Claim — Information Request
PS 2560	Referral of Third Party Material
PS 2562	Injury Compensation Program — Notice of Potential Third Party Claim
PS 2573	Request — OWCP Claim Status
PS 2577	Assignment of Claim to the Postal Service

542 FECA Claim Requirements

542.1 Employee Claims for Injury or Illness

542.11 Traumatic Injury

542.111 Notice

The notice of traumatic injury is given on Form CA-1.

542.112 Time Limit

FECA requires that written notice of a traumatic injury be given by the employee, or person acting on behalf of the employee, within 3 years of the injury. However, failure to give notice on Form CA-1 within 30 calendar days from the date the injury occurred will result in a loss of entitlement to COP and may also result in a loss of compensation rights if the claim for compensation is not filed within 3 years. In order to protect their own interests and to ensure an uninterrupted income, employees should give notice or have someone give notice on their behalf, immediately after the traumatic injury occurs.

542.12 Occupational Disease or Illness

542.121 Notice

The notice of occupational disease or illness is given on Form CA-2.

542.122 Time Limit

FECA specifies that notice be given by the employee, or person acting on behalf of the employee, within 3 years of the onset of the condition. In cases of latent disability, the time for filing the claim does not begin to run until the employee has a compensable disability and is aware, or reasonably should be aware of the causal relationship between the disability and the employment. Failure to give notice within this time period may result in a loss of compensation rights. If the claim is not filed within 3 years, compensation may still be allowed if notice of injury was given within 30 days or the employer had actual knowledge of the injury or death within 30 days after

occurrence. This knowledge may be evidenced by written records or verbal notification.

Note: Continuation of regular pay is not applicable in instances of occupational disease or illness.

542.13 **Recurrence**

542.131 **Notice**

The notice of recurrence is given on Form CA-2a.

542.132 **Time Limit**

A specific time limit for giving the notice of recurrence is not specified by FECA. The recurrence should be reported by the employee if it causes the employee to lose time from work and incur a wage loss or if the employee experiences a renewed need for treatment after previously being released from care.

542.14 **Survivor Claim for Death Benefits**

542.141 **Claim**

A claim for compensation benefits by a survivor of an employee whose death was related to a job-related injury or illness is made on Form CA-5 or Form CA-5b by the survivors or person acting on behalf of the survivors. The form is given to the control office. The survivors may also submit the completed Form CA-5 or CA-5b directly to OWCP.

542.142 **Time Limit**

A claim for death benefits must be filed within 3 years of the death. The filing of a notice of injury or occupational disease will satisfy the time requirements for a death claim as a result of the same injury or disease. In the case of death due to latent disability, the time for filing does not begin until the survivors are aware, or reasonably should be aware, of the causal relationship between the death and factors of the employee's postal employment.

542.2 **Evidence Required**

542.21 **General**

Forms CA-1, CA-2, CA-2a, CA-5, and CA-5b describe the evidence required. The evidence submitted must be reliable, probative, and substantial. The employee is responsible for establishing that five requirements have been met for a claim to be accepted. The five requirements are:

- a. The claim was filed within the time limits specified by FECA.
- b. The injured person was, at the time of injury, an employee of the United States as defined in 5 U.S.C. 8101.
- c. The fact that an injury, disease, or death occurred.
- d. The injury, disease, or death occurred while the employee was in the performance of duty.
- e. The medical condition for which benefits are claimed is causally related to the claimed injury, disease, or death.

542.22 Medical Reports

The employee is responsible for submitting a medical report from the attending physician. (See 545.5 and 545.51 for requirements of medical reports and rules governing submission to OWCP.)

542.23 Disability

The employee must submit medical evidence to substantiate any claimed disability.

In COP cases, the employee must ensure the following:

- a. That medical evidence supporting disability resulting from the claimed traumatic injury, including a statement as to when the employee can return to his or her date-of-injury job, is provided to the control office or control point within 10 calendar days after the claim for COP is filed.
- b. That the treating physician specifies work limitations and provides them to the control office or control point and representatives of OWCP.

542.3 Penalties**542.31 Penalty for False Statement**

Any employee, supervisor, or representative who knowingly makes a false statement with respect to a claim under FECA may be subject to a fine of not more than \$10,000 or 5 years in prison, or both.

542.32 Penalty for False Claim

Any employee, supervisor, or representative who, with respect to a claim under FECA, enters into any agreement to obtain the payment or allowance of any false or fraudulent claim may be subject to a fine of not more than \$10,000 or 10 years in prison, or both.

542.33 Penalty for Refusal to Process Claim

Any employee or supervisor responsible for making reports in connection with an injury who willfully fails, neglects, or refuses to do so; induces, compels, or directs an injured employee to forego filing a claim; or willfully retains any notice, report, or paper required in connection with an injury may be subject to a fine of not more than \$500 or 1 year in prison, or both.

542.34 Loss of Benefits for Beneficiary Who Defrauds the Government

A beneficiary who pleads guilty or is found guilty of federal or state criminal charges of defrauding the federal government in connection with a claim for benefits is barred from entitlement to all future benefits for any injury occurring on or before the date of guilty plea or verdict. The effective date of termination of benefits is the date the guilty plea is accepted or the date a verdict of guilty is found after trial.

543 Employee Rights**543.1 Waiver of Compensation Rights**

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 FECA. No waiver of compensation rights shall be valid.

543.2 Withdrawal of Claim

An employee may withdraw his or her claim (but not the notice of injury) by so requesting in writing to OWCP at any time before OWCP determines eligibility for benefits. Any COP granted to an employee after a claim is withdrawn must be charged to sick or annual leave or considered an overpayment of pay at the employee's option.

543.3 Medical Care

FECA guarantees the employee the right to an initial choice of physician. The employee is entitled to receive all medical services, appliances, or supplies that a qualified physician prescribes and OWCP determines necessary to treat the injury. For continued payment of medical expenses by OWCP, a change of the employee's initial choice of physician is permitted only with OWCP approval. Referrals for further examination, testing, or medical care by the physician designated on the Form CA-16 are covered. (See 545.4 for implementing medical care.)

543.4 Continuation of Regular Pay or Leave for Disabling Injuries

If the injury is disabling, an eligible employee may elect to have regular pay continued for up to 45 calendar days or to use annual leave or sick leave. (See 545.72 for explanation of eligibility for COP.)

543.41 Continuation of Regular Pay

For most employees who sustain a traumatic injury, FECA provides that the employer must continue the employee's regular pay during any periods of resulting disability up to a maximum of 45 calendar days (see 545.72 for explanation of eligibility for COP). Such pay is subject to taxes and all other usual payroll deductions. If an employee elects COP and the claim is subsequently denied, any COP granted to the employee must be charged to sick or annual leave or considered an overpayment of pay at the employee's option (see 437).

543.42 Sick or Annual Leave

The following provisions apply:

- a. The use of annual or sick leave does not extend the 45-calendar-day COP period, which begins with the first period of time lost after the day or shift of injury.
- b. Leave is limited to the amount that the employee has accrued.

- c. An employee may subsequently request COP in lieu of previously requested sick and/or annual leave, subject to leave carryover provisions. However, such a request must be made within 1 year of the date that leave is used, or within 1 year of the date OWCP approves the claim, whichever is later.
- d. An employee who elects to use sick or annual leave during the 45-day period in which COP is available is not entitled to buy back that leave with later compensation payments.
- e. Pay that is attributable to the leave period is subject to taxes and other usual payroll deductions.
- f. An employee may use sick or annual leave after the COP period expires or during a period of disability due to an occupational disease or illness. In such cases, the employee may be entitled to buy back the leave with compensation payments (see 512.923 and 545.84). The buy-back must be initiated within 1 year of the return, or within 1 year of the date OWCP approves the claim, whichever is later. Only employees who are on the rolls of the Postal Service may buy back leave.

544 Reporting Procedures

544.1 Responsibilities

544.11 Immediate Supervisor Responsibility

544.111 General

When a notice of traumatic injury or occupational disease is filed, the immediate supervisor is responsible for doing the following:

- a. Immediately ensuring that appropriate medical care is provided.
- b. Providing the employee a Form CA-1 or a Form CA-2.
- c. Completing the receipt attached to Form CA-1 or CA-2 and giving the receipt to the employee or the employee's representative.
- d. Investigating all reported job-related injuries and/or illnesses.
- e. Immediately notifying the control office or control point of an injury, disease, or illness.
- f. Prompt completion and forwarding of Form CA-1 or CA-2 to the control office or control point on the same day it is received from the employee.

544.112 Traumatic Injuries

In case of a traumatic injury, the supervisor must advise the employee of the following:

- a. The right to select a physician of choice.
- b. If the injury is disabling, the right to either of the following:
 - (1) To elect COP for up to 45 calendar days.
 - (2) To use annual or sick leave. An employee may subsequently request COP (subject to leave carryover provisions) in lieu of previously requested sick and/or annual leave, but such a request must be made within 1 year of the date the leave was used, or

within 1 year of the date of OWCP's approval of the claim, whichever is later.

544.12 **Control Office or Control Point Responsibility**

The control office or control point is responsible for completing Forms CA-16 and CA-17 (see 545.21 and 545.53). Control office and control point supervisors are responsible for reviewing all claims for accuracy and completeness and for forwarding claims and related documents to OWCP within prescribed FECA time frames. Control points at major postal installations may be given authority by the control office to manage and submit claims directly to OWCP. The control office or control point must advise the employee whether COP will be controverted and whether pay will be interrupted. The control office must provide the employee a copy of the completed CA-1 or CA-2 and all correspondence between the Postal Service and the treating physician.

544.2 **Criteria and Time Limits**

544.21 **Traumatic Injury and Occupational Disease or Illness**

544.211 **Report Criteria**

Completed forms are sent to OWCP when the injury or disease is likely to result in any of the following:

- a. A medical charge against OWCP.
- b. Disability for work or assignment to limited duty beyond the day or shift the injury occurs.
- c. The need for more than two appointments for medical examination and/or treatment on separate days resulting in time lost from work.
- d. Future disability.
- e. Permanent impairment.
- f. Continuation of pay.

Exceptions: If none of the above conditions is evident, Form CA-1 or Form CA-2 must be filed in the employee's medical folder instead of being sent to OWCP.

544.212 **Time Limit**

The control office or control point submits to the appropriate OWCP district office within 10 working days after it is received from the employee:

- a. Completed Form CA-1 or Form CA-2.
- b. Any other information or documents that have some bearing on the claim.

544.22 **Recurrence of Injury**

544.221 **Report Criteria**

A recurrence should be reported on Form CA-2a if it causes the employee to lose time from work and incur a wage loss, or if the employee experiences a renewed need for treatment after previously being released from care.

544.222 Time Limit

The notice of recurrence should be submitted promptly to OWCP.

544.23 Death**544.231 Report Criteria**

The notice of death is given on Form CA-6.

The control office must furnish Form CA-5 and/or Form CA-5b to all survivors who may have entitlement to compensation for death of an employee.

544.232 Time Limit

The control office immediately reports the death to OWCP by telephone call, telegram, facsimile (fax), or electronic mail. As soon as possible, but no later than 10 working days after receipt of knowledge of death, the reporting official completes and sends to OWCP a Form CA-6. Form CA-5 and Form CA-5b must be promptly forwarded to OWCP upon receipt.

544.24 PCES Claims

A copy of any forms and correspondence related to claims that are submitted by PCES executives must be sent to the manager of Corporate Personnel Management at Headquarters.

545 Control Office or Control Point Claim Management Responsibility**545.1 General****545.11 Claim Management Relationships**

Injury compensation claims must always be managed by control offices at management levels above that of the injured employee.

Designated control office and control point claim management relationships are as follows:

Employee	Control Office or Control Point Level
a. Craft supervisor	Installation or district
b. Postmaster (associate office)	District
c. PCES postmaster; district or plant manager; district Safety and Health manager; and all full-time and collateral injury compensation personnel	Area injury compensation analyst
d. Area vice president; area Human Resources manager; and area injury compensation analyst	Headquarters

545.12 Establishing Control Office and Control Points

The district manager establishes a control office to handle injury compensation program administration.

At installations where there is no injury compensation control office, the district manager or installation head designates an appropriate control point individuals responsible for coordination of injury compensation activities with the injury compensation control office. (See 541.2g for instructions on designating a control point.)

Control offices ensure that control point personnel are properly trained to review cases. Control point personnel must not, under any circumstances or for any reason, delay timely submission of reports or claim forms to the control office. Human resources specialists serving as control points at major installations may be given authority by the control office to manage and submit claims directly to OWCP.

545.2 Authorizing Examination and/or Treatment With Form CA-16**545.21 Traumatic Injury**

When an employee sustains a work-related traumatic injury that requires medical examination, medical treatment, or both, the control office or control point must authorize such examination and/or treatment by issuing a Form CA-16. Form CA-16 is used for all traumatic injuries requiring medical attention. The control office or control point must advise the employee of the right to an initial choice of physician (see 543.3). The control office or control point must promptly authorize medical treatment by issuing the employee a properly executed Form CA-16 within 4 hours of the claimed injury. If the control office or control point gives verbal authorization for care, Form CA-16 should be issued within 48 hours. The control office or control point is not required to issue a Form CA-16 more than one week after the occurrence of the claimed injury.

Exception: Issuance of Form CA-16 is not required for job-related first aid injuries where initial medical care is provided by either a postal physician or a contract physician and the employee voluntarily accepts this care (see 545.43).

545.22 Occupational Disease or Illness

In cases of occupational disease or illness, the control office or control point contacts OWCP district office for instructions if treatment authorization is requested by the employee.

545.23 Exposure to Workplace Hazards

Simple exposure to a workplace hazard, such as an infectious agent, does not necessarily constitute a work-related injury entitling an employee to medical treatment under FECA. The control office or control point should not use a Form CA-16 to authorize medical testing for an employee who has merely been exposed to a workplace hazard unless the employee has

sustained an identifiable injury or medical condition as a result of that exposure.

545.24 Preventive Treatment

FECA does not authorize payment for preventive measures such as vaccines and inoculations. However, OWCP can authorize treatment for the following conditions:

- a. Complications from preventive measures that are provided or sponsored by the agency, such as an adverse reaction to prophylactic immunization.
- b. Actual or probable exposure to a known contaminant due to an injury, thereby requiring disease-specific measures against infection. Examples include the provision of tetanus antitoxin or booster toxoid injections for puncture wounds; administration of rabies vaccine for a bite from a rabid or potentially rabid animal; or appropriate measures where exposure to human immunodeficiency virus (HIV) has occurred.
- c. Conversion of tuberculin reaction from negative to positive following exposure to tuberculosis in the performance of duty. In this situation, the appropriate therapy may be authorized.
- d. Where injury to one eye has resulted in loss of vision, periodic examination of the uninjured eye to detect possible sympathetic involvement of the uninjured eye at an early stage.

545.3 Return to Work Responsibility

545.31 Control Office or Control Point Responsibility

Upon authorization of medical care, the control office or control point advises the employee, in writing, of the obligation to return to work as soon as possible. The term *return to work* refers to work in the employee's bid assignment or work in other locations and positions. Notification to the employee must include the following:

- a. If a specific alternative position is available, the control office or control point must advise the employee in writing of the specific duties and physical requirements of the position.
- b. If no specific alternative position is necessary, the control office or control point should advise the employee of any change the agency can make to the employee's permanent assignment to accommodate the employee's limitations due to the injury.

545.32 Suitable Work

To be considered suitable by OWCP, the job offer must include the following:

- a. A description of the duties of the position.
- b. A description of the specific physical requirements of the position and any special demands of the workload or unusual working conditions.
- c. The organizational and geographical location of the job.
- d. The effective date of the position.

- e. The date the employee must accept or refuse the job offer.
- f. Pay rate information for the offered position.

The job offer may be made verbally, as long as a written job offer is provided to the employee within 2 business days of the verbal job offer.

545.33 **Employee Responsibility**

The employee is responsible for the following:

- a. Ensuring that the treating physician specifies work limitations and provides them to the control office or control point.
- b. Providing the treating physician with a description of any specific alternative positions offered.
- c. Ensuring a prompt response from the treating physician with an opinion on whether and how soon the employee can be expected to return to work in any capacity, either an offered position or offered modified duties.
- d. Seeking and accepting suitable work.

545.4 **Implementing Medical Care**

545.41 **Emergency Treatment**

An employee needing emergency treatment must be sent to the nearest available physician or hospital or to a physician or hospital chosen by the employee or the employee's representative. The physician who provides emergency treatment is not considered the employee's initial choice of physician.

A supervisor may accompany the employee to the doctor's office or hospital to make certain that the employee receives prompt medical treatment.

Animal bites or eye injuries are always considered medical emergencies. In the event that there is doubt as to the emergent nature of the injury, it should be handled as an emergency.

545.42 **Initial Medical Examination and/or Treatment**

Initial medical examination and/or treatment must be authorized in accordance with FECA provisions and applicable OWCP regulations and policies governing medical care. (See 545.2 for control office or control point instructions on authorizing medical examination or treatment.)

545.43 **Postal Physician or Contract Equivalent**

A postal physician or contract equivalent may provide initial medical treatment not to exceed two office visits if:

- a. The employee accepts such treatment.
- b. Treatment complies with EL-806, *Health and Medical Service*, and with OWCP regulations and directives.

545.44 Outside Treatment in a Nonemergency Situation

In a nonemergency situation, if an employee does not accept treatment at a Postal Service occupational health services office or contract facility, the employee may select a physician or hospital within approximately 25 miles of his or her home or worksite. The physician's office should be contacted by telephone by the control office or control point to determine if the physician is available and will accept the employee for treatment under FECA. If not, the employee must select another qualified physician or hospital.

A postal supervisor is not authorized to accompany the employee to a medical facility or physician's office in nonemergency situations.

Although the injured employee selects an outside physician for initial medical treatment, in nonemergency situations he or she may be required first to be examined by a postal physician or contract equivalent. In such instances:

- a. The examination must be performed promptly following the report of injury.
- b. Form CA-16, *Authorization for Examination and/or Treatment*, must be issued to the employee's physician of choice promptly following the report of injury, as specified in 545.2.
- c. The examination must in no way interfere with the employee's right to seek prompt examination and/or treatment from a physician of choice.

545.45 Continuing Treatment With Postal Service or Contract Physician

If treatment with a contract physician will exceed two visits, the employee may continue treatment with a postal or contract physician provided the employee designates that person as his or her physician of choice.

Form CA-16, *Authorization for Examination and/or Treatment*, must be completed in accordance with 545.2.

545.5 Monitoring the Employee's Medical Care

In all cases reported to OWCP, a medical report from the attending physician is required. The report should bear the physician's signature or signature stamp. OWCP may require an original signature on the report. The employee's treating physician or hospital must, as soon as possible after medical examination or treatment is received, submit a report indicating the extent of disability affecting the employee's ability to work due to the injury. Use of OWCP medical report forms is not required. Form CA-16 may be used for the initial medical report, and Form CA-20 may be used for the initial report and for subsequent reports. The report may also be made in narrative form on the physician's letterhead stationery. The report must be submitted directly to OWCP by the physician or the employee. The control office or control point may request a copy of the report from OWCP or the physician.

In claims involving COP, medical evidence supporting disability resulting from a claimed traumatic injury, including a statement as to when the employee can return to his or her date-of-injury job, must be provided to the control office or control point within 10 calendar days after the employee files the claim. (See 545.724 for COP entitlement.) Form 2488, *Authorization for*

Medical Report, may be used to obtain release of a medical report from the attending physician.

545.51 **Medical Report Requirements**

The medical report should include:

- a. Dates of examination and treatment.
- b. History given by the employee.
- c. Physical findings.
- d. Results of diagnostic tests (MRI, CAT scans, etc.).
- e. Diagnosis.
- f. Course of treatment.
- g. A description of any other conditions found but not due to the claimed injury.
- h. The treatment given or recommended for the claimed injury.
- i. The physician's opinion, with medical reasons, as to causal relationship between the diagnosed conditions and the factors or conditions of the employment.
- j. The extent of disability affecting the employee's ability to work due to the injury.
- k. The prognosis for recovery.
- l. All other material findings.

545.52 **Determining Return to Work Capability**

The control office or control point must monitor the employee's medical progress and determine return to work capability by obtaining periodic medical reports. Form CA-17 may be used for this purpose. This form:

- a. Enables the Postal Service to provide the attending physician of an employee injured on duty with a brief summary of that employee's normal work duties.
- b. Provides a checklist of physical requirements to permit the attending physician to indicate to the Postal Service what types of duties an injured employee may safely perform, and with what limitations. The control office or control point completes Part A of Form CA-17 before it is issued to the attending physician for completion. Particular attention should be given to Item 7, Description of Regular Work.
- c. Is used to facilitate an injured employee's return to suitable employment.

To aid in returning an injured employee to suitable employment, the control office or control point may also contact the employee's physician in writing concerning the work limitations imposed by the effects of the injury and possible job assignments. However, FECA prohibits contacting the physician by telephone or through a personal visit except for administrative purposes such as determining whether a fax has been received or ascertaining the date of a medical appointment. A copy of all written correspondence to the employee's physician and any response received must be sent to the OWCP

and the employee. The employee may be contacted at reasonable intervals to request periodic medical reports concerning return to work potential.

545.53 **Review of Medical Treatment**

Postal Service personnel must not interfere with the medical care prescribed by the employee's attending physician. Questions concerning the duration or type of medical treatment may be referred to the postal physician, occupational health nurse administrator, or contract physician for review.

If the employee's treating physician or hospital is unable to predict an employee's work capacity on either a short-term or long-term basis, the control office or control point may request information from OWCP. If the OWCP response does not explain the situation, a fitness-for-duty examination may be recommended to the installation head, Human Resources manager, or designee as provided in 545.61.

The Injury Compensation manager or authorized control office or control point personnel must refer to OWCP on a case-by-case basis, recommendations and supporting documentation regarding:

- a. Change of the treating physician.
- b. Use of a medical consultant or specialist by OWCP to clarify medical opinion and/or resolve a material difference in medical opinion.
- c. Employee's achievement of maximum medical improvement.
- d. Employee's fitness for full or limited duty.

Any disagreement or delay regarding the recommendations or proposals made to OWCP may be brought to the attention of OWCP district director through the area human resources analyst for injury compensation.

545.6 **Fitness for Duty Examinations**

545.61 **General**

The fact that an injured or ill employee is scheduled for a series of treatments or appointments with a physician or hospital does not, by itself, establish that the employee is not fit for duty in the interim. Control office or control point personnel may recommend to the installation head, Human Resources manager or designee at any time, upon medical justification, that any employee being treated by a physician or hospital be required to undergo a fitness-for-duty examination. An installation head, Human Resources manager, or designee is authorized to approve a fitness-for-duty examination.

545.62 **Fitness-for-Duty Procedures**

The following procedures apply only to fitness-for-duty determinations relative to an on-the-job injury or illness. Fitness-for-duty determinations for other purposes are not covered by this instruction.

A fitness-for-duty examination is not limited to the employee's regular duties, but should be based on whether the employing installation has any alternative duties available that the employee may safely perform.

A fitness-for-duty examination may include the parts of the anatomy being treated provided the examination in no way disturbs or interferes with the treatment regimen.

545.63 **Fitness-for-Duty-Results**

The results of this examination must be brought to the attention of the OWCP district office for consideration.

545.64 **Difference in Medical Opinion**

If the results of the fitness-for-duty examination disagree with the findings of the attending physician, and the disagreement cannot be resolved with the attending physician, the matter, along with justification for the Postal Service position, is referred by the control office or control point to OWCP for resolution. No administrative action may be taken to change the employee's compensation or employment status until the medical issue is settled by OWCP.

545.7 **Continuation of Pay by the Postal Service**

545.71 **General**

FECA provides that the employer must continue regular pay during periods of disability up to a maximum of 45 calendar days for eligible employees who sustain traumatic injuries. Employees are not required to use their own sick or annual leave, unless the provisions of 545.73 or 545.74 apply.

545.72 **Eligibility**

545.721 **Initial Disability for a Traumatic Injury**

To be eligible for COP, an employee must:

- a. Have a traumatic injury.
- b. File Form CA-1 within 30 days of the date of the injury and elect COP.
- c. Begin losing time from work within 45 days of the injury.

545.722 **Recurrence of Disability**

In recurrence of disability cases, an employee is eligible for any balance of the 45 days of entitlement to COP not used during prior periods of disability provided that:

- a. The employee completes Form CA-2a and elects to receive COP.
- b. OWCP did not deny the original claim for disability.
- c. The disability recurs and the employee stops work within 45 days of the time he or she first returned to work following the initial period of disability.
- d. Pay has not been continued for the entire 45 days.

545.723 Exclusions

FECA excludes authorization of COP to members of the following groups:

- a. Persons rendering personal service to the United States similar to the service of a civil officer or employee of the United States, without pay or for nominal pay.
- b. Volunteers.
- c. Individuals in work-study programs.
- d. Grand or petit jurors (unless otherwise federal employees).

545.724 Employee Responsibility

To ensure continuing eligibility for COP, an employee must:

- a. Complete and submit Form CA-1 to the employing agency as soon as possible, but no later than 30 days from the date the traumatic injury occurs.
- b. Ensure that medical evidence supporting disability resulting from the claimed traumatic injury is provided to the employer upon receipt from the attending physician, but no later than 10 calendar days after filing the claim for COP. The report from the physician must include a statement as to when the employee can return to the date-of-injury job.
- c. Ensure that relevant medical evidence is submitted to OWCP and cooperate with OWCP in developing the claim.
- d. Ensure that the treating physician specifies work limitations and provides them to the employer.
- e. Provide the treating physician with a description of any specific alternative positions offered by the Postal Service to the employee and ensure that the treating physician responds promptly to the control office or control point with an opinion as to whether and how soon the employee can perform that or any other specific duties.

545.73 Controversion of COP**545.731 Definition of Controversion**

Controversion means to dispute, challenge, or deny the validity of a claim. The Postal Service may controvert a claim by completing the indicated portion of Form CA-1 and submitting detailed information in support of the controversion to OWCP (see 545.75).

545.732 Controversion With COP Withheld

The Postal Service controverts (i.e., challenges or disputes validity) a claim and does not authorize COP when any one of the following circumstances is present:

- a. The disability was not caused by a traumatic injury.
- b. No written claim was filed within 30 days from the date of injury.
- c. The injury was not reported until after employment had been terminated.
- d. The injury occurred off the employing agency's premises *and* was otherwise not within the performance of official duties.

- e. The injury was caused by the employee's willful misconduct or intent to bring about injury or death to self or another person, or was proximately caused by the employee's intoxication by alcohol or illegal drugs.
- f. The first absence caused by the injury occurred 45 days or more after the injury.

545.733 **Controversion With COP Provided**

In all situations, except as described in 545.732 above, the employer may controvert entitlement to COP, but must continue the employees regular pay pending a final determination by OWCP. OWCP has the exclusive authority to determine questions of entitlement and all other issues relating to COP.

545.74 **Stopping COP**

545.741 **Circumstances for Stopping COP**

After payment of COP is initiated, it may be stopped only when one of the following circumstances is present:

- a. Medical evidence supporting disability due to a work-related injury is not received within 10 calendar days after the claim is submitted (unless the results of the accident investigation shows disability to exist).
- b. The medical evidence from the treating physician shows that the employee is not disabled from the date-of-injury position.
- c. Medical evidence from the treating physician shows that the employee is not totally disabled and the employee refuses a written job offer that is approved by the attending physician.
- d. The employee returns to work with no loss of pay.
- e. The employee's period of employment expires or employment is otherwise terminated as established prior to the date of injury (i.e., a casual or other employee with a specific term of employment). (See explanation in 545.743.)
- f. Termination of employment is established prior to the date of injury.
- g. OWCP directs the employer to stop COP.
- h. COP has been paid for 45 calendar days.

The control office or control point must file a controversion with OWCP setting forth the basis on which COP is stopped, no later than the effective date of the termination.

545.742 **Relation to Disciplinary Action**

COP may not be interrupted or stopped because of a disciplinary action, unless a preliminary notice was issued to the employee before the date of injury and the action becomes final or otherwise takes effect during the COP period.

545.743 **Stopping Continuation of Pay for Temporary Employees**

In cases where casuals or other employees with specific terms of employment are injured, COP is awarded only through the end of their appointment; for example, if a casual employee is hired for 90 days and becomes injured on the 85th day, then COP is covered only through the 90th

day; or, if an employee is hired for an appointment not to exceed 90 days and the appointment is changed to 60 days because of lack of work prior to the date that the injury occurred, then COP is awarded through the 60th day.

Note: If an employee is terminated as per 545.741 or 545.742, such an employee may file for compensation effective the date of termination.

545.75 **Controversion Package**

Proper identification of controverted claims is essential to permit the OWCP to give these claims priority in processing and to avoid the possibility of substantial, erroneous payments of regular pay. If a written explanation of the controversion is not submitted, OWCP may accept as factual the employee's report of injury.

When a claim is controverted, the control office or control point must ensure that the following actions are taken:

- a. CA-1 must be properly completed and the controversion package must be adequately documented. Item 36 on the CA-1 should be clearly marked and a full explanation for the basis of the controversion provided.
- b. Each case must be tailored to the facts; form letters and repetitive formats must be avoided. All controversion packages must be transmitted to OWCP district office by a cover letter with detailed information on the reasons for the controversion.
- c. If additional information in support of the controversion is to be sent at a later date under a separate cover, this must be stated along with the date this information will be submitted in the cover letter and in Item 36 on the CA-1 before the package is submitted to OWCP district office.
- d. Submission of Form CA-1 to OWCP must not be delayed, under any circumstances, pending the collection of data to support a controversion. Form CA-1 must be promptly sent to OWCP office with a notation on the CA-1 and a cover letter advising that the claim is being controverted and that information to support the controversion is forthcoming.
- e. The employee, employee beneficiary, or representative must be furnished with a written explanation for the basis of the controversion.

545.76 **Adjudication Process**

Proceedings conducted with respect to claims filed under FECA are not adversarial in character. Accordingly:

- a. The Postal Service does not have the right to actively participate in the claims adjudication process. However, the Postal Service may investigate the circumstances surrounding an injury to an employee and the extent of the disability (e.g., the Postal Service may investigate an employee's activities where it appears the employee who is alleging total disability may be performing other employment or the employee may be engaging in activities that would indicate less than total disability).

- b. The Postal Service has the responsibility to submit to OWCP, at any time, all relevant and probative factual and medical evidence in its possession or evidence that it may acquire through investigation or other means. OWCP considers and acts upon all evidence submitted by the Postal Service and informs the claimant, the claimant's representative, and the Postal Service of such action.
- c. In those instances where the Postal Service contests a claim at the time of the initial submission and the claim is subsequently approved, OWCP must notify the Postal Service of the rationale for approving the claim.

545.77 **Controversion Denied by OWCP**

If a controversion is denied by OWCP, the control office or control point may submit a copy of the CA-1 and all other relevant documents to the area human resources analyst for injury compensation, or designee, for review and any necessary resubmission, if warranted. Cases that are not resolved to the satisfaction of field management may be forwarded to the area human resources analyst for injury compensation with a request for further action.

545.78 **Overpayment Determination**

In the event of an overpayment, OWCP determines the period of absence from the job that resulted in the overpayment in the course of adjudication of the claim. The control office or control point and the employee are notified of the period of disability that is approved by OWCP.

545.8 **Compensation by OWCP for Disability**

545.81 **Initial Period of Compensation**

545.811 **Traumatic Injury**

If medical evidence shows that disability resulting from a traumatic injury is expected to continue beyond 45 days of COP and compensation from OWCP is desired after the expiration of the 45-day period, the employee and the control office or control point personnel give the employee a Form CA-7 by day 30 of the COP period. The employee completes the front side of the Form CA-7 and the control office or control point completes the reverse side. The completed form and any accompanying medical documentation is then filed with the OWCP district office by day 40 of the COP period.

Note: An employee may file Form CA-7 to claim compensation for initial periods of disability for which there is no entitlement to COP.

545.812 **Occupational Disease or Illness**

If the disability is a result of an occupational disease or illness, a Form CA-7 is completed and submitted to OWCP not more than 5 working days after receipt from the employee.

545.82 Subsequent Periods of Compensation

In instances of either traumatic injury or occupational disease or illness, subsequent claims of compensation for periods of disability beyond the initial period of compensation are also made on Form CA-7. Employees are responsible for submitting the CA-7. Without receipt of such a claim, OWCP has no knowledge of a continuing wage loss. Therefore, while disability continues:

- a. The employee submits a claim using Form CA-7 every 2 weeks until the employee is otherwise instructed by OWCP.
- b. The employee completes and signs the face of the form and the control office or control point completes the reverse side.
- c. The employee is responsible for submitting or arranging for the submission of medical evidence in support of the claim (see 545.33 and 545.51).
- d. The control office or control point forwards the completed Form CA-7 and any other accompanying medical reports to OWCP within 5 working days upon receipt from the employee.

545.83 Waiting Period

The employee is advised that there is a waiting period of 3 calendar days before OWCP compensation begins, unless the disability extends beyond 14 calendar days. The 3-day waiting period may not be satisfied by using sick or annual leave; the employee must be in a nonpay status.

The waiting period applies as follows:

- a. In the case of an occupational disease or illness, compensation is not payable for the first 3 days of disability, unless the disability extends beyond 14 calendar days.
- b. In the case of traumatic injury, the 3-day waiting period begins immediately after the end of the 45-day COP period, unless the disability continues for more than 14 calendar days after the expiration of the 45-day COP period.

545.84 Leave Buy-Back

An employee may use sick or annual leave after the COP period expires, or during a period of disability due to an occupational injury. In such cases, the employee may be entitled to buy back the leave with compensation payments (see 512.923). The control office is responsible for informing employee, in writing, that:

- a. The buy-back must be initiated within 1 year of the return to duty, or within 1 year of the date OWCP approved the claim, whichever is later.
- b. Employees who are being separated because of disability or other reasons cannot buy back leave after they are off the rolls of the Postal Service.

545.9 Managing Extended Leave Cases**545.91 General**

An employee who suffers job-related injury or illness for which OWCP compensation is being received should be granted leave without pay because of injury on duty (LWOP/IOD) for an initial period of up to 1 year from the date OWCP compensation begins.

545.92 Deciding Appropriate Action

In considering the action to take in matters involving extended leave, the control office or control point evaluates the information contained in the employee's injury compensation file and does one of the following:

- a. Authorizes a fitness-for-duty examination as provided in 545.6.
- b. Extends LWOP/IOD for an additional period, at the end of which an additional determination must be made. If the employee is unable to return to work at the end of the 1-year period on LWOP/IOD, the LWOP/IOD may be extended for successive additional periods of up to 6 months. Extensions are granted only if it appears that the employee is likely to return to work within the period of the extension.
- c. If it is not likely that the employee will be able to return to work at the end of 1 year of LWOP/IOD or during the authorized extended period, the employee may be separated. Before any employee who is on the rolls of OWCP can be separated, the requesting official must submit a comprehensive report to the manager of Health and Resource Management at Headquarters through the area human resources analyst for injury compensation with appropriate recommendations and documentation. The employee must be retained on the rolls of the Postal Service pending approval from Headquarters.

545.93 Separation — Disability

After receiving permission from the Health and Resource Management manager at Headquarters, the requesting official initiates the separation action in accordance with 365.

546 Reassignment or Reemployment of Employees Injured on Duty**546.1 Law****546.11 General**

The Postal Service has legal responsibilities to employees with job-related disabilities under 5 U.S.C. 8151 and the Office of Personnel Management's (OPM) regulations as outlined below.

546.12 Disability Fully Overcome Within One Year**546.121 Obligation**

A current or former career employee who fully recovers from an injury or disability within 1 year of initial or recurrent compensation must be given the right to resume employment in the former or equivalent position.

546.122 Rights and Benefits

Upon reemployment, all rights and benefits that would have been acquired in the former position must be restored.

546.13 Disability Fully Overcome After More Than One Year**546.131 Obligation**

When a current or former employee fully overcomes the injury or disability more than 1 year after compensation begins, the Postal Service must give the current or former employee priority consideration for reassignment or reemployment into the former position or an equivalent one. The names of all former employees who fully recover from their compensable disabilities more than 1 year after compensation begins must be entered on a reemployment list in two groups:

- a. Group one includes all those former employees who are entitled to 10-point veteran preference. They must be considered for employment before persons in group two.
- b. Group two includes all other former employees who fully recover from their compensable disabilities in more than 1 year. They must be considered before other sources of recruitment, such as transfers from other agencies, reinstatements, or appointments from hiring registers.

546.132 Rights and Benefits

Rights and benefits are the same as those outlined in 546.122.

546.14 Disability Partially Overcome**546.141 General**

The procedures for current employees cover both limited duty and rehabilitation assignments. Limited duty assignments are provided to employees during the recovery process when the effects of the injury are considered temporary. A rehabilitation assignment is provided when the effects of the injury are considered permanent and/or the employee has reached maximum medical improvement.

546.142 Obligation

When an employee has partially overcome the injury or disability, the Postal Service has the following obligation:

- a. *Current Employees.* When an employee has partially overcome a compensable disability, the Postal Service must make every effort toward assigning the employee to limited duty consistent with the employee's medically defined work limitation tolerance (see 546.611). In assigning such limited duty, the Postal Service should minimize any adverse or disruptive impact on the employee. The following

considerations must be made in effecting such limited duty assignments:

- (1) To the extent that there is adequate work available within the employee's work limitation tolerances, within the employee's craft, in the work facility to which the employee is regularly assigned, and during the hours when the employee regularly works, that work constitutes the limited duty to which the employee is assigned.
 - (2) If adequate duties are not available within the employee's work limitation tolerances in the craft and work facility to which the employee is regularly assigned within the employee's regular hours of duty, other work may be assigned within that facility.
 - (3) If adequate work is not available at the facility within the employee's regular hours of duty, work outside the employee's regular schedule may be assigned as limited duty. However, all reasonable efforts must be made to assign the employee to limited duty within the employee's craft and to keep the hours of limited duty as close as possible to the employee's regular schedule.
 - (4) An employee may be assigned limited duty outside of the work facility to which the employee is normally assigned only if there is not adequate work available within the employee's work limitation tolerances at the employee's facility. In such instances, every effort must be made to assign the employee to work within the employee's craft within the employee's regular schedule and as near as possible to the regular work facility to which the employee is normally assigned.
- b. *Former Employees.* When a former employee has partially recovered from a compensable injury or disability, the Postal Service must make every effort toward reemployment consistent with medically defined work limitation tolerances. Such an employee may be returned to any position for which he or she is qualified, including a lower grade position than that which the employee held when compensation began.

Note: Placement priority for rehabilitation assignment is the same as for limited duty.

546.143 **Rights and Benefits Upon Partial Recovery**

When a current or former employee has partially overcome the injury or disability, he or she has the following rights and benefits upon reassignment or reemployment:

- a. *Seniority.* Former employees who are reemployed into bargaining unit positions or current career employees who are reassigned into such positions are credited with seniority in accordance with the collective bargaining agreements covering the position to which they are assigned.

- b. *Probationary Period.* Reemployed individuals who have completed their probationary periods, or would have completed their probationary periods but for their compensable injuries, are not required to serve a new probationary period.
- c. *Leave Credit.* For purposes of computing leave rate accrual, former employees who were eligible to accrue leave under 510 are credited upon reemployment with the total time compensation was received from OWCP.
- d. *Retirement.* Former employees (not reemployed annuitants) who were covered by the Civil Service Retirement Act (see 560) or Federal Employees Retirement System (see 580) are credited with the time spent on OWCP compensation in computing retirement credit. Annuitants who are reemployed after a period of separation during which they received OWCP benefits in lieu of an annuity receive credit for the separation only after they have qualified for a redetermination of the annuity. (For additional information on retirement considerations see the federal *CSRS/FERS Handbook*, Chapter 102.
- e. *Salary Determination.* The following salary restoration criteria must be met for both reemployment and reassignment actions:
 - (1) *Reassignment or Reemployment to the Former Grade or Step in the Same Salary Schedule.* Those individuals who are reemployed into a position with the same grade or step as held at the time of injury or disability receive the current salary for that grade and the step that they would have acquired if there had been no injury or disability.
 - (2) *Reassignment or Reemployment to a Higher Grade Step in the Same Salary Schedule.* Those individuals who are reemployed to a position with a grade higher than that of the position held at the time of injury or disability are placed in the higher grade at the current salary for the grade or step that they would have acquired if there had been no injury or disability. If that salary is between steps in the higher grade, their salary is increased to the next higher step.
 - (3) *Reassignment or Reemployment to a Lower Grade or Step in the Same Salary Schedule:*
 - (a) *Salary Below Maximum of Lower Grade.* The individual is placed in any higher step in the lower grade that is less than one full step above the current salary for the grade or step that he or she would have acquired if there had been no injury or disability.
 - (b) *Salary Above Maximum of Lower Grade.* In those cases where the current salary for the grade that the individual would have acquired if there had been no injury or disability exceeds the maximum salary of the lower grade position, he or she is afforded a saved rate at the higher grade or step salary. These saved-rate provisions apply for an

indefinite period and are subject to the rules of the salary schedule to which assigned for the following employees:

- (i) Current career employees who have accepted a permanent rehabilitation job offer and are reassigned to a lower grade due to a job-related injury.
 - (ii) Former career employees who are being reemployed under 546.142b.
 - (iii) Limited duty career employees.
- (4) *Reassignment or Reemployment to a Position in a Different Salary Schedule.* When an individual is reemployed or reassigned to a position in a salary schedule that is different from the schedule under which he or she was paid at the time of injury or disability, he or she is treated under the rules applicable to the salary schedule to which reemployed or reassigned:
- (a) The individual is reemployed or reassigned at the grade appropriate for the position to which reemployed or reassigned.
 - (b) The individual is placed in any higher step in the new grade that is less than one full step above the current salary for the grade or step that he or she would have acquired if there had been no injury or disability.
 - (c) If reemployment or reassignment is in a nonstep schedule, the individual is placed at a salary plus any salary increases the he or she would have acquired if there had been no injury or disability. Bargaining unit merit salary increases are based on the most recent performance rating prior to the injury or disability.
 - (d) If the current salary for the grade that the individual would have acquired if there had been no injury or disability exceeds the maximum salary of the new grade, he or she is given a saved rate. These saved-rate provisions apply for an indefinite period and are subject to the rules of the salary schedule to which assigned.
- (5) *Reassignment or Reemployment to a Former Position Under Different Salary Schedule.* If the position held at the time of injury or disability is no longer under the same salary schedule, the current salary for the former grade or step is determined by:
- (a) The manager of Corporate Personnel Management for Headquarters and Headquarters field unit positions.
 - (b) The area Human Resources manager for area positions.
 - (c) The district Human Resources manager for other field positions.
- (6) *Step Increases.* Upon reemployment or reassignment, the partially recovered and permanently partially disabled individuals are assigned a new waiting period for step or merit increases. The date assigned is based on the effective date for the most

recent step, merit, or equivalent increase the individual would have acquired if there had been no injury or disability.

546.144 Relocation Consideration

Factors considered when relocation of a former employee is proposed include the following:

- a. *Scope.* Every effort must be made to reemploy the individual at a postal facility within the area of his or her present place of residence. Any offer to reemploy in a different location can be considered only after all reasonable attempts have been made to rehire within the area of the employee's present place of residence.
- b. *Expenses.* If an individual accepts a reemployment offer but will incur relocation expenses as a result of this acceptance, any expenses that OWCP determines reasonable and necessary may be paid by OWCP from the Employees' Compensation Fund.

546.2 Collective Bargaining Agreements

546.21 Compliance

Reassignment or reemployment under this section must be in compliance with applicable collective bargaining agreements. Individuals so reassigned or reemployed must receive all appropriate rights and protection under the newly applicable collective bargaining agreement.

546.22 Contractual Considerations

546.221 Scope

Collective bargaining agreement provisions for filling job vacancies and giving promotions and provisions relating to retreat rights due to reassignment must be complied with before an offer of reassignment or reemployment is made to a current or former postal employee on OWCP rolls for more than 1 year.

546.222 Reassignment or Reemployment

A partially recovered current or former employee reassigned or reemployed to a different craft to provide appropriate work must be assigned to accommodate the employee's job-related medical restrictions. Such assignment may be to a residual vacancy or to a position uniquely created to fit those restrictions; however, such assignment must not impair seniority rights of PTF employees. Minimum qualification requirements, including written examinations, may be waived in individual cases for former or current employees injured on duty and being considered for reemployment or reassignment. When there is evidence (including that submitted by the postal physician or occupational health nurse administrator) that the employee can be expected to perform satisfactorily in the position within 90 days after assignment, a waiver may be granted by one of the following:

- a. The vice president of Employee Resource Management for Headquarters and Headquarters field unit positions.
- b. An area Human Resources manager for area positions.
- c. A district Human Resources manager for other field positions.

546.23 Types of Appointments

Types of appointments available include the following:

- a. A current full-time career employee may be reassigned to a full-time career position if his or her job-related medical condition permits.
- b. A current or former part-time flexible career employee may be reassigned or reemployed to a part-time flexible career position.
- c. A current or former noncareer employee may be reassigned or reemployed to the position held previously or, upon satisfactory demonstration of the ability to meet the job requirements and in accordance with the appropriate collective bargaining agreement, may be reassigned or reemployed to another noncareer position or noncompetitively converted to a career position (NOA 501). Approval for conversion actions from noncareer to career must be approved by the manager of Health and Resource Management at Headquarters prior to any Form 50 action.

546.3 Restoration Rights

OPM is responsible for implementing the regulations contained in 5 U.S.C. 8151. These regulations are codified in 5 CFR 353. In accordance with 5 U.S.C. 8151(a), an individual injured or disabled on duty who resumes employment with the Postal Service is to be credited with the time during which compensation was received for purposes of certain rights and benefits based upon length of service.

546.4 Employee Appeal Rights

Current or former employees who believe they did not receive the proper consideration for restoration, or were improperly restored, may appeal to the Merit Systems Protection Board under the entitlements set forth in 5 CFR 353.

546.5 Retirement Considerations

Reemployment of retired annuitants requires special retirement considerations that must be addressed (see 323.3). Injury Compensation control office personnel should coordinate the reemployment of annuitants with the appropriate appointing official.

546.6 Reassignment and Reemployment Procedures**546.61 OWCP Referrals**

OWCP makes referrals of current and former postal employees to the Postal Service for reassignment or reemployment consideration.

546.611 Work Limitation Tolerances

The work limitations are established by the employee's treating physician or a physician selected by OWCP and afforded weight of medical evidence.

546.612 OWCP Vocational Rehabilitation Services

OWCP may provide vocational rehabilitation services that include assistance from registered nurses. The nurses may visit the worksite to ensure that the duties of an offered position do not exceed the medical limitations as represented by the weight of medical evidence established by OWCP and address any problems the employee may have in adjusting to the work setting. Other vocational rehabilitation services include evaluation, testing, training, and placement services with either the Postal Service or a new employer. These services may include functional capacity evaluations, which help to tailor individual rehabilitation programs to employee's physical reconditioning and behavioral modification needs and to help employees to meet the demands of current or potential jobs.

546.62 Postal Service Medical Review**546.621 Physical Examination**

Provisions applicable to physical examinations are as follows:

- a. The postal physician or occupational health nurse administrator evaluates fully all medical records referred to the Postal Service from OWCP district offices.
- b. A complete physical examination paid for by the Postal Service is required for former employees. A physical examination for current employees is not mandatory. The result of the physical examination is documented on Form 2485, *Medical Examination and Assessment*, and on Form 2489, *Identification of Physical/Mental Disability*.
- c. The postal physician or occupational health nurse administrator makes a statement of concurrence with OWCP-documented medical limitations or further restricts the current or former employee's work limitation tolerances. The postal physician or occupational health nurse administrator can in no way liberalize the medical limitations tendered by OWCP district offices.

546.622 Special Considerations

Special considerations are as follows:

- a. An individual who is referred for reassignment or reemployment consideration by OWCP may have some degree of concurrent disability that is not caused by or related to the original job injury or disability. The postal physician or occupational health nurse administrator should review medical documentation for any concurrent medical condition that might prevent the individual from performing the duties of the position for which the individual is being considered.
- b. The postal physician or occupational health nurse administrator should carefully evaluate all concurrent disabilities and include their potential impact in the recommendation for reassignment or reemployment sent to the appointing official.
- c. Current and former employees now permanently and partially disabled may have some type of residual handicap. The postal physician or occupational health nurse administrator who reviews the physical examination and/or medical documentation is responsible for assigning

the correct handicap code as defined in Handbook EL-301, *Guidelines for Processing Personnel Actions*.

546.63 **Offer of Appointment**

546.631 **Evaluation**

Upon receipt and evaluation of OWCP referral containing documented medical limitations and evaluation of the postal physician's or occupational health nurse administrator's recommendations, the appointing official determines if a reassignment or reemployment offer can be made.

546.632 **Interview**

During the return to work interview, the appointing official must ensure that the individual receives the following information:

- a. In-depth analysis of medical limitations and the individual's responsibility to work within the prescribed work limitation tolerances.
- b. If applicable, the status of injury compensation and disability retirement benefits and future eligibility.
- c. A full explanation of all restoration rights and benefits (see 546.143 and 546.3).
- d. Full particulars regarding the position including title, duties, grade, salary, location of work assignment, and all other information required in a return to work interview (see Handbook EL-311, *Personnel Operations*).
- e. Instructions for completion and submission of any required employment forms.

546.633 **Processing Personnel Actions**

The appointing official is responsible for processing the reassignment or reemployment action in accordance with Handbook EL-301, *Guidelines for Processing Personnel Actions*.

546.64 **Employee's Refusal of Job Offer**

When a current or former employee is offered suitable employment or reemployment by the Postal Service (i.e., employment or reemployment that OWCP has deemed suitable), that individual is obligated to return to such employment (see 544.3). However, if the current or former employee refuses an offer of suitable employment or reemployment, the control office or control point must:

- a. Offer the individual an opportunity to sign a declination of employment.
- b. Advise the individual that the effect of such a refusal may result in the termination or reduction of compensation benefits by the Department of Labor.
- c. Notify OWCP district office by telephone, fax or, email of the declination and the reasons given.
- d. Within 2 working days, forward a full written summary of the current or former employee's interview, including the signed declination and medical evaluations or other pertinent information, to OWCP district

office. OWCP is responsible for notifying the Office of Personnel Management if the individual's disability retirement status is to be evaluated.

546.65 **Management's Refusal to Reemploy**

The appointing official may not be able to accommodate the former employee for medical reasons or other considerations. If the former employee will not be reemployed, the appointing officer must:

- a. Notify the district manager or postmaster with written justification stating specific reasons for refusal to reemploy. If the district manager or postmaster agrees with the appointing officer's refusal to reemploy, then he or she must seek final concurrence from the manager of Health and Resource Management at Headquarters through the area human resources analyst for injury compensation.
- b. With the final concurrence, notify the employee in writing of the refusal to employ, including a paragraph informing the individual of the right to appeal to the Merit Systems Protection Board, and send a copy to OWCP.

547 **Third Party Liability**

547.1 **Purpose**

This section instructs control office or control point personnel on how to collect damages from a third party who is responsible for causing an injury to a postal employee who receives benefits under the Federal Employees' Compensation Act (FECA), 5 U.S.C. 8101-50, as a result of that injury.

547.2 **Background**

547.21 **Requirement to Take Action**

FECA provides that if the injury or death (which is compensable under the Act) is caused by a third party, the claimant can be required to take action against that third party. The Office of the Solicitor of Labor (SOL) is delegated authority to administer the subrogation aspects of certain FECA claims for OWCP. Either OWCP or SOL can require an employee receiving benefits under FECA to do one of the following:

- a. Assign to the United States any right of action he or she may have to force the third party to pay damages or assign any right the employee may have to share in money received in satisfaction of a liability claim.
- b. Prosecute the action in his or her own name.

547.22 **Penalty for Refusal**

Any employee who refuses to assign right of action to the United States or to prosecute an action in his or her own name when required to do so by the secretary of the Department of Labor (DOL) may be denied compensation by DOL.

547.23 Postal Service Administrative Pursuit

The agreement between the director of OWCP and the Postal Service provides that to more efficiently and effectively accomplish the stated purpose of FECA, OWCP agrees that the Postal Service may administratively pursue collection of damages from the third party who is responsible for the injury sustained by a Postal Service employee in all cases of traumatic injury except in any of the following cases:

- a. When the injury results in the death of the employee.
- b. When the injury occurs outside of the United States or Canada.
- c. When the third party is a common carrier.
- d. When malpractice or product liability is involved.
- e. When injuries are sustained by more than one employee in the same incident (group injuries).

547.3 Definitions and Use of Terms

The definitions in this section apply to 547 only and are not included under 541.2. They do not change the terms of the Act, the regulations of the Department of Labor, or other sections of the ELM.

- a. *Assignment* — a written agreement whereby the employee or beneficiary transfers his or her right to recover damages from a third party to the Postal Service and such offer is accepted by the Postal Service.
- b. *Legal liability* — a determination that a third party is responsible for the payment of money damages to an injured employee.
- c. *Negligence* — the failure of a third party to act as an ordinary prudent person would act under the same or similar circumstances and such failure is the proximate cause of an injury to an employee.
- d. *Prosecute* — any action taken to recover damages from the third party.
- e. *Serious injury* — a personal injury that results in death, dismemberment, significant disfigurement, a fracture, or permanent loss of use of a body organ, member function, or system.
- f. *Third party* — a person or organization, other than the United States and its agencies, who is believed to be responsible for injury to a postal employee while in the performance of employment.
- g. *Tort* — a wrongful act committed by a third party that is done intentionally or negligently and that causes injury to an employee.

547.4 Responsibility

The Injury Compensation control office carries out the responsibilities outlined in these instructions. At installations that do not have an Injury Compensation control office, the Injury Compensation manager designates a qualified control point supervisor responsible for coordinating these instructions with the control office. The Injury Compensation manager must ensure that control point personnel are properly trained to carry out the responsibility of making third party recoveries.

547.5 Third Party Recovery Action**547.51 Traumatic Injury**

Upon receipt of Form CA-1, the control office or control point supervisor reviews the form to determine if a third party is involved in the injury to the employee and whether the third party could be responsible for the injury.

547.52 Occupational Illness or Disease

Third party cases for which a claim is filed on Form CA-2 must be identified and forwarded to OWCP. OWCP continues to be responsible for third party recoveries in these cases. The control office or control point supervisor monitors the progress of OWCP action and obtains periodic status reports until these cases are closed.

547.53 Potential Third Party Injuries

Although a third party recovery case can arise from many circumstances in which a third party's act or failure to act results in the injury or death of an employee, the most common circumstances are, but are not limited to, these:

- a. Automobile accidents.
- b. Animal attacks.
- c. Conditions that cause tripping, slipping, and falling on sidewalks, steps, and other portions of nonfederal property.
- d. Defective machinery, automobiles, and equipment.
- e. Physical attacks and other assaults.
- f. Defects in leased postal premises.

547.54 Investigation

When a possible third party recovery case is identified, the control office or control point supervisor should coordinate an investigation of the incident and do the following:

- a. If possible, obtain a detailed, written statement from:
 - (1) The injured employee, if the Form CA-1 is not sufficient to determine third party liability or is otherwise inadequate.
 - (2) Any witness to the incident.
 - (3) Any other person who may be acquainted with the facts or is identified as having pertinent information.
- b. Obtain the name, address, and telephone number of the third party.
- c. Obtain a detailed description of the place where the incident occurred, and all the circumstances concerning the incident.
- d. If an investigation of the incident was previously made by the local police, Postal Service Vehicle Services, Postal Service safety personnel, Inspection Service, or any other organization, obtain a copy of the reports and the investigative file.

- e. Consult Handbook PO-702, *Accident Investigation — Tort Claims*, for information and procedures regarding investigative techniques and guides.

547.55 **Notification**

In all cases when it appears that a third party recovery is a possibility, a completed Form 2562, *Injury Compensation Program — Notice of Potential Third Party Claim* (Exhibit 547.55), should be obtained from the injured employee. If the claim has already been submitted to OWCP, a copy of the completed form should be forwarded to that office with the employee's claim for benefits as soon as possible after it is received from the employee. (See 544 for submission of claims to OWCP.) Do not delay the submission of the claim to OWCP pending receipt of third party information. When OWCP is responsible for making the third party recovery (see 547.23), no action to recover should be taken by the control office.

547.56 **OWCP Responsibility**

In all cases in which OWCP is responsible for making a recovery, the control office or control point supervisor monitors the progress of OWCP's action and obtains periodic status reports until the case is closed. Any such cases that are closed without a payment from the third party are referred to the area human resources analyst for injury compensation for review and appropriate action.

547.56

Employee Benefits
Injury Compensation Program

Exhibit 547.55 (p. 1)

Form 2562, Injury Compensation Program — Notice of Potential Third Party Claim


	Injury Compensation Program - Notice of Potential Third Party Claim	1. Date _____
A. Employee Information		
2. Name	3. Home Address <i>(Include Apt. Number & ZIP + 4)</i>	
4. Social Security Number		
5. Title	6. Home Phone <i>(Include Area Code)</i>	
7. Office of Employment	8. Contact Point at Employing Office <i>(Name & Phone Number)</i>	
B. Injury Information		
1. Date & Location of Injury	2. OWCP File Number	
3. Brief Description of Injury		
4. Name & Address of Attending Physician <i>(Include Suite Number)</i>		
5. Name & Address of Attorney Representing Employee <i>(Include Suite Number)</i>		
6. Wage Records, Medical Records, and Other Pertinent Information May Be Released to My Attorney.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
C. Third Party Information		
1. Name	2. Address <i>(Include Apt. Number and ZIP + 4)</i>	
3. Does the Employee or Beneficiary(ies) Intend to Take Action Against the Third Party? <i>(If "No", Explain Why Not)</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Name & Address of Insurance Company <i>(Include Suite Number)</i>		
5. Name & Address of Law Enforcement Agency Notified		
Prepared By <i>(Printed Name & Signature)</i>		Date Signed
PS Form 2562 , December 1988		

Exhibit 547.55 (p. 2)

Form 2562, Injury Compensation Program — Notice of Potential Third Party Claim

-
1. Complete this form whenever a third party (individual) is involved in an incident where a postal employee has applied for compensation benefits.
 2. A third party may be involved directly, as in a vehicle accident, or indirectly, as in designing or manufacturing an unsafe or defective machine.
 3. The employee or employee's beneficiaries are encouraged to seek recovery from a third party that they believe is responsible for the employee's work related injury. An injured employee or employee's beneficiaries who, when required by OWCP, fail to take action against a third party may become ineligible for injury compensation.
-

The Federal Employees' Compensation Act, as amended (5 USC 8101, et seq.), is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor. In accordance with this responsibility, the office collects and maintains personal information on claimants and their immediate families. The information will be used to determine eligibility for and the amount of benefits payable under the Act. The information may be used by other agencies or persons in handling matters relating, directly or indirectly, to the subject matter of the claim, so long as such agencies or persons have received the consent of the individual claimant, or have complied with the provisions of 20 CFR 10. In addition, this information may be disclosed to an appropriate law enforcement agency for investigative or prosecutive purposes, to a congressional office at your request, to OMB for review of private relief legislation, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Failure to provide the information requested may delay the adjudication process, or result in an unfavorable decision or a reduced level of benefits (disclosure of your social security number is voluntary; the failure to disclose such number will not result in the denial of any right, benefit or privilege to which you may be entitled).

547.57 Postal Service Responsibility

When a third party collection responsibility has been assumed by the Postal Service, the control office or control point supervisor forwards copies of all letters issued together with other pertinent third party claim documents to OWCP district office. The control office or control point supervisor should then proceed as follows when the employee is represented by an attorney:

- a. If the answer to the question on Form 2562 "Does the employee or beneficiary(ies) intend to take action against the third party?" is Yes, and the Form 2562 or other information shows that the employee is represented by an attorney, forward the following to the employee's attorney:
 - (1) Sample letter A, *Notice to Attorney of Government's Lien* (Exhibit 547.57a), with the papers and forms referred to in that letter.
 - (2) Sample letter B, *Request for Status and Transmittal of Information* (Exhibit 547.57b).
- b. If a response to sample letter A is not received within 90 days after mailing, obtain a status report on the progress of the case by contacting directly the attorney who is representing the postal employee. Status reports from the postal employee's attorney should be obtained as frequently as is considered necessary by the control office or control point supervisor. If no reply is received from the attorney within 90 days after any request for a status report has been made, send a follow-up letter to the attorney. If there is no response after 15 days, contact the employee regarding status of cases. If recovery still has not been made, do one of the following:
 - (1) Contact your area human resources analyst for injury compensation or field general council for further guidance.
 - (2) Monitor progress if the case is still in the process of recovery.
- c. Upon receipt of notification from the postal employee's attorney that the case has been terminated, verify the nature of termination (i.e., with or without settlement).
 - (1) If the case is terminated without settlement, do one of the following:
 - (a) Attempt to obtain from the employee a voluntary assignment if the case has merit.
 - (b) If the attorney indicates that a suit for damages is unlikely to prevail, close the file and assist the employee in requesting release from his or her obligation to proceed. The request should be in writing and provide evidence of the attorney's opinion.
 - (2) If the case is settled, obtain settlement sheet, Form 2556, *Third Party Statement of Recovery* (Exhibit 547.57c), and payment due the Postal Service. Verify the accuracy of Form 2556 and forward settlement sheet in accordance with 547.73.

Exhibit 547.57a

Sample Letter A, Notice to Attorney of Government's Lien

[__ date __]

[__ name __]

[__ street __]

[__ city, state, ZIP __]

File Number:

Employee:

Date of Injury:

Dear [__ name __]:

We have been advised that you have been retained to represent the above-named employee with respect to the third party damage claim arising from the above-referenced injury. Copies of the reports contained in our file are enclosed for your information. If OWCP disbursements have been made in this case, you will also find a statement showing the disbursements made to date. Also enclosed is Form 2556, *Statement of Recovery*, for your use. Upon request, we will furnish you an updated statement of disbursements, or copies of additional reports.

If you have any questions concerning the third party aspect of this case, or the obligations and responsibilities to protect the government's lien imposed by Sections 8131 and 8132 of Title 5, United States Code, please contact [__ name __] at [__ telephone no. __].

Sincerely,

[__ signature __]

[__ title __]

[__ telephone no. __]

Enclosures

cc: District Office, OWCP

547.57

Employee Benefits
Injury Compensation Program

Exhibit 547.57b

Sample Letter B, Request for Status and Transmittal of Information[date][name][street][city, state, ZIP]File Number:
Employee:
Date of Injury:Dear [name]:

We will appreciate a report concerning the present status of this third party damage claim. If possible, advise the date that you expect the matter to be concluded.

We are enclosing copies of additional reports from our file which may be of assistance to you.

There is attached a statement of the disbursements made to the employee.

Sincerely,

[signature][title][telephone no.]

Attachment

cc: District Office, OWCP

Form 2556, Third Party Statement of Recovery

515

547.57

Employee Benefits
Injury Compensation Program

Exhibit 547.57c (p. 2)

Form 2556, Third Party Statement of Recovery**Instructions***(Disbursement must be made in accordance with 5 U.S.C. 8132. Also, provide the employee with a copy of this form.)***NOTE:** Shaded area for USPS Use Only.)

Property Damage, (line 2): A reasonable amount for clothing or other personal belongings damaged or destroyed in an accident may be deducted. These amounts must be itemized. If an automobile or other vehicle is damaged or destroyed, then more tangible evidence of such damage is required. The year, make, model, and Blue Book value of the vehicle must be furnished. A copy of the repair bill will suffice if the vehicle was not totally destroyed.

Attorney's Fee, (line 4): Deduct the attorney's fee in line 4 from the balance shown in line 3. The attorney's fee as a percentage of line 3 must also be shown.

Court Costs, (line 6): These consist of such items as filing fees, witness fees, actual costs of collection, or any payments to physicians for expert testimony as opposed to payment for treatment. *(Payment for medical treatment comes under line 10 and/or 12.)* All items must be itemized.

20% Guarantee, (line 8): This amount is turned over to the claimant and is not subject to any deductions.

Public Health Service, (line 10): Refund made to a Federal medical facility for medical treatment is deductible under line 10. The claim of the Federal medical facility is separate and apart from the claim of the OWCP.

Medical Expense Paid By Claimant, (line 12): This consists of any medical expenses paid by the claimant other than those paid by OWCP or by an insurance carrier. It does not include items paid by the claimant for which the claimant was subsequently reimbursed by the OWCP or by an insurance carrier. Itemize all items submitted for credits and deduction in line 12 or attach copies of paid bills. A lump sum amount will not be accepted for credit.

Government Allowance for Attorney's Fee, (line 15): The Government contributes a portion of its refund to the claimant as an attorney fee. This fee is based upon the OWCP's disbursements, or other amount as shown in line 14.

Amount to Be Refunded, (line 16): This represents the amount to be refunded to the Government for OWCP disbursements. Refund check must be made payable to the OWCP.

Surplus, (line 17): This surplus, which is retained by the claimant, is the amount against which the OWCP will credit any future compensation payments or additional medical expenses payable on account of the same injury or death.

PS Form **2556**, July 1986 (Reverse)

547.58 Employee Not Represented by Attorney

The control office or control point supervisor should proceed as follows:

- a. If the answer to the question on the Form 2562 “Does the employee or beneficiaries intend to take action against the third party?” is *Yes*, and the Form 2562 or other information shows that the employee desires to pursue the recovery him- or herself and is not represented by an attorney, furnish the employee sample letter C, *Notice to Employee of Government’s Lien* (Exhibit 547.58a), and mail sample letter D, *Notice to Third Party of Government’s Lien* (Exhibit 547.58b), to the third party and/or insurer.
- b. At least every 60 days after the date sample letter C is given the employee, check with the employee to determine the status of the case.
- c. If a recovery has not been made within 6 months after the accident, or if prior to that time there is information that the action on the claim has been terminated, contact the employee for status of recovery action. If the employee has decided not to pursue or has been unsuccessful in the recovery attempt, proceed in accordance with 547.59d.
- d. When a recovery statement (see Form 2557, *Employee’s Third Party Recovery Statement*, Exhibit 547.58c) is received from the employee, review it for accuracy, take the necessary action to correct any errors, and forward the recovery statement together with the payment, in accordance with 547.73.

547.58

Employee Benefits
Injury Compensation Program

Exhibit 547.58a

Sample Letter C, Notice to Employee of Government's Lien

[__date__]

Notice to Employee of Government's Lien

[__name__]

[__street__]

[__city, state, ZIP__]

File Number:

Date of Injury:

Dear [__name__]:

Our records show that you have presented or you intend to present a claim for damages against a third party apparently responsible for your injury.

The Federal Employees' Compensation Act provides that the United States must be reimbursed out of any third party recovery for any disbursements made to you or on your behalf by the United States. Therefore, you should include as damages in your claim the disbursements indicated on the attached Form 2557, *Employee's Third Party Recovery Statement*, and any other disbursements that you received or that were made in your behalf. If you receive additional treatment, compensation, or continuation of pay, contact this office for an up-to-date statement of disbursements before settling your claim.

This office must be notified of any recovery you obtain. Completion and submission of the attached form will serve as notification of a recovery obtained without the services of an attorney. It will also enable you to determine the amount of any refund you must pay to the Postal Service.

If you should retain the services of an attorney to assist you in your third party claim, please advise this office immediately and provide the attorney's name and complete address.

If you wish to discuss this matter or desire us to assist you, please contact [__name__] at [__telephone no.__].

Sincerely,

[__signature__]

[__title__]

[__telephone no.__]

Attachment

cc: District Office, OWCP

Exhibit 547.58b

Sample Letter D, Notice to Third Party of Government's Lien[date][name][street][city, state, ZIP]

File Number:
Employee:
Date of Injury:
Your Insured:
Policy Number:

Dear [name]:

We have been informed that the postal employee named above has made a claim for damages as a result of an incident involving you (your insured) that occurred on the date shown.

The injury occurred in the performance of federal employment and comes under the Federal Employees' Compensation Act (5 U.S.C. 8101 et seq.). Section 8132 of Title 5 of the United States Code requires that the Government must be reimbursed for payments made to or on behalf of a beneficiary out of the recovery made from a third party. This section also states, "No court, insurer, attorney, or other person shall pay or distribute to the beneficiary or his (or her) designee the proceeds of such suit or settlement without first satisfying or assuring satisfaction of the interest of the United States."

Because of the Government's financial interest in the outcome of this case, please request a statement from this office of the Government's disbursements before distributing any proceeds in settlement of this case.

Sincerely,

[signature][title][telephone no.]

cc: District Office, OWCP

547.58

Employee Benefits
Injury Compensation Program

Exhibit 547.58c

Form 2557, Employee's Third Party Recovery Statement



Employee's Third-Party Recovery Statement

File No. _____

Claimant _____

Date of Injury/Death _____

MSC _____

Finance No. _____

When a Third-Party Settlement Is Made Without an Attorney

1. Contact this office for the amount of disbursements.
2. If you were examined or treated at a Federal medical facility, contact that facility for the value of its service. If service was rendered by the U.S. Public Health Service, the Regional Counsel of the Department of Health and Human Services should be contacted.
3. Complete the recovery statement below and return it to this office. Enclose a check or money order for the amount appearing in item 3, below, made payable to "Office of Workers' Compensation Programs (OWCP)."

The law provides that the United States must be reimbursed out of any third-party recovery for any disbursements made by the Government. The term "disbursement" includes compensation, medical bills and transportation expenses. If there were disbursements requiring a refund, you are still entitled to a minimum amount of the recovery irrespective of any liens of the Government (*see item 2c below*).

1. Total recovery \$ _____
2. Less:
 - a. Personal property damage \$ _____
 - b. Balance (*item 1 less item 2a*) \$ _____
 - c. Minimum guarantee (*20 percent of item 2b - to be retained by you*) \$ _____
 - d. Medical expenses paid by you for which you have not received reimbursement from OWCP or an insurance carrier (*attach itemization*) \$ _____
 - e. Adjusted balance (*item 2b less items c and d*) \$ _____
3. OWCP disbursements or item 2e, whichever is less \$ _____
4. Surplus (*line 2e less item 3*) \$ _____

Following submission of this statement, you will be advised further concerning your compensation status.

Date of Judgment or Release _____

Signature _____

Date _____

The Federal Employee's Compensation Act, as amended (5 USC 8101, et seq.) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor. In accordance with this responsibility, the office collects and maintains personal information on claimants and their immediate families. The information will be used to determine eligibility for and the amount of benefits payable under the Act. The Postal Service uses the information in handling matters relating, directly or indirectly, to the subject matter of the claim in accordance with provisions of 20 CFR 10. In addition, this information may be disclosed to an appropriate law enforcement agency for investigative or prosecutive purposes, to a congressional office at your request, to OMB for review of private relief legislation, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Failure to provide the information requested may delay the adjudication process, or result in an unfavorable decision or a reduced level of benefits, (however, disclosure of the social security number is voluntary and will not cause such delays; its only purposes are to enable the Postal Service to account for program costs and to verify the dollar amount of payments due the Department of Labor).

PS Form 2557, July 1986

(Copy to Employer)

547.59 **Employee Not Pursuing Third Party Action**

The control office or control point supervisor should proceed as follows:

- a. If the answer to the question on Form 2562 “Does the employee or beneficiaries intend to take action against the third party?” is *No*, or the employee is undecided, or it is unclear what action the employee contemplates, furnish the employee with sample letter E, *Request for Information From Employee and Notice of Government's Lien* (Exhibit 547.59a), and Form 2559, *Third Party Claim — Information Request* (Exhibit 547.59b).
- b. If Form 2559 is not received within 15 days, contact the employee directly or through the employee's supervisor to determine what action the employee intends to take against the third party.
- c. If the employee advises that he or she will seek recovery against the third party, proceed in accordance with 547.57 or 547.58, as appropriate.
- d. If the employee indicates that he or she will not seek recovery against the third party, or is unable to decide what action he or she will take, ask whether the employee will agree to assign his or her claim against the third party to the Postal Service by signing Form 2577, *Assignment of Claim to the USPS* (Exhibit 547.59c). If the employee declines to make the assignment, refrain from saying or doing anything to the employee that could be regarded as pressuring or coercing the employee to agreeing to the assignment. Point out that the Postal Service is not ordering or directing the employee to either sue or assign the claim, but advise the employee of the following information:
 - (1) By assigning a claim to the Postal Service, the employee will enable the Postal Service to attempt to shift the financial liability for the employee's injury from the Postal Service to the true wrongdoer, i.e., the third party.
 - (2) The ultimate recovery that the employee will realize for the injury cannot possibly be reduced by the employee's agreement to the assignment. An employee is entitled to a minimum of 20 percent of the net recovery after the expense of the recovery (attorney's fees, property damage, and court costs only) have been deducted. In addition, any surplus amount realized in the third party action that exceeds the amount of the employee's compensation payments and the expense of realization or collection, will be paid to the employee.
 - (3) OWCP is authorized to require an assignment of the claim and to terminate an employee's entitlement to past or future compensation payments if he or she refuses to pursue or assign what appears to be a valid third party claim.

547.59

Employee Benefits
Injury Compensation Program

- e. If the employee continues to refuse to pursue or assign his or her claim, then refer the file to the area human resources analyst for injury compensation. Use Form 2560, *Referral of Third Party Material* (Exhibit 547.59d) to transmit the file. Take no further action to obtain an assignment after the file is referred.
- f. Upon receipt of an assignment of the employee's claim on Form 2577, *Assignment of Claim to the USPS*, send sample letter F, *Notice of Assignment of Postal Employee's Claim and Request for Settlement* (Exhibit 547.59e), to the third party and to his or her insurer, if known.
- g. When a reply to sample letter F is received, attempt to negotiate a settlement of the government's and the employee's claim (see 547.7, Settlement of Claims).
- h. Contact the Postal Service Field Counsel if it is felt that assistance is necessary.

Employee Benefits
Injury Compensation Program

547.59

Exhibit 547.59a

Sample Letter E, Request for Information from Employee and Notice of Government's Lien

[__date__]

[__name__]

[__street__]

[__city, state, ZIP__]

File Number:

Date of Injury:

Dear [__name__]:

Our records show that on the above date you sustained an injury under circumstances which may place liability for damages upon a party other than the United States.

Under the provisions of Section 8131 of Title 5, United States Code, the Secretary of Labor can and will require a workers' compensation beneficiary to prosecute an action for damages in his or her own name when injury or death occurs under circumstances which indicate legal liability to pay damages on a party other than the Government. When damages are recovered from such a party, the beneficiary must, out of the damages recovered, reimburse the United States for any payments made to the beneficiary or on the beneficiary's behalf. Nevertheless, in all cases you will be entitled to a minimum of 20% of the net recovery.

For our records, a statement is required from you as to whether you have presented a claim for damages as a result of this injury against anyone other than the Postal Service or the Office of Workers' Compensation Programs (OWCP). It is requested that you answer the questions on the enclosed Form 2559, *Third Party Claim-Information Request*, and promptly return it to this office.

If you have initiated a third party action, you should contact us for a statement of any OWCP disbursements made to you or on your behalf before you make a final settlement. These disbursements must be repaid from any recovery you make from the third party (the person or persons responsible for the injury).

If you wish to discuss this matter or desire to assist you, please contact [__name__] at [__telephone no.__].

Sincerely,

[__signature__]

[__title__]

[__telephone no.__]

Enclosure

cc: District Office, OWCP

547.59

Employee Benefits
Injury Compensation Program

Exhibit 547.59b

Form 2559, Third Party Claim — Information Request



Third Party Claim - Information Request

Section 8131 of Title 5, United States Code, provides that when damages are recovered the United States shall be reimbursed for payments if made on account of the injury.

1. Have you presented a claim or instituted suit for damages against any person or persons apparently responsible for your injury? ☐ Yes ☐ No
(If yes, give the third party's name and address and the name and address of the insurance carrier, if known.)

Third Party's Name and Address

Insurance Carrier's Name and Address

2. Have you retained an attorney with regard to a possible action against any person or persons apparently responsible for your injury? ☐ Yes ☐ No
(If yes, give the attorney's name.)

3. If you have not filed a claim for damages, state your reasons, in full detail, for not doing so.

4. Have damages been recovered? ☐ Yes ☐ No (If yes, please furnish the following information:)

- a. Total amount recovered \$ _____
- b. Personal property damage, if any \$ _____
- c. Medical expenses paid by you personally (Do not include those paid or reimbursed by OWCP or an insurance carrier.) (Attach itemization.) \$ _____
- d. Attorney's fee, if any \$ _____

Date of Judgment or Release

5. Signature

Date

The Federal Employee's Compensation Act, as amended (5 USC 8101, et seq.) is administered by the Office of Workers' Compensation Program of the U.S. Department of Labor. In accordance with this responsibility, the office collects and maintains personal information on claimants and their immediate families. The information will be used to determine eligibility for and the amount of benefits payable under the Act. The Postal Service uses the information in handling matters relating, directly or indirectly, to the subject matter of the claim in accordance with the provisions of 20 CFR 10. In addition, this information may be disclosed to an appropriate law enforcement agency for investigative or prosecutive purposes, to a congressional office at your request, to OMB for review of private relief legislation, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Failure to provide the information requested may delay the adjudication process, or result in an unfavorable decision or a reduced level of benefits; however, disclosure of the social security number is voluntary and will not cause such delays; its only purposes are to enable the Postal Service to account for program costs and to verify the dollar amount of payments due the Department of Labor.

PS Form 2559, February 1981

Employee Benefits
Injury Compensation Program

547.59

Exhibit 547.59c

Form 2577, Assignment of Claim to the USPS



Assignment of Claim to the USPS

As a result of my applying for and receiving benefits under the provisions of the Federal Employees' Compensation Act (5 U.S.C. 8101-50), and because I do not wish to prosecute an action in my own name to recover damages, I (name) _____, of (address) _____, City of _____, County of _____, State of _____, hereby voluntarily assign to the United States Postal Service all of my right, title and interest in any claim, demand, or cause of action which I may have against (name of third party) _____, or any other person, as a result of an injury I sustained on (date) _____, at (location) _____, while in the performance of my duties as an employee of the United States Postal Service.

I understand that in the event of recovery of damages by the United States Postal Service under this assignment, I am entitled to one-fifth of the net amount of recovery after expenses thereof have been deducted and to any surplus remaining as provided by Section 8131 of the Federal Employees' Compensation Act.

I understand that I have the right to pursue an action to recover damages by myself or by an attorney of my own choice, but I hereby am assigning that right to the United States Postal Service. Upon acceptance of this assignment, the United States Postal Service shall have full and complete authority to take whatever action on this claim it considers appropriate., and may institute legal action, settle or compromise the claim or any suit, or decline to institute suit, or to take any other action. In the event the United States Postal Service declines to institute suit, or to take other action, it shall have the right to cancel this assignment and thereby reassign the claim back to me.

I hereby authorize the United States Postal Service to furnish all records, medical and other reports, statements made by myself and other papers relating to my injury to the parties against whom claim is made, their representative, and insurance companies for the purpose of effectuating a settlement of the assigned claim.

IN WITNESS WHEREOF, I have signed this assignment this _____ day of _____, 19 _____.

(Signature)

Recognizing that it is within the discretion of the United States Postal Service to accept or to refuse to accept this Assignment of Claim, and pursuant to the authority granted by 39 C.F.R. 224.2(b) (1) (i) and other Postal Regulations, I hereby accept the above assignment.

Dated _____

(Signature)

(Title)

Privacy Act Statement

Collection of this information is authorized by 39 USC 401. The purpose for which the information is to be used is to assign a third-party damage claim to the USPS. As a routine use, this information may be disclosed to OWCP and a third-party representative. Completion of this form is voluntary; however, if you do not complete this form, the USPS can not pursue your claim or prosecute an action on your behalf.

PS Form 2577, September 1988 (Previous Editions Unusable)

547.59

Employee Benefits
Injury Compensation Program

Exhibit 547.59d

Form 2560, Referral of Third Party Material


			Referral of Third Party Material		
To:			From:		
Case No.	Date Submitted	Date Claimant Rtd. to Work	Employee's Name		
Attached Are the Following Documents:					
1. CA Forms (Front and Back)					
<input type="checkbox"/> CA-1		<input type="checkbox"/> CA-4		<input type="checkbox"/> Other (Identify):	
<input type="checkbox"/> CA-2		<input type="checkbox"/> CA-5			
<input type="checkbox"/> CA-3		<input type="checkbox"/> CA-7			
2. Witness Statements and Accident Reports					
<input type="checkbox"/> Reverse of CA-1 or CA-2				<input type="checkbox"/> Other (Identify):	
3. Medical Reports					
<input type="checkbox"/> CA-16 (Reverse)		<input type="checkbox"/> Other (Identify):			
<input type="checkbox"/> CA-20					
<input type="checkbox"/> CA-20A					
4. Correspondence From:					
<input type="checkbox"/> Attorney Dated: _____				<input type="checkbox"/> Other (Identify):	
<input type="checkbox"/> Claimant Dated: _____					
5. Award of Compensation					
<input type="checkbox"/> CA-1048		<input type="checkbox"/> CA-181		<input type="checkbox"/> Other (Identify):	
<input type="checkbox"/> CA-1049					
<input type="checkbox"/> CA-180					
6. Settlement					
<input type="checkbox"/> Claimant's Recovery Statement				<input type="checkbox"/> Settlement Has Been Made in This Case. Attached Is a Copy of:	
<input type="checkbox"/> Recovery Letter 1					
PS Form 2560 , November 1987					

Exhibit 547.59e

Sample Letter F, Notice of Assignment of Postal Employee's Claim and Request for Settlement

[__date__]

[__name__]

[__street__]

[__city, state, ZIP__]

RE: Accident on [__date__]

Dear [__name__]:

On [__date__], a postal employee, [__name__], was injured as a result of [__description of incident__].

Pursuant to the provisions of the Federal Employees' Compensation Act, our employee has filed for benefits and has assigned [__his__] [__her__] personal injury claim to the Postal Service; a copy of that assignment, Form 2577, *Assignment of Claim to USPS*, is attached.

We request that you, your insurance carrier, or your attorney contact this office to discuss settlement of this matter.

Sincerely,

[__signature__]

[__title__]

[__telephone no.__]

Attachment

cc: DOL

547.6 Release of Information**547.61 Privacy Act Protection**

All records, medical and other reports, statements of witnesses, and other papers relating to the injury or death of an employee or other person entitled to compensation or benefits under the Act are sensitive in nature, and no employee of the Postal Service may disclose information from or pertaining to the records to any person except as directed in these instructions. Upon the employee's death, records lose much of their sensitivity; i.e., the Privacy Act no longer applies to them. Release of records on deceased employees should be guided by the Postal Service release of information guidelines (*Administrative Support Manual (ASM) 352*).

547.62 Release to Employee or Beneficiary**547.621 General**

If (a) an employee, or (b) in the case of death, an employee's beneficiary, or (c) the authorized representative of an employee or beneficiary requests information from the Postal Service in connection with a third party recovery case, refer the request to the control office or control point supervisor, who permits the requester to examine the records of the case, except where release of the information is not in the best interest of the employee (see 547.622).

547.622 Release to Physician

When the control office or control point supervisor, based upon consultation with the postal physician or occupational health nurse administrator, determines that release of medical reports directly to the employee clearly is not in the best interest of the employee, the control office or control point supervisor should request authorization from the employee to release the information to the employee's personal physician.

547.623 Limitation to Germane Information

In honoring requests, the control office or control point supervisor discloses only that information that is germane to the request and the third party action.

547.63 Release to Other Parties

Information requested for use in third party recovery cases by persons who are interested in third party action other than the employee or other legal representative may be released only upon written authorization of the employee or of the authorized representative. Direct all such requests to the control office or the control point supervisor.

547.64 Release to Court or Other Authority

Any employee of the Postal Service who is served with a demand by federal or state courts or other administrative bodies for records or information relating to third party recovery matters must promptly, and without awaiting appearance before the court or other authority, contact field counsel for instructions concerning the response to the demand.

547.7 Settlement of Claims**547.71 Employee Pursuing Collection of Damages From Third Party**

The Postal Service, with certain adjustments, is entitled to collect from the proceeds paid to an employee by a third party the amount of compensation and medical and related expenses paid by OWCP on behalf of the employee. Therefore, when information is received that a third party recovery is imminent, the control office or control point supervisor contacts OWCP for an up-to-date statement of all disbursements made by OWCP and advises the employee or the employee's attorney of those disbursements. If settlement has already been made, Form 2556, *Third Party Statement of Recovery*, should be reviewed to see that the total disbursements made by OWCP have been accurately computed.

547.72 Employee Not Pursuing Third Party Recovery

When the postal employee has indicated that he or she does not wish to pursue a recovery from a third party and has been requested to and has signed Form 2577, *Assignment of Claim to the USPS*, the Postal Service, with certain adjustments, is entitled to recover from the third party or his or her insurer the compensation and medical and related expenses paid by OWCP on behalf of the employee. In addition, the Postal Service is entitled to collect on behalf of the employee those damages to which the employee may be entitled. Such damages may consist of payment for pain and suffering sustained by the employee, any damage to the employee's personal property, and out-of-pocket expense not covered by FECA benefits. Upon recovery, the employee is to provided with a copy of Form 2556, which indicates the employee's total entitlement. Further, the control office or the control point supervisor should ensure that OWCP district office is provided with copies of all documents pertaining to the recovery.

547.73 Disbursement of Recovered Third Party Funds

When a settlement is made, the control office or control point supervisor makes disbursement of the funds as follows:

- a. When the third party check includes OWCP payments only, send the check and Form 2556 or 2557, as applicable, directly to OWCP unless the check is made payable to the Postal Service. If this is the case, deposit the check and issue a Treasury check or no-fee money order to OWCP.
- b. When the third party check includes OWCP payments and the employee's share, payments issued in installments, COP that has been collected in error, or checks made payable to the postmaster, the following procedures apply:
 - (1) Deposit the check or monies in the postmaster's trust account.
 - (2) Request a receipt Form 3544, *Post Office Receipt for Money*. Include the employee's name and OWCP claim number on the receipt.

547.74

Employee Benefits
Injury Compensation Program

- (3) Forward a memorandum (see Exhibit 547.73 — Sample letter G) to the accounting office advising them of the proper disbursement to be made along with Form 2556 or 2557, whichever is applicable.
 - (4) Have the accounting office issue a no-fee money order or Treasury check that includes the employee's name and OWCP claim number to the appropriate parties, i.e., OWCP and postal employee.
- c. For installment payments made by the third party, disbursement should be issued at periodic intervals (3 or 6 months) to the postal employee until the total expected monies from the third party are collected.

547.74 **Settlement Verification**

The control office or control point supervisor furnishes the employee and OWCP a copy of the Form 2556 or Form 2557 on all recoveries made.

547.75 **Control Point Supervisor Requirements**

All efforts on the part of control point supervisors concerning these instructions, to include case closure, settlement, or assistance, must be coordinated with the assigned control office.

547.76 **Recovery Assistance**

When the control office desires any advice on matters relating to the settlement of a third party recovery case or other legal matters, the appropriate field counsel should be contacted.

547.77 **Delegation of Authority**

The following are authorized to accept voluntary assignment of an employee's claim against a third party and sign a release on behalf of the Postal Service when requested by the third party or insurance carrier:

- a. Manager of Injury Compensation.
- b. Qualified control point supervisor.
- c. Field counsel.

Exhibit 547.73
Sample Letter G



[__date__]

DISBURSING OFFICER
[__applicable accounting office__]

SUBJECT: Recovery Disbursements — Third Party Settlement

The enclosed check or money order in the amount of \$ [__amount__] represents settlement of a third party claim for:

Name:
SSN:
OWCP Case No.:

These funds are forwarded for disposition (see attached Form 2556 or 2557 for amount of total recovery).

1. Amount due OWCP \$ [__amount__]

Send check to:
U.S. Department of Labor
[__applicable district office__]

2. Amount due employee \$ [__amount__]

Send check to:
[__employee's name__]
c/o Injury Compensation Office

[__signature__]
Injury Compensation Supervisor or Specialist

547.8 Third Party Recovery Action**547.81 General**

FECA provides that an employee who is required to appear as a party or witness in the prosecution of a third party court action is in an active duty status while so engaged (5 U.S.C. 8131(a)(2)). Therefore, when an employee assigns a third party claim to the Postal Service and appears in court as a witness, or when an employee prosecutes a third party claim in his or her own name and appears in court as a party, such an employee is compensated for the court appearance as provided in 547.82.

547.82 Compensation for Court Appearances

The following provisions apply to compensation for court appearances:

- a. A postal employee who appears as a witness in a third party action that has been assigned to the Postal Service is in an official duty status for the time spent in court (ELM 516.41) and for the time spent traveling between the court and the employee's work site. However, any time spent traveling between an employee's residence and the court is considered commuting time and, therefore, is not compensable.
- b. An employee who prosecutes a third party action in his or her own name is *not* in an official duty status as that term is defined in ELM 516.41. However, in order to implement FECA provision requiring compensation of such an employee, the Postal Service compensates that employee *as if the employee were in an official duty status*. Accordingly, such an employee is compensated to the same extent as that explained in 547.82a for the time spent in court and for the time spent traveling between the court and the employee's worksite. Any time spent traveling between the employee's residence and the court is considered commuting time and is not compensable.

547.83 Documentation of Court Appearances

An employee who is prosecuting a third party action in his or her own name and who appears in court must document the time required to appear in court on the memorandum, *Third Party Court Appearance Sheet* (see Exhibit 547.83). The employee is considered in an active duty status; therefore, a Form 3971, *Request for Notification of Absence*, is not required. Rather, the hours on the time card for third party appearances are recorded as *work only* — and not as court leave or any other type leave. The completed memorandum is to be returned to the control office or control point as appropriate.

547.84 Case Preparation

An employee who is prosecuting a third party action in his or her own name is *not* treated as if in an official duty status for the time spent developing the case. Any time used for this purpose within the employee's regular work schedule is charged to annual leave or leave without pay (LWOP).

Employee Benefits
Injury Compensation Program

547.84

Exhibit 547.83

Third Party Court Appearance Sheet

SUBJECT: TO: ATTN:	Third Party Court Appearance Postmaster/Installation Head		
<p>I, the undersigned, attest to the validity and accuracy of the clock times entered below.</p> <p>I understand that these entries must represent only the time my presence was required in court and, if applicable, travel from and to work.</p> <p>I also understand that the deliberate furnishing of false information may result in a fine of not more than \$10,000 or imprisonment of not more than five years, or both (18 U.S.C. 1001).</p>			
_____ Signature of Employee		_____ Witness to Signature	
EMPLOYEE NAME _____		SSN _____	
PAY LOCATION _____		IMMEDIATE SUPERVISOR _____	
		Relevant Times	Employee's Initials
Date of Appearance: _____			
Time Departed Work (if applicable)		_____	_____
Time Arrived Court		_____	_____
Time Departed Court		_____	_____
Time of Return to Work (if applicable)		_____	_____
<input type="checkbox"/> Document additional appearances as follows:			
cc: Employee			
Timekeeper			
		Relevant Times	Employee's Initials
Date of Appearance: _____			
Time Departed Work (if applicable)		_____	_____
Time Arrived Court		_____	_____
Time Departed Court		_____	_____
Time of Return to Work (if applicable)		_____	_____
		Relevant Times	Employee's Initials
Date of Appearance: _____			
Time Departed Work (if applicable)		_____	_____
Time Arrived Court		_____	_____
Time Departed Court		_____	_____
Time of Return to Work (if applicable)		_____	_____
		Relevant Times	Employee's Initials
Date of Appearance: _____			
Time Departed Work (if applicable)		_____	_____
Time Arrived Court		_____	_____
Time Departed Court		_____	_____
Time of Return to Work (if applicable)		_____	_____
		Relevant Times	Employee's Initials
Date of Appearance: _____			
Time Departed Work (if applicable)		_____	_____
Time Arrived Court		_____	_____
Time Departed Court		_____	_____
Time of Return to Work (if applicable)		_____	_____


Form 35

483

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

Form 50

		NOTIFICATION OF PERSONNEL ACTION	
EFFECTIVE DATE: 		SEQUENCE NO.: 	
SOCIAL SECURITY NO.: 		SUFFIX CODE: 	
EMPLOYEE INFORMATION EMPLOYEE: SEE GENERAL INFORMATION ON REVERSE			
LAST NAME		FIRST NAME	
INIT.		DATE OF BIRTH	
VET. PREF.		PRIOR CSRS	
TSP ELIG.		LIFE INS. RET. PLAN	
LEAVE COMP.		SERVICE DATES ENTER ON DUTY	
RETIEMENT COMP.		TSP-SCD	
NEXT STEP PP-YR		NOT TO EXCEED PP-YR	
PROBATION EXPIR. PP-YR		EMPL. STATUS	
CAT.		TYPE	
RSC		GRADE/STEP	
PP-YR		HOURS	
MILES		SP CODE	
INDEBT USPS		EMPL. TYPE	
GEN- DER		MINOR- ITY	
HANDI- CAP		RURAL	
SVS. ANNIV. PP-YR		FROZEN CSRS	
CRBL MIL SERV		ACADEMIC DATA	
CODE		LEVEL	
YEAR		DISCIPLINE	
POSTAL LIFE		RETIRED MILITARY	
COLA		RURAL	
HRS.		MI	
MAILING ADDRESS—STREET/BOX/APT. NO.		CITY	
ST.		ZIP + 4	
DUTY STATION NAME			
POSITION INFORMATION			
FINANCE NO.		EMPLOYING OFFICE NAME	
ZIP + 4		PAY LOC.	
MERIT LUMP SUM			
DUTY STATION FINANCE NO.		LABOR DISTR.	
DES/ACT		POS. TYPE	
LIMIT TOUR		RATE CODE	
ALLOW CODE		ORG. COVER	
RED CIRCLE		ROUTE NO.	
L-RTE ID		PAY TYPE	
TRW- WKLY		FLSA	
COMMIT		GUARANTEED SALARY	
NATURE OF PERSONNEL ACTION			
RURAL CARRIER DATA			
NOA		NATURE OF ACTION DESCRIPTION	
AUTHORITY		MERIT ANNIV.	
REMARKS			
84 CODE		85 CODE	
86 CODE		87 CODE	
88			
SERVICE HISTORY INFORMATION			
NOA		NOA DESCRIPTION	
EFF DATE		OCCUPATION CODE	
POSITION TITLE		RSC GRADE/STEP	
SALARY			
1st			
-6			
-5			
-4			
-3			
-2			
-1			
CUR			
89		90	
91		92	
93		94	
95		96	
97			
AUTHORIZATION		DATE	
OPF FINANCE NO.			

1 — EMPLOYEE COPY

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Form 50 (continued)

NOTICE TO EMPLOYEE

Keep this document for your records. It is your copy of the official record of a personnel action affecting your employment. If you notice any errors on this document, promptly notify your supervisor or personnel office to have your record corrected.

EXPLANATION OF CODES

- 9—Veteran Preference
1-No 4-10 pt. Comp., less than 30%
2-5 pt. 5-10 pt. Other
3-10 pt. Disabl. 6-10 pt. Comp., 30% or greater
- 12—Life Insurance
A-Ineligible D-Current (\$10,000)
B-Waived E-Family Coverage
C-Regular Coverage Only F-Current Optional & Family
(See Personnel Office for explanation of additional codes G-Z.)
- 13—Retirement Plan
1-CSRS 4-Excluded 7-Reserved/PRC
2-FICA 5-CSRS/FICA 8-FERS
*3-CSRS *6-CSRS/FICA *9-FERS
A-FERS Transferee *B-FERS Transferee
*Inspection Service
- 26—Leave Type
1-Normal 2-Earn as you go 3-No leave
- 36—Minority Code
A-American Indian or D-Hispanic
Alaskan Native E-White, not of Hispanic
B-Asian or Pacific Islander origin
C-Black, not of Hispanic origin
(See Personnel Office for explanation of additional codes.)
- 37—Handicap Code
(See Personnel Office for explanation of codes.)
- 39—Service Anniversary PP-YR
(See Personnel Office)
- 42—Academic Discipline 43-44-45—Academic Discipline
1—Supervisory Position (See Personnel Office)
2—Non-Supervisory Position
- 95—Rate Schedule Code
A-MTEC & Supply Ctrs M-Mail Handlers
B-Aux Rural, RCR, RCA N-PDCs
C-Mail Equip Shops P-PS
E-EAS R-Rural
F-EAS Postmaster S-PCES
G-Nurses Bargaining T-Tool & Die Shop
K-HQ Operating Svs Div U-Attorney
L-PMR/LR Y-Postal Police Officers
- Special Salary Code
A-Saved Grade
G-Guaranteed Salary
L-Below Minimum
R-Reemployed Annuitant

I. CONDITIONS PERTINENT TO ALL TYPES OF PERSONNEL ACTION

The personnel action identified on the face of this form is subject to all applicable laws, rules, and regulations governing postal employment. The action may be corrected or cancelled if not in accordance with all legal requirements, or if based upon your misrepresentation or fraud.

In addition, the level of the position to which you are officially assigned may be reviewed and corrected by your personnel office.

II. INFORMATION ABOUT APPOINTMENTS

Appointments to positions in the Postal Service: The Postal Service places most positions in the "Postal Career Service." The Postal Service sets qualification requirements and controls recruitment for such positions. As a general rule, persons selected from Postal Service registers to fill continuing jobs are given career appointments. Such appointments are secured through direct competition with other members of the general public seeking similar work.

The indicated period (Item 22) following a nontemporary competitive appointment generally is a probationary period, during which period an appointee must demonstrate his/her full competence and fitness for employment. Transfers, promotions, demotions and reassignments during a probationary period are subject to completion of probation.

Temporary or casual appointments do not confer career status and do not lead to a career appointment without some further examination or qualification. Temporary or casual appointments are made when there is no continuing need for a person's service, regardless of the manner in which he/she qualified for appointment. Acceptance of such appointment will not remove a person's name from an employment register on which he/she may later be reached for career appointment.

An employee in the Postal Career Service may transfer non-competitively to a career civil service position in another Federal agency under certain conditions. The personnel office of the Federal agency to which you are seeking a transfer will explain the requirements.

III. INFORMATION ABOUT YOUR STATUS AFTER SEPARATION

If you are separated or placed in a nonpay status for an extended period, your personnel office will furnish you with Standard Form 8 explaining your rights for unemployment insurance benefits. If you were covered by the Civil Service Retirement System or Federal Employees' Group Life Insurance, you have previously been furnished certificates describing those programs; you can refer to such certificates for information regarding your rights and possible benefits after separation.

You will be given any lump sum payment that may be due you for annual leave at the time of separation. Refund of an appropriate portion of this payment will be required if you are reemployed in a Federal agency in a position under the same leave system during the period covered by such payment.

IV. AVAILABILITY OF FURTHER INFORMATION

Consult your supervisor if you have questions about the above statements or the entries on the front of this form. If your questions are technical, your supervisor may refer you to your personnel office, which will have copies of Postal Service manuals and regulations, as well as your individual record, and can then best explain how they apply in your case.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Form 202

54772



Health Benefits Refund Payment Authorization

Instructions

This is to authorize payment to this employee for refund due on excess withholdings on health benefits premium from the OWCP compensation payments.

Name (Employee/Applicant)	Social Security Number
Address (City, State, ZIP + 4)	MSC Name
Health Benefits Code	Finance Number
Periods Covered	Amount to Be Paid
(Office Use Only)	Signature of Authorizing Official
	Approval by MSC Manager or Designee

PS Form 202, October 1984

1 - Injury Compensation

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Form 557

U.S. Postal Service — Inspection Service APPLICATION FOR REWARD			Date
To: Postal Inspector in Charge		I hereby make application for reward for services rendered in connection with the arrest and conviction of the offender named below.	
1. Full Name of Offender		2. Date and Nature of Crime	
3. Date of Conviction (<i>Make claim on this form or by letter within six months of conviction.</i>)		4. Did You Arrest Offender (<i>If Yes, Name the persons who assisted in arrest in Item 5.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Name of Persons, If Any, Who Assisted in Arrest			
If arrest was made on the basis of information furnished by another person, give the name and address of that person in Item 6.		6. Name and Address of Informant	
7. Did You Appear As A Witness? <input type="checkbox"/> Yes <input type="checkbox"/> No	8a. Did You Receive Witness Fees? <input type="checkbox"/> Yes <input type="checkbox"/> No	8b. If Yes, Enter Amount	9. Hours or Days Devoted to Case
10. Did You Incur Any Expenses in Conjunction With Your Services? (<i>If Yes, Complete Item 11.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Itemized List of Expenses		
12. Have You Been Compensated From Any Source for Your Service and Expenses? (<i>If Yes, Complete Item 13.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Nature and Extent of Compensation		
14. Describe in Detail the Services You Rendered (<i>Use Reverse If Necessary</i>)			
<p>Each person must file a claim for reward in his own behalf. The U.S. Postal Service will not recognize agreements which are designed to permit one of a group of persons to obtain a reward and share it with the remaining members of the group.</p> <p>NOTE — <i>Severe penalties are provided for making, or causing to be made, any false or fraudulent statements in connection with this type of claim. See 18 U.S.C. 287 and 1001.</i></p>		15. Printed Name of Applicant	16. Social Security Number
		17. Signature of Applicant and Date	
		18. Street Address (<i>Include Apt. or Suite Number</i>)	
		19. City, State, and ZIP+4	
		20. Occupation at Time of Service	

PS Form 557, June 1986

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

OWCP Form 1500

PLEASE
DO NOT
STAPLE
IN THIS
AREA

HEALTH INSURANCE CLAIM FORM											
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> PICA </div> <div> <input type="checkbox"/> PICA </div> </div>											
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare #) (Medicaid #) (Sponsor's SSN) (VA File #) (SSN or ID) (SSN) (ID)</small>					1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)						
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)					3. PATIENT'S BIRTH DATE MM DD YY		SEX M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)		
5. PATIENT'S ADDRESS (No., Street)					6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)				
CITY			STATE		CITY			STATE			
ZIP CODE			TELEPHONE (Include Area Code) ()		ZIP CODE			TELEPHONE (INCLUDE AREA CODE) ()			
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S POLICY GROUP OR FECA NUMBER				
a. OTHER INSURED'S POLICY OR GROUP NUMBER					a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input type="checkbox"/> NO		a. INSURED'S DATE OF BIRTH MM DD YY				
b. OTHER INSURED'S DATE OF BIRTH MM DD YY					b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		SEX M <input type="checkbox"/> F <input type="checkbox"/>				
c. EMPLOYER'S NAME OR SCHOOL NAME					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		b. EMPLOYER'S NAME OR SCHOOL NAME				
d. INSURANCE PLAN NAME OR PROGRAM NAME					10d. RESERVED FOR LOCAL USE		c. INSURANCE PLAN NAME OR PROGRAM NAME				
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____					13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____						
14. DATE OF CURRENT: <input type="checkbox"/> ILLNESS (First symptom) OR <input type="checkbox"/> INJURY (Accident) OR <input type="checkbox"/> PREGNANCY (LMP) MM DD YY					15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY				
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE					17a. I.D. NUMBER OF REFERRING PHYSICIAN		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY				
19. RESERVED FOR LOCAL USE					20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO		\$ CHARGES				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE)					22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.				
1. _____ 3. _____					23. PRIOR AUTHORIZATION NUMBER						
2. _____ 4. _____											
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. Place of Service	C. Type of Service	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS CODE	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. EMG	J. COB	K. RESERVED FOR LOCAL USE
1											
2											
3											
4											
5											
6											
25. FEDERAL TAX I.D. NUMBER		SSN EIN	26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO	28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. BALANCE DUE \$	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)					32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)		33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #				
SIGNED _____					DATE _____		PIN#		GRP#		

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)

PLEASE PRINT OR TYPE

APPROVED OMB-0938-0008 FORM HCFA-1500 (12-90), FORM RRB-1500,
APPROVED OMB-1215-0055 FORM OWCP-1500, APPROVED OMB-0720-0001 (CHAMPUS)

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

OWCP Form 1500a

OMB No. 1215-0055
Expires: 06-30-93

Instructions for Completing OWCP 1500 Health Insurance Claim Form For Medical Services Provided Under the FEDERAL EMPLOYEE'S COMPENSATION ACT (FECA) and the Federal BLACK LUNG BENEFITS ACT (FBLBA)

GENERAL INFORMATION: FEDERAL EMPLOYEES COMPENSATION CLAIMANTS

Claims filed under the Federal Employees' Compensation Act (FECA) (5 USC 8101 et seq.) are for employment-related illness or injury. All services, appliances, and supplies prescribed or recommended by a qualified physician, which the Secretary of Labor considers likely to give relief, reduce the degree or period of disability, or aid in lessening the amount of the monthly compensation, may be furnished. "Physician" includes all Doctors of Medicine (M.D.s), podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law. The term "physician" includes chiropractors only to the extent that their reimbursable services are limited to treatment consisting of manual manipulation of the spine to correct subluxation as demonstrated by X-ray to exist.

FEES

The U.S. Department of Labor's Office of Workers' Compensation Programs (OWCP) is responsible for payment of all reasonable charges stemming from covered medical services to claimants eligible under FECA. OWCP employs a relative value scale fee schedule and other tests to determine reasonableness. Schedule limitations are applied through an automated billing system that is based on the identification of procedures as defined in the AMA Current Procedural Terminology (CPT); correct CPT code and modifier(s) is required. Incorrect coding will result in inappropriate payment. For specific information about schedule limits call the Department of Labor's Federal Employees' Compensation (FEC) office which services your area.

REPORTS

A medical report which indicates the dates of treatment, diagnosis(es), findings, and type of treatment offered is required for services provided by a physician (as defined under the Act). The initial report should explain relationship of the injury or illness to the employment. Test results and x-ray findings should accompany billings.

GENERAL INFORMATION: FEDERAL BLACK LUNG BENEFITS ACT (FBLBA) CLAIMANTS

The Federal Black Lung Benefits Act (30 USC 901 et seq.) covers medical services to eligible beneficiaries for diagnostic and therapeutic services for black lung disease as defined under the Act. For specific information about reimbursable services, call the Dept. of Labor's Black Lung office that services your facility or call the National Office in Washington, D.C.

NOTICE TO PATIENT ABOUT THE COLLECTION AND USE OF INFORMATION

The OWCP is authorized (FECA, 5 USC 8101 et seq; FBLBA 30 USC 901 et seq.) to collect information needed to administrate the FECA and the FBLBA. The information collected is used to identify the eligibility of the claimant for benefits, and determine coverage of services provided. There are no penalties for failure to supply information; however, failure to furnish information regarding the medical service(s) received or the amount charged will prevent payment of the claim. Failure to supply other information, such as claim number or use of ICD or CPT codes, will delay payment or may result in rejection of the claim because of incomplete information.

SIGNATURE

Your signature in Item 31 indicates your agreement to accept the Government's charge determination on covered services as payment in full, and indicates your agreement not to seek reimbursement from the patient of any amounts not paid by OWCP for covered services as the result of the application of its fee schedule or related tests for reasonableness (appeals are allowed).

Your signature in Item 31 also indicates that the services shown on this form were medically indicated and necessary for the health of the patient and were personally rendered or were rendered incident to your direct order. Your signature indicates that you understand that any false claims, statements or documents, or concealment of a material fact may be prosecuted under applicable Federal or State laws.

FORM SUBMITTAL

FECA: Send all forms for FECA to the appropriate Federal Employees' Compensation District Office, or to the patient's employing federal agency for forwarding to the correct address.

FBLBA: All forms for services provided under the FBLBA should be returned to the Federal Black Lung Program, P.O. Box 740, Lanham, MD 20706, unless otherwise instructed.

INSTRUCTIONS FOR COMPLETING THE FORM

A brief description of each data element and its applicability to requirements under FECA and FBLBA (Black Lung) are listed below. For additional information contact the U.S. Department of Labor.

- Item 1. Check the name of the program being billed.
- Item 1a. Enter patient's social security number.
- Item 2. Enter the patient's last name, first name, middle initial.
- Item 3. Enter the patient's date of birth (MMDDYY).
- Item 4. For FECA: leave blank.
For Black Lung: complete only if patient is deceased and this medical cost was paid by a survivor.
Enter the name of the survivor to whom medical payment is due.
- Item 5. Enter the patient's address (street address, city, state, ZIP Code; telephone number is optional).
- Item 6. Leave blank.
- Item 7. For FECA: leave blank.
For Black Lung: complete if Item No. 4 was completed. Enter the address of survivor to whom payment is due.

OWCP-1500a
April 1992

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

OWCP Form 1500a (continued)

- Item 8. Leave blank
- Item 9. Complete "9a-9d" if 11d is "yes". List any potential third party payors other than FECA or Black Lung. This includes other federal programs (Medicaid, Medicare, CHAMPUS, etc.) and any private policy. Include policy number and policy holder's name.
- Item 10. For FECA: check the appropriate boxes under 10a - 10c. For Black Lung: not required.
- Item 11. For FECA: enter the patient's claim number. OMISSION WILL RESULT IN DELAYED BILL PROCESSING. For Black Lung: leave blank.
- Item 11a. Leave blank.
- Item 11b. For FECA: enter the name of the federal employing agency. For Black Lung: leave blank.
- Item 11c. Leave blank.
- Item 11d. Check the appropriate box. If "Yes" is checked, list any potential third party payors under Item No. 9.
- Item 12. The signature of the patient or authorized representative authorizes release of the medical information necessary to process the claim, and requests payment. Signature is required; mark (X) must be co-signed by a witness and relationship to patient indicated.
- Item 13. Signature indicates authorization for payment of benefits directly to the provider. Acceptance of this assignment is considered to be a contractual arrangement. The "authorizing person" may be the beneficiary (patient) eligible under the program billed, person with power of attorney, or a statement that the beneficiary's signature is on file with the billing provider.
- Item 14. For FECA: enter date of injury or first symptom. For Black Lung: not required.
- Item 15. For FECA: enter first date of similar illness, injury or symptoms. For Black Lung: not required
- Item 16. For FECA: enter dates (MMDDYY) patient is unable to work in current occupation. For Black Lung: leave blank.
- Item 17. and 17a. If this is a referral, enter full name and tax I.D. of referring physician.
- Item 18. If services were provided during an inpatient hospital stay, enter the inpatient service days covered.
- Item 19. Use for additional information (see Item 24).
- Item 20. Must be completed if laboratory service charges are included on the bill. Check "YES" if the services were performed outside the physician's office, and enter the amount charged. Enter the name and address of the person/facility providing the service in Item No. 32 with an ". If an independent laboratory is billing, indicate where the sample was taken in 24b.
- Item 21. Enter the diagnosis(es) of the conditions(s) being treated using current ICD codes. Enter codes in priority order (primary, secondary condition). Coding structure must follow the International Classification, Clinical Modification, 9th revision or the latest revision published. A brief narrative may also be entered but not substituted for the ICD code.
- Item 22. Leave blank.
- Item 23. If a prior authorization number has been assigned provide that number; otherwise leave blank
- Item 24. In Column A, enter month, day, and year (MMDDYY) for each service/consultation provided. If the "from" and "to" date represent a series of identical services, enter the number of services provided in column "G".
Column B: enter the correct HCFA/OWCP standard "place of service" code (see HCFA manual).
Column C: not required
Column D: enter the applicable five digit AMA CPT (current edition) code and applicable modifier(s), the HCPCS, or the OWCP generic procedure code; enter a brief narrative in columns "J and K".
Column E: enter the diagnostic reference number (1,2,3 or 4, in Item No. 21) to relate the date of service and the procedure(s) performed to the appropriate ICD code, or enter the appropriate ICD code.
Column F: enter the total charge(s) for each listed service(s). Describe any unusual circumstances in column "J and "K" or attach report to avoid processing delays.
Column G: enter the number of services/units provided for period listed in column "A".
Column "H": Leave blank
Column "I": Enter "YES" if an emergency service.
Column "J" and "K": use for nomenclature or notes.
- Item 25. Enter the federal tax I.D. or social security number to which the payment will be assigned.
THIS ITEM MUST BE COMPLETED FOR PAYMENT TO BE PROCESSED.
- Item 26. Review notes on FECA, FBLBA and Signature.
- Item 27. Enter the total charges from column 24F.
- Item 28. If any payment has been made, enter that amount here.
- Item 29. Enter the amount due (item 27 less item 28).
- Item 30. Enter the balance now due.
- Item 31. Signature is required. Print name if not listed in items 32 or 33. For Black Lung: Mechanical reproduction is acceptable.
- Item 32. Complete as appropriate: (1) if address is different than that in Item No. 33, (2) If item No. 20 applies, (3) if other circumstances apply.
- Item 33. Enter (1) the name and address to which payment is to be made, and (2) your PIN and Group number (if member).
FOR BLACK LUNG in the space following "GRP #", enter your BLACK LUNG SIX-DIGIT FBLBA assigned provider number.
FAILURE TO ENTER THIS NUMBER WILL DELAY PAYMENT OR CAUSE REJECTION OF THE BILL FOR INCOMPLETE/ INACCURATE INFORMATION.


Public Burden Statement

We estimate that it will take an average of ca. ten to fifteen minutes to complete the information required on this form. This includes reviewing of instructions, abstracting information from the patient's records and entering the data onto the form. This time is based on familiarity with standardized coding structures and previous use of this common form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of IRM Policy, Department of Labor, Room N-1301, 200 Constitution Avenue, NW, Washington, DC 20210 and to the Office of Management and Budget, Paperwork Reduction Project (1215-0055), Washington, DC 20503.

DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Form 1769

	<h2>Accident Report</h2>
<h3>Instructions</h3>	
General Information	<p>The supervisor of the employee or operation involved must complete this form for all accidents regardless of extent of injury or amount of damage. Review all instructions and codes before completing this form. The Safety and Health office is available for assistance.</p> <p>Information forwarded to the Office of Workers' Compensation Programs (OWCP) must not differ from information on this form.</p>
Multiple Person Accidents	<p>When more than one person is injured as a result of the accident, complete a separate form for each individual and use the same accident number on each form. Complete all items for the first person including the narrative. For additional persons involved, complete only Items 1-4, 37-55. Note: If more than one postal employee is involved in the accident, follow the instructions outlined above, regardless of whether there was injury or not.</p>
Submission Procedures	<ol style="list-style-type: none"> 1. The supervisor must complete this form within 24 hours of the date of the accident, the diagnosis of illness, or the date they were notified of the situation. The next level supervisor must verify all information on the form. 2. The Manager, Safety and Health Services at the Division has the responsibility for reviewing the accuracy of the coding submitted on each PS Form 1769, <i>Accident Report</i>, or electronically entered into the Human Resources Information System (HRIS) Safety and Health Subsystem and accident log. If the codes on PS Form 1769 do not match with the narrative submitted by the supervisor of the employee or operation involved, the Manager, Safety and Health Services, is responsible for resolving the inconsistency. 3. The installation head forwards the original accident report to the safety office within 3 calendar days of the accident. 4. The local office must retain a copy of all reports (reportable or nonreportable) in that office for a 5-year period. Incorrectly filed or improperly coded 1769s may be returned to the originating office by the safety office. These must be corrected and resubmitted within 3 calendar days of receipt. 5. The safety office must: <ul style="list-style-type: none"> • review the completed form to ensure accuracy of codes; • coordinate any changes with the reporting office; • complete necessary items; • assign number and enter the accident information into the HRIS Safety and Health Subsystem within 1 calendar day of receipt; and; • retain the original copy for a period of 5 years.
Determining Reportable Accidents	<p>The safety office assigns a number on all forms (Item 4), using HRIS guidelines, for both reportable and nonreportable incidents, including unadjudicated occupational illness cases, when it covers any of the following kinds of injuries, illnesses or damages:</p> <ol style="list-style-type: none"> 1. All occupational traumatic injuries to postal employees regardless of whether the employee elects to file a Form CA-1 (<i>Federal Employee Notice of Traumatic Injury & Claim for Continuation of Pay/Compensation</i>) or a Form CA-6 (<i>U.S. Dept. of Labor — Official Superiors Report of Employee's Death</i>) is submitted to OWCP, and regardless of whether or not the OWCP claim is controverted. <p>EXCEPTION: A First Aid case must be logged and coded "6" in Item 44 of this form. The report must be held as a nonreportable case at the safety office, when first aid care (NOT exceeding 2 visits) is provided by postal medical/health units or contract treating facilities unless the accident involves property damage such as may occur with a motor vehicle accident.</p> <p>NOTE: Cases with medical dispositions for limited duty are not to be coded as first aid injuries.</p> 2. All occupational illnesses, including heart attacks, if a CA-2 (<i>Federal Employee's Notice of Occupational Disease and Claim for Compensation</i>) or CA-6 is submitted to OWCP. <p>EXCEPTION: If an occupational illness, the form must be forwarded to the safety office for recording in the HRIS. These cases will be logged, assigned a reporting code and number, pending adjudication by the OWCP. Safety offices are to monitor OWCP decisions and amend the status of the case in the HRIS. Instructions for amendments/deletions are included in HRIS Safety and Health Updates.</p> 3. Injuries or fatalities to non-postal persons on postal premises. 4. All motor vehicle accidents. 5. Property damage of \$500 or more, regardless of ownership. 6. Fire damage of \$100 or more regardless of ownership.
Adjustments and Deletions	<p>Whenever there is a change in status, or if you discover an error in a previously filed 1769, within 3 calendar days send a copy of the Form 1769 and written justification and documents supporting the amendment/deletion to the servicing safety office for action.</p>

PS Form 1769, September 1991 (p. 1 of 13 — instructions)

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Form 1769 (continued)

**Instructions for
Items 1-61**

Item 1: **Post Office, Station, Branch, Unit** (*City, State & ZIP Code*) — Self-explanatory.

Item 2: **Finance Number** — Self-explanatory.

Item 3: **Installation ID** — The Installation ID is a 4-digit code.

Item 4: **Accident Number** — The safety office assigns numbers in ascending order, through HRIS, starting each FY with 0001, then 0002, etc. Keep a record of used numbers as duplicate or missing numbers will initiate unnecessary correspondence. Start with 0001 the following FY.

Item 5: **Kind of Accident** — Check the appropriate box.

Motor Vehicle — Any mechanically or electrically powered device designed for movement, not operated on rails, upon which or by which any person or property can be transported or drawn upon a land highway. The load on a motor vehicle is considered part of the vehicle.

Do **not** consider equipment such as vehicles operated on fixed rails, fork lifts, bicycles, or similar equipment as motor vehicles.

A motor vehicle accident is any accident involving a motor vehicle which is operated on official postal business, regardless of the ownership of the vehicle and which results in death, injury or property damage of one dollar or more, unless the vehicle is legally parked (*see note below*). Who was injured, what property was damaged or to what extent, where the accident occurred, or who was responsible is not a factor.

NOTE: A legally parked vehicle is one in which the engine is turned off, the driver is not operating the controls, and the vehicle is parked where it is legal to do so. Temporarily "stopping" a vehicle without turning off the ignition, to load or unload mail, property, or persons, or a vehicle stopped at a sign, signal, police signal, or stalled in traffic, does not constitute a legally parked vehicle. If special written permission has been granted by law enforcement or municipal authorities to park in designated "No Parking" areas, and the postal vehicle is otherwise properly parked, the event may be classified as a parked industrial accident.

Natural Event — A natural event accident is any occurrence limited solely to property damage caused by such natural events as hurricane, flood, lightning, earthquake, volcano, hail, etc.

Other — This code is used to identify incidents involving vandalism or where only a non-employee was in an accident on postal premises. It shall not be used for incidents involving "on duty" postal employees. Example: A customer falls in a postal lobby.

Item 6: **Fire Involved** — Check appropriate box on the form: if box 2 or 3 is checked, Item 23 must be a fire code (#300-369).

1. — None.

2. — Building and Contents refers to any type of structure as well as all equipment, vehicles, stores, supplies, or material on, under, or within the structure.

3. — Other includes open storage, fires in collection or relay boxes, vehicles, or any other fires not in a building.

Item 7: **Accident Resulted in** — Check applicable box. If box 2 or 3 is checked also complete items 9 & 10. If box 4 is checked, this is a no incident, nonreportable case. There is no requirement to file a report. That is, no injury or property damage occurred as a result of incident.

Item 8: **Was On-Site Investigation Conducted By Immediate Supervisor?** — Check one.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Form 1769 (continued)

Item 9:	<p>Ownership of Damaged Property — If there was property damage select appropriate codes from the lists below:</p> <table border="0"><tr><td style="vertical-align: top;"><p>a. Postal</p><p>0 — Not Applicable 1 — Postal</p></td><td style="vertical-align: top;"><p>b. Non-Postal</p><p>0 — Not Applicable 2 — Other government agency 3 — Private party 4 — Employee's personal property used in postal operation, including privately owned rural carrier vehicles 5 — Hired, leased, or rented 6 — Contractor working on premises 7 — Star route or messenger 8 — Other (explain in narrative) 9 — Combination of the above</p></td></tr></table>	<p>a. Postal</p> <p>0 — Not Applicable 1 — Postal</p>	<p>b. Non-Postal</p> <p>0 — Not Applicable 2 — Other government agency 3 — Private party 4 — Employee's personal property used in postal operation, including privately owned rural carrier vehicles 5 — Hired, leased, or rented 6 — Contractor working on premises 7 — Star route or messenger 8 — Other (explain in narrative) 9 — Combination of the above</p>
<p>a. Postal</p> <p>0 — Not Applicable 1 — Postal</p>	<p>b. Non-Postal</p> <p>0 — Not Applicable 2 — Other government agency 3 — Private party 4 — Employee's personal property used in postal operation, including privately owned rural carrier vehicles 5 — Hired, leased, or rented 6 — Contractor working on premises 7 — Star route or messenger 8 — Other (explain in narrative) 9 — Combination of the above</p>		
Item 10:	<p>Estimated Property Damage (round to nearest dollar) — (For example, \$987.65 must be written as \$ 0 0 0 9 8 8) — When possible, coordinate estimates with the managers of fleet operations, plant maintenance or procurement services.</p> <p>a. Enter all postal damage here. b. Enter all non-postal damage here. (including privately owned rural carrier vehicles)</p>		
Item 11:	<p>Accident Date — Use numerals. For example, February 28, 1991, must be written as 02/28/91.</p>		
Item 12:	<p>Time of Day Accident Happened — Use 24 hour clock. For example, 1:05 PM must be written as 1305, or 1:45 PM must be written as 1345.</p>		
Item 13:	<p>Day of Week — Check one.</p>		
Item 14:	<p>Weather — Enter the code from the following list that best describes the weather at the accident scene.</p> <table border="0"><tr><td style="vertical-align: top;"><p>1. — Clear 2. — Cloudy 3. — Rain</p></td><td style="vertical-align: top;"><p>4. — Snow 5. — Fog 6. — Sleet 9. — Not applicable (if accident happened indoors)</p></td></tr></table>	<p>1. — Clear 2. — Cloudy 3. — Rain</p>	<p>4. — Snow 5. — Fog 6. — Sleet 9. — Not applicable (if accident happened indoors)</p>
<p>1. — Clear 2. — Cloudy 3. — Rain</p>	<p>4. — Snow 5. — Fog 6. — Sleet 9. — Not applicable (if accident happened indoors)</p>		
Item 15:	<p>General Description of Accident Area — Enter the code from the following list that best describes the neighborhood.</p> <table border="0"><tr><td style="vertical-align: top;"><p>1. City business 2. City residential 3. Suburban business</p></td><td style="vertical-align: top;"><p>4. Suburban residential 5. Rural 9. Not Applicable (use this code when accident occurs on postal premises)</p></td></tr></table>	<p>1. City business 2. City residential 3. Suburban business</p>	<p>4. Suburban residential 5. Rural 9. Not Applicable (use this code when accident occurs on postal premises)</p>
<p>1. City business 2. City residential 3. Suburban business</p>	<p>4. Suburban residential 5. Rural 9. Not Applicable (use this code when accident occurs on postal premises)</p>		
Item 16:	<p>Building Where Accident Happened — If the accident happened in, or on the premises of a specific building, enter the appropriate code from the following list:</p> <p>Postal</p> <table border="0"><tr><td style="vertical-align: top;"><p>Associate Office</p><p>01 Category A-G P.O. 03 Category H-J P.O. 05 Category K P.O. 06 Category L P.O.</p><p>Station/Branch</p><p>02 Category A-G 04 Category H-J</p><p>07 Division — Main Office 08 MSC — Main Office 10 Vehicle Maintenance Facility 11 Airmail Facility 12 Regional Office</p></td><td style="vertical-align: top;"><p>13 Headquarters Office 14 Postal Data Center 15 Supply Center 16 Mail Equipment Shop 18 Independent Mail Processing Center 19 Mail Bag Depository and Repair Center 22 Railroad Terminal 23 Truck Terminal 24 Bulk Mail Center 25 Postal Training Facility 26 Other</p></td></tr></table> <p>Non-Postal</p> <p>50 Other government building 51 Customer's building/premises 97 Other (Explain in narrative) 99 Not applicable</p>	<p>Associate Office</p> <p>01 Category A-G P.O. 03 Category H-J P.O. 05 Category K P.O. 06 Category L P.O.</p> <p>Station/Branch</p> <p>02 Category A-G 04 Category H-J</p> <p>07 Division — Main Office 08 MSC — Main Office 10 Vehicle Maintenance Facility 11 Airmail Facility 12 Regional Office</p>	<p>13 Headquarters Office 14 Postal Data Center 15 Supply Center 16 Mail Equipment Shop 18 Independent Mail Processing Center 19 Mail Bag Depository and Repair Center 22 Railroad Terminal 23 Truck Terminal 24 Bulk Mail Center 25 Postal Training Facility 26 Other</p>
<p>Associate Office</p> <p>01 Category A-G P.O. 03 Category H-J P.O. 05 Category K P.O. 06 Category L P.O.</p> <p>Station/Branch</p> <p>02 Category A-G 04 Category H-J</p> <p>07 Division — Main Office 08 MSC — Main Office 10 Vehicle Maintenance Facility 11 Airmail Facility 12 Regional Office</p>	<p>13 Headquarters Office 14 Postal Data Center 15 Supply Center 16 Mail Equipment Shop 18 Independent Mail Processing Center 19 Mail Bag Depository and Repair Center 22 Railroad Terminal 23 Truck Terminal 24 Bulk Mail Center 25 Postal Training Facility 26 Other</p>		

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

Form 1769 (continued)

Item 17:	Work Location — Enter the code from the following list that best describes the type of work area or type of route where the employee was working.	
	On Postal Premises	
	01 Facing tables 02 Processing metered mail 03 Outgoing letter primary 04 Outgoing letter secondary 06 Outgoing flat primary 07 Outgoing flat secondary 09 Outgoing parcel post primary 10 Outgoing parcel post secondary 12 Outgoing small parcels & rolls primary 13 Outgoing small parcels & rolls secondary 15 Incoming letter primary 16 Incoming letter secondary 17 Incoming flat primary 18 Incoming flat secondary 19 Incoming parcel post primary 20 Incoming parcel post secondary 21 Sack shakeout; dumping 22 Rewrap 23 Box section/letter casing 24 Letter sorting machine (LSM) 25 Parcel sorting machine 26 Container loaders/unloaders 27 Weighers section and related activities 28 Roller tables 29 Sack sorting machine 30 Rotary slides 31 Chutes 32 Culling operation	33 Cancellation 34 Dispatching; staging area 35 Outgoing newspaper 36 Incoming newspaper 37 Sack examination area 38 NMO and irregulars 39 OCR — optical character reader 40 Bar Code Sorter 42 Office work 43 Miscellaneous non-mail handling activities by Mailing Division employees 45 Computerized Forwarding System 47 Registry 48 Carrier—office work 49 Dock & platform area 51 Sorting machine cat walks, drive platform, and maintenance areas 52 Flat sorting machine (FSM) 55 Others relating to fixed-mechanization 56 Office area 57 Small parcel and bundle sorter 58 Walk-in vault 59 Banding unit 60 Lobby or customer areas 61 ET, MPE shops 62 Carpenter shops 63 Battery shop 64 Industrial vehicle shop 65 Custodial equipment room 66 Other Maintenance area <i>(Explain in narrative)</i> 67 Parking/Maneuvering area 68 Aisle/Passageway
	Off Postal Premises	
	69 Express Mail route 70 Foot route 71 Special delivery route 72 Parcel post delivery 73 Mounted route delivery 74 Collection route 75 Rural route 76 Interstation route 77 Intercity route	78 Air route 79 Relay route 80 Park and loop 81 Depot 82 Maintenance 83 Enroute to servicing 84 Enroute from servicing 85 Parking—maneuvering area
	Miscellaneous	
	87 Lunchroom/cafeteria 88 Rest room 89 Boiler room 90 Machine room 91 Trash room or area	92 Elevator 93 Mail box 94 Conveyor tunnel 97 Other 99 Not applicable
Item 18:	Specific Description of Accident Area — Enter the code from the following list that best describes the description of the accident area:	
	1 Public street/road 2 Public sidewalk 3 Public alley 4 Non-Postal premises 5 (Reserved)	6 Private road 7 Highway 8 Expressway 9 Postal premises
Item 19:	Route/Schedule/Operation Number — Enter the route/schedule/operation number on which the employee was working at the time of the accident. If the employee was not on a route or schedule, enter the operation number.	
Item 20:	Light — Enter the code from the following list that best describes the type of light in which the accident occurred.	
	01 Dawn 02 Dark and unlighted 03 Lighted or illuminated	04 Light provided but out 05 Daylight—clear 06 Daylight—overcast 07 Dusk

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

Form 1769 (continued)

Item 21:	Surface — Enter the code from the following list that best describes the type of surface on which the accident occurred.	
	01 Concrete 02 Blacktop 03 Brick and stone 04 Gravel 05 Dirt 06 Tile	07 Wood 08 Metal 09 Sand 10 Grass 11 Other (<i>Explain in narrative</i>) 12 Carpet
Item 22:	Surface Conditions — Enter the code from the following list that best describes the surface conditions on which the accident occurred.	
	01 Dry 02 Wet 03 Muddy 04 Snow 05 Loose sand or dirt	06 Oily or slick 08 Icy 09 Uneven or potholes 10 Other (<i>Explain in narrative</i>)
Item 23:	Circumstances Leading to Injury or Damage — Enter the code from the following list that best describes the action or condition which caused the accident.	
	Industrial	
	General	
	001 Caught in, under or between 002 Stepping in or on object (<i>not falling</i>) 003 Tripping on or tripped by object (<i>not falling</i>) 004 Slipping and twisting (<i>not falling</i>) 005 Exposure to extreme temperatures 006 Inhalation 007 Striking against material or equipment 008 Jumping to or from places 009 Stooping/bending	Falls from elevation 050 On stairs/steps 051 From platforms 052 From porches 053 From docks 054 From curbs 055 From ramps 056 From chairs, stools 057 From stationary vehicles 059 Into floor openings
	Animals	
	010 Dog bite 011 Dog incident (<i>other than bite</i>) 012 Other animal bite 013 Other animal incident (<i>not bites</i>) 014 Insect bite/sting	Lifting, pulling, pushing, throwing, keying 080 Lifting from or to a higher level 081 Handling at same level 090 Pulling from or to a higher level 091 Pulling at same level 100 Pushing from or to a higher level 101 Pushing at same level 110 Throwing from or to a higher level 111 Throwing at same level 120 Repetitive motions/keying 121 Repetitive motions—other
	Contact with	
	020 Toxic substances 021 Caustic substances 022 Radiological substances 023 Biological substances (<i>no syringe</i>) 024 Biological substances (<i>syringe</i>) 025 Electric current 026 Chemical (<i>including dog spray</i>) 027 Hot or cold objects or substances 028 Dust/foreign particle	Struck by 150 Falling objects 151 Flying objects 152 Material or equipment
	Falls on same level	
	040 To floors 041 To sidewalks/ground 042 To street	Violence/Vandalism 160 By postal employee(s) 161 By others
	Legally Parked/Other 170 On roadway 171 Off roadway 172 Rural carrier—off duty vehicle-related	

Fires or Smoldering	
Electricity	
300 Short circuit in wiring	Flammable liquids
301 Overloaded wiring or switch	330 Flooded carburetor
302 Defective wiring	339 Other (<i>Explain in narrative</i>)
303 Motors or equipment	Other
309 Other (<i>Explain in narrative</i>)	350 Incendiarism (<i>deliberately set fire</i>)
Explosion	351 Lightning with fire ensuing
310 Carburetor backfire	352 Matches and smoking
311 Chemical	353 Open flames, welding & torches
312 Bomb	354 Overheated grease, tar, or wax (<i>Example: hot box</i>)
319 Other (<i>Explain in narrative</i>)	355 Spontaneous ignition
Exposure	356 Stoves, furnaces and boilers
320 From adjoining premises or space	368 Miscellaneous known causes
	369 Undetermined cause of fire or smoldering

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

Form 1769 (continued)

Item 23—Continued:

- | | |
|---|-------------------------------------|
| Motor Vehicle | 700 Non-collision accidents |
| 400 Rollaway—engine off | |
| 401 Runaway—engine on | 800 Not Elsewhere Classified |
| 500 Collision or sideswipe with another vehicle—both vehicles in motion. | |
| 600 Collision or sideswipe with a standing vehicle or Stationary object | |

Item 24:

Item Causing the Actual Injury or Damage — Select the code from the following list that best describes the actual article which inflicted the physical injury or damage to property. (*Specify manufacturer name, model no., etc. in narrative*)

- | | |
|--|--|
| Vehicle Powered | Mechanical Power Transmission Devices |
| 001 Aircraft | 070 Gears |
| 005 Watercraft | 071 Belts |
| 009 Railroad | 072 Chains, ropes, cables |
| | 073 Drums, pulleys, sheaves |
| Specific Part of Highway Motor Vehicle | 079 Other mechanical power transmission devices |
| 010 Windshield | |
| 011 Instrument panel—dashboard | Hand Tools |
| 012 Delivery tray | 080 Not powered |
| 013 Driver's seat | 081 Drills |
| 014 Rider's seat | 083 Grinder, buffer, sander |
| 015 Steering wheel or column | 085 Saw |
| 016 Foot pedals | 087 Hammers, riveter, air/pneumatic |
| 017 Doors | 089 Other hand tools |
| 018 Windows | |
| 019 Top structures | Machines Powered |
| 020 Floor structures | 100 Buffers, polishers, sanders, grinders |
| 021 Cargo gate | 101 Cancelling machines |
| 022 Partition | 102 Tying (<i>Plastic Strapping</i>) |
| 023 Mirrors | 106 Tying (<i>string</i>) |
| 024 Gear shift | 130 Electric arc welder |
| 026 Visors | 132 Drill press |
| 027 Door or window handles | 138 Sander |
| 028 Moving cargo | 140 Saw, circular |
| 029 Cargo restraints | 142 Saw, band |
| 030 Operator restraints | 201 Tray mail conveyors |
| 031 Fenders | 203 Other tray mail mechanization |
| 032 Bumpers | 204 Belt conveyors, parcels, sacks, and pouches |
| 033 Wheels | 208 Sack sorting machines |
| 034 Grill | 209 Parcel sorting machines — fixed |
| 035 Hood | 210 Small parcel and bundle sorting machine |
| Containers | 211 Monorail conveyors |
| 040 General purpose mail container (GPMC) | 212 Towveyors |
| 041 BMC/OTR | 213 Diverters |
| 042 BMC/In-house | 216 Extendable conveyors |
| 043 Letter tray transport | 218 Chutes, slides or roller tables |
| 044 Eastern Region mail container (ERMC) | 220 Automatic fine culler |
| 045 Large hampers with wheels (<i>1046</i>) | 221 Other mail preparation mechanization |
| 046 Small hampers with wheels (<i>1033</i>) | 222 SPLSM |
| 047 Wire mesh container | 223 Other conveyors—powered |
| 049 Other container | 224 Other fixed mechanization |
| Vehicles—Industrial Powered | 225 Portable conveyors |
| 050 Fork lift | 227 MPLSM—excluding dropper assembly |
| 051 Tug | 228 MPLSM—dropper assembly |
| 052 Tractor | 229 OCR Model KC2B |
| 053 Verti lift | 230 OCR Model 3560-PB |
| 054 Personnel Carriers | 231 OCR Model 885 |
| 055 Pallet lift | 232 OCR Other Models |
| Vehicles—Industrial Not Powered | |
| 061 Dollies | |
| 062 Warehouse trucks (<i>2-wheeled hand trucks, some with folding nose</i>) | |
| 063 Caddy carrier cart | |
| 066 Nutting/platform truck | |
| 067 Utility cart | |
| 069 Other, industrial vehicles—not powered | |

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Form 1769 (continued)

Item 24—Continued:	Machines Powered, (Continued)	520 Ladders
233 BCS Model RA-9	234 BCS Model 880	551 Lawn mower
260 BCS Model DBCS-990	261 BCS Model 925	552 Lockbox
235 BCS Other Models	236 FSM Model 775	523 Lock/key LA/holder/rotary
237 FSM Other Models	238 Facer Canceler Mark II	532 Lockers <i>(clothing)</i>
239 Facer Canceler M-36	270 Facer Canceler FAM-885	535 Lumber/wood products
240 Facer Canceler—Other Letter Mail	241 Flats Canceler—Model 15	541 Mail <i>(too large for canceling machine)</i>
242 Flats Canceler—Other Models	243 Vending Machines/Changers	547 Mail boxes <i>(collection & storage)</i>
244 Hamper Dumper	245 Pallet Dumper	548 Mail boxes <i>(customer)</i>
246 Shoring Machine	247 Heat Seal Machine	553 Mail pouch racks <i>(to hang empties)</i>
248 Scissor Lift	249 Driverless Tractor	556 Mail sack <i>(loose not bundled)</i>
250 Keyboards <i>(typewriters, word processors, MPLSM Consoles, etc.)</i>	251 Video Display Terminal	557 Medicine
299 Other machines not listed above		562 Newspapers <i>(bundled)</i>
		564 Paper
		565 Oil/petroleum products
		568 Pallets/skids
		566 Plastic bands/strapping
		567 Porch
		574 Rest bars
		575 Ring knife
		576 Sack buckle-hasp
		578 Scissors
		579 Sharp instrument
		580 Shoes
		583 Smoke
		444 Snow blower
		446 Solvents
		586 Staples
		589 Steam
		571 Stoves
		590 Steps/stairs
		592 Tire(s)
		593 Welding slag/spark
		601 Windows
		605 Trees/branches/limbs
		606 Stools
		607 Sidewalks/street
		608 Rubber bands
		Boxes, crates and containers
		710 Less than 10 lbs
		711 11-20 lbs
		712 21-40 lbs
		713 41-70 lbs
		714 71 lbs and over
		Mail Trays
		740 Less than 10 lbs
		741 11-20 lbs
		742 21-40 lbs
		743 41-70 lbs
		744 71 lbs and over
		Mail Sack/Pouch
		760 Less than 10 lbs
		761 11-20 lbs
		762 21-40 lbs
		763 41-70 lbs
		764 71 lbs and over
		Satchels
		770 Less than 10 lbs
		771 11-20 lbs
		772 21-40 lbs
		773 41-70 lbs
		774 71 lbs and over
		Other material/equipment
		780 Less than 10 lbs
		781 11-20 lbs
		782 21-40 lbs
		783 41-70 lbs
		784 71 lbs and over
		999 Other <i>(Explain in narrative)</i>

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Form 1769 (continued)

Item 25:	Hazardous Situation Directly Related to Accident — Enter the code from the following list that best describes hazardous situations directly related to the accident.	
	01 Inadequate aisle or working space 02 Congested or blocked area 03 Unmarked doors (<i>In-Out</i>) 04 Poor drainage 05 Unsafe (<i>for working condition</i>) dress or apparel 06 Insufficient electrical outlets 07 Inadequately guarded equipment 08 Absence of hand rails on steps or ramps 09 Poor housekeeping (<i>cluttered and disorderly</i>) 10 Unsafe planning lay-out or operational methods 11 Improper or insufficient lighting 12 Lack of emergency lighting 13 Dangerous arrangement of loading areas, collection box location, etc. 14 Excessive noise 15 Platforms too high or too low 16 Lack of personal protective equipment 17 Absence of steps to and from platform 18 Improper ventilation 19 Excessive wax on floors 20 Hazardous conditions of customer's premises 21 Slippery or uneven surface 22 Unrestrained animals 23 Overload equipment	24 Faulty construction 30 Incorrect equipment design 31 Faulty job training 32 Improper assignment of personnel 33 Lack of or unspecified job procedures 34 Lack of or unspecified safety rules 35 Lack of knowledge or skill 51 Sight obstruction 52 Improperly loaded equipment or vehicle 62 Absence of maintenance platforms 63 Absence of or insufficient drive chain <i>guards or gear guards</i> 65 Absence of or insufficient drive enclosure screening or access interlock switches 67 Absence of or insufficient emergency pull cords or stop buttons 69 Improperly located or inaccessible lubrication points 70 Improperly located or inaccessible emergency pull cords or stop buttons 72 Other hazardous situations relating to mechanized equipment 97 Other hazardous situation (<i>Explain in narrative</i>) 98 No hazardous situations
Item 26:	Defective or Hazardous Equipment or Material Related to Accident — Enter the code from the following list that best describes hazardous equipment or material that was related to the accident.	
	Motor Vehicle 01 Defective accelerator 02 Defective clutch 03 Defective foot brakes 04 Defective hand brakes 05 Defective horn 06 Defective springs or suspension system 07 Defective or dirty windshield 08 Defective windshield wipers 09 Defective or poorly adjusted mirrors 10 Defective steering system 11 Defective exhaust system 12 Defective seat 13 Defective safety belts 15 Defective headlights 16 Defective directional signals 17 Defective stop (<i>brake</i>) lights 18 Defective wheels 20 Smooth or worn tires 21 Under/over inflated tires 22 Motor failure 23 Poor stability (<i>vehicle</i>) 24 Restricted vision (<i>part of vehicle design</i>) 26 Defective wiring 27 Defective shift selector	Industrial 40 Short circuit in wiring 41 Defective or overloaded wire or switch 44 Defective premises of customers 50 Sharp edges on equipment and furniture 51 Defective ring knife 52 Ragged or rusty mail boxes 53 Defective cord on sacks 54 Defective postal stairs/steps 55 Defective customer stairs/steps or porches 56 Structural failure 57 Rough, slippery or broken walking surfaces 58 Loose material on surface 60 Malfunction of door safety interlocks 61 Malfunction of emergency pull cords or stop buttons 63 Malfunction of other safety equipment 64 Defective latches—mail containers receptacles Industrial Powered Vehicles 65 Defective shift selector 66 Defective brakes Other 97 Other defects (<i>Explain in narrative</i>) 98 No defects or hazardous equipment or material
Item 27:	Total Number of Vehicles — Enter the total number of vehicles involved in the accident.	
Item 28:	Reserved.	

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Form 1769 (continued)

Item 29:	Vehicle Type — For postal-owned vehicles enter the make/model code number from the most recent Fleet Management Bulletin. Be sure to use all 4 digits. If the accident involved non-postal vehicles , enter a code from the following list. <table border="0"><tr><td>0091 Contract</td><td>0095 GSA</td></tr><tr><td>0092 Leased</td><td>0096 Private—rural carriers (RHD)</td></tr><tr><td>0093 Private—drive out agreements</td><td>0098 Other vehicles used on official Postal operations</td></tr><tr><td>0094 Private—rural carriers (LHD)</td><td>0099 All others—non postal</td></tr></table>	0091 Contract	0095 GSA	0092 Leased	0096 Private—rural carriers (RHD)	0093 Private—drive out agreements	0098 Other vehicles used on official Postal operations	0094 Private—rural carriers (LHD)	0099 All others—non postal																
0091 Contract	0095 GSA																								
0092 Leased	0096 Private—rural carriers (RHD)																								
0093 Private—drive out agreements	0098 Other vehicles used on official Postal operations																								
0094 Private—rural carriers (LHD)	0099 All others—non postal																								
Item 30:	Vehicle Path — Enter the code from the following list that best describes the movement of the vehicle immediately preceding the accident. <table border="0"><tr><td>01 Straight ahead</td><td>12 Jackknifing</td></tr><tr><td>02 Left turn</td><td>13 Running off road</td></tr><tr><td>03 Right turn</td><td>14 Pulling to curb/mailbox</td></tr><tr><td>04 U-turn right</td><td>15 Pulling from curb/mailbox</td></tr><tr><td>05 U-turn left</td><td>16 Unattended vehicle moving</td></tr><tr><td>06 Passing</td><td>17 Unattended vehicle stopped</td></tr><tr><td>07 Being passed</td><td>18 Legally parked</td></tr><tr><td>08 Backing</td><td>19 Entering curve</td></tr><tr><td>09 Slowing</td><td>20 Changing lane</td></tr><tr><td>10 Stopped</td><td>47 Other (Explain in narrative)</td></tr><tr><td>11 Skidding</td><td>49 Not applicable</td></tr></table>	01 Straight ahead	12 Jackknifing	02 Left turn	13 Running off road	03 Right turn	14 Pulling to curb/mailbox	04 U-turn right	15 Pulling from curb/mailbox	05 U-turn left	16 Unattended vehicle moving	06 Passing	17 Unattended vehicle stopped	07 Being passed	18 Legally parked	08 Backing	19 Entering curve	09 Slowing	20 Changing lane	10 Stopped	47 Other (Explain in narrative)	11 Skidding	49 Not applicable		
01 Straight ahead	12 Jackknifing																								
02 Left turn	13 Running off road																								
03 Right turn	14 Pulling to curb/mailbox																								
04 U-turn right	15 Pulling from curb/mailbox																								
05 U-turn left	16 Unattended vehicle moving																								
06 Passing	17 Unattended vehicle stopped																								
07 Being passed	18 Legally parked																								
08 Backing	19 Entering curve																								
09 Slowing	20 Changing lane																								
10 Stopped	47 Other (Explain in narrative)																								
11 Skidding	49 Not applicable																								
Items 31-33:	Self-explanatory.																								
Item 34:	Initial Area of Impact Passenger Cars, Jeeps, LLVs, Trucks (Excluding 5 & 7-Ton Trucks & Tractor Trailers) <table border="0"><tr><td>01 Front end</td><td>06 Right rear side</td></tr><tr><td>02 Right front side</td><td>07 Left rear side</td></tr><tr><td>03 Left front side</td><td>08 Rear end</td></tr><tr><td>04 Right occupant side</td><td>09 Top structure</td></tr><tr><td>05 Left occupant side</td><td>10 Under carriage</td></tr></table> 5-Ton or Larger Trucks and Tractor Trailers ONLY <table border="0"><tr><td>11 Front end</td><td>18 Right rear cargo side</td></tr><tr><td>12 Right front side</td><td>19 Left rear cargo side</td></tr><tr><td>13 Left front side</td><td>20 Rear end</td></tr><tr><td>14 Right occupant side</td><td>21 Top structure</td></tr><tr><td>15 Left occupant side</td><td>22 Under carriage</td></tr><tr><td>16 Right front cargo side</td><td>97 Other, regardless of vehicle size (Explain in narrative)</td></tr><tr><td>17 Left front cargo side</td><td></td></tr></table>	01 Front end	06 Right rear side	02 Right front side	07 Left rear side	03 Left front side	08 Rear end	04 Right occupant side	09 Top structure	05 Left occupant side	10 Under carriage	11 Front end	18 Right rear cargo side	12 Right front side	19 Left rear cargo side	13 Left front side	20 Rear end	14 Right occupant side	21 Top structure	15 Left occupant side	22 Under carriage	16 Right front cargo side	97 Other, regardless of vehicle size (Explain in narrative)	17 Left front cargo side	
01 Front end	06 Right rear side																								
02 Right front side	07 Left rear side																								
03 Left front side	08 Rear end																								
04 Right occupant side	09 Top structure																								
05 Left occupant side	10 Under carriage																								
11 Front end	18 Right rear cargo side																								
12 Right front side	19 Left rear cargo side																								
13 Left front side	20 Rear end																								
14 Right occupant side	21 Top structure																								
15 Left occupant side	22 Under carriage																								
16 Right front cargo side	97 Other, regardless of vehicle size (Explain in narrative)																								
17 Left front cargo side																									
Items 35 & 36:	Reserved.																								
Item 37:	Total No. of Accident Reports — One form must be submitted for each person injured. See "Multiple Person Accidents", p. 1 of Instructions.																								
Item 38:	Person Identification No. — If only one person was injured in the accident enter "1". For each additional injured person, complete an additional 1769, numbering each consecutively in this space. See "Multiple Person Accidents", p. 1 of Instructions.																								
Item 39:	Self-explanatory.																								
Item 40:	Name — Name of person involved in accident.																								
Item 41:	Age — If the actual age of a non-postal person is unknown, enter an estimated age.																								
Item 42:	Self-explanatory.																								
Item 43:	Designation and Activity — Enter the 3-digit DES/ACT code for the employee in the space provided. For non-postal, enter one of the codes below: <table border="0"><tr><td>001 Customer or general public</td><td>002 Non-postal Government employee</td></tr></table>	001 Customer or general public	002 Non-postal Government employee																						
001 Customer or general public	002 Non-postal Government employee																								
Item 44:	Injury/Illness Severity — Enter the code from the following list that best describes the type of injury, if any, experienced by the person identified in item 40 of this form. Postal Employees <ol style="list-style-type: none">Fatality: A fatality is any work-related injury or illness which results in death, regardless of the time between the injury and death, or length of illness. If death occurs after submission of an Accident Report you must change the severity code in the HRIS.Lost-Workday Case: A lost-workday case results from a work-related injury or illness severe enough to render an employee unable to perform any duties on any workday or workdays, consecutive or not, after the day of injury or diagnosis of illness during which the employee would have worked but could not because of the injury or illness.																								

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

Form 1769 (continued)

Item 44—Continued

3. **Lost-Time-Limited-Duty Case:** A lost-time-limited-duty case is any work-related injury or illness severe enough to cause an employee to be unable to work the number of daily or weekly hours that the employee would normally work on any day after the day of injury or diagnosis of illness. For example: a full-time employee who works less than 8 hours a day, or less than 40 hours a week; or part-time employee who normally averages 30 hours a week, but can only work 15 hours a week because of the injury or illness.

4. **No-Lost-Workday-Case:** A no-lost-workday-case is any work-related injury or illness which requires medical treatment and which does not result in a fatality, lost workday, limited duty, first aid, termination, or permanent reassignment case.

5. **A No-Lost-Time-Limited-Duty Case:** A no-lost-time-limited-duty case is any work-related injury or illness which results in a limited duty assignment and does not reduce the number of hours the employee would normally work. For example: an employee assigned to other duties in the same craft, another craft, or other installation without any reduction of hours *normally worked*, on any day after the date of injury or diagnosis of illness.

6. **A First Aid Case:** A first aid case is normally any work-related minor injury that requires no more than two medical visits, the second of which is to confirm full recovery. Form 1769 must be completed for all first aid injury cases, both reportable and nonreportable. All first aid cases must be logged and coded "6" in Item 44. First aid care not exceeding two visits provided by the **postal medical officer or contract physician** is recorded as *nonreportable* in the HRIS. First aid care provided by the employee's private physician or emergency room or other treating facilities, for which medical payment will be made through OWCP, must be logged and recorded as a *reportable* case in HRIS and coded "6" in Item 44.

All motor vehicle accidents resulting in property damage or personal injury, including first aid, are reportable.

Cases resulting in a medical disposition of disability and/or limited duty assignment, regardless of the number of medical visits, are *not* to be recorded as first aid cases. For reporting purposes, when employees sustain an injury but decline treatment, the case is to be logged and recorded in the HRIS as a nonreportable first aid case. Examples of first aid treatment are:

- A. Application of antiseptic on the first visit to a doctor or nurse. It does not matter whether the doctor or nurse is located at a postal medical unit, private physician's office, public or private clinic, or a hospital.
- B. Bandaging.
- C. Treatment for first-degree burns.
- D. Application of compress, hot or cold.
- E. Use of an elastic bandage.
- F. Irrigation of the eye to remove foreign bodies not embedded.
- G. Removal of foreign bodies from a wound by tweezers or other simple techniques.
- H. Administration of non-prescription medications.
- I. Observation of injury.
- J. Applications of ointments to abrasions to prevent drying or cracking.
- K. Tetanus shots, initial or boosters alone.
- L. X-ray, if negative.

NOTE: Do not consider any injury involving loss of consciousness, restriction of work or motion, or reassignment to another job as a first aid case.

7. Termination or permanent reassignment involving a lost workday case.

8. Termination or permanent reassignment involving a lost time-limited duty case.

9. Termination or permanent reassignment not involving a lost workday or lost time-limited duty case.

0. No injury

Non-Postal People

x. Non-postal fatality

y. Non-postal injury

z. No injury

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

Form 1769 (continued)

Item 45:	Nature of Most Severe Injury or Illness — Select the code from the following list that best describes the nature of the injury or illness.	
Injury Codes:	<ul style="list-style-type: none"> 00 No injury 01 Amputation 02 Removal of eye 03 Asphyxia/suffocation 05 Drowning 06 Bites (<i>animals or insects</i>) 07 Burns (<i>hot substances</i>) 08 Burns (<i>chemicals, acids, etc.</i>) 09 Burns (<i>radiation, sunburn, etc.</i>) 10 Concussion (<i>or any head blow causing unconsciousness</i>) 11 Contusion (<i>bruise, crushing—skin intact</i>) 12 Cuts (<i>open wounds—greater than scratches</i>) 13 Abrasion/scratch(es) 14 Dislocation 15 Electric shock 16 Fractures or breaks 18 Gunshot wounds 20 Heart attack 21 Ruptured disc 22 Hernia-rupture 23 Strain 24 Sprain 39 Other injury (<i>Explain in narrative</i>) 40 Foreign objects in eye(s) 	<p>Occupational Illness Codes: An occupational illness of an employee is any abnormal condition or disorder caused by exposure to environmental factors associated with the employment over a period longer than a single workday or shift.</p> <ul style="list-style-type: none"> 60 Occupational Stress 61 Occupational Skin Diseases or Disorders. Examples: Contact dermatitis, eczema, or rash caused by primary irritants, and sensitizers or poisonous plants; oil acne; chrome ulcers; chemical burns or inflammations; etc. 62 Dust Diseases of the Lungs (<i>Pneumoconioses</i>). Examples: Silicosis, asbestosis, coal worker's pneumoconiosis, byssinosis, and other pneumoconioses. 63 Respiratory Conditions Due to Toxic Agents. Examples: Pneumonitis, pharyngitis, rhinitis or acute congestion due to chemicals, dusts, gases, or fumes; farmer's lung; etc. 64 Poisoning. (<i>Systematic Effects of Toxic Materials</i>). Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide or other gases; poisoning by benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays such as parathion, lead arsenate; poisoning by other chemicals such as formaldehyde, plastics and resins, etc. 65 Disorders Due to Physical Agents. (<i>Other Than Toxic Materials</i>). Example: Heat-stroke, sunstroke, heat exhaustion and other effects of environmental heat; freezing, frostbite and effects of exposure to low temperatures; caisson disease; effects of ionizing radiation (<i>isotopes, X-rays, radium</i>); effects of nonionizing radiation (<i>welding, flash, ultraviolet rays, microwaves, sunburn</i>). etc. <p>Disorders Due to Repeated Trauma. Examples: Synovitis, bursitis, Raynaud's phenomena and other conditions due to repeated motion, vibration or pressure.</p> <ul style="list-style-type: none"> 66 Tenosynovitis 67 Tendonitis 68 Carpal Tunnel Syndrome 69 Hearing Loss 70 Epicondylitis 71 De Quervains 72 Hand-Arm Vibration Syndrome 98 Other Disorders Due to Repeated Trauma 99 All Other Occupational Illnesses. Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, occidiodomycosis, etc.
Item 46:	Part of Body Affected — Select the code from the following list that best describes the body part which was affected by the most severe injury.	
00 Not applicable	Upper Extremities—Arm	
Head and Neck	20	Upper arm
01 Ear(s)	21	Elbow
02 Eye(s)	22	Lower arm
03 Face	23	Multiple arm injuries (<i>combination from 20-22</i>)
04 Skull, scalp	24	Wrist
05 Nose	25	Hand(s)
06 Tooth/Teeth/Mouth	26	Finger(s)
09 Multiple head injuries (<i>combination from 01-06</i>)	29	Multiple injuries (<i>combination from 01-26</i>)
16 Neck		

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Form 1769 (continued)

Item 46—Continued:	<p>Trunk</p> <p>31 Abdomen <i>(include internal organs)</i></p> <p>32 Back</p> <p>33 Chest <i>(include ribs, breast bone, and internal organs)</i></p> <p>34 Hips <i>(include pelvic organs and buttocks)</i></p> <p>35 Shoulder</p> <p>39 Multiple trunk <i>(combination from 31-35)</i></p> <p>Lower Extremities—Leg</p> <p>40 Thigh</p> <p>41 Knee</p> <p>42 Lower leg <i>(above ankle)</i></p> <p>43 Ankle</p> <p>44 Foot <i>(not ankle or toes)</i></p> <p>45 Toe(s)</p> <p>49 Multiple lower extremities <i>(combination from 40-45)</i></p>	<p>Other Body Parts</p> <p>50 Multiple parts <i>(more than one major area above)</i></p> <p>60 Circulatory system <i>(heart, arteries, veins, etc.)</i></p> <p>70 Respiratory system <i>(lungs, etc.)</i></p> <p>80 Nervous system/psychological</p> <p>99 Insufficient information to identify part</p>														
Item 47:	<p>Unsafe Personal Factors — If any of the following situations contributed to the accident, enter the corresponding code. If more than one apply, enter the one most responsible for the accident.</p> <table border="0"> <tr> <td>01 Didn't see <i>(Explain in narrative)</i></td> <td>09 Wilful disregard of instructions</td> </tr> <tr> <td>02 Didn't hear <i>(Explain in narrative)</i></td> <td>10 Using drugs <i>(LSD, heroin, etc.)</i></td> </tr> <tr> <td>03 Failure to comply with rules</td> <td>11 Horseplay</td> </tr> <tr> <td>05 Operating without authority</td> <td>12 Fatigue</td> </tr> <tr> <td>06 Using alcoholic beverage</td> <td>39 Other unsafe personal factor <i>(Explain in narrative)</i></td> </tr> <tr> <td>07 Inadequate help for heavy lifting</td> <td>48 No unsafe personal factor</td> </tr> <tr> <td></td> <td>49 Not applicable</td> </tr> </table>		01 Didn't see <i>(Explain in narrative)</i>	09 Wilful disregard of instructions	02 Didn't hear <i>(Explain in narrative)</i>	10 Using drugs <i>(LSD, heroin, etc.)</i>	03 Failure to comply with rules	11 Horseplay	05 Operating without authority	12 Fatigue	06 Using alcoholic beverage	39 Other unsafe personal factor <i>(Explain in narrative)</i>	07 Inadequate help for heavy lifting	48 No unsafe personal factor		49 Not applicable
01 Didn't see <i>(Explain in narrative)</i>	09 Wilful disregard of instructions															
02 Didn't hear <i>(Explain in narrative)</i>	10 Using drugs <i>(LSD, heroin, etc.)</i>															
03 Failure to comply with rules	11 Horseplay															
05 Operating without authority	12 Fatigue															
06 Using alcoholic beverage	39 Other unsafe personal factor <i>(Explain in narrative)</i>															
07 Inadequate help for heavy lifting	48 No unsafe personal factor															
	49 Not applicable															
Item 48:	<p>Unsafe Practice — Enter the code that best describes the unsafe practice that was most responsible for the accident and/or injury.</p> <table border="0"> <tr> <td> <p>Industrial</p> <p>01 Removing safety devices</p> <p>02 Adjusting or cleaning moving equipment</p> <p>03 Haste</p> <p>04 Removing jam or clearing equipment <i>(without shutting off power)</i></p> <p>05 Using defective equipment</p> <p>06 Not using protective equipment</p> <p>07 Overloading</p> <p>08 Unsafe carrying, placing, loading</p> <p>09 Throwing material <i>(instead of carrying or passing)</i></p> <p>10 Inattention or distraction <i>(not caused by verifying or fingering mail)</i></p> <p>11 Inattention or distraction caused by fingering mail</p> <p>12 Taking shortcuts</p> <p>13 Pulling instead of pushing rolling equipment</p> <p>14 Failure to correct known hazard</p> <p>15 Failure to follow lockout procedures</p> <p>Motor Vehicle</p> <p>20 Jumping from moving vehicle</p> <p>21 Stopping vehicle with parking brake instead of foot brake</p> <p>22 Driving too fast for conditions</p> <p>23 Driving in wrong lane</p> <p>24 Passing in unsafe area</p> <p>25 Running changing traffic light</p> <p>26 Following too closely</p> <p>27 Operating without eye glasses when required</p> <p>28 Exceeding speed limit</p> </td> <td> <p>Failure To</p> <p>30 Seat passenger</p> <p>31 Use safety belts</p> <p>32 Check or adjust mirrors</p> <p>33 Give proper signal</p> <p>34 Check clearance</p> <p>35 Yield right-of-way</p> <p>36 Close vehicle door</p> <p>37 Observe traffic sign or signals</p> <p>38 Set handbrake</p> <p>39 Keep both hands on wheel</p> <p>Industrial and Motor Vehicle</p> <p>Improper</p> <p>40 Placing of mail <i>(on seat, tray, etc.)</i></p> <p>41 Securing of load</p> <p>42 Starting and stopping</p> <p>43 Backing</p> <p>44 Parking</p> <p>45 Turns</p> <p>46 Lane changes</p> <p>47 Use of equipment or materials</p> <p>48 Verifying or fingering mail <i>(while walking up or down stairs or curbs, driving, or when crossing street)</i></p> <p>49 Lifting</p> <p>50 Use of rest bars</p> <p>87 Other unsafe practices <i>(Explain in narrative)</i></p> <p>88 No unsafe practice</p> </td> </tr> </table>		<p>Industrial</p> <p>01 Removing safety devices</p> <p>02 Adjusting or cleaning moving equipment</p> <p>03 Haste</p> <p>04 Removing jam or clearing equipment <i>(without shutting off power)</i></p> <p>05 Using defective equipment</p> <p>06 Not using protective equipment</p> <p>07 Overloading</p> <p>08 Unsafe carrying, placing, loading</p> <p>09 Throwing material <i>(instead of carrying or passing)</i></p> <p>10 Inattention or distraction <i>(not caused by verifying or fingering mail)</i></p> <p>11 Inattention or distraction caused by fingering mail</p> <p>12 Taking shortcuts</p> <p>13 Pulling instead of pushing rolling equipment</p> <p>14 Failure to correct known hazard</p> <p>15 Failure to follow lockout procedures</p> <p>Motor Vehicle</p> <p>20 Jumping from moving vehicle</p> <p>21 Stopping vehicle with parking brake instead of foot brake</p> <p>22 Driving too fast for conditions</p> <p>23 Driving in wrong lane</p> <p>24 Passing in unsafe area</p> <p>25 Running changing traffic light</p> <p>26 Following too closely</p> <p>27 Operating without eye glasses when required</p> <p>28 Exceeding speed limit</p>	<p>Failure To</p> <p>30 Seat passenger</p> <p>31 Use safety belts</p> <p>32 Check or adjust mirrors</p> <p>33 Give proper signal</p> <p>34 Check clearance</p> <p>35 Yield right-of-way</p> <p>36 Close vehicle door</p> <p>37 Observe traffic sign or signals</p> <p>38 Set handbrake</p> <p>39 Keep both hands on wheel</p> <p>Industrial and Motor Vehicle</p> <p>Improper</p> <p>40 Placing of mail <i>(on seat, tray, etc.)</i></p> <p>41 Securing of load</p> <p>42 Starting and stopping</p> <p>43 Backing</p> <p>44 Parking</p> <p>45 Turns</p> <p>46 Lane changes</p> <p>47 Use of equipment or materials</p> <p>48 Verifying or fingering mail <i>(while walking up or down stairs or curbs, driving, or when crossing street)</i></p> <p>49 Lifting</p> <p>50 Use of rest bars</p> <p>87 Other unsafe practices <i>(Explain in narrative)</i></p> <p>88 No unsafe practice</p>												
<p>Industrial</p> <p>01 Removing safety devices</p> <p>02 Adjusting or cleaning moving equipment</p> <p>03 Haste</p> <p>04 Removing jam or clearing equipment <i>(without shutting off power)</i></p> <p>05 Using defective equipment</p> <p>06 Not using protective equipment</p> <p>07 Overloading</p> <p>08 Unsafe carrying, placing, loading</p> <p>09 Throwing material <i>(instead of carrying or passing)</i></p> <p>10 Inattention or distraction <i>(not caused by verifying or fingering mail)</i></p> <p>11 Inattention or distraction caused by fingering mail</p> <p>12 Taking shortcuts</p> <p>13 Pulling instead of pushing rolling equipment</p> <p>14 Failure to correct known hazard</p> <p>15 Failure to follow lockout procedures</p> <p>Motor Vehicle</p> <p>20 Jumping from moving vehicle</p> <p>21 Stopping vehicle with parking brake instead of foot brake</p> <p>22 Driving too fast for conditions</p> <p>23 Driving in wrong lane</p> <p>24 Passing in unsafe area</p> <p>25 Running changing traffic light</p> <p>26 Following too closely</p> <p>27 Operating without eye glasses when required</p> <p>28 Exceeding speed limit</p>	<p>Failure To</p> <p>30 Seat passenger</p> <p>31 Use safety belts</p> <p>32 Check or adjust mirrors</p> <p>33 Give proper signal</p> <p>34 Check clearance</p> <p>35 Yield right-of-way</p> <p>36 Close vehicle door</p> <p>37 Observe traffic sign or signals</p> <p>38 Set handbrake</p> <p>39 Keep both hands on wheel</p> <p>Industrial and Motor Vehicle</p> <p>Improper</p> <p>40 Placing of mail <i>(on seat, tray, etc.)</i></p> <p>41 Securing of load</p> <p>42 Starting and stopping</p> <p>43 Backing</p> <p>44 Parking</p> <p>45 Turns</p> <p>46 Lane changes</p> <p>47 Use of equipment or materials</p> <p>48 Verifying or fingering mail <i>(while walking up or down stairs or curbs, driving, or when crossing street)</i></p> <p>49 Lifting</p> <p>50 Use of rest bars</p> <p>87 Other unsafe practices <i>(Explain in narrative)</i></p> <p>88 No unsafe practice</p>															

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS


Form 1769 (continued)

Item 49:	Social Security Number — Enter the employee's social security number. For non-postal persons enter all 9's.																				
Item 50:	Was Employee on Overtime Status? — Check one.																				
Item 51:	Postal Service — Round off length of years in the Postal Service to the nearest whole month and enter this number. For example: enter 1 year 6 months and 10 days as 01/06.																				
Item 52:	Hours of Safety Training — Enter hours of safety training employee received within the last five years as recorded on PS Form 2548 — or other available records.																				
Item 53:	Self-explanatory.																				
Item 54:	Pay Location — Enter the pay location of the employee at the time of the accident. If not applicable enter "000".																				
Item 55:	LDC/FON Code — Enter the LDC Code of the employee at the time of the accident . If not applicable enter "00". (If you do not know the LDC Code, consult your timekeeper.) NOTE: You must enter a LDC Code (or "00"). If you do not, this 1769 will be returned. At a future date, instructions will be provided concerning the replacement of the LDC Code with the 4-digit FON Code.																				
Items 56-59:	Self-explanatory.																				
Item 60:	Is A JSA (PS Form 1783, On-the-Job Safety Review/Analysis) On File? — Indicate whether an analysis is on file for the job task being performed at the time of accident or injury.																				
Item 61:	Preventive Action Code — Enter the code from the following list that best describes the action you will take to most effectively eliminate or reduce the accident cause(s) and prevent similar accidents. <table border="0"><tr><td>01 Provide training/instruction to ensure that employee understands established job procedures and will recognize similar hazards or unsafe practices in the future.</td><td>08 Provide adequate hazard warning signs or notices.</td></tr><tr><td>02 Establish proper job procedures for task to be performed.</td><td>09 Initiate action to determine if employee meets physical requirements of the job.</td></tr><tr><td>04 Simplify established job procedures if complex or unclear.</td><td>10 Formal discipline proposed.</td></tr><tr><td>05 Ensure that employee has skill or knowledge to perform task.</td><td>11 Ensure adequate supervision.</td></tr><tr><td>06 Motivate employee to properly perform task.</td><td>12 Initiate action to improve/correct/repair equipment or layout design.</td></tr><tr><td>07 Initiate work order.</td><td>13 Initiate action to improve/correct equipment maintenance procedures or housekeeping.</td></tr><tr><td></td><td>14 Ensure availability of and/or provide proper protective equipment, materials, or tools.</td></tr><tr><td></td><td>15 Other (Explain in narrative).</td></tr><tr><td></td><td>16 Notify animal control authorities.</td></tr><tr><td></td><td>99 Not applicable.</td></tr></table>	01 Provide training/instruction to ensure that employee understands established job procedures and will recognize similar hazards or unsafe practices in the future.	08 Provide adequate hazard warning signs or notices.	02 Establish proper job procedures for task to be performed.	09 Initiate action to determine if employee meets physical requirements of the job.	04 Simplify established job procedures if complex or unclear.	10 Formal discipline proposed.	05 Ensure that employee has skill or knowledge to perform task.	11 Ensure adequate supervision.	06 Motivate employee to properly perform task.	12 Initiate action to improve/correct/repair equipment or layout design.	07 Initiate work order.	13 Initiate action to improve/correct equipment maintenance procedures or housekeeping.		14 Ensure availability of and/or provide proper protective equipment, materials, or tools.		15 Other (Explain in narrative).		16 Notify animal control authorities.		99 Not applicable.
01 Provide training/instruction to ensure that employee understands established job procedures and will recognize similar hazards or unsafe practices in the future.	08 Provide adequate hazard warning signs or notices.																				
02 Establish proper job procedures for task to be performed.	09 Initiate action to determine if employee meets physical requirements of the job.																				
04 Simplify established job procedures if complex or unclear.	10 Formal discipline proposed.																				
05 Ensure that employee has skill or knowledge to perform task.	11 Ensure adequate supervision.																				
06 Motivate employee to properly perform task.	12 Initiate action to improve/correct/repair equipment or layout design.																				
07 Initiate work order.	13 Initiate action to improve/correct equipment maintenance procedures or housekeeping.																				
	14 Ensure availability of and/or provide proper protective equipment, materials, or tools.																				
	15 Other (Explain in narrative).																				
	16 Notify animal control authorities.																				
	99 Not applicable.																				
Instructions for Narrative	<p>Complete the narrative first and provide the information listed below. This will make it easier to select the proper codes.</p> <p>Be specific and provide as much detail as possible when completing the narrative. Describe the specific task(s) which the employee was performing immediately prior to the accident, noting whether the task(s) was being properly performed. Indicate whether or not the employee was aware of a hazard and if so, describe exactly what the employee was doing at that time. Describe the employee's reaction to avoid the hazard, if any. Specifically describe the interaction between the employee and the hazard which caused the injury or property damage, and describe the resulting injury or property damage.</p>																				
Hospital/Physician Information	If the accident resulted in an injury to the person named on this report, record the attending physician's name (if known), hospital and/or treating medical facility, address and phone number. Additionally, provide the date the employee received medical treatment and resulting diagnosis and work status.																				
Hazardous Conditions, and/or Equipment, Materials, Etc.	If the contributing cause of the accident was due to hazardous conditions and/or equipment or material, include the manufacturer's name, make and model number (vehicle ID number, where appropriate) of the equipment/material involved in the accident.																				
Vehicle Diagram	If the report involves a motor vehicle accident, diagram the accident on page 2 using the space provided. That is, show the direction of postal vehicle travel, point of collision with other vehicle, etc., and use items 1 through 11 of this section, as appropriate, to illustrate what happened.																				

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Form 1769

Use Ball Point Pen to Complete. Press Hard.

 Carefully read instructions in the attached booklet. Items marked with an asterisk (*) must be answered using codes in the attached booklet.		U.S. POSTAL SERVICE ACCIDENT REPORT
1. Post Office, Station, Branch, Unit (City, State and Zip + 4)	2. Finance Number	3. Installation ID
<div></div>	<div></div>	<div></div>
		4. Accident Number
		<div></div>

General Information

5. Kind of Accident 1. <input type="checkbox"/> Motor Vehicle 2. <input type="checkbox"/> Natural Event 3. <input type="checkbox"/> Industrial 4. <input type="checkbox"/> Other	6. Fire Involved? 1. <input type="checkbox"/> No 2. <input type="checkbox"/> Building & Contents 3. <input type="checkbox"/> Other	7. Accident Resulted in: 1. <input type="checkbox"/> Personal Injury Only 2. <input type="checkbox"/> Property Damage Only 3. <input type="checkbox"/> Personal Injury & Property Damage 4. <input type="checkbox"/> No Case (No Injury/No Damage)	8. Was On-Site Investigation conducted by Immediate Supervisor? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
9. Ownership of Damaged Property a. Postal b. Non-Postal * *	10. Estimated Property Damage (round to nearest dollar) a. Postal b. Non-Postal \$ \$	11. Accident Date Mo. Day Yr. ____	12. Time of Day-24 Hour Military ____
		13. Day of Week 1. <input type="checkbox"/> Sun 2. <input type="checkbox"/> Mon 3. <input type="checkbox"/> Tues 4. <input type="checkbox"/> Wed 5. <input type="checkbox"/> Thurs 6. <input type="checkbox"/> Fri 7. <input type="checkbox"/> Sat	

Accident Location and Conditions

14. Weather * *	15. General Description of Accident Area * *	Where Did Accident Happen?		18. Specific Description of Accident Area * *	19. Rte/Sched/Op. No. 19a. Delivery Route 19b. Emp. Op. No.	20. Light * *
21. Surface * *	22. Surface Conditions * *	23. Circumstances Leading to Injury or Damage * *	24. Item Causing Actual Injury or Damage * *	25. Hazardous Situation Directly Related to Accident * *	26. Defective or Hazardous Equipment or Material Related to the Accident * *	

Motor Vehicle Accident Information

(If no vehicle was involved in the accident, skip this section) (Items 28, 35 + 36 are reserved)

27. Total No. of Vehicles Involved ____	28. (Reserved)	29. Vehicle Type * *	30. Vehicle Path * *	31. Were Seat Belts in Use? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	32. Roll Over 1. <input type="checkbox"/> Without Collision 2. <input type="checkbox"/> Before Collision 3. <input type="checkbox"/> After Collision 4. <input type="checkbox"/> No Roll Over	33. Employee Ejected from Vehicle 1. <input type="checkbox"/> Partial 2. <input type="checkbox"/> Complete 3. <input type="checkbox"/> Not Ejected	34. Area of Impact * *
--	----------------	------------------------------	------------------------------	--	---	---	--------------------------------

Involved Person(s) Information

37. Total No. of Accident Reports ____	38. Person I.D. No. ____	39. If Vehicle Accident Person Described Here Was: 1. <input type="checkbox"/> Pedestrian 2. <input type="checkbox"/> Driver 3. <input type="checkbox"/> Passenger	40. Name (Last Name, First, MI) ____	41. Age ____	42. Sex 1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female
43. Des. & Activ. * *	44. Injury/Illness Severity * *	45. Nature of Most Severe Injury * *	46. Part of Body Affected * *	47. Unsafe Personal Factors * *	48. Unsafe Practice * *
49. Social Security No. (Employee Only) ____					
50. Was Employee on Overtime Status? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	51. Postal Service Experience Years Mos. ____	52. Hours of Safety Training ____	53. Five Year Postal Accident Record No. Prior Vehicle Accidents ____	54. Pay Location ____	55. LDC/FON Code ____

Accident Factor(s) & Corrective Actions on Pages 1 & 2 of Form Have Been Reviewed & Are Concurred With.

56. Supervisor's Signature	Date	Supervisor's SSN	57. Next Higher Level Mgr. Signature	Date
58. Supervisor's Printed Name	Telephone No.		59. MSC Safety Officer's Signature	Date

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Form 1769 (continued)

60. Is a JSA on File?

1. ☐ Yes

2. ☐ No

61. Preventive Action

Accident
Number

(Explain how the preventive action will eliminate or reduce cause(s) and prevent similar accidents)

Narrative/Complete Description of Accident

(Describe accident, events leading to accident, causes of injury or damage, and specific location of accident—Provide the **who, what, when, where, why, and how** of this accident)

Hospital/Physician Information





Hospital/Physician Name	Address	Area Code & Telephone No.
Treatment Date	Diagnosis	Duty Status

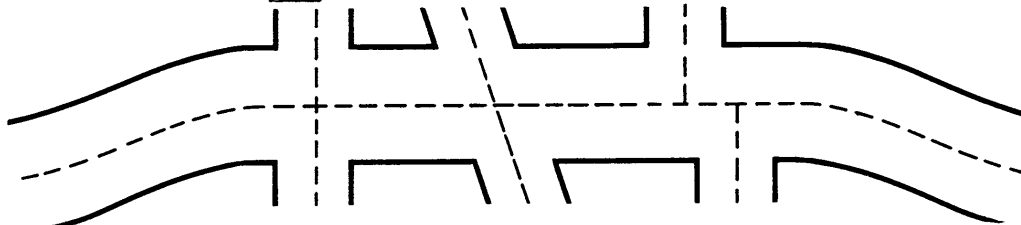
Hazardous Conditions and/or Equipment, Materials, Etc.

(Specify equipment with manufacturer name, model no., serial no., and year made. Where applicable, include vehicle ID no.)

Vehicle Diagram (For use in motor vehicle accidents)

(Indicate on the diagram below what happened. NOTE: Vehicle driven by postal employee is identified as Federal No. 1 regardless of ownership)

1. Number Federal vehicle as 1—other vehicle as 2—additional vehicle as 3, and show direction of travel by arrow
(Example: → 1 ← 2 → 3)
2. Use solid line to show path before accident
Broken line after accident
3. Show pedestrian by 
4. Show railroad by 
5. Give names or numbers of streets or highways
6. Indicate north by arrow in this circle 
7. Show point of impact by 
8. Indicate skid marks & lengths
9. Indicate type & path of ejection
10. Traffic controls (signals, sign, officer, etc.)
11. Show width of roadway, traffic flow, parked vehicles, etc.



HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

Form 2240

U.S. Postal Service															Date																																																		
Pay, Leave, or Other Hours Adjustment Request																																																																	
Salary Advance Adjustment Information															Processed Year/PP																																																		
Finance No.*		Year	PP	Week	Amount of Advance \$			Cause Code																																																									
*On salary advance adjustment information, furnish the finance no. of issuing office if different than office requesting the adjustment.																																																																	
<p>To: •</p>																																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10"></td> <td>ADJ Code</td> <td colspan="2">Reason Code</td> </tr> <tr> <td colspan="10"></td> <td></td> <td colspan="2"></td> </tr> </table>																											ADJ Code	Reason Code																																					
										ADJ Code	Reason Code																																																						
Employee's Name				D/A			Level	Finance No.			Social Security No.			Yr.	PP	Wk.																																																	
Card Type 1230-A or B Only Hours or Leave 0 1230-C Only New Employee or Replacement Card 1 Higher Level 2 Card Type Must Be Entered at Right and Must Match the Original Record Paid.		57	Holiday Work -	58	Holiday Leave +	59	Part Day WOP +	60	Full Day WOP +	61	Court Leave +	62	Guar. Time +	Card Type	52	Work Hours +																																																	
		43	Penalty Overtime -			65	Meeting Time	66	Convention Leave +	67	Military Leave +	68	Guar. O.T. -	↑ CARD TYPE	53	Overtime -																																																	
		69	Blood Donor Leave +	70	Stewards Duty Time	71	Cont. of Pay	49	LWOP on OWCP +	73	Out of Schedule	72	Sunday Prem. Hrs.		54	Night Work																																																	
		74	Christmas Work									76	Non. Sched. X FT Hr. +		55	Annual Leave +																																																	
		98	HL Cont. Code	90	RSC	91	LEVEL			93	H/L LD	95	Dual D/A				56	Sick Leave +																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="8">For MSC Use</th> <th colspan="9">For PDC Use Only</th> </tr> <tr> <th>CD</th> <th>Level</th> <th>Step</th> <th>RSC</th> <th colspan="3">Annual Salary (Minus COLA)</th> <th>Hourly COLA</th> <th>Special Salary</th> <th>S/P Code</th> <th>COLA Roll-in</th> <th>FLSA Exempt Code</th> <th>O.T. ELIG Code</th> <th>N.W. ELIG Code</th> <th colspan="2">T COL %</th> </tr> <tr> <td>A</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> </table>																	For MSC Use								For PDC Use Only									CD	Level	Step	RSC	Annual Salary (Minus COLA)			Hourly COLA	Special Salary	S/P Code	COLA Roll-in	FLSA Exempt Code	O.T. ELIG Code	N.W. ELIG Code	T COL %		A															
For MSC Use								For PDC Use Only																																																									
CD	Level	Step	RSC	Annual Salary (Minus COLA)			Hourly COLA	Special Salary	S/P Code	COLA Roll-in	FLSA Exempt Code	O.T. ELIG Code	N.W. ELIG Code	T COL %																																																			
A																																																																	
Remarks																																																																	
Return to: (Issuing Office complete this block)										Employee's Signature and Date																																																							
										Adjustment Clerk's Signature and Date																																																							
										Approving Officer's Signature and Date																																																							

PS Form 2240, September 1985

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Form 2243

U.S. Postal Service PSDS HOURS ADJUSTMENT RECORD																				
Completed by Employee	Name (Last, First, Middle Initial)										Social Security No.				D/A	Level	Pay Loc	Week 1 or 2	PP-Yr	
	Employee Claim (State claim briefly, i.e. missing 8 hours pay)										Employee Signature									
										Date										
Completed by Timekeeper and/or Supervisor	Hours Shown on Pay Period Time Certification List																			
	Work+	OT-	P/OT	ND	AL+	SL+	WOP+	H/LV+	HW-	SUN	GT	GOT	OOS	TVL						
	Remarks																			
	Hours Certified by Supervisor. Leave Entries Certified by Timekeeper, or Adjustments Certified by PSD Tech.																			
	Wk	Work+	OT-	P/OT-	ND	AL+	SL+	SUN	H/LV											
	01/08 Sat																			
	02/09 Sun																			
	03/10 Mon																			
	04/11 Tue																			
05/12 Wed																				
06/13 Thu																				
07/14 Fri																				
Week Totals																				
Explanation (Cause or reason for adjustment—system failure, local post office problem, etc. or no adjustment necessary.)																				
Comment																				
										_____ (Supervisor) (Date)										
Completed by Adjustment Clerk	Hours Properly Supported by Clock Ring History Records																			
	Wk	Work+	OT-	P/OT-	ND	AL+	SL+	SUN	H/LV											
	01/08 Sat																			
	02/09 Sun																			
	03/10 Mon																			
	04/11 Tue																			
	05/12 Wed																			
	06/13 Thu																			
	07/14 Fri																			
	Week Totals																			
Adjustment Certified to PDC or no Adjustment necessary																				
										_____ (Adjustment Clerk) (Date)										

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Form 2243 (continued)

The collection of this information is authorized by 39 USC 401, 1003, 1005, 5 USC 8839. It will be used to reflect accurate timekeeping. As a routine use, this information may be disclosed to a Federal agency when relevant to the administration of employment benefits and programs including EEO, to an appropriate law enforcement agency for investigative or prosecution proceedings, to a congressional office at your request, to OMB for review of private relief legislation, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Completion of this form is voluntary; however, if this information is not provided, you may not be paid for hours worked.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

Form 2485



Medical Examination & Assessment

Privacy Act Statement

The collection of this information is authorized by 39 USC 401 and 1001. This information will be used to provide employees with necessary health care and to determine fitness-for-duty. As a routine use, the information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes, where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants or other benefits; to a congressional office at your request; to an expert consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the

Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1613; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; to a labor organization as required by the National Labor Relations Act; to the Office of Personnel Management in making determinations related to veterans preference, disability retirement and benefit entitlement; to officials of the Office of Workers' Compensation Programs, Retired Military Pay Centers, Veterans Administration, and Social Security Administration in the administration of benefit programs; to an employee's private treating physician and to medical personnel retained by the USPS to provide medical services in connection with an employee's health or physical condition related to employment; and to the Occupational Safety and Health Administration and the National Institute of Occupational Safety and Health when needed by that organization to perform its duties under 29 CFR Part 19. Completion of this form is voluntary. If this information is not provided, the examination may be considered incomplete.

A: Completed by Examinee (Type or Print in Ink)

1. Name (Last, First, Middle)	2. Social Security Number	3. Sex	4. Date of Birth
5. Do you have any medical disorder or physical impairment which could interfere in any way with the full performance of duties of the position for which you are applying? (If your answer is "Yes", explain fully to the physician performing the examination). <input type="checkbox"/> Yes <input type="checkbox"/> No		I certify that all the information to be given by me in connection with this examination will be correct to the best of my knowledge and belief. 6. Signature 7. Date	

B: Completed by Appointing/Referring Official Before Examination

1. Exam Type a. <input type="checkbox"/> Preemployment b. <input type="checkbox"/> Fitness-for-Duty c. Reason for Request (complete only if you checked "Fitness-for-Duty") <input type="checkbox"/> Inadequate Medical Information <input type="checkbox"/> Excessive Absenteeism for Medically Documented Conditions <input type="checkbox"/> Behavioral Problem (Performance, Attitude) <input type="checkbox"/> Other (Specify):	2. Exam Appointment 3. Position Applied for or Now Holds	Date Location a. Title b. Installation	Time
4. Circle the number preceding each functional requirement and each environment factor essential to the duties of this position. List any additional essential factors in the blank spaces. Also,		if the position involves law enforcement, attach the specific medical standards for the information of the examining physician.	

Functional Requirements

1. Heavy lifting, up to 70 pounds 2. Moderate lifting, 15-44 pounds 3. Light lifting, under 15 pounds 4. Heavy carrying, 45 pounds and over 5. Moderate carrying, 15-44 pounds 6. Light carrying, under 15 pounds 7. Straight pulling (hours) 8. Pulling hand over hand (hours) 9. Pushing (hours) 10. Reaching above shoulder 11. Use of fingers 12. Both hands required or compensated by the use of acceptable prostheses 13. Walking (hours) 14. Standing (hours) 15. Crawling (hours)	16. Kneeling (hours) 17. Repeated bending (hours) 18. Climbing, legs only (hours) 19. Climbing, use of legs and arms 20. Both legs required 21. Operation of crane, truck, tractor, or motor vehicle 22. Ability for rapid mental and muscular coordination simultaneously 23. Ability to use firearms 24. Near vision correctable at 13" to 16" to Jaeger 1 to 4 25. Far vision correctable in one eye to 20/20 and to 20/40 in the other	26. Far vision correctable in one eye to 20/40 and to 20/100 in the other 27. Specific visual requirement (specify) 28. Both eyes required 29. Depth perception 30. Ability to distinguish basic colors 31. Ability to distinguish shades of colors 32. Hearing (aid permitted) (hear conversational voice 15 feet — one ear) 33. Hearing without aid 34. Specific hearing requirements (specify) 35. Other (specify)
--	--	--

Environmental Factors

1. Outside 2. Outside and inside 3. Excessive heat 4. Excessive cold 5. Excessive humidity 6. Excessive dampness or chilling 7. Dry atmospheric conditions 8. Excessive noise, intermittent 9. Constant noise 10. Dust 11. Fumes, smoke, or gases	12. Solvents (degreasing agents) 13. Grease and oils 14. Radiant energy 15. Electrical energy 16. Slippery or uneven walking surfaces 17. Working around machinery with moving parts 18. Working around moving objects or vehicles 19. Working on ladders or scaffolding 20. Working below ground	21. Unusual fatigue factors (specify) 22. Working with hands in water 23. Explosives 24. Vibration 25. Working closely with others 26. Working alone 27. Protracted or irregular hours of work 28. Other (specify)
---	---	---

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

Form 2485 (continued)

Examinee's Name		SSN			
C: Medical History (Completed by Examinee Before Examination)					
This section contains questions regarding your medical history and health habits. This information will be used to make a medical assessment of whether you can safely and efficiently perform the duties of the position that you now hold or for which you have applied. Detailed medical information will be handled in a confidential manner. Only information that is directly relevant to determining		your ability to function effectively in your work with the Postal Service will be released to the hiring official. It is essential that you answer all questions truthfully and completely. A history of any health problem will not necessarily disqualify you from employment. False or incomplete responses could result in an incomplete examination, or termination if hired.			
1. Have you ever been refused employment or been unable to hold a job because of: a. Sensitivity to chemicals, dust, pollen, sunlight, etc. b. Inability to perform certain motions c. Inability to assume certain positions d. Other Medical Reasons	Yes	No	8. Have you ever received compensation or a cash settlement from an employer, insurance company, government or other organization for injury or disease? (If "Yes" explain)	Yes	No
2. Have you ever required special or restricted job assignment due to illness, injury, or physical impairments? (If "Yes", list accommodations provided).			9. Is there a case pending?		
3. Have you ever had or have you, at any time, been treated for a psychiatric disorder? (If "Yes", specify date and give details).			10. Have you ever had an X-ray or other special examination (e.g., electrocardiogram, CAT scan)? (If "Yes" give date and explain).		
4. Have you ever been treated for any medical condition other than minor illness, or had any operations?			11. Have you served in the military?		
5. Have you worked for any length of time involving the handling of chemical, toxic, or dangerous materials?			12. Have you ever been rejected for, or discharged from military service because of any physical or mental reasons? (If "Yes" give date and reasons).		
6. Have you had any known exposure to asbestos or asbestos-related products? (If "Yes" state where and when).			13. Have you ever lived or been employed overseas? (If "Yes" state when and number of months. Include military service.)		
7. Have you ever worked in a noisy environment? (If "Yes" state where and when).			14. Have you ever filed a disability claim or received payment or compensation from the US government? (If "Yes", complete a, b, & c below).		
14a. Your Claim Number			14b. Percent Rating		
14c. Cause			14c. Cause		

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

Form 2485 (continued)

Examinee's Name	SSN
-----------------	-----

C: Medical History (Continued)

(Completed by Examinee Before Examination)

15. Do you exercise regularly? (If "Yes" describe type, amount, and frequency).	Yes	No	18. Have you ever used any of the following drugs or controlled substances?	Yes	No
			a. Morphine, Heroin, Methadone, Codeine, Percocet, Percodan, or other narcotic drugs?		
			b. Amphetamines, Methamphetamine, Diet Pills, Cocaine, or other stimulant drugs?		
			c. Barbiturates, Quaaludes, Doriden, Seconal, or other sedative or hypnotic drugs?		
			d. Marijuana, Hashish, Mescaline, LSD, PCP (<i>angel dust</i>), or other hallucinogenic drugs?		
			e. Librium, Valium, Elavil, or other tranquilizers or antidepressant drugs?		
			f. Are you taking any other prescribed medicines? (If "Yes" give dates and explain.)		
16. Have you ever used tobacco? (If "Yes" describe type, amount, age started and age stopped if discontinued).			19. If you answered "Yes" to any question in Item 18, answer the following questions:		
			a. Have you ever been dependent upon, or habitually used, any of the drugs or categories of controlled substances listed in Item 18?		
17. Have you ever used alcoholic beverages? (If "Yes" answer the following questions).			b. Have you ever been hospitalized or received treatment for use of drugs or other controlled substances?		
a. Have you ever been dependent upon, or habitually used, alcoholic beverages?			c. Have you ever received treatment for any physical or emotional condition caused by, or related to, your use of drugs or other controlled substances?		
b. Have you ever received treatment for, or participated in any program for alcoholism or drinking problems?			d. Has your use of drugs or other controlled substances ever affected your work performance, ability to obtain or hold a job or driving privileges, or resulted in arrests or court actions?		
c. Has your use of alcoholic beverages ever affected your work performance, ability to obtain or hold a job or driving privileges, or resulted in arrests or court actions?			20. Have you ever failed a "Drug Screen" for any reason? (If "Yes" give date and explain.)		

21. Do You Now or Have You Ever Had Any of the Following Conditions? (Give Dates)

	Yes	No		Yes	No
1. Frequent or Severe Headaches			33. Venereal Disease (<i>Syphilis or Gonorrhea</i>)		
2. Disturbance of Vision			34. Hemorrhoids or Rectal Disease		
3. Wear Glasses or Contact Lenses			35. Arthritis (<i>Rheumatism or Bursitis</i>)		
4. Eye Injuries or Abnormalities			36. Leg Cramps		
5. Loss of Hearing			37. Painful or Swollen Joint		
6. Ear Abnormalities			38. Foot Trouble — Flat Feet		
7. Chronic Sinus Trouble			39. Bone Fracture		
8. Hoarseness			40. Limb Disorders		
9. Goiter or Thyroid Trouble			41. Amputation (<i>Where?</i>)		
10. Enlarged Glands in Neck or Other Area			42. Back Surgery		
11. Stiffness of Neck			43. Back Injury or Abnormality		
12. Chronic Cough (<i>Check if Blood is Present</i> <input type="checkbox"/>)			44. Paralysis		
13. Frequent Colds			45. Cancerous Tumor or Cyst		
14. Wheezing or Asthma			46. Numbness, Weakness, Tremors, or Dizziness		
15. Lung Disease			47. Skin Condition (<i>e.g., Eczema, Hives, Fungus, or Rash</i>)		
16. Pain or Pressure in Chest			48. Allergies		
17. Shortness of Breath			49. Pilonidal or Other Cysts		
18. Heart Abnormality			50. Discoloration, Birthmarks, Scars		
19. Heart Attack (<i>When?</i>)			51. Diabetes		
20. Heart Murmur			52. Gout		
21. High Blood Pressure			53. Stroke		
22. Unexplained Weight Change			54. Epilepsy, Seizures, or Blackouts		
23. Digestive Abnormality			55. Rheumatic Fever		
24. Recurring Abdominal Pain			56. Tuberculosis		
25. Frequent Diarrhea (<i>Check if blood is present</i> <input type="checkbox"/>)			57. Hepatitis		
26. Frequent Constipation			58. For Females: Female Disorders		
27. Jaundice Disease			59. For Females: Are You Pregnant?		
28. Kidney or Bladder Disease			60. For Males: Abnormalities of Genitals		
29. Kidney or Bladder Stones			61. Have You Ever Had Any Illness/Injury Other Than Those Listed Above?		
30. Bloody Urine					
31. Trouble Passing Urine (<i>Pain or Frequency</i>)					
32. Hernia					

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Form 2485 (continued)

D: Medical Findings (For Preemployment and Fitness-for-Duty Exams)

(Completed by Examining Physician)

NOTE TO EXAMINING PHYSICIAN: The person you are about to examine is being considered for a position (or, if a Fitness-for-Duty exam, has a position) which will include the functional requirements and environmental factors circled in Section B., Item 4. In conducting your examination and reporting your findings and conclusions, take these factors into consideration.

1. Examinee's Name	2. SSN	3. Height (Feet, Inches)	4. Weight (Pounds)
--------------------	--------	--------------------------	--------------------

5. Eyes

	Snellen (Distant Vision)	Jaeger (Near Vision)
Without Glasses	a. Right 20 _____ Left 20 _____	b. Right _____ in. to _____ in., Left _____ in. to _____ in.
With Glasses	c. Right 20 _____ Left 20 _____	d. Right _____ in. to _____ in., Left _____ in. to _____ in.
e. Is color vision normal when Ishihara or other color plate test is used? <input type="checkbox"/> Yes <input type="checkbox"/> No		f. If the answer is "No", can applicant pass lantern or other compatible <input type="checkbox"/> Yes <input type="checkbox"/> No

6. Ears

a. Ordinary Conversation Right ear @ 15 ft. _____ Left ear @ 15 ft. _____	b. Audiometer (Attach Audiogram if indicated)
--	--

7. Blood Pressure/Pulse

a. Systolic/Diastolic	b. Two Additional Readings if Elevated	c. Pulse
-----------------------	--	----------

8. Urinalysis

a. Albumen (Multi-Test Stick)	b. Sugar (Multi-Test Stick)	c. Blood (Multi-Test Stick)	d. Drugs Identified if Test Indicated
----------------------------------	-----------------------------	-----------------------------	---------------------------------------

9. Physical Examination

NOTE: Routine pelvic examinations are not done by postal medical officers or contract physicians

Clinical Evaluation	Normal	Ab-normal	Clinical Evaluation	Normal	Ab-normal
a. Head, face, neck, and scalp			l. Anus and rectum (If indicated)		
b. Nose			m. Endocrine system		
c. Mouth and throat			n. Hernia (Any type)		
d. Ears			o. Upper extremities		
e. Eyes			p. Feet		
f. Ophthalmoscopic			q. Lower extremities		
g. Ocular motility			r. Spine		
h. Lungs and Chest (Breasts, if indicated)			s. Identifying body marks, scars		
i. Heart			t. Skin, lymphatics		
j. Vascular system (Varicosities, etc.)			u. Neurologic		
k. Abdomen			v. Mental status		

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Form 2485 (continued)

Examinee's Name	SSN
10: Summary of Medical Findings	
(Explain in detail any abnormality noted in history or physical examination)	

9a. Physician's Name (Type or Print) <input type="checkbox"/> Medical Officer <input type="checkbox"/> Contract Physician <input type="checkbox"/> Private Physician	b. Address (Include ZIP + 4)	
► IMPORTANT - Examining Physician: If you are not a Postal Medical Officer, sign and return the entire form, intact, in the preaddressed Restricted/Medical envelope within 5 days of the examination	c. Signature	d. Date

PS Form 2485, November 1991 (Page 5 of 6) **RESTRICTED/MEDICAL** Retained by Postal Medical Officer

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Form 2485 (continued)

NOTE: Insert carbon from page 1 between parts 1 & 2 of this page before completing.

E. Medical Assessment by Postal Medical Officer/Contract Physician

Examinee's Name (Last, First, MI)	SSN	Complete All Items Below in Lay Terms to Observe Privacy Considerations
-----------------------------------	-----	--

- 1. Medical History:** Based upon review of Section C of this form, Examinee's Medical History, VA records (if applicable), outside medical records, etc., check appropriate box below. Note any significant past medical data that is pertinent to the physical, and medical data that is pertinent to the physical and mental requirements of the essential functions of the position applied for.

- ☐ No Significant Finding
- ☐ Significant Findings as Noted:
(Observe privacy considerations)

- 2. Physical Findings:** Based upon a complete physical examination and mental status examination (if indicated), check appropriate box below.

- ☐ No Limitations/Restrictions
- ☐ Limitations/Restrictions as Noted:
- ☐ Specialist Exam Required with Narrative Report
Note any restrictions (inabilities) and/or limitations (partial inabilities) identified.
- Do not complete Item 4, below, until specialist's report is reviewed.)

- 3. Employment History:** Based upon review of examinee's PS Form 2591, Application for Employment (if applicable), Supervisor's Evaluations, prior job descriptions, etc., check appropriate box below. Note any employment data that is pertinent to past or current medical conditions. Note only that employment data which supports the examinee's ability to perform the essential functions of the position for which the examinee has applied.

- ☐ No Significant Findings
- ☐ Significant Findings as Noted:

- 4. Risk Assessment:** NOTE: Do not complete this section until specialist's report (if required) has been reviewed.

Based upon a review of findings as noted in nos. 1-3, above, indicate assessment of applicant's risk of incurring job-related injury or illness, within the next six months, due to existing or past medical conditions.

- | | |
|--|--|
| <input type="checkbox"/> No Medical Risk/Restriction: Examinee is medically qualified to perform essential functions of the position without accommodation. | <input type="checkbox"/> Moderate Risk/Restriction: Examinee would be medically qualified to perform essential function of the position only if below noted limitations/restrictions can be accommodated. (See No. 5 below.) |
| <input type="checkbox"/> Low Risk/Restriction: Examinee is medically qualified to perform essential functions of the position at the time of examination, but periodic medical follow-up is recommended. (See No. 5, below.) | <input type="checkbox"/> High Risk/Restriction: Examinee is not medically qualified to perform essential functions of the position. Accommodations will not reduce medical risk or restriction. |

- 5. Suggested Accommodations:** (Job modifications which would allow examinee to perform essential functions of the position effectively and safely)

Signature of Medical Authority	Date	Name and Location (Type or Print)
--------------------------------	------	-----------------------------------

F. Completed by Appointing/Referring Official (HBK-EL 311,343.5)

Enter Action Taken	Name & Location (Type or Print)	
<input type="checkbox"/> Selected for Appointment	<input type="checkbox"/> Fit for Duty	Signature
<input type="checkbox"/> Not Selected for Appointment	<input type="checkbox"/> Not Fit for Duty	
		Date

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Form 2488



Authorization for Medical Report

Name & Address	Social Security Number	VA Number
	Date of Birth	Date of Injury

Service Record

Branch of Service <input type="checkbox"/> USA <input type="checkbox"/> USMC <input type="checkbox"/> USCG <input type="checkbox"/> USN <input type="checkbox"/> USAF	Rank	Military Service Number
		Date Entered Service Date Released from Service

Postal Medical Officer

Name	Mailing Address
------	-----------------

Authorization

I, the undersigned, authorize the following hospitals and/or doctors to furnish the above mentioned postal medical officer all medical information concerning the following problems. It is understood that this/these report(s) will be furnished without cost to the US Postal Service. A photostat of this authorization will be as valid and effective as the original.		
Signature	Witness Signature	
Printed or Typed Name	Printed or Typed Name of Witness	Date

Authorized Doctors/Hospitals

--

Medical Problems

--

Privacy Act Statement

The collection of this information is authorized by 39 USC 401, 1001. Completion of this form is voluntary. This information will be used to secure outside medical information necessary to process medical records which are kept on each postal employee. As a routine use, this information may be disclosed to the Civil Service Commission, Public Health Services, HHS, and to officials of other federal agencies responsible for federal benefit programs. In addition, this information may be disclosed to an	appropriate law enforcement agency for investigative or prosecutorial purposes, to a congressional office at your request, or where pertinent, in a legal proceeding to which the Postal Service is a party, to OMB for review or private relief regulation, to a labor organization as required by the NLRA, or to an agency where relevant to hiring, contracting, or licensing procedures. Your failure to provide this information may result in your not receiving full consideration for a position.
--	--

PS Form **2488**, June 1987

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

Form 2489



Identification of Physical/Mental Disability

See Privacy Statement on Reverse

The examining physician completes this form and forwards it to the appointing official along with PS Form 2485, *Medical Examination and Assessment*. This form is RESTRICTED. Do not put this form into the Official Personnel Folder. After the disability code is entered on PS Form 50, return this form to the Postal Medical Officer for retention, along with Form 2485.

A reportable disability is a physical or mental impairment that substantially limits one or more major life activities (e.g., caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working) or a record of such an impairment. In cases of multiple disabilities, choose the code for the one that is most disabling.

Name (Last, First, MI)	Social Security Number	Date
Duty Station	Enter Applicable Code Here	

Disability Codes

Code	General
01	Disability Not Reported
05	No Disability
06	Disability Not Listed on This Form
Speech Impairments	
13	Severe speech malfunction or inability to speak, hearing is normal. Example: defects of articulation (unclear language sounds); stuttering; aphasia; laryngectomy (removal of the voice box).
Hearing Impairments	
15	Hard of hearing; correctable by hearing aid
16	Total deafness with understandable speech
17	Total deafness with inability to speak clearly
Vision Impairments	
22	Can read ordinary size print with glasses, but with loss of peripheral (side) vision
23	Cannot read ordinary size print; not correctable by glasses
24	Blind in one eye
25	Blind in both eyes
Missing Extremities	
27	One hand
28	One arm
29	One foot
32	One leg
33	Both hands or arms
34	Both feet or legs
35	One hand or arm and one foot or leg
36	One hand or arm and both feet or legs
37	Both hands or arms and one foot or leg
38	Both hands or arms and both feet or legs
Nonparalytic Orthopedic Impairments (Because of chronic pain, stiffness, or weakness in bones or joints, there is some loss of ability to move or use a part of the body)	
44	One or both hands
45	One or both feet
46	One or both arms
47	One or both legs
48	Hip or pelvis
49	Back
57	Any combination of two or more parts of the body
Partial Paralysis (Because of a brain, nerve, or muscle problem, including palsy, cerebral palsy, there is some loss of ability to move or use a part of the body, including legs, arms, and/or trunk).	
61	One hand
62	One arm, any part
63	One leg, any part
Partial Paralysis (Continued)	
64	Both hands
65	Both legs, any part
66	Both arms, any part
67	One side of body, including one arm and one leg
68	Three or more major parts of the body (arms and legs)
Complete Paralysis (Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is complete loss of ability to move or use a part of the body, including legs, arms and/or trunk).	
70	One hand
71	Both hands
72	One arm
73	Both arms
74	One leg
75	Both legs
76	Lower half of body, including legs
77	One side of body, including one arm and one leg
78	Three or more major parts of the body (arms and legs)
Other Impairments	
80	Heart disease with no restriction or limitation of activity (History of heart problem with complete recovery).
81	Heart disease with restriction or limitation of activity
82	Convulsive disorder (e.g., epilepsy)
83	Blood disease (e.g., sickle cell disease, leukemia, hemophilia)
84	Diabetes
86	Pulmonary or respiratory (e.g., tuberculosis, emphysema, asthma)
87	Kidney dysfunctioning (e.g., use of an artificial kidney machine)
88	Cancer - a history of cancer with complete recovery
89	Cancer - undergoing surgical and/or medical treatment
92	Severe distortion of limbs and/or spine (e.g., dwarfism, kyphosis - severe distortion of back, etc.)
93	Disfigurement of face, hands, or feet (e.g., distortion of features on skin, such as those caused by burns, gunshot injuries, and birth defects, gross facial birth marks, club feet, etc.)
Mental Retardation/Emotional Problems	
90	A chronic and lifelong condition involving a limited ability to learn, to be educated and to be trained for useful productive employment as certified by a State Vocational Rehabilitation Agency.
91	Mental or emotional illness (a history of treatment for mental or emotional problems).
94	Learning Disability

PS Form 2489, April 1989

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Form 2489 (continued)

Privacy Act Statement

Collection of the handicap information is authorized by the Rehabilitation Act of 1973 (*P.L. 93-112*). The information furnished will be used for the purpose of producing statistical reports to show agency progress in hiring, placement, and advancement of disabled individuals, to locate individuals for voluntary participation in surveys, and for affirmative action purposes. All reports will be in the form of aggregate totals and will be used to inform Postal Service management, the Office of Personnel Management, the Equal Employment Opportunity Commission, the Congress, and the public of the status of programs for employment of people with disabilities.

With the exception of individuals hired under a special authority for the hiring of individuals with disabilities, the furnishing of these data is voluntary. Individuals who have been hired under a special appointment authority for the hiring of individuals with disabilities must report disability data using the appropriate code, 13 to 94. Failure of these persons to furnish data will result in the Postal Service obtaining code from employment records and/or medical documentation used to justify the appointment.

Otherwise, failure to furnish disability data will result in the Postal Service recording Code 01, which indicates an individual does not wish to have disability status officially recorded outside of medical records.

Instructions

This form is to be completed by the examining physician and forwarded to the appointing official, along with PS Form 2485, *Medical Examination and Assessment*. PS Form 2489, *Identification of Physical/Mental Disability* is restricted and is NOT to be

retained in the Official Personnel Folder. After the handicap code is entered on PS Form 50, this form is to be returned to the Postal Medical Officer for retention, along with Form 2485.

*U.S. Government Printing Office: 1990 — 282-404/25732

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Form 2491



Medical Report - First Aid Injuries

Part A - Supervisor

1. Name and Address of Facility or Physician Authorized to Perform Medical Care		2. Check the Appropriate Boxes: <input type="checkbox"/> Initial Visit (on day of injury) <input type="checkbox"/> Initial Visit (beyond the date of injury) <input type="checkbox"/> Inside Normal Working Hours <input type="checkbox"/> Outside of Normal Working Hours <input type="checkbox"/> Subsequent Follow-up Visit <input type="checkbox"/> Inside Normal Working Hours <input type="checkbox"/> Outside of Normal Working Hours	
3. Injured Employee's Name		4. Employee's Occupation	
5. Employee's SSN	6. Date and Time of Injury (Mo., Day, Yr.)		7. Was Injury Job Related? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Brief Description of Injury			

Part B - Physician/Nurse Note: See Notice on Reverse

9. Diagnosis		10. Prognosis	
11a. Is further treatment required other than one additional follow-up to this aid injury? <input type="checkbox"/> Yes <input type="checkbox"/> No			
11b. If "Yes" and the subsequent visit is scheduled during the employee's normal working hours or if the initial visit is scheduled beyond the date of injury during the employer's normal work hours, appropriate OWCP CA Forms (i.e., CA-17 and CA-16/CA-20) need to be completed and submitted to OWCP. The employees may elect to continue treatment with the Postal Medical Officer or contract physician or own physician of employee's choice, if further treatment is necessary.			
11c. If "No," are any physical precautions required on a temporary basis to perform the employee's regular job? Identify these precautions and give date when they will no longer be necessary. <input type="checkbox"/> Yes <input type="checkbox"/> No			
12. Physician/Nurse Signature		13. Date	

NOTE TO EMPLOYEE: You must return part one of this completed form to the control office/point.

PS Form **2491**, July 1988

1 - Injury Compensation
2 - Physician/Nurse
3 - Employee

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Form 2491 (continued)

Notice to Contract Physicians

This employee has experienced an on-the-job injury and is referred to you for treatment. The Postal Service will reimburse you for the cost of the initial visit and one additional visit (if needed) for follow-up of this minor injury where no further treatment is likely. If treatment is required beyond the second visit and the employee elects to continue treatment with you, it will necessitate our forwarding of the resulting bills to the Department of Labor, Office of Workers' Compensation Programs (OWCP) for review and payment.

The OWCP has implemented a fee schedule of maximum allowable medical charges for services. Medical bills for services provided after June 9, 1986, which exceed the maximum allowable, will be reduced by OWCP in accordance with the fee schedule. A medical provider whose charge for service is only partially paid because it exceeds a maximum allowable amount set under the OWCP's fee schedule may, within 30 days of payment, request reconsideration of the fee determination to the OWCP. Request for reconsideration procedures are outlined in OWCP's notification letter to the medical provider.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Form 2556

U.S. Postal Service

Third Party Statement of Recovery ► See Instructions on Reverse

Claimant		Date of Injury/Death	MSC	File No.
				Finance No.
1. Gross Recovery				\$
2. Less Property Damage				
3. Balance				
4. Less Attorney's Fee (<i>Fee is _____ % of line 3</i>)				
5. Balance				
6. Less Court Costs (<i>Must be itemized</i>)				
7. Balance (<i>Adjusted Gross Recovery</i>)				
8. Less 1/5 (<i>20% of line 7</i>)				
9. Balance				
10. Less Payment to Public Health Service (<i>or other Federal medical facility</i>)				
11. Balance				
12. Less Medical Expenses Paid by the Claimant (<i>Must be itemized</i>)				
13. Balance				
14. OWCP Disbursements (<i>Including compensation and medical</i>) or line 13 whichever is less				
15. Less Government Allowance for Attorney's Fee (<i>Retained by claimant</i>)				
16. Amount to Be Refunded to OWCP (<i>Enclose check or money order payable to OWCP</i>)				
17. Surplus (<i>Line 13 less line 14</i>)				\$
For Official Use Only				

PS Form 2556, July 1986

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

Form 2556 (continued)

Instructions

(Disbursement must be made in accordance with 5 U.S.C. 8132. Also, provide the employee with a copy of this form.)

NOTE: Shaded area for USPS Use Only.)

Property Damage, (line 2): A reasonable amount for clothing or other personal belongings damaged or destroyed in an accident may be deducted. These amounts must be itemized. If an automobile or other vehicle is damaged or destroyed, then more tangible evidence of such damage is required. The year, make, model, and Blue Book value of the vehicle must be furnished. A copy of the repair bill will suffice if the vehicle was not totally destroyed.

Attorney's Fee, (line 4): Deduct the attorney's fee in line 4 from the balance shown in line 3. The attorney's fee as a percentage of line 3 must also be shown.

Court Costs, (line 6): These consist of such items as filing fees, witness fees, actual costs of collection, or any payments to physicians for expert testimony as opposed to payment for treatment. *(Payment for medical treatment comes under line 10 and/or 12.)* All items must be itemized.

20% Guarantee, (line 8): This amount is turned over to the claimant and is not subject to any deductions.

Public Health Service, (line 10): Refund made to a Federal medical facility for medical treatment is deductible under line 10. The claim of the Federal medical facility is separate and apart from the claim of the OWCP.

Medical Expense Paid By Claimant, (line 12): This consists of any medical expenses paid by the claimant other than those paid by OWCP or by an insurance carrier. It does not include items paid by the claimant for which the claimant was subsequently reimbursed by the OWCP or by an insurance carrier. Itemize all items submitted for credits and deduction in line 12 or attach copies of paid bills. A lump sum amount will not be accepted for credit.

Government Allowance for Attorney's Fee, (line 15): The Government contributes a portion of its refund to the claimant as an attorney fee. This fee is based upon the OWCP's disbursements, or other amount as shown in line 14.

Amount to Be Refunded, (line 16): This represents the amount to be refunded to the Government for OWCP disbursements. Refund check must be made payable to the OWCP.

Surplus, (line 17): This surplus, which is retained by the claimant, is the amount against which the OWCP will credit any future compensation payments or additional medical expenses payable on account of the same injury or death.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Form 2557



Employee's Third-Party Recovery Statement

File No. _____

Claimant	Date of Injury/Death	MSC	Finance No.
----------	----------------------	-----	-------------

When a Third-Party Settlement Is Made Without an Attorney

1. Contact this office for the amount of disbursements.
2. If you were examined or treated at a Federal medical facility, contact that facility for the value of its service. If service was rendered by the U.S. Public Health Service, the Regional Counsel of the Department of Health and Human Services should be contacted.
3. Complete the recovery statement below and return it to this office. Enclose a check or money order for the amount appearing in item 3, below, made payable to "Office of Workers' Compensation Programs (OWCP)."

The law provides that the United States must be reimbursed out of any third-party recovery for any disbursements made by the Government. The term "disbursement" includes compensation, medical bills and transportation expenses. If there were disbursements requiring a refund, you are still entitled to a minimum amount of the recovery irrespective of any liens of the Government (*see item 2c below*).

1. Total recovery	\$	_____
2. Less:			
a. Personal property damage	\$	_____
b. Balance (<i>item 1 less item 2a</i>)	\$	_____
c. Minimum guarantee (<i>20 percent of item 2b - to be retained by you</i>)	\$	_____
d. Medical expenses paid by you for which you have not received reimbursement from OWCP or an insurance carrier (<i>attach itemization</i>)	\$	_____
e. Adjusted balance (<i>item 2b less items c and d</i>)	\$	_____
3. OWCP disbursements or item 2e, whichever is less	\$	_____
4. Surplus (<i>line 2e less item 3</i>)	\$	_____

Following submission of this statement, you will be advised further concerning your compensation status.

Date of Judgment or Release	Signature	Date

The Federal Employee's Compensation Act, as amended (5 USC 8101, et seq.) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor. In accordance with this responsibility, the office collects and maintains personal information on claimants and their immediate families. The information will be used to determine eligibility for and the amount of benefits payable under the Act. The Postal Service uses the information in handling matters relating, directly or indirectly, to the subject matter of the claim in accordance with provisions of 20 CFR 10. In addition, this information may be disclosed to an appropriate law enforcement agency for investigative or prosecutive purposes, to a congressional office at your request, to OMB for review of private relief legislation, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Failure to provide the information requested may delay the adjudication process, or result in an unfavorable decision or a reduced level of benefits, (however, disclosure of the social security number is voluntary and will not cause such delays; its only purposes are to enable the Postal Service to account for program costs and to verify the dollar amount of payments due the Department of Labor).

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Form 2559



Third Party Claim - Information Request

Section 8131 of Title 5, United States Code, provides that when damages are recovered the United States shall be reimbursed for payments if made on account of the injury.

1. Have you presented a claim or instituted suit for damages against any person or persons apparently responsible for your injury? ☐ Yes ☐ No
(If yes, give the third party's name and address and the name and address of the insurance carrier, if known.)

Third Party's Name and Address

Insurance Carrier's Name and Address

2. Have you retained an attorney with regard to a possible action against any person or persons apparently responsible for your injury? ☐ Yes ☐ No
(If yes, give the attorney's name.)

3. If you have not filed a claim for damages, state your reasons, in full detail, for not doing so.

4. Have damages been recovered? ☐ Yes ☐ No (If yes, please furnish the following information:)

- a. Total amount recovered _____ \$
- b. Personal property damage, if any _____ \$
- c. Medical expenses paid by you personally (Do not include those paid or reimbursed by OWCP or an insurance carrier.) (Attach itemization.) _____ \$
- d. Attorney's fee, if any _____ \$

Date of Judgment or Release	5. Signature	Date
-----------------------------	--------------	------

The Federal Employee's Compensation Act, as amended (5 USC 8101, et seq.) is administered by the Office of Workers' Compensation Program of the U.S. Department of Labor. In accordance with this responsibility, the office collects and maintains personal information on claimants and their immediate families. The information will be used to determine eligibility for and the amount of benefits payable under the Act. The Postal Service uses the information in handling matters relating, directly or indirectly, to the subject matter of the claim in accordance with the provisions of 20 CFR 10. In addition, this information may be disclosed to an appropriate law enforcement agency for investigative or prosecutive purposes, to a congressional office at your request, to OMB for review of private relief legislation, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Failure to provide the information requested may delay the adjudication process, or result in an unfavorable decision or a reduced level of benefits; however, disclosure of the social security number is voluntary and will not cause such delays; its only purposes are to enable the Postal Service to account for program costs and to verify the dollar amount of payments due the Department of Labor.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Form 2560



Referral of Third Party Material

To:			From:
Case No.	Date Submitted	Date Claimant Rtd. to Work	Employee's Name

Attached Are the Following Documents:

1. CA Forms (Front and Back)

- | | | |
|-------------------------------|-------------------------------|--|
| <input type="checkbox"/> CA-1 | <input type="checkbox"/> CA-4 | <input type="checkbox"/> Other (Identify): |
| <input type="checkbox"/> CA-2 | <input type="checkbox"/> CA-5 | |
| <input type="checkbox"/> CA-3 | <input type="checkbox"/> CA-7 | |

2. Witness Statements and Accident Reports

- | | |
|--|--|
| <input type="checkbox"/> Reverse of CA-1 or CA-2 | <input type="checkbox"/> Other (Identify): |
|--|--|

3. Medical Reports

- | | |
|--|--|
| <input type="checkbox"/> CA-16 (Reverse) | <input type="checkbox"/> Other (Identify): |
| <input type="checkbox"/> CA-20 | |
| <input type="checkbox"/> CA-20A | |

4. Correspondence From:

- | | |
|--|--|
| <input type="checkbox"/> Attorney Dated: _____ | <input type="checkbox"/> Other (Identify): |
| <input type="checkbox"/> Claimant Dated: _____ | |

5. Award of Compensation

- | | | |
|----------------------------------|---------------------------------|--|
| <input type="checkbox"/> CA-1048 | <input type="checkbox"/> CA-181 | <input type="checkbox"/> Other (Identify): |
| <input type="checkbox"/> CA-1049 | | |
| <input type="checkbox"/> CA-180 | | |


6. Settlement

- | | |
|--|--|
| <input type="checkbox"/> Claimant's Recovery Statement | <input type="checkbox"/> Settlement Has Been Made in This Case. Attached Is a Copy of: |
| <input type="checkbox"/> Recovery Letter 1 | |

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

Form 2562

		Injury Compensation Program - Notice of Potential Third Party Claim		1. Date	
A. Employee Information					
2. Name		3. Home Address <i>(Include Apt. Number & ZIP + 4)</i>			
4. Social Security Number					
5. Title		6. Home Phone <i>(Include Area Code)</i>			
7. Office of Employment		8. Contact Point at Employing Office <i>(Name & Phone Number)</i>			
B. Injury Information					
1. Date & Location of Injury		2. OWCP File Number			
3. Brief Description of Injury					
4. Name & Address of Attending Physician <i>(Include Suite Number)</i>					
5. Name & Address of Attorney Representing Employee <i>(Include Suite Number)</i>					
6. Wage Records, Medical Records, and Other Pertinent Information May Be Released to My Attorney.					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
C. Third Party Information					
1. Name		2. Address <i>(Include Apt. Number and ZIP + 4)</i>			
3. Does the Employee or Beneficiary(ies) Intend to Take Action Against the Third Party? <i>(If "No", Explain Why Not)</i>					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
4. Name & Address of Insurance Company <i>(Include Suite Number)</i>			5. Name & Address of Law Enforcement Agency Notified		
Prepared By <i>(Printed Name & Signature)</i>			Date Signed		
PS Form 2562 , December 1988					

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

Form 2562 (continued)

-
1. Complete this form whenever a third party (individual) is involved in an incident where a postal employee has applied for compensation benefits.
 2. A third party may be involved directly, as in a vehicle accident, or indirectly, as in designing or manufacturing an unsafe or defective machine.
 3. The employee or employee's beneficiaries are encouraged to seek recovery from a third party that they believe is responsible for the employee's work related injury. An injured employee or employee's beneficiaries who, when required by OWCP, fail to take action against a third party may become ineligible for injury compensation.
-

The Federal Employees' Compensation Act, as amended (5 USC 8101, et seq.), is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor. In accordance with this responsibility, the office collects and maintains personal information on claimants and their immediate families. The information will be used to determine eligibility for and the amount of benefits payable under the Act. The information may be used by other agencies or persons in handling matters relating, directly or indirectly, to the subject matter of the claim, so long as such agencies or persons have received the consent of the individual claimant, or have complied with the provisions of 20 CFR 10. In addition, this information may be disclosed to an appropriate law enforcement agency for investigative or prosecutive purposes, to a congressional office at your request, to OMB for review of private relief legislation, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Failure to provide the information requested may delay the adjudication process, or result in an unfavorable decision or a reduced level of benefits (disclosure of your social security number is voluntary; the failure to disclose such number will not result in the denial of any right, benefit or privilege to which you may be entitled).

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

Form 2573

U.S. Postal Service REQUEST - OWCP CLAIM STATUS		OWCP File No. _____
---	--	---------------------

Section A	To: OFFICE OF WORKERS COMPENSATION PROGRAMS UNITED STATES DEPARTMENT OF LABOR _____ _____	Instructions A. Postmaster: Enter File No. and complete Section A. Check request boxes in Section B as needed (1-5). Forward to OWCP District Office in duplicate. B. OWCP Office: The employee below has filed a claim with you. Please help us determine this claimant's status by completing Section B as checked (1-5). Sign, date, and return copy to Requester.
	Requester Name: _____ Address: _____ _____ Date: _____	Claimant Name: _____ Work Address: _____ _____ Date Injured: _____

Section B	This is restricted information and is used only for official Postal Service purposes.	
	1. <input type="checkbox"/> Claim for Benefits is:	<input type="checkbox"/> a. Accepted (<i>Date</i>) _____ <input type="checkbox"/> b. Rejected (<i>Date</i>) _____ <input type="checkbox"/> c. Pending
	2. <input type="checkbox"/> Employee is Currently Receiving Compensation:	<input type="checkbox"/> Yes (<i>Complete Item 3.</i>) <input type="checkbox"/> No
	3. <input type="checkbox"/> Type/Amount of Payment:	<input type="checkbox"/> a. Temporary Total Disability of \$ _____ per _____. <input type="checkbox"/> b. Permanent Total Disability of \$ _____ per _____. <input type="checkbox"/> c. Loss of Wage Earning Capacity of \$ _____ per _____. <input type="checkbox"/> d. Scheduled Award of \$ _____ per _____. Terminates (<i>Date</i>) _____
	4. <input type="checkbox"/> Last Medical Examination (<i>Date</i>): _____ (<i>Attach Copy</i>)	
	5. <input type="checkbox"/> Other (<i>Specify</i>): _____ _____ _____	
Signature and Title (<i>OWCP Officer</i>) _____ Date _____		

PS Form 2573, June 1991

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Form 2577



Assignment of Claim to the USPS

As a result of my applying for and receiving benefits under the provisions of the Federal Employees' Compensation Act (5 U.S.C. 8101-50), and because I do not wish to prosecute an action in my own name to recover damages, I (name) _____, of (address) _____, City of _____, County of _____, State of _____, hereby voluntarily assign to the United States Postal Service all of my right, title and interest in any claim, demand, or cause of action which I may have against (name of third party) _____, or any other person, as a result of an injury I sustained on (date) _____, at (location) _____, while in the performance of my duties as an employee of the United States Postal Service.

I understand that in the event of recovery of damages by the United States Postal Service under this assignment, I am entitled to one-fifth of the net amount of recovery after expenses thereof have been deducted and to any surplus remaining as provided by Section 8131 of the Federal Employees' Compensation Act.

I understand that I have the right to pursue an action to recover damages by myself or by an attorney of my own choice, but I hereby am assigning that right to the United States Postal Service. Upon acceptance of this assignment, the United States Postal Service shall have full and complete authority to take whatever action on this claim it considers appropriate, and may institute legal action, settle or compromise the claim or any suit, or decline to institute suit, or to take any other action. In the event the United States Postal Service declines to institute suit, or to take other action, it shall have the right to cancel this assignment and thereby reassign the claim back to me.

I hereby authorize the United States Postal Service to furnish all records, medical and other reports, statements made by myself and other papers relating to my injury to the parties against whom claim is made, their representative, and insurance companies for the purpose of effectuating a settlement of the assigned claim.

IN WITNESS WHEREOF, I have signed this assignment this _____ day of _____, 19 _____.

(Signature)

Recognizing that it is within the discretion of the United States Postal Service to accept or to refuse to accept this Assignment of Claim, and pursuant to the authority granted by 39 C.F.R. 224.2(b) (1) (i) and other Postal Regulations, I hereby accept the above assignment.

Dated _____

(Signature)

(Title)

Privacy Act Statement

Collection of this information is authorized by 39 USC 401. The purpose for which the information is to be used is to assign a third-party damage claim to the USPS. As a routine use, this information may be disclosed to OWCP and a third-party representative. Completion of this form is voluntary; however, if you do not complete this form, the USPS can not pursue your claim or prosecute an action on your behalf.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Form 3544



Post Office Receipt for Money

Post Office		Station	Unit ID
Amount (Write out in words)		Amount \$	No. 00
For		AIC	Date
Received From (Show address only when receipt is mailed)			Permit Number or SSN
Postmaster (By)			

PS Form **3544**, January 1995

Original **Thank you**

Form 3956

Authorization for Medical Attention

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

Form 3971



Request for or Notification of Absence

Employee's Name (Last, First, M.I.)		Social Security No.		Date Submitted		No. of Hours Requested		Scheduled Un- Scheduled	PP	Year	
Installation (For PM leave, show City, State, and ZIP Code)		N/S Day	Pay Loc. #	D/A Code	From Date	Hour					
Time of Call or Request		Scheduled Reporting Time	Employee Can Be Reached At (If needed) <input type="checkbox"/> No Call		Thru Date	Hour			Day	Init.	Hours
Type of Absence <input type="checkbox"/> Annual <input type="checkbox"/> Carrier 701 Rule <input type="checkbox"/> LWOP (See Reverse) <input type="checkbox"/> Sick (See Reverse) <input type="checkbox"/> Late <input type="checkbox"/> COP <input type="checkbox"/> Other: _____	Documentation (For Official Use Only) <input type="checkbox"/> For COP Leave (CA1 on File) <input type="checkbox"/> For Advanced Sick Leave (1221 on File) <input type="checkbox"/> For Military Leave (Orders Reviewed) <input type="checkbox"/> For Court Leave (Summons Reviewed) <input type="checkbox"/> For Higher Level (1723 on File) <input type="checkbox"/> Scheme Training Testing, Qualifying (Memo on File)		Revised Schedule for (Date)		Approved in Advance <input type="checkbox"/> Yes <input type="checkbox"/> No				Mon 03		
			Begin Work						Tue 04		
			Lunch-Out						Wed 05		
			Lunch-In						Thur 06		
			End Work						Fri 07		
			Total Hours						Sat 08		
									Sun 09		
I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed to LWOP.									Mon 10		
Employee's Signature and Date		Signature of Person Recording Absence and Date		Signature of Supervisor and Date Notified					Tue 11		
Official Action on Application (Return copy of signed request to employee) <input type="checkbox"/> Approved, not FMLA <input type="checkbox"/> Approved, FMLA <input type="checkbox"/> Pending Documentation Noted on Reverse. <input type="checkbox"/> Disapproved (Give Reason)									Wed 12		
								Signature of Supervisor and Date			Thur 13
Warning: The furnishing of false information on this form may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)								<input type="checkbox"/> Continued on Reverse	Fri 14		

PS Form 3971, June 1995

During This Absence, I Was Incapacitated for Duty by:				Leave Types (Information Only)	Scheduled Un- Scheduled	PP	Year		
<input type="checkbox"/> Sickness <input type="checkbox"/> Caring for, or Exposed to, a Contagious Disease <input type="checkbox"/> On the Job Injury <input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment <input type="checkbox"/> Off the Job Injury <input type="checkbox"/> Pregnancy and Confinement									
Additional Documentation Required				Leave Type	Time Card Code	PSDS Code	Day	Init.	Hours
Privacy Act: The collection of this information is authorized by 39 USC 401, 1001, 1003, 1005; 5 USC 8339; and Public Law 103-3. This information will be used to grant or deny your request for official leave from Postal Service duty. It may be disclosed under the routine uses given in Privacy Act system notices USPS 050.020 and USPS 120.070 (see appendix of Administrative Support Manual or, if you wish to obtain a copy of these notices contact your personnel office). Completion of this form is voluntary. If this information is not provided, official leave may not be granted.				LWOP - Lieu of Sick Leave	59/60	20	Sat 01		
				LWOP - Proffered	59/60	21	Sun 02		
				LWOP - Personal Reasons	59/60	22	Mon 03		
				LWOP - Part Day	59	23	Tue 04		
				LWOP - Full Day	60	23	Wed 05		
				LWOP - AWOL	59/60	24	Thur 06		
				LWOP - IOD-OWCP	49	25	Fri 07		
				LWOP - Maternity	59/60	26	Sat 08		
				LWOP - Suspension	59/60	27	Sun 09		
				LWOP - Union Official	84	28	Mon 10		
				LWOP - Suspension Pending Termination	59/60	29	Tue 11		
				Continuation of Pay - USPS	71	03	Wed 12		
				Court Duty	61	04	Thur 13		
				Military Leave	67	05	Fri 14		
				Postmaster's Organization	89	08			
				Blood Donor Leave	69	09			
				Other Paid Leave	86	10			
				Convention Leave	66	12			
				Acts of God	78	13			
				Veteran's Funeral	79	14			
Relocation	80	15							
Civil Defense	77	16							
Civil Disorder	81	17							
Voting Leave	85	18							

PS Form 3971, June 1995 (Reverse)

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Form 6105



Disclosure of Information About Employees to Collective Bargaining Agents

Notice

This information is being disclosed under the provisions of a collective bargaining agreement for an official collective bargaining purpose as being relevant to the need which you have expressed. As the receiving union official, you are hereby notified that the records include personal information about an individual(s). While in the custody of the Postal Service, this information has been protected under the Privacy Act. Its use by your organization should

be consistent with the statutory protection. Specifically, the information contained in these records should be discussed or disclosed only when necessary for an official collective bargaining purpose. If it is necessary to discuss or disclose this information, provide all possible protection of personal information by, for example, restricting the dissemination of the information to specific individuals and removing information they do not need to know.

PS Form 6105, May 1993

Part I (To Union Representative with Records Disclosure)



Disclosure of Information About Employees to Collective Bargaining Agents

Disclosure Accounting Statement

In compliance with the Privacy Act (5 USC 552 a (c)), this accounting of disclosure must be filed, cross-indexed, or otherwise associated with the record(s) that was disclosed. See additional instructions below.

Name of Employee or Group of Employees About Whom Record(s) Pertain

Summary of Information Disclosed

Stated Purpose

Source (Brief identification of records, etc.)

I have received Part I of this Form and Understand the Conditions as Set Forth Therein:

Date: _____

Signature: _____

Name:

Title:

Local:

Union:

Instructions to Supervisor or Other Disclosing USPS Official

Postal Service regulations, the Privacy Act, and our collective bargaining agreements provide for collective bargaining representatives to be furnished the information they need to determine whether to file or to continue the processing of a grievance.

When a union agent asks for information, a signed statement of authorization to disclose is not required from the employee(s) who is the subject of the record. In addition, it is not necessary to tell the subject employee(s) that the information was released unless the employee(s) specifically asks, in which case you must advise the individual(s) accordingly.

Your job is to:

- (1) Inquire as to the purpose of the request.
- (2) Determine whether routine use authority exists in the system from which the information is disclosed.

- (3) Decide whether the information is relevant to the requested need.
- (4) Seek advice of Manager, Human Resources or other Human Resources personnel, as appropriate, if you are not sure of relevancy.
- (5) Use this form if the information released is about a postal employee(s).
- (6) If the agent refuses to sign this form, date and print the agent's name *underneath* (not on) the signature line.
- (7) Give Part I of this form to the union representative, along with the records that are released.
- (8) File Part II of this form in accordance with preprinted instructions above.

NOTE: Form 6100-A, *OPF Disclosure Accounting Form*, is to be used in lieu of this form for disclosures made from an employee's OPF.

PS Form 6105, May 1993

Part II (For Custodian Filing Purposes)

Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.
Witness: Complete bottom section 16.
Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data			
1. Name of employee (Last, First, Middle)			2. Social Security Number
3. Date of birth Mo. Day Yr.	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Home telephone	6. Grade as of date of injury Level Step
7. Employee's home mailing address (Include city, state, and ZIP code)			8. Dependents <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other

Description of Injury			
9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)			
10. Date injury occurred Mo. Day Yr.	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	11. Date of this notice Mo. Day Yr.	12. Employee's occupation
13. Cause of injury (Describe what happened and why)			
14. Nature of injury (Identify both the injury and the part of body, e.g., fracture of left leg)			a. Occupation code
			b. Type code c. Source code
			OWCP Use - NOI Code

Employee Signature	
15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:	
<input type="checkbox"/> b. Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.	
<input type="checkbox"/> a. Sick and/or Annual Leave	
I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.	
Signature of employee or person acting on his/her behalf	Date
Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.	

Have your supervisor complete the receipt attached to this form and return it to you for your records.

Witness Statement			
16. Statement of witness (Describe what you saw, heard, or know about this injury)			
Name of witness		Signature of witness	
Address		City	
		State	
		ZIP Code	

Official Supervisor's Report: Please complete information requested below:

Supervisor's Report	
17. Agency name and address of reporting office (include city, state, and zip code)	OWCP Agency Code
	OSHA Site Code
ZIP Code	

18. Employee's duty station (Street address and ZIP code)

19. Employee's retirement coverage ☐ CSRS ☐ FERS ☐ Other, (identify)

20. Regular work hours From: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. To: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	21. Regular work schedule <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.
--	--

22. Date of Injury Mo. Day Yr.	23. Date notice received Mo. Day Yr.	24. Date stopped work Mo. Day Yr. Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
--------------------------------	--------------------------------------	---

25. Date pay stopped Mo. Day Yr.	26. Date 45 day period began Mo. Day Yr.	27. Date returned to work Mo. Day Yr. Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
----------------------------------	--	---

28. Was employee injured in performance of duty? ☐ Yes ☐ No (If "No," explain)

29. Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another? ☐ Yes (If "Yes," explain) ☐ No

30. Was injury caused by third party? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," go to item 32.)	31. Name and address of third party (Include city, state, and ZIP code)

32. Name and address of physician first providing medical care (Include city, state, ZIP code)	33. First date medical care received Mo. Day Yr.
	34. Do medical reports show employee is disabled for work? <input type="checkbox"/> Yes <input type="checkbox"/> No

35. Does your knowledge of the facts about this injury agree with statements of the employee and/or witnesses? ☐ Yes ☐ No (If "No," explain)

36. If the employing agency controverts continuation of pay, state the reason in detail.	37. Pay rate when employee stopped work \$ Per
--	--

Signature of Supervisor and Filing Instructions

38. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Name of supervisor (Type or print)	
Signature of supervisor	Date
Supervisor's Title	Office phone

39. Filing instructions	<input type="checkbox"/> No lost time and no medical expense: Place this form in employee's medical folder (SF-66-D)
	<input type="checkbox"/> No lost time, medical expense incurred or expected: forward this form to OWCP
	<input type="checkbox"/> Lost time covered by leave, LWOP, or COP: forward this form to OWCP
	<input type="checkbox"/> First Aid Injury

Instructions for Completing Form CA-1

Complete all items on your section of the form. If additional space is required to explain or clarify any point, attach a supplemental statement to the form. Some of the items on the form which may require further clarification are explained below.

Employee (Or person acting on the employees' behalf)

13) Cause of injury

Describe in detail how and why the injury occurred. Give appropriate details (e.g.: if you fell, how far did you fall and in what position did you land?)

14) Nature of Injury

Give a complete description of the condition(s) resulting from your injury. Specify the right or left side if applicable (e.g., fractured left leg; cut on right index finger).

15) Election of COP/Leave

If you are disabled for work as a result of this injury and filed CA-1 within thirty days of the injury, you may be entitled to receive continuation of pay (COP) from your employing agency. COP is paid for up to 45 calendar days of disability, and is not charged against sick or annual leave. If you elect sick or annual leave you may not claim compensation to repurchase leave used during the 45 days of COP entitlement.

Supervisor

At the time the form is received, complete the receipt of notice of injury and give it to the employee. In addition to completing items 17 through 39, the supervisor is responsible for obtaining the witness statement in Item 16 and for filling in the proper codes in shaded boxes a, b, and c on the front of the form. If medical expense or lost time is incurred or expected, the completed form should be sent to OWCP within 10 working days after it is received.

The supervisor should also submit any other information or evidence pertinent to the merits of this claim.

If the employing agency controverts COP, the employee should be notified and the reason for controversion explained to him or her.

17) Agency name and address of reporting office

The name and address of the office to which correspondence from OWCP should be sent (if applicable, the address of the personnel or compensation office).

18) Duty station street address and zip code

The address and zip code of the establishment where the employee actually works.

19) Employers Retirement Coverage.

Indicate which retirement system the employee is covered under.

30) Was injury caused by third party?

A third party is an individual or organization (other than the injured employee or the Federal government) who is liable for the injury. For instance, the driver of a vehicle causing an accident in which an employee is injured, the owner of a building where unsafe conditions cause an employee to fall, and a manufacturer whose defective product causes an employee's injury, could all be considered third parties to the injury.

32) Name and address of physician first providing medical care

The name and address of the physician who first provided medical care for this injury. If initial care was given by a nurse or other health professional (not a physician) in the employing agency's health unit or clinic, indicate this on a separate sheet of paper.

33) First date medical care received

The date of the first visit to the physician listed in item 31.

36) If the employing agency controverts continuation of pay, state the reason in detail.

COP may be controverted (disputed) for any reason; however, the employing agency may refuse to pay COP only if the controversion is based upon one of the nine reasons given below:

- a) The disability was not caused by a traumatic injury.
- b) The employee is a volunteer working without pay or for nominal pay, or a member of the office staff of a former President;
- c) The employee is not a citizen or a resident of the United States or Canada;
- d) The injury occurred off the employing agency's premises and the employee was not involved in official "off premise" duties;
- e) The injury was proximately caused by the employee's willful misconduct, intent to bring about injury or death to self or another person, or intoxication;
- f) The injury was not reported on Form CA-1 within 30 days following the injury;
- g) Work stoppage first occurred 45 days or more following the injury;
- h) The employee initially reported the injury after his or her employment was terminated; or
- i) The employee is enrolled in the Civil Air Patrol, Peace Corps, Youth Conservation Corps, Work Study Programs, or other similar groups.

Employing Agency - Required Codes

Box a (Occupation Code), Box b (Type Code), Box c (Source Code), OSHA Site Code

The Occupational Safety and Health Administration (OSHA) requires all employing agencies to complete these items when reporting an injury. The proper codes may be found in OSHA Booklet 2014, "Recordkeeping and Reporting Guidelines."

OWCP Agency Code

This is a four-digit (or four digit plus two letter) code used by OWCP to identify the employing agency. The proper code may be obtained from your personnel or compensation office, or by contacting OWCP.

Benefits for Employees under the Federal Employees' Compensation act (FECA)

The FECA, which is administered by the Office of Workers' Compensation Programs (OWCP), provides the following benefits for job-related traumatic injuries:

- (1) Continuation of pay for disability resulting from traumatic, job-related injury, not to exceed 45 calendar days. (To be eligible for continuation of pay, the employee, or someone acting on his/her behalf, must file Form CA-1 within 30 days following the injury and provide medical evidence in support of disability within 10 days of submission of the CA-1. Where the employing agency continues the employee's pay, the pay must not be interrupted unless one of the provision's outlined in 20 CFR 10.222 apply.
- (2) Payment of compensation for wage loss after the expiration of COP, if disability extends beyond such point, or if COP is not payable. If disability continues after COP expires, Form CA-7, with supporting medical evidence, must be filed with OWCP. To avoid interruption of income, the form should be filed on the 40th day of the COP period.
- (3) Payment of compensation for permanent impairment of certain organs, members, or functions of the body (such as loss or loss of use of an arm or kidney, loss of vision, etc.), or for serious defringement of the head, face, or neck.
- (4) Vocational rehabilitation and related services where directed by OWCP.
- (5) All necessary medical care from qualified medical providers. The injured employee may choose the physician who provides initial medical care. Generally, 25 miles from the place of injury, place of employment, or employee's home is a reasonable distance to travel for medical care.

An employee may use sick or annual leave rather than LWOP while disabled. The employee may repurchase leave used for approved periods. Form CA-7b, available from the personnel office, should be studied BEFORE a decision is made to use leave.

For additional information, review the regulations governing the administration of the FECA (Code of Federal Regulations, Chapter 20, Part 10) or pamphlet CA-810.

Privacy Act

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended and extended (5 U.S.C. 8101, et seq.) (FECA) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for and the amount of benefits payable under the FECA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agency which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider issues relating to retention, rehire, or other relevant matters. (4) Information may also be given to other Federal agencies, other government entities, and to private-sector agencies and/or employers as part of rehabilitative and other return-to-work programs and services. (5) Information may be disclosed to physicians and other health care providers for use in providing treatment or medical/vocational rehabilitation, making evaluations for the Office, and for other purposes related to the medical management of the claim. (6) Information may be given to Federal, state and local agencies for law enforcement purposes, to obtain information relevant to a decision under the FECA, to determine whether benefits are being paid properly, including whether prohibited dual payments are being made, and, where appropriate, to pursue salary/administrative offset and debt collection actions required or permitted by the FECA and/or the Debt Collection Act. (7) Disclosure of the claimant's social security number (SSN) or tax identifying number (TIN) on this form is mandatory. The SSN and/or TIN, and other information maintained by the Office, may be used for identification, to support debt collection efforts carried on by the Federal government, and for other purposes required or authorized by law. (8) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits.

Note: This notice applies to all forms requesting information that you might receive from the Office in connection with the processing and adjudication of the claim you filed under the FECA.

Receipt of Notice of Injury

This acknowledges receipt of Notice of Injury sustained by
(Name of injured employee)

Which occurred on (Mo., Day, Yr.)

At (Location)

Signature of Official Superior

Title

Date (Mo., Day, Yr.)

Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.
Witness: Complete bottom section 16.
Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data			
1. Name of employee (Last, First, Middle)			2. Social Security Number
3. Date of birth Mo. Day Yr.	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Home telephone	6. Grade as of date of injury Level Step
7. Employee's home mailing address (Include city, state, and ZIP code)			8. Dependents <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other

Description of Injury			
9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)			
10. Date injury occurred Mo. Day Yr.	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	11. Date of this notice Mo. Day Yr.	12. Employee's occupation
13. Cause of injury (Describe what happened and why)			
14. Nature of injury (Identify both the injury and the part of body, e.g., fracture of left leg)			a. Occupation code
			b. Type code c. Source code
			OWCP Use - NOI Code

Employee Signature	
15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:	
<input type="checkbox"/> b.	Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.
<input type="checkbox"/> a.	Sick and/or Annual Leave
I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.	
Signature of employee or person acting on his/her behalf _____ Date _____	
Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.	

Have your supervisor complete the receipt attached to this form and return it to you for your records.

Witness Statement			
16. Statement of witness (Describe what you saw, heard, or know about this injury)			
Name of witness		Signature of witness	
Address		City	State ZIP Code

Official Supervisor's Report: Please complete information requested below:

Supervisor's Report	
17. Agency name and address of reporting office (include city, state, and zip code)	OWCP Agency Code
	OSHA Site Code
ZIP Code	

18. Employee's duty station (Street address and ZIP code)

19. Employee's retirement coverage ☐ CSRS ☐ FERS ☐ Other, (identify)

20. Regular work hours From: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. To: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	21. Regular work schedule <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.
--	--

22. Date of Injury Mo. Day Yr.	23. Date notice received Mo. Day Yr.	24. Date stopped work Mo. Day Yr. Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
--------------------------------	--------------------------------------	---

25. Date pay stopped Mo. Day Yr.	26. Date 45 day period began Mo. Day Yr.	27. Date returned to work Mo. Day Yr. Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
----------------------------------	--	---

28. Was employee injured in performance of duty? ☐ Yes ☐ No (If "No," explain)

29. Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another? ☐ Yes (If "Yes," explain) ☐ No

30. Was injury caused by third party? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," go to item 32.)	31. Name and address of third party (Include city, state, and ZIP code)
--	---

32. Name and address of physician first providing medical care (Include city, state, ZIP code)	33. First date medical care received Mo. Day Yr.
	34. Do medical reports show employee is disabled for work? <input type="checkbox"/> Yes <input type="checkbox"/> No

35. Does your knowledge of the facts about this injury agree with statements of the employee and/or witnesses? ☐ Yes ☐ No (If "No," explain)

36. If the employing agency controverts continuation of pay, state the reason in detail.	37. Pay rate when employee stopped work \$ Per
--	--

Signature of Supervisor and Filing Instructions

38. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Name of supervisor (Type or print)

Signature of supervisor Date

Supervisor's Title Office phone

39. Filing instructions	<input type="checkbox"/> No lost time and no medical expense: Place this form in employee's medical folder (SF-66-D) <input type="checkbox"/> No lost time, medical expense incurred or expected: forward this form to OWCP <input type="checkbox"/> Lost time covered by leave, LWOP, or COP: forward this form to OWCP <input type="checkbox"/> First Aid Injury
-------------------------	---

Instructions for Completing Form CA-1

Complete all items on your section of the form. If additional space is required to explain or clarify any point, attach a supplemental statement to the form. Some of the items on the form which may require further clarification are explained below.

Employee (Or person acting on the employees' behalf)

13) Cause of injury

Describe in detail how and why the injury occurred. Give appropriate details (e.g.: if you fell, how far did you fall and in what position did you land?)

14) Nature of Injury

Give a complete description of the condition(s) resulting from your injury. Specify the right or left side if applicable (e.g., fractured left leg; cut on right index finger).

15) Election of COP/Leave

If you are disabled for work as a result of this injury and filed CA-1 within thirty days of the injury, you may be entitled to receive continuation of pay (COP) from your employing agency. COP is paid for up to 45 calendar days of disability, and is not charged against sick or annual leave. If you elect sick or annual leave you may not claim compensation to repurchase leave used during the 45 days of COP entitlement.

Supervisor

At the time the form is received, complete the receipt of notice of injury and give it to the employee. In addition to completing items 17 through 39, the supervisor is responsible for obtaining the witness statement in Item 16 and for filling in the proper codes in shaded boxes a, b, and c on the front of the form. If medical expense or lost time is incurred or expected, the completed form should be sent to OWCP within 10 working days after it is received.

The supervisor should also submit any other information or evidence pertinent to the merits of this claim.

If the employing agency controverts COP, the employee should be notified and the reason for controversion explained to him or her.

17) Agency name and address of reporting office

The name and address of the office to which correspondence from OWCP should be sent (if applicable, the address of the personnel or compensation office).

18) Duty station street address and zip code

The address and zip code of the establishment where the employee actually works.

19) Employers Retirement Coverage.

Indicate which retirement system the employee is covered under.

30) Was injury caused by third party?

A third party is an individual or organization (other than the injured employee or the Federal government) who is liable for the injury. For instance, the driver of a vehicle causing an accident in which an employee is injured, the owner of a building where unsafe conditions cause an employee to fall, and a manufacturer whose defective product causes an employee's injury, could all be considered third parties to the injury.

32) Name and address of physician first providing medical care

The name and address of the physician who first provided medical care for this injury. If initial care was given by a nurse or other health professional (not a physician) in the employing agency's health unit or clinic, indicate this on a separate sheet of paper.

33) First date medical care received

The date of the first visit to the physician listed in item 31.

36) If the employing agency controverts continuation of pay, state the reason in detail.

COP may be controverted (disputed) for any reason; however, the employing agency may refuse to pay COP only if the controversion is based upon one of the nine reasons given below:

- a) The disability was not caused by a traumatic injury.
- b) The employee is a volunteer working without pay or for nominal pay, or a member of the office staff of a former President;
- c) The employee is not a citizen or a resident of the United States or Canada;
- d) The injury occurred off the employing agency's premises and the employee was not involved in official "off premise" duties;
- e) The injury was proximately caused by the employee's willful misconduct, intent to bring about injury or death to self or another person, or intoxication;
- f) The injury was not reported on Form CA-1 within 30 days following the injury;
- g) Work stoppage first occurred 45 days or more following the injury;
- h) The employee initially reported the injury after his or her employment was terminated; or
- i) The employee is enrolled in the Civil Air Patrol, Peace Corps, Youth Conservation Corps, Work Study Programs, or other similar groups.

Employing Agency - Required Codes

Box a (Occupation Code), Box b (Type Code), Box c (Source Code), OSHA Site Code

The Occupational Safety and Health Administration (OSHA) requires all employing agencies to complete these items when reporting an injury. The proper codes may be found in OSHA Booklet 2014, "Recordkeeping and Reporting Guidelines."

OWCP Agency Code

This is a four-digit (or four digit plus two letter) code used by OWCP to identify the employing agency. The proper code may be obtained from your personnel or compensation office, or by contacting OWCP.

Benefits for Employees under the Federal Employees' Compensation act (FECA)

The FECA, which is administered by the Office of Workers' Compensation Programs (OWCP), provides the following benefits for job-related traumatic injuries:

- (1) Continuation of pay for disability resulting from traumatic, job-related injury, not to exceed 45 calendar days. (To be eligible for continuation of pay, the employee, or someone acting on his/her behalf, must file Form CA-1 within 30 days following the injury and provide medical evidence in support of disability within 10 days of submission of the CA-1. Where the employing agency continues the employee's pay, the pay must not be interrupted unless one of the provision's outlined in 20 CFR 10.222 apply.
- (2) Payment of compensation for wage loss after the expiration of COP, if disability extends beyond such point, or if COP is not payable. If disability continues after COP expires, Form CA-7, with supporting medical evidence, must be filed with OWCP. To avoid interruption of income, the form should be filed on the 40th day of the COP period.
- (3) Payment of compensation for permanent impairment of certain organs, members, or functions of the body (such as loss or loss of use of an arm or kidney, loss of vision, etc.), or for serious defringement of the head, face, or neck.
- (4) Vocational rehabilitation and related services where directed by OWCP.
- (5) All necessary medical care from qualified medical providers. The injured employee may choose the physician who provides initial medical care. Generally, 25 miles from the place of injury, place of employment, or employee's home is a reasonable distance to travel for medical care.

An employee may use sick or annual leave rather than LWOP while disabled. The employee may repurchase leave used for approved periods. Form CA-7b, available from the personnel office, should be studied BEFORE a decision is made to use leave.

For additional information, review the regulations governing the administration of the FECA (Code of Federal Regulations, Chapter 20, Part 10) or pamphlet CA-810.

Privacy Act

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended and extended (5 U.S.C. 8101, et seq.) (FECA) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for and the amount of benefits payable under the FECA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agency which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider issues relating to retention, rehire, or other relevant matters. (4) Information may also be given to other Federal agencies, other government entities, and to private-sector agencies and/or employers as part of rehabilitative and other return-to-work programs and services. (5) Information may be disclosed to physicians and other health care providers for use in providing treatment or medical/vocational rehabilitation, making evaluations for the Office, and for other purposes related to the medical management of the claim. (6) Information may be given to Federal, state and local agencies for law enforcement purposes, to obtain information relevant to a decision under the FECA, to determine whether benefits are being paid properly, including whether prohibited dual payments are being made, and, where appropriate, to pursue salary/administrative offset and debt collection actions required or permitted by the FECA and/or the Debt Collection Act. (7) Disclosure of the claimant's social security number (SSN) or tax identifying number (TIN) on this form is mandatory. The SSN and/or TIN, and other information maintained by the Office, may be used for identification, to support debt collection efforts carried on by the Federal government, and for other purposes required or authorized by law. (8) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits.

Note: This notice applies to all forms requesting information that you might receive from the Office in connection with the processing and adjudication of the claim you filed under the FECA.

Receipt of Notice of Injury

This acknowledges receipt of Notice of Injury sustained by
(Name of injured employee)

Which occurred on (Mo., Day, Yr.)

At (Location)

Signature of Official Superior

Title

Date (Mo., Day, Yr.)

OWCP Form CA-2 Instructions

Notice of Occupational Disease and Claim for Compensation

Summary

Purpose

Official notice to the employee's supervisor and to the OWCP of a condition believed by the employee to have been caused, aggravated, or accelerated by factors of his or her work environment.

General Procedures and Preparation Responsibilities

- a. The employee, or the employee's representative, desiring to report an illness or disease is provided a CA-2 by the employee's supervisor. At this time, the supervisor will review the employee's instructions for completing Form CA-2 that are attached to the CA-2. He or she will ensure that the employee or the representative is aware of the data requirements and the need for a narrative statement from the employee.

Note: The employee will also be provided two or more copies of the appropriate evidence checklist, OWCP Form CA-35 — one for each physician and one for the employee.

- b. After completing the form and preparing the statement, the employee will submit the form and statement to the supervisor or the designated agency official. At this time, the employee may submit the required medical data or have made arrangements for such to be submitted.
- c. The supervisor, after ensuring that the form is complete, gives the employee or the representative the receipt attached to the CA-2.
- d. The supervisor completes the superior's portion of the form, leaving blank those items for which he or she does not have information.
- e. The supervisor prepares a statement commenting on the accuracy of details in the statement submitted by or on behalf of the employee.
- f. The supervisor prepares Form 1769, *Accident Report*.
- g. The supervisor submits the CA-2, the employee's and the supervisor's statement, medical reports if received, and a copy of the Form 1769 to the IC control office or control point.

Timeliness

- a. The employee or the representative should submit the claim within 30 days after realizing that the disease or illness was caused, aggravated, or accelerated by the employment.
- b. The control office must forward the CA-2 and supporting documentation to the OWCP within 10 working days after receipt from the employee. If the

employee did not submit the required statement and medical data, he or she should be apprised of the fact that failure to comply with the instructions could jeopardize the acceptance of the claim. If the CA-2 is submitted without the supporting data, submit the form to the OWCP with a memo stating that the employee was apprised of the need to submit the additional data, but has failed to do so.

- c. When notified by the OWCP that the claim has been either accepted or rejected, the control office must notify the safety office to initiate appropriate action relative to the Form 1769.

Filing and Distribution

- a. If the claim *is not* reported to the OWCP do the following:
 - (1) File the original Form CA-2 in the employee's OMF; use a sealed envelope if no OMF is available.
 - (2) Send a copy to the IC claim file notated: "Original in OPF."
 - (3) Send a copy to the safety office, after deleting any sensitive medical information.
- b. If the claim *is* reported to the OWCP:
 - (1) Forward the original CA-2 to the district OWCP by either the IC control office or by the office or installation designated to correspond with the OWCP.
 - (2) Place a copy in the IC claim file.
 - (3) Send a copy to the safety office, after deleting any sensitive medical information.

Instructions

Forms Completion

Employee's Portion of the Form, Items 1–18.

Items 1 through 18 will be completed either by the claimant (employee) or by his or her representative.

Exceptions: The shaded blocks *a*, *b*, and *c* will be completed by the IC control office.

The following instructions should be followed when completing the employee's portion of the form. *Items not listed are self-explanatory.*

Item: Explanation

6. a. Insert appropriate designation, i.e., PS-5/9, EAS-16/18, EAS-20, PCES, etc.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

- b. Considering the location identified in Items 10 and 13, refer to item 29 for the date the claimant was last exposed to the conditions alleged to have caused the disease or illness, i.e., date employee last worked, etc. If the claimant is still working in the area of exposure, give current grade information.
8. If "other," in item is checked, have employee submit related information, e.g., identify dependent parents, brothers, sisters, grandparents, or grandchildren who are dependent on the employee.
- Check appropriate box(es). If *other* is checked, have employee submit related information on an attachment; e.g., identify children aged 18 through 22 who are either full-time students or who are unable to care for themselves, identify dependent parents, brothers, sister, grandparents or grandchildren. Please note that married children cannot be claimed as dependents even when residing with the parent. Also, if child support is paid for children living elsewhere due to a divorce or separation, a copy of the court order is to be attached.
9. The title requested is the formal title of the employee's position within the Postal Service. This Item will be used by the HRS to identify the code to be inserted into shaded block *a*.
10. Exact location where the claimant alleges he or she was exposed to conditions causing the illness or disease. Be sure that the location identified can be located by his or her immediate supervisor.
11. The date the employee first *became aware* of the illness or disease; this date may or may not agree with Item 12.
13. The employee should identify the specific conditions, substances, activities, etc., which he or she believes are responsible for the illness or disease.
14. Be sure that the specificity required on the instruction page of the form is provided, e.g., right, left, inside thigh, etc.
16. Do not leave blank. Enter "NA" if employee's statement has been received or submitted.
17. Do not leave blank. Enter "NA" if medical documentation has been received or submitted.
18. a. The employee or the representative should be aware of the certification statement in this Item and the penalty notice which follows.
- b. The date should be *the date the form is submitted* to either the supervisor or a management representative.

Official Supervisor's Portion of the Form, Items 19–34.

Items 19 through 34 will be completed either by the immediate supervisor or by the control office.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

The following instructions should be followed when completing the supervisor's portion of the form; Items not listed are self-explanatory.

Note: Explanation

19. Per instructions on the form and USPS policy, this is the identification and address of the control office authorized to communicate with the district OWCP, this is the office authorized to receive correspondence from the OWCP. *This is not always the installation in which the injured employee is employed. See Item 20.*
 - a. The OWCP Agency Code will be entered by injury compensation control personnel.
 - b. The OSHA Site Code is not required.
20. Enter the name and full address of the installation in which the injured employee is employed. This could be an associate office, a branch, a station, a repair facility, a VMF, etc.
21.
 - a. If claimant has fixed duty hours, enter start and end times.
 - b. If claimant has variable or flexible hours, enter "Variable," DOI (Date of Injury) *hours listed*, and then enter work schedule for DOI.
22.
 - a. If claimant has a fixed schedule, check the scheduled days.
 - b. If claimant has either a rotating (carrier) or flexible schedule, or a variable workday schedule, enter either "Variable" or "Rotating" and enter *week of injury*; check the days worked during the week of the injury.
23. This item is completed with information related to the *first physician* who provided medical care for the disease or illness (see 5 U.S.C 8101 (2) for definition of a physician).

Note: *If initial care was given by a nurse or other health professional (not a physician), indicate this on a separate attachment. The attachment should include the name, position, date of treatment, diagnosis, and address of the health professional. Physician's assistants reports must be countersigned by a physician to be acceptable.*
24. This date is the date of the first visit to the physician listed in Item 23.
25. Consider only medical reports form countersigned by *physicians*.
27.
 - a. This Item refers to the first tour of duty or date on which the injured employee either did not report to work, or stopped work, due to disability caused by illness or disease identified in Item 14.
 - b. The time entry is either the start time of the first tour of duty missed, or the actual time the employee departed the work area or installation due to disability.
 - c. If claimant is not disabled, enter "Did Not Stop Work."

- 28. A date is entered *only* if the employee enters into a leave without pay (LWOP) status caused by absence due to the illness or disease.
- 29. Identify the date the employee was last exposed to the conditions alleged to have caused or aggravated the disease or illness. This could be the last day on the job before a transfer to another location, the last day on the job before period of disability, etc.
- 30. If the employee did not stop work, i.e., no disability, enter "Did Not Stop Work." Remember that this Item must agree with Item 27.
- 31. If the employee has been assigned to either light or limited duty because of medically prescribed limitations, attach a copy of the written job description for such duty.
- 32. A third party is an individual or organization (other than the injured employee or the federal government) who is liable for the illness or disease.
- 34. Supervisors should be apprised of the penalty warning contained in this Item, and they should enter their commercial telephone number.

The *Receipt of Notice of Injury* is required to be presented to the employee or the representative at the time the form is submitted to management. Such receipt is the evidence an employee needs to prove not only that a claim was submitted in the event that the original documents are lost, but also to show the timeliness of the claim's submission. When the form is completed, it must be completed in its entirety. At this time, the employee or the representative should be advised that the receipt should be retained in a safe place to ensure that it is available in the future.

Occupational Disease — Checklists

CA-35A, *Evidence Required in Support of a Claim for Occupational Disease*

CA-35B, *Evidence Required in Support of a Claim for Work-Related Hearing Loss*

CA-35C, *Evidence Required in Support of a Claim for Asbestos-Related Illness*

CA-35D, *Evidence Required in Support of a Claim for Work-Related Coronary/Vascular Condition*

CA-35E, *Evidence Required in Support of a Claim for Work-Related Skin Disease*

CA-35F, *Evidence Required in Support of a Claim for Work-Related Pulmonary Illness (not asbestosis)*

CA-35G, *Evidence Required in Support of a Claim for Work-Related Psychiatric Illness*

CA-35H, *Evidence Required in Support of a Claim for Work-Related Carpal Tunnel Syndrome*

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Notice of Occupational Disease and Claim for Compensation

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



Employee: Please complete all boxes 1 - 18 below. Do not complete shaded areas.
Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data

1. Name of employee (Last, First, Middle)				2. Social Security Number	
3. Date of birth	Mo.	Day	Yr.	4. Sex	5. Home telephone
					()
6. Grade as of date of last exposure				Level	Step
7. Employee's home mailing address (Include city, state, and ZIP code)				8. Dependents	
				<input type="checkbox"/> Wife, Husband	
				<input type="checkbox"/> Children under 18 years	
				<input type="checkbox"/> Other	

Claim Information

9. Employee's occupation		a. Occupation code
10. Location (address) where you worked when disease or illness occurred (Include city, state, and ZIP code)		11. Date you first became aware of disease or illness
		Mo. Day Yr.
12. Date you first realized the disease or illness was caused or aggravated by your employment		13. Explain the relationship to your employment, and why you came to this realization
Mo. Day Yr.		

14. Nature of disease or illness

OWCP Use - NOI Code	
b. Type code	c. Source code

15. If this notice and claim was not filed with the employing agency within 30 days after date shown above in item #12, explain the reason for the delay.

16. If the statement requested in item 1 of the attached instructions is not submitted with this form, explain reason for delay.

17. If the medical reports requested in item 2 of attached instructions are not submitted with this form, explain reason for delay.

Employee Signature

18. I certify, under penalty of law, that the disease or illness described above was the result of my employment with the United States Government, and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and other benefits provided by the Federal Employees' Compensation Act.

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Signature of employee or person acting on his/her behalf _____ Date _____

Have your supervisor complete the receipt attached to this form and return it to you for your records.

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Official Supervisor's Report of Occupational Disease: Please complete information requested below

Supervisor's Report	
19. Agency name and address of reporting office (Include city, state, and ZIP Code)	
OWCP Agency Code	
OSHA Site Code	
ZIP Code	
20. Employee's duty station (Street address and ZIP Code)	
ZIP Code	
21. Regular work hours From: <input type="checkbox"/> a.m. To: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> p.m.	
22. Regular work schedule <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.	
23. Name and address of physician first providing medical care (include city, state, ZIP code)	
24. First date medical care received Mo. Day Yr.	
25. Do medical reports show employee is disabled for work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Date employee first reported condition to supervisor Mo. Day Yr.	
27. Date and hour employee stopped work Mo. Day Yr. Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
28. Date and hour employee's pay stopped Mo. Day Yr. Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
29. Date employee was last exposed to conditions alleged to have caused disease or illness Mo. Day Yr.	
30. Date returned to work Mo. Day Yr. Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
31. If employee has returned to work and work assignment has changed, describe new duties	

32. Was injury caused by third party? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," go to Item 34.	33. Name and address of third party (include city, state, and ZIP code)
--	---

Signature of Supervisor

34. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect to this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Name of Supervisor (Type or print)	
Signature of Supervisor	Date
Supervisor's Title	Office phone

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

Disability Benefits for Employees under the Federal Employees' Compensation Act (FECA)

The FECA, which is administered by the Office of Workers' Compensation Programs (OWCP), provides the following general benefits for employment-related occupational disease or illness:

- (1) Full medical care from either Federal medical officers and hospitals, or private hospitals or physicians of the employee's choice.
- (2) Payment of compensation for total or partial wage loss.
- (3) Payment of compensation for permanent impairment of certain organs, members, or functions of the body (such as loss or loss of use of an arm or kidney, loss of vision, etc.), or for serious disfigurement of the head, face, or neck.
- (4) Vocational rehabilitation and related services where necessary.

The first three days in a non-pay status are waiting days, and no compensation is paid for these days unless the period of disability exceeds 14 calendar days, or the employee has suffered a permanent disability. Compensation for total disability is generally paid at the rate of 2/3 of an employee's salary if there are no dependents, or 3/4 of salary if there are one or more dependents.

If an employee is in doubt about compensation benefits, the OWCP District Office servicing the employing agency should be contacted. (Obtain the address from your employing agency.)

For additional information, review the regulations governing the administration of the FECA (Code of Federal Regulations, Title 20, Chapter 1) or Chapter 810 of the Office of Personnel Management's Federal Personnel Manual.

Privacy Act

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a) and the Computer Matching and Privacy Protection Act of 1988 (Public Law No. 100-503), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended (5 U.S.C. 8101, et seq.) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor. In accordance with this responsibility, the Office receives and maintains personal information on claimants and their immediate families. (2) The information will be used to determine eligibility for and the amount of benefits payable under the Act. (3) The information collected by this form and other information collected in relation to your compensation claim may be verified through computer matches. (4) The information may be given to Federal, State, and local agencies for law enforcement and for other lawful purposes in accordance with routine uses published by the Department of Labor in the Federal Register. (5) Failure to furnish all requested information may delay the process, or result in an unfavorable decision or a reduced level of benefits. (Disclosure of a social security number (SSN) is voluntary; the failure to disclose such number will not result in the denial of any right, benefit or privilege to which an individual may be entitled. Your SSN may be used to request information about you from employers and others who know you, but only as allowed by law or Presidential directive. The information collected by using your SSN may be used for studies, statistics, and computer matching to benefit and payment files.)

Receipt of Notice of Occupational Disease or Illness

This acknowledges receipt of notice of disease or illness sustained by:
(Name of injured employee)

I was first notified about this condition on (Mo., Day, Yr.)

At (Location)

Signature of Official Superior

Title

Date (Mo., Day, Yr.)

This receipt should be retained by the employee as a record that notice was filed.

Form CA-2
Rev. Sept. 1993

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

INSTRUCTIONS FOR COMPLETING FORM CA-2

Complete all items on your section of the form. If additional space is required to explain or clarify any point, attach a supplemental statement to the form. In addition to the information requested on the form, both the employee and the supervisor are required to submit additional evidence as described below. If this evidence is not submitted along with the form, the responsible party should explain the reason for the delay and state when the additional evidence will be submitted.

Employee (or person acting on the employee's behalf)

Complete items 1 through 18 and submit the form to the employee's supervisor along with the statement and medical reports described below. Be sure to obtain the Receipt of Notice of Disease or Illness completed by the supervisor at the time the form is submitted.

1) Employee's statement

In a separate narrative statement attached to the form, the employee must submit the following information:

- A detailed history of the disease or illness from the date it started.
- Complete details of the conditions of employment which are believed to be responsible for the disease or illness.
- A description of specific exposures to substances or stressful conditions causing the disease or illness, including locations where exposure or stress occurred, as well as the number of hours per day and days per week of such exposure or stress.
- Identification of the part of the body affected. (If disability is due to a heart condition, give complete details of all activities for one week prior to the attack with particular attention to the final 24 hours of such period.)
- A statement as to whether the employee ever suffered a similar condition. If so, provide full details of onset, history, and medical care received, along with names and addresses of physicians rendering treatment.

2) Medical report

- Dates of examination or treatment.
- History given to the physician by the employee.
- Detailed description of the physician's findings.
- Results of x-rays, laboratory tests, etc.
- Diagnosis.
- Clinical course of treatment.
- Physician's opinion as to whether the disease or illness was caused or aggravated by the employment, along with an explanation of the basis for this opinion. (Medical reports that do not explain the basis for the physician's opinion are given very little weight in adjudicating the claim.)

3) Wage loss

If you have lost wages or used leave for this illness, Form CA-7 should also be submitted.

Supervisor (Or appropriate official in the employing agency)

At the time the form is received, complete the Receipt of Notice of Disease or Illness and give it to the employee. In addition to completing items 19 through 34, the supervisor is responsible for filling in the proper codes in shaded boxes a, b, and c on the front of the form. If medical expense or lost time is incurred or expected, the completed form must be sent to OWCP within ten working days after it is received. In a separate narrative statement attached to the form, the supervisor must:

- Describe in detail the work performed by the employee. Identify fumes, chemicals, or other irritants or situations that the employee was exposed to which allegedly caused the condition. State the nature, extent, and duration of the exposure, including hours per day and days per week, requested above.
- Attach copies of all medical reports (including x-ray reports and laboratory data) on file for the employee.
- Attach a record of the employee's absence from work caused by any similar disease or illness. Have the employee state the reason for each absence.
- Attach statements from each co-worker who has first-hand knowledge about the employee's condition and its cause. (The co-workers should state how such knowledge was obtained.)
- Review and comment on the accuracy of the employee's statement requested above.

The supervisor should also submit any other information or evidence pertinent to the merits of this claim.

Item Explanations: Some of the items on the form which may require further clarification are explained below.

14. Nature of the disease or illness

Give a complete description of the disease or illness. Specify the left or right side if applicable (e.g., rash on left leg; carpal tunnel syndrome, right wrist).

19. Agency name and address of reporting office

The name and address of the office to which correspondence from OWCP should be sent (if applicable, the address of the personnel or compensation office).

20. Employee's duty station, street address and ZIP code

The street address and zip code of the establishment where the employee actually works.

23. Name and address of physician first providing medical care

The name and address of the physician who first provided medical care for this injury. If initial care was given by a nurse or other health professional (not a physician) in the employing agency's health unit or clinic, indicate this on a separate sheet of paper.

24. First date medical care received

The date of the first visit to the physician listed in item 23.

32. Was the injury caused by third party?

A third party is an individual or organization (other than the injured employee or the Federal government) who is liable for the disease. For instance, manufacturer of a chemical to which an employee was exposed might be considered a third party if improper instructions were given by the manufacturer for use of the chemical.

Employing Agency - Required Codes

Box a (Occupational Code), Box b, (Type Code), Box c (Source Code), OSHA Site Code

The Occupational Safety and Health Administration (OSHA) requires all employing agencies to complete these items when reporting an injury. The proper codes may be found in OSHA Booklet 2014, Record Keeping and Reporting Guidelines.

OWCP Agency Code

This is a four digit (or four digit two letter) code used by OWCP to identify the employing agency. The proper code may be obtained from your personnel or compensation office, or by contacting OWCP.

Form CA-2
Rev. Sept. 1993

Notice of Occupational Disease
and Claim for Compensation

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



Employee: Please complete all boxes 1 - 18 below. Do not complete shaded areas.
Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a. b. and c.

Employee Data

1. Name of employee (Last, First, Middle)				2. Social Security Number	
3. Date of birth MO. Day Yr. 	4. Sex	5. Home telephone ()	6. Grade as of date of last exposure Level Step		
7. Employee's home mailing address (Include city, state, and ZIP code)				6. Dependents <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other	

Claim Information

9. Employee's occupation		a. Occupation code
10. Location (address) where you worked when disease or illness occurred (Include city, State, and ZIP code)		II. Date you first became aware of disease or illness MO. Day Yr.
12. Date you first realized the disease or illness was caused or aggravated by your employment MO. Day Yr. 	13. Explain the relationship to your employment, and why you came to this realization	

14. Nature of disease or illness	OWCP Use - NOI Code	
	b. Type code	c. Source code

15. If this notice and claim was not filed with the employing agency within 30 days after date shown above in item #12, explain **the reason for the** delay.

16. If the statement requested in item 1 of the attached instructions is not submitted with this form, explain reason for delay.

17. If the medical reports requested in item 2 of attached instructions are not submitted with this form, explain reason for delay.

Employee Signature

18. I certify, under penalty of law, that the disease or illness described above was the result of my employment with the United States Government, and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and other benefits provided by the Federal Employees' Compensation Act.

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Signature of employee or person acting on his/her behalf _____ Date _____

Have your supervisor complete the receipt attached to this form and return it to you for your records.

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Official Supervisor's Report of Occupational Disease: Please complete information requested below

Supervisor's Report

19. Agency name and address of reporting office (Include city, state, and ZIP Code)

OWCP Agency Code

OSHA Site Code

ZIP Code

20. Employee's duty station (Street address and ZIP Code)

ZIP Code

21. Regular work hours From: ☐ a.m. ☐ p.m. To: ☐ a.m. ☐ p.m.

22. Regular work schedule ☐ Sun. ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat.

23. Name and address of physician first providing medical care (include city, state, ZIP code)

24. First date medical care received Day Yr.

25. Do medical reports show employee is disabled for work? ☐ Yes ☐ No

26. Date employee first reported condition to supervisor Mo. Day Yr.

27. Date and hour employee stopped work Mo. Day Yr. Time: ☐ a.m. ☐ p.m.

28. Date and hour employee's pay stopped Mo. Day Yr. Time ☐ a.m. ☐ p.m.

29. Date employee was last exposed to conditions alleged to have caused disease or illness Mo. Day Yr.

30. Date returned to work Mo. Day Yr. Time ☐ a.m. ☐ p.m.

31. If employee has returned to work and work assignment has changed, describe new duties

32. Employee's Retirement Coverage ☐ CSRS ☐ FERS ☐ Other, (Specify)

33. Was injury caused by third party?

☐ Yes ☐ No
If "No," go to Item 34.

34. Name and address of third party (include city, state, and ZIP code)

Signature of Supervisor

35. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect to this Claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Name of Supervisor (Type or print)

Signature of Supervisor

Date

Supervisor's Title

Office phone

INSTRUCTIONS FOR COMPLETING FORM CA-2

Complete all items on your section of the form. If additional space is required to explain or clarify any point, attach a supplemental statement to the form. In addition to the information requested on the form, both the employee and the supervisor are required to submit additional evidence as described below. If this evidence is not submitted along with the form, the responsible party should explain the reason for the delay and state when the additional evidence will be submitted.

Employee (or person acting on the employee's behalf)

Complete items 1 through 18 and submit the form to the employee's supervisor along with the statement and medical reports described below. Be sure to obtain the Receipt of Notice of Disease or Illness completed by the supervisor at the time the form is submitted.

1) Employee's statement

In a separate narrative statement attached to the form, the employee must submit the following information:

- a) A detailed history of the disease or illness from the date it started.
- b) Complete details of the conditions of employment which are believed to be responsible for the disease or illness.
- c) A description of specific exposures to substances or stressful conditions causing the disease or illness, including locations where exposure or stress occurred, as well as the number of hours per day and days per week of such exposure or stress.
- d) Identification of the part of the body affected. (If disability is due to a heart condition, give complete details of all activities for one week prior to the attack with particular attention to the final 24 hours of such period.)
- e) A statement as to whether the employee ever suffered a similar condition. If so, provide full details of onset, history, and medical care received, along with names and addresses of physicians rendering treatment.

2) Medical report

- a) Dates of examination or treatment.
- b) History given to the physician by the employee.
- c) Detailed description of the physician's findings.
- d) Results of x-rays, laboratory tests, etc.
- e) Diagnosis.
- f) Clinical course of treatment.
- g) Physician's opinion as to whether the disease or illness was caused or aggravated by the employment, along with an explanation of the basis for this opinion. (Medical reports that do not explain the basis for the physician's opinion are given very little weight in adjudicating the claim.)

3) Wage loss

If you have lost wages or used leave for this illness, Form CA-7 should also be submitted.

Supervisor (Or appropriate official in the employing agency)

At the time the form is received, complete the Receipt of Notice of Disease or Illness and give it to the employee. In addition to completing items 19 through 34, the supervisor is responsible for filling in the proper codes in shaded boxes a, b, and c on the front of the form. If medical expense or lost time is incurred or expected, the completed form must be sent to OWCP within ten working days after it is received. In a separate narrative statement attached to the form, the supervisor must:

- a) Describe in detail the work performed by the employee. Identify fumes, chemicals, or other irritants or situations that the employee was exposed to which allegedly caused the condition. State the nature, extent, and duration of the exposure, including hours per days and days per week, requested above.
- b) Attach copies of all medical reports (including x-ray reports and laboratory data) on file for the employee.
- c) Attach a record of the employee's absence from work caused by any similar disease or illness. Have the employee state the reason for each absence.
- d) Attach statements from each co-worker who has first-hand knowledge about the employee's condition and its cause. (The co-workers should state how such knowledge was obtained.)
- e) Review and comment on the accuracy of the employee's statement requested above.

The supervisor should also submit any other information or evidence pertinent to the merits of this claim.

Item Explanations: Some of the items on the form which may require further clarification are explained below.**14. Nature of the disease or illness**

Give a complete description of the disease or illness. Specify the left or right side if applicable (e.g., rash on left leg; carpal tunnel syndrome, right wrist).

20. Employee's duty station, street address and ZIP code

The street address and zip code of the establishment where the employee actually works.

24. First date medical care received

The date of the first visit to the physician listed in item 23.

33. Was the injury caused by third party?

A third party is an individual or organization (other than the injured employee or the Federal government) who is liable for the disease. For instance, manufacturer of a chemical to which an employee was exposed might be considered a third party if improper instructions were given by the manufacturer for use of the chemical.

19. Agency name and address of reporting office

The name and address of the office to which correspondence from OWCP should be sent (if applicable, the address of the personnel or compensation office).

23. Name and address of physician first providing medical care

The name and address of the physician who first provided medical care for this injury. If initial care was given by a nurse or other health professional (not a physician) in the employing agency's health unit or clinic, indicate this on a separate sheet of paper.

32. Employee's Retirement Coverage.

Indicate which retirement system the employee is covered under.

Employing Agency - Required Codes**Box a (Occupational Code), Box b, (Type Code), Box c (Source Code), OSHA Site Code**

The Occupational Safety and Health Administration (OSHA) requires all employing agencies to complete these items when reporting an injury. The proper codes may be found in OSHA Booklet 2014, Record Keeping and Reporting Guidelines.

OWCP Agency Code

This is a four digit (or four digit two letter) code used by OWCP to identify the employing agency. The proper code may be obtained from your personnel or compensation office, or by contacting OWCP.

The FECA, which is administered by the Office of Workers' Compensation Programs (OWCP), provides the following general benefits for employment-related occupational disease or illness:

- (1) Full medical care from either Federal medical officers and hospitals, or private hospitals or physicians of the employee's choice.
- (2) Payment of compensation for total or partial wage loss.
- (3) Payment of compensation for permanent impairment of certain organs, members, or functions of the body (such as loss or loss of use of an arm or kidney, loss of vision, etc.), or for serious disfigurement of the head, face, or neck.
- (4) Vocational rehabilitation and related services where necessary.

The first three days in a non-pay status are waiting days, and no compensation is paid for these days unless the period of disability exceeds 14 calendar days, or the employee has suffered a permanent disability. Compensation for total disability is generally paid at the rate of $\frac{2}{3}$ of an employee's salary if there are no dependents, or $\frac{3}{4}$ of salary if there are one or more dependents.

An employee may use sick or annual leave rather than LWOP while disabled. The employee may repurchase leave used for approved periods. Form CA-7b, available from the personnel office, should be studied BEFORE a decision is made to use leave.

If an employee is in doubt about compensation benefits, the OWCP District Office servicing the employing agency should be contacted. (Obtain the address from your employing agency.)

For additional information, review the regulations governing the administration of the FECA (Code of Federal Regulations, Title 20, Chapter 1) or Chapter 810 of the Office of Personnel Management's Federal Personnel Manual.

Privacy Act

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended (5 U.S.C. 8101, et seq.) (FECA) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for and the amount of benefits payable under the FECA, and may be verified through computer matches or other appropriate means. (3) The information may be given to the Federal agency which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider issues relating to retention, rehire, or other relevant matters. (4) The information may also be given to Federal agencies, other government entities, and to private-sector agencies and/or employers as part of rehabilitative and other return-to-work programs and services. (5) Information may be disclosed to physicians and other health care providers for use in providing treatment or medical/vocational rehabilitation, making evaluations for the Office, and for other purposes related to the medical management of the claim. (6) Information may be given to Federal, state and local agencies for law enforcement purposes, to obtain information relevant to a decision under the FECA, to determine whether benefits are being paid properly, including whether prohibited dual payments are being made, and, where appropriate, to pursue salary/administrative offset and debt collection actions required or permitted by the FECA and/or the Debt Collection. (7) Disclosure of the claimant's social security number (SSN) or tax identifying number (TIN) on this form is mandatory. The SSN and/or TIN, and other information maintained by the Office, may be used for identification, to support debt collection efforts carried on by the Federal government, and for other purposes required or authorized by law. (8) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits.

Receipt of Notice of Occupational Disease or Illness

This acknowledges receipt of notice of disease or illness sustained by:
(Name of injured employee)

I was first notified about this condition on (Mo., Day, Yr.)

At (Location)

Signature of Official Superior

Title

Date (Mo., Day, Yr.)

This receipt should be retained by the employee as a record that notice was filed.

OWCP Form CA-2a Instructions

Federal Employee's Notice of Recurrence of Disability and Claim for Continuation of Pay/Compensation

Summary

Purpose

When an employee sustaining an occupational injury or disease suffers disability for work due to the original injury, and such disability occurs after the employee returned to work following the injury, and the disability is the result of (1) a spontaneous return of the symptoms of the previous injury or disease without intervening cause, or (2) the need for medical treatment, other than a usual office call, for residuals of the previous condition. In these instances Form CA-2a is required. If a new incident or injury occurs which precipitates the disability, even if the injury is to the same part of the body previously injured, or is new exposure to the same causes(s) of a previously suffered occupational disease, this constitutes a new injury and Form CA-1 or CA-2 should be filed accordingly.

General Procedures and Preparation Responsibilities

- a. When an employee desires to report or claim a recurrence, a Form CA-2a will be provided to him or her, with the instruction sheet.
- b. The supervisor or HRS will discuss the circumstances of the situation and consider the definition of a recurrence on the instruction sheet with the employee to determine if either a recurrence or a new injury or illness exists. If a new injury (traumatic or occupational) was realized, either a CA-1 or CA-2 should be initiated.
- c. When a recurrence is identified, the *employee* should read the *Instructions for Employee* on the opposite page and complete Items 1–23 on the form.
- d. Upon receipt of the completed employee's portion of the form, along with any attachments or statements, the supervisor or control office or point will complete Items 24–44.

Filing and Distribution

The Injury Compensation Office does the following:

- a. Forwards the original of the CA-2a, and any attachments, medical reports, etc., to the OWCP upon completion.
- b. Places a copy in the IC claim file.
- c. Sends a copy to Safety if there is lost time or workday.

Instructions

Part A, Items 1–23, is completed by the employee or his or her representative.

1. Claimant's complete name: last name, first name, and middle name; enter NMN if no middle name.
2. SSN consists of *nine* digits.
3. The OWCP file number from the original traumatic (CA-1) or occupational (CA-2) claim. Verify that the date in Item 11, below, agrees with the original claim date.
4. Date of birth, *not* today's date.
5. Self-explanatory
6. Claimant's home telephone number with area code; if none, enter "None."
7. Claimant's complete home address to include ZIP+4.
8. Check appropriate box(es). If *other* is checked, have employee submit related information on an attachment. e.g., identify children aged 18 through 22 who are either full-time students or who are unable to care for themselves, identify dependent parents, brothers, sister, grandparents or grandchildren. Please note that married children cannot be claimed as dependents even when residing with the parent. Also, if child support is paid for children living elsewhere due to a divorce or separation, a copy of the court order is to be attached.
9. Address of employing establishment at time of *original* injury or disease. Entry should agree with either Item 18 of the original CA-1, or Item 20 of the original CA-2.
10. Complete address of employing establishment at the time of the recurrence, if different from Item 9.
11. Date and time of original injury or disease; refer to either Item 10 on the CA-1, or Item 29 on the CA-2.
12. Month, day, year, and time the employee first realized he or she had sustained a recurrence, i.e., when symptoms first became apparent, when new medical care required, etc.
13. Month, day, year, and time the employee stopped work because of the recurrence.

If he or she did not lose time, enter "Did Not Stop." If employee is absent from work only to obtain medical care or therapy, this is not considered stopping work; however, the claim must be submitted to the OWCP.
14. Month, day, year, and time the employee entered a non-pay LWOP status after stopping work. If the employee does not stop work or remains in a paid leave status; sick, annual, or COP; enter "NA."
15. This Item should complement Item 13.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

- a. If claimant did not stop work, enter "NA." Item entry should agree with Item 13.
 - b. If claimant lost time from work and has returned, enter the date and the time the employee returned to work.
 - c. If claimant lost time from work and has not returned to work, enter "Has Not Returned."
16. If claimant has obtained medical care for the recurrence prior to completing the form, all dates of treatments and therapy should be listed. Use an attachment if necessary.
17. If employee has obtained medical care following the recurrence, list the source(s) of such care. If CA-16 was issued, identify physician listed in Item 1 of the CA-16.
18. This Item refers to the original injury or disease.
- a. Following the original injury or disease, if the claimant either continued or returned to his or her original duties without disability limitations, check "Not."
 - b. Following the original injury or disease, if the claimant was permanently or temporarily unable to return to his or her normal duties, check "Yes." Describe the medically prescribed disability or limitations and describe the physical requirements of the limited or rehab duties assigned.
19. The employee is to provide a detailed description of his or her condition since returning to work following the *original* injury and a description of *all* medical care received following his or her return to work following the original injury.
20. Instructions for this Item are clear; be sure the employee provides necessary and detailed information. Be sure the information provided supports a recurrence and does not support the need for a new claim, e.g., a CA-1 or a CA-2.
21. The employee is *required* to describe *all* injuries and illnesses suffered between the date he or she returned to work following the original injury and the date of the recurrence; and, submit all medical records relevant to the injuries.
22. Self-explanatory.
23. Date the CA-2a was submitted by the employee.
- Part B, Items 24–44, will be completed by the supervisor or the Human Resources Specialist.
24. This is the identification and address for the injury compensation control office or point authorized to communicate with the district OWCP. *This is not always the installation in which the employee is employed.* See item 25.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

25. Enter the name and full address of the installation in which the employee is *currently* employed. This could be an AO, a branch, a station, a repair facility, a VMF, etc. Entry should agree with Item 10.
26. Enter the date the employee was returned to his or her *regular* duties following the *original* injury or illness.
27. a. If claimant has fixed duty hours, enter start and end times.
b. If claimant has variable or flexible hours, enter "variable, DOI hours listed," and then enter scheduled work hours on day of injury (DOI).
28. a. If the claimant has a fixed workday schedule, check the scheduled days.
b. If claimant has either a rotating (carrier) or a flexible schedule, or a variable workday schedule, enter either *rotating* or *variable* and enter *week of injury*, then check the days scheduled for the week of injury.
29. Date of original injury or illness; refer to either Item 10 of the original CA-1, or Item 29 of the original CA-2. Compare to Item 11 entry by the claimant.
30. Date of recurrence, compare to Item 12.
31. Date stopped work following the recurrence, compare to Item 13.
32. Date employee entered a non-pay LWOP status following the recurrence, compare to Item 14.
33. If disabled following the recurrence and COP was paid, enter the period of such.
If claim is being submitted before the employee returns to duty, enter "Has Not Returned."
34. a. Date the employee returned to work following the recurrence, compare to Item 15.
b. If employee did not stop work, enter "Did Not Stop," compare to Items 14 and 31.
35. If employee used *personal* leave during period of disability — Items 31 and 34 — list dates by type of leave used.
36. a. Enter annual/weekly/hourly base pay (includes COLA if career employee).
Control office or point will compute, as applicable, regularly scheduled night differential and Sunday premium pay and enter in Item 36d. If employee is entitled to territorial COLA, enter dollar amount per annum/week/hourly in block 36c and identify.
b. If pay rate changed between the date of recurrence and the date of the work stoppage following the recurrence, enter the new pay data.

Note: When an employee works less than his or her full tour between 6:00 p.m. and 6:00 a.m., provide pay information at either the weekly or annual rate to show the *total* night differential earned for the period.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

37. When an employee is provided treatment by either the PMO or a USPS contract doctor, copies of all medical data is to be provided to the OWCP.

38. Self-explanatory.

39. When either a limited duty or a rehabilitation assignment was provided following the *original* injury or illness, enclose a copy of the limited duty/rehabilitation job offer/assignment.

40. When information available to management differs from the information provided by the employee, identify and support such differences.

41– 44. Self-explanatory.

Part C of the form is completed by the claimant if he or she is no longer employed by either the USPS or another federal agency at the time of the recurrence.

In such a situation, the claimant sends the form directly to OWCP. In this situation, the former employer may not be aware of the claim unless it is accepted by the OWCP and new payments appear on the chargeback report. If or when such charges to the USPS do appear, the injury compensation personnel should acquire from OWCP current medicals to ascertain if rehabilitation is in order.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

**Federal Employee's Notice of
Recurrence of Disability and Claim
for Continuation Pay/Compensation**

U.S. Department of Labor

Employment Standards Administration
Office of Workers' Compensation Programs



Employee: Please complete Part A below.

Employing Agency (Supervisor or Compensation Specialist): Complete Part B.

OMB No. 1215-0167
Expires: 07-31-96

Employee Data Part A - Employee				
1. Name of employee (Last, First, Middle)		2. Social Security Number		3. OWCP file number for original injury (if known)
4. Date of birth Mo. Day Yr. 	5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Home telephone ()		
7. Employee's home mailing address (include city, state, and zip code) 			8. Dependents <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other	
9. Name and Address of Employing Establishment at time of original injury (number, street, city, state, zip code) 			10. Name and Address of Employing Establishment at time of recurrence, if other than 9. If you are no longer employed with the Federal Government, complete Part C in addition to Part A. 	
11. Date and Hour of original injury (mo., day, year) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	12. Date and Hour of recurrence (mo., day, year) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	13. Date and Hour stopped work following recurrence (mo., day, year) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	14. Date and Hour pay stopped following recurrence (mo., day, year) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	15. Date and Hour returned to work (mo., day, year) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
16. Dates of medical treatment following recurrence (mo., day, year) 		17. Name and Address of physician treating employee following recurrence 		
18. After returning to work following the original injury, were you handicapped or in any way limited in performing your usual duties? (If yes, explain) <input type="checkbox"/> Yes <input type="checkbox"/> No				
19. Describe fully your condition since you returned to work including all medical treatment received. 				
20. Describe the circumstances of the recurrence of disability. Explain why you believe your present condition is related to the original injury. 				
21. Describe all injuries and illnesses which you suffered between the date you returned to work following the original injury, and the date of recurrence. Arrange for the submission of all relevant employee medical records. 				
<p>Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled, is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.</p> <p>I hereby claim medical treatment if needed, and up to 45 days Continuation of Pay and/or Compensation while disabled for work.</p> <p>I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.</p> <p>I certify, under penalty of law, that the information provided on this form is true and correct to the best of my knowledge.</p>				
22. Signature of employee			23. Date (mo., day, year)	

Form CA-2a
Rev. Sept. 1993

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Part B - Employer				
Official Supervisor's Report: Please complete information requested below				
Supervisor's Report				
24. Agency name and address of reporting office (include city, state, and zip code)				OWCP Agency Code
Zip Code			OSHA Site Code	
25. Employee's duty station (Street address and zip code)			26. Date of first return to REGULAR duty following original injury.	
Zip Code			Mo. Day Yr.	
27. Regular work hours From: <input type="checkbox"/> a.m. To: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> p.m.		28. Regular work schedule <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.		
29. Date of Injury Mo. Day Yr.	30. Date of recurrence Mo. Day Yr.	31. Date stopped work following recurrence Mo. Day Yr. Time : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
32. Date pay stopped following recurrence Mo. Day Yr.	33. Date COP paid for recurrence From Mo. Day Yr. To Mo. Day Yr.		34. Date returned to work following recurrence Mo. Day Yr. Time : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
35. Inclusive Dates Employee Received Leave Pay For Any Part of The Period Since Stopping Work				
a. Annual Leave		b. Sick Leave		c. Other (Specify)
36. Pay Rate in Effect On:				
A. Date of Recurrence	a. Base pay \$ per	b. Subsistence \$ per	c. Quarters \$ per	d. Other Pay, i.e., Sunday premium or night differential \$ per
B. Date Stopped Work following Recurrence	\$ per	\$ per	\$ per	\$ per
37. Did the employee receive medical care at an agency facility due to the recurrence? If so, please attach all relevant medical records. <input type="checkbox"/> Yes <input type="checkbox"/> No		38. At time of recurrence did official superior authorize medical treatment on form CA-16? <input type="checkbox"/> Yes <input type="checkbox"/> No		
39. Following the original injury, did the employer make any accommodations or adjustments in the employee's regular duties due to injury related limitation? If yes, provide full details. <input type="checkbox"/> Yes <input type="checkbox"/> No				
40. Please review the statements provided by the employee in response to Part A of this form and provide all relevant comments and additional information.				
A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect to this claim may also be subject to appropriate felony criminal prosecution.				
41. Signature of official superior (at time of recurrence)		42. Title	43. Official superior's work phone number	44. Date (mo., day, year)

Form CA-2a
Rev. Sept. 1993

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Part C - Employee

(To be completed by the employee if not employed with the Federal Government at the time of a claimed recurrence of disability attributed to an occupational injury or illness sustained with Federally employed.)

1. For all jobs held since you left the job held when the initial injury occurred, list the full name and address of all employers, and the inclusive dates of all employment. Include any self-employment.

2. For all jobs listed in number 1 above, provide your job title, nature of duties performed, number of hours worked per week and rate of pay.

3. Describe all educational and/or vocational training received since your original injury. Include any licenses or certificates earned.

4. What was your rate of pay when you stopped work due to this recurrence of disability?

\$ _____ per _____

5. Do you claim compensation for lost wages? ☐ Yes ☐ No

If yes, for what period _____ through _____ .

6. Have you received any pay during the period claimed? ☐ Yes ☐ No

If yes, how much and from what source? _____

Section 8101, et seq., Title 5 to the U.S. Code authorizes collection of this information. Completion of this form is mandatory in order to ensure the timely filing of a notice of recurrence of disability and claim for benefits under the Federal Employees' Compensation Act (FECA). The information will be used to initiate and assist in the adjudication of the claim and failure to provide the information may prevent or delay claim processing. Additional disclosures of this information may be to: third parties in litigation; employing agencies; various individuals and organizations providing related medical rehabilitation and other services; insurance plans which may have paid related bills; labor unions; various law enforcement officials; other federal, state and local agencies (including the GAO and IRS) as appropriate; data processing contractors to the Department of Labor; debt collection agencies and credit bureaus.

7. Claimant Signature

8. Date

★ U.S. GPO: 1993-301-192/93030

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

INSTRUCTIONS FOR COMPLETING FORM CA-2a RECURRENCE OF DISABILITY

DEFINITION OF RECURRENCE

Recurrence - when an employee who sustained an occupational injury or disease suffers disability for work due to the original injury, and such disability occurs after the employee returned to work following the injury, and the disability is the result of (1) a spontaneous return of the symptoms of the previous injury or disease without intervening cause, or (2) the need for medical treatment, other than a usual office call, for residuals of the previous condition. In these instances Form CA-2a is required. If a new incident or injury occurs which precipitates the disability, even if the injury is to the same part of the body previously injured, or is new exposure to the same cause(s) of a previously suffered occupational disease, this constitutes a new injury and Form CA-1 or CA-2 should be filed accordingly.

INSTRUCTIONS FOR EMPLOYEE

- Review the definition of recurrence provided above. If you have suffered a recurrence, you should complete Part A completely. Attach a separate sheet of paper where necessary to provide full details.
- If you are employed by the Federal Government at the time of recurrence, Form CA-2a should be submitted promptly to your employing agency. If you are no longer employed with the Federal Government, you should complete Parts A and C and submit all materials directly to OWCP.
- If the original injury was not previously reported to OWCP, a report specifically covering the original injury should be made on Form CA-1 (traumatic injury) or CA-2 (occupational disease) and attached when Form CA-2a is submitted. Medical reports concerning the original injury should also be attached, if not previously submitted.
- If this is a recurrence of an occupational disease, or if the 45 days Continuation of Pay (COP) have been exhausted, you may claim wage loss on Form CA-7 if this form was not submitted following original injury. If Form CA-7 was previously submitted, compensation may be claimed on Form CA-8. The OWCP will be responsible for payment of compensation if the claim is approved.
- You should arrange for the submission of a detailed medical report from your attending physician. The report should include: dates of examination and treatment; history given by the employee; findings; results of x-ray and lab tests; diagnosis; course of treatment, and the physician's opinion, with medical reasons, regarding causal relationship between your condition and the original injury. The physician should also describe your ability to perform your regular duties. If you are disabled for your regular work, (s)he should identify the dates of disability and provide work tolerance limitations.
- If you were treated by other physicians after returning to work following the original injury, similar medical reports should be obtained from each.

INSTRUCTIONS FOR THE EMPLOYING AGENCY

- Upon receipt of a claim for recurrence, the employing agency should promptly complete Part B and submit it to OWCP.
- Where pay is continued, the employing agency should obtain medical evidence on Form CA-17, "Duty Status Report", as often as circumstances indicate.
- If the recurrent disability has not ended at the time Form CA-2a is submitted, Form CA-3, Report of Termination of Disability and/or Payment, should be forwarded when the employee returns to work.
- If the recurrence happens less than six months following employee's return to work following the injury, the supervisor shall authorize required medical care by use of Form CA-16. If the recurrence happens more than six months after the employee's return to work, authorization for further medical care must be obtained from the OWCP.
- If the recurrent disability continues after the expiration of the 45 days Continuation of Pay (COP) or if this is a recurrence of an occupational disease, you should instruct the employee to file Form CA-7. If Form CA-7 was previously submitted, compensation should be claimed on Form CA-8.

Public Burden Statement

Completion of this collection of information is estimated to vary from 15 to 45 minutes per response with an average of 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding the burden estimate or any other aspect to this collection of information, including suggestions for reducing this burden, send them to the Office of IRM Policy, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, DC 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0167), Washington, DC 20503.

DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES

Notice of Recurrence

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



Employee: Complete Part A below.

Employing Agency (Supervisor or Compensation Specialist): Complete Part B.

Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

OMB No. 1215-0167
Expires: 05-31-02

Part A - Employee

1. Name of employee (Last, First, Middle)			2. Social Security Number		3. OWCP file number for original injury		
4. Date of birth Mo. Day Yr. 		5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		6. Home telephone ()			
7. Home mailing address (include city, state, and ZIP code)					8. Dependents <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other		
9. Name and Address of Employing Agency at time of original injury (number, street, city, state, ZIP code)				10. Name and Address of Employing Agency at time of recurrence, if other than shown in 9. If you are no longer employed with the Federal Government, complete Part C also.			
11. Date and Hour of original injury (mo., day, year)		12. Date and Hour of recurrence (mo., day, year)		13. Date and Hour stopped work after recurrence (mo., day, year)		14. Date and Hour pay stopped after recurrence (mo., day, year)	
15. Date and Hour returned to work (mo., day, year)		16. <input type="checkbox"/> Medical Treatment Only <input type="checkbox"/> Time Loss From Work		17. Date of first medical treatment following recurrence (mo., day, year)		18. Name and address of treating physician	
19. After returning to work following the original injury, were you in any way limited in performing your usual duties? (If so, explain. Also state how long these limitations continued.) <input type="checkbox"/> Yes <input type="checkbox"/> No							
20. Describe your condition since you returned to work, including the nature and frequency of all medical treatment received.							
21. Describe how and when the recurrence happened. Explain why you believe your current condition is related to the original injury.							
22. Describe all injuries and illnesses which you suffered between the date you returned to work after the original injury, and the date of recurrence. Arrange for the submission of all relevant medical records.							
<p>Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided by the Federal Employees' Compensation Act (FECA), or who knowingly accepts compensation to which that person is not entitled, is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.</p> <p>I hereby claim medical treatment if needed, and up to 45 days Continuation of Pay if disabled for work.</p> <p>I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.</p> <p>I certify, under penalty of law, that the information provided on this form is true and correct to the best of my knowledge.</p>							
23. Signature of employee					24. Date (mo., day, year)		

Part B - Federal Employing Agency

25. Name and address of reporting office (include city, state, and ZIP Code)		OWCP Agency Code			
ZIP Code		OSHA Site Code			
26. Employee's duty station (street address and ZIP Code)		27. Date of first return to FULL-TIME REGULAR duty following original injury Mo. Day Yr. 			
ZIP Code					
<table border="0" style="width: 100%;"><tr><td style="width: 45%;">28. Regular work hours From: : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. To: : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</td><td style="width: 55%;">29. Regular work days <input type="checkbox"/> Sun. <input type="checkbox"/> Tues. <input type="checkbox"/> Thurs. <input type="checkbox"/> Mon. <input type="checkbox"/> Wed. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.</td></tr></table>			28. Regular work hours From: : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. To: : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	29. Regular work days <input type="checkbox"/> Sun. <input type="checkbox"/> Tues. <input type="checkbox"/> Thurs. <input type="checkbox"/> Mon. <input type="checkbox"/> Wed. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.	
28. Regular work hours From: : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. To: : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	29. Regular work days <input type="checkbox"/> Sun. <input type="checkbox"/> Tues. <input type="checkbox"/> Thurs. <input type="checkbox"/> Mon. <input type="checkbox"/> Wed. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.				
<table border="0" style="width: 100%;"><tr><td style="width: 25%;">30. Date of injury Mo. Day Yr. </td><td style="width: 25%;">31. Date of recurrence Mo. Day Yr. </td><td style="width: 50%;">32. Date stopped work after recurrence Mo. Day Yr. Time : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</td></tr></table>			30. Date of injury Mo. Day Yr.	31. Date of recurrence Mo. Day Yr.	32. Date stopped work after recurrence Mo. Day Yr. Time : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
30. Date of injury Mo. Day Yr.	31. Date of recurrence Mo. Day Yr.	32. Date stopped work after recurrence Mo. Day Yr. Time : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			
<table border="0" style="width: 100%;"><tr><td style="width: 25%;">33. Date pay stopped after recurrence Mo. Day Yr. </td><td style="width: 25%;">34. Dates COP paid for recurrence From Mo. Day Yr. To Mo. Day Yr. </td><td style="width: 50%;">35. Date returned to work after recurrence Mo. Day Yr. Time : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</td></tr></table>			33. Date pay stopped after recurrence Mo. Day Yr.	34. Dates COP paid for recurrence From Mo. Day Yr. To Mo. Day Yr.	35. Date returned to work after recurrence Mo. Day Yr. Time : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
33. Date pay stopped after recurrence Mo. Day Yr.	34. Dates COP paid for recurrence From Mo. Day Yr. To Mo. Day Yr.	35. Date returned to work after recurrence Mo. Day Yr. Time : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			
<table border="0" style="width: 100%;"><tr><td style="width: 50%;">36. Did the employee receive medical care at an agency facility due to the recurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please attach all relevant medical records.</td><td style="width: 50%;">37. At the time of the recurrence did your agency authorize medical treatment on Form CA-16? <input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr></table>			36. Did the employee receive medical care at an agency facility due to the recurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please attach all relevant medical records.	37. At the time of the recurrence did your agency authorize medical treatment on Form CA-16? <input type="checkbox"/> Yes <input type="checkbox"/> No	
36. Did the employee receive medical care at an agency facility due to the recurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please attach all relevant medical records.	37. At the time of the recurrence did your agency authorize medical treatment on Form CA-16? <input type="checkbox"/> Yes <input type="checkbox"/> No				
38. After the original injury, did you make any accommodations or adjustments in the employee's regular duties due to injury-related limitation? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide full details.					

39. After return to work, did the employee sustain any other injury or illness which affected performance of his or her duties? If so, provide full details.

40. Please review the statements made by the employee in Part A of this form and provide any relevant comments and additional information.

A supervisor or compensation specialist who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect to this claim may also be subject to appropriate felony criminal prosecution.

41. Signature of Supervisor or Compensation Specialist (at time of recurrence)	42. Title	43. Work phone ()	44. Date (mo., day, year)
--	-----------	---------------------------	---------------------------

Part C - Employee

(To be completed by the employee if not employed with the Federal Government at the time of the claimed recurrence)

1. For all jobs held since you left the job held when the initial injury occurred, list the full name and address of your employers, and the inclusive dates of employment. Include any self-employment.

2. For all jobs listed in item 1 above, provide your job title, nature of duties performed, number of hours worked per week and rate of pay.

3. Describe all educational and/or vocational training received since your original injury. Include any licenses or certificates earned.

4. What was your rate of pay if you stopped work due to this recurrence?

\$ _____ per _____

5. Do you claim compensation for lost wages? ☐ Yes ☐ No

If so, for what period? _____ through _____ .

6. Have you received any pay during the period claimed? ☐ Yes ☐ No

If so, how much and from what source? _____

Section 8101, et seq., Title 5 to the U.S. Code authorizes collection of this information. Completion of this form is mandatory in order to ensure the timely filing of a notice of recurrence of disability and claim for benefits under the Federal Employees' Compensation Act (FECA). The information will be used to initiate and assist in the adjudication of the claim and failure to provide the information may prevent or delay claim processing. Additional disclosures of this information may be to: third parties in litigation; employing agencies; various individuals and organizations providing related medical rehabilitation and other services; insurance plans which may have paid related bills; labor unions; various law enforcement officials; other federal, state and local agencies (including the GAO and IRS) as appropriate; data processing contractors to the Department of Labor; debt collection agencies and credit bureaus.

7. Signature of Employee

8. Date (mo., day, year)

INSTRUCTIONS FOR COMPLETING FORM CA-2a NOTICE OF RECURRENCE

DEFINITION OF RECURRENCE

A Recurrence of the Medical Condition is the documented need for additional medical treatment after release from treatment for the work-related injury. Continuing treatment for the original condition is not considered a recurrence.

A Recurrence of Disability is a work stoppage caused by:

- A spontaneous return of the symptoms of a previous injury or occupational disease without intervening cause;
- A return or increase of disability due to a consequential injury (defined as one which occurs due to weakness or impairment caused by a work-related injury); or
- Withdrawal of a specific light duty assignment when the employee cannot perform the full duties of the regular position. This withdrawal must have occurred for reasons other than misconduct or non-performance of job duties.

IF A NEW INJURY OR EXPOSURE TO THE CAUSE OF AN OCCUPATIONAL ILLNESS OCCURS, AND DISABILITY OR THE NEED FOR MEDICAL CARE RESULTS, A NEW FORM CA-1 OR CA-2 SHOULD BE FILED. This is true even if the new incident involves the same part of the body as previously affected.

INSTRUCTIONS FOR EMPLOYEE

- Review the definition of "recurrence" given above. If you believe that you have sustained a recurrence, complete Part A of this form. Attach a separate sheet of paper if needed to provide full details.
- If you worked for the Federal Government at the time of the recurrence, submit Form CA-2a to your employing agency. If you no longer work for the Federal Government, complete Parts A and C of this form and submit all materials directly to the Office of Workers' Compensation Programs (OWCP).
- If you are claiming a recurrence of disability for an occupational illness, or if all 45 days of continuation of pay (COP) have been used, you may claim wage loss on Form CA-7. The OWCP will pay compensation if the claim is approved.
- Arrange for your attending physician to submit a detailed medical report. The report should include: dates of examination and treatment; history as given by you; findings; results of x-ray and laboratory tests; diagnosis; course of treatment; and the treatment plan. **The physician must also provide an opinion, with medical reasons, regarding causal relationship between your condition and the original injury.** Finally, the physician should describe your ability to perform your regular duties. If you are disabled for your regular work, the physician should identify the dates of disability and provide work tolerance limitations.
- If other physicians treated you after you returned to work following the original injury, obtain similar medical reports from each of them.

INSTRUCTIONS FOR EMPLOYING AGENCY

- After the employee has completed Part A, promptly complete Part B and submit the form to OWCP, unless: the claimant is still receiving continuation of pay (COP); the recurrence is for medical care only and the claim is still open; or the claimant is currently requesting neither wage-loss compensation nor payment of medical expenses. In these instances, file the form in the Employee Medical Folder.
- If COP is being paid, obtain medical evidence using Form CA-17, "Duty Status Report", as often as circumstances indicate.
- For a recurrence less than 90 days after the employee's return to work following the original injury, you may authorize required medical care using Form CA-16. For a recurrence more than 90 days after the employee's return to work, OWCP must authorize further medical care.
- For recurrences of disability which continue after the 45 days of COP have expired or which involve occupational illness, instruct the employee to file Form CA-7.

Public Burden Statement

Completion of this collection of information is estimated to vary from 15 to 45 minutes per response with an average of 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding the burden estimate or any other aspect to this collection of information, including suggestions for reducing this burden, send them to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room S-3229, 200 Constitution Avenue, N.W., Washington, DC 20210.

DO NOT SEND THE COMPLETED FORM TO THE OFFICE SHOWN ABOVE.

OWCP Form CA-3 Instructions

Report of Termination of Disability and/or Payment

Summary

Purpose

The purpose of this form is to notify the OWCP of the following:

- a. Disability from injury or illness has terminated.
- b. Continuation of pay (COP) has terminated.
- c. The employee has returned to duty.

Note: CA-3 need not be completed if the above information has been previously submitted on Form CA-1, CA-2, or otherwise. However, some OWCP District Offices still request a CA-3 whenever either *a*, *b*, or *c* above is reported.

General Procedures and Preparation Responsibilities

- a. Upon notification or receipt of information that the employee satisfied either *a*, *b*, or *c*, under Purpose the ICCO will initiate the CA-3.
- b. If the employee has been on the OWCP periodic roll, the ICCO should immediately telephone the OWCP advising the date the employee returned to work or overcame the disability. This will preclude an overpayment.

Filing and Distribution

For filing and distributing, do the following:

- a. Send the original CA-3 to the OWCP.
- b. File a copy of the CA-3 in the claimant's injury compensation file.

Instructions

- 1. Claimant's complete name: last name, first name, and middle name (enter "NMN" if no middle name).
- 2. SSN consists of *nine* digits.
- 3. The OWCP file number from original traumatic (CA-1) or occupational (CA-2) claim. Verify that date in Item 7, below, agrees with original claim date.
- 4. U. S. Postal Service
- 5. Address of employing establishment at time of original injury or disease.
- 6. Address of control office authorized to forward to or communicate with the OWCP.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

7. Date and hour of original injury or disease as shown on the CA-1 (Item 10) or CA-2 (Item 29).
8.
 - a. If disability caused by a traumatic injury, refer to Item 25 on the original CA-1.
 - b. If disability resulted due to an occupational condition, refer to Item 27 on the original CA-2.
 - c. If disability resulted after a recurrence, refer to Item 10 on the related CA-2a.
9. Month, day, year, *and time* employee entered a non-pay LWOP status; see instructions for Item 8 in event disability and LWOP commenced upon filing a claim or recurrence.
10. Date employee returned to duty; or, if total disability has ceased and COP terminated, enter date and explain in Item 17, below, and enter "Has Not Returned" if appropriate.
11.
 - a. If employee has not returned to work, enter "NA."
 - b. If employee returns to his or her normal workweek, see either Item 20 on the CA-1, Item 22 on the CA-2, or Item 28 on the CA-2a.
 - c. If employee returns to a workweek other than his or her normal workweek, so indicate.
12. Enter annual or hourly pay data if rate changed since date disability began; otherwise, enter "NA."
13. If, during the period of disability, the employee used either sick or annual leave, enter specific dates; indicate holiday or administrative leave used in Item 13c.
14.
 - a. Check *No* if employee returns to normal duties.
 - b. Check *Yes* if upon return to duty the employee's duties have been modified, or if the employee was given limited duty. Describe new or modified duties.
15. If the employee was not in a non-pay LWOP status at least one full pay period, enter "NA." If the employee was in a non-pay status at least one full pay period, enter the last day of the pay period from that health benefits or life insurance premiums were deducted.

Note: See ELM 525 for procedures if employee's health or life insurance was not deducted and the OWCP did not assume payments.
16. Verify entry with HRIS/OPF if during an open season.
17. Enter any comments. Include reason for stopping COP, if employee refused work, etc. Attach supporting documentation. Also, if employee is on periodic roll, notify OWCP by phone — *immediately*.

Continuation of Pay: Complete this section only if COP was paid during the period of disability identified as beginning in Item 8, above, and the day prior to the date in Item 10, above, unless information was previously submitted on a CA-7.

18. If COP was paid during the period of disability commencing on or after the date in Item 8, above, include the from and *through dates* — *this will not include the day on which the employee returned to work*. Or, the “through” date could be the 45th day of COP, or the day prior to the day COP was terminated for cause.
19. Enter appropriate dollar amount.
20. Self-explanatory.
21. If pay rate has changed, enter new base pay; and night differential, Sunday premium and COLA as applicable.
22. Self-explanatory.
23. Title and *commercial* telephone number.
24. Self-explanatory.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

**Report of Termination of Disability
and/or Payment**

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



Part - A General

1. Name of Injured Employee (last, first, middle)		2. Social Security Number	3. OWCP File Number (If known)
4. Department or Agency		5. Bureau or Office	
6. Name and Address of Reporting Office (Include Zip Code)			
7. Date and Hour of Injury (Mo., day, year) <input type="checkbox"/> AM <input type="checkbox"/> PM	8. Date and Hour Stopped Work (Mo., day, year) <input type="checkbox"/> AM <input type="checkbox"/> PM	9. Date and Hour Pay Stopped (Mo., day, year) <input type="checkbox"/> AM <input type="checkbox"/> PM	10. Date and Hour Returned to Work (Mo., day, year) <input type="checkbox"/> AM <input type="checkbox"/> PM
11. Employee's Work Week On Return To Duty If Other Than Monday Through Friday S M T W T F S		12. Present Pay Rate If Different From That Received At Time Employee Stopped Work. a. Base Pay b. Subsistence c. Quarters d. Other (Specify)	
13. Inclusive Dates Employee Received Pay For Any Part Of The Period of Absence Because of: a. Annual Leave b. Sick Leave c. Other (Specify) From: Through: From: Through: From: Through:			
14. Has Employee's Work Assignment Been Changed Because of Disability Resulting From This Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Describe The Type of Work Employee Is Performing.			
15. If Interrupted, Show Dates Deductions For Health Benefits and/or Optional Insurance Were Resumed (Mo., day, year) Health Benefit Optional Insurance		16. If Health Benefits Option Has Changed Since Disability Began, Show New Code Number and Date of Change (Mo., day, year) Number _____ Date _____	
17. Remarks:			

Part - B Continuation of Pay

18. Inclusive Dates That The Employee's Regular Pay Con- tinued During The Period Of Disability. Do not include period of sick or annual leave (Mo., day, year) From: Through:		19. Show The Gross Dollar Amount Of Regular Pay Which The Employee Received During The Period Of Disability. Do not include pay received for sick leave or annual leave. \$ _____	
20. If Pay Rate Changed During The Period Employee Was Receiv- ing Continuation Of Pay, Show The Date of Change (Mo., day, year)		21. If Pay Rate Changed During The Period Employee Was Receiving Continuation of Pay, Give New Rate a. Base Pay b. Subsistence c. Quarters d. Other (Specify)	
22. Signature of Supervisor		23. Title and Office Phone Number	
		24. Date (Mo., day, year)	

Form CA-3
Rev. June 1988

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

**INSTRUCTIONS FOR COMPLETING FORM CA-3
WHEN EMPLOYEE RETURNS TO WORK**

PART - A

**REQUIRED
WRITTEN
REPORT**

- When disability ceases and/or employee returns to work, the official superior shall immediately report that fact to the OWCP on Form CA-3 unless this information has been previously submitted on Form CA-1 or CA-2 or otherwise. This form should be submitted for each injury resulting in time lost from work whether or not claim for compensation is made.

**TELEPHONE/
TELEGRAPH
REPORT**

- If the employee is receiving disability compensation periodically each four weeks, the official superior should immediately telephone or telegraph the OWCP advising the date employee returned to work. This will avoid an overpayment of compensation. Follow-up should then be made with Form CA-3.

**PAY RATE
INFORMATION**

- Employee's base pay in items 12a or 21a should not include value of subsistence, quarters or other pay. These should be shown separately in their own columns.

PART - B

**CONTINUATION
OF PAY**

- In most traumatic injury cases, the employee will have qualified for and received continuation of pay under 5 USC 8118 (FECA). When this occurs, items 9, 13, and 15 in Part A will usually be left blank. When there is a continuation of pay, Part B must always be completed, unless the information has been submitted on Form CA-7, Claim for Compensation on Account of Traumatic Injury.

OWCP Form CA-5 Instructions

Claim for Compensation By Widow, Widower, and/or Children

Summary

Purpose

General Procedures and Preparation Responsibilities

- a. The control office provides the survivor(s) with a blank CA-5. The ICCO should be sure that the survivor is apprised of the death benefits listed on the CA-5 and that he or she understands the instructions for completing the form. Also be sure that the survivor is aware that all legal documents such as marriage and death certificates should be certified with a raised seal. Such seals can normally be impressed by the issuing authority.
- b. After the survivor has completed the form, and has had the Attending Physician's Report completed, all forms and supporting documents should be submitted to the ICCO for review and submission to the OWCP.
- c. If death resulted from an injury or illness previously reported or accepted by the OWCP, enter the OWCP file number on the upper right corner of the form.
- d. If it is a new case, not previously reported, the supervisor will be required to prepare and submit a Form 1769, *Accident Report*.
- e. The utmost consideration and assistance should be given to the survivor(s).

Note: Completing the form may be difficult for some, but a qualified injury compensation person should be able to provide completion guidance since the form has been developed to assist the survivors by its simplicity.

Death benefits for survivors are summarized on the CA-5. This can be used to provide the survivors with information they will probably want to know and could relieve them of some note-taking.

Timeliness

Form CA-5 should be submitted to the Agency by the survivor within 30 days of the death, if possible, but not later than 3 years after the death. If the death resulted from an injury for which a disability claim was timely filed, the time requirements for filing a death claim have been met.

Filing and Distribution

To distribute and file form CA-5, do the following:

- a. Forward the originals of all forms or documents to the OWCP immediately upon receipt.
- b. Make copies of all documents filed in the ICCO file.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

**Claim for Compensation by Widow,
Widower, and/or Children**

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



OMB No. 1215-0155
Expires: 04-30-95

1. Name of deceased employee (Last, first, middle)	2. Date of Birth (Mo., day, year)	3. Date of Injury (Mo., day, year)	4. Date of Death (Mo., day, year)	5. Social Security Number [][][][][][][][][][][][][][][][]
--	--------------------------------------	---------------------------------------	--------------------------------------	---

6. Name and address of employing agency (Include ZIP Code)	7. Nature of injury which caused death
--	--

Claim of Surviving Husband or Wife (Items 8 through 13)

8. Name and address (Include ZIP Code)	9. Your Date of Birth (Mo., day, year)	10. Date of Marriage to Employee (Mo., day, year)
--	---	--

11. Were you living with the employee at time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Were you ever married to anyone other than the employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Was employee ever married to anyone other than yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--

14. List all of employee's children from this marriage who may be entitled to compensation (See attached information sheet for definition of children):

Name	Relationship	Date of Birth	Address (Include ZIP Code)

14a. List all of employee's children from prior marriages who may be entitled to compensation:

Name	Relationship	Date of Birth	Address (Include ZIP Code)

15. If a legal guardian has been appointed for any child named above, give name of child, name and address of the guardian.

Child	Guardian	Guardian's Address (Include ZIP Code)

16. List other relatives who were fully or partially dependent on employee:

Name	Relationship	Date of Birth	Address (Include ZIP Code)

17. If employee was ever in the Armed Forces of the United States, give:

Service number:
Branch of service:
Period of service:

18. If application has been made for Veterans Administration (VA) benefits because of employee's death, give:

VA Claim number:
Address of VA office where claim is filed:

19. If application has been made for U.S. Civil Service Annuity or any other Federal Retirement or Disability Law because of employee's death, give:

Claim Number:
Date Annuity began:
Amount paid per month: \$ _____

20. If a claim has been made against a third party because of employee's death, give:

Amount of recovery: \$ _____
Name and address of third party:

21. Total burial expense \$ _____	22. Amount of burial expense paid or payable by VA \$ _____	23. Name and address of party (other than VA) whose funds were used to pay burial expense and amount paid: \$ _____
--------------------------------------	--	--

I hereby certify that each and every statement made above is true to the best of my knowledge.

24. Signature of person filing claim	25. Address (Include ZIP Code)	26. Date (Mo., day, year)
--------------------------------------	--------------------------------	------------------------------

Form CA-5
Rev. Mar. 1989

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Attending Physician's Report

1. Name of deceased employee (Last, first, middle)		2. Date of death (Mo., day, year)
3. What history of injury or employment related disease was given to you?	4. If treated for disease, give diagnosis.	
5. If death was not instantaneous, describe the treatment you provided.		6. Show dates on which treatment was given.
7. What was the direct cause of death?		
8. What were the contributory causes of death, if any?		
9. In your opinion, was the death of the employee due to the injury as reported in item 3 above? Give the medical reasons for your opinion, unless causal relationship is obvious. <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Was a biopsy or an autopsy performed? If yes, give name and address of physician and arrange for a copy of the report to be submitted. <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Name and address (Please type - include ZIP Code)	12. Signature	13. Date signed (Mo., day, year)

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

INSTRUCTIONS FOR COMPLETING FORM CA-5, CLAIM FOR COMPENSATION BY WIDOW, WIDOWER, AND/OR CHILDREN

- | | |
|--------------------------------|---|
| Who Should
File Claim | ● This claim form should be completed and filed by the widow or widower for self and surviving children. If there is no surviving widow or widower, the children's guardian completes the claim. |
| When Should
Claim Be Filed | ● Claim must be filed within three years following date of death, unless the decedent's immediate superior had actual knowledge of an on-the-job injury or death within 30 days; or written notice of the injury or death was given within 30 days. The timely filing of a disability claim will satisfy the time requirements for a death claim based on the same injury. |
| What Documents
Are Required | ● The marriage certificate(s) for a widow or widower; death certificate for decedent if not previously submitted; birth certificate or adoption documents for each child. Also, if appropriate, Letter of Guardianship. If either the decedent or the surviving spouse was previously married, legal documents showing dissolution of such prior marriage(s). Copies of certificates or documents are acceptable only if they are certified by the person having official custody of such records. They should then be attached to the claim form when it is filed. |
| How to
Complete Claim | ● All items should be completed. If an item is not applicable, indicate by showing "NA". Note that the form requests information about several different categories of persons, i.e., items 1-7 make inquiry about the decedent; 8-13 the surviving widow or widower; 14-14a, surviving children; and 15, the children's guardian. The attending physician's report on the reverse of the claim must also be completed before the form is submitted to the OWCP. |
| Funeral/Burial
Allowance | ● Submit original itemized funeral and burial bills. If paid, so indicate and give name and address of person making payment. If an Administrator or Executor has been appointed, give such person's name and address and attach a copy of the appointment document. |

See the reverse of this page for a definition of dependents and a description of benefits.

Form CA-5
Rev. Mar. 1989

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

DEATH BENEFITS FOR SURVIVING WIDOW, WIDOWER AND/OR CHILDREN UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT (FECA)

- | | |
|-----------------------------|--|
| Widow or
Widower | <ul style="list-style-type: none">● To qualify for benefits, a widow or widower must have been living with the employee or separated for reasonable cause prior to the time of death. Payments continue for life or until remarriage. Upon remarriage, a widow or widower will receive a lump sum equal to 24 times his or her monthly compensation. If the remarriage occurs at age 60 or later, no lump sum is paid. Instead, payments continue for life. |
| Children | <ul style="list-style-type: none">● Eligible children include natural, adopted, step and posthumous children unmarried and under 18 years of age. Payments continue beyond 18 if the child is incapable of self-support because of mental or physical incapacity. Payments also continue on behalf of children over 18 if they are full-time students. Student benefits terminate on: marriage, completion of four years of education beyond high school level, or at age 23, whichever occurs first. |
| Compensation
Rates | <ul style="list-style-type: none">● For widows or widowers - 50% of the employee's monthly pay if there are no surviving eligible children - 45% if there are eligible children.

Children - 15% each, not to exceed a total of 30%, shared equally if there is a widow or widower; if there is no widow or widower, 40% for one child plus 15% for each additional child, shared equally. Monthly payments for all beneficiaries cannot exceed 75% of the employee's monthly pay rate, or 75% of the top step of GS-15 of the General Schedule. |
| Funeral/Burial
Allowance | <ul style="list-style-type: none">● Funeral and burial expenses up to a maximum of \$800 may be paid. Amount paid by the VA will be deducted. If death occurs away from the employee's duty station, transportation costs may be paid to return the deceased employee to his home or last place of residence. In addition to any funeral or burial expenses, a sum of \$200 may be paid for reimbursement of the costs of termination of the decedent's status as an employee of the United States. |
| Third Party
Action | <ul style="list-style-type: none">● If the injury or death results from activity of a person or party other than the Federal Government, a "third party action" or lawsuit may be indicated. In such instances the Department of Labor will provide further instructions. |

If additional information is needed, it may be obtained from the Office of Workers' Compensation Programs.

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 90 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Information Management, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0155), Washington, D.C. 20503.

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402

OWCP Form CA-5b Instructions

Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren

Summary

Purpose

Claims compensation on behalf of those relatives named above, who were wholly or partially dependent on the deceased.

General Procedures and Preparation Responsibilities

- a. The ICCO provides *each* claimant a CA-5b — *a separate form is required for each person claiming benefits*. The ICCO should be sure that the claimant(s) is apprised of the death benefits listed on the CA-5b and that they understand the instructions for completing the form. Also be sure that the claimant is aware that all legal documents such as marriage and death certificates should be certified with a raised seal. *In the event that the deceased is survived by a spouse or children, be sure that the claimant(s) is aware of the payment priorities listed under the death benefits section of the form.*
- b. After the claimant has completed the form, and has had the Attending Physician's Report completed, all forms and supporting documents should be submitted to the ICCO for review and submission to the OWCP.
- c. If death resulted from an injury or illness previously reported or accepted by the OWCP, enter the OWCP file number on the upper right corner of the form.
- d. If it is a new case, not previously reported, the supervisor is required to prepare and submit a Form 1769, *Accident Report*.

Timeliness

This form should be submitted to the Agency by the survivor within 30 days of the death, if possible, but not later than 3 years after the death. If the death resulted from an injury for which a disability claim was timely filed, the time requirements for filing a death claim have been met.

Filing and Distribution

For filing and distributing, do the following:

- a. Forward the originals of all forms or correspondence to the OWCP.
- b. File copies in ICCO claim file.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Claim for Compensation by Parents,
Brothers, Sisters, Grandparents, or
Grandchildren

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



OMB No. 1215-0155
Expires: 04-30-95

1. Name of deceased employee (Last, first, middle)		2. Date of Birth (Mo., day, year)	3. Date of Injury (Mo., day, year)	4. Date of Death (Mo., day, year)	5. Social Security Number <div style="border-bottom: 1px solid black; width: 100px;"></div>
6. Name and address of employing agency (Include ZIP Code)			7. Nature of injury which caused death		
8. Name of dependent (Last, first, middle)		9. Dependent's address (Include ZIP Code)		10. Dependent's birth date (Mo., day, year)	
11. Dependent's Occupation	12. Dependent's Social Security Number	13. Dependent's relationship to employee		14. Extent of dependency on employee <input type="checkbox"/> Total <input type="checkbox"/> Partial	
15. Total amount employee contributed to dependent's support during 12 months immediately prior to death. \$ _____	16. Did employee live with dependent during the 12 months immediately prior to death? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Complete 17 & 18.	17. Total amount employee paid dependent in money or service for room and board in addition to amount shown in 15. \$ _____ Per _____		18. If no fixed amount was paid for room and board, what is the fair value of such room and board? \$ _____ Per _____	
19. If dependent was employed during 12 month period prior to employee's death, give: Type of work performed: Period of employment: Monthly pay rate: Name and address of employer:		20. Show dependent's income from all sources other than employment during 12 month period prior to employee's death: Investments \$ _____ Pensions _____ Persons other than employee _____ Other _____ Total \$ _____			
Information about dependent's husband or wife (Items 21 through 25)					
21. Birth Date (Mo., day, year)	22. Occupation	23. Monthly pay rate \$ _____		24. Total income from all sources for 12 months prior to employee's death. \$ _____	
25. List all property owned by dependent and husband or wife (omit clothing, furniture, personal items).					
Description		Date Acquired		Value	
26. If employee was ever in the Armed Forces of the United States, give: Service number: Branch of service: Period of service:		27. If an application has been made for Veterans Administration (VA) benefits because of employee's death, give: VA Claim number: Address of VA office where claim is filed:			
28. If an application has been made for U.S. Civil Service Annuity or any other Federal Retirement or Disability Law because of employee's death, give: Claim Number: Date Annuity began: Amount paid per month: \$ _____		29. If a claim has been made against a third party because of employee's death, give: Amount of recovery: \$ _____ Name and address of third party:			
30. Total burial expense \$ _____	31. Amount of burial expense paid or payable by VA \$ _____	32. Name and address of party (other than VA) whose funds were used to pay burial expense and amount paid: \$ _____			
I hereby certify that each and every statement made above is true to the best of my knowledge. Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment, or both.					
33. Signature of person filing claim		34. Address (Include ZIP Code)		35. Date (Mo., day, year)	

Form CA-5b
Rev. Mar. 1989

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Attending Physician's Report

1. Name of deceased employee (Last, first, middle)		2. Date of death (Mo., day, year)
3. What history of injury or employment related disease was given to you?	4. If treated for disease, give diagnosis.	
5. If death was not instantaneous, describe the treatment you provided.		6. Show dates on which treatment was given.
7. What was the direct cause of death?		
8. What were the contributory causes of death, if any?		
9. In your opinion, was the death of the employee due to the injury as reported in item 3 above? Give the medical reasons for your opinion, unless causal relationship is obvious. <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Was a biopsy or an autopsy performed? Arrange for a copy of the report to be submitted. <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Name and address (Please type - include Zip Code)		
I certify that all statements in response to the questions asked above are true, complete and correct to the best of my knowledge. Further, I understand that any knowingly false or misleading statement or concealment of material fact may subject me to felony criminal prosecution.		
12. Signature		13. Date signed (Mo., day, year)

OWCP Form CA-6 Instructions

Official Superior's Report of Employee's Death

Summary

Purpose

Notifies OWCP of the employment-related death of an employee.

General Procedures and Preparations Responsibilities

Note: When an employee dies because of either a traumatic injury or an occupational disease or illness, the ICCO will notify the OWCP district office immediately by telephone or telegram (20 CFR 10.103, ELM 542.211).

- a. Upon the death of an employee, the ICCO must be *immediately* notified.
- b. After investigation and acquisition of a certified copy of the death certificate, the ICCO will complete the form.
- c. If death resulted from an injury or illness pre-reported to the OWCP, enter the OWCP file number on the upper right corner.

Filing and Distribution

CA-6 is filed and distributed as follows:

- a. Send the original form to the OWCP as soon as practicable, but within 10 days from the date of receipt of knowledge of the death (20 CFR 10.103).
- b. Place a copy in the ICCO file.
- c. Send a copy to the Safety Office.
- d. Forward a copy to the area Human Resources manager.

Instructions

This form will be completed by the ICCO with input from the decedent's immediate supervisor.

1. Decedent's complete name; last name, first name, and *middle name* (enter "NMN" if no middle name).
2. *Claimant's date of birth* — Not today's date or current year.
3. Verify sex.
4. SSN consists of *nine* digits.
5. U.S. Postal Service
6. OWCP Agency Code
7. Leave blank

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

8. Address of control office authorized to forward or communicate with the OWCP.
9. Self-explanatory; however, it may be best to enter the name and telephone number of the injury compensation control officer.
10. Month, day, year, and *time of injury*.
11. Month, day, year, and *time of death*.
12. Month, day, year, and *time* the employee's pay was stopped; this will normally be the first scheduled tour of duty following the death.
Note: If the employee was in a duty status at the time of death, the *remainder of the scheduled day is charged to administrative leave*.
13. Enter a complete description of events leading up to and including the injury. Use an attachment if necessary.
14. If decedent was on duty at time of injury check *Yes*. If not on duty, or not in the performing a duty, check *No* and explain.
15. Name of office, branch, station, or facility (include pay location) where decedent was employed. *Exact* location where injury occurred. If off postal premises, identify the street address, location on property or street, etc. If on postal premises, identify the building and/or room, location, work area, column, grid, parking lot location, stairwell, etc.
16. Identify *specific location* where death occurred; worksite (see Item 15), hospital, at home, etc.
17. Do not complete unless either a death certificate, medical report, or an autopsy report is available.
18. Enter decedent's grade and level in block 18. Enter annual or hourly base pay (includes contractual COLA). in 18a. Compute, as applicable, regularly scheduled night differential and Sunday premium pay and enter in 18d.
Note: If decedent was entitled to territorial COLA, enter the dollar amount per annum or hour in 18c and identify.
19. Self-explanatory.
20. Check *No* only if the employee was a casual or a temporary employee.
21.
 - a. Enter the beginning and ending dates of any annual or sick leave used. If time loss was intermittent, attach a list of dates and type leave used each date or period.
 - b. Enter any date(s) the decedent received holiday or administrative pay in 18c and identify.
22. a, b, and c. To be completed by the ICCO.
23.
 - a. Enter COP rate if paid; to include base, night differential and Sunday premium if applicable, and territorial COLA, if applicable.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

- b. The *From* date will be the date on which the 45-day count began, whether or not it was a scheduled workday. The *To* date should be either the 45th day of COP, the last date COP was paid, or the date of death.

24. Self-explanatory.

25. Enter the last day of the pay period in which health benefit deductions were made.

26 – 30. Self-explanatory.

31. Has claim been filed by survivor(s) with the Office of Personnel Management; ascertain by contacting your personnel office.

32 – 35. Self-explanatory.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

**Official Superior's Report of
Employee's Death**

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



1. Name of Deceased Employee (Last, first, middle)		2. Date of Birth (Mo., day, year)		3. <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Social Security No.	
5. Department or Agency				6. OWCP Agency Code		7. OSHA Site Code	
8. Name and Address of Reporting Office				9. Name and Office Phone Number of Employee's Official Superior			
10. Date and Hour of Injury (Mo., day, year) <input type="checkbox"/> AM <input type="checkbox"/> PM		11. Date and Hour of Death (Mo., day, year) <input type="checkbox"/> AM <input type="checkbox"/> PM		12. Date and Hour Employee's Pay Stopped (Mo., day, year) <input type="checkbox"/> AM <input type="checkbox"/> PM			
13. Describe how injury occurred				14. Was employee in performance of duty when injury occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, explain):			
15. Location where injury occurred		16. Location where death occurred		17. Immediate cause of death (Attach medical and autopsy report if available)			
18. Employee's pay rate as of		a. Base pay		b. Subsistence		c. Quarters	
A. Date of injury		\$ per		\$ per		\$ per	
B. Date pay stopped		\$ per		\$ per		\$ per	
19. Did employee work in position held at time of injury for a full eleven months immediately prior to the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No				20. If answer to 19 is no, would position have afforded employment for eleven months except for the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. Did employee receive leave pay for any part of period from time pay stopped to date of death? (Give inclusive dates) From To				22. a. Occupation code			
23. Did employee receive continuation of pay (COP) during period prior to death?				b. Type code		c. Source code	
a. Pay rate used for COP		b. Inclusive dates of COP		OWCP use - NOI code			
\$ per		From To					
24. If employee was enrolled in Health Benefit Plan for self and family, show HBS Code Number:		25. Show date through which HBS deductions were last made (Mo., day, year)		26. If employee received medical care prior to death, give name and address of attending physician			
27. If injury was caused by a third party, give name and address of third party		28. Give name and address of the attorney representing the survivors if legal action is instituted against the third party			29. Show amount of third party recovery, if any \$		
30. If employee was a member of the Armed Services of the United States, show: Branch of Service: Serial No. (if known)				31. Has claim for survivor's benefits been filed with the Office of Personnel Management? <input type="checkbox"/> Yes <input type="checkbox"/> No			
32. Name and address of employee's spouse or next of kin (Show relationship, if other than spouse)							
33. Signature of Official Superior				34. Title		35. Date (Mo., day, year)	

Form CA-6
Rev. Nov. 1986

Instructions for Completing Form CA-6

When a Federal employee dies as a result of injury in performance of duty or because of an employment related disease, the death should be reported on this form. This form eliminates the need to complete and file the official superior's report on Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation or Form CA-2, Federal Employee's Notice of Occupational Disease and Claim for Compensation.

The form is to be completed by the deceased employee's official superior or other authorized official of the employing agency. It should be accompanied by a certified copy of the death certificate, when submitted to OWCP.

Form CA-5 or CA-5b should be supplied to the employee's spouse or next of kin.

If additional space is required, attach separate sheets and number the answers to correspond with the items on the form.

For additional information about death benefits, see 20 CFR 1.1 and/or Chapter 810, Injury Compensation, Federal Personnel Manual.

Box 22a (Occupation Code), Box 22b (Type Code), Box 22c (Source Code), OSHA Site Code

The Occupational Safety and Health Administration (OSHA) requires all employing agencies to complete these items when reporting an injury. The proper codes may be found in OSHA Booklet 2014, Recordkeeping and Reporting Guidelines.

OWCP Agency Code

This is a four digit (or four digit plus two letter) code used by OWCP to identify the employing agency. The proper code may be obtained from your personnel or compensation office, or by contacting OWCP.

Claim for Compensation

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



SECTION 1 EMPLOYEE PORTION

a. Name of Employee	Last	First	Middle	OMB No.: 1215-0103 Expires: 10/31/99
b. Mailing Address (Including City, State, ZIP Code)				c. OWCP File Number
E-Mail Address (Optional)			d. Date of Injury Month Day Year	e. Social Security Number

SECTION 2 Compensation is claimed for:

Inclusive Date Range	Intermittent?	
From To	Yes No	
a. <input type="checkbox"/> Leave without pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	Go to Section 3
b. <input type="checkbox"/> Leave buy back	<input type="checkbox"/> Yes <input type="checkbox"/> No	Go to Section 3, and Complete Form CA-7b
c. <input type="checkbox"/> Other wage loss; specify type, such as downgrade, loss of night differential, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Go to Section 3
d. <input type="checkbox"/> Schedule Award (Go to Section 4)		If intermittent, complete Form CA-7a, Time Analysis Sheet

SECTION 3 Have you worked outside your federal job during the period(s) claimed in Section 2? (Include salaried, self-employed, commissioned, volunteer, etc.)

☐ Yes Name and Address of Business:

☐ No Go to Section 4

Name	Address	City	State	ZIP Code
Dates Worked: Type of Work:				

SECTION 4 Is this the first CA-7 claim for compensation you have filed for this injury?

☐ Yes Complete Sections 5 through 7 and a Form SF-1199A, "Direct Deposit Sign-up"

☐ No Has there been any change in your dependents, or has your direct deposit information changed, or has there been a claim filed with U.S. Civil Service Retirement, another federal retirement or disability law, or with the Department of Veterans Affairs since your last CA-7 claim?

☐ Yes — Complete Sections 5 through 7 or a new SF-1199A to reflect change(s) ☐ No — Complete Section 7

SECTION 5 List your dependents (including spouse):

Name	Social Security #	Date of Birth	Relationship	Living with you?		
				Yes	No	
				<input type="checkbox"/>	<input type="checkbox"/>	For dependents not living with you, complete items a and b below.
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

a. Are you making support payments for a dependent shown above? ☐ Yes ☐ No If Yes, support payments are made to:

Name	Address	City	State	ZIP Code
------	---------	------	-------	----------

b. Were support payments ordered by a court? ☐ Yes ☐ No If Yes, attach copy of court order.

SECTION 6 a. Was/Will there be a claim made against a 3rd party? ☐ Yes ☐ No

b. Have you ever applied for or received disability benefits from the Department of Veterans Affairs?

<input type="checkbox"/> Yes	Claim Number	Full Address of VA Office Where Claim Filed	Nature of Disability and Monthly Payment
<input type="checkbox"/> No			

c. Have you applied for or received payment under any Federal Retirement or Disability law?

<input type="checkbox"/> Yes	Claim Number	Date Annuity Began	Amount of Monthly Payment	Retirement System (CSRS, FERS, SSA, Other)
<input type="checkbox"/> No				

SECTION 7 I hereby make claim for compensation because of the injury sustained by me while in the performance of my duty for the United States. I certify that the information provided above is true and accurate to the best of my knowledge and belief.

Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud, to obtain compensation as provided by the FECA, or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment, or both. In addition, a felony conviction will result in termination of all current and future FECA benefits.

Employee's Signature _____ Date (Mo., day, year) _____

SECTION 8: Show Pay Rate as of		Additional Pay		Additional Pay		Additional Pay	
Date of Injury: Base Pay		Type _____		Type _____		Type _____	
Date: ____/____/____	\$ ____ per ____	\$ ____ per ____	\$ ____ per ____	\$ ____ per ____	\$ ____ per ____	\$ ____ per ____	\$ ____ per ____
Grade: _____ Step: _____							
Date Employee Stopped Work:		Type _____		Type _____		Type _____	
Date: ____/____/____	\$ ____ per ____	\$ ____ per ____	\$ ____ per ____	\$ ____ per ____	\$ ____ per ____	\$ ____ per ____	\$ ____ per ____
Grade: _____ Step: _____							

Additional pay types include, but are not limited to: Night Differential (ND), Sunday Premium (SP), Holiday Premium (HP), Subsistence (SUB), Quarters (QTR), etc. *(List each separately)*

☐ Yes ☐ No

d. A Retirement System? ☐ No ☐ Yes Plan _____
(Specify CSRS, FERS, Other)

Intermittent? ☐ Yes — Complete Time
Analysis Sheet, Form CA-7a
☐ No

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

If intermittent, complete Form CA-7a, Time Analysis Sheet.

If leave buy back, also submit completed Form CA-7b.

☐ Yes ☐ No

If No, explain:

Telephone No. () - Fax No. () - E-Mail Address _____

INSTRUCTIONS FOR COMPLETING FORM CA-7

If the employee does not qualify for continuation of pay (for 45 days), the form should be completed and filed with the OWCP as soon as pay stops. The form should also be submitted when the employee reaches maximum improvement and claims a schedule award. If the employee is receiving continuation of pay and will continue to be disabled after 45 days, the form should be filed with OWCP 5 working days prior to the end of the 45-day period.

The CA-7 also should be used to claim continuing compensation, when a previous CA-7 claim has been made.

Collection of this information is required to obtain a benefit and is authorized by 20 C.F.R.10.106.

EMPLOYEE (or person acting on the employee's behalf) — Complete sections 1 through 7 as directed and submit the form to the employee's supervisor.

SUPERVISOR (or appropriate official in the employing agency) — Complete sections 8 through 15 as directed and promptly forward the form to OWCP.

EXPLANATIONS — Some of the items on the form which may require further clarification are explained below:

Section Number	Explanation
2d. Schedule Award	Schedule awards are paid for permanent impairment to a member or function of the body.
5. List your dependents	Your wife or husband is a dependent if he or she is living with you. A child is a dependent if he or she either lives with you or receives support payments from you, and he or she: 1) is under 18; or 2) is between 18 and 23 and is a full-time student; or 3) is incapable of self-support due to physical or mental disability.
6a. Was/will there be a claim made against 3rd party?	A third party is an individual or organization (other than the injured employee or the Federal government) who is liable for the injury. For instance, the driver of a vehicle causing an accident in which an employee is injured, the owner of a building where unsafe conditions cause an employee to fall, and a manufacturer who gave improper instructions for the use of a chemical to which an employee is exposed, could all be considered third parties to the injury.
8. Additional Pay	"Additional Pay" includes night differential, Sunday premium, holiday premium, and any other type (such as hazardous duty or "dirty work" pay) regularly received by the employee, but does not include pay for overtime. If the amount of such pay varies from pay period to pay period (as in the case of holiday premium or a rotating shift), then the total amount of such pay earned during the year immediately prior to the date of injury or the date the employee stopped work (whichever is greater) should be reported.
11. Continuation of pay (COP) received	If the injury was not a traumatic injury reported on Form CA-1, this item does not apply.
14. Remarks	This space is used to provide relevant information which is not present elsewhere on the form.

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 13 minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this estimate or any other aspect of this information collection, including suggestions for reducing this burden, please send them to the Department of Labor, Office of Workers' Compensation Programs, Room S-3229, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

DO NOT SEND THE COMPLETED FORM TO THE OFFICE SHOWN ABOVE.

OWCP Form CA-8 Instructions

Claim for Continuing Compensation on Account of Disability

Summary

Purpose

The purpose of Form CA-8 is used as the employee's claim for compensation when eligibility extends beyond the period claimed on Form CA-7. It also serves to request a buy-back of personal leave used during periods when OWCP compensation was authorized.

Preparation

This form is prepared when disability for work extends beyond the period claimed on either the CA-7 or on the previous CA-8. It should be submitted at the end of each pay period, until either:

- a. The employee returns to full-day work; and/or medical appointments either cease or are not within the employee's normal work hours.
- b. OWCP notifies the ICCO that the employee is being placed on the periodic rolls.
- c. The employee elects OPM annuity instead of FECA compensation.
- d. The employee's compensation benefits are terminated for cause.

General Procedures and Preparation Responsibilities

- a. The ICCO provides the employee/representative a CA-8 as required/requested. The CA-20a will not be detached.
- b. The employee is responsible for completing Items 1–14, and returning the completed form to the ICCO.
- c. The employee is responsible for having the attached form CA-20a completed by the treating physician.
- d. The ICCO completes Items 15–24, as required. If the employee does not enter his/her file number in Item 2, the ICCO should enter it.
- e. The ICCO submits the completed form and the CA-20a/medical report to the OWCP office. Considering the nature of the injury/illness, a CA-20a and/or medical report is normally submitted each two weeks with the CA-8. If the CA-20a/medical report has not been returned with the CA-8, submit the CA-8 to the OWCP district office and advise the office that the employee has not submitted the required medicals.

Note: An employee may not be placed into a LWOP-IOD (code 49) timekeeping category unless the employer has been provided medical documentation certifying either disability caused by an on-the-job injury/illness, or the need for medical care/therapy during normal work hours of the claimant. If such medical documentation is not provided by the employee, code 49 may not be entered into the timekeeping system. Be advised that the periods of LWOP, code 60, are not creditable towards employment longevity; but, periods of LWOP-IOD, code 49, are creditable.

Special Procedures for Traumatic Injury Cases

(Refer to FPM Letter 810-6 (5-8-85)/FECA Circular 85-24 (9-20-85))

If disability caused by a traumatic injury is expected to last beyond the period of compensation claimed on either the CA-7 or the previous CA-8, CA-8 with the CA-20a attached, should be:

1. Provided to the injured employee in sufficient time for both forms to be completed, and,
2. Submitted to the ICCO for finalization and submission to the OWCP district office at least five days before the period covered by the previous CA-7 or CA-8 expires.

This procedure, for traumatic injuries, will continue until either:

1. OWCP notifies the ICCO that the employee has been placed on the periodic roll.
2. The employee returns to duty.

Filing and Distribution

Filing and distributing procedures are as following:

- a. The ICCO sends the original CA-8, CA-20a and medical reports to the OWCP district office.
- b. This ICCO files a copy of the forms submitted in the claimant's injury compensation file.

Instructions

A. Items 1–14 will be completed by the employee or representative.

1. Claimant's complete name; last, first, and middle (enter "NMN" of no middle name).
2. Self-explanatory.
3. Complete home mailing address, with Zip-4.
4. SSN consists of *nine* digits.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

5. Date and time of original injury/disease; refer to either Item 10 of the CA-1 or Item 29 on the CA-2.
6. Lists first and last date for which compensation is being requested. The first date should be the first day following the ending date of the previous claim, either on a CA-7 or CA-8. The last date should be either the last day of the pay period, or the last day for which compensation is being claimed.
7. Check appropriate box; if Yes is checked, enter dates — if leave usage was during more than one period, list all such periods in attachment.
8. Before the employee makes a decision to initiate a buy-back, the ICCO should explain the “leave repurchase” or “leave buy-back” process.
9.
 - a. This Item must be completed for *any* salary or wage earning work performed *for anyone* during the period claimed in Item 6
 - b. Also, if self-employed and a salary or wage is not paid, claimant will enter the salary or wage which would have been paid to an employee of the claimant performing similar duties for the same number of hours. All commissions earned must also be listed.
10. Self-explanatory for employee; however, if during the period claimed in Item 6, the employee was presented an offer of limited duty and it was not accepted, so indicate in Item 20 and attach a copy of the job offer.
11. Employee must provide information relative to his or her application for VA benefits; to include application for a reevaluation of a condition for possible increased VA benefits due to the employment injury or illness. Cross-check this Item with Item 12 on the CA-7.
12. If employee has either applied for or received an OPM or other annuity, all data must be provided.
13. Be sure that the claimant has read the penalty notice in Item 13 before signing the form; refer to Item c in the *Instruction for Injured Employee*, located on the supervisor’s side of the form.
14. Ensure that the date is accurate; however, if form was mailed, by either the claimant or the representative, *retain the envelope and affix to the claim form* retained in the ICCO.

B. Items 15–24 will be completed by the ICCO

15. Month, Day, Year, and time employee returned to work. If he or she has not returned at the time the CA-8 is submitted, enter “Has Not Returned.”
16. If claimant returns to a fixed workday schedule, circle schedule days. If claimant returns to a variable or rotating schedule, enter either “Variable” or “Rotating” and circle days scheduled during week of return to work.
17. Self-explanatory.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

18. Self-explanatory; however, compare dates/monetary figures in Items 6, 7, and 9.
19. Provide appropriate information if either health benefits or occupational life insurance coverage or premium payments have changed since the last claim for compensation was submitted on either a CA-7 or a CA-8.
20. Enter any comments which relate to either the entries made by the employee or to any attachments submitted with the claim.
21. No entry required unless the person signing Item 22 has information which conflicts with any of the employee's responses. If there is a conflict, enter the necessary information in this Item or prepare an attachment.
22. Signature of the supervisor or control office/point specialist or supervisor.
23. Self-explanatory.
24. Self-explanatory.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

**Claim for Continuing Compensation
on Account of Disability**

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



Statement of Injured Employee - See Instructions on Reverse Side

1. Name of Injured Employee (Last, first, middle)		2. OWCP File Number, if known	
3. Home Mailing Address (Include zip code)		4. Social Security Number	
5. Date and Hour of Injury (Mo., day, year) <div style="text-align: right;"><input type="checkbox"/> AM <input type="checkbox"/> PM</div>		6. Period Compensation Is Claimed As a Result of Pay Loss (Mo., day year) If pay loss was intermittent attach separate sheet showing dates and hours of pay loss. From: _____ Through: _____	
7. Have you received any leave pay during the period shown in item 6? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No Show Inclusive Dates. From: _____ Through: _____</div> If leave use was intermittent, attach separate sheet showing dates and hours used.		8. Do you wish to repurchase leave? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
9. Complete this item if you worked anywhere during the period shown in item 6. Attach a separate sheet if needed.			
a. Salaried Employment,			
Dates & Hours Worked	Pay Rate (Per hour, day or week)	Total Amount Earned	Name & Address of Employer
b. Commission and Self-Employment. Show all activities, whether or not income resulted from your efforts.			
Dates & Hours Worked	Name and Address of Business	Self-Employed <input type="checkbox"/> Commission <input type="checkbox"/>	Type of Activity Performed Income Derived (Attach Explanation If Needed)
10. If you were only partially disabled and did not work, state reason for not working.			

11. If, since filing your initial claim for compensation, you have applied for or received VA Benefits based on Military Service for the United States, give the following:

Claim No.	Date of Disability and Monthly Payment	Name and Address of Office Where Claim Is Filed
-----------	--	---

12. If, since filing your initial claim for compensation, you have applied for or received an annuity under the Civil Service Retirement Act or other Federal retirement or disability law, give the following:

Claim No.	Amount of Monthly Payment	Name and Address of Office Where Claim Is Filed
-----------	---------------------------	---

13. SIGNATURE OF EMPLOYEE OR PERSON ACTING ON EMPLOYEE'S BEHALF.

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

14. Date (Mo., day, year)

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Statement of Official Superior

15. If employee has returned to work, show date and hour (Mo., day, year) <div style="text-align: right;"><input type="checkbox"/> AM <input type="checkbox"/> PM</div>		16. Show employee's work week on return to duty, if other than Monday thru Friday <table border="1" style="margin-left: auto; margin-right: auto;"><tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr></table>		S	M	T	W	T	F	S
S	M	T	W	T	F	S				
17. Has employee received any pay for work, leave, subsistence, quarters or other remuneration from your agency during the period shown in item 6 on the reverse side? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		18. If answer to item 17 is Yes, show: Amount: \$ Type of Payment: Period: From: _____ Through: _____								
19. If there has been any change in employee's health benefit enrollment and/or optional insurance since previous claim for compensation was submitted, please explain. (i.e. change of plan or option; if additional deductions have been made by the agency, show amount and period.)										

20. Remarks

21. A supervisor who knowingly certifies to any false statement misrepresentation, concealment of fact, etc., in respect to this claim may also be
subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge
with the following exception:

22. Signature of Official Superior	23. Title	24. Date (mo., day, year)
------------------------------------	-----------	---------------------------

Instructions for Injured Employee

- a. Items 1 through 14 on the reverse side should be completed by the injured employee or by someone acting on the employee's behalf.
The form should then be given to the official superior.
- b. The injured employee should file Form CA-8 each two weeks during the period of disability unless otherwise notified by OWCP. Forms may
be obtained from OWCP or the employing agency.
- c. Employees are advised that fraudulent claims are punishable by a fine of not more than \$10,000, or imprisonment for not more than five
years, or both.
- d. The employee is responsible for submitting, or arranging for the submission of medical evidence in support of this claim. The CA-20a is
attached to form CA-8 for this purpose. The employee should complete items 1 - 6 on form CA-20a. The attending physician should com-
plete items 7 through 23. The address of the appropriate OWCP office should be entered in item 3 on the reverse of the CA-20a.

Instructions for Official Superior

- a. The official superior must complete items 15 through 24 and forward the form, and any accompanying medical report, to the appropriate
OWCP office, within 5 working days of receipt from the employee.

If additional space is required for any reply, a separate sheet of paper may be used, numbering the answers to correspond with items
on the form.

Note: Failure to submit this form properly completed with supporting medical evidence will delay payment of compensation.

OWCP Form CA-10

What A Federal Employee Should Do When Injured At Work



Report to Supervisor	Every job-related injury should be reported as soon as possible to your supervisor. Injury also means any illness or disease that is caused or aggravated by the employment as well as damage to medical braces, artificial limbs and other prosthetic devices.
Obtain Medical Care	Before you obtain medical treatment, ask your supervisor to authorize medical treatment by use of form CA-16. You may initially select the physician to provide necessary treatment. This may be a private physician or, if available, a local Federal medical officer/hospital. Emergency medical treatment may be obtained without prior authorization. Take the form CA-16 and form OWCP-1500/HCFA-1500 to the provider you select. The form OWCP-1500/HCFA 1500 is the billing form physicians must use to submit bills to OWCP. Hospitals and pharmacies may use their own billing forms. On occupational disease claims form CA-16 may not be issued without prior approval from OWCP.
File Written Notice	In traumatic injuries, complete the employee's portion of Form CA-1. Obtain the form from your employing agency, complete and turn it in to your supervisor as soon as possible, but not later than 30 days following the injury. For occupational disease, use form CA-2 instead of form CA-1. For more detailed information carefully read the "Benefits ..." and "Instructions ..." sheets which are attached to the Forms CA-1 and CA-2.
Obtain Receipt of Notice	A "Receipt" of Notice of Injury is attached to each Form CA-1 and Form CA-2. Your supervisor should complete the receipt and return it to you for your personal records. If it is not returned to you, ask your supervisor for it.
Submit Claim For COP/Leave and/or Compensation For Wage Loss	If disabled due to traumatic injury, you may claim continuation of pay (COP) not to exceed 45 calendar days or use leave. A claim for COP must be submitted no later than 30 days following the injury (the form CA-1 is designed to serve as a claim for continuation of pay). If disabled and claiming COP, submit to your employing agency within 10 work days medical evidence that you sustained a disabling traumatic injury. If disabled beyond the COP period, or if you are not entitled to COP, you may claim compensation on form CA-7 or use leave. If disabled due to occupational disease, you may claim compensation on form CA-7 or use leave. A claim for compensation for disability should be submitted as soon as possible after it is apparent that you are disabled and will enter a leave-without-pay status.

The Federal Employees' Compensation Act (FECA) is administered by the U.S. Department of Labor, Employment Standards Administration, Office of Workers' Compensation Programs (OWCP). Benefits include continuation of pay for traumatic injuries, compensation for wage loss, medical care and other assistance for job-related injury or death. For additional information about the FECA, read pamphlet CA-11, "When Injured at Work" or Federal Personnel Manual, Chapter 810, Injury Compensation, available from your employing agency. The agency will also give you the address of the OWCP Office which services your area.

Post on Employees' Bulletin Board

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



Form CA-10
Rev. Aug. 1987

OWCP Form CA-11

Material contained in this publication is in the public domain and may be reproduced, fully or partially, without permission of the Federal Government. Source credit is requested but not required. Permission is required only to reproduce any copyrighted material contained herein.

This material will be made available to sensory impaired individuals upon request.

Voice phone: 202-219-8743

TDD* phone: 1-800-326-2577

*Telecommunications Device for the Deaf

Information Guide for Federal Employees

Introduction

The Federal Employees' Compensation Act (FECA) (5 U.S.C. 8101 et seq.) is administered by the Office of Workers' Compensation Programs (OWCP) of the U.S. Department of Labor. It provides compensation benefits to civilian employees of the United States for disability due to personal injury sustained while in the performance of duty or to employment-related disease. The FECA also provides for the payment of benefits to dependents if the injury or disease causes the employee's death. Benefits cannot be paid if the injury or death is caused by the willful misconduct of the employee or by the employee's intention to bring about his or her injury or death or that of another, or if intoxication (by alcohol or drugs) is the proximate cause of the injury or death.

Medical Benefits

An employee is entitled to medical, surgical and hospital services and supplies needed for treatment of an injury as well as transportation for obtaining care. The injured employee has initial choice of physician and may select any qualified local physician or hospital to provide necessary treatment or may use agency medical facilities if available. Except for referral by the attending physician, any change in treating physician after the initial choice must be authorized by OWCP. Otherwise, OWCP will not be liable for the expenses of treatment.

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. Payment for chiropractic services is limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist. If the physician selected has been excluded from participating in

OWCP Form CA-11 (continued)

the Compensation Program the OWCP District Office will advise the employee of the exclusion and the need to select another physician.

Compensation for Temporary Total Disability

An employee who sustains a disabling, job-related traumatic injury may request continuation of regular pay for the period of disability not to exceed 45 calendar days or sick or annual leave. If disability continues beyond 45 days or the employee is not entitled to continuation of pay, the employee may use sick or annual leave or enter a leave without pay status and claim compensation from OWCP.

When disability results from an occupational disease, the employing agency is not authorized to continue the employee's pay. The employee may use sick or annual leave or enter a leave without pay status and claim compensation.

Compensation for loss of wages may not be paid until after a three-day waiting period, except when permanent effects result from the injury or where the disability causing wage loss exceeds 14 calendar days. Compensation is generally paid at the rate of 2/3 of the salary if the employee has no dependents and 3/4 of the salary if one or more dependents are claimed.

The term "dependent" includes a husband, wife, unmarried child under 18 years of age, and a wholly dependent parent. An unmarried child may qualify as a dependent after reaching the age of 18 if incapable of self-support by reason of mental or physical disability, or as long as the child continues to be a full-time student at an accredited institution, until he or she reaches the age of 23 or has completed four years of education beyond the high school level.

Compensation for Permanent Effects of Injury

The Act provides a schedule of benefits for permanent impairment of certain members, functions and organs of the body such as the eye, arm, or

kidney and for serious disfigurement of the head, face or neck. For example, an award of 160 weeks of compensation is payable for total loss of vision in one eye.

In addition, compensation for loss of earning capacity may be paid if the employee is unable to resume regular work because of injury-related disability. This compensation is paid on the basis of the difference between the employee's capacity to earn wages after an injury and the wages of the job he or she held when injured.

OWCP may arrange for vocational rehabilitation and provide a maintenance allowance not to exceed \$200 per month. A disabled employee participating in an OWCP-approved training or vocational rehabilitation program is paid at the compensation rate for total disability.

If the employee's condition requires a constant attendant, an additional amount not to exceed \$1500 per month may be allowed.

Compensation for Death

If no child is eligible for benefits, the widow or widower's compensation is 50 percent of the employee's pay at the time of death, if death was due to the employment-related injury or disease. If a child or children are eligible for benefits, the widow or widower is entitled to 45 percent of the pay and each child is entitled to 15 percent. If children are the sole survivors, 40 percent is paid for the first child and 15 percent for each additional child, to be shared equally. Other persons such as dependent parents, brothers, sisters, grandparents, and grandchildren may also be entitled to benefits. The total compensation may not exceed 75 percent of the employee's pay or the pay of the highest step for GS-15 of the General Schedule, except when such excess is created by authorized cost-of-living increases.

Compensation to an employee's surviving spouse terminates upon his or her death or remarriage. A widow or widower's benefits continue, however, if the remarriage takes place after the age of 55. Awards to children, brothers, sisters and grand-

OWCP Form CA-11 (continued)

children terminate at the age of 18, unless the dependent is incapable of self-support, or continues to be a full-time student at an accredited institution, until he or she reaches the age of 23, or has completed four years of education beyond the high school level.

Burial expenses not to exceed \$800 are payable. Transportation of the body to the employee's former residence in the United States is provided where death occurs away from the employee's home station. In addition to any burial expenses or transportation costs, a \$200 allowance is paid for the administrative costs of terminating an employee's status with the Federal Government.

Cost-of-Living Increases

Compensation payments on account of a disability or death which occurred more than one year before March 1 of each year, are increased on that date by any percentage change in the Consumer Price Index published for December of the preceding year.

Settlements With Third Parties

Where an employee's injury or death in the performance of duty occurs under circumstances placing a legal liability on a party other than the United States, a portion of the cost of compensation and other benefits paid by OWCP must be refunded from any settlement obtained. OWCP will assist in obtaining the settlement and the Act guarantees that the employee may retain a certain proportion of the settlement (after any attorney fees and costs are deducted) even when the cost of compensation and other benefits exceeds the amount of the settlement.

Appeal Rights

An employee or survivor who disagrees with a final determination of OWCP may request an oral hearing or a review of the written record from the Branch of Hearings and Review. Oral and/or written evidence in further support of the claim may be presented. The employee may also request a

reconsideration of a decision by submitting a written request to the District Office which issued the decision. The request must be accompanied by evidence not previously submitted. If reconsideration has been requested, a hearing on the same issue may not be granted. The employee or survivor may also request review by the Employees' Compensation Appeals Board (ECAB). Because the ECAB rules solely on the evidence of record at the time the decision was issued, no additional evidence may be presented.

More Detailed Information

More detailed information about the requirements for coverage and benefits under the Federal Employees' Compensation Act may be obtained from Federal Personnel Manual Chapter 810, Injury Compensation, and booklet CA-550, Questions and Answers About the Federal Employees' Compensation Act, which answers questions commonly asked about compensation benefits. These publications may be obtained through your employing agency's personnel office.

What To Do...

1. **Keep This Pamphlet.** It is important that you know what you are entitled to, since benefits are not paid automatically. You or your survivors must claim them.

2. **In Case of Injury,** obtain first aid or medical treatment even if the injury is minor. While many minor injuries heal without treatment, a few result in serious prolonged disability that could have been prevented had the employee received treatment when the injury occurred.

For traumatic injuries, ask your employer to authorize medical treatment on Form CA-16 BEFORE you go to the doctor. Take Form CA-16 when you go to the doctor, along with Form OWCP-1500, which the doctor must use to submit bills to OWCP. Your employer may authorize medical treatment for occupational disease ONLY if OWCP gives prior approval.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

OWCP Form CA-11 (continued)

Submit bills promptly, as bills for medical treatment may not be paid if submitted to OWCP more than one year after the calendar year in which you received the treatment or in which the condition was accepted as compensable.

3. Report Every Injury to your supervisor. Submit written notice of your injury on Form CA-1 if you sustained a traumatic injury, or Form CA-2 if the injury was an occupational disease or illness. (Forms CA-1 and CA-2 may be obtained from your employing agency or OWCP.)

Form CA-1 must be filed within 30 days of the date of injury to receive continuation of pay (COP) for a disabling traumatic injury. COP may be terminated if medical evidence of the injury-related disability is not submitted to your employer within 10 workdays. **YOU ARE RESPONSIBLE FOR ENSURING THAT SUCH MEDICAL EVIDENCE IS SUBMITTED TO YOUR EMPLOYING AGENCY.** Form CA-2 should also be filed within 30 days. Any claim which is not submitted within 3 years will be barred by statutory time limitations unless the immediate superior had actual knowledge of the injury or death within 30 days of occurrence.

4. Establish the Essential Elements of Your Claim. You must provide the evidence needed to show that you filed for benefits in a timely manner; that you are a civil employee; that the injury occurred as reported and in the performance of duty; and that your condition or disability is related to the injury or factors of your Federal employment. OWCP will assist you in meeting this responsibility, which is called burden of proof, by requesting evidence needed to fulfill the requirements of your claim.

5. File a Claim for Compensation. File Form CA-7, Claim for Compensation on Account of Traumatic Injury or Occupational Disease, if you cannot return to work because of your injury and you are losing (or expect to lose) pay for more than three days. Give the form to your supervisor seven to ten days before the end of the COP period, if you received COP. If you are not entitled to COP, submit Form CA-7 when you enter or expect to enter a leave without pay status. All

wage loss claims must be supported by medical evidence of injury-related disability for the period of the claim.

If you continue to lose pay after the dates claimed on Form CA-7, submit Forms CA-8 Claim for Continuing Compensation on Account of Disability, through your employer to claim additional compensation until you return to work or until OWCP advises they are no longer needed. You are *not* required to use your sick or annual leave before you claim compensation.

If you choose to use your leave, you may, with your agency's concurrence, request leave buy-back by submitting Form CA-7 to OWCP through your employing agency. Any compensation payment is to be used to partially reimburse your agency for the leave pay. You must also arrange to pay your agency the difference between the leave pay based on your full salary and the compensation payment that was paid at 2/3 or 3/4 of your salary. Your agency will then recredit the leave to your leave record.

6. Return To Work As Soon As your Doctor Allows You To Do So. If your employing agency gives you a written description of a light duty job, you must provide a copy to your doctor and ask if and when you can perform the duties described. If your agency is willing to provide light work, you must ask your doctor to specify your work restrictions. In either case, you must advise your agency immediately of your doctor's instructions concerning return to work, and arrange for your agency to receive written verification of this information. COP or compensation may be terminated if you refuse work which is within your medical restrictions without good cause, or if you do not respond within specified time limits to a job offer from your agency.

In appropriate cases, OWCP provides assistance in arranging for reassignment to lighter duties in cooperation with the employing agency. In addition, injured employees have certain other specified rights under the jurisdiction of the Office of Personnel Management, such as reemployment rights if the disability has been overcome within one year.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

OWCP Form CA-11 (continued)

7. ***Tell Your Family*** about the benefits they are entitled to in the event of your death. For assistance in filing a claim they may contact your employing agency's personnel office or OWCP.

**For Additional Information or When in Doubt
About Your Compensation Benefits Write to the
Office of Workers' Compensation Programs.**

*(Obtain the address of the OWCP district office
from your employing agency.)*

GPO : 1993 O - 355-962 QL 3

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

OWCP Form CA-13

NOTICE TO EMPLOYEE

The attached card provides instructions for you and your family in the event of your injury or death as a result of your employment.

Detach the card and keep it in your wallet for reference. It is important that you and your dependents know what to do in order to receive FECA benefits.

U.S. DEPARTMENT OF LABOR
Employment Standards Administration
Office of Workers' Compensation Programs (OWCP)
Washington, D.C. 20210



WORK INJURY BENEFITS FOR FEDERAL EMPLOYEES

If you sustain injury, which includes occupational disease, damage to medical braces, artificial limbs, or other prosthetic devices, you may be entitled to benefits of the Federal Employees' Compensation Act (FECA).

WHEN INJURED

1. Notify your supervisor immediately and obtain authorization for medical care.
2. In traumatic injuries, you or someone acting on your behalf must complete the employee's portion of Form CA-1, and return it to your employing agency within 30* days of the injury. Use Form CA-2, if disability results from an occupational disease.

*(Claim may be valid if filed within 3 years following the injury.)
Form CA-13
Rev. July 1987

(over)

For more detailed information, carefully read the sheets which are attached to Forms CA-1 and CA-2.

3. If disabled due to traumatic injury, you may use leave, or request continuation of pay, not to exceed 45 days. Thereafter compensation is claimed on Form CA-7. If disabled due to occupational disease, you may use leave, or claim compensation on Form CA-7.

DEATH BENEFITS

Compensation may also be payable to certain members of your family for job-related death. A claim for death benefits must be filed with your agency or the OWCP no later than 3 years following death. Beneficiaries may obtain assistance from your agency or the OWCP.

For additional information about the FECA, read pamphlet CA-11, When Injured at Work. (Rev. 7/87) available from your agency. The agency will also give you all needed forms and the address of the OWCP office which services your area.

U.S. DEPARTMENT OF LABOR
Employment Standards Administration
Office of Workers' Compensation Programs (OWCP)
Washington, D.C. 20210



INSTRUCTIONS TO FEDERAL AGENCIES

1. Issue this card to each employee of your agency.
2. Further information regarding the Federal Employees' Compensation Act (FECA) may be obtained from the OWCP and/or Chapter 810 of the Office of Personnel Management's Federal Personnel Manual.
3. Additional cards may be obtained from the OWCP office servicing your area.

Form CA-13
Rev. July 1987

OWCP Form CA-16 Instructions

Authorization for Examination and/or Treatment

Summary

Purpose

Authorization for an employee to obtain medical care or treatment from a doctor or medical facility of his or her choice following an injury or illness.

Timeliness

Following a traumatic injury which does not require emergency care, the form must be issued within four hours after the injury or after request for medical care by the injured employee.

The form may be issued for an occupational illness or disease; however, it cannot be issued without the permission of the OWCP district office — a claims examiner or higher level OWCP person.

When a traumatic injury requires emergency care, and a CA-16 cannot be provided at the time of the care, it will be issued to the source of emergency care within 48 hours.

When to Prepare

Prepare this form at the following time:

- a. Following a traumatic injury which requires medical care.
- b. *At the discretion of the control office, it may be issued following a recurrence if it is either within six months after the injury, within six months after the last medical care, or within six months after the return to work from the first period of disability (this is a very rare situation).*

When Not to Prepare

- a. Following the submission of an occupational claim (CA-2) *unless authorized by the OWCP district office.*
- b. Following a heart attack, the employee or representative may file a CA-2 if they believe that the heart attack arose out of and in the course of their job.
- c. Following a recurrence if it is more than six months after the injury or after the return to work from the *first* period of disability.
- d. Should not be used to authorize a change of physicians after the initial choice has been made.
- e. An employee may not execute a CA-16 in his or her own behalf.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

OWCP Form CA-16 Instructions (continued)

- f. When an injured employee is seen or treated by either a postal medical officer or contract doctor for a first aid case not reportable to OWCP district office

Who Prepares

- a. Authorized control office personnel.
- b. Trained and authorized control point personnel. Medical or Health unit medical personnel (if applicable) and authorized control points. Authorizing office *must* be supervisory level.

General Procedures

The authorized official will complete the CA-16 in triplicate. The original and one copy will be sent with the employee to the treating physician along with a pre-addressed envelope.

The physician will complete part B of the form and should be requested to either give the copy to the employee for immediate return to the control office/point, or mail it to the control office in the envelope provided.

Filing and Distribution

Filing and distribution procedures as follows:

- a. Send the original to the OWCP district office.
- b. Copy to claimant's Injury Compensation file.

Instructions

Part A – Authorization will be completed by the issuing, authorized official.

1. *After an appointment has been made*, enter the name and address of the physician or hospital selected by the employee. If issued for emergency care, indicate "*emergency care*," and enter the name and address of the source of such care.

Note: If issued for a recurrence, the source of medical care should be the same as the previous authorization.

2. Claimant's complete name; last name, first name, and middle name (Enter "NMN" if no middle name).
3. Date of injury per Items 10 and 21 on the CA-1; or, Item 29, on the CA-2.
4. Enter the employee's craft or title and either FTRS, PTRS, Casual, Transitional Employee, EAS, PCES, or other.
5. *Provide a description of the injury or part of the body affected*. Be specific, this information may assist the doctor.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

OWCP Form CA-16 Instructions (continued)

Note: It is permissible to add a stamped or typed statement such as *Limited duty may be available, in accordance with the attached job or function description.*

6. a. Check box 6.B.1. if there is *no doubt* as to the validity of the injury.
b. Check box 6.B.2. if there IS ANY DOUBT concerning the relationship of the injury to the employee's work, or any doubt that an injury occurred.
c. If the form is issued for an occupational claim, check 6.B.2.
7. Complete if the form is issued for an occupational illness or disease. Insert name and title of approving OWCP official, a claims examiner, or higher level OWCP person.
8. Authorized official's signature.
9. Self-explanatory.
10. Commercial telephone number.
11. Date of issue.
12. Complete, but request return of the copy to the ICCO.
13. Complete with mailing address of the ICCO.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

OWCP Form CA-16

**Authorization for Examination
And/Or Treatment**

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



The following request for information is authorized by law (5 USC 8101 et. seq.). Benefits and/or medical services expenses may not be paid or may be subject to suspension under this program unless this report is completed and filed as requested. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and OMB Cir. No. A-108.

OMB No.: 1215-0103
Expires: 10-31-94

PART A - AUTHORIZATION

1. Name and Address of the Medical Facility or Physician Authorized to Provide the Medical Service:

2. Employee's Name (last, first, middle)

3. Date of Injury (mo. day, yr.)

4. Occupation

5. Description of Injury or Disease:

6. You are authorized to provide medical care for the employee for a period of up to sixty days from the date shown in item 11, subject to the condition stated in item A, and to the condition indicated either 1 or 2, in item B.

A. Your signature in item 35 of Part B certifies your agreement that all fees for services shall not exceed the maximum allowable fee established by OWCP and that payment by OWCP will be accepted as payment in full for said services.

B. ☐ 1. Furnish office and/or hospital treatment as medically necessary for the effects of this injury. Any surgery other than emergency must have prior OWCP approval.

☐ 2. There is doubt whether the employee's condition is caused by an injury sustained in the performance of duty, or is otherwise related to the employment. You are authorized to examine the employee using indicated non-surgical diagnostic studies, and promptly advise the undersigned whether you believe the condition is due to the alleged injury or to any circumstances of the employment. Pending further advice you may provide necessary conservative treatment if you believe the condition may be to the injury or to the employment.

7. If a Disease or Illness is Involved, OWCP Approval for Issuing Authorization was Obtained from: (Type Name and Title of OWCP Official)

8. Signature of Authorizing Official:

9. Name and Title of Authorizing Official: (Type or print clearly)

10. Local Employing Agency Telephone Number:

11. Date (mo., day, year)

12. Send one copy of your report: (Fill in remainder of address)

13. Name and Address of Employee's Place of Employment:

U.S. DEPARTMENT OF LABOR
Employment Standards Administration
Office of Workers' Compensation Programs

Department of Agency

Bureau or Office

Local Address (including ZIP Code)

Public Burden Statement

We estimate that it will take an average of 30 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of IRM Policy, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0103), Washington, D.C. 20503.

DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES

Form CA-16
Rev. Oct. 1988

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

OWCP Form CA-16 (continued)

PART B - ATTENDING PHYSICIAN'S REPORT			
14. Employee's Name (last, first, middle)			
15. What History of Injury or Disease Did Employee Give You?			
16. Is there any History or Evidence of Concurrent or Pre-existing Injury, Disease, or Physical Impairment? (If yes, please describe) <input type="checkbox"/> Yes <input type="checkbox"/> No			16a. IDC-9 Code <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
17. What are Your Findings? (Include results of X-rays, laboratory tests, etc.)		18. What is Your Diagnosis? <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	
19. Do You Believe the Condition Found was Caused or Aggravated by the Employment Activity Described? (Please explain your answer if there is doubt) <input type="checkbox"/> Yes <input type="checkbox"/> No			
20. Did Injury Require Hospitalization? If yes, date of admission (mo., day, year) Date of discharge (mo., day, year)		21. Is Additional Hospitalization Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Surgery (If any, describe type)		23. Date Surgery Performed (mo., day, year)	
24. What (Other) Type of Treatment Did You Provide?		25. What Permanent Effects, if Any, Do You Anticipate?	
26. Date of First Examination (mo., day, year)		28. Date of Discharge from Treatment (mo., day, year)	
27. Date(s) of Treatment (mo., day, year)		30. Is Employee Able to Resume <input type="checkbox"/> Light Work Date: <input type="checkbox"/> Regular Work Date:	
29. Period of Disability (mo., day, year) (If termination date unknown, so indicate) Total Disability: From To Partial Disability: From To		31. If Employee is Able to Resume Work, Has He/She been Advised? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Furnish Date Advised	
32. If Employee is Able to Resume Only Light Work, Indicate the Extent of Physical Limitations and the Type of Work that Could Reasonably be Performed with these Limitations.			
33. General Remarks and Recommendations for Future Care, if Indicated. If you have made a Referral to Another Physician or to a Medical Facility, Provide Name and Address.			
34. Do You Specialize? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, state specialty)			
35. SIGNATURE OF PHYSICIAN. I certify that all the statements in response to the questions asked in Part B of this form are true, complete and correct to the best of my knowledge. Further, I understand that any false or misleading statement or any misrepresentation or concealment of material fact which is knowingly made may subject me to felony criminal prosecution.		36. Address (No., Street, City, State, Zip Code)	
37. Tax Identification Number		38. Date of Report	

MEDICAL BILL: Charges for your services should be presented to the AMA standard "Health Insurance Claim Form" (AMA OP 407/408/409; OWCP-1500a, or HCFA 1500). Service must be itemized by Current Procedural Terminology Code (CPT 4) and the form must be signed.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

OWCP Form CA-16 (continued)

INSTRUCTIONS FOR AUTHORIZING OFFICIAL FOR COMPLETION OF PART A

SELECTION OF PHYSICIAN

- A Federal employee injured by accident while in the performance of duty has the initial right to select a physician of his/her choice to provide necessary treatment. The supervisor shall immediately authorize examination and appropriate medical care by use of Form CA-16 issued to either a United States medical officer/hospital or any duly qualified physician/hospital of the employee's choice.

If the employee elects to be treated by a private physician, a copy of the American Medical Association standards billing form (AMA OP 407/408/409; OWCP-1500a) should be supplied together with Form CA-16.

A physician who is debarred from the FECA program as provided at 20 CFR 10.450-457 may not be authorized to examine or treat an injured Federal employee.

Generally, 25 miles from the place of injury, employing agency, or the employee's home is a reasonable distance to travel for medical care; however, other pertinent factors must also be considered.

PERIOD OF AUTHORIZATION

- Form CA-16 is valid for up to sixty days from date of issuance, and may be terminated earlier upon written notice from OWCP to the provider. It should not be used to authorize a change of physicians after the initial choice is exercised by the employee.

FEDERAL MEDICAL FACILITIES

- U.S. medical facilities include Public Health Service, Military, or VA hospitals. Federal health service facilities (health units) established under 5 USC 7901 are not U.S. medical facilities as used herein (see 20 CFR 10.400).

DEFINITION OF INJURY

- The term "injury" includes damage to or destruction of medical braces, artificial limbs and other prosthetic devices. Eyeglasses and hearing aids are included only if the damages were incidental to a personal injury which required medical services. Treatment for illness or disease should not be authorized unless approval is first obtained from OWCP.

DEFINITION OF PHYSICIAN

- The term "physician" includes doctors of medicine (MD), surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors and osteopathic practitioners within the scope of their practice as defined by State law. The reimbursable services of chiropractors under the FECA are limited by statute to physical examination, related laboratory tests and X-rays to diagnose a subluxation of the spine; and treatment consisting of manual manipulation of the spine to correct a subluxation demonstrated by X-ray.

FORM COMPLETION

- Part A shall be completed in full by the authorizing official. The authorization is not valid unless the name and address of the physician or hospital is entered in Item 1 and the signature of the authorizing official appears in Item B. Check B1 or B2 or Item 6, whichever is appropriate. In case of illness or disease, only Box B2 may be checked.

Show the address of the proper OWCP Office in Item 12. Send original and one copy of Form CA-16 to the medical officer or physician. If issued for illness or disease, a copy must also be sent to OWCP.

ADDITIONAL INFORMATION

- See 20 CFR and/or Chapter 810, Federal Personnel Manual (FPM).

Information for Physician - See Reverse Side

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

OWCP Form CA-16 (continued)

INFORMATION FOR PHYSICIAN

YOUR AUTHORIZATION

- Please read Part A of Form CA-16. You are authorized to examine and provide treatment for the injury or disease described in Item 5, for a period of not more than 60 days from the date of issuance, subject to the conditions in Item 6. A physician who is debarred from the FECA program as provided at 20 CFR 10.450-457 may not be authorized to examine or treat an injured Federal employee. Authorization may be terminated earlier upon written notice from OWCP. For extension of the authorization to treat beyond the 60 day period, apply to the office shown in Part A, Item 12.

USE OF CONSULTANTS AND HOSPITALS

- You may utilize consultants, laboratories and local hospitals, if needed. Authorize semi-private accommodations unless a private room is medically necessary. Ancillary treatment may be provided to a hospitalized employee as necessary.

REPORTS

- After examination, complete items 14 through 38, of Part B, and send your report, together with any additional narrative or explanatory material, to the address listed in Part A, Item 12. If the employee sustained a traumatic injury and is disabled for work, reports on Form CA 17, "Duty Status Report" may be required by the employing agency during the first 45 days of disability. If disability continues beyond 45 days, monthly reports should be submitted. Reports from all consultants are also required. Delay in submitting medical reports may delay payment of benefits.

RELEASE OF RECORDS

- Injury reports are the official records of OWCP. They shall not be released to anyone nor may any other use be made of them without the approval of OWCP.

BILLING FOR SERVICES

- OWCP requires that charges be itemized using the AMA standard "Health Insurance Claim Form" (AMA OP 407/408/409; OWCP-1500, or HCFA-1500). Each procedure must be identified, in Column 24 C of the form, by the applicable Current Procedural Terminology (4th edition) Code CPT 4). A copy of the form may be supplied by the employee at the time treatment is sought.
- Payment for chiropractic services is limited to charges for physical examinations, related laboratory tests, and X-rays to diagnose a subluxation of the spine; and treatment consisting of manual manipulation of the spine to correct a subluxation demonstrated by X-ray.

TAX IDENTIFICATION NUMBER

- The provider's Tax Identification Number (TIN) is an important identifier in the OWCP system. To speed processing and to reduce inaccuracy of payment, the provider's TIN (Employer Identification Number or SSN) should be shown on all reports and billings submitted to OWCP. If possible, providers should decide on a single TIN - either corporate or personal - which is used consistently on OWCP claims.

ADDITIONAL INFORMATION

- Contact the OWCP shown in Item 12 of Part A.

Please Remove These Instructions Before Submitting Your Report.



INSTRUCTIONS FOR COMPLETING DUTY STATUS REPORT (CA-17)

- SUPERVISOR:** Complete Side A and refer the form to the physician to complete Side B. Fill in the address of the Employing Agency and the appropriate OWCP District Office in the spaces below. Enter the OWCP file number in the top right corner.
- PHYSICIAN:** Complete Side B, sign and return to the employing agency within 2 days to prevent interruption of the employee's income. Fill in your name and address.

Medical Facility Name and Address

Send Original Report to:

Employing Agency Address

Send a Copy of This Report to:

OFFICE OF WORKERS' COMPENSATION PROGRAMS

CERTIFICATION: BY SIGNING BLOCK 19 ON THE FRONT OF THIS FORM, THE PHYSICIAN CERTIFIES AS FOLLOWS:

I CERTIFY THAT ALL THE STATEMENTS IN RESPONSE TO THE QUESTIONS ASKED ON THIS FORM CA-17 ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. FURTHER, I UNDERSTAND THAT ANY KNOWINGLY FALSE OR MISLEADING STATEMENT, OR MISREPRESENTATION OR CONCEALMENT OF MATERIAL FACT, MAY SUBJECT ME TO FELONY CRIMINAL PROSECUTION.

I FURTHER UNDERSTAND THAT THIS REQUEST DOES NOT CONSTITUTE AUTHORIZATION FOR PAYMENT OF MEDICAL EXPENSES BY THE DEPARTMENT OF LABOR, NOR DOES IT INVALIDATE ANY PREVIOUS AUTHORIZATION ISSUED IN THIS CASE.

Public Burden Statement

We estimate that it will take an average of 5 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the OWCP, U.S. Department of Labor, Room S-3229, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

DO NOT SEND THE COMPLETED FORM TO THIS OFFICE

OWCP Form CA-17 Instructions

Summary

Purpose

To keep the ICCO and the OWCP office informed of the injured or ill employee's ability to return to either limited or full duty.

Prepared By

1. SIDE A.
 - a. For initial disability: direct supervisor.
 - b. For continuing full or partial disability: ICCO
2. SIDE B: Treating Physician

When to Prepare

1. After initial injury to accompany the CA-16.
2. For continuing total disability for each medical visit; or at a minimum of each two weeks.
3. For continuing limited duty or follow up examinations when employee has returned to duty.

General Procedures

1. The appropriate official completes Side A
2. The employee delivers this form, along with the CA-16, job descriptions, and OWCP Form 1500 as appropriate, to the treating physician.
3. The treating physician will complete Side B of the form and either give it, along with the approved job descriptions, to the employee for immediate return to the ICCO or, if necessary, mail to the ICCO in the envelope provided.

Filing and Distribution

Filing and distribution procedures are as follows:

1. ICCO will forward the *original* of the form to OWCP (**Note:** the form instructions state to send a copy to OWCP, however the USPS policy is to send the original CA-17 to OWCP)
2. Keep a *copy* in the Injury Compensation file.

OWCP Form CA-17 Instructions (continued)

Instructions

Side A is to be completed by the immediate supervisor/control office/point.

1. Claimant's complete name; last name, first name, and middle name.
(Enter "NMN" if no middle name)
2. Date of injury; Item 10 or 21 on the CA-1 or Item 29 on the CA-2.
3. SSN consists of NINE digits.
4. Occupation (employee's title).
5. Brief description of injury or illness and part(s) of body affected. Refer to Item 13 and 14 on the CA-1 or Item 14 on the CA-2.
6. Work schedule
7. Complete as accurately as possible based on the work the employee *actually* performs in his or her *regular assignment*.

Note: The attending physician completes Side B. A physician's assistant, nurse practitioner, nurse, or other person not within the FECA definition of a physician is not acceptable as the certifying physician. Certification by a physician's assistant will be acceptable if such certification is countersigned by a physician.

OWCP Form CA-17

Employment Standards Administration
Office of Workers' Compensation Programs

OWCP File Number
(If known)

SIDE A - Supervisor: Complete this side and refer to physician				SIDE B - Physician: Complete this side		
1. Employee's Name (Last, first, middle)				8. Does the History of Injury Given to You by the Employee Correspond to that Shown in Item 5? <input type="checkbox"/> Yes <input type="checkbox"/> No (If not, describe)		
2. Date of Injury (Month, day, yr.)		3. Social Security No.				
4. Occupation						
5. Describe How the Injury Occurred and State Parts of the Body Affected				9. Description of Clinical Findings		
6. The Employee Works Hours Per Day _____ Days Per Week _____				10. Diagnosis Due to Injury		11. Other Disabling Conditions
				12. Employee Advised to Resume Work? <input type="checkbox"/> Yes, Date Advised ____/____/____ <input type="checkbox"/> No		
7. Specify the Usual Work Requirements of the Employee. Check Whether Employee Performs These Tasks or is Exposed Continuously or Intermittently, and Give Number of Hours.				13. Employee Able to Perform Regular Work Described on Side A? <input type="checkbox"/> Yes, If so <input type="checkbox"/> Full-Time or <input type="checkbox"/> Part-Time _____ Hrs Per Day <input type="checkbox"/> No, If not, complete below:		
Activity	Continuous	Intermittent		Continuous	Intermittent	
a. Lifting/Carrying: State Max Wt.	#lbs.	#lbs.	Hrs Per Day	#lbs.	#lbs.	Hrs Per Day
b. Sitting			Hrs Per Day			Hrs Per Day
c. Standing			Hrs Per Day			Hrs Per Day
d. Walking			Hrs Per Day			Hrs Per Day
e. Climbing			Hrs Per Day			Hrs Per Day
f. Kneeling			Hrs Per Day			Hrs Per Day
g. Bending/Stooping			Hrs Per Day			Hrs Per Day
h. Twisting			Hrs Per Day			Hrs Per Day
i. Pulling/Pushing			Hrs Per Day			Hrs Per Day
j. Simple Grasping			Hrs Per Day			Hrs Per Day
k. Fine Manipulation (includes keyboarding)			Hrs Per Day			Hrs Per Day
l. Reaching above Shoulder			Hrs Per Day			Hrs Per Day
m. Driving a Vehicle (Specify)			Hrs Per Day			Hrs Per Day
n. Operating Machinery (Specify)			Hrs Per Day			Hrs Per Day
o. Temp. Extremes			Hrs Per Day range in degrees F			Hrs Per Day range in degrees F
p. High Humidity			Hrs Per Day			Hrs Per Day
q. Chemicals, Solvents, etc. (Identify)			Hrs Per Day			Hrs Per Day
r. Fumes/Dust (identify)			Hrs Per Day			Hrs Per Day
s. Noise (Give dBA)			dBA Hrs Per Day			dBA Hrs Per Day
t. Other (Describe)				14. Are Interpersonal Relations Affected Because of a Neuropsychiatric Condition? (e.g. Ability to Give or Take Supervision, Meet Deadlines, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No (Describe)		
				15. Date of Examination		16. Date of Next Appointment
				17. Specialty		18. Tax Identification Number
				19. Physician's Signature		20. Date

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

OWCP Form CA-17 (continued)

INSTRUCTIONS FOR COMPLETING DUTY STATUS REPORT

SUPERVISOR: Complete Side A and refer the form to the physician to complete Side B. Fill in the address of the Employing Agency and the appropriate OWCP District Office in the spaces below. Enter the OWCP file number in the top right corner.

PHYSICIAN: Complete Side B, sign and return to the employing agency within 2 days to prevent interruption of the employee's income. Fill in your name and address.

Medical Facility Name and Address

Send Original Report to:

Employing Agency Address

Send a Copy of This Report to:

OFFICE OF WORKERS' COMPENSATION PROGRAMS

CERTIFICATION: BY SIGNING BLOCK 19 ON THE FRONT OF THIS FORM, THE PHYSICIAN CERTIFIES AS FOLLOWS:

I CERTIFY THAT ALL THE STATEMENTS IN RESPONSE TO THE QUESTIONS ASKED ON THIS FORM CA-17 ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. FURTHER, I UNDERSTAND THAT ANY KNOWINGLY FALSE OR MISLEADING STATEMENT, OR MISREPRESENTATION OR CONCEALMENT OF MATERIAL FACT, MAY SUBJECT ME TO FELONY CRIMINAL PROSECUTION.

I FURTHER UNDERSTAND THAT THIS REQUEST DOES NOT CONSTITUTE AUTHORIZATION FOR PAYMENT OF MEDICAL EXPENSES BY THE DEPARTMENT OF LABOR, NOR DOES IT INVALIDATE ANY PREVIOUS AUTHORIZATION ISSUED IN THIS CASE.

Public Burden Statement

We estimate that it will take an average of 5 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of IRM Policy, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0103), Washington, D.C. 20503.

DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES

For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

Form CA-17
Rev. July 1991

Attending Physician's Report

U.S. Department of Labor

Employment Standards Administration
Office of Workers' Compensation Programs



Record of Examination

1. Patient's name Last First Middle	2. Date of Injury mo. day yr. [][] [][] [][]	3. OWCP File Number	OMB No. 1215-0103 Expires: 08-31-02
-------------------------------------	--	---------------------	--

4. What history of injury (including disease) did patient give you?

5. Is there any history or evidence of concurrent or pre-existing injury or disease or physical impairment? (If yes, please describe) <input type="checkbox"/> Yes <input type="checkbox"/> No	ICD-9 Code [][][] [][][] [][][]
--	---

6. What are your findings? (Include results of X-Rays, laboratory reports, etc.)

7. What is your diagnosis?	ICD-9 Code [][][] [][][] [][][]
----------------------------	---

8. Do you believe the condition found was caused or aggravated by an employment activity? (Please explain answer)
☐ Yes ☐ No

9. Did injury require hospitalization? If no, go to item #13 <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Date of admission mo. day yr. [][] [][] [][]	11. Date of discharge mo. day yr. [][] [][] [][]	12. Additional Hospitalization required If Yes, describe in "Remarks" (Item 25) <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--	--

13. What treatment did you provide?

14. Date of first examination mo. day yr. [][] [][] [][]	15. Date(s) of treatment mo. day yr. mo. day yr. mo. day yr. [][] [][] [][] [][] [][] [][] [][] [][] [][] [][] [][]	16. Date of discharge from treatment mo. day yr. [][] [][] [][]
--	---	---

17. Period of total disability From mo. day yr. Thru mo. day yr. [][] [][] [][] [][] [][] [][]	18. Period of Partial Disability From mo. day yr. Thru mo. day yr. [][] [][] [][] [][] [][] [][]	19. Date employee able to resume light work mo. day yr. [][] [][] [][]
--	--	--

20. Date employee is able to resume regular work mo. day yr. [][] [][] [][]	21. Has employee been advised that he/she can return to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	22. If yes, on what date was he/she advised? mo. day yr. [][] [][] [][]
---	---	---

23. If employee is able to resume only light work, indicate the extent of physical limitations and the type of work that could reasonably be performed with these limitations. (Continue in item #25 if necessary.)	24. Are any permanent effects expected as a result of this injury? If yes, describe in item #25. <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

25. Remarks

26. If you have referred the employee to another physician provide the following: Name Address City State ZIP	Specialty 27. What was the reason for this referral? <input type="checkbox"/> Consultation <input type="checkbox"/> Treatment
--	---

Signature

28. I certify that the statements in response to the questions asked above are true, complete and correct to the best of my knowledge. Further, I understand that any false or misleading statement or any misrepresentation or concealment of material fact which is knowingly made may subject me to felony criminal prosecution.

Signature of Physician _____ Date _____

29. Name of Physician Address City State ZIP	30. Tax ID Number 31. Do you specialize? <input type="checkbox"/> Yes <input type="checkbox"/> No 32. If yes, indicate specialty
--	--

FORM CA-20, PHYSICIAN'S REPORT

Compensation for wage loss cannot be paid unless medical evidence has been submitted supporting disability for work during the period claimed. For claims based on traumatic injury and reported on Form CA-1, the employee should detach Form CA-20, complete items 1-3 on the front, and print the OWCP district office address on the reverse. The form should be promptly referred to the attending physician for early completion. If the claim is for occupational disease, filed on Form CA-2, a medical report as described in the instructions accompanying that form is required in most cases. The employee should bring these requirements to the physician's attention. It may be necessary for the physician to provide a narrative medical report in place of or in addition to Form CA-20 to adequately explain and support the relationship of the disability to the employment.

For payment of a schedule award, the claimant must have a permanent loss or loss of function of one of the members of the body or organs enumerated in the regulations (20 C.F.R. 10.304). The attending physician must affirm that maximum medical improvement of the condition has been reached and should describe the functional loss and the resulting impairment in accordance with the American Medical Association *Guides to the Evaluation of Permanent Impairment*.

PRIVACY ACT

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended and extended (5 U.S.C. 8101, et seq.) (FECA) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for and the amount of benefits payable under the FECA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agency which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider issues relating to retention, rehire, or other relevant matters. (4) Information may also be given to other Federal agencies, other government entities, and to private-sector agencies and/or employers as part of rehabilitative and other return-to-work programs and services. (5) Information may be disclosed to physicians and other health care providers for use in providing treatment or medical/vocational rehabilitation, making evaluations for the Office, and for other purposes related to the medical management of the claim. (6) Information may be given to Federal, state and local agencies for law enforcement purposes, to obtain information relevant to a decision under the FECA, to determine whether benefits are being paid properly, including whether prohibited dual payments are being made, and, where appropriate, to pursue salary/administrative offset and debt collection actions required or permitted by the FECA and/or the Debt Collection Act. (7) Disclosure of the claimant's social security number (SSN) or tax identifying number (TIN) on this form is mandatory. The SSN and/or TIN, and other information maintained by the Office, may be used for identification, to support debt collection efforts carried on by the Federal government, and for other purposes required or authorized by law. (8) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits.

Note: This notice applies to all forms requesting information that you might receive from the Office in connection with the processing and adjudication of the claim you filed under the FECA.

IMPORTANT: A MEDICAL REPORT IS REQUIRED BY THE OFFICE OF WORKERS' COMPENSATION PROGRAMS BEFORE PAYMENT OF COMPENSATION FOR LOSS OF WAGES OR PERMANENT DISABILITY CAN BE MADE TO THE EMPLOYEE. THIS INFORMATION IS REQUIRED TO OBTAIN OR RETAIN A BENEFIT (5 USC 8101 et seq.).

IF YOU HAVE SUBMITTED A NARRATIVE MEDICAL REPORT OR A FORM CA-16 TO OWCP WITHIN THE PAST 10 DAYS, YOU NEED NOT SUBMIT THIS FORM CA-20.

OWCP REQUIRES THAT MEDICAL BILLS, OTHER THAN HOSPITAL BILLS, BE SUBMITTED ON THE AMERICAN MEDICAL ASSOCIATION HEALTH INSURANCE CLAIM FORM, HCFA 1500/OWCP-1500a.

INSTRUCTIONS TO PHYSICIAN FOR COMPLETING ATTENDING PHYSICIAN'S REPORT

1. COMPLETE THE ENTRIES 1-32 ON THE FORM; AND
2. IF DISABILITY HAS NOT TERMINATED, INDICATE IN ITEM 17; AND
3. SEND THE FORM AND YOUR BILL TO:

OFFICE OF WORKERS' COMPENSATION PROGRAMS

Public Burden Statement

We estimate that it will take an average of 5 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room S-3229, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THIS OFFICE

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

OWCP Form CA-20 Instructions

Attending Physician's Report

Summary

Purpose

Medical report to support an injury or illness claim. May be used in occupational disease cases for follow-up reports.

Who Prepares

- a. Items 1–3 completed by the employee (see CA-20 instructions on the CA-7.)
- b. Items 4–32 completed by the treating physician.

When to Prepare

- a. When the CA-7 or CA-8 is submitted.
- b. At intervals to be determined by ICCO.

Filing and Distribution

Filing and distributing procedures are as follows:

- a. Original to the OWCP.
- b. Copy to claimant's injury compensation file.

Instructions

- a. Items 1–3 should be completed by the employee.
- b. Items 4–32 should be completed by the attending physician; however, either a narrative report or another form may be acceptable.

Note: A physician's assistant, nurse practitioner, nurse, or other person not within the FECA definition of a physician is not acceptable as the certifying physician. Certification by a physician's assistant will be acceptable if such certification is countersigned by a physician. Rubber stamp signatures are not acceptable.
- c. On receipt of the completed form from the physician, the ICCO should review it to ensure that the history of injury in Item 5 is consistent with the original claim; refer to Items 13 and 14 on the CA-1 or to Items 11–14 on the CA-2.
- d. If a conflict is discovered, making allowance for terminology, typographical errors, and memory lapses, the claim should be evaluated for controversy.
- e. The remainder of the physician's report should be checked for completeness. Pay particular attention to the periods of total and partial disability to

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

OWCP Form CA-20 Instructions (continued)

authorize COP/LWOP-IOD, and to return the employee to limited duty or full duty at the earliest possible time.

In the event the physician forwards the CA-20, or an acceptable narrative report directly to the OWCP, a copy of the same should be requested from either the OWCP or from the employee. Remember, LWOP-IOD (Code 49) should not be entered into the timekeeping system without supporting medical evidence.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

OWCP Form CA-20

Attending Physician's Report

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



Record of Examination

1. Patient's name	Last	First	Middle	2. Date of Injury mo. day yr. 	3. OWCP File Number	OMB No. 1215-0103 Expires: 9-30-96
-------------------	------	-------	--------	--------------------------------------	---------------------	---------------------------------------

4. What history of injury (including disease) did patient give you?

5. Is there any history or evidence of concurrent or pre-existing injury or disease or physical impairment?
(If yes, please describe)

☐ Yes ☐ No

ICD-9 Code

| | | | |

6. What are your findings? (Include results of X-Rays, laboratory reports, etc.)

7. What is your diagnosis?

ICD-9 Code

| | | | |

8. Do you believe the condition found was caused or aggravated by an employment activity? (Please explain answer)

☐ Yes ☐ No

9. Did injury require hospitalization?

If no, go to item #13

☐ Yes ☐ No

10. Date of admission

mo. day yr.
| | |

11. Date of discharge

mo. day yr.
| | |

12. Additional Hospitalization required

If Yes, describe in "Remarks"

(Item 25) ☐ Yes ☐ No

13. What treatment did you provide?

14. Date of first examination

mo. day yr.
| | |

15. Date(s) of treatment

mo. day yr.

mo. day yr.

mo. day yr.

16. Date of discharge from treatment

mo. day yr.
| | |

17. Period of total disability

From mo. day yr. Thru mo. day yr.

| | | | |

18. Period of Partial Disability

From mo. day yr. Thru mo. day yr.

| | | | |

19. Date employee able to resume

light work mo. day yr.

| | |

20. Date employee is able to resume regular

work mo. day yr.

| | |

21. Has employee been advised that

he/she can return to work?

☐ Yes ☐ No

22. If yes, on what date was he/she advised?

mo. day yr.

| | |

23. If employee is able to resume only light work, indicate the extent of physical limitations and the type of work that could reasonably be performed with these limitations. (Continue in item #25 if necessary.)

24. Are any permanent effects expected as a

result of this injury? If yes, describe in

item #25. ☐ Yes ☐ No

25. Remarks

26. If you have referred the employee to another physician provide the following:

Name

Address

City

State

Zip

Specialty

27. What was the reason for this referral?

☐ Consultation

☐ Treatment

Signature

28. I certify that the statements in response to the questions asked above are true, complete and correct to the best of my knowledge. Further, I understand that any false or misleading statement or any misrepresentation or concealment of material fact which is knowingly made may subject me to felony criminal prosecution.

Signature of Physician

Date

29. Name of Physician

Address

City

State

Zip

30. Tax ID Number

31. Do you specialize?

☐ Yes ☐ No

32. If yes, indicate specialty

Form CA-20
Rev. June 1990

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

OWCP Form CA-20 (continued)

IMPORTANT: A MEDICAL REPORT IS REQUIRED BY THE OFFICE OF WORKERS' COMPENSATION PROGRAMS BEFORE PAYMENT OF COMPENSATION FOR LOSS OF WAGES OR PERMANENT DISABILITY CAN BE MADE TO THE EMPLOYEE.

IF YOU HAVE SUBMITTED A NARRATIVE MEDICAL REPORT OR A FORM CA-16 TO OWCP WITHIN THE PAST 10 DAYS, YOU NEED NOT SUBMIT THIS FORM CA-20.

OWCP REQUIRES THAT MEDICAL BILLS, OTHER THAN HOSPITAL BILLS, BE SUBMITTED ON THE AMERICAN MEDICAL ASSOCIATION HEALTH INSURANCE CLAIM FORM, HCFA 1500/OWCP-1500a.

INSTRUCTIONS TO PHYSICIAN FOR COMPLETING ATTENDING PHYSICIAN'S REPORT

1. COMPLETE THE ENTRIES 1-32 ON THE FORM; AND
2. IF DISABILITY HAS NOT TERMINATED, INDICATE IN ITEM 17; AND
3. SEND THE FORM AND YOUR BILL TO:

OFFICE OF WORKERS' COMPENSATION PROGRAMS

Public Burden Statement

We estimate that it will take an average of 30 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of IRM Policy, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0103), Washington, D.C. 20503.

DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES

For Sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, DC 20402

☆ U.S. GOVERNMENT PRINTING OFFICE: 1991 - 312-377 - 415/51258

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

OWCP Form CA-20 (continued)

FORM CA-20, PHYSICIAN'S REPORT

Compensation for wage loss cannot be paid unless medical evidence has been submitted supporting disability for work during the period claimed. For claims based on traumatic injury and reported on Form CA-1, the employee should detach Form CA-20, complete items 1-3 on the front, and print the OWCP district office address on the reverse. The form should be promptly referred to the attending physician for early completion. If the claim is for occupational disease, filed on Form CA-2, a medical report as described in the instructions accompanying that form is required in most cases. The employee should bring these requirements to the physician's attention. It may be necessary for the physician to provide a narrative medical report in place of or in addition to Form CA-20 to adequately explain and support the relationship of the disability to the employment.

For payment of a schedule award, the claimant must have a permanent loss or loss of function of one of the members of the body or organs enumerated in the regulations (20 C.F.R. 10.304). The attending physician must affirm that maximum medical improvement of the condition has been reached and should describe the functional loss and the resulting impairment in accordance with the American Medical Association **Guides to the Evaluation of Permanent Impairment**.

PRIVACY ACT

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a) and the Computer Matching and Privacy Protection Act of 1988 (Public Law No. 100-503), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended (5 U.S.C. 8101, et seq.) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor. In accordance with this responsibility, the Office receives and maintains personal information on claimants and their immediate families. (2) The information will be used to determine eligibility for and the amount of benefits payable under the Act. (3) The information collected by this form and other information collected in relation to your compensation claim may be verified through computer matches. (4) The information may be given to Federal, State, and local agencies for law enforcement and for other lawful purposes in accordance with routine uses published by the Department of Labor in the Federal Register. (5) Failure to furnish all requested information may delay the process, or result in an unfavorable decision or a reduced level of benefits. (Disclosure of a social security number (SSN) is voluntary; the failure to disclose such number will not result in the denial of any right, benefit or privilege to which an individual may be entitled. Your SSN may be used to request information about you from employers and others who know you, but only as allowed by law or Presidential directive. The information collected by using your SSN may be used for studies, statistics, and computer matching to benefit and payment files.)

THIS NOTICE SHOULD BE RETAINED FOR YOUR INFORMATION.

OWCP Form CA-20a Instructions

Attending Physician's Supplemental Report

Summary

Purpose

Medical report to support continuing, total disability.

Who Prepares

- a. Items 1–6 by the employee (see employee instructions on CA-8).
- b. Items 7–23 by the treating physician.

When to Prepare

If medical report is required, each time a CA-8 is submitted.

Filing and Distribution

For filing and distributing, do the following:

- a. Send an original to the OWCP.
- b. Send a copy to claimant's injury compensation file.

Instructions

- a. Items 1–6 should be completed by the employee.
- b. Items 7–23 should be completed by the attending physician; however, either a narrative report or another form may be acceptable. See physician's instructions on the following page.

Note: A physician's assistant, nurse practitioner, nurse, or other person not within the FECA definition of a physician is not acceptable as the certifying physician. Certification by a physician's assistant will be acceptable if such certification is countersigned by a physician. Rubber stamp signatures are not acceptable.

- c. On receipt of the completed form from the physician, the CO should review it to ensure that the impairment described in Item 10 is consistent with the original injury/claim or medical history.
- d. If a conflict is discovered, making allowance for terminology, typographical errors, and memory lapses, the claim should be evaluated for controversy.
- e. The remainder of the form/report should be checked for completeness and consistency with earlier reports. Particular attention should be made to the periods of total and partial disability or authorize LWOP-IOD, and to return the employee to limited duty or full duty at the earliest possible time.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

OWCP Form CA-20a Instructions (continued)

In the event the physician forwards the CA-20a, or an acceptable narrative report directly to the OWCP, a copy of same should be requested from the OWCP or from the employee. Remember, LWOP-IOD (code 49) should not be entered into the timekeeping system without supporting medical documentation.

OWCP Form CA-20a

We estimate that it will take an average of 30 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of IRM Policy, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0103), Washington, D.C. 20503.

Form CA-20a
Rev. June 1990

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

OWCP Form CA-20a (continued)

INSTRUCTIONS FOR COMPLETING ATTENDING PHYSICIAN'S REPORT

CERTIFICATION: BY SIGNING BLOCK 22 ON THE FRONT OF THIS FORM, THE PHYSICIAN CERTIFIES AS FOLLOWS:

I CERTIFY THAT ALL THE STATEMENTS IN RESPONSE TO THE QUESTIONS ASKED ON THIS FORM CA-20a ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. FURTHER, I UNDERSTAND THAT ANY KNOWINGLY FALSE OR MISLEADING STATEMENT, OR MISREPRESENTATION OR CONCEALMENT OF MATERIAL FACT, MAY SUBJECT ME TO FELONY CRIMINAL PROSECUTION.

IMPORTANT:

A MEDICAL REPORT IS REQUIRED BY THE OFFICE OF WORKERS' COMPENSATION PROGRAMS BEFORE PAYMENT OF COMPENSATION CAN BE MADE TO THE EMPLOYEE.

IF YOU HAVE SUBMITTED A MEDICAL REPORT ON FORM CA-16, CA20 OR A NARRATIVE REPORT TO THE OWCP WITHIN THE PAST 10 DAYS, YOU NEED NOT SUBMIT THIS FORM CA-20a.

OWCP REQUIRES THAT MEDICAL BILLS, OTHER THAN HOSPITAL BILLS, BE SUBMITTED ON THE AMERICAN MEDICAL ASSOCIATION HEALTH INSURANCE CLAIM FORM,, HCFA-1500/OWCP 1500a.

1. Complete the entries 7-23 on this report (and items 1-6 if not previously completed), and
2. Forward the report directly by mail to the OWCP office indicated below.

3.

OFFICE OF WORKERS' COMPENSATION PROGRAMS

PRIVACY ACT

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended (5 U.S.C. 8101, et seq.) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor. In accordance with this responsibility, the Office receives and maintains personal information on claimants and their immediate families. (2) The information will be used to determine eligibility for and the amount of benefits payable under the Act. (3) The information may be used by other agencies or persons in handling matters relating, directly or indirectly, to the subject matter of the claim, so long as such agencies or persons have received the consent of the individual claimant, or have complied with the provisions of 20 CFR 10. (4) Failure to furnish all requested information may delay the process, or result in an unfavorable decision or a reduced level of benefits (disclosure of a social security number is voluntary; the failure to disclose such number will not result in the denial of any right, benefit or privilege to which an individual may be entitled).

*U.S. Government Printing Office: 1993 — 342-523/83205

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

OWCP Form CA-35A

**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 factors.	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.

Form CA-35A
Rev. Aug. 1988

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

OWCP Form CA-35A (continued)

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 to 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.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

OWCP Form CA-35B

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.		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.	
4. Describe any hobbies which involve exposure to loud noise.		12. If the employee is no longer exposed to hazardous noise, give date of last exposure and the payrate in effect on that date.	
5. If you are no longer exposed to hazardous noise at work, give the date you were last exposed.			
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.			
8. Give the date you first noticed your hearing loss.			
Give date you first related hearing loss to employment, and reason why.			

Form CA-35B
Rev. Aug. 1988

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

OWCP Form CA-35B (continued)

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 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.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

OWCP Form CA-35C

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.

Form CA-35C
Oct. 1987

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

OWCP Form CA-35C (continued)

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 Employee's 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 complete 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.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

OWCP Form CA-35C (continued)

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)

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

OWCP Form CA-35C (continued)

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

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

OWCP Form CA-35D

**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: 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.	10. Provide a day-by-day listing of leave and leave without pay used due to this condition. 11. Attach copies of the employee's: 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.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

OWCP Form CA-35D (continued)

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 to 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.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

OWCP Form CA-35E

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
August 1985

OWCP Form CA-35E (continued)

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.

★ U.S. Government Printing Office: 1985-461-552/32745

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

OWCP Form CA-35F

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..		7. Provide a day-by-day listing of leave and leave without pay used due to this condition.	
3. Give your smoking history to include amounts and years (dates) you smoked.		8. Attach copies of the employee's:	
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.		a. SF-171, Application for Employment.	
5. Attach or forward a medical report which includes the following items:		b. Position description with physical requirements.	
a. Dates of examination and treatment.		c. Preemployment medical examination and any other pertinent medical records.	
b. History given by you.		d. Most recent SF-50, Notification of Personnel Action.	
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 have and the factors of employment listed in Item no. 1.			

Form CA-35F
Rev. Aug. 1988

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

OWCP Form CA-35F (continued)

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 to 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.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

OWCP Form CA-35G

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

U.S. Department of Labor
Employment Standards Administration
Office 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 the 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
August 1985

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

OWCP Form CA-35G (continued)

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 affect 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.

★ U.S. Government Printing Office: 1985-461-552/32743

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

OWCP Form CA-35H

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: 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.	1. Review the employee's statement, giving the following information: 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: a. SF-171, Application for Employment; 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.
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.	
2. Ask all doctors who treated you to send us a copy of reports or notes describing the condition, testing, and treatment given.	

- 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. |

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

OWCP Form CA-35H (continued)

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 (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, 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 complete 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.



NOTE: This report is authorized by law. Disclosure of your Social Security Number is voluntary. Failure to disclose this number will not result in the denial of any right, benefit or privilege to which you may be entitled. This method of collecting information complies with the Freedom of Information Act, the Privacy Act of 1974 and OMB Cir.No. 108. This form is only to be used for requesting reimbursement of medical expenses payable under the Federal Employees' Compensation Act (FECA) (20 CFR 10.602).

OMB No.: **1215-0193**
Expires: 01/31/2004

1. Claimant's Name (Last, First, MI)	2. Claimant's Social Security Number (Optional)
3. Claimant's OWCP Case File Number	4. Claimant's Telephone Number
5. Claimant's Address (Number and Street/RFD, City, State, ZIP Code)	

SPECIAL INSTRUCTIONS:

1. See reverse side of form for COMPLETE INSTRUCTIONS AND REQUIREMENTS FOR ATTACHMENT OF BILLS/RECEIPTS.
2. Please list below only charges that you paid related to medical services covered under the Federal Employees' Compensation Program.
3. Use a separate line for each type of service.

6. Name of Provider Making the Charge (Doctor, Hospital, Pharmacy, etc.)	Description of Charge (name of prescription drug, office visit, durable med. equipment e.g., back brace, TENS unit, etc.)	Date of Service or Purchase (Month, day, year, if there is only one date, show it under "From")		Amount Paid by Claimant	FOR DOL USE ONLY
		From	To		

Total amount paid by Claimant:

I certify that the information above is correct and that reimbursement requested is for expenses paid by me for treatment of my work-related condition. I am aware that any person who knowingly makes any false statement or misrepresentation to obtain compensation under the FECA is subject to criminal prosecution and may be punished by a fine of not more than \$10,000 or imprisonment for not more than five years, or both.

I authorize any provider named above to release information to the Office of Workers' Compensation Programs, Division of Federal Employees' Compensation if necessary for the proper adjudication of this claim.

Payee's Signature: _____ Date: _____

MAIL THIS COMPLETED FORM WITH ITEMIZED BILLS AND RECEIPTS SECURELY ATTACHED TO YOUR SERVICING OWCP/DFEC OFFICE.

INSTRUCTIONS FOR USE OF FORM CA-91 5

USE OF THIS FORM: This form is used to seek reimbursement for medical expenses (other than travel) incurred in the treatment of the condition(s) accepted by OWCP as work-related under the Federal Employees' Compensation Act.

INFORMATION REQUIRED FOR REIMBURSEMENT OF MEDICAL EXPENSES:

1. Pharmacy drugs:

Pharmacy must complete the Universal Drug Claim Form (NCPDP Form **79-1A**) or equivalent, which must be attached to this form (CA-915) and must include the following:

Pharmacy's name, address and tax identification number (IRS. No.).

Claimant's name, address and OWCP claim number.

Name of physician who prescribed the drug(s).

Eleven digit National Drug Code (NDC).

Date filled.

Name of drug and strength.

Quantity (amount prescribed, expressed as the total number of tablets/capsules dispensed per prescription or total ml or cc per prescription for liquids).

New prescription or refill number.

Amount actually paid by claimant.

2. Medical expenses other than pharmacy drugs.

Physicians and other health care providers (i.e. physical therapists) must complete Form OWCP-1500. Hospitals and other facilities, such as ambulatory surgical centers, skilled nursing facilities, etc. must submit their bills on Form UB-92. Every form must be completed in its entirety in the same manner as bills submitted by the provider directly to OWCP. The amount actually paid by the claimant must be included. The Form OWCP-1500 or UB-92 must be attached to this Form (CA-915).

3. Travel.

Claims for travel reimbursement should be submitted on SF-1012, "Travel Voucher," not on Form CA-915. Instructions for submitting travel vouchers are found in Instruction CA-77.

4. Proof of payment requirements.

The following information is required as evidence that the claimant paid all or a portion of the bill:

- an itemized bill from the provider containing the information listed above, the original signature of the provider, and the amount paid by the claimant, or
- the provider's official receipt signed by the provider, indicating date(s) and specific services(s) rendered and the amount paid by the claimant.

Public Burden Statement

We estimate that it will take an average of 10 minutes to complete this collection of information, including time for reviewing instructions, searching for existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of the Labor, Office of Workers' Compensation Programs, Room S3229, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THE OFFICE SHOWN ABOVE. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

OWCP CA-1207

U.S. DEPARTMENT OF LABOR

Employment Standards Administration
Office of Workers' Compensation Programs
Washington, D.C. 20210



File No.
Employee's SSN:
Date of Injury:

- The injury you sustained on the above date entitles you to all compensation and medical benefits provided by the Federal Employees' Compensation Act. You may receive compensation if: (a) you enter a leave-without-pay status or (b) you choose to "buy back" the leave you have already used or will be using as a result of the injury.

Based on information presently available to the Office of Workers' Compensation Programs (OWCP), you are eligible for compensation as follows:

1. Period	2. Gross Compensation
From: To:	

If you wish to "buy back" leave you previously used, you must: (1) Refund to your employing agency the amount of pay they state you received for leave during the above mentioned period. This amount will be indicated in item 6 on the reverse of this form; and (2) Have your leave record changed from "leave with pay" to "leave without pay" for the period in question.

If you are unable to refund the entire amount of leave pay received, you may arrange with your employing agency to pay the difference between the leave pay and the gross compensation due.

- To receive compensation for all or part of the leave period shown in item 1 above, you should complete items 1 through 4 on the reverse of this letter. An accountable officer of your employing agency (Postal Data Center in Postal Service) should then complete items 5 through 8 and return the form to the OWCP. If you wish the OWCP to pay your compensation direct to your agency, please check box (b) in item 4.

If you have not returned to work and you lose pay or will enter a leave-without-pay status in the future, you should file claim for compensation on Form CA-8 which can be obtained from your employing agency or from the OWCP.

Sincerely,

Supervisory Claims Examiner

NOTICE: If a claimant repurchases sick or annual leave during the same tax year in which the leave was used, the amount repaid is excluded from the claimant's taxable income for the year. This procedure would require the employing agency to amend the claimant's Form W-2 for that year. If repurchase is made for leave used in a prior tax year, the claimant may not retroactively adjust the tax return for the year during which the leave in question was used. However, the claimant may deduct as a loss for the current tax year the amount repaid, provided deductions are itemized. In such instances, it is not necessary to reflect the repurchase through the payroll system, nor is it necessary to amend the Form W-2 for the year the leave was used. Further questions regarding this should be addressed to the Internal Revenue Service.

Include your address, ZIP code, and file number on all correspondence

Ltr. CA-1207
Rev. May 1980

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

OWCP CA-1207 (continued)

APPLICATION FOR REINSTATEMENT OF LEAVE	
NOTE: Employee completes items 1 through 4.	
1. Name (<i>Last, first, middle</i>)	
2. Home Address (<i>Number, street, city, state, ZIP code</i>)	
3. I request reinstatement of my leave for the period from _____ through _____. (If leave was intermittent or involved partial day, show specific dates and hours for which compensation is claimed.)	
4. Check either block (a) or (b). <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>(a) <input type="checkbox"/> I have refunded or made arrangements to refund all leave pay received. Please forward compensation direct to me.</p></div><div style="width: 45%;"><p>(b) <input type="checkbox"/> I have arranged with my employing agency to refund only the difference between leave pay and compensation. Compensation due me should be paid to my employing agency.</p></div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%; text-align: center;">_____ (Injured employee's signature)</div><div style="width: 45%; text-align: center;">_____ (Date)</div></div>	
NOTE: Items 5 through 8 to be completed by an accountable officer of the employing agency. (In the Postal Service, by appropriate Postal Data Center)	
5. Name and Address of employing agency.	6. Total amount employee owes agency prior to any refund.
7. Remarks:	
8. The employing agency agrees to allow the employee to "buy back" his/her leave. Leave records will or have been changed from "Leave With Pay" to "Leave Without Pay" for the period from _____ through _____. <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 33%; text-align: center;">_____ (Accountable Officer's Signature)</div><div style="width: 33%; text-align: center;">_____ (Title)</div><div style="width: 33%; text-align: center;">_____ (Date)</div></div>	

Claim for Medical Reimbursement

U.S. Department of Labor

Employment Standards Administration

Office of Workers' Compensation Programs



Provide all information requested below. **DO NOT FILL IN SHADED AREAS.** Read the attached information in order to ensure the submission of all required documentation. Maintain a copy of all documentation for your records.

OMB No. 1215-0193

Expires: 03/31/2007

PERSONAL INFORMATION

Name

OWCP File Number

Last First M.I.

Address

Telephone Number

()

Street/P.O. Box/Apt No.

FOR DOL USE ONLY

City State Zip Code

PROVIDER INFORMATION

Name of Doctor's Office, Hospital, Pharmacy or Medical Supply Company where expense was incurred. (A separate OWCP-915 must be filed for each provider)

Description of Charge (Medical appointment, name of prescription drug, description of medical product/ supply)

Date of Service (MM, DD, YY)

Amount Paid by Claimant

Have you included Proof of Payment for each item?

From

To

YES

NO

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Total Reimbursement
\$

I certify that the information above is correct and that the reimbursement requested is for expenses paid by me for the treatment of my covered condition. I am aware that any person who knowingly makes any false statement or misrepresentation to obtain reimbursement from OWCP is subject to civil penalties and/or criminal prosecution.

I authorize any provider named above to release information to the US Department of Labor, OWCP if necessary for the proper adjudication of this claim.

Signature _____ Date _____

MAIL THIS COMPLETED FORM WITH ITEMIZED BILLS AND RECEIPTS ATTACHED TO:
CENTRAL MAILROOM, P.O. BOX 8300, LONDON, KY 40742, UNLESS OTHERWISE INSTRUCTED.

Form OWCP-915
August 2003

INSTRUCTIONS FOR USE OF FORM OWCP-915

- This form is to be 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.
- Please submit a separate reimbursement claim for each provider where an out of pocket expense was incurred.
- Please print clearly and legibly. Reference your OWCP file number on all documentation. Maintain a copy of the completed OWCP-915 and supporting documentation for your records.

DOCUMENTATION REQUIRED FOR MEDICAL REIMBURSEMENT

Prescription Medication

1. Completed OWCP-915
2. A paper pharmacy billingform, which must be attached to the OWCP-915 and must include the following information:
 - a. Name, address and telephone number of pharmacy
 - b. Pharmacy provider number
 - c. Prescription number
 - d. Name of claimant
 - e. Date of purchase
 - f. Eleven Digit National Drug Code (NDC#)
 - g. New prescription or refill number
 - h. Quantity of medication (e.g. # of pills or ml/cc)
 - i. Amount paid by employee per medication

3. Proof of payment (can include cash receipt, cancelled check or credit card slip)

Medical Expense other than prescription medication

1. Completed OWCP-915
2. Physicians and other health care providers (i.e. physical therapists) must complete Form OWCP-1500. Hospitals and other facilities, such as ambulatory surgical centers, skilled nursing facilities, etc. must submit their bills on Form OWCP-92. Every form must be completed in its entirety in the same manner as bills submitted by the provider directly to OWCP. The amount paid by the claimant must be indicated. The OWCP-1500 or OWCP-92 must be attached to this form. It is the responsibility of the person submitting a claim for reimbursement to obtain a completed OWCP-1500 or OWCP-92 from the provider rendering service. *Without a fully completed OWCP-1500 or OWCP-92, the OWCP is not able to process a reimbursement.*
3. Proof of payment (can include cash receipt, cancelled check or credit card slip)

Travel

Do not use Form OWCP-915 to submit a claim for travel reimbursement. Claims for travel reimbursement should be submitted on Form OWCP-957.

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding the burden estimate or any other aspect to this collection of information, including suggestions for reducing this burden, send them to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room S3524, 200 Constitution Avenue, N.W., Washington, D.C. 20210. Do not submit the completed claim form to this address. Persons are not required to respond to this information collection unless it displays a currently valid OMB number.

How to get a CA-2 Accepted
from OWCP REPRESENTATION as prepared by Paul Price

The Employee's Statement

The receipt portion of the CA-2 contains the instructions on writing the employee's statement, in Sections 1A through 1E. The employee should write the statement in two separate parts.

The first part should consist of a detailed description of the work that the employee has been doing that has contributed to the medical condition, as noted in item 1B. It should be a specific, detailed description that focuses on those elements of the job that are related to the problem. Avoid using postal terms such as 'casing mail' or 'T-6', or, if they are used, provide an explanation. Avoid exaggerations and overestimates. When estimating weights, repetitions, durations, etc., always use a qualifier such as 'normally' or 'about' or 'approximately.'

Once the first part is completed, a copy should be provided to the employee's supervisor. A second copy should be sent to OWCP, along with 'a statement that one copy was provided to the supervisor. A third copy should be provided to the employee's physician.

The employee should prepare a separate statement, consisting of the answers to 1A, 1C, 1D and 1E, as noted on the receipt portion of the CA-2, under 'Employee's Statement.' A copy of this separate statement should be sent only to OWCP.

The Physician's Narrative Medical Report

The receipt portion of the CA-2 contains instructions on writing the medical report, in section 2) a) through 2) g).

The injured worker should take the first part of the employee's statement, which details the work that the employee believes caused or aggravated the condition to his/her doctor, along with a copy of the attached suggested format for narrative medical report as written by Linda DeCarlo in the February, 2002 Postal Record. The employee should request the doctor to write a medical narrative 'in the format suggested. The doctor should be requested to send one copy of the narrative directly to OWCP and provide one copy to the employee.

The physician's medical report is critical in most cases. The injured worker bears the burden to prove there is an injury or illness and that it was caused (or aggravated, accelerated or precipitated) by work factors. In order to meet this burden, OWCP must have evidence that the physician accurately understands the work the employee was required to do. Hence, the employee describes the work in writing, the physician reads the description, and then the physician begins a medical narrative report with words such as:

I have read the statement dated _____ prepared by _____ regarding the conditions of employment at _____ during the period from to _____ .

OWCP will then write to the Postal Service and ask if they agree that the work described by the employee is accurate.



INJURY COMPENSATION

Handbook EL-505

December 1995

UPDATE NOTICE

This electronic Handbook EL-505 has been updated with:

- A correction to the obligation block in 11.12.
Published in *Postal Bulletin* 21929, September 26, 1996.

- Modifications of 11.20, 11.21, and Exhibit 11.21.
Published in *Postal Bulletin* 21945, May 8, 1997.



Injury Compensation

Handbook EL-505

December 1995

Transmittal Letter

1. **Explanation.** Handbook EL-505 is a reference for injury compensation control office and control point personnel at postal facilities to manage the USPS Injury Compensation Program.
2. **Distribution**

Initial. Handbook EL-505 is distributed to area injury compensation offices. Further distribution to the postal facilities will be accomplished by the area Human Resources injury compensation analyst.

Additional Copies. Additional copies will be maintained by the area Human Resources injury compensation analyst.
3. **Comments**

Submit questions and suggestions about the content of this document in writing to:

OFFICE OF SAFETY AND RISK MANAGEMENT
US POSTAL SERVICE
475 L'ENFANT PLAZA SW RM 9801
WASHINGTON DC 20260-4232

Submit questions regarding the organization or editing of this document to:

CORPORATE PUBLISHING AND INFORMATION MANAGEMENT
INFORMATION SYSTEMS
US POSTAL SERVICE
475 L'ENFANT PLAZA SW RM 2800
WASHINGTON DC 20260-1540
4. **Cancellations.** The previous issue of Handbook EL-505 is obsolete.
5. **Effective Date.** This handbook is effective December 1995.

A handwritten signature in black ink, appearing to read "Gail Sonnenberg".

Gail Sonnenberg
Vice President
Human Resources

Contents

Transmittal Letter

Chapters

Introduction	5
1. The USPS Injury Compensation Program	9
2. Injury Compensation Office Setup	31
3. Immediate Involvement With Traumatic Injuries and Occupational Illnesses	37
4. Claims Management	65
5. Recurrence of Disability	99
6. Medical Management	109
7. Limited Duty Program Management	133
8. Controversion and Challenge	149
9. Fraud and Abuse	169
10. Third Party Liability	181
11. Rehabilitation Program	219
12. Records Management	293
13. Timekeeping and Accounting	313

Appendixes

Appendix A. Abbreviations and Acronyms	337
Appendix B. Addresses	341
Appendix C. Definitions	353
Appendix D. Forms	355

Index	587
--------------------	------------

Introduction

Purpose of the Handbook

Handbook EL-505, *Injury Compensation*, is a comprehensive guide to help injury compensation control office (ICCO) and designated control point personnel perform their jobs.

In this handbook, we have attempted to compile and update all applicable U.S. Postal Service (USPS) regulations, policies, and guidelines into one user-friendly manual. The handbook serves as both a training tool and a reference guide. It covers many injury compensation (IC) issues, including:

- The history of the USPS Injury Compensation Program.
- Certain provisions of the Federal Employees' Compensation Act (FECA).
- Staffing and supplying an ICCO.
- Responses to employee injuries.
- Claims management.
- Records management.
- Limited duty and rehabilitation.
- Legal issues surrounding injury compensation.

Using this handbook alone is not sufficient for the effective management of a USPS Injury Compensation Program. A complete list of supplementary IC resource materials is, therefore, included in Chapter 1.

Finally, it is important to note that while responsible parties and means of implementation may vary from one installation to another, the USPS responsibilities and obligations set forth in the boxed portions of this guide and labeled "Obligation" are mandatory.

How to Use the Handbook

The Text

This handbook comprises 13 chapters, each beginning with a brief overview of the topics covered. Chapter 1 is considered a reference chapter and should be used to answer fundamental questions concerning workers' compensation. When a chapter is written for personnel in a specified Postal Service position, the relevant position is indicated.

Each chapter is separated into sections that refer to various situations you may encounter through the normal routine of your job. Each situation is followed by one or more responses you may make, then by specific tasks. The following is an example of what you will see:

Claims Management in Case of Death

When the ICCO receives notice of a death from a traumatic injury or potentially from an occupational disease or illness...

← Here is a situation.

14.4 Contacting the Employee's Family — supervisor or ICCO

← This is one of the responses, which is...

- ☐ Contact the employee's family, and do the following:
 - Offer assistance in completing the appropriate claim form....
 - Ensure that the employee's family is advised of their rights under FECA....
 - Explain to the employee's family the distinction between OPM and OWCP benefits....
- ☐ If the investigation reveals a basis to challenge the claim, prepare a challenge package in accordance with Chapter 8, Controversy and Challenge, and submit this to OWCP along with CA-5 or CA-5b.
- ◇ *Ensure that family contact is conducted in accordance with the local installation's established protocol.*

← composed of several tasks.

← This is a cautionary note.

Sections showing obligations that result from the law or from USPS policy are framed with solid lines and labeled "Obligation" as follows:

Obligation: Assigning Limited Duty

When an employee is not totally disabled or has partially overcome the injury or disability, the USPS must make every effort to assign the employee to limited duty consistent with the employee's work limitation tolerance.

Sections that provide information that will help you fulfill the tasks outlined are framed with dotted lines, for example:

Assigning an Employee to Limited Duty

When an employee has partially overcome the injury or disability, the USPS must make every effort toward assigning the employee to limited duty consistent with the employee's work limitation tolerance.

The Appendixes

Throughout the handbook, you will find references to appendixes. You will find these appendixes at the end of the handbook. They are labeled as follows:

- Appendix A, Abbreviations and Acronyms.
- Appendix B, Addresses.
- Appendix C, Definitions.
- Appendix D, Forms.

1. USPS Injury Compensation Program

Overview

Background Information

- History
- Purpose of FECA
- Family and Medical Leave Act
- Privacy Act

Eligibility

General Provisions of FECA

- Employee Entitlements
 - Continuation of Regular Pay
 - Compensation for Wage Loss
 - Medical Care
 - Vocational Rehabilitation
 - Schedule Awards
 - Compensation for Loss of Wage-Earning Capacity
 - Death Benefits
 - Attendant Allowance
 - Cost-of-Living Adjustments
- Dual Benefits
- Third Party Liability
- Appeal Rights
- Withdrawal of a Claim
- Penalties
 - Penalty for False Statement
 - Penalty for False Claim
 - Penalty for Refusal to Process Claim
 - Penalty for Fraudulently Claiming or Obtaining Benefits

Relevant Provision of FMLA

Responsibilities

- Office of Workers' Compensation Programs, U.S. Department of Labor
- U.S. Postal Service
 - Headquarters

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
USPS INJURY COMPENSATION PROGRAM

Area Offices

Districts and Plants

Control Offices

Installations

Claims Administration Hierarchy

Resource Materials

Regulations, Policies, and Procedures

Forms and Notices

1. The USPS Injury Compensation Program

Overview

This chapter provides basic information about the USPS Injury Compensation Program. It first highlights the history and various provisions of the Federal Employees' Compensation Act (FECA). Then it describes the organization and staff responsibilities. The last part of the chapter lists valuable resource material to include in your injury compensation (IC) office.

Background Information

History

The USPS Injury Compensation Program was established in 1978 after the USPS realized it needed to establish a program to deal with the escalating costs of workers' compensation benefits. It is important to understand the history of FECA and the relationship between the USPS Injury Compensation Program and the Office of Workers' Compensation Programs (OWCP).

In 1908, President Theodore Roosevelt signed legislation to provide workers' compensation for certain federal employees in unusually hazardous jobs. The scope of the law was very restricted, and its benefits were quite limited. However, it was the first workers' compensation law to pass the constitutionality test of the U.S. Supreme Court.

The Federal Employees Compensation Act (FECA), enacted in 1916, is a workers' compensation law for civilian federal employees. Originally it included wage loss compensation, medical care, and survivors' benefits provisions. An independent quasi-judicial Employees' Compensation Commission administered the law.

Administrative responsibility for FECA was assigned to the Department of Labor (DOL) in 1950. FECA is now administered by the Office of Workers' Compensation Programs, Employment Standards Administration, U.S. Department of Labor.

In 1974, FECA was amended, increasing benefits and significantly changing the law by adding provisions such as continuation of pay (COP) and claimant's choice of physician. The effect of this amendment eventually led to the establishment of the USPS Injury Compensation Program.

Purpose of the Federal Employees' Compensation Act

FECA provides compensation benefits to civilian employees of the United States for disability because of personal injury or disease sustained while in the performance of duty. FECA also provides for the payment of benefits to

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

THE USPS INJURY COMPENSATION PROGRAM

dependents if a work-related injury or disease causes an employee's death. FECA is intended to be remedial in nature, and proceedings under it are nonadversarial.

Family and Medical Leave Act

Provisions of the Family and Medical Leave Act (FMLA) cover some absences for job-related injuries or illnesses that also qualify as serious health conditions.

Privacy Act

Injury compensation records are maintained by the USPS within the privacy system of records identified as USPS 120.098 (OWCP Record Copies) and 120.099 (Injury Compensation Payment Validation Records).

Eligibility

Under the provisions of the Postal Reorganization Act, 39 U.S.C. 1005(c), all employees of the USPS are covered by FECA. This coverage extends to all full-time, part-time, and temporary (including casual and transitional) employees, regardless of the length of time on the job or the type of position held. (*Federal (FECA) Procedure Manual* (FECA PM) 2-802)

General Provisions of the Federal Employees' Compensation Act

Employee Entitlements

Continuation of Regular Pay

An employee's regular pay may be continued for up to 45 calendar days of wage loss because of disability and medical treatment following a traumatic injury. This is to ensure that the employee's income is not interrupted while the claim is being adjudicated. COP is not considered compensation and is therefore subject to income tax, retirement, and other deductions. After entitlement to COP is exhausted, the employee may apply for compensation or use leave. (20 CFR 10.200; FECA PM 2-807)

SEE Chapter 4, Claims Management.
Chapter 13, Timekeeping and Accounting.

Compensation for Wage Loss

OWCP establishes the employee's pay rate for compensation purposes based on one of the following:

- Pay rate on date of injury.
- Date disability began.
- Date disability recurs if it is more than 6 months after the employee returns to full-time employment.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

THE USPS INJURY COMPENSATION PROGRAM

In cases of total disability, an employee is entitled to compensation at the rate of 66 2/3 percent of the employee's established pay if there are no dependents, or 75 percent of the pay if there are one or more dependents. Pay may include additional amounts that may be included in salary, such as premium pay, night and Sunday differential, and cost-of-living allowance.

Compensation payments for total disability may continue as long as the disability continues, which may mean the lifetime of the employee. There is no total dollar maximum. (20 CFR 10.300 through 303; FECA PM 2-900)

Medical Care

If the claim is accepted as compensable under FECA, the injured employee is entitled to medical services. These include examinations, treatments, and related services such as hospitalization, medications, appliances, supplies, and transportation, as prescribed or recommended by qualified physicians that in the opinion of OWCP are likely to cure, give relief, or reduce the degree or the period of disability (see Appendix C, Definitions, for *physician*). However, preventive care may not be authorized. There is no dollar maximum or time limitation on medical care. It will be provided as long as the evidence indicates it is needed for the effects of the injury. (20 CFR Subparts E and F; FECA PM 2-810 and Part 3, Medical Management, FECA PM)

SEE Chapter 4, Claims Management.
Chapter 6, Medical Management.

Vocational Rehabilitation

Rehabilitation services may be arranged to assist in training for work that the claimant can perform if the injured employee suffers a job-related handicap because of the injury and cannot resume usual employment. Rehabilitation service is supervised by OWCP but is usually provided in cooperation with state or private rehabilitation agencies. When rehabilitation is under way, OWCP may provide a monthly maintenance allowance not to exceed \$200 in addition to compensation for wage loss. (20 CFR 10.124; FECA PM 2-813; OWCP PM)

SEE Chapter 11, Rehabilitation Program.

Schedule Awards

Compensation is provided for permanent loss or loss of use (either partial or total) of certain internal organs, members, or functions of the body such as arms, legs, hands, feet, fingers, toes, or eyes and loss of hearing or loss of vision.

Schedule awards may be paid for different body parts.

Each extremity has been rated for a specific number of weeks of compensation. If a serious disfigurement of the head, face, or neck results from a job-related injury, an award may also be made for such disfigurement. Schedule awards may be paid concurrently with Office of Personnel Management's (OPM) retirement benefits.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

THE USPS INJURY COMPENSATION PROGRAM

Schedule awards can be paid even if the employee returns to work or is no longer under actual medical care. Employees may not, however, receive wage loss compensation and schedule award benefits concurrently for the same injury. If an employee sustains a period of temporary total disability during the course of the award, the award may be interrupted to pay for the period of disability. The schedule award resumes after the employee returns to work. If an employee dies during the course of a schedule award from causes unrelated to the compensable injury, his or her dependents are entitled to the balance of the award at the rate of 66 2/3 percent of the employee's established pay. (20 CFR 10.304; FECA PM 2-808)

Compensation for Loss of Wage-Earning Capacity

When an injured person suffers a wage loss because of a disability that is less than total, compensation may be paid for loss of wages or wage-earning capacity (LWEC). The injury compensation control office (ICCO) may request that an LWEC determination be made by the OWCP claims examiner if sufficient medical evidence indicates that an individual who is receiving compensation has attained maximum medical improvement, is unable to return to the position held at the time of injury (or to earn equivalent wages), and is not totally disabled for all gainful employment. If the employee is reemployed at a job paying less than the original position, or if it is determined that he or she can perform the duties of a specific job that is deemed suitable by OWCP, compensation will be payable based on the LWEC determination. (20 CFR 10.303; FECA PM 2-813)

SEE Chapter 11, Rehabilitation Program.

Death Benefits

In the event of death because of employment, FECA provides up to \$800 for funeral and burial expenses.

If the employee dies away from his or her place of residence, the cost of transporting the body to the place of burial is paid in full. In addition, a \$200 allowance is paid for administrative costs of terminating a decedent's employee status with the federal government.

Survivors are entitled to benefits in the form of compensation payments:

- A surviving spouse with no eligible children is entitled to compensation at the rate of 50 percent of the deceased employee's salary.
- Benefits are paid to the spouse until death or remarriage before 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. The benefits of a spouse who remarries after the age of 55 are not affected by the marriage.
- If children are eligible in addition to the spouse, the spouse may receive compensation equal to 45 percent of the employee's regular pay, plus an additional 15 percent for each child, to a maximum of 75 percent of the deceased employee's regular pay. The children's portion is paid on a share and share alike basis. Eligible children include:

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

THE USPS INJURY COMPENSATION PROGRAM

- An unmarried child under the age of 18, or over the age of 18 who is incapable of self-support because of mental or physical disability.
- A child between 18 and 23 years of age who has not completed 4 years of post high school education and is regularly pursuing a full-time course of study.
- If the deceased employee leaves no spouse, the first child is entitled to 40 percent and each additional child is entitled to 15 percent of the employee's salary up to a maximum of 75 percent, payable on a share and share alike basis.

Other surviving dependents may be entitled to compensation benefits at various percentages according to degree of dependence. Monthly payments for all beneficiaries cannot exceed 75 percent of the employee's monthly pay rate or 75 percent of the top step of a GS-15 salary, whichever is less. Other persons who may qualify are dependent parents, brothers, sisters, grandparents, and grandchildren. However, the surviving spouse and children have first priority. (20 CFR 10.306 and .307; FECA PM 2-700; Publication CA-810, *Injury Compensation for Federal Employees*)

SEE Chapter 4, Claims Management.

Attendant Allowance

Employees who are injured so severely that they are unable to meet their own physical needs such as feeding, bathing, or dressing may qualify to receive an attendant's allowance up to a maximum of \$1,500 per month. This allowance may be paid in addition to compensation for wage loss. (20 CFR 10.305, FECA PM 2-807, Publication CA-810, Chapter 7, Compensation Benefits)

Cost-of-Living Adjustments

Compensation benefits are increased by the applicable consumer price index effective March 1 each year for all beneficiaries who have been in receipt of benefits for more than 1 year prior to that date.

Dual Benefits

FECA prohibits payment of compensation and certain other federal benefits at the same time.

- *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 (either Civil Service Retirement System (CSRS) or Federal Employees' Retirement System (FERS)) nor may a person receive death benefits from OWCP concurrently with a survivor's annuity (either CSRS or FERS). Therefore, a beneficiary who is entitled to both benefits must elect between them.
- *Department of Veterans Affairs (VA)*. Beneficiaries who receive compensation from the VA may also be required to elect between the benefits paid by that agency and those paid by OWCP. An election is required between VA and

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

THE USPS INJURY COMPENSATION PROGRAM

FECA benefits if a VA award is increased because of the compensation injury. The election is only between the increase and FECA benefits.

- *Social Security Administration (SSA)*. An employee or the employee's survivor may receive Social Security payments payable on account of nonfederal employment and OWCP benefits at the same time, subject to income limitations imposed by the SSA. For FERS employees, any portion of SSA old age retirement or death benefits attributable to an employee's federal service is deducted from compensation payable.
- *Other Federal Income*. An employee or the employee's survivor 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 in accordance with 5 U.S.C. 5532 (b).

An employee may receive severance pay concurrently with compensation for a schedule award or for loss of wage-earning capacity but not with compensation for temporary total disability.

Finally, an employee may receive unemployment compensation benefits concurrently with OWCP benefits.

Third Party Liability

In instances in which an employee's injury or death in the performance of duty occurs under circumstances creating a legal liability on some person or party other than the U.S. government, the employee (or survivor in the case of death) is encouraged to pursue a third party claim.

An employee who refuses to pursue recovery from a liable third party after being asked to do so by the DOL may be denied compensation. The USPS may assist in obtaining a settlement. An employee who sustains a job-related injury cannot recover damages from the United States for the effects of the injury except through FECA. (20 CFR Subpart G; FECA PM 2-1100)

SEE Chapter 10, Third Party Liability.

Appeal Rights

If an employee or the survivors disagree with the final determination made by OWCP, a hearing may be requested to give the claimant an opportunity to present evidence in further support of the claim or ask that the claim be reconsidered by the OWCP district office. Also, there is a provision for additional review by OWCP and a right to appeal to the Employees' Compensation Appeals Board (ECAB), a separate entity of DOL. Three avenues of appeal are provided for employees; the USPS is not entitled to appeal. Only one type of appeal may be requested by the employee at a time. The types of appeal include:

- *Hearing*. The employee is entitled to either an oral hearing before an office representative or a review of the written record (but not both) as long as the request is made within 30 days of the formal decision and reconsideration

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

THE USPS INJURY COMPENSATION PROGRAM

has not already been requested. The employee may change his or her hearing request in writing within 30 days of OWCP's acknowledgment of the initial request.

- *Reconsideration.* The employee may request OWCP to reconsider a formal decision made by the district office. The request should clearly and concisely state the ground on which it is based and should be substantiated by relevant evidence not previously submitted. A reconsideration must be requested within 1 year of the date the contested formal decision was issued.
- *Employees' Compensation Appeals Board (ECAB) Review.* The employee may request review by ECAB, the highest authority in FECA claims. ECAB's review is based solely upon the case record at the time of the formal decision. New evidence is not considered by ECAB. Employees residing within the U.S. or Canada have 90 days from the date of decision to file for review. Employees residing outside the U.S. or Canada must file within 180 days of the date of decision. For good cause shown, ECAB may waive a failure to file an application within 90 days or 180 days, but no more than one year from the date of the final decision. (20 CFR 10.133 through 139; FECA PM 2-1600 through 1603)

SEE Chapter 8, Controversion and Challenge.

Withdrawal of a Claim

All employees' claim forms (CA-1, *Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation*, and CA-2, *Notice of Occupational Disease and Claim for Compensation*) are official records of the OWCP and not the USPS. (20 CFR 10.10)

Employees who desire to withdraw a claim on these or any other official OWCP forms should be referred to OWCP.

Penalties

Penalty for False Statement

Any employee, supervisor, or representative who knowingly makes a false statement with respect to a claim under FECA may be subject to a fine of not more than \$10,000 or 5 years in prison, or both. (20 CFR 10.23)

Penalty for False Claim

Any employee, supervisor, or representative who, with respect to a claim under FECA, enters into any agreement to obtain the payment or allowance of any false or fraudulent claim may be subject to a fine of not more than \$10,000 or 10 years in prison, or both. (20 CFR 10.23)

Penalty for Refusal to Process Claim

Any employee or supervisor responsible for making reports in connection with an injury who willfully fails, neglects, or refuses to do so; induces, compels, or directs an injured employee to forego filing a claim; or willfully retains any notice, report, or paper required in connection with an injury may be subject to a fine of not more than \$500 or 1 year in prison, or both. (20 CFR 10.23)

Penalty for Fraudulently Claiming or Obtaining Benefits

Claimants convicted of fraudulently claiming or obtaining benefits under FECA cited in Public Law 103-333, effective 9/30/94, lose entitlement to medical benefits, compensation for wage loss, and any other benefits payable under FECA. (20 CFR 10.23)

Pending Disciplinary Action

USPS administrative disciplinary action must not be delayed based on current claim status.

Relevant Provision of FMLA

An employee may be on a workers' compensation absence because of a job-related injury or illness that also qualifies as a serious health condition under FMLA. The workers' compensation absence and FMLA leave may run concurrently (subject to proper notice and designation by the employer). At some point the health care provider providing medical care pursuant to the workers' compensation injury may certify the employee is able to return to work in a limited duty position. If the employer offers such a position, and the employee does not accept the position, the employee may no longer qualify for workers' compensation benefits, but the employee is entitled to continue on unpaid FMLA leave either until the employee is able to return to the same or equivalent job the employee left or until the 12-week FMLA leave entitlement is exhausted.

Responsibilities

Office of Workers' Compensation Programs, U.S. Department of Labor

OWCP has the exclusive authority (except as otherwise provided by law) for the administration, implementation, and enforcement of FECA. Its main responsibility is to determine whether the claimant is entitled to benefits under FECA. Claim decisions, determinations, and adjudications are made in the name of, or for, the director of OWCP.

Responsibility for FECA is vested in 12 OWCP district offices. The locations and jurisdiction of these offices are identified in Appendix B, Addresses.

U.S. Postal Service

Headquarters

The manager of Safety and Risk Management:

- Establishes policy and procedures through the vice president of Human Resources (HR).
- Coordinates and provides technical guidance in field activities to ensure uniform management of the program.
- Identifies training needs for those involved in administering the program.
- Coordinates efforts with DOL in conjunction with the USPS responsibilities under FECA.
- Provides reports to postal management at all levels about the status of the program.
- Identifies program initiatives to enhance effective program management.

Area Offices

Area HR managers:

- Implement the national Injury Compensation Program policies and directives.
- Oversee areawide program activities to ensure compliance with national policies and guidelines.

Area HR analysts for injury compensation:

- Advise Headquarters on the status of the Injury Compensation Program within the area and assist in the administration of policy, programs, and procedures that affect the program.
- Provide technical assistance and guidance to Customer Services and Sales (CSS) districts and Processing and Distribution (P&D) centers, satellite offices, and their assigned ICCO personnel in relation to the program.
- Manage and oversee cost-reduction initiatives and case management techniques.
- Define area goals and objectives within the guidelines established by Headquarters.

Districts and Plants

Customer Service and Sales district HR managers:

- Implement Headquarters and area program policies, objectives, and action plans within the district boundaries.
- Ensure that authorized IC positions are staffed, sufficient ICCO staff (HR specialists) are assigned and trained (see pp. 2 through 4), and appropriate control point personnel are designated.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THE USPS INJURY COMPENSATION PROGRAM

Managers of P&D centers, bulk mail centers (BMCs) and air mail centers:

- Implement the objectives and policies of the program within the operations under their jurisdiction.
- Ensure that control point personnel are designated, where appropriate.

Control Offices

ICCOs are physically located at district offices and selected satellite offices. They are supervised by a senior IC specialist and staffed by a designated number of HR specialists and, in some offices, HR associates.

Senior IC specialists:

- Oversee program administration within the district boundaries.
- Supervise ICCO activities.
- Assist management in the selection and designation of ICCO or control point personnel.
- Ensure that ICCO or control point personnel are properly trained.

ICCO personnel:

- Administer and control all aspects of the Injury Compensation Program within the domiciling installation and defined area of responsibility.

Installations

Control point personnel are designated by the installation head (or functional manager in large installations). At least one control point person must be designated for each tour of operation. Control points report functionally to either the senior IC specialist or to the designated ICCO in program matters.

Control point personnel (all management levels):

- Authorize medical treatment in accordance with CFR 10.402(a).
- Review medical documentation to determine employee's duty status.
- Coordinate activities of first-line supervisors relative to claims management efforts.

First-line supervisors:

- Perform claims management activities immediately following the injury.
- Investigate the circumstances surrounding the injury.
- Conduct all necessary coordination and follow up with designated control point supervisors and ICCOs.

Employees:

- Fulfill their obligations as set forth in this chapter.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

THE USPS INJURY COMPENSATION PROGRAM

Claims Administration Hierarchy

Claims administration responsibility always rests with the ICCO at a management level above that of the injured employee. Designated ICCO-employee relationships are as follows:

Employee	Control Level
Craft employees Supervisors Postmasters	District
District managers and direct manager reports Plant managers All full-time and collateral IC personnel	Area
Area managers Headquarters and Headquarters-related units (unless otherwise advised)	Headquarters

Resource Materials

Regulations, Policies, and Procedures

This handbook is a compilation of various USPS-issued regulations, policies, and procedures. However, because of the nature and complexity of the Injury Compensation Program, the handbook in itself is not sufficient for the effective management of this program.

To effectively manage the program, IC personnel should establish a reference library including, but not limited to, the documents listed below.

The Federal Employees' Compensation Act, as amended, 5 U.S.C. 8101, et seq.

Copies of FECA may be obtained from the OWCP district office.

Code of Federal Regulations, 20 CFR 10

The *Code of Federal Regulations* (CFR) describes the provisions of the law and contains additional information concerning administration of the program. Part 10 provides helpful information for developing local procedures and responding to local inquiries. Copies may be obtained from the OWCP district office.

Federal (FECA) Procedure Manual, Part 2, Claims

The FECA PM describes the procedures used by OWCP personnel in processing claims. This manual can be of great assistance in determining whether to controvert or challenge a claim in some questionable cases. Periodic revisions made by OWCP are distributed by USPS Headquarters and area offices. For optimum benefit, it is imperative that this manual be updated with current information.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THE USPS INJURY COMPENSATION PROGRAM

Requests for a copy should be directed to:

DIVISION OF FEDERAL EMPLOYEES' COMPENSATION
OFFICE OF WORKERS' COMPENSATION PROGRAMS
200 CONSTITUTION AVE NW
WASHINGTON DC 20210-0001

Federal (OWCP) Procedure Manual, Part 3, Rehabilitation

The *Federal (OWCP) Procedure Manual* (OWCP PM) contains procedures for OWCP's vocational rehabilitation program. Like the FECA PM, the OWCP PM provides insight into the criteria followed by OWCP. Ordering and maintenance procedures for this manual are the same as cited for the FECA PM.

Pamphlet CA-550, Questions and Answers About the Federal Employees' Compensation Act

Describes in nontechnical language the basic provisions of the law and includes information concerning the most common issues about entitlement and claims processing. It is intended for use primarily by employees. Copies may be ordered from material distribution centers.

Decisions of the Employees' Compensation Appeals Board

ECAB is the highest authority for appeals review in federal workers' compensation claims. Board decisions are often precedent setting and can result in revision of guidelines by OWCP. A familiarity with ECAB decisions, particularly high-profile decisions, is extremely helpful when preparing controversion and challenge packages. Copies of relevant ECAB decisions are disseminated by USPS Headquarters and area offices. Decisions and summaries are also available in various formats from private contractors.

Publication CA-810, Injury Compensation for Federal Employees, February 1994

Publication CA-810 was prepared by OWCP and is intended to serve as a handbook for all federal agencies. It provides basic information regarding the administration of FECA. Like 20 CFR, Part 10, this publication can be extremely helpful when developing local procedures and responding to local inquiries.

Handbook EL-515, Joint Rehabilitation Guidelines, May 1992

Handbook EL-515 was a joint venture by the USPS and DOL to provide procedures and guidelines for rehabilitation program efforts.

Employee and Labor Relations Manual 540, Special Postal Bulletin, August 2, 1990

The *Employee and Labor Relations Manual* (ELM) 540 was prepared by the USPS. It lists policies and procedures in compliance with FECA and its related regulations.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

THE USPS INJURY COMPENSATION PROGRAM

Administrative Support Manual 353, Privacy Act

The *Administrative Support Manual* (ASM) 353 includes instructions for applying the Privacy Act and the USPS regulations that implement it. Those who handle IC case files and payment records must be familiar with their Privacy Act responsibilities.

Management Instruction EL-540-91-1, Job-Related First-Aid Injuries

This management instruction provides policies and procedures for reporting injuries to OWCP, for determining choice of physician, and for paying medical bills to contract physicians for initial treatment of job-related first-aid injuries.

Publication 540, A Guide for Managing Injuries, November 1994

Publication 540 provides guidance to field managers in establishing or supplementing procedures for the early management of IC claims.

Handbook F-21, Time and Attendance, October 7, 1988, and Handbook F-22, PSDS Supervisor's Guide, May 1992

These handbooks address specific pay issues relevant to injured workers.

Forms and Notices

Many forms are used to collect information needed in the administration of the Injury Compensation Program, some from OWCP, and some from the USPS. It is important for IC personnel to be aware of their uses and comply with the required time frames for submitting them.

CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

The CA-1 notifies management of a traumatic injury and serves as the report to OWCP, when needed.

The employee, or someone acting in his or her behalf, should submit the CA-1 to the supervisor as soon as possible following injury but no later than 30 days for COP entitlement. Statutory requirements will be met for FECA benefits if the CA-1 is filed within 3 years from the injury.

The supervisor should submit this form to the ICCO within 24 hours from receipt from the employee.

The ICCO must submit this form to OWCP within 10 working days from the date received by the supervisor (or other postal official) from the employee.

CA-2, Notice of Occupational Disease and Claim for Compensation

The CA-2 notifies management of an occupational illness or disease and serves as the report to OWCP, when needed.

Statutory requirements will be met if filed within 3 years from date of awareness.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THE USPS INJURY COMPENSATION PROGRAM

The supervisor submits this form to the ICCO within 24 hours.

The ICCO submits this form to OWCP within 10 working days from the date received by the supervisor or other postal official.

CA-2a, Federal Employee's Notice of Recurrence of Disability and Claim of Pay/Compensation

The CA-2a notifies management and OWCP that an employee, after returning to work, is again disabled because of a prior injury or occupational illness. It also serves as a claim for continuation of pay or for compensation. Immediately upon notification, the ICCO or the supervisor provides the employee with CA-2a.

The employee completes Part A and returns the form. If received by the supervisor, the form must be submitted to the ICCO within 24 hours.

The ICCO submits this form to OWCP within 10 working days from receipt of the form from the employee.

CA-3, Report of Termination of Disability and/or Payment

The CA-3 notifies OWCP that the employee has returned to work and/or that continuation of pay has terminated.

Immediately upon the employee's return to work, the ICCO submits the CA-3 to OWCP. The CA-3 is the preferred form recognized by both agencies even though the employee's return to work may be reported on the CA-7 or the CA-17.

CA-5, Claim for Compensation by Widow, Widower, and/or Children

The CA-5 serves as the official notice to the OWCP of the surviving widow's, widower's, and/or children's claim for compensation because of the employee's death which resulted from a job-related injury.

Upon notification, the ICCO provides the appropriate dependent with the form. The dependent, or representative, should complete the form within 30 days (but no later than 3 years after death) and return it to the ICCO. (If death resulted from an injury for which a disability claim was timely filed, the time requirements for filing the death claim have been met.)

CA-5b, Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren

The CA-5b provides claims compensation for specified dependents when the injury results in the employee's death.

The ICCO submits the CA-5b to OWCP within 10 working days from date of receipt from the dependent.

The time requirements for CA-5b are the same as for CA-5.

CA-6, Official Superior's Report of Employee's Death

The CA-6 notifies OWCP of the employment-related death of an employee.

The ICCO submits the CA-6 to OWCP within 10 working days after knowledge of the job-related death.

CA-7, Claim for Compensation on Account of Traumatic Injury or Occupational Disease

The CA-7 is used to claim compensation if (1) injury has resulted in permanent impairment involving the total or partial loss, or loss of use, of certain parts of the body or serious disfigurement of the face, head, or neck; or (2) medical evidence shows disability is expected to continue beyond the COP period in traumatic cases and results in wage loss.

When disability is expected to extend beyond the COP period in traumatic injury cases, the ICCO provides the employee with a CA-7 10 days before the end of the COP period. The employee is instructed to complete his or her portion, have the attending physician complete the CA-20. The ICCO submits the completed CA-7 to OWCP not less than 5 working days before termination of COP.

In occupational disease or illness cases, a CA-7 should be submitted along with the CA-2 if the disability is being claimed at that time. In other instances, the CA-7 is completed and submitted to OWCP not more than 5 days after the period claimed by the employee.

CA-8, Claim for Continuing Compensation on Account of Disability

The CA-8 provides claims compensation when disability continues beyond the time covered by the claim filed on the CA-7.

CA-8s are filed on a recurring basis (usually every 2 weeks) until advised otherwise by OWCP.

If disability is expected to continue, the ICCO provides the employee with the CA-8 at least 10 days before the end of the time indicated on either the CA-7 or the previous CA-8. The employee completes his or her portion, and has the attending physician complete the CA-20a.

The ICCO submits the completed CA-8 to OWCP at least 5 days before the end of the period claimed on the CA-7 or the previous CA-8.

CA-10, What a Federal Employee Should Do When Injured at Work

The CA-10 provides employees with information regarding their rights, responsibilities, and benefits under FECA.

The CA-10 is to be posted on employee bulletin boards.

CA-11, When Injured at Work

This pamphlet provides facts about medical benefits, disability, compensation for death, and other entitlements for civilian employees of the federal government.

The CA-11 should be handed out during employee orientation.

CA-13, Work Injury Benefits for Federal Employees

The CA-13 is a card for federal employees to carry in their wallets as a reference. It provides instructions for employees and their families in the event of an employment-related injury or death.

The CA-13 should be handed out during employee orientation.

CA-16, Authorization for Examination and/or Treatment

The CA-16 authorizes an injured employee to obtain examination and/or treatment for up to 60 days and provides OWCP with an initial medical report.

The CA-16 forms are issued by the ICCO or trained control point personnel only.

The CA-16 must be promptly issued within 4 hours in traumatic injuries requiring medical attention, except first-aid injuries where the employee has elected treatment by a contract medical provider. CA-16s are rarely used for occupational illness or disease claims and only with prior OWCP approval. If the employee chooses to select a contract medical provider beyond first-aid treatment, the CA-16 should be issued in accordance with FECA for the employee's selection of the contract medical provider as the employee's treating physician.

CA-17, Duty Status Report

The CA-17 provides management and OWCP with an interim medical report containing information as to the employee's ability to return to any type of work. Initially issued by the supervisor at the time of injury, subsequent issuances are performed by either the ICCO or control point personnel. The employee is responsible for having the attending physician complete the CA-17 at each visit when there is a change in medical condition and for its prompt return to the ICCO or control point.

The ICCO submits the completed form to OWCP within 10 days from date of receipt.

CA-20, Attending Physician's Report

The CA-20 provides medical support for claims and is attached to the CA-7, which provides the ICCO and OWCP with medical information.

The CA-20 is initially issued by the supervisor at the time of injury when the CA-16 is not used and when the injury is not a first-aid injury treated by a contract medical provider. Subsequent issuances are the same as for the CA-17. CA-20 must be submitted promptly to OWCP upon completion of most recent examination or treatment.

CA-20a, Attending Physician's Supplemental Report

The CA-20a provides OWCP with additional medical information in connection with a supplemental claim filed on an attached CA-8. A corresponding CA-20a is to be submitted with each CA-8 filed. The CA-20a must be submitted promptly to OWCP upon completion of most recent examination or treatment.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THE USPS INJURY COMPENSATION PROGRAM

Evidence Required in Support of a Claim for

- 35A, *Occupational Disease*
- 35B, *Work-Related Hearing Loss*
- 35C, *Asbestos-Related Illness*
- 35D, *Work-Related Coronary/Vascular Condition*
- 35E, *Work-Related Skin Disease*
- 35F, *Work-Related Pulmonary Illness (not asbestosis)*
- 35G, *Work-Related Psychiatric Illness*
- 35H, *Work-Related Carpal Tunnel Syndrome*

The 35A-through-H series of forms provides employee and management with a checklist of information required from both parties in order for OWCP to adjudicate the respective occupational illness or disease claim.

These forms should be submitted with the CA-2.

HCFA-1500, Health Insurance Claim Form

This form provides OWCP with a standard billing form to facilitate payment of medical bills.

The HCFA-1500 is issued along with the CA-16, the CA-20, and the CA-17 when the employee is scheduled for medical examination and/or treatment.

Form 2491, Medical Report — First-Aid Injuries

Form 2491 provides management with a medical report containing information regarding the employee's ability to return to work. This form is used in lieu of the CA-16/20 and the CA-17 when the employee is being treated for a first-aid injury by a contract medical provider.

Form 2491 is issued by the ICCO or control point personnel or the supervisor at the time of injury (initial examination or treatment) and follow-up visit.

Form 2556, Third Party Statement of Recovery

Form 2556 provides OWCP and the USPS with a breakdown of disbursements made from monies recovered from a third party pursuit. This form is used when the employee is represented by an attorney or has assigned the action to the USPS.

When the employee is represented by an attorney, the ICCO issues this form directly to the attorney upon notification. Upon the employee's recovery, the form must be completed promptly and forwarded to OWCP with a check for the government's lien by the ICCO.

Form 2557, Employee's Third Party Recovery Statement

Form 2557 provides OWCP and the USPS with a breakdown of monies recovered by the employee when pursuing his or her own third party action.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THE USPS INJURY COMPENSATION PROGRAM

The ICCO issues this form promptly to the employee upon notification that he or she is pursuing his or her own action. Upon recovery, the employee returns the form to the ICCO, along with a check for the government's lien, for prompt referral to OWCP.

Form 2559, Third Party Claim — Information Request

Form 2559 provides information about the employee's action (or intended action) regarding the pursuit of a third party action.

This form is issued by the ICCO when the employee's response on Form 2562 was negative or undecided.

Form 2560, Referral of Third Party Material

This form is the cover letter for the transmittal of third party documents and information.

It is used by the ICCO when forwarding third party material.

Form 2562, Injury Compensation Program — Notice of Potential Third Party Claim

Form 2562 provides general information regarding a potential third party and the employee's intent.

This form is issued by the ICCO to the employee upon notification of a possible third party liability. The employee promptly completes the form and returns it to the ICCO for referral to OWCP.

Form 2573, Request — OWCP Claim Status

Form 2573 provides a standard format for requesting general claim status information from OWCP.

The form is used by the ICCO when needed.

Form 2577, Assignment of Claim to the USPS

Form 2577 provides the USPS with the authority to pursue a third party recovery.

This form is issued by the ICCO to the employee upon notification of the employee's lack of intent to take personal action. If in agreement, the employee completes and returns the form to the ICCO for referral to OWCP.

Publication 71, Notice for Employees Requesting Leave for Conditions Covered by the Family and Medical Leave Act

When an employee is absent from work because of an FMLA-covered injury or illness, a copy of Publication 71 is given to him or her along with the modified letter called Employee Rights, Responsibilities, and Choice of Physician (see Exhibit 3.5b).

2. Injury Compensation Office Setup

Overview

Procedures

Injury Compensation Unit

When forming an injury compensation unit...

- 2.1 Authorizing Injury Compensation Positions *district HR manager*
- 2.2 Supplying an Adequate Stock of Forms, Sample Letters,
and Supplies *senior IC specialist*
- 2.3 Supplying Office Equipment *district HR manager*
- 2.4 Centralizing the Processing of IC Forms and Paperwork
and the Management of Claims *district HR manager or senior IC specialist*

2. Injury Compensation Office Setup

Overview

The injury compensation (IC) office or unit serves as the injury compensation control office (ICCO). To effectively manage the Injury Compensation Program and control compensation costs, the IC unit must:

- Be organized in a manner that centralizes the processing of administrative paperwork.
- Promote efficiency through the training of IC personnel as well as managers and supervisors.
- Facilitate the administrative duties and responsibilities of IC personnel by utilizing the Human Resource Information System (HRIS) and the Workers' Compensation Information Subsystem (WCIS).
- Be large enough to accommodate file cabinets and a lektriever and have at least one conference area to allow for privacy while interviewing employees or preparing and discussing individual compensation cases.

Because of the complexities of IC policies, procedures, and regulations, the unit should have all resource materials identified in Chapter 1 available for guidance and reference.

Procedures

Injury Compensation Unit

When forming an injury compensation unit...

2.1 Authorizing Injury Compensation Positions — *district HR manager*

- ☐ Fill the following authorized IC positions:
 - Senior IC specialist.
 - HR specialists.
 - HR associates.
- ☐ Clearly define all duties and responsibilities of IC personnel so they will be held accountable for their specific areas, programs, and compensation cases.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
INJURY COMPENSATION OFFICE SETUP

2.2 Supplying an Adequate Stock of Forms, Sample Letters, and Supplies — *senior IC specialist*

- ☐ Supply your unit with the following forms:
 - All CA and PS forms identified in Chapter 1.
 - Leave repurchase forms.
 - Form 2240, *Pay, Leave, and Other Hours Adjustment Request*.
 - Form 2243, *PSDS Hours Adjustment Record*.
 - Form 3971, *Request for or Notification of Absence*.

SEE Appendix D, Forms.
- ☐ Supply your office with the following correspondence:
 - Limited duty accommodations/acceptance or rejection of limited duty (see exhibits in Chapter 7, Limited Duty Program Management).
 - Leave repurchase policy notification (see Exhibit 4.19b, Sample Letter: Leave Buy Back Policy).
 - COP authorization (see Chapter 4, Claims Management).
 - Third party liability letters (see exhibits in Chapter 10, Third Party Liability).
 - Health benefit refund (see Chapter 4, Claims Management).
 - Basic controversion letter (see exhibits in Chapter 8, Controversion and Challenge).
- ☐ Furnish your office with the following office supplies:
 - Sturdy file folders with two-pronged fasteners on both sides. Do not use official personnel folders (OPFs).
 - Copy paper, legal pads, pencils, pens, paper clips, stapler, etc.
 - Bulletin board.

2.3 Supplying Office Equipment — *district HR manager*

- ☐ Supply your office with the following office equipment:
 - Desks with telephones.
 - Facsimile machine.
 - Telephone answering machine.
 - Computers and printers.
 - Electric typewriter (optional, depending on computer capability).
 - Copy machine.
 - Document shredder.
 - File cabinets and lektriever.
 - Partitions.

2.4 Centralizing the Processing of IC Forms and Paperwork and the Management of Claims — *district HR manager or senior IC specialist*

- ☐ Ensure that IC personnel receive proper training for effective claims management and program administration.

OWCP and USPS Training Courses

IC personnel may enroll in the following OWCP or USPS courses by contacting the OWCP district office or area HR analyst for injury compensation for scheduling.

OWCP

- OWCP Basic Course, Training for Federal Employing Agency Compensation Specialists (3 days).
- Advanced Course for Federal Agency Compensation Specialists (12 hours, self-paced).

USPS

- Injury Compensation Program Administration Course (2 weeks).
 - WCIS.
 - HRIS.
-

- ☐ Arrange to assign the claims equitably among members of the staff.
One common way to assign claims is to split the alphabet between staff members and assign claims according to the last initial of the claimant.
- ☐ Prepare a comprehensive IC policy and procedure statement to be incorporated in an accident kit so that managers and supervisors will know what to do when an injury occurs.

Establish a procedure for the:

- Main office.
- Station or branches.
- Associate offices.
- Other detached units such as vehicle maintenance facilities (VMFs) and bulk mail centers (BMCs).

The IC policy must:

- Require immediate notification of injury:
 - Injured employees must notify their supervisor if medically able to do so.
 - The supervisor must notify the IC unit. Record essential information on answering machine tape during IC unit off-tour hours.
- Ensure that injured employees receive immediate medical attention following an injury or illness.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
INJURY COMPENSATION OFFICE SETUP

- Ensure that injured employees are informed of their rights and responsibilities, and that entitlements are authorized.
 - Require that all claim forms and related paperwork be submitted through the unit within the specific time frame (normally as soon as possible, but no later than 2 days after receipt from the employee).
 - Ensure that the employee's duty status is ascertained.
 - Ensure that limited duty is made available and offered.
- ◇ *This policy or procedure statement must be endorsed by the installation head and enforced.*

3. Immediate Involvement With Traumatic Injuries and Occupational Illnesses

Overview

Procedures

Employee Responsibilities

When a new employee is hired...

- 3.1 Informing Employees of Their Responsibilities supervisor
Obligation: Notifying OWCP of Traumatic Injury or Occupational Illness or Disease

Supervisor and Control Point Responsibilities in an Emergency

When an emergency work-related accident or illness occurs...

- 3.2 Initiating Medical Treatment in an Emergency supervisor
Medical Emergency
- 3.3 Authorizing Medical Treatment in an Emergency ICCO or control point
Obligation: Authorizing Medical Examination and/or Treatment

Supervisor and Control Point Responsibilities in a Nonemergency

When a nonemergency job-related accident or illness occurs...

- 3.4 Notifying the ICCO supervisor
Obligation: Notifying the ICCO
- 3.5 Advising the Employee of Rights and Responsibilities supervisor
Obligation: Advising Employees of Entitled Benefits Under FECA
Obligation: Notifying Employees Whether Absences Count Toward FMLA 12-Week Allowance
FMLA Protection
- 3.6 Assisting the Employee in Reporting an Injury and Making a Choice of COP or Leave supervisor
Prima Facie Evidence
- 3.7 Assisting the Employee in Reporting an Occupational Illness or Disease .. supervisor
- 3.8 Assisting the Employee in Reporting a Recurrence of Disability .. supervisor or ICCO
- 3.9 Initiating Medical Treatment in a Nonemergency ... ICCO or designated control point
Obligation: Ensuring Right to a Free Choice of Physician
Physician
Form 2491, Medical Report — First-Aid Injuries
- 3.10 Authorizing Medical Treatment in a Nonemergency supervisor or ICCO
Obligation: Authorizing Medical Examination and/or Treatment
When to Issue CA-16
- 3.11 Completing and Forwarding Claim Information supervisor

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
IMMEDIATE INVOLVEMENT WITH TRAUMATIC

- 3.12 Investigating the Claim *supervisor acting as control point*
Obligation: Investigating the Injury
Investigation Resources
- 3.13 Determining Duty Status *control point*
- 3.14 Monitoring the Claim *control point*
Obligation: Monitoring Duty Status

Exhibits

- 3.5a Advising the Employee of Rights, Responsibilities, and the Initial Choice of Physician
- 3.5b Sample Letter: Employee Rights, Responsibilities, and Choice of Physician
- 3.5c Sample Letter: Employee Rights, Responsibilities, and Choice of Physician
Publication 71, Notice for Employees Requesting Leave for Conditions Covered by
the Family and Medical Leave Act
Publication 71, Notice for Employees Requesting Leave for Conditions Covered by
the Family and Medical Leave Act
- 3.13 Injury Action Checklist

3. Immediate Involvement With Traumatic Injuries and Occupational Illnesses

Overview

This chapter addresses the supervisor's role in the event that an employee suffers a work-related traumatic injury or disease or illness. (For information regarding occupational disease or illness claims, see Chapter 4, Claims Management.)

As stated in Chapter 1, one of the main reasons for the development of the USPS Injury Compensation Program was cost control. This objective, however, in no way lessens our primary responsibility for the safety and health of our employees. Accident prevention should always be our first defense. After an accident and subsequent injury have occurred, however, active involvement and claims management at all levels are paramount to accomplishing our cost control and employee welfare goals. Close coordination and cooperation between IC and supervisory personnel are vital to ensure the best interests of both the employee and the USPS.

The employee's supervisor is in an excellent position to ensure that proper and immediate actions are taken following an injury. He or she has firsthand knowledge of the employee, the working environment and, in many cases, the actual circumstances surrounding the injury. It is the supervisor who is there to ensure that the injured employee is provided with his or her benefits and rights under FECA.

In addition to the employee's supervisor, the designated control point also plays an essential role in the early management of the claim. The designated control point initially authorizes, through the issuance of the CA-16, *Authorization for Examination and/or Treatment*, the medical examination and treatment when an injured employee elects an outside physician and hospital (not under contract with USPS), reviews initial medical findings to determine employee's duty status, and determines when the issuance of a CA-16 is not appropriate.

A CA-16 may be issued to a hospital or clinic under contract if the employee elects that provider as a treating physician and the extent of treating the injury is beyond first aid.

Procedures

Employee Responsibilities

When a new employee is hired...

3.1 Informing Employees of Their Responsibilities — *supervisor*

Obligation: Notifying OWCP of Traumatic Injury or Occupational Illness or Disease

FECA requires written notice of a traumatic injury be given within 30 calendar days from the date on which the injury occurs. Failure to give notice within this 30-day period will result in a loss of entitlement to COP as well as a loss of compensation rights in the event that the claim for compensation is not filed within 3 years. The notice of traumatic injury is given on the CA-1.

An employee who believes he or she has developed an occupational disease or illness, or a person acting on behalf of the employee, must give written notice of the disease or illness to the employee's official supervisor. If, for any reason, it is impractical to give notice to the employee's official supervisor, notice of the disease or illness is given to any USPS official or to OWCP. The notice of disease or illness is given on the CA-2.

FECA specifies that notice be given to OWCP within 30 calendar days from the date on which the employee was first aware, or by the exercise of reasonable diligence should have been aware, of a possible connection between the disease or illness and the related factors or conditions of employment. Failure to give notice within this time period may result in a loss of compensation rights in the event that the claim for compensation is not filed within 3 years.

- ☐ During employee orientation, advise employees to report their injuries and illnesses immediately in order to protect their interests, receive prompt medical care, and ensure uninterrupted income.
- ☐ Regularly advise employees of their responsibilities during periodic safety meetings.
- ☐ Ensure that the employee rights and responsibilities are posted on the bulletin board along with local injury compensation policy for reporting injuries.

Supervisor and Control Point Responsibilities in an Emergency

When an emergency work-related accident or illness occurs...

3.2 Initiating Medical Treatment in an Emergency — supervisor

Medical Emergency

A *medical emergency* is an injury or sudden and unexpected onset of a condition requiring immediate medical care. Some problems are considered emergencies because, if not treated promptly, they might become more serious (for example, animal bites, eye injuries, deep cuts, broken bones). Others are emergencies because they are potentially life-threatening (for example, heart attacks, strokes, weapon wounds, sudden inability to breathe). In the event that there is a doubt as to the emergent nature of the emergency, it should be handled as an emergency (ELM 543.14).

- ◇ *If emergency treatment is essential and securing authorization would be impractical, an employee may obtain emergency treatment without prior authorization.*
- Immediately ensure that appropriate medical care is provided:
 - Advise the employee of his or her right to treatment by a USPS contract medical provider or by a private physician or hospital of his or her choice.
 - Arrange for the employee to go to the nearest available physician or hospital or to a physician or hospital chosen by the employee or by the employee's representative.
 - In emergency situations, you must accompany the employee to the doctor's office or hospital, or arrange for another supervisor to do so, to ensure that the employee receives prompt medical treatment.
- If there is not sufficient time to advise the employee of all rights and responsibilities, advise the employee that he or she must do at least the following, if medically able to do so:
 - Submit CA-17, *Duty Status Report*, and other medical evidence to the supervisor or control point within FECA requirements after the examination (or at the start of the employee's next scheduled work shift), so that the employee's duty status may be determined.
 - Let the treating physician know of the availability of limited duty and request the physician to provide any limitations imposed by the injury.
 - Return Form 2491, *Medical Report — First-Aid Injuries*.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

IMMEDIATE INVOLVEMENT WITH TRAUMATIC INJURIES AND OCCUPATIONAL ILLNESSES

- ☐ If there is not sufficient time to complete appropriate paperwork (see “When a nonemergency job-related accident or illness occurs...”), arrange to do it after medical care has been provided. Note that:
 - Verbal authorization may be given for medical treatment initially and the CA-16 issued within 4 hours (see 3.3, Authorizing Medical Treatment in an Emergency).
 - CA-1, *Federal Employee’s Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation*, should be submitted within 48 hours, if possible.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
IMMEDIATE INVOLVEMENT WITH TRAUMATIC INJURIES AND OCCUPATIONAL ILLNESSES

3.3 Authorizing Medical Treatment in an Emergency — ICCO or control point

Obligation: Authorizing Medical Examination and/or Treatment

Initial medical examination and/or treatment must be authorized in accordance with the FECA provisions and applicable OWCP regulations and policies governing medical care. FECA guarantees the employee the right to a free choice of physician.

- If the injury is an emergency and the employee needs medical attention immediately and selects a private physician or hospital, give verbal authorization and issue CA-16, *Authorization for Examination and/or Treatment*, within 4 hours. Coordinate transportation for the employee to his or her elected medical facility.
- ◇ *Remember that an injured employee cannot issue a CA-16 for himself or herself. If a person designated to issue a CA-16 becomes injured, the control point at the next higher level of authority would have to issue the CA-16 .*

SEE Chapter 1, USPS Injury Compensation Program.

Supervisor and Control Point Responsibilities in a Nonemergency

When a nonemergency job-related accident or illness occurs...

3.4 Notifying the ICCO — supervisor

Obligation: Notifying the ICCO

The supervisor must notify the ICCO immediately or as soon as possible after an injury has been reported.

- ☐ Notify the ICCO as soon as possible after an injury has been reported. Since most ICCOs are equipped with answering machines, notification can be given on a 24-hour basis.

Give the following information as soon as it is available:

- Name of injured employee.
- Date and time of injury.
- Injury type.
- Brief incident summary.
- Description of medical care provided, if any.
- Employee's duty status.

3.5 Advising the Employee of Rights and Responsibilities— *supervisor*

Obligation: Advising Employees of Entitled Benefits Under FECA

FECA provides that employees who suffer job-related disabilities are entitled to continuation of regular pay up to a maximum of 45 calendar days for a traumatic injury, compensation for wage loss if disability continues beyond 45 days, medical care, schedule awards, and vocational rehabilitation.

Obligation: Notifying Employees Whether Absences Count Toward FMLA 12-Week Allowance

Employees are to be notified in writing if related absences will count toward the 12 workweeks allowed under FMLA and, if so, provided with a copy of Publication 71, *Notice for Employees Requesting Leave for Conditions Covered by the Family and Medical Leave Act*.

- ☐ Review rights, responsibilities, and benefits with the employee (see Exhibit 3.5a).
- ☐ Determine if absences related to the accident or illness are covered by FMLA.

FMLA Protection

Only employees who have accumulated a total of 1 year of postal employment and have actually worked a total of 1,250 hours during the 12 months preceding the absence are eligible for the 12-week FMLA leave allotment.

Eligible employees who are absent because of an on-the-job injury or work-related illness receive FMLA protection if *either* of the following two conditions are met:

- *Hospital care*: inpatient care (i.e., an overnight stay) in a hospital or residential care facility.
 - *Absence plus treatment*: a period of incapacity of more than 3 consecutive calendar days that also involves *one* of the following:
 - Treatment, examination, or evaluation of the condition two or more times by a health care provider or health care services provider.
 - Treatment, examination, or evaluation of the condition by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider. A regimen of continuing treatment includes, for example, a course of prescription medication or therapy that requires a visit to a health care provider to initiate.
-
-

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

IMMEDIATE INVOLVEMENT WITH TRAUMATIC INJURIES AND OCCUPATIONAL ILLNESSES

- ☐ Provide the employee with the letter called Employee Rights, Responsibilities, and Choice of Physician (see Exhibit 3.5b). If absences are covered by FMLA, use the modified letter (see Exhibit 3.5c) and attach Publication 71, *Notice for Employees Requesting Leave for Conditions Covered by the Family and Medical Leave Act*. Annotate a copy of the letter with the date that the employee was given the letter so that it can be forwarded to OWCP to be filed in the employee's case file.
- ☐ Provide the employee with one of the following forms, depending on the situation:
 - CA-1, *Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation*.
 - CA-2, *Notice of Occupational Disease and Claim for Compensation*.
 - CA-2a, *Federal Employee's Notice of Recurrence of Disability and Claim for Continuation of Pay/Compensation*.
- ☐ Proceed as indicated in 3.6, 3.7, or 3.8, depending on the situation.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
IMMEDIATE INVOLVEMENT WITH TRAUMATIC INJURIES AND OCCUPATIONAL ILLNESSES

3.6 Assisting the Employee in Reporting an Injury and Making a Choice of COP or Leave — supervisor

- ☐ Provide the employee with CA-1, *Federal Employee's Notification of Traumatic Injury and Claim for Continuation of Pay/Compensation*. Instruct him or her to do the following:
 - Complete the employee's section of the form.
 - Make choice of treating physician.
 - Elect COP, annual leave, or sick leave if time loss occurs from the job-related injury.
 - Promptly return CA-1 with supporting medical documentation, if available, to the supervisor. If the employee submits medical information later, forward that information to the ICCO for submission with the CA-1, or with the case number, to OWCP.
- ◇ *The employee is responsible for submitting prima facie medical evidence of disability to the supervisor within 10 working days. If he or she fails to do so, COP can be terminated.*

Prima Facie Evidence

Prima facie evidence is medical evidence that indicates the employee is disabled as a result of a job-related injury and thus cannot perform the job held at the time of injury.

- ☐ Upon receiving the completed CA-1 from the employee, do the following:
 - Document on CA-1 the date the form was received.
 - Complete the receipt attached to CA-1 and give a copy to the employee or his or her representative.
 - Review the CA-1 for completeness and accuracy, and assist the employee in correcting any deficiencies found.
 - Complete the official supervisor's report of traumatic injury, items 17 through 18.
 - Inform the employee of his or her right to elect COP or annual or sick leave for time loss resulting from the job-related injury.
 - Comment on the employee's narrative statement by either confirming it, refuting it, or providing additional, relevant, and probative information in a separate cover letter to the OWCP.
 - Complete Form 1769, *Accident Report*.
 - Submit the completed CA-1, a copy of Form 1769, *Accident Report*, and all other documentation to the ICCO within 24 hours of receipt from the employee.
 - Inform the employee whether COP will be controverted and whether pay will be terminated in accordance with one of the eight regulatory reasons.
 - Explain to the employee his or her responsibility to submit prima facie medical evidence of disability within 10 working days of the date of receipt of the CA-1 from the employee.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
IMMEDIATE INVOLVEMENT WITH TRAUMATIC INJURIES AND OCCUPATIONAL ILLNESSES

**3.7 Assisting the Employee in Reporting an Occupational Illness or Disease —
supervisor**

- ☐ Provide the employee with CA-2, *Notice of Occupational Disease and Claim for Compensation*, and two copies of the appropriate checklist on CA-35 A-H (see Appendix D, Forms, for the individual names of these forms) for the disease reported. Instruct him or her to do the following:
 - Complete the employee's section of the form.
 - Provide all the necessary documentation as outlined in items 1 and 2 under "Instructions for Completing Form CA-2."
 - Promptly return the CA-2 and narrative statement within 2 days, if possible.
 - Provide detailed information for the supporting medical and factual information requested on the checklist.
 - Choose sick leave, annual leave, or leave without pay pending the OWCP adjudication of the claim, if unable to work.
 - Contact the ICCO for further guidance and compensation information.
- ☐ Upon receiving the completed CA-2 from the employee, do the following:
 - Document on CA-2 the date the form was received.
 - Complete the "Receipt of Notice of Occupational Disease or Illness" and give it to the employee or his or her representative.
 - Review the CA-2 for completeness and accuracy. If incomplete, contact the employee or his or her representative for the missing information and assist the employee in correcting any deficiencies found.
 - Complete the official supervisor's report of occupational disease, items 19 through 34.
 - Comment on the employee's narrative statement by either confirming, refuting, or providing additional, relevant, and probative information in a separate cover letter to OWCP.
 - Complete Form 1769, *Accident Report*.
 - Submit the completed CA-2, a copy of Form 1769, *Accident Report*, and all other documentation to the ICCO within 24 hours of receipt from the employee.

SEE Chapter 1, The USPS Injury Compensation Program.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
IMMEDIATE INVOLVEMENT WITH TRAUMATIC INJURIES AND OCCUPATIONAL ILLNESSES

3.8 Assisting the Employee in Reporting a Recurrence of Disability — supervisor or ICCO

- ☐ Provide the employee with CA-2a, *Federal Employee's Notice of Employee's Recurrence of Disability*, and instruct him or her to do the following:
 - Complete part A, items 1 through 23. Provide a narrative statement explaining the circumstances surrounding the current disability and describe the connection between the current condition and job duties to the earlier injury or occupational disease or illness.
 - Complete part C, items 1 through 8, only if no longer employed by either the USPS or another federal agency at the time of recurrence. In this case, send the form directly to OWCP.
 - Choose COP (if entitled and the 45 calendar days have not been used, and 90 days have not elapsed since first return to duty) or annual or sick leave pending adjudication of the recurrence claim.
- ☐ Upon receiving CA-2a from the employee, do the following:
 - Complete part B, items 24 through 44. Seek assistance from the ICCO, if necessary.
 - Forward CA-2a and the employee's statement to the ICCO.

3.9 Initiating Medical Treatment in a Nonemergency — ICCO or designated control point

Obligation: Ensuring Right to a Free Choice of Physician

Initial medical examination and treatment must be authorized in accordance with FECA provisions and applicable OWCP regulations and policies governing medical care. FECA guarantees the employee the right to a free choice of physician.

- ☐ Inform the employee of his or her right to treatment by a USPS contract medical provider or by a private physician or hospital of his or her choice:
 - Provide the definition of *physician* (if necessary).
 - Advise the employee that, at any time, and at his or her own free will, the employee may select a physician or hospital within approximately 25 miles of his or her home or work site.

Physician

A *physician* is any surgeon, podiatrist, dentist, clinical psychologist, optometrist, chiropractor, or osteopathic practitioner used within the scope of his or her practice as defined by state law. Exceptions are as follows:

1. Chiropractors, if their reimbursable services are other than treatment consisting of manual manipulation of the spine to correct subluxation as demonstrated to exist by X ray.
 2. Naturopaths, faith healers, and other practitioners of the healing arts, because they are not recognized as physicians within the meaning of FECA.
-
-

- ◇ *In nonemergency situations, a postal supervisor is not authorized to accompany the employee to the medical facility.*
- ☐ Provide the appropriate forms and make arrangements for the employee to see the physician of choice:
 - If the employee selects treatment by a USPS contract medical provider, issue the following:
 - Form 3956, *Authorization for Medical Attention*, if it is necessary in your installation.
 - Form 2491, *Medical Report — First-Aid Injuries*.
 - If the employee selects a private outside physician or hospital, issue any or all of the following forms (see 3.10, *Authorizing Medical Treatment in a Nonemergency*):
 - CA-16, *Authorization for Examination and/or Treatment*.
 - CA-17, *Duty Status Report*.
 - CA-20, *Attending Physician's Report*.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
IMMEDIATE INVOLVEMENT WITH TRAUMATIC INJURIES AND OCCUPATIONAL ILLNESSES

- HCFA-1500, *Health Insurance Claim Form*.
- If the employee does not select a physician, refer the employee to the USPS contract medical provider for diagnosis and initial evaluation, advising the employee that he or she may select a physician of choice after initial evaluation by the contract medical provider in accordance with ELM 543.1.

If the employee is to be examined by the USPS contract medical provider before seeking treatment from a private physician or hospital, ensure the following:
 - The examination is performed promptly following the report of the injury.
 - CA-16 is provided for the private physician of choice, within 4 hours of the injured employee's reporting of injury.
 - The USPS examination in no way interferes with or delays the employee's right to seek a prompt examination and treatment from a physician of choice.

Form 2491, *Medical Report — First-Aid Injuries*

Form 2491 is only for USPS provider-treated first-aid injuries and can be used for a maximum of two visits per injury (one initial and one follow-up) to confirm full recovery. If treatment is required beyond the second visit, the injury is no longer considered a first-aid injury, and the same forms must be issued as those needed for treatment when an outside physician or hospital is selected, as set forth in the following section. (This is true even if the employee continues treatment with the contract medical providers.)

- ☐ Refer the employee to the IC unit for assistance if he or she wishes to change his or her treating physician.
- ◇ *For continued payment of medical expenses by OWCP, a change of the employee's initial choice of physician is permitted only with OWCP approval.*

3.10 Authorizing Medical Treatment in a Nonemergency — supervisor or ICCO

Obligation: Authorizing Medical Examination and/or Treatment

Initial medical examination and/or treatment must be authorized in accordance with the FECA provisions and applicable OWCP regulations and policies governing medical care. FECA guarantees the employee the right to a free choice of physician.

- In a nonemergency, determine if CA-16 issuance is required, as shown in the information block below.
 - If it is required, issue the employee the form within 4 hours.
 - If it is not required, provide a CA-17, *Duty Status Report*, and CA-20, *Attending Physician's Report*, to the employee for completion by the treating physician.
- ◇ *The CA-20 is attached to CA-7, Claim for Compensation on Account of Traumatic Injury or Occupational Disease. When used as mentioned above, it is to be detached from the CA-7.*

When to Issue CA-16

Issue CA-16 to authorize medical treatment:

- For all traumatic injuries requiring medical attention when the employee elects outside treatment, even if the initial treatment is provided by the contract physician, except as cited below.
- When the injured employee elects the USPS contract medical provider for continued medical treatment beyond the first-aid care (after the first two visits).
- Following a recurrence of disability, provided the ICCO agrees.

You must have concurrence by the ICCO for recurrence cases.

Do not issue CA-16 to authorize medical treatment:

- For first-aid injuries when medical care is provided by a USPS contract medical provider for the first two visits and the employee voluntarily accepts this care.
- Following the submission of an occupational disease or illness claim (CA-2) or an occupational disease or illness recurrence claim (CA-2a) that has not been accepted by OWCP.

Issuance of CA-16s for an occupational disease or illness claim must have prior OWCP approval. Refer all inquiries to the IC unit.

- At some future time or as the need arises.

Advanced or blanket authorization is not to be given. Advise employees who ask for it to contact OWCP in writing.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
IMMEDIATE INVOLVEMENT WITH TRAUMATIC INJURIES AND OCCUPATIONAL ILLNESSES

Do not issue CA-16 to authorize a change of physicians after the initial choice has been made. Refer the employee to the ICCO.

- ☐ When the employee elects a physician of choice, ask the employee to contact the selected physician by telephone to determine if the physician is available and will accept the employee for treatment. If not, the employee should be encouraged to select another qualified physician or hospital in order to obtain prompt medical care. Inform the employee of his or her obligation to advise the physician of the availability of limited duty, letting the physician know that the USPS will accommodate most restrictions.
- ◇ *USPS personnel must not interfere with the medical care prescribed by the employee's attending physician. Supervisory contact with a physician or a physician's staff is to be limited to inquiries regarding the employee's duty status (see 4.5, Reviewing the Medical Documentation to Assess the Duty Status).*
- ☐ Complete your portion of the following forms and give them to the employee:
 - CA-16, *Authorization for Examination and/or Treatment*, or CA-20, *Attending Physician's Report*.
 - CA-17, *Duty Status Report*.
 - HCFA-1500, *Medical Provider's Claim Form*.
- ☐ Advise the employee to report back to you following the examination and treatment, if medically able:
 - If you will not be available, let the employee know to whom he or she should report.
 - Provide a telephone number to call in case the employee is medically unable to return.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
IMMEDIATE INVOLVEMENT WITH TRAUMATIC INJURIES AND OCCUPATIONAL ILLNESSES

3.11 Completing and Forwarding Claim Information — supervisor

- ☐ If the employee elects either COP or sick or annual leave on a CA-1, ensure that Form 3971, *Request for or Notification of Absence*, is:
 - Complete for periods of disability beyond the day of injury.
 - Authorized by the IC unit.
- ◇ *Form 3971 cannot be filed until the employee completes a CA-1. Until a CA-1 is filed, the employee's time must be charged to either sick or annual leave or leave without pay (LWOP) in accordance with ELM 510, Employee Benefits.*

SEE Chapter 13, Timekeeping and Accounting.
- ☐ Coordinate employee's duty status with the designated control point.

When the employee is capable of returning to the work site following initial examination and treatment, the control point will review available medical documentation and determine if the employee is capable of returning to either full or limited duty.
- ☐ Upon completion of the CA-1, CA-2, or CA-2a — as soon as possible but no later than 24 hours following receipt from the employee — forward the claim package to the IC unit.
 - Submit the following documents, if available and applicable:
 - Form 3971.
 - Form 2491.
 - CA-17.
 - Other medical evidence or pertinent information.
 - Employee's Rights and Responsibilities sample letter.
 - Submit to the ICCO a copy of the investigation report (i.e., Form 1769, *Accident Report*, or other written accident reports), if available, so that ICCO personnel may decide if there are grounds to controvert or challenge the claim.
- ◇ *Do not delay the CA-1 pending completion of the investigation.*
- ☐ Maintain contact with the ICCO to ensure that the claim is properly managed and the employee is provided his or her rights under FECA.

3.12 Investigating the Claim — *supervisor acting as control point*

Obligation: Investigating the Injury

According to FECA, the USPS does not have the right to participate actively in the claims adjudication process. However, the USPS may investigate the circumstances surrounding an injury to an employee and the extent of the employee's disability.

- ☐ Begin an investigation of the claim immediately upon notification that an injury has occurred:
 - Investigate the circumstances surrounding the injury and write down any facts you find.
 - If necessary, contact the ICCO and safety office so that they also may become involved in the investigation. The results of the investigation should either substantiate the claim or show doubt as to its validity.

Investigation Resources

Some of the sources and expertise available during the investigation include:

- Injured employee.
 - Witnesses.
 - Immediate supervisor and unit manager.
 - Medical evidence.
 - Safety staff.
 - IC unit staff.
 - Inspection Service.
 - Official personnel folder.
 - Vehicle accident investigator.
 - Law enforcement agency.
-
-

- ☐ Determine, if possible, if a third party liability exists.

If the investigation reveals that the injury was caused by a person or organization not under the employ of the USPS or other federal agency, annotate the appropriate block on the CA-1.

SEE Chapter 10, Third Party Liability.
- ☐ After the investigation is complete, write a detailed report of your findings.
- ◇ *Timely submission of reports is critical for proper processing, administration, and referral to OWCP within the established time frame of 10 working days from date of USPS receipt from employee.*

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
IMMEDIATE INVOLVEMENT WITH TRAUMATIC INJURIES AND OCCUPATIONAL ILLNESSES

3.13 Determining Duty Status — *control point*

- ☐ Review initial medical findings, determine employee's duty status, and assign the employee as follows:
 - Fit for full duty — return the employee to his or her regular assignment.
 - Fit for limited duty — place the employee in an assignment that accommodates his or her medical restrictions.
 - Not fit for duty — before the end of the employee's work shift on the day of injury, charge the remaining scheduled time to administrative leave. Beginning the next full day or work shift, the employee will be placed in the status annotated on the CA-1, either COP or sick or annual leave. Sick leave, annual leave, or LWOP will be used until accrued leave is exhausted (ELM 510). The employee will then be placed in a (leave without pay/injured on duty) LWOP-IOD status (see Chapter 7, Limited Duty Program Management, and Chapter 13, Timekeeping and Accounting.)
- ☐ Ensure that all medical documentation is forwarded to the ICCO and all necessary actions have been taken.
- ☐ Coordinate with employee's supervisor and review action items listed on Injury Action Checklist (see Exhibit 3.13).

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
IMMEDIATE INVOLVEMENT WITH TRAUMATIC INJURIES AND OCCUPATIONAL ILLNESSES

3.14 Monitoring the Claim — *control point*

Obligation: Monitoring Duty Status

The USPS monitors the employee's medical progress and duty status by obtaining periodic medical reports.

- ☐ Maintain contact with IC unit and supervisor. If the employee has been found not fit for duty, close coordination is instrumental in facilitating a return to work status as early as medically possible.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
IMMEDIATE INVOLVEMENT WITH TRAUMATIC INJURIES AND OCCUPATIONAL ILLNESSES

Exhibit 3.5a

Advising the Employee of Rights, Responsibilities, and the Initial Choice of Physician

To make sure that the employee understands his or her rights and responsibilities:

- Provide the employee the sample letter called Rights, Responsibilities, and Initial Choice of Physician (see Exhibit 3.5b).
- Counsel the employee regarding rights and responsibilities, using the following summary, which is more detailed than that in the letter.

Continuation of Pay or Sick or Annual Leave

If the injury is disabling, the employee may elect to use one the following:

a. Continuation of Pay

COP may be used in the case of job-related injury for a period not to exceed 45 calendar days.

(Also see Chapters 4 and 13 for additional information regarding COP.)

If the employee elects COP, he or she must:

- (1) Annotate the appropriate block on CA-1, *Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation*.
- (2) Complete Form 3971, *Request for or Notification of Absence*.

Advise the employee that:

- (1) He or she has the right to select COP, annual leave, or sick leave.
- (2) He or she is responsible for submitting or arranging for the submittal of prima facie medical evidence of a traumatic disabling injury within 10 working days after claiming COP. Prima facie evidence is medical evidence that indicates the employee is disabled as a result of a job-related injury and thus cannot perform the job held at the time of injury. Under the provisions of 20 CFR 10.204(a)(1), if such evidence is not received within that time frame, it may serve as sufficient reason for termination of COP, subject to reinstatement upon receipt of such evidence.

b. Sick or Annual Leave

If the employee elects sick or annual leave, he or she must:

- (1) Annotate the appropriate block on CA-1, *Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation*.
- (2) Complete Form 3971, *Request for or Notification of Absence*.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
IMMEDIATE INVOLVEMENT WITH TRAUMATIC INJURIES AND OCCUPATIONAL ILLNESSES

Advise the employee that:

- (1) The use of annual or sick leave does not extend the 45-calendar-day COP period that begins with the first period of time lost after the day or shift of injury.
- (2) Leave is limited to the amount that the employee has accrued.
- (3) An employee who elects to use sick or annual leave during the 45-day period in which COP is available is not entitled to buy back that leave with later compensation payments. (ELM 545.73b)
- (4) The employee may subsequently request COP instead of previously requested sick and/or annual leave. However, such a request must be made within 1 year of the date that leave is used, or within 1 year of the date OWCP approves the claim, whichever is later. If COP is granted, then the employee's sick and annual leave used for the period of time covering the absences for the injury will be credited to the employee's leave balance.
- (5) Pay attributable to the leave period (COP, sick leave, or annual leave) is subject to taxes and other usual payroll deductions.

Note: ICCO authorization is not required for the employee to use sick or annual leave.

Compensation

If disability extends beyond the 45-day COP entitlement period, the employee is entitled to file with the OWCP for compensation payments.

Medical Care

Injured employees are entitled to receive medical and related services made necessary by the medical condition or conditions accepted as being job-related. These services are provided by a physician or hospital of the employee's choice. When possible, the employee's choice of physician should be in writing and made part of the claim file. The sample letter Employee Rights, Responsibilities, and Choice of Physician will serve this purpose (see Exhibit 3.5b).

For continued payment of medical expenses by OWCP, a change of the employee's initial choice of physician is permitted only with OWCP approval. If an employee wishes to change his or her treating physician, refer the employee to either the ICCO or OWCP for assistance.

Return to Duty

Advise the employee of his or her obligation to return to duty (either full or limited) as soon as possible. To fulfill this obligation, the employee must:

- a. Advise the attending physician that the USPS will accommodate most limitations.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
IMMEDIATE INVOLVEMENT WITH TRAUMATIC INJURIES AND OCCUPATIONAL ILLNESSES

- b. Request that the physician specify the limitations and restrictions imposed by the injury.
- c. Immediately advise the supervisor or control point of those limitations and restrictions.

If the USPS has identified specific alternative positions available, advise the employee to do the following:

- a. Furnish the attending physician the description of such alternative positions.
- b. Inquire whether and when he or she will be able to perform such duties.
- c. Furnish the supervisor, the ICCO, or the control point with a copy of the physician's response.

Schedule Awards

Eligible employees may be entitled to a schedule award, defined as compensation for the permanent loss, or loss of use, of each of certain members, organs, and functions of the body. Refer employees to the ICCO or OWCP for assistance if this should occur.

Vocational Rehabilitation

OWCP's policy is to assist permanently disabled employees, injured on the job, to return to gainful employment within their medically defined work restrictions. Consideration in the return-to-work effort is always given first to the previous employer.

Advise employees that if they become eligible for participation in this program, they will be contacted by OWCP and/or the USPS ICCO. Employees may also request consideration.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
IMMEDIATE INVOLVEMENT WITH TRAUMATIC INJURIES AND OCCUPATIONAL ILLNESSES

Exhibit 3.5b

Sample Letter: Employee Rights, Responsibilities, and Choice of Physician

*Variant for Employee Absences **Not** Covered by Family and Medical Leave Act (FMLA)*

[U.S. Postal Service Letterhead]

___[date]___
___[name]___
___[street address]___
___[city, state, ZIP Code]___

Dear ___[name]___:

This letter is in regard to your job-related traumatic injury of ___[date]___.

In view of your recent injury, we would like to take this opportunity to advise you of some of the benefits and responsibilities that are accorded by the Federal Employees' Compensation Act (FECA). FECA benefits include but are not limited to the following:

- Initial choice of physician to provide medical examination and/or treatment.*
 - Payment of injury-related medical expenses.
 - Up to 45 calendar days of continuation of pay (COP).
 - Compensation for wage loss after the 45-calendar-day COP period expires.
 - Compensation for permanent impairment of specified members and functions of the body.
 - Vocational rehabilitation services.
 - Death and/or survivor benefits.
- * In nonemergency situations, you should advise your supervisor, medical unit, or injury compensation control office or point of initial choice of physician before treatment. This will allow for timely issuance of the appropriate medical authorization forms.

While FECA provides for the above benefits, it also places certain responsibilities on the injured employee. Specifically, it is your responsibility to:

- Complete and submit the employee's portion of CA-1, *Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation*, to your supervisor as soon as possible.
- Arrange for the submission of prima facie (i.e., true, valid, and sufficient at first impression) medical evidence of a traumatic disabling injury to your supervisor, medical unit, or injury compensation control office or point within 10 working days after claiming COP. Failure to provide medical evidence may result in termination of COP.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

IMMEDIATE INVOLVEMENT WITH TRAUMATIC INJURIES AND OCCUPATIONAL ILLNESSES

- If limited duty work is available and offered, you must notify your attending physician and request him/her to specify the limitations and restrictions that apply. Thereafter, immediately advise your supervisor, medical unit, or injury compensation control office or control point of the limitations and restrictions imposed by your physician.
- If offered limited duty work within the limitations and restrictions imposed by your attending physician, you are obligated to return to duty unless you request leave under FMLA.

In assigning limited duty, we will follow the provisions of the *Employee and Labor Relations Manual* (546.141a) so as to minimize any adverse disruptive effect on you.

Injury compensation control office or control point personnel are available to provide guidance or assistance on matters related to your injury. Additionally, such personnel will do everything possible to ensure timely receipt of benefits. If you have any questions whatsoever, visit or call the injury compensation unit at ____[telephone number]____ or contact your local OWCP.

We wish you a full and speedy recovery.

____[signature]____

____[name]____

Senior Injury Compensation Specialist

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
IMMEDIATE INVOLVEMENT WITH TRAUMATIC INJURIES AND OCCUPATIONAL ILLNESSES

Exhibit 3.5c

Sample Letter: Employee Rights, Responsibilities, and Choice of Physician

Variant for Employee Absences Covered by Family and Medical Leave Act (FMLA)

[U.S. Postal Service Letterhead]

___[date]___
___[name]___
___[street address]___
___[city, state, ZIP Code]___

Dear ___[name]___:

This letter is in regard to your job-related traumatic injury of ___[date]___.

In view of your recent injury, we would like to take this opportunity to advise you of some of the benefits and responsibilities that are accorded by the Federal Employees' Compensation Act (FECA). FECA benefits include but are not limited to the following:

- Initial choice of physician to provide medical examination and/or treatment.*
 - Payment of injury-related medical expenses.
 - Up to 45 calendar days of continuation of pay (COP).
 - Compensation for wage loss after the 45-calendar-day COP period expires.
 - Compensation for permanent impairment of specified members and functions of the body.
 - Vocational rehabilitation services.
 - Death and/or survivor benefits.
- * In nonemergency situations, you should advise your supervisor, medical unit, or injury compensation control office or point of initial choice of physician before treatment. This will allow for timely issuance of the appropriate medical authorization forms.

You are also eligible for protections provided by FMLA, since your absence qualifies as a serious health condition that is covered by that Act.

While FECA provides for the above benefits, it also places certain responsibilities on the injured employee. Specifically, it is your responsibility to:

- Complete and submit the employee's portion of CA-1, *Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation*, to your supervisor as soon as possible.
- Arrange for the submission of prima facie (i.e., true, valid, and sufficient at first impression) medical evidence of a traumatic disabling injury to your supervisor, medical unit, or injury compensation control office or point within 10 working days after claiming COP. Failure to provide medical evidence may result in termination of COP.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
IMMEDIATE INVOLVEMENT WITH TRAUMATIC INJURIES AND OCCUPATIONAL ILLNESSES

- If limited duty work is available and offered, you must notify your attending physician and request him/her to specify the limitations and restrictions that apply. Thereafter, immediately advise your supervisor, medical unit, or injury compensation control office or control point of the limitations and restrictions imposed by your physician.
- If offered limited duty work within the limitations and restrictions imposed by your attending physician, you are obligated to return to duty unless you request leave under FMLA. If you choose not to accept the limited duty job offer, you may not be entitled to COP or wage loss compensation under FECA. However, you are not obligated to accept such duty during the period of FMLA protection, provided you are willing to forgo the FECA wage loss payments.

In assigning limited duty, we will follow the provisions of the *Employee and Labor Relations Manual* (546.141a) so as to minimize any adverse disruptive effect on you.

Injury compensation control office or control point personnel are available to provide guidance or assistance on matters related to your injury. Additionally, such personnel will do everything possible to ensure timely receipt of benefits. If you have any questions whatsoever, visit or call the injury compensation unit at ____ [telephone number] ____ or contact your local OWCP.

We wish you a full and speedy recovery.

____ [signature] ____

____ [name] ____

Senior Injury Compensation Specialist

Attachment: Publication 71, Notice for Employees Requesting Leave for Conditions Covered by the Family and Medical Leave Act.

Attachment for Exhibit 3.5c

Publication 71, Notice for Employees Requesting Leave for Conditions Covered by the Family and Medical Leave Act



Notice for Employees Requesting Leave for Conditions Covered by the Family and Medical Leave Act

I. Qualifying Conditions

The Family and Medical Leave Act (FMLA) provides that employees meeting the eligibility requirements must be allowed to take time off for up to 12 workweeks in a leave year for the following conditions:

1. Because of the birth of a son or daughter (including prenatal care), or to care for such son or daughter. Entitlement for this condition expires 1 year after the birth.
2. Because of the placement of a son or daughter with you for adoption or foster care. Entitlement for this condition expires 1 year after the placement.
3. In order to care for your spouse, son, daughter, or parent who has a serious health condition. Also, in order to care for those who have a serious health condition and who stand in the position of a son or daughter to you or who stood in the position of a parent to you when you were a child.
4. Because of a serious health condition that makes you unable to perform the functions of your position.

II. Eligibility

To be covered by FMLA, you must have been employed by the Postal Service for a total of at least 1 year *and* must have worked a minimum of 1,250 hours during the 12-month period before the date your absence begins.

III. Type of Leave or Pay

The time off counted toward the 12 workweeks allowed for the qualifying conditions can be any one or combination of the following:

- Time off you take as annual leave, sick leave, and/or LWOP in accordance with current leave policies.
- In the case of job-related injuries or illnesses, time off during which you are receiving continuation of pay (COP) and/or time during which you are placed on the Office of Workers' Compensation Program (OWCP) payroll.

Note that sick leave is available only for your own health condition except for the situations specifically designated in postal policy or collective bargaining agreements.

IV. Documentation

Supporting documentation is required for your leave request to receive final approval. Documentation requirements may be waived in specific cases by your supervisor.

- For qualifying condition (1) or (2), you must provide the birth or placement date.
- For conditions (3) or (4), you must provide documentation from the health care provider stating:
 1. The health care provider's name, address, phone number, and type of practice, and the patient's name.
 2. A certification that the patient's condition meets the FMLA definition of serious health condition, supporting medical facts, and a brief statement as to how the medical facts meet the definition's criteria.
 3. The approximate date the serious health condition commenced, its probable duration, and the probable duration of the patient's present incapacity, if different.
 4. Whether you will need to take leave intermittently or to work on a reduced schedule as a result of the serious health condition; and if so, the probable duration of such schedule, an estimate of the probable number of and the interval between episodes of incapacity, and the period required for recovery, if any.

continued

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

IMMEDIATE INVOLVEMENT WITH TRAUMATIC INJURIES AND OCCUPATIONAL ILLNESSES

Attachment for Exhibit 3.5c (continued)

Publication 71, Notice for Employees Requesting Leave for Conditions Covered by the Family and Medical Leave Act

continued

5. For pregnancy or a chronic serious health condition: whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity.
 6. If additional or continuing treatments are required: the nature and regimen of the treatments, an estimate of the probable number of treatments, the length of absence required by the treatments, and actual or estimated dates of the treatments, if known.
 7. For your own serious health condition, including pregnancy or a chronic condition: whether you are unable to perform work of any kind, any parts of your job you are unable to perform, and if you must be absent from work for treatments.
 8. To care for a family member with a serious health condition: whether the patient requires assistance for basic medical or personal needs or safety, or for transportation; or if not, whether your presence to provide psychological comfort would be beneficial to the patient or assist in the patient's recovery; and the probable duration of the need for care or an intermittent or reduced work schedule basis. You must indicate on the form the care you will provide and an estimate of the time period.
- If the serious health care condition is a result of a job-related injury or illness, the documentation requirements are provided separately.
 - If the time off requested is to care for someone other than a biological parent or child, appropriate explanation of the relationship may be required.

Supporting information that is not provided at the time the leave is requested must be provided within 15 days, unless this is not practical under the circumstances. If the Postal Service questions the adequacy of a medical certification, a second or third opinion may be required. These are obtained off the clock. However, the Postal Service will pay for these opinions, plus reasonable "out of pocket" travel expenses incurred to obtain the opinions.

During your absence, you must keep your supervisor informed of your intentions to return to work and status changes that affect your ability to return. Failure to provide information can result in the denial of family and medical leave under these policies.

V. Benefits

Health Insurance — To continue your health insurance during your absence, you must continue to pay the "employee portion" of the premiums. This continues to be withheld from your salary while you are in a pay status. If the salary for a pay period does not cover the full employee portion, you are required to make the payment. If this occurs, you will be advised of the procedures for payment.

Life Insurance — Your basic life insurance is free and continues. If you are in an LWOP status for more than a year, this coverage is discontinued; in this case you have the option to convert to an individual policy. If you have optional life insurance coverage, it continues. Your premium payments continue to be withheld from your pay check. If you are in a nonpay status, your optional insurance coverage continues without cost for up to 12 months. sThereafter you can convert this coverage to an individual policy.

Flexible Spending Accounts (FSAs) — If you participate in the FSA program, see your employee brochure for the terms and conditions of continuing coverage during leave without pay.

VI. Return to Duty

At the end of your leave, you will be returned to the same position you held when the absence began (or a position equivalent to it), provided you are able to perform the functions of the position and would have held that position at the time you returned if you had not taken the time off.

If the absence is due to your own health condition and exceeds 21 calendar days, you must submit evidence of your ability to return to work before you will be allowed to return.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
IMMEDIATE INVOLVEMENT WITH TRAUMATIC INJURIES AND OCCUPATIONAL ILLNESSES

Exhibit 3.13

Injury Action Checklist

Action	✓ Check
<i>Immediately ensure that medical care is provided to the employee in emergency situations.</i>	
Contact the ICCO immediately or as soon as possible following report of injury.	
Provide the employee with sample letter called Employee Rights, Responsibilities and Choice of Physician (see Exhibit 3.5b).	
Review rights and responsibilities with employee. <ul style="list-style-type: none"> — Have employee complete and sign the sample letter. — Provide employee with a copy of sample letter. 	
Assist employee in completing employee's portion of the CA-1, if necessary.	
Upon submission by employee, complete the receipt portion of CA-1 and return the receipt to the employee.	
Complete supervisor's portion of CA-1.	
Have the employee make an appointment with the physician of employee's choice, if a private physician was elected.	
Issue appropriate medical forms: <ul style="list-style-type: none"> Form 2491, <i>Medical Report — First-Aid Injuries.</i> — CA-16, <i>Authorization for Examination and/or Treatment</i> — CA-17, <i>Duty Status Report.</i> — CA-20, <i>Attending Physician's Report.</i> — HCFA-1500, <i>Health Insurance Claim Form.</i> 	
Review medical documentation following examination or treatment and determine employee's duty status.	
Make limited duty job offer, if appropriate.	
Issue Form 3971, <i>Request for or Notification of Absence</i> , if employee is found unfit for duty.	
Complete investigation of circumstances surrounding injury.	
Forward CA-1 (and all available medical and other pertinent documentation) to the ICCO as soon as possible but no later than within 24 hours from date of receipt from employee.	

NOTE: This checklist is a brief overview of the primary actions that must be taken immediately following an injury. While all of the above actions must be performed, they do not necessarily need to be performed in the listed sequence. The sequence of events will depend on the individual circumstances.

4. Claims Management

Overview

Procedures

Initial Traumatic Injury Claims Management

When the ICCO receives notice of a traumatic injury or death...

- | | | |
|-----|---|------|
| 4.1 | Determining If the Claim Is Reportable | ICCO |
| | <i>Obligation: Submitting the Claim to OWCP in a Timely Manner</i> | |
| 4.2 | Making an Initial Assessment Following Verbal Notification | ICCO |
| 4.3 | Processing Documentation | ICCO |
| 4.4 | Reviewing CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay | ICCO |
| 4.5 | Reviewing the Medical Documentation to Assess the Duty Status | ICCO |
| | <i>Obligation: Assigning Limited Duty</i> | |
| 4.6 | Reviewing the Information for Integrity | ICCO |
| 4.7 | Submitting the Claim Package to OWCP | ICCO |

Initial Occupational Illness or Disease Claims Management

When the ICCO receives notice of a potential occupational illness or disease...

- | | | |
|------|---|------|
| 4.8 | Responding to Notice of a Potential Occupational Disease or Illness | ICCO |
| 4.9 | Reviewing CA-2, Notice of Occupational Disease and Claim for Compensation | ICCO |
| 4.10 | Reviewing the Claim Information for Integrity | ICCO |
| 4.11 | Submitting the Claim Package to OWCP or Retaining It | ICCO |

Claims Management in Case of Death

When the ICCO receives notice of a death from a traumatic injury or potentially from an occupational disease or illness...

Obligation: Informing Survivors of Compensation in Case of a Death

- | | | |
|------|--|--------------------|
| 4.12 | Investigating a Death From a Traumatic Injury or Potentially From an Occupational Disease or Illness | supervisor or ICCO |
| 4.13 | Formally Notifying OWCP of the Death | ICCO |
| 4.14 | Contacting the Employee's Family | supervisor or ICCO |

Management of the 45-Day COP Entitlement Period

When the injured employee does not return to work immediately following a traumatic injury...

- | | | |
|------|---|----------------------------------|
| 4.15 | Responding to an Employee's Election of COP, Sick, or Annual Leave | ICCO |
| | <i>Obligation: Informing Injured Employees of Right to COP, Sick, or Annual Leave</i> | |
| 4.16 | Providing COP | ICCO or designated control point |

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CLAIMS MANAGEMENT

- 4.17 Monitoring the Medical Documentation to Determine the RTW Date ICCO

Continued Case Management

When it appears that an employee will remain totally or partially disabled beyond the first 45 days following a traumatic injury...

- 4.18 Monitoring a Partially Disabled Employee ICCO
Assigning an Employee to Limited Duty
- 4.19 Initiating Compensation for a Totally Disabled Employee ICCO
Obligation: Advising Employee of Obligation to Return to Work
- 4.20 Initiating Actions for Continuing Health Benefits Enrollment ICCO

Extended Claims Management

When the employee remains totally or partially disabled beyond 1 year...

- 4.21 Determining Whether an Employee Is Eligible to Participate in an In-House
Rehabilitation Program ICCO
Obligation: Reassigning an Employee Following Limited Duty
- 4.22 Determining Whether to Separate or Not to Separate an Employee
After Remaining in an LWOP-IOD Status ICCO
Obligation: Allowing LWOP-IOD Status for 1 Year
- 4.23 Separating an Employee in an LWOP-IOD Status From USPS Rolls ICCO
Retirement Rights
- 4.24 Ensuring That Eligible Employees Receive Their Health Benefits Refund ICCO
Obligation: Ensuring Refund of Health Benefits
- 4.25 Initiating Health Benefits Refund ICCO or designated control point personnel

Reassignment and Reemployment

When a current employee is to be reassigned or a former employee reemployed...

- 4.26 Considering a Former or Current Employee for Reemployment ICCO
Obligation: Ensuring Reemployment or Reassignment of Employees Injured on Duty
- 4.27 Ensuring Recognition of Appeal Rights ICCO
Obligation: Ensuring Notification of Restoration Appeal Rights

Exhibits

- 4.6 Conditions for Compensation of Claims
- 4.16 Conditions for Continuation of Pay
- 4.19a Employee Rights and Responsibilities in Extended Cases
- 4.19b Sample Letter: Leave Buy Back Policy
- 4.20a Sample Letter: Request for Transfer of FEHB Enrollment to OWCP
- 4.20b Sample Letter: Transfer of Federal Employees Health Benefit Enrollment to Office of
Workers' Compensation Programs

4. Claims Management

Overview

This chapter addresses the various claims management stages. Good claims management is a continuing effort and does *not* end at the conclusion of the 45-day COP entitlement period. Claims management continues until the following occurs:

- The injured or ill worker is returned to full duty and medical care is finished.
- His or her disability is ruled by OWCP as being no longer job related.
- The employee's survivor dies or becomes ineligible, and benefits for the survivor cease.

Even when the employee is considered permanently and totally disabled, i.e., never will be able to return to work (RTW) in any capacity, supporting medical information should be reviewed periodically.

The ICCO serves two primary customers — the injured employee and the USPS. IC personnel must ensure that the employee is provided with all the rights and benefits to which he or she is entitled. At the same time, the interest of the USPS must be served by guarding against workers' compensation fraud and abuse.

Serving the interests of these two customers is neither an easy task nor one that the ICCO can accomplish alone. Close coordination and cooperation with all functional areas is absolutely necessary for a successful program. The ICCO is, however, responsible for the day-to-day program administration within the USPS. All claim documents must be tracked through the ICCO for referral to OWCP.

This chapter is divided into six sections. The first three deal with initial claims management. The last three deal with claims management for progressively longer periods:

- Initial traumatic injury claims management — what must be done as soon as the ICCO learns of the injury.
- Initial occupational illness or disease claims management — what must be done as soon as the ICCO learns of the illness or disease.
- Claims management in case of death — what must be done as soon as the ICCO learns of the death.
- Management of the 45-day COP entitlement period — what must be done during the 45-day period.
- Continued claims management — what must be done following the 45-day COP entitlement period during the first year of disability.
- Extended claims management — what must be done when total or partial disability extends beyond 1 year.

Procedures

Initial Traumatic Injury Claims Management

When the ICCO receives notice of a traumatic injury or death...

4.1 Determining If the Claim Is Reportable — ICCO

Obligation: Submitting the Claim to OWCP in a Timely Manner

A CA-1, *Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation*, is completed for job-related traumatic injuries, including first-aid cases. If the injury meets the conditions for reporting to OWCP, the ICCO submits the completed CA-1, *Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay or Compensation*, and any other documents that have some bearing on the claim to the appropriate OWCP office within 10 working days after they are received from the employee.

- ☐ Determine if the claim is the result of a traumatic injury and is reportable to OWCP by checking the two following lists, and then take one of the following actions:
 - File the CA-1 for a “nonreportable” first-aid case, i.e., one that meets all of the following conditions:
 - Treatment is provided by a USPS physician, nurse, or contract medical provider.
 - The initial visit occurs during workhours or nonworkhours on the day or during the shift in which the injury occurred, or during nonworkhours thereafter.
 - The follow-up visit for confirmation of complete recovery occurs during nonworkhours.
 - The employee is able to perform all duties of his or her position.
 - File a nonreportable first-aid injury in the employee’s official medical folder (OMF) or in the employee’s official personnel folder (OPF) if there is no OMF.
 - Prepare to report the claim to OWCP in other cases. An injury must be reported if it is likely to result in or has resulted in, any of the following:
 - A reportable first-aid case, i.e., one that is treated by a private physician, or that the employee simply wishes to report.
 - Prolonged treatment beyond first aid, i.e., more than initial and one follow-up visit of medical care.
 - A medical claim charged against OWCP.
 - Disability for work or assignment to limited duty beyond the day or shift of injury.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CLAIMS MANAGEMENT

- Continuation of pay.
- Future disability.
- Permanent impairment.
- Death.

◇ *An employee cannot be required to complete a CA-1 if he or she chooses not to. However, the ICCO should annotate the employee's refusal to complete a CA-1.*

4.2 Making an Initial Assessment Following Verbal Notification — ICCO

- ☐ Determine what the circumstances surrounding the accident were and what actions have been taken by considering the following questions:
 - Was medical care provided by a postal contract medical provider or by a private physician?
 - Was CA-16 used?
 - Were proper forms provided?
 - What is the employee's duty status?
 - Is the medical condition job-related?
 - Is the employee capable of limited duty?
 - Was a limited duty job offer made?
 - When can receipt of the claim forms be expected?
 - ☐ Provide assistance in regard to forms completion, submission, required follow-up actions, etc.
 - ☐ If the injury resulted in an employee fatality, use the guidelines found in 4.12, *Investigating a Death From a Traumatic Injury or Potentially From an Occupational Disease or Illness*.
 - ☐ Notify the district HR manager through the proper chain of command of any serious breakdown in procedure, e.g., failure to provide appropriate medical care.
 - ◇ *If the claim is reportable, the completed CA-1 and any other documents related to the claim will need to be submitted to the appropriate OWCP office within 10 working days after it is received from the employee.*
- SEE 4.6, Reviewing the Information for Integrity.
4.7, Submitting the Claim Package to OWCP.

4.3 Processing Documentation — ICCO

- ☐ Date-stamp all claim documents upon receipt in the ICCO.
- ☐ Check the documentation to ensure receipt of the following:
 - CA-1, *Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation*.
 - All medical evidence (Form 2491, *Medical Report — First-Aid Injuries*, and CA-17, *Duty Status Report*, and other documentation).
 - The Employee Rights, Responsibilities, and Choice of Physician letter (see Exhibit 3.5b for sample) with the attachment Publication 71, *Notice for Employees Requesting Leave for Conditions Covered by the Family and Medical Leave Policies* (see Exhibit 3.5e).
 - Form 3971, *Request for or Notification of Absence*, if required.
 - Other information pertinent to the case (e.g., investigation report).
- ☐ Ensure that the data have been entered into the HRIS.
- ☐ Coordinate with safety personnel to ensure that Form 1769, *Accident Report*, has been completed.

4.4 Reviewing CA-1, *Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay — ICCO*

- ☐ Review CA-1 for completeness and accuracy. If it is incomplete, contact the employee, the employee's representative, or the employee's supervisor for the missing information.
- ☐ Any changes made on the Supervisor portion of the CA-1 must be initialed by ICCO personnel (or the supervisor) making the revision. If the employee wishes to make a change to the Employee Data portion, ensure that the employee initials the revision or submits the change in writing on a separate piece of paper that is signed and dated.
- ◇ *Under no circumstances may ICCO personnel revise any information submitted by the injured employee or by his or her representative or delay submission of the CA-1 to the OWCP within 10 working days from the date received by the supervisor.*

4.5 Reviewing the Medical Documentation to Assess the Duty Status — ICCO

Obligation: Assigning Limited Duty

When an employee is not totally disabled or has partially overcome the injury or disability, the USPS must make every effort to assign the employee to limited duty consistent with the employee's work limitation tolerance.

- ☐ Review the medical documentation, e.g., Form 2491, *Medical Report — First-Aid Injuries*, and CA-17, *Duty Status Report*, to ensure that it is sufficient to assess the employee's duty status and do the following:
 - Determine if the medical documentation is consistent with the information reported on the claim form or other documentation.

Example: *If the severity and length of disability appears disproportionate to the injury (e.g., the CA-17 reflects 2 weeks of total disability for a finger contusion), ensure that the treating physician is aware of the availability of limited duty.*
 - If the injured employee was seen by both an outside private physician and a USPS contract medical provider, determine if there is a conflict in medical opinion (see 6.6, Responding After the Fitness-For-Duty examination (FFD) Decision).
- ☐ If duty status has not been indicated, contact the treating physician, either in writing or by telephone, for clarification for ICCO to determine if a FFD is appropriate (ELM 547.3).
- ☐ *The ICCO or the control point may contact the treating physician concerning the employee's work limitations and restrictions imposed by the effects of the injury and possible job assignment. However, when possible, this contact should be made by either the health unit or USPS medical provider personnel. Contact with the treating physician for medical information other than the employee's duty status should be made only by the USPS associate area medical director, a medical provider, or the occupational health nurse administrator.*

SEE Chapter 6, Medical Management.
- ☐ If the employee's duty status has been indicated, do the following:
 - If fit for full duty, (i.e., no disability, capable of working his or her regular job), determine if the employee is working. If the employee is back to regular work, no further follow-up is needed. If not, find out the reason.
 - If fit for limited duty, (i.e., partially disabled, capable of working within his or her medical restrictions), determine if a proper limited duty job offer was made.
 - Document any change in duty status. Immediately send a new CA-17 to the treating physician to formally document any change.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CLAIMS MANAGEMENT

SEE Chapter 7, Limited Duty Program Management.

- If totally disabled (i.e., cannot work at all in any capacity), determine whether the employee elected COP on the CA-1, and if so, whether COP has been provided.

4.6 Reviewing the Information for Integrity — ICCO

- ☐ Using the information found in Exhibit 4.6, Conditions for Compensation of Claims, review the information to determine if there is a basis to challenge the claim or any part of it with OWCP, or any reason to refer the case to the Inspection Service for investigation of possible fraud or abuse.

SEE Exhibit 4.6, Conditions for Compensation of Claims.
Chapter 8, Controversion and Challenge.
Chapter 9, Fraud and Abuse.

4.7 Submitting the Claim Package to OWCP — ICCO

- ☐ Submit the employee's claim package to OWCP within the established 10-working-day time frame. If supportive information is available, submit the entire package consisting of the following:
 - A properly completed CA-1.
 - A properly completed CA-16.
 - All available medical documentation.
 - All supportive documentation (witness statements, investigation report, etc.).
 - The signed, dated copy of the Employee Rights, Responsibilities, and Choice of Physician letter (see Exhibit 3.5b for sample).
- ◇ *Do not, under any circumstances, delay submission of the CA-1. The 10-day period begins from the date of receipt by the postal official who initially receives the document. If medical reports and supportive information are not available, send a cover letter with the completed CA-1 advising OWCP what additional information will be forthcoming. This action will allow OWCP to assign a claim number and initiate the claims process.*
- ☐ The OWCP will notify the employee and the ICCO of the claim number by CA-801 (postcard). This information is also available on the Workers' Compensation Information Subsystem (WCIS). If this information is not available within 5 days after submission of the initial claim to OWCP, send available supportive information, making sure the DOI and Social Security number are included for identification.
- ◇ *Do not hold any information or documentation in suspense more than 5 days after submission of the initial claim to OWCP while waiting for a claim number to be assigned.*

Initial Occupational Illness or Disease Claims Management

When the ICCO receives notice of a potential occupational illness or disease...

4.8 Responding to Notice of a Potential Occupational Disease or Illness — ICCO

- ☐ Upon receipt of CA-2, *Notice of an Occupational Disease and Claim for Compensation*, inform the employee of the following:
 - COP is not applicable in cases of occupational disease or illness.
 - He or she is to submit CA-7 if he or she wishes to make a claim for compensation as a result of his or her job-related disease or illness or CA-8 if the disability continues and subsequent claims are to be made.
 - Compensation benefits (i.e., payment for lost wages, payment of medical expenditures, etc.) are contingent upon OWCP's approval of the claim. If approved, compensation is not payable for the first 3 days of disability unless the disability extends beyond 14 calendar days.
 - Medical care is authorized via CA-16 only with prior approval of OWCP.
 - Supporting medical and factual information as requested on the checklists, Forms CA 35A–H, will expedite OWCP's adjudication of the claim.

4.9 Reviewing CA-2, Notice of Occupational Disease and Claim for Compensation —
ICCO

- ☐ Review the completed CA-2 for completeness and accuracy. If incomplete:
 - Contact the employee, his or her representative, or the supervisor for the missing information.
 - Assist the employee or supervisor in correcting any deficiencies.
- ☐ Insert the appropriate codes on both the front and back of the CA-2 in the following categories:
 - Occupation.
 - Type and source of injury.
 - Agency code.

4.10 Reviewing the Claim Information for Integrity — ICCO

- ☐ Using the information found in Exhibit 4.6, Conditions for Compensation of Claims, review the information to determine if there is a basis to challenge the claim or any part of it with OWCP, or any reason to refer the case to the Inspection Service for investigation of possible fraud or abuse.

SEE Exhibit 4.6, Conditions for Compensation of Claims.
Chapter 8, Controversion and Challenge.
Chapter 9, Fraud and Abuse.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CLAIMS MANAGEMENT

4.11 Submitting the Claim Package to OWCP or Retaining It — ICCO

- ☐ If medical expenses or lost time were incurred or are expected, submit the original completed CA-2 and accompanying documentation to the OWCP district office as soon as possible, but no later than 10 working days from when the form was received by the official supervisor.
- ◇ *Do not delay submission pending receipt of supportive and requested documentation.*
- ☐ If medical expense or lost time is not incurred or expected, submit the CA-2 to the district OWCP and file a copy of the CA-2 in the employee's OPF.
- ☐ Enter the claim and all other activity in HRIS to monitor the disability and OWCP's adjudication and establish call-up dates.

Claims Management in Case of Death

When the ICCO receives notice of a death from a traumatic injury or potentially from an occupational disease or illness...

Obligation: Informing Survivors of Compensation in Case of a Death

FECA provides for the payment of monetary compensation to specified survivors of an employee whose death is the result of an employment-related injury or illness and for payment of certain funeral and burial expenses.

4.12 Investigating a Death From a Traumatic Injury or Potentially From an Occupational Disease or Illness — supervisor or ICCO

- ☐ Immediately after receiving notice of an employee's death, notify the following individuals by telephone, telegram, or facsimile if available:
 - Designated area HR analyst.
 - The OWCP district office.
- ☐ Coordinate with safety personnel, the Inspection Service, local law enforcement personnel, or other investigative agencies to conduct a thorough investigation of the circumstances surrounding the employee's death.

The OHNA or the USPS contract medical provider should assist in making any necessary medical contacts (e.g., hospital emergency room, coroner's office) and securing their reports.
- ☐ IC personnel must prepare written notification on CA-6 and submit it to the OWCP as soon as possible, and within 10 working days of notification of the death.

4.13 Formally Notifying OWCP of the Death — ICCO

- ☐ Upon completion of the investigation, initiate CA-6. Submit this form to OWCP as soon as possible and send a duplicate copy to the area HR manager via the designated area HR analyst. The statutory limits for filing these claims are:
 - Within 10 working days after receiving knowledge of a death by traumatic injury.
 - Within 30 calendar days after knowing, by the exercise of reasonable diligence, that the employee's death was due to an employment-related occupational disease or illness.
- ◇ *Failure on the part of the USPS to give written notice to OWCP within statutory time limits may result in a loss of compensation rights by the deceased employee's survivors in the event that the survivors fail to file a claim for compensation within 3 years.*

4.14 Contacting the Employee's Family — supervisor or ICCO

- ☐ Contact the employee's family, and do the following:
 - Offer assistance in completing the appropriate claim form, i.e., CA-5, *Claim for Compensation by Widow, Widower, and/or Children*, or CA-5b, *Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren*.
 - Ensure that the employee's family is advised of their rights under FECA to collect payment of monetary compensation to specified survivors of an employee whose death is the result of an employment-related injury and for payment of certain funeral and burial expenses.
 - Explain to the employee's family the distinction between OPM and OWCP benefits and arrange a meeting with the personnel services office for further explanation of OPM and OWCP entitlements.
- ☐ If the investigation reveals a basis to challenge the claim, prepare a challenge package in accordance with Chapter 8, Controversion and Challenge, and submit this to OWCP along with CA-5 or CA-5b.
- ◇ *Ensure that family contact is conducted in accordance with the local installation's established protocol.*
- ☐ If the employee's survivors are entitled to benefits, periodically review the case to ensure that the legal period of entitlement has not been exceeded.

Management of the 45-Day COP Entitlement Period

When the injured employee does not return to work immediately following a traumatic injury...

4.15 Responding to an Employee's Election of COP, Sick, or Annual Leave — ICCO

Obligation: Informing Injured Employees of Right to COP, Sick, or Annual Leave

A traumatically injured employee may elect to have COP for the first 45 calendar days of disability or to use sick or annual leave. This election must be made on the CA-1.

- ☐ Determine whether the employee has elected COP, sick, or annual leave on the CA-1.
- ☐ If the employee chooses sick or annual leave, ensure that the employee has been made aware of his or her rights and responsibilities (see Exhibit 3.5b, Sample Letter: Employee Rights, Responsibilities, and Choice of Physician).
- ☐ If the employee elects COP, follow the procedures in 4.16, Authorizing COP.

SEE Chapter 3, Immediate Involvement With Traumatic Injuries and Occupational Illnesses.

4.16 Providing COP — ICCO or designated control point

- ☐ Ensure that the supervisor has submitted the Form 3971, completed and signed with the CA-1 (see Exhibit 4.6).
- ☐ If the claim appears to satisfy the conditions for providing COP as shown in Exhibit 4.16, determine whether to:
 - Provide COP. Prima facie medical evidence must be submitted within 10 working days for COP to continue.
 - Provide COP but prepare to controvert it.
 - Withhold COP and prepare to controvert it.
 - Withhold COP and/or apply to OWCP for compensation.
- ◇ *COP may be controverted for any failure to meet conditions of entitlement. COP may be withheld, however, only in limited circumstances as specified in Exhibit 4-16. Remember that the final decision regarding COP entitlement rests with OWCP.*

SEE Exhibit 4.16, Conditions for Continuation of Pay, ELM 545.5.
- ☐ If the employee is entitled to COP, submit a completed and signed Form 3971. Enter the information into HRIS, and do the following:
 - Review all available medical documentation to determine the estimated return-to-work (RTW) date.
 - Track COP in segments corresponding with information cited on CA-17 or other documentation. Unless it is obvious from the beginning that the disability will be long term, never provide all 45 days of COP.
 - If medical documentation is not initially available, provide COP for 10 working days or less. This will allow for receipt of prima facie medical evidence. If not received within this 10-day time frame, COP may be terminated; however, it must be reinstated upon receipt of the prima facie evidence.
 - If medical documentation does not provide an anticipated RTW date, but continues to show total disability, use the next scheduled appointment date as a guide to track COP usage.
 - Enter a call-up date in the HRIS to review COP and duty status that corresponds with the expiration of the latest COP period. This will help to avoid any unnecessary interruptions in the employee's pay.
 - Update the COP tracking log in the employee's case file and determine the last day COP can be used and annotate the log.
- ◇ *Maintain close communication with the employee's supervisor or the control point regarding the employee's duty status to help prevent erroneous use of COP, unnecessary adjustments, and interruptions in the employee's pay.*

SEE Chapter 13, Timekeeping and Accounting.
- ☐ If COP entitlement is in question, determine what action to take.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CLAIMS MANAGEMENT

SEE Chapter 8, Controversion and Challenge.

4.17 Monitoring the Medical Documentation to Determine the RTW Date — ICCO

- ☐ Closely monitor the supporting medical documentation, e.g., CA-17, to determine when the employee can return to work, in either a full or limited duty status.
- ☐ Check with OWCP to determine if medical information has been submitted directly to them.
- ☐ Contact the treating physician for an updated CA-17, if medical information is not available. (ELM 545.62)
- ☐ Initiate a FFD, if appropriate.
- ☐ Upon the employee's return, issue CA-3, *Report of Termination of Disability and/or Payment*.
SEE Chapter 6, Medical Management.
- ☐ If it is anticipated that the employee's disability will extend beyond the 45-day COP entitlement period, issue CA-7, *Claim for Compensation on Account of Traumatic Injury or Occupational Disease*.

Continued Case Management

When it appears that an employee will remain totally or partially disabled beyond the first 45 days following a traumatic injury...

4.18 Monitoring a Partially Disabled Employee — ICCO

Assigning an Employee to Limited Duty

When an employee has partially overcome the injury or disability, the USPS must make every effort toward assigning the employee to limited duty consistent with the employee's work limitation tolerance.

- ☐ Assign the employee to a limited duty assignment, as specified in Section 7-4, Offering a Temporary Duty Assignment.
- ☐ Continue to monitor the medical documentation until the employee returns to full duty (see 4.5, Reviewing the Medical Documentation to Assess the Duty Status).
- ☐ If an employee files a CA-2a, *Federal Employee's Notice of Recurrence of Disability and Claim for Continuation of Pay/Compensation*, see Chapter 5, Recurrence of Disability.

SEE Chapter 7, Limited Duty Program Management.

4.19 Initiating Compensation for a Totally Disabled Employee — ICCO

Obligation: Advising Employee of Obligation to Return to Work

The USPS must advise the employee of his or her obligation to return to work as soon as possible.

The USPS must advise the employee that pursuant to OWCP regulations, detailed supplementary reports must be made by the physician at approximately monthly intervals in all cases of serious injury or disease, including all cases requiring hospital treatment or prolonged care.

- ☐ When it appears likely that disability will extend beyond the COP period, provide the employee with CA-7 and the attached CA-20 at least 10 days before the end of COP and instruct him or her to complete Part A, items 1 through 20, on CA-7 and return it to the ICCO within 5 working days to preclude interruption of pay.
- ☐ Upon receipt of CA-7 from the employee:
 - Complete CA-7, Part B, items 21 through 38.
 - To ensure the continuation of health benefits, if the employee has been enrolled with health benefits since the first opportunity or for 5 years immediately preceding the start of injury compensation or from or before 12/31/64, note this fact in the "Remarks" section, showing the enrollment code and the beginning and ending dates of the pay period in which the employee's normal pay ceased.
- ☐ Forward the completed CA-7 to the OWCP district office along with the completed CA-20 by the 40th calendar day of COP.

If the CA-20 has not been returned with the CA-7, submit the CA-7 to the OWCP and advise them that the employee has not returned the required medical documentation.
- ☐ Inform the employee of his or her rights and responsibilities (see Exhibit 4.19a, Employee Rights and Responsibilities in Extended Cases).

An employee who uses sick or annual leave after the 45-day COP period expires may be entitled to buy back sick leave with compensation payments (see Exhibit 4.19b, Sample Letter: Leave Buy Back Policy).
- ☐ Forward any subsequently completed CA-8 and any other accompanying medical reports to OWCP within 5 working days upon receipt from the employee.

SEE Chapter 13, Timekeeping and Accounting.

4.20 Initiating Actions for Continuing Health Benefits Enrollment — ICCO

- ☐ If the total period of disability is less than 29 days, no action needs to be taken on health benefits enrollment. When the total period of disability is more than 29 days in an LWOP-IOD status, coordinate with the personnel services office to ensure that necessary and appropriate actions are taken:
 - If the employee is separated, contact OWCP to determine whether or not the enrollment can be transferred to OWCP.
 - If enrollment can be transferred, OWCP will request transfer by letter (see Exhibit 4.20a, Sample Letter: Request for Transfer of Federal Employees Health Benefit (FEHB) Enrollment to OWCP). Send all Forms SF-2809, *Health Benefits Registration Form — Federal Employees Health Benefits Programs*, and SF-2810, *Federal Employees Health Benefits Program — Notice of Change in Health Benefits Enrollment*, and any other health benefits documentation in the employee's OPF to OWCP (see Exhibit 4.20b, Sample Letter: Transfer of FEHB Enrollment to OWCP).
 - If OWCP does not request transfer for the employee who has been in LWOP-IOD status for 10 months, ICCO will coordinate with the personnel services office to send out a letter of transfer with supporting documentation to transfer health benefits enrollment to OWCP (see Exhibit 4.20b, Sample Letter: Transfer of Federal Employees Health Benefit Enrollment to OWCP).
 - If enrollment cannot be transferred, terminate the enrollment.
 - If the employee makes any permissible change in enrollment, notify OWCP by letter as soon as possible of the change and its effective date and file the letter in the IC file.
 - If the enrollment has been transferred to OWCP and the employee subsequently is separated, notify OWCP by letter of the separation so that OWCP knows how to dispose of the enrollment if compensation payments cease.

Extended Claims Management

When the employee remains totally or partially disabled beyond 1 year...

4.21 Determining Whether an Employee Is Eligible to Participate in an In-House Rehabilitation Program — ICCO

Obligation: Reassigning an Employee Following Limited Duty

Limited duty is a temporary accommodation. If medical findings indicate that the employee has reached maximum medical improvement (MMI), he or she should either be returned to full duty or permanently reassigned to a modified position under the Rehabilitation Program.

- ☐ When an employee has been working in a limited duty assignment for 1 year to determine whether the employee is eligible to participate in the USPS in-house rehabilitation program by reviewing the medical documentation.
- ☐ If the medical documentation is not definitive, first check with OWCP to see if they have more current definitive medical information. If not, schedule the employee for an FFD. After the FFD is completed and an opinion rendered, do the following:
 - If the medical evidence supports the employee's capability of performing full duty, submit a copy of the doctor's opinion letter along with all pertinent medical documentation to OWCP.
 - If the medical evidence indicates the employee still has restrictions but further improvement is expected, continue the employee's limited duty assignment. Reevaluate in 6 months or the time frame specified by the examining physician for the anticipated improvement.
 - If the employee's medical restrictions are deemed to be permanent by the examining physician, and such restrictions prevent the employee from ever returning to the employee's regular position, proceed with an in-house rehabilitation effort.
- ◇ *Conflicts in medical opinion must be ultimately resolved by OWCP before initiating any change in the employee's status. See 6.6, Responding After the FFD Decision.*

SEE Chapter 11, Rehabilitation Program
ELM 546

4.22 Determining Whether to Separate or Not to Separate an Employee After Remaining in an LWOP-IOD Status — ICCO

Obligation: Allowing LWOP-IOD Status for 1 Year

Disabled employees who receive OWCP compensation are placed in an LWOP-IOD status for an initial period of up to 1 year from the date OWCP compensation begins.

- At the end of the first year, determine whether to separate an employee from the USPS rolls by initiating the following actions:
 - Permit the employee to remain in a LWOP-IOD status for an additional period to allow for a thorough review of the case.
 - Request current claim status and copies of latest medical reports from OWCP.
 - Schedule the employee for an FFD.
 - If the medical documentation reflects that the employee is capable of performing full duty, do the following:
 - Ensure that any existing conflict in medical opinions are resolved by OWCP before initiating any other actions (see 6.6, Responding After the FFD Decision).
 - Direct the employee back to work by a letter that is signed by the district HR manager or designee and includes the following items:
 - The medical opinion as to duty status.
 - The report-to-duty date and time.
 - Where and to whom the employee should report.
 - A statement advising employee that failure to report may result in disciplinary action, including removal.
 - A description of job duties to include physical requirements of a job.
 - Forward a copy of the letter to the appropriate functional manager and forward all copies of correspondence along with all pertinent medical documentation to OWCP.
 - If medical evidence supports temporary partial disability (i.e., the employee still has restrictions that prevent him or her from performing full duty), but further improvement is expected, issue a written limited duty job offer. Check with the treating physician to determine the period needed for medical improvement of the employee.
 - If medical evidence supports permanent partial disability (i.e., the employee's restrictions are permanent, and he or she will never be able to perform full duty, but is capable of limited work), issue a written job offer for a permanent modified position under the provisions of the Joint DOL-USPS Rehabilitation Program (see Chapter 11, Rehabilitation Program).

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CLAIMS MANAGEMENT

- If medical evidence supports temporary total disability (i.e., the employee has not reached maximum improvement, but a return to work is expected), and if the anticipated return to work is expected within 6 months from date of examination, extend the LWOP-IOD status.

SEE Chapter 11, Rehabilitation Program.

- ☐ Reevaluate the employee's duty status at the end of the 6-month period.
 - Initiate separation action when medical documentation supports permanent total disability, i.e., the employee will never be able to return to work in any capacity.

4.23 Separating an Employee in an LWOP-IOD Status From USPS Rolls — ICCO

- ☐ Prepare a request letter for separation action addressed to the manager of Safety and Risk Management at Headquarters, containing the following information:
 - A brief history of the employee's injury.
 - The date the employee entered into an LWOP-IOD status. The employee must have been in an LWOP-IOD status for 1 year before separation is requested.
 - Conclusive medical reports that are no more than 6 months old and a summary of pertinent medical documentation substantiating the request for separation.
 - A request to the area HR analyst for confirmation to terminate the employee's LWOP-IOD status and initiate separation action. The request is to be agreed with by the district HR manager and the appropriate functional manager and be signed by the district manager.
- ◇ *Submit your request directly to Headquarters unless your area ICCO has requested a review of the separation request before Headquarters' review.*
The employee must be maintained on USPS rolls until a formal decision is received from Headquarters.
- ☐ Upon concurrence with the manager of Safety and Risk Management at Headquarters, submit a memorandum to the personnel services office through the district HR manager that requests the local personnel services office to:
 - Initiate employee notification and separation action.
 - Advise the employee of his or her retirement rights in the notification letter.

Retirement Rights

If the employee is covered under the Civil Service Retirement System (CSRS) and has 5 or more years of creditable civilian service, he or she will be eligible to file an application for disability retirement under CSRS, provided the application is filed with OPM within 1 year from the date of separation from the Postal Service.

If the employee is covered under the Federal Employee's Retirement System (FERS), and has 18 months or more of creditable civilian service, he or she will be eligible to file an application for disability retirement under FERS, provided the application is filed with OPM within 1 year from the date of separation from the Postal Service.

If the employee is a noncareer employee, he or she must be advised to file with the Social Security Administration.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CLAIMS MANAGEMENT

- ☐ Terminate the LWOP-IOD status and take appropriate separation action if the following are true:
 - The employee does not file a retirement application within the 14-day period.
 - The employee is covered under the CSRS and has less than 5 years creditable civilian service. (ELM 545.93)
 - The employee is covered under FERS and has less than 18 months creditable civilian service.
- ☐ Enter a call-up into HRIS of 1 year to follow up with personnel services on status of separation action for review until compensation ceases. Ensure that HRIS is annotated when the employee has been separated.
- ◇ *Separation under these provisions does not preclude subsequent reemployment if medical status should change.*

4.24 Ensuring That Eligible Employees Receive Their Health Benefits Refund — ICCO

Obligation: Ensuring Refund of Health Benefits

The Health Benefits Refund Program is designed to reimburse injured employees for an overdeduction of health benefits premiums by the OWCP.

For the first year of compensable disability, OWCP deducts the employee portion of health benefits premiums at the USPS rate. Thereafter, the deduction is made at the standard rate applied by the OPM for federal employees. The OPM employee share of the premium cost is higher than the USPS employee share. Therefore, injured employees may be eligible for a refund for overdeduction of health benefits premiums.

- ☐ To determine that the employee is eligible for a refund, ensure that all of the following criteria are met for the period of compensable disability:
 - The employee must be in an LWOP-IOD status. Employees who are separated from the USPS are not eligible for a health benefit refund.
 - The employee must receive OWCP compensation payments with health benefits premiums deducted at the OPM rate.
 - A period of at least 1 year must have elapsed since the employee was initially placed on OWCP compensation.
 - ☐ Initiate Form 202, *Health Benefits Refund Payment Authorization*, and verify the information on the WCIS. Form 202 is initiated on a quarterly basis.
 - Calculate amount of refund to be paid by subtracting the difference between the OPM health benefits premium rate and the Postal Service rate of the health benefits plan selected by the employee.
 - Obtain approval on the completed Form 202 from the district HR manager or district manager.
 - Forward Form 202 to the appropriate district finance office for payment using account identifier code (AIC) 587, *Fees for Service—Postal Operations*.
 - File the original Form 202 in the employee's IC file and send one copy to the employee's OPF and two copies to the finance office.
- In turn, the finance office will send the refund and a copy of Form 202 to the employee.
- Ensure that the injured employee has continuation of enrollment for health benefits.

4.25 Initiating Health Benefits Refund — ICCO or designated control point personnel

- ☐ To ensure that an eligible employee receives his or her health benefit refund:
 - Initiate Form 202, *Health Benefits Refund Payment Authorization*, on a quarterly basis.
 - In calculating the amount of the refund to be paid, subtract the difference between the OPM health benefits premium rate and the Postal Service rate of the health benefits plan chosen by the employee.
 - Obtain approval of the facility manager or designee.
 - Submit two copies of the refund authorization to the finance office for payment using AIC 587, *Fees for Service — Postal Operations*.
 - File the original Form 202 in the employee's injury compensation file and one copy in the OPF.

The finance office will forward the refund and one copy of the Form 202 to the employee and retain one copy for its records.

Reassignment and Reemployment

When a current employee is to be reassigned or a former employee reemployed...

4.26 Considering a Former or Current Employee for Reemployment — ICCO

Obligation: Ensuring Reemployment or Reassignment of Employees Injured on Duty

Disability Fully Overcome Within 1 Year

When an employee fully overcomes the injury or disability within 1 year after the commencement of compensation payments from OWCP, or after compensable disability recurs, the USPS must give an employee the right to resume employment in the former or an equivalent position.

Disability Fully Overcome After More Than 1 Year

When a current or former employee fully overcomes the injury or disability more than 1 year after compensation begins, the USPS must give the current or former employee priority consideration for reemployment or reassignment into the former position or an equivalent one.

Disability Partially Overcome

- *Current Employee:* When an employee has partially overcome a compensable disability, the USPS must make every effort toward assigning the employee to limited duty consistent with the employee's medically defined work limitation tolerance. In assigning such limited duty, the USPS should minimize any adverse or disruptive impact on the employee.
 - *Former Employee:* When a former employee has partially recovered from a compensable injury or disability, the USPS must make every effort toward reemployment consistent with medically defined work limitation tolerances. Such an employee may be returned to any position for which he or she is qualified, including a lower grade position than that which the employee held when compensation began.
-

- ☐ When an injured employee or former employee is being considered for reassignment or reemployment, ensure that postal obligations are met.

To ensure priority consideration of former employees who fully recover from their compensable disabilities more than 1 year after the start of compensation, enter their names on an employment list in two groups.

- Groups 1: All those entitled to 10-point veteran preference. They must be considered for employment before persons in Group 2.
- Groups 2: All other former employees. These former employees must be considered before other sources of recruitment, such as transfers from other agencies, reinstatements, or appointments from hiring registers.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CLAIMS MANAGEMENT

- Current Employees. When an employee has partially overcome a compensable disability, the USPS must make every effort toward assigning the employee to limited duty consistent with the employee's medically defined work limitation tolerance (see 546.611). In assigning such limited duty, the USPS should minimize any adverse or disruptive impact on the employee.

SEE Chapter 11, Rehabilitation Program.

4.27 Ensuring Recognition of Appeal Rights — ICCO

Obligation: Ensuring Notification of Restoration Appeal Rights

OPM Appeal Rights

— Disability Fully Overcome Within 1 Year

An employee who has fully overcome the injury or disability within 1 year after the commencement of compensation payments from OWCP may appeal to the Merit Systems Protection Board (MSPB) if he or she believes a proposed offer of reemployment does not meet the requirements of restoration as outlined in the OPM regulations. The letter of appeal must be submitted within 30 days after the date of the offer or 30 days after the date of reemployment, whichever is later. (5 CFR 353.301)

— Disability Fully Overcome After More Than 1 Year

A current or former employee who fully overcomes the injury or disability more than 1 year after compensation begins may appeal to the MSPB only when he or she has requested restoration through formal application to the installation head and restoration has been refused. An appeal of the denial of restoration must be filed with MSPB within 30 days from the day the denial letter is received. Upon restoration, however, the injured worker is not given the right to appeal the nature of the restoration. (5 CFR 353.303)

— Disability Partially Overcome

A current or former employee who partially overcomes the injury or disability may appeal to the MSPB only when he or she has requested restoration through formal application to the installation head and restoration has been refused. The current or former employee may then appeal to the MSPB for a determination of whether the USPS is acting arbitrarily and capriciously in denying them restoration. (5 CFR 353.304 and 401)

FECA Appeal Rights

When the employee receives a written decision from OWCP, the employee will also receive a copy of his or her appeal rights (as outlined in Chapter 8, Controversy and Challenge). The employee is advised to read the information carefully and to specify clearly which one of the procedures he or she is requesting in appealing a decision.

- ☐ When an injured current or former employee is entitled to restoration rights upon return to work but believes he or she has not received proper consideration for restoration or has been improperly restored, ensure that the current or former employee understands his or her right to appeal to the MSPB under CFR 353.

Exhibit 4.6

Conditions for Compensation of Claims

For a claim to be compensable under FECA, it must satisfy five basic conditions.

Time

The claim must be filed within the statutory time limits as follows:

- Written notice of injury or death must be filed within 30 days after the occurrence of the injury or death (a timely claim for compensation also constitutes a timely notice of injury).
- The original claim for disability or death compensation must be filed within 3 years after the occurrence of injury or death, although allowances will be made in the following cases:
 - The USPS had actual knowledge of the injury or death within 30 days after occurrence, acquired from the immediate supervisor's firsthand observation, from another employee, from USPS medical personnel, from an entry into the employee's OMF, or from results of tests conducted by the ICCO in connection with known occupational hazards.
 - Written notice of injury or death was given within 30 days of its occurrence.

Normally, timeliness is not a factor when challenging entitlement to compensation benefits. It is rare that the 3-year time frame cited above is exceeded. However, timeliness is frequently a basis for controverting and withholding COP. It is not uncommon for an employee to exceed the 30-day requirement for filing written notice of injury. (ELM 544.212)

If the claim was not filed within the time limits given, contact the OWCP district office. OWCP may excuse late notice of injury or death if exceptional circumstances exist.

These time limits apply only to injuries and deaths that occurred on or after 9/7/74. Contact OWCP regarding injuries that occurred before this date.

Postal Service Employee

The injured employee or decedent must be or have been an employee of the USPS at time of injury or exposure, regardless of the length of time on the job or the type of position held (including casual and transitional).

Occasionally, a question will arise as to whether an injured worker has "employee" status under FECA. This usually occurs in cases involving contract drivers or contract cleaners. OWCP will determine this factor using any of the following criteria:

- Whether the worker performed services or offered services to the public generally as a contractor, or was permitted to do so by the USPS.
- Whether the worker was required to furnish any tool or equipment.

- The period of time the work relationship was to exist.
- Whether the USPS had the right to discharge the worker at any time and, if so, when and under what circumstances.
- Whether the USPS had any right to control or direct the manner in which the work was performed.
- The manner in which payment for the worker's services was determined.
- Whether the activity that the worker was engaged in was a regular and continuing activity of the USPS.

Fact of Injury

The employee or decedent must have sustained an injury as defined in FECA.

The following issues must be addressed:

- Whether the alleged incident or exposure actually happened.
- Whether the alleged incident or exposure happened in the manner cited by the employee.

Example: A clerk alleged injury to the left side of her body when she slipped on water in a rest room. However, an eyewitness stated that when she walked into the rest room, she found the claimant sitting on an ashtray, asleep. When the eyewitness awoke the claimant, she became startled and collapsed to the floor as she attempted to stand up. The eyewitness further stated that there was no water on the rest room floor, and the claimant noted that her legs were numb.

In order to establish a fact of injury in a traumatic case, the employee has to establish that the injury occurred while in the performance of duty in the time, place, and manner alleged, and that the injury resulted from a specific event or incident. An injury does not have to be confirmed by an eyewitness in order to establish the fact that an employee sustained an injury in the performance of duty, but the employee's statement must be consistent with the surrounding facts and circumstances and subsequent cause of action.

Performance of Duty

The injury, illness, or death must have resulted from an incident or circumstance occurring while the employee was performing official duties.

The injury, illness, or death must have resulted from one or more of the following situations:

- The employee's performance of regular or special assigned duties, including activities considered reasonable incidents of employment (e.g., established coffee breaks).
- A requirement imposed by the employment.

- An employee's fear and anxiety regarding his or her ability to carry out official duties.

Injuries resulting from employment matters other than those cited above are generally regarded as not arising out of, or in the course of employment and, therefore, are not covered by FECA. In some cases, however, it is difficult to define the "performance of duty" factor, so it is imperative that the ICCO investigation be thorough and accurate.

Example: A carrier was injured in a vehicle accident while delivering his or her assigned route. The initial information received stated that the carrier was assigned to a foot route, did not have a drive-out agreement, and utilized his or her private vehicle without authorization. Based on this initial information, it appeared that the carrier's actions removed him or her from the scope of his or her regular assigned duties and, in turn, provided a basis to challenge the claim.

A further investigation, however, revealed that the use of private vehicles (without drive-out agreements) was common practice at the employee's station, and in fact many carriers also used private vehicles without a drive-out agreement with the full knowledge of their supervisor. The fact that management was aware and obviously condoned this practice placed it in the realm of regular assigned duties and made it a compensable employment factor.

Causal Relationship

The injury, disability or death must be caused by conditions of employment.

Causal relationships are medical issues and must be supported by medical documentation provided by a recognized physician.

Four types of causal relationships are recognized:

- *Direct causation* — when the injury or factors of employment, through a natural and unbroken sequence, result in the claimed condition.

Example: As a result of a slip and fall on ice, a carrier fractures his arm.

- *Aggravation* — when a preexisting condition is worsened, either temporarily or permanently, by an injury arising in the course of employment. Compensation is payable for the duration of the aggravation as medically determined.

Example: A mail handler's preexisting degenerative disc disease is aggravated when the gate of an all-purpose container falls on him.

- *Temporary aggravation* — a limited period of medical treatment or disability until the employee returns to his or her pre-injury physical status. Compensation is payable only for the period of aggravation established by the weight of the medical evidence, and not for any disability caused solely by the underlying disease.

- *Permanent aggravation* — when a condition persists indefinitely because of the effects of the job-related injury or when a condition is materially worsened such that it will not revert to its pre-injury level of severity.
- *Acceleration* — when a job-related injury or disease hastens the development of an underlying condition and the ordinary progression of the disease would not account for the speed with which a condition develops.

Example: An employee's diabetes may be accelerated by a work schedule so erratic that it prohibits the regular intake of food required by persons with this condition.

- *Precipitation* — when a latent condition manifests itself because of factors of employment. As with aggravation, precipitation may be either temporary or permanent.

Example: A custodian with tuberculosis, latent for a number of years, has renewed exposure in the workplace. In this case, the acceptance of the claim is limited to how long the work-related tuberculosis lasts. Entitlement to compensation ends once the person recovers.

Exhibit 4.16

Conditions for Continuation of Pay

Providing COP

An injured employee's request for COP must be granted by the USPS except in the following six circumstances:

- The disability is caused by an occupational disease.
- The injury occurs off USPS premises and the employee is not performing official "off premise" duties.

Example: Employee comes into the post office to pick up paycheck on scheduled day off; changing a tire in the parking lot located on postal premises.

- The injury is caused by one of the following:
 - The employee's willful misconduct.
 - The employee's intent to kill or injure himself or herself or another person.
 - The employee's intoxication by alcohol or illegal drugs.
- The injury is not reported on CA-1 within 30 days following the injury.
- Work stoppage first occurred more than 90 days following the injury.
- The employee initially reports the injury after his or her employment has terminated.

When casual employees or other employees with specific terms of employment are injured, provide COP only through the end of their appointments.

The USPS may controvert the employee's right to COP for reasons other than the six circumstances cited above. However, the final determination of COP entitlement lies with OWCP.

Withholding and Terminating COP

The ICCO is responsible for challenging a claimant's case if it is found that the five basic conditions have not been met and for controverting COP to which the claimant is not entitled. COP may also be withheld or terminated during the 45-day COP period only in those cases meeting the criteria specified in FECA's implementing regulations. In questionable cases, contact the area HR analyst for guidance. Ensure that the USPS is in compliance with FECA.

Do *not* withhold or terminate COP in the following situations:

- As part of disciplinary action, or as a result of a disciplinary action that terminates employment, unless written notice of termination for cause was issued to the employee before the date of injury.
- Pending OWCP's controversion decision.
- In cases when either one of the following applies:

- Facts of injury are questionable.
- Medical evidence does not establish causal relationship.

Immediately notify the employee if COP is either withheld or terminated.

Controverting and Withholding COP

Controvert and withhold COP in the following situations:

- The injured worker was not a USPS employee at the time of the injury or exposure.
- The injury or exposure did not occur on USPS premises and the employee was not in the performance of duty.
- The injury is proximately caused by one of the following:
 - The employee's willful misconduct.
 - The employee's intent to bring about injury or death to himself or herself or another person.
 - The employee's intoxication by alcohol or illegal drugs.
- The employee suffers an occupational illness rather than a job-related traumatic injury. In this case, the employee may apply for compensation or take annual or sick leave.
- The employee files the CA-1 more than 30 days from the date of injury.
- The employee files the CA-1 after the termination of employment.
- Work stoppage occurs more than 90 days after the date of the injury.

In cases where timeliness of filing is at issue, contact OWCP. Allowances are sometimes made for unusual circumstances.

Terminating COP

Terminate COP in the following situations:

- The employee does not submit prima facie medical evidence within 10 working days after claiming COP. In this case, ensure that the employee is aware of this requirement and of the fact that COP may be reinstated upon receipt of such evidence.
- The ICCO receives medical evidence that the employee's treating physician has found the employee to be no longer disabled, but capable of performing the duties of the position held at the time of injury. In this case, direct the employee back to work.
- The ICCO receives medical evidence that the employee's treating physician has found the employee to be partially disabled and the employee does not respond to a written limited duty assignment offer within 5 working days of such offer.
- The ICCO receives notification from OWCP that COP should be terminated.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CLAIMS MANAGEMENT

- The employee's scheduled period of employment expires or employment is otherwise terminated, provided the date of termination of employment was established before the date of injury.

Exhibit 4.19a

Employee Rights and Responsibilities in Extended Cases

When an employee remains totally or partially disabled beyond the first 45 days following a traumatic injury, he or she must be advised of the following rights and responsibilities:

- He or she is obligated to return to work as soon as possible.
- He or she has the right to file a claim for compensation on CA-7.
- He or she is responsible for having the treating physician complete the attached CA-20, *Attending Physician's Report*, in duplicate, and forward the original to OWCP and the duplicate to the ICCO (enclose an official postage-paid return envelope).
- OWCP compensation may be used after the 45-day COP expires but there is a waiting period of 3 calendar days before compensation begins. This period begins immediately after the end of the 45-calendar day COP period, may not be satisfied by using sick or annual leave, and must be a nonpay status.
- If the disability continues for more than 14 calendar days after the expiration of the 45-day COP period, then the 3-calendar-day waiting period is no longer applicable.
- He or she may be entitled to buy back leave used with compensation payments.*
- If disability extends beyond the period claimed on CA-7, subsequent claims are submitted on CA-8, *Claim for Continuing Compensation on Account of Disability*.
- He or she is responsible for submitting or arranging for the submission of medical evidence in support of the claim. CA-20a, *Attending Physician's Supplement Report*, is attached to CA-8 for this purpose.
- He or she must complete CA-8, items 1 through 14, and forward it to the ICCO for completion of items 15 through 24.
- He or she must file CA-8 every two weeks during the period of disability unless otherwise instructed by OWCP.

* Employees on USPS rolls may buy back leave. Employees on the rolls must be advised, in writing, by the ICCO or control point following their return to duty that the buy back must be initiated within 1 year of the return or within 1 year of the date OWCP approved the claim, whichever is later. Employees who are being separated because of disability or other reasons must be advised, in writing, before separation that they cannot buy back leave after they are off the rolls.

SEE Exhibit 4.19b, Sample Letter: Leave Buy Back Policy.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CLAIMS MANAGEMENT

Exhibit 4.19b

Sample Letter: Leave Buy Back Policy

[U.S. Postal Service Letterhead]

Date:

Our Ref:

Subject: Leave Buy Back Policy

To:

File Number: ____[OWCP case number]_____

Date of Injury: ____[date]_____

This refers to your job-related injury or illness of ____[date]____ and the annual or sick leave used during the period ____[dates]_____.

A claim for compensation ____[was/will be]____ submitted to the Office of Workers' Compensation Programs (OWCP) for the above leave period. If the OWCP approves this claim, you may be entitled to buy back the leave with compensation payments.

Please be aware that you will not be permitted to buy back leave unless the buy back is initiated within the prescribed time frame and you are on the rolls of the Postal Service.

If you intend to buy back leave, the buy back must be initiated within 1 year following your return to duty or within 1 year of the date OWCP approved your claim, whichever is later. Moreover, only current employees (i.e., employees on the rolls of the Postal Service) may buy back leave. Therefore, if you are separated from the Postal Service because of disability, retirement disability, or other reasons, you cannot buy back leave after you are off the rolls.

If you have any questions, please contact either the Injury Compensation Control Office at ____[telephone number]____ or OWCP.

We are available for guidance and assistance and will be happy to answer your questions.

____[signature]____

____[name]____

____[title]____

Injury Compensation Control Office

cc: Employee's IC File
OWCP

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CLAIMS MANAGEMENT

Exhibit 4.20a

Sample Letter: Request for Transfer of FEHB Enrollment to OWCP

U.S. Department of Labor

Employment Standard Administration
Office of Workers' Compensation Programs
Division of Federal Employees' Compensation
Washington, DC 20210

Request for Transfer of FEHB Enrollment to OWCP

Employing office name and address:

Date of request:

File number:

Employee's name:

Social Security number:

Effective date of transfer:

The above-named employee is receiving compensation under the Federal Employee's Compensation Act and we are withholding premiums for the employee's Federal Employees Health Benefits (FEHB) Program enrollment from the employee's compensation.

Please forward the employee's health benefits enrollment documents to this office as specified in the Federal Employees Health Benefits Handbook (formerly the Supplement 8901 of the Federal Employee's Personnel Manual). The documents include the copies of every SF 2809 and SF 2810 in the employee's Official Personnel Folder beginning with the date of his or her initial enrollment in the FEHB Program, together with any related documentation (such as medical documentation from a disabled child over age 22). As of the effective date shown above, OWCP is the employing office for this employee.

If you have sent the employee's OPF to the Federal Records Center, it is your responsibility to recall it so that you can comply with this request.

If you have any questions concerning this request, you may contact:

Name of contact:

Telephone number:

To be completed by employing office

Employing office: Attach documents to this form and return to OWCP. File a copy of the form in the employee's OPF to show the disposition of the FEHB documents.

Name of employing office contact	Telephone number	Date documents sent to OWCP
----------------------------------	------------------	-----------------------------

U.S. G.P.O.: 1994-3B7-360:1414.20b

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CLAIMS MANAGEMENT

Exhibit 4.20b

Sample Letter: Transfer of Federal Employees Health Benefit Enrollment to Office of Workers' Compensation Programs

[U.S. Postal Service Letterhead]

____[date]____
____[name of OWCP district office]____
____[street address]____
____[city, state, ZIP Code]____

Date of request:
OWCP file number:
Employee's name:
Social Security number:
Effective date of transfer:

The above-named employee is receiving compensation under the Federal Employee's Compensation Act (FECA), and Office of Workers' Compensation Programs (OWCP) is withholding premiums for the employee's Federal Employees Health Benefits (FEHB) Program enrollment from the employee's compensation.

Attached are the employee's health benefits enrollment documents, which this agency is forwarding to OWCP as specified in the *Federal Employees Health Benefits (FEHB) Handbook* (formerly the Supplement 890-1 of the *Federal Employees Personnel Manual*). The documents include the copies of every SF-2809 and SF-2810 in the employee's official personnel folder (OPF) beginning with the date of his or her initial enrollment in the FEHB Program, together with any related documentation (such as medical documentation for a disabled child over age 22). As of the effective date shown above, OWCP is the employing office for this employee.

The reason for this action is:

- [] This employee is separating (or has separated on) ____[date]____ .
- [] This employee will complete 365 days in nonpay status on ____[date]____ .

If you have any questions concerning this transfer, you may contact:

____[name of contact]____
____[telephone number]____

Sincerely,

____[signature of personnel official]____

5. Recurrence of Disability

Overview

Procedures

Report of Recurrence to Supervisor

When an employee is again disabled as a result of the original compensable injury or illness...

- 5.1 Identifying a Recurrence of Disability supervisor
Obligation: Initiating a Claim in Case of Recurrence
- 5.2 Initiating Claim Forms supervisor

Notice of Recurrence to ICCO

When the ICCO receives notice of an employee's recurrence of disability...

- 5.3 Responding to Notice of a Recurrence of Disability ICCO
Obligation: Processing a Recurrence Claim

Notice of Return to Work

When an Employee Returns to Work...

- 5.4 Notifying OWCP of Employee's Return to Work ICCO

Exhibits

- 5.1 New Injuries and Illnesses vs. Recurrences

5. Recurrence of Disability

Overview

This chapter addresses the roles of the supervisor, control point, and ICCO when an employee experiences a recurrence of disability from a job-related traumatic injury or occupational illness or disease.

Care must be taken to differentiate a true recurrence of a disability, a disability caused by a new injury or illness, or a compensable condition related to a previous disabling injury or illness so that the proper procedure can be followed. Supervisors and IC personnel must remain alert to whether there is an “intervening cause” that may signal the occurrence of a new injury and whether that intervening cause occurs on or off duty.

A disability resulting from a job-related incident or incidents identifiable in time and place is considered a new injury or illness. The term “recurrence” is reserved for a spontaneous return or increase of disability without an intervening cause. This chapter addresses these distinctions and provides examples that will help in making the differentiation.

Procedures

Report of Recurrence to Supervisor

When an employee is again disabled as a result of the original compensable injury or illness...

5.1 Identifying a Recurrence of Disability — supervisor

Obligation: Initiating a Claim in Case of Recurrence

The employee must immediately notify his or her supervisor of the recurrence of disability.

The supervisor must immediately initiate CA-2a, *Federal Employee's Notice of Recurrence of Disability and Claim for Continuation of Pay/Compensation*.

- ☐ Discuss the situation with the employee when he or she reports a recurrence of disability. With the help of Exhibit 5.1, determine if a recurrence of disability, a new injury or illness, or a related compensable condition exists (see Exhibit 5.1, New Injuries and Illnesses vs. Recurrences).
- ☐ Prepare to controvert or challenge any element of the recurrence of disability not deserving a specific benefit.
- ◇ *Contact the area HR analyst or the OWCP district office to request instructions in any case where there may be doubt that the symptoms or disability are the result of the initial injury.*

5.2 Initiating Claim Forms — supervisor

- ☐ If the injury or illness is *new*, provide the employee with either CA-1, *Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation*, or CA-2, *Notice of Occupational Disease and Claim for Compensation*, and follow directions for processing as outlined in Chapter 4, Claims Management.
- ☐ If the injury or illness is *consequential* or *intervening*, provide the employee with either CA-7, *Claim for Compensation on Account of Traumatic Injury or Occupational Disease*, or CA-8, *Claim for Continuing Compensation on Account of Disability*; write a letter of explanation to OWCP if necessary; and follow directions for processing as outlined in Chapter 4, Claims Management.
- ☐ If the injury or illness is a *recurrence* of disability, initiate the following steps:
 - Provide the employee with CA-2a.
 - Instruct the employee to do the following, requesting the ICCO for assistance as necessary:
 - Read the "Instruction for Employee" portion on CA-2a.
 - Complete the CA-2a, Part-A, items 1 through 23.
 - Submit all factual and medical evidence in support of the determination of recurrence of disability.
 - Promptly return the completed CA-2a.
 - Review the employee's completed portion of CA-2a and complete Part B, items 24 through 44.
 - Immediately forward the completed CA-2a, along with any attachments or statements, to the ICCO or the designated control point.
- ☐ Issue CA-16, *Authorization for Examination and/or Treatment*, to authorize examination or treatment for the recurrence of disability provided:
 - The claim is for an injury, not an illness.
 - OWCP has not disallowed the original claim.
 - More than 6 months have not elapsed since the employee last returned to work.

In those situations when the USPS cannot authorize the examination and treatment, contact the ICCO so that IC personnel can contact the OWCP district office for the employee to obtain authorization.

Notice of Recurrence to ICCO

When the ICCO receives notice of an employee's recurrence of disability...

5.3 Responding to Notice of a Recurrence of Disability — ICCO

Obligation: Processing a Recurrence Claim

If, after having been discharged from medical treatment, an injured employee again has symptoms or disability under circumstances from which it may reasonably be inferred that the symptoms or disability are due to an injury previously recognized as compensable by OWCP, the ICCO authorizes the required medical care, if applicable; provides COP, if applicable; and informs the employee of compensation entitlement if COP is exhausted or the period of COP entitlement has expired.

- ☐ Upon receiving CA-2a, review the form for completeness and accuracy and complete Part B, items 24 through 44, if the employee's supervisor has not already done so. If the form is incomplete, contact the employee or his or her representative for the missing information and assist the employee or representative in correcting any deficiencies found.
- ☐ Authorize medical care by using CA-16 if the supervisor has not done so.
In those situations when the USPS cannot authorize the examination and treatment, contact the OWCP district office for the employee to obtain authorization.
- ☐ Provide COP up to the amount of any remaining COP, if all the following conditions are met:
 - Recurrence of disability stems from a traumatic injury, not an occupational disease or illness.
 - The original claim of disability has not been denied by OWCP.
 - The 45-day COP period has not been exhausted.
 - The disability recurs within 90 days of the date the employee first returns to work following the initial period of disability.
- ☐ Obtain periodic medical evidence on CA-17, *Duty Status Report*, in cases where pay is continued.
- ☐ Inform the employee that he or she must initiate a claim for compensation on CA-7 if any of the following conditions are met:
 - Recurrence of disability stems from an occupational illness or disease.
 - The 45-day COP period has been exhausted.
 - Disability recurs more than 90 days after he or she first returns to work.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
RECURRENCE OF DISABILITY

- ☐ If CA-7 has previously been submitted, instruct the employee to file the claim on CA-8.
- ☐ Submit the original completed CA-2a and accompanying forms and documentation, if any, to the OWCP district office as soon as possible. If there is a lost time workday, make a copy of the CA-2a for the IC claim file and a copy for Safety.
- ◇ *Never delay submission of the CA-2a to OWCP pending receipt of medical report and documentation.*
- ☐ Prepare to controvert or challenge any element of the recurrence of disability not deserving a specific benefit.
- ◇ *Contact the area HR analyst or the OWCP district office to request instructions in any case where there may be doubt that the symptoms or disability are the result of the injury.*

Notice of Return to Work

When an employee returns to work...

5.4 Notifying OWCP of Employee's Return to Work — ICCO

- ☐ The employee may have returned to work by the time CA-2a is submitted to OWCP. If so, no notice of return to work is required. If not, when the employee *does* return to work, complete and forward CA-3, *Report of Termination of Disability and/or Payment*, to the OWCP.

Exhibit 5.1

New Injuries and Illnesses vs. Recurrences

Distinguishing Between New Event and Recurrence

Confusion in distinguishing a recurrence of disability from a new injury or illness occurs when physicians relate symptoms back to an old injury without considering whether there is an intervening cause or whether it occurs on or off duty. The same is true when a previous condition is exacerbated by an occupational disease.

New Injury or Illness

If, while the employee is in the performance of duty, a second incident occurs and precipitates an injury, even if the injury is to the same part of the body previously injured, it is considered a new injury. If a new exposure to the same causes again precipitates an occupational disease or illness, it is considered a new illness. Both result from a circumstance that is considered an *intervening cause* that occurs *during the performance of duty*.

Because compensable conditions include aggravations and accelerations of preexisting or underlying conditions, aggravation of a previous injury may be diagnosed as a new traumatic injury. The definition applies without consideration of the length of time since the last injury. For instance, an employee may have bona fide back injuries on 2 consecutive days.

A condition from a previous injury may be aggravated by stress or strain in the work environment. This condition constitutes a new occupational disease.

A new injury is reported on CA-1; a new illness on CA-2.

Define or refer to traumatic injury and occupational disease as:

- Traumatic injury means a wound or other condition of the body caused by external force, including stress or strain. The injury:
 - Must be identifiable as to time and place of occurrence and member or function of the body affected.
 - Must be caused by a specific event or incident, or series of events or incidents, within a single day or work shift.
 - May also include damage to or destruction of prosthetic devices or appliances.
 - Occupational illness or disease means an illness or disease produced by one of the following:
 - Systemic infections.
 - Continued or repeated stress or strain.
 - Exposure to toxins, poisons, fumes, etc.
 - Other continued and repeated exposure to conditions of the work environment over a longer period of time than a single day or work shift.
-

Related Compensable Conditions

Two other kinds of injury or illness are compensable because of their relationship to a previous job-related injury or illness. Although there is an intervening cause, it *does not occur while the employee is in the performance of duty*.

- A *consequential injury* is an injury that occurs outside the performance of duty but is considered to be the result of a job-related injury or a weakness or impairment caused by a work-related injury. Included in this definition are injuries caused by weakness from or treatment for an accepted job-related injury.

Example: Crutches prescribed for an on-the-job ankle injury cause a shoulder condition. The shoulder condition is a consequential injury because, although it occurred during nonwork hours, it resulted from impairment caused by a work-related injury.

- An *intervening injury* is an injury that occurs outside the performance of duty to the same part of the body originally injured and is considered to be at least partially the result of the original job-related injury rather than the result of the second injury alone. The resulting condition is considered related to the original injury unless the second injury alone is established as its cause.

There is no designated form to advise OWCP of a consequential or intervening injury. A CA-7 or CA-8 is used if necessary to request compensation.

Example: An employee sustained a job-related injury to his left knee and began receiving compensation benefits. He underwent vocational rehabilitation and returned to a suitable job. He later filed a claim for recurrence of disability when he reinjured the left knee while playing basketball. In view of his left knee condition, playing basketball was not a reasonable activity, and the recurrence of disability filed was not the result of the natural consequence or progression of his job-related injury but was due to an independent, *intervening* cause attributable to his own intentional conduct (ECAB Decision No. 90-0594, issued 11/16/90).

Recurrence

A *recurrence of disability* is a spontaneous return or increase of disability because of a previous injury or occupational disease without intervening cause.

A CA-2a is used to report a recurrence of injury or illness.

Selecting the Appropriate Form

Sample Case #1

A window clerk sustains a sprained right ankle from tripping on a mail sack. After a brief period of disability and physical therapy, she returns to her regular duties, which are sedentary. Following her return to work, she is selected for a letter carrier position requiring long periods of standing and walking. She had applied

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
RECURRENCE OF DISABILITY

for the position before her ankle injury. After 3 months as a letter carrier, the employee complains of ankle pain and submits medical evidence certifying that she is disabled for the letter carrier job. The medical report states that the prolonged walking has aggravated the employee's weakened ankle. What form, if any, is needed at this time?

Answer: This employee would need to file CA-2, *Notice of Occupational Disease and Claim for Compensation*. She has identified the repeated stress and strain of walking as the source of her current disability. The claimant needs to submit medical and factual evidence in support of her claim.

Sample Case #2

A secretary with the USPS is currently performing limited duty as the result of a back injury suffered on the job 2 weeks ago. While he is typing at his desk, he is jarred by a mail cart hitting his chair. His previously moderate back pain is suddenly unbearable. He leaves work immediately to return to the physician who has been treating him. Should he file another claim form?

Answer: In this situation, the employee has sustained a new injury. He can associate the onset of pain with a specific event identifiable by time and place of occurrence within one work shift or workday. This applies even though he was only released to limited duty and is still under treatment. Accordingly, he should file CA-1, *Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation*, and is entitled to another 45 days of COP for any time lost.

Sample Case #3

A postal inspector is confined to desk work after sustaining a low back injury during a scuffle with a suspect. She is receiving physical therapy three times a week. On Monday morning, she calls in sick saying that she lifted her small daughter over the weekend and exacerbated her back pain. What should she do now?

Answer: This employee appears to have sustained an intervening injury. This is an injury that occurs outside the performance of duty to the same part of the body originally injured. The resulting condition is considered related to the original injury unless the second injury alone is established as its cause. Because the inspector is still under active medical treatment and has only been released to limited duties, it is unlikely that the second injury alone is enough to cause her current disability. There is no form designed to advise OWCP of an intervening injury. This employee should simply inform OWCP of the second incident by letter. She should also submit a medical report that includes an opinion on the relationship between disability and the original injury. If her eligibility for COP has expired, she will also need to file CA-7, *Claim for Compensation on Account of Traumatic Injury or Occupational Disease*.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
RECURRENCE OF DISABILITY

Sample Case #4

An occupational health nurse with the USPS has been performing modified work since sustaining a wrist injury 6 months ago. The physical demands of his modified work are very light; however, he has made frequent complaints of wrist pain to his supervisor. Despite the complaints, the employee has not seen his treating physician since returning to work 4 months ago. Late on a Thursday afternoon, he says he cannot take the pain any longer and is going to his physician. The following day, he reports to his supervisor that the doctor has taken him off work and is recommending surgery. The doctor feels the current problems are related to the original injury. What is required of the employee?

Answer: The employee seems to have had a recurrence of disability. He should be requested to file a CA-2a, *Notice of Recurrence of Disability and Claim for Continuation of Pay/Compensation*; supporting documentation; and CA-7, *Claim for Compensation on Account of Traumatic Injury or Occupational Disease*, for lost time.

6. Medical Management

Overview

Procedures

Medical Evidence

When determining an injured employee's duty status...

Obligation: Requesting Medical Examinations

- 6.1 Ensuring That Medical Evidence Substantiates the Injured Employee's
Duty Status ICCO

Obligation: Securing the Treating Physician's Duty Status Statement

Injury Beyond First Aid

- 6.2 Reviewing Medical Documentation ICCO

Obligation: Monitoring Medical Progress

- 6.3 Contacting the Treating Physician ICCO

- 6.4 Initiating a Fitness-for-Duty Examination ICCO, OHNA

Fitness-for-Duty Examination

- 6.5 Initiating a Fitness-for-Duty Examination Consultation ICCO, OHNA

- 6.6 Responding After the Fitness-for-Duty Examination Decision ICCO

Authority for Medical Issues

USPS Contract Medical Provider Review of Medical Evidence

- 6.7 Contacting the Occupational Health Nurse Administrator for Assistance
in Claims Management ICCO

Medical Payments

When medical expenses are incurred.

- 6.8 Processing Medical Bills ICCO

Medical Payments

- 6.9 Reviewing Medical Payments ICCO

Exhibits

- 6.1 Sample Letter: Limited Duty Availability

- 6.2a Medical Management Tools

Routine Use of Records

- 6.2b Sample Letter: Referral Consideration for the Nurse Intervention Program

- 6.4 Sample Letter: Employee Fitness-for-Duty Examination Scheduling

- 6.5a Sample Letter: Board-Certified Specialist Fitness-for-Duty Examination Consultation
Scheduling

- 6.5b Sample Letter: Employee Fitness-for-Duty Examination Consultation Scheduling

6. Medical Management

Overview

This chapter addresses basic medical management procedures, as well as various services and medical management tools available to assist the ICCO. Effective medical management from the onset of the injury or illness is the key to returning injured employees to work as soon as possible.

The first section of the chapter illustrates situations and responses encountered when managing medical claims. The second section details what medical bills may be submitted for payment and what steps to take for processing.

The chapter is primarily written for ICCO personnel; however, a few sections pertain to the responses of the OHNA when tracking occupational injuries and illnesses.

Procedures

Medical Evidence

When determining an injured employee's duty status...

Obligation: Requesting Medical Examinations

The USPS has the authority to require the employee to undergo a medical examination to determine whether the employee meets the mandatory medical requirements of the position held or is able to perform the duties of that position. This examination cannot, however, interfere with issuance of CA-16, with the employee's free choice of physician, or with any authorized examination or treatment. (ELM 545.2, Authorizing Examination and/or Treatment, and ELM 543.1, Initial Medical Examination and/or Treatment. For emergency treatment, refer to ELM 545.24.)

6.1 Ensuring That Medical Evidence Substantiates the Injured Employee's Duty Status — ICCO

Obligation: Securing the Treating Physician's Duty Status Statement

The physician or hospital must, for each visit of the employee, make a professional statement showing that the employee is one of the following: *fit for duty*, *fit for limited duty*, with the work tolerance limitations indicated; or *not fit for duty*, with an expected return-to-duty date indicated.

- ☐ Inform the employee that his or her physician or hospital must, for each visit, make a professional statement showing that the employee is one of the following:
 - Fit for duty.
 - Fit for limited duty, with the work tolerance limitations indicated.
 - Not fit for duty, with an expected return-to-duty date indicated.

Injury Beyond First Aid

When the injury requires more than two visits, it is no longer considered a first-aid injury, and Form 2491 may no longer be used. When the injury goes beyond first aid (third visit) and the criteria set forth in Chapter 3, Immediate Involvement With Traumatic Injuries and Occupational Illnesses, are met, CA-16 is issued.

- ☐ Instruct the employee to advise the physician that limited duty is available. Have the employee provide the treating physician with all the appropriate medical forms for all visits to the treating physician subsequent to the initial visit.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
MEDICAL MANAGEMENT

- If the employee elects treatment by a USPS contract medical provider, issue the following forms:
 - For a first-aid injury, provide Form 2491, *Medical Report — First-Aid Injuries*. This form is used for the follow-up visit as well as the initial visit.
 - For treatment beyond first aid, provide the following forms:
 - CA-16, *Authorization for Examination and/or Treatment*.
 - CA-17, *Duty Status Report*.
 - HCFA-1500, *Health Insurance Claim Form* (billing).
- If the employee elects treatment by a private physician, provide the following forms:
 - CA-16, *Authorization for Examination and/or Treatment* (required by 20 CFR 10.402a for traumatic injuries).
 - CA-17, *Duty Status Report*.
 - CA-20, *Attending Physician's Report*.
 - HCFA-1500, *Health Insurance Claim Form* (billing).

- ☐ When medical reports do not reflect duty status, contact the treating physician to clarify the employee's availability for either full or limited duty, and follow up with a letter with an enclosed CA-17 (see Exhibit 6.1, Sample letter: Limited Duty Availability). (ELM 545.62)

SEE Section 6.8, Processing Medical Payments, for payment of medical bills beyond the second visit.

6.2 Reviewing Medical Documentation — ICCO

Obligation: Monitoring Medical Progress

The USPS monitors the employee's medical progress and duty status by obtaining periodic medical reports to determine if the employee will be able to return to work in the near future or to further clarify medical work restrictions imposed.

- ☐ Review the medical evidence and address the following:
 - Whether the medical findings indicate the employee is capable of returning to either full or limited duty.
 - If capable for full duty, immediately return the employee to his or her regular position.
 - If capable for limited duty, arrange for a limited duty assignment. If the employee is already on limited duty, determine if the medical findings indicate if the restrictions have been either increased or decreased and if so, change the employee's limited duty assignment accordingly.
 - Whether the cited period of disability is consistent with the nature of the injury. Consult with either the OHNA or the USPS contract medical provider.
 - Whether information provided in Block 12 of CA-17 is consistent with Side B of Block 7.
 - Note that, because of unfamiliarity with the forms, physicians sometimes indicate in Block 12 that the employee is incapable of returning to work; however, a review of the restrictions may reveal that the employee can perform limited duty tasks.
 - Whether the medical findings indicate that therapy is required. If so, do the following:
 - Advise the installation head to emphasize to the employee the importance of participating in scheduled therapy treatment to facilitate the recovery process.
 - Report, in writing, missed appointments to OWCP.
 - Whether a referral request for nurse intervention is appropriate (see Exhibit 6.2a, Medical Management Tools, and Exhibit 6.2b, Sample Letter: Referral Consideration for the Nurse Intervention Program).

SEE Chapter 7, Limited Duty Program Management.

6.3 Contacting the Treating Physician — ICCO

- ☐ When the USPS medical provider or OHNA is unable to do so, contact the treating physician if additional information is needed because of inconsistencies relative to the employee's duty status or if there are incomplete medical reports. (ELM 545.62) The designated control point may contact the treating physician if clarification is needed following the initial examination.
- ☐ When making such contacts, ensure the following:
 - USPS personnel and the staff of USPS contract medical providers are not interfering with the medical care prescribed by the employee's attending physician.
 - Inquiries are limited to information regarding the medical condition of the employee, or the employee's ability to return to full or limited duty.
- ☐ When communicating with the treating physician, professionally present the pertinent facts and request the treating physician's medical opinion.
- ☐ Contact the treating physician when requesting a new CA-17, updating medical progress. Ensure that the following are accomplished:
 - Document any change in duty status authorized by the treating physician.
 - When duty status information is given, issue a new CA-17 with a cover letter, requesting the treating physician to confirm the information in writing.
 - Send copies of such correspondence to the employee and to the OWCP district office, and forward copies of the physician's response to both, once it is received.
- ◇ *Assignment of employee to appropriate duty status must not be delayed. If written confirmation from the treating physician is pending, initiate the assignment based on information received in the documented telephone contact.*

6.4 Initiating a Fitness-for-Duty Examination — ICCO, OHNA

Fitness-for-Duty Examination

A fitness-for-duty examination (FFD) is a physical examination conducted by a contract medical provider to determine the employee's current medical status. The purposes of the FFD are to evaluate medical status, confirm or verify limited duty assignments, and assist in the rehabilitation effort.

- ☐ Initiate an FFD at any time if there are unresolved questions regarding the employee's duty status (ELM 547.3).
- ◇ *Unsupported findings of disability or unresolved inconsistencies may be challenged by the ICCO personnel.*
- ☐ The FFD may include the parts of the anatomy being treated as a result of the job-related injury, provided the examination in no way disturbs or interferes with the treatment regimen.

Remember that the purpose of the FFD is to determine the employee's capability of performing work. Therefore, if the employee is obviously totally incapacitated (e.g., immobile), an FFD would be inappropriate. The fact that an injured or ill employee is scheduled for a series of treatments or appointments with a physician or hospital does not by itself, however, establish that the employee is not fit for duty.
- ☐ Schedule an appointment for an FFD following approval of appropriate official with the USPS contract medical provider as follows:
 - Schedule the FFD as soon as possible after the employee's appointment with his or her treating physician. This will allow the USPS contract medical provider to review the most current medical information at the time of the FFD.
 - Issue a scheduling letter to the employee. (It is encouraged that two copies be sent: one by regular mail and one by certified mail with return receipt requested) directing him or her to report for the FFD (see Exhibit 6.4, Sample Letter: Employee FFD Scheduling). Prepare the letter for the signature of the district HR manager, and include the following information:
 - Reason for the FFD in accordance with ELM 547.3.
 - Date, time, and location of the examination.
 - Instructions to bring updated medical information.
 - Possible consequences if employee fails to appear.
 - When a short lead time cannot be avoided, contact the employee by phone, and follow up with written confirmation.
- ☐ When the employee fails, without good cause, to appear for the FFD, contact the local labor relations office to discuss possible administrative action. Advise

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
MEDICAL MANAGEMENT

OWCP if the employee does not report for the FFD examination and request the claims examiner to schedule the employee for a second opinion examination if the employee continues to be uncooperative.

6.5 Initiating a Fitness-for-Duty Examination Consultation — ICCO, OHNA

- ☐ An FFD consultation occurs when the USPS contract medical provider requires a board-certified specialist's opinion, requires a specific test to be performed before rendering his or her own opinion regarding the employee's condition, or when permanent personnel actions are being considered (e.g., permanent reassignment under the USPS in-house rehabilitation program). In these instances, initiate the following:
 - Coordinate efforts with the USPS contract medical provider or the OHNA.
 - Schedule an appointment with an appropriate board-certified specialist (or laboratory or facility for a test).
 - Send a letter to the board-certified specialist or laboratory including or indicating the following:
 - A statement of what information is needed, the type of test to be performed, and billing instructions.
 - A summary of the employee's pertinent medical history. (Include appropriate medical reports, test results, etc.)
 - The signature of either the USPS contract medical provider or the OHNA. If neither are available, the senior IC specialist can sign the letter (see Exhibit 6.5a, Sample Letter: Board-Certified Specialist FFD Consultation Scheduling).
 - Send a second scheduling letter to the employee that contains the information as listed above that advises him or her that the consultation is part of the previously initiated FFD and instructs the employee to bring updated medical information (see Exhibit 6.5b, Sample Letter: Employee FFD Consultation Scheduling). It is encouraged that two copies of the letter be sent: one by regular mail and one by certified mail with return receipt requested.
- ☐ If the USPS contract medical provider wants to see the employee again following an FFD consultation, schedule the employee for a follow-up FFD. Follow the procedure mentioned in 6.4, Initiating a Fitness-for-Duty Examination.

6.6 Responding After the Fitness-for-Duty Examination Decision — ICCO

- ☐ Obtain a copy of the USPS contract medical provider's medical opinion. Advise the employee of the FFD results in writing (usually with a copy of Form 2485, *Medical Examination and Assessment*), if the USPS contract medical provider has not already done so.

Remember that the FFD determination is not limited to the employee's regular duties but is based on whether the employing installation can provide alternative duties that the employee can perform safely.
- ☐ When the USPS contract medical provider agrees with the treating physician, do the following:
 - Place the employee (or have him or her remain) in the appropriate duty status (e.g., fit for limited duty).
 - If deemed appropriate based on medical findings, schedule the employee for a follow-up FFD (e.g., medical findings may indicate employee is currently totally disabled, but is expected to improve within 2 weeks).
 - Obtain copies of all pertinent medical reports for referral to OWCP.
- ☐ When the USPS medical provider needs to clarify the employee's duty status because of incomplete medical reports, lack of specific or conflicting medical restrictions from the treating physician, ensure that the USPS medical provider does the following:
 - Contacts the treating physician to attempt to obtain the clarifications.
 - Follows up with written confirmation when a change in duty status occurs when advised by the ICCO.
- ◇ *Physicians under contract to the USPS who are not considered postal employees are not allowed by federal regulations to contact the employee's medical provider.*

Authority for Medical Issues

No administrative action may be taken to change the employee's compensation or duty status until all medical issues are resolved. When the USPS contract medical provider does not agree with the treating physician, the injured employee's duty status may not be changed without the concurrence of the treating physician.

OWCP has sole authority regarding the disposition of medical issues, and the medical data on which the OWCP decision is based become the ruling medical authority. OWCP will determine if a second opinion or an independent medical examination (IME) is required and will schedule the appropriate examinations. Therefore, work assignments are determined in accordance with the medical suitability and work restrictions identified, not with what the treating physician submitted.

For purposes of work assignment, the USPS contract medical provider is permitted to further restrict an employee's work activities, but cannot lessen the restrictions placed on the employee by the treating physician or the OWCP's medical authority determination.

- ☐ When contact with the treating physician fails to resolve the difference in medical opinions, do the following:
 - Obtain a detailed report from the USPS contract medical provider that includes medical rationale to support his or her opinion along with all supporting documentation.
 - Prepare a controversion or challenge package for submittal to the OWCP district office upon receipt of the USPS medical contract provider's report.

SEE Chapter 8, Controversion and Challenge.

USPS Contract Medical Provider Review of Medical Evidence

A review by the USPS contract medical provider is critical in cases involving any question about the following:

- The employee's fitness for full or limited duty.
 - A relationship between the job-related injury and preexisting medical problems.
 - A causal relationship between the medical condition and factors of employment.
 - The employee's achievement of maximum medical improvement.
 - The use of a medical consultant or specialist by OWCP for a second opinion or an IME. The use of a board-certified specialist as part of an FFD does not constitute a "second opinion" under the intent of FECA. The use of a specialist can, however, further support the opinion of the USPS contract medical provider.
 - A change of employee's treating physician.
-

- ☐ Monitor status by reviewing OWCP correspondence. If necessary, request periodic status updates using Form 2573, *Request — OWCP Claim Status*.

If OWCP fails to respond within a reasonable period of time (e.g., 8–12 weeks), refer the matter to the designated area HR analyst.

- ☐ Upon receipt of OWCP's decision, take one of the following actions:
 - If the ICCO agrees with the decision, place the employee in the following work assignments:
 - If the employee is found fit for limited duty, see Chapter 7, Limited Duty Program Management.
 - If the employee is found fit for the Rehabilitation Program, see Chapter 11, Rehabilitation Program.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
MEDICAL MANAGEMENT

- If the employee is found fit for full duty, issue a letter directing the employee to report back to his or her regular position.
- If the ICCO disagrees with the decision and has evidence to support such disagreement:
 - Contact the designated area HR analyst by telephone and review the case.
 - If the area HR analyst is in agreement with the ICCO's position, forward the case to the area HR analyst for further follow-up with the OWCP district office and, if necessary, USPS Headquarters.
 - Use HRIS call-ups to monitor medical progress through resolution.

SEE Chapter 7, Limited Duty Program Management
Chapter 11, Rehabilitation Program

6.7 Contacting the Occupational Health Nurse Administrator for Assistance in Claims Management — ICCO

- ☐ IC personnel may contact the OHNA for the following information:
 - A list of injured or ill employees on COP, OWCP rolls or limited duty, or in the Rehabilitation Program maintained to assist the ICCO office in tracking IC claims.
 - Review of interim medical reports from the treating physician to monitor the treatment and prognosis for recovery.
 - Assistance in facilitating return of the employee to regular duty and ensuring job suitability for those who cannot return to regular duty.

Medical Payments

When medical expenses are incurred...

6.8 Processing Medical Bills — ICCO

Medical Payments

Medical payments may be paid either by the USPS or OWCP. The USPS pays medical bills for the following:

- First-aid cases treated by USPS contract medical providers.
- Management directed medical services, e.g., FFDs, consultative examinations, and tests.

Medical bills arising from these visits, including first-aid visits, may include office visits, X rays, lab work, pharmaceutical bills, and miscellaneous medical expenses. Use HRIS to generate the Medical Bill Certification Form to authorize payment of medical bills for job-related injuries that are not paid by OWCP.

OWCP pays for all medical bills resulting from a job-related injury or illness for which a CA-1, *Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation* or CA-2, *Notice of Occupational Disease and Claim for Compensation*, is filed, except medical management services (see Exhibit 6.2a, Medical Management Tools).

- ☐ When payment is made by the USPS for first-aid bills or management-directed medical services, make arrangements for local payment by using AIC 577, Medical Expenses — On-the-Job Injury or Illness, and support with a completed medical bill certification (MBC) form.
- ☐ Provide documentation by doing the following:
 - Date stamp all bills.
 - Enter the data into the HRIS Medical Management Application, and use the system to generate a completed MBC form.
- ☐ When first-aid treatment is provided by a USPS contract medical provider, and the employee elects not to file CA-1, *Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation*, initiate the processing of the bill, using Form 7381, *Requisition for Supplies, Services, or Equipment*, and charge the bill to AIC 578.
- ☐ Provide documentation by doing the following:
 - Date stamp all bills.
 - Enter the data into the HRIS Medical Management System, and use the system to generate a completed MBC Form.
 - Ensure that the completed MBC form is signed by the senior IC specialist.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
MEDICAL MANAGEMENT

- Forward the completed MBC form, with the bill, to Finance for payment.
- ☐ When treatment continues beyond the initial first two visits for first-aid treatment provided by a USPS contract medical provider and payment is made by OWCP, do the following:
 - Advise OWCP in writing to preclude dual payment for the initial two visits.
 - Instruct the USPS contract medical provider to establish a new account when submitting subsequent bills (after two visits) to the OWCP.
 - Date stamp all bills. Bills, other than hospital and pharmaceutical bills, are submitted on HCFA-1500, *Health Insurance Claim Form*.
 - Forward the bills to OWCP as soon as possible but no later than 10 working days after receipt.

6.9 Reviewing Medical Payments — ICCO

- ☐ When medical bills are paid by the USPS, obtain the HRIS-generated logs and summaries of local payments to track and monitor the medical expenses.
- ☐ When medical bills are paid by OWCP, do the following:
 - Review bill payments monthly to determine if any duplicate or erroneous payments were made and to facilitate timely corrective action, when needed, by accessing the Exceptions segment of the Bill Payment System (BPS) under the WCIS.
 - Upon identification and verification of a duplicate or erroneous payment, submit all pertinent information to OWCP with a request to collect the overpayment and credit the USPS on the chargeback report. Forward a copy of the bill and payment in question to the area HR analyst.
- ◇ *Contact the area HR analyst when assistance is needed for either the identification or collection of duplicate or otherwise erroneous bill payments.*

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
MEDICAL MANAGEMENT

Exhibit 6.1

Sample Letter: Limited Duty Availability

[U.S. Postal Service Letterhead]

___[date]___

___[name]___ (treating physician)

___[street address]___

___[city, state, ZIP Code]___

File Number: __[OWCP case number]__

Date of Injury: _____

Dear ___[name]___:

We understand that you are providing medical care to our employee, ___[name]___, secondary to the job-related injury he or she sustained on ___[date]___.

When a postal employee is injured in the performance of duty, our aim is to ensure that he or she receives prompt medical attention and other benefits as provided by the Federal Employees' Compensation Act (FECA). Under this Act, we have an obligation to provide suitable limited duty work, and employees have an obligation to return to work or seek work when able.

Accordingly, if ___[Mr./Ms. name]___ is physically unable to perform the activity outlined on the enclosed CA-17, *Duty Status Report*, side A (Supervisor portion), alternative work is generally available. **[Inclusion of the following sentence is optional.]** Attached are a few examples of the types of limited duty assignments that are available.

Kindly complete side B (Physician portion) of the CA-17. If you indicate that ___[Mr./Ms. name]___ has physical restrictions, we will make every effort to provide an accommodation fully consistent with the restrictions imposed. Please return the CA-17 in the self-addressed envelope provided.

Should you have any questions, please call our contract medical provider or occupational health nurse administrator at ___[telephone number]___. Thank you for your attention to and cooperation in this matter.

Sincerely,

___[signature]___

___[name]___

Manager, Human Resources

Enclosure: CA-17, *Duty Status Report*

Exhibit 6.2a

Medical Management Tools

Office of Workers' Compensation Program's Early Nurse Intervention Program

The Office of Workers' Compensation Program's (OWCP) Early Nurse Intervention Program uses registered nurses to intervene in identified compensation cases for purposes of assisting the injured employee, shortening the period of disability, and reducing compensation costs. The nurses interact with the injured employee, treating physician, employing office, and claims examiner to hasten the worker's recovery from the effects of the injury, and to promote a return to the pre-injury level of activities.

The role of the nurse is as follows:

- Establish a supportive relationship with the injured worker and instill confidence that the medical management effort can be effective, beneficial, and lead to resumption of activities of the pre-injury level.
- Provide the injured worker an opportunity to discuss the injury and the medical treatment.
- Gather sufficient information about the injured worker's condition and ongoing medical treatment to recommend and coordinate appropriate medical services designed to expedite recovery.
- Assist the treating physician and injured worker to establish the best timing for and choice of medical services and treatment modalities.
- Monitor the injured worker's medical condition and the treatment provided.
- If necessary, assist the injured worker in obtaining authorizations or other services from OWCP district offices as well as provide information to OWCP about non-work-related medical conditions that may affect recovery.
- Encourage the injured worker to cooperate with medical treatment and other efforts to prepare for return to a higher level of activity and, as feasible, return to work.
- Assist in identifying and reviewing the limited duty assignment.

Currently, OWCP attempts to have nurse intervention occur within 45–90 days after the date of injury. The OWCP claims examiner decides which cases will be referred to the program. The program is especially useful in cases of orthopedic disability. Cases involving surgery, prolonged treatments such as physical therapy without clear goals or direction, multiple concurrent medical and psychological issues, and catastrophic injuries are also likely to benefit from the program.

Although the claims examiner decides whether a case should be referred for inclusion in this program, the ICCO may request the claims examiner to consider specific cases for referral. While the program is designed to target new injuries, other cases may also be recommended (e.g., medically stagnant cases). After a referral request is initiated, use Human Resources Information System (HRIS) to check on status (see Exhibit 6.2b, Sample Letter: Referral Consideration for the Nurse Intervention Program).

Medical Initiatives

In addition to the OWCP Early Nurse Intervention Program described above, there are other management tools available to assist ICCO personnel in returning injured employees to work or bringing cases to a resolution. USPS medical contract provider services should be coordinated with the area medical director for his or her advice and professional opinion.

Medical Management Services

There are numerous private concerns that provide a variety of medical management services, including in-depth assessments of all medical documentation and other pertinent data. Such services have proven beneficial in certain cases involving review of complex medical issues.

Some companies allow for contracting on a case-by-case basis. When considering whether to contract with a medical management service, contact three to five of the company's clients to determine their degree of satisfaction with the services, fees charged, and return on investment.

Routine Use of Records

Authority for disclosure of medical information for routine use of records to nonpostal personnel is cited in ASM 120.098 (f) under Routine Uses of Records Maintained in the System. The routine use of records cited in section (f) provides disclosure to agents and contractors where records or information may be disclosed to an expert, consultant, or other individual who is under contract to the Postal Service to fulfill agency function, but only to the extent necessary to fulfill that function.

Physical Capability Testing

Many rehabilitation and therapy services offer a variety of testing techniques as a tool to help determine an injured worker's capability to return to work. It must be noted, however, that the testing itself is of little benefit unless used as a diagnostic tool to assist an authorized physician (preferably a board-certified specialist) in developing a medical opinion. If deemed appropriate by the USPS contract medical provider, testing would be conducted as part of the FFD. It is imperative that the physician who will be using the results of these tests be familiar with and have confidence in the testing techniques being utilized. This must be established before entering into a contract with a testing service.

Another available testing procedure includes the following:

- *Functional capacity evaluation (FCE).* An FCE is a whole body test that consists of a series of evaluative procedures to determine a worker's physical demand level. It is designed to measure the employee's pain or fatigue level and can be stopped at any time by the patient.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
MEDICAL MANAGEMENT

Exhibit 6.2b

Sample Letter: Referral Consideration for the Nurse Intervention Program

[U.S. Postal Service Letterhead]

____[date]____
____[name]____
____[street address]____
____[city, state, ZIP Code]____

Claimant: _____

File No: ____[OWCP case number]____

Dear ____[name of claims examiner]____:

It is requested that the above-named claimant be considered for participation in the Nurse Intervention Program. It is believed that this program would be beneficial to ____[Mr./Ms. name]____ for the following reasons:

Thank you for your attention to this matter. If you require additional information or would like to discuss this request, please call the undersigned at ____[telephone number]____.

Sincerely,

____[signature]____
____[name]____
____[title]____

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
MEDICAL MANAGEMENT

Exhibit 6.4

Sample Letter: Employee Fitness-for-Duty Examination Scheduling

[U.S. Postal Service Letterhead]

Date:

Our Ref:

Subject:

To: ___[name]___
 ___[street address]___
 ___[city, state, ZIP Code]___

File Number: __[OWCP case number]_____

Dear ___[name]___:

This is in reference to the job-related injury that you sustained on ___[date]___. As a result of this injury, it is necessary to determine your ability to perform the essential duties of your regular position in either a full or modified capacity (ELM 547.32). You are, therefore, scheduled for a fitness-for-duty examination (FFD). You are directed to report to:

Name of Doctor: _____

Address: _____

Phone: _____

Date: _____

Time: _____

In order to assist the above physician in the medical evaluation, please bring a current narrative report prepared by your treating physician. The report should include the following:

1. Diagnosis.
2. Dates of treatment.
3. Prognosis.
4. Results of pertinent medical studies.
5. Specific work restrictions (if any) and their duration.
6. Prescribed medication, including that which is required while working.
7. Date of anticipated return to work (either full or limited duty).
8. Medical justification for current disability (either total or partial).

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
MEDICAL MANAGEMENT

During the course of this examination, it may be medically determined that additional testing may be warranted. Therefore, please allow additional time for these studies. It would be helpful if you bring current medical documentation. Failure to report for this examination may be cause for disciplinary action.

Sincerely,

____[signature]____

____[name]____

Manager, Human Resources

cc: OWCP Claims Examiner
Postmaster or Manager
Employee's Worksite Contract Medical Provider
File

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
MEDICAL MANAGEMENT

Exhibit 6.5a

**Sample Letter: Board-Certified Specialist Fitness-for-Duty Examination
Consultation Scheduling**

[U.S. Postal Service Letterhead]

____[date]____
____[name of specialist]____
____[street address]____
____[city, state, ZIP Code]____

Employee: _____

Date of Injury: _____

Dear ____[name of specialist]____:

This is in reference to our employee, ____[name]____, who is scheduled to be examined by you on ____[date]____ at ____[time]____.

To assist you in the examination, following is a brief history of ____[Mr./Ms. name]____'s job-related injury:

[NOTE: The history should include, at a minimum:

- Date of injury.
- Description of accident or exposure.
- Original diagnosis.
- Subsequent diagnoses (if any).
- Length of disability (both total and partial).
- Other pertinent information. (Example: If a concurrent (non-job-related) condition is involved, brief information regarding this condition should also be provided.)]

Please provide your medical opinion regarding the following issues:

[NOTE: The questions requiring a medical opinion should be specific and will vary from case to case. However, as a general rule, these questions should include, but not be limited to, the following:

- Has the employee fully recovered from the job-related injury?
- Is the employee capable of performing his or her regular assignment as reflected on the attached Standard Job Description?
- If employee cannot perform his or her regular assignment, what are his or her physical restrictions? Please indicate by completing the attached Work Restriction Evaluation form.
- Are the current limitations caused or related to the job injury?
- Are the current limitations considered permanent? If not, when can full recovery be expected?]

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
MEDICAL MANAGEMENT

In addition to the above information, attached are copies of the latest medical reports on file. If you require any additional information, please contact the undersigned on __[telephone number]__.

Please send your report along with your bill to:

Thank you for your assistance in this matter.

Sincerely,

____[signature]____

____[name]____

[Contract Medical Provider/Occupational Health Nurse Administrator/Senior Injury Compensation Specialist]

Attachments: Latest Medical Reports
Standard Job Description*
OWCP-5, *Work Capacity Evaluation*

[*Ensure that the physical requirements of regular job are clearly cited.]

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
MEDICAL MANAGEMENT

Exhibit 6.5b

Sample Letter: Employee Fitness-for-Duty Examination Consultation Scheduling

[U.S. Postal Service Letterhead]

Date:

Our Ref:

Subject:

To: ___[name]___
 ___[street address]___
 ___[city, state, ZIP Code]___

File Number: ___[OWCP case number]___

Dear ___[name]___:

This is in further reference to the job-related injury that you sustained on ___[date]___ and the fitness-for-duty examination (FFD) which was initiated on ___[date]___. As a result of this initial examination, Dr. ___[name of contract medical provider]___ has determined that a consultative examination is necessary before an opinion regarding your duty status can be rendered. You are, therefore, directed to report to:

Name of Doctor: _____

Address: _____

Phone: _____

Time: _____

You may bring updated medical documentation to this examination. If you did not provide a current medical report from your treating physician at time of the above-cited initial FFD, please bring a current report to this examination. The report is to include:

1. Diagnosis.
2. Dates of treatment.
3. Prognosis.
4. Results of pertinent medical studies.
5. Specific work restrictions (if any) and their duration.
6. Prescribed medication, including that which is required while working.
7. Date of anticipated return to work (either full or limited duty).
8. Medical justification for current disability (either total or partial).

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
MEDICAL MANAGEMENT

Failure to report for this examination without an acceptable reason is just cause for disciplinary action.

Sincerely,

____[signature]____

____[name]____

Manager, Human Resources

7. Limited Duty Program Management

Overview

Procedures

Limited Duty Program

When a limited duty program is needed...

Obligation: Assigning Employees to Limited Duty Positions

- | | | |
|-----|---|------|
| 7.1 | Establishing an Informal Limited Duty Program | ICCO |
| 7.2 | Establishing a Formal Limited Duty Program | ICCO |
| | <i>Formal and Informal Limited Duty Programs</i> | |
| 7.3 | Establishing an Effective Tracking System | ICCO |

Limited Duty Assignments

When an employee is able to return to work in a limited capacity...

Obligation: Requirement for Written Job Offers

- | | | |
|-----|---|------|
| 7.4 | Offering a Limited Duty Assignment | ICCO |
| 7.5 | Following Up After the Limited Duty Assignment is Offered | ICCO |

Exhibits

- | | |
|------|---|
| 7.1 | Limited Duty Assignment Guidelines |
| 7.4 | Sample Letter: Limited Duty Assignments |
| 7.5a | Sample Letter: Limited Duty Job Offer |
| 7.5b | Modified Distribution Clerk Job Description |

7. Limited Duty Program Management

Overview

This chapter addresses limited duty provided to an employee who has physical limitations identified by a qualified treating physician stemming from an on-the-job injury or illness. The limited duty program is designed to accommodate injured employees who are temporarily unable to perform their regular functions.

Effective utilization and management of limited duty assignments benefits the USPS as well as the injured employee. These assignments permit employees to work within their medically prescribed physical restrictions. Limited duty often accelerates recuperation as employees generally recuperate faster if they are as active as possible. Moreover, limited duty employees retain the discipline of going to work every day, continue their contribution to the USPS, and are regarded as productive workers. Finally, since limited duty employees work at the job site, they are often motivated to return to their regular job as soon as possible rather than continue doing a lesser skilled limited duty assignment. Early return to the regular job is the ultimate objective of the limited duty program.

Limited duty is an integral aspect of injury compensation program administration and, if managed effectively, makes a significant contribution to cost containment and control initiatives.

Procedures

Limited Duty Program

When a limited duty program is needed...

Obligation: Assigning Employees to Limited Duty Positions

The USPS has legal responsibilities to employees with job-related disabilities under OPM regulations. Specifically, with respect to employees who partially recover from a compensable injury, the USPS must make every effort to assign the employee to limited duty consistent with the employee's medically defined work limitation tolerance. The USPS, in assigning employees to limited duty, must minimize any adverse or disruptive impact on the employee (ELM 546.141).

7.1 Establishing an Informal Limited Duty Program — ICCO

- ☐ Establish a standard procedure that accomplishes the following:
 - Requires all injured employees who are partially disabled to report to their regular supervisor.
 - Directs supervisors to find appropriate duty for the employee well within the work limitations imposed by the attending physician, and notify the ICCO accordingly.
 - Requires IC personnel to assist the supervisor in finding a suitable assignment, if the supervisor's initial response is that he or she does not have any work that the injured employee can do, by doing the following:
 - Review the work restrictions with the supervisor to determine the frequency and duration of physical tasks so as to define the physical requirements and determine exactly what the injured employee can do.
 - If the supervisor is unable to usefully employ an injured employee within his or her assigned work station, broaden the search by following the USPS priority assignment policy and obtain assignment approval from the next appropriate level of management (see Exhibit 7.1, Limited Duty Assignment Guidelines).

7.2 Establishing a Formal Limited Duty Program — ICCO

Formal and Informal Limited Duty Programs

A formal program differs from an informal one in that it uses a special job bank set up by the ICCO and appropriate managers. This special bank consists of limited duty tasks that are filled only by injured employees. Normally, this approach is most effective in large installations.

- ☐ Establish a special bank of limited duty tasks to be filled only by injured employees by doing the following:
 - Analyze the types and numbers of injured employees to determine the most common work restrictions.
 - Identify existing tasks that meet the most common work restrictions.
 - Create limited duty assignments according to the guidelines (see Exhibit 7.1, Limited Duty Assignment Guidelines).
- ☐ Ensure that each limited duty assignment chosen for the job bank:
 - Has clearly specified physical requirements to enable IC personnel to determine whether the proposed limited duty assignments are safely within the imposed work restrictions established by the treating physician.
 - Has a range of difficulty so that as the injured employee's medical condition improves, the physical demands of the assignment may be gradually increased. Increased physical demand helps promote recovery.
 - Is responsive to USPS guidelines (see Exhibit 7.1, Limited Duty Assignment Guidelines).

7.3 Establishing an Effective Tracking System — ICCO

- ☐ Input into HRIS (or prepare a list of, if necessary) all employees on limited duty, and carry out the following:
 - Generate a status report every accounting period on limited duty employees and provide copies to all functional managers.
 - Require each employee to provide periodic updated medical reports of duty status.
 - Establish call-up dates to monitor the duration of the limited duty status and to coincide with the next scheduled medical evaluation.
 - Review medical documentation with the OHNA or USPS contract medical provider.
 - When the period of limited duty appears to be excessive for the nature or type of injury, or medical documentation lacks supporting rationale, arrange for an FFD. Before the FFD, coordinate with the OHNA or the contract medical provider to discuss the prognosis with the treating physician. Check for additional medical information in OWCP file.
 - If the physician conducting the FFD finds the employee capable of returning to regular duty, request the area medical director or associate area medical director to contact the employee's treating physician and discuss the FFD findings. Forward the FFD findings to OWCP district office with a cover letter.

SEE Chapter 6, Medical Management.

Limited Duty Assignments

When an employee is able to return to work in a limited capacity...

Obligation: Requirement for Written Job Offers

FECA requires that the USPS notify the employee immediately of the description of the job and its physical requirements and of the date the job will be available. To facilitate early return to work, the USPS may contact the employee by telephone, but must provide written confirmation of the job's availability as soon as possible thereafter. (20 CFR (b) (1) and (d) (1) (2)) (ELM 546.62)

7.4 Offering a Limited Duty Assignment — ICCO

- ☐ If medical documentation indicates the employee is capable of performing limited duty, do the following:
 - Identify a limited duty assignment (see Exhibit 7.1, Limited Duty Assignment Guidelines).
 - Ensure that the limited duty assignment is consistent with medically prescribed physical restrictions. Consult with the OHNA, contract physician, or the treating physician if you have any doubts (see Exhibit 6.1, Sample Letter: Limited Duty Availability).
- ☐ Offer a limited duty job assignment in writing and include the following information:
 - A description of the duties to be performed.
 - The specific physical requirements of the position and any special demands of the workload or unusual working conditions.
 - The organizational and geographical location of the job.
 - The date on which the job will first be available.

If the employee is at the work site and has not lost work time beyond the date of the injury, extend the offer immediately. If the employee is not currently working, initially offer the job by telephone and follow up with a written job offer (see Exhibit 7.4, Sample Letter: Limited Duty Assignments).

7.5 Following Up After the Limited Duty Assignment Is Offered — ICCO

- ☐ If the job offer is accepted:
 - Submit the job offer along with the employee's written acceptance to OWCP.
 - Follow up with the employee to confirm that he or she has returned to duty.
 - Submit CA-3, *Report of Termination of Disability and/or Payment*, to OWCP if there have been periods of disability.

- ☐ If the job offer is declined:
 - Submit the job offer and declination with a cover letter to OWCP for adjudication.
 - Monitor the case to ensure that OWCP renders a decision as to the suitability of the limited duty job offer and takes appropriate action to terminate or reduce the compensation or COP if applicable (see Exhibit 7.5a, Sample Letter: Limited Duty Job Offer, and Exhibit 7.5b, Modified Distribution Clerk Job Description).

- ☐ Manage the limited duty assignment to ensure that the employee returns to his or her regular duty assignment at the earliest possible date.

Exhibit 7.1

Limited Duty Assignment Guidelines

Basic Considerations

The USPS should minimize any adverse or disruptive impact on the employee in assigning limited duty. (ELM 546.141)

Consider the following when making limited duty assignments:

- Match the limited duty job as closely as possible to the regular job. Do not make the limited duty job more desirable than the employee's regular job.
- The limited duty work environment should be similar to that of the regular job. If the limited duty environment is more attractive, it may seem like a reward. If the environment is less attractive, it may seem like a punishment.
- The limited duty job should have similar pay. To put an injured employee in a job that pays more than the regular job creates a problem, especially if the employee performs well. To put an injured employee in a lower paying job (i.e., a job that requires less skill) makes poor use of resources.
- Little or no training should be required. Don't expect supervisors to train someone in a skilled assignment when they know he or she will only be there a short time.
- The assignment should result in a tangible product and should not be a "make work" job.
- The assignment should be a function where temporary additional help is useful. This will help ensure that injured employees make a useful contribution to the organization.

Priority for Assignment

Whenever possible, assign qualified employees to limited duty in *their regular craft, during regular tour of duty, and in their regular work facility.*

Prioritize the limited duty assignment in the following manner:

- To the extent that there is adequate work available within the employee's work limitation tolerances, within the employee's craft, in the work facility to which the employee is regularly assigned, and during the hours when the employee regularly works, that work constitutes the limited duty to which the employee is assigned.
- If adequate duties are not available within the employee's work limitation tolerances in the craft and work facility to which the employee is regularly assigned within the employee's regular hours of duty, other work may be assigned within that facility.
- If adequate work is not available at the facility within the employee's regular hours of duty, work outside the employee's regular schedule may be assigned as limited duty. However, all reasonable efforts must be made to assign the employee to limited duty within the employee's craft and to keep

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
LIMITED DUTY PROGRAM MANAGEMENT

the hours of limited duty as close as possible to the employee's regular schedule.

- An employee may be assigned limited duty outside of the work facility to which the employee is normally assigned only if there is not adequate work available within the employee's work limitation tolerances at the employee's facility. In such instances, every effort must be made to assign the employee to work within the employee's craft within the employee's regular schedule and as near as possible to the regular work facility to which the employee is normally assigned.

If it is necessary to change any of the elements to meet the employee's physical limitations or to provide the employee with suitable work, the elements must be changed in this specific order:

Priority of Choice	Regular Craft	Regular Tour	Regular Facility
1st	Within	Within	Within
2nd	Outside	Within	Within
3rd	Within	Outside	Within
4th	Outside	Outside	Within
5th	Within	Within	Outside
6th	Outside	Within	Outside
7th	Within	Outside	Outside
8th	Outside	Outside	Outside

Questions and Answers About Limited Duty

Q. *What are the differences between limited duty and light duty?*

A. Limited duty is provided to employees who have partial disabilities which stem from a *job-related* injury or illness.

Limited duty does not have to be requested, rather it is made available and offered.

Limited duty comes under the purview of FECA 5 U.S.C. 8101, et. seq.

Normally, light duty is provided to employees who have partial disabilities from *non-job-related* medical conditions.

Light duty must be requested in writing.

Light duty comes under the purview of Article XIII of the National Agreement (including but not limited to American Postal Workers Union (APWU) and National Association of Letter Carriers (NALC).)

Q. *If a full-time employee's schedule is changed as a result of being placed in a limited duty assignment, is such employee entitled to out-of-schedule premium pay?*

A. No. Exceptions to the obligation to pay "out-of-schedule premium" to full-time employees for work performed outside of schedule include situations in which the employee's schedule is temporarily changed for a limited duty assignment as required by FECA, as amended (Handbook F-21, *Time and Attendance*, 232.23b).

Q. *If an eligible employee who is regularly assigned to a night tour of duty is rescheduled to limited duty on the day tour, is the employee entitled to receive an equivalent amount of night differential when rescheduled to day work?*

A. Yes. COP and compensation payments both include night differential. Thus, if the employee is not compensated for the loss in salary (i.e., night differential), the employee would be entitled to COP (if otherwise eligible) or compensation. If the employee is entitled to COP, night differential can be paid as COP and count as a "COP day," even though the employee works 8 hours of limited duty.

Q. *If a limited duty employee is found to have permanent partial disabilities resulting from a job injury, can the limited duty assignment be made permanent?*

A. No. All limited duty assignments are temporary. If medical documentation confirms that an employee has permanent physical restrictions, the employee must be officially reassigned, i.e., a Form 50, *Notification of Personnel Action*, is initiated to show a rehabilitation program classification (see Chapter 11, Rehabilitation Program).

Q. *To what labor distribution code (LDC) or operation should limited duty hours be charged?*

A. Generally, limited duty hours are charged to LDC 68, operation 959.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
LIMITED DUTY PROGRAM MANAGEMENT

- Q. *Is it mandatory to charge limited duty hours to LDC 68, operation 959?*
- A. No. LDC 68 is used to record the hours of all employees who are temporarily assigned to a modified position, either part-time or full-time, in order to accommodate medical restrictions imposed as a result of a job-related injury or illness. This does not include employees who are essentially performing their regularly assigned duties with minor modifications (Handbook F-2, *Functional Management*).
- Q. *Can employees on limited duty work overtime?*
- A. Yes. An employee can work overtime so long as overtime work is not medically contraindicated. However, under such circumstances, overtime work should be approached with caution.
- Q. *How many hours of limited duty should be granted a part-time flexible employee who normally does not work a 40-hour workweek?*
- A. Whenever possible, a part-time flexible employee should be granted the number of limited duty hours that are equivalent to the average of the employee's weekly workhours for the 1-year period immediately preceding the date of injury, excluding overtime. (20 CFR 10.205b)
- Q. *How many hours of limited duty should be granted a part-time flexible employee who has been employed less than a year?*
- A. Whenever possible, an employee should be granted the number of limited duty hours that are equivalent to the average of the employee's weekly workhours during the period of appointment, excluding overtime. (20 CFR 10.205c)

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
LIMITED DUTY PROGRAM MANAGEMENT

Exhibit 7.4

Sample Letter: Limited Duty Assignments

[U.S. Postal Service Letterhead]

Date:

Our Ref:

Subject:

To: ___[name]___
 ___[street address]___
 ___[city, state, ZIP Code]___

File Number: ___[OWCP case number]___

Date of Injury: _____

Dear ___[name]___:

This letter is in regard to your job-related injury of ___[date]___.

Based on the Office of Workers' Compensation Programs CA-17, *Duty Status Report*, or other medical documentation from your treating physician, it appears that you can perform limited duty work with specified limitations. A copy of this CA-17 or other medical documentation is enclosed.

Federal regulations require injured employees to seek and perform limited duty work when medically able to do so. This letter provides you with a written description of an alternate position or restricted or limited duties to which you may be assigned. The specific duties of this position are described ___[below/in an attachment to this letter]___. You are expected to report to ___[name of supervisor]___ to begin this limited duty work no later than ___[date]___.

In assigning these limited duties we have followed the provisions of the *Employment and Labor Relations Manual* (546.141a) so as to minimize any adverse or disruptive effect on you. If you believe that you are unable to perform these duties for medical reasons related to your injury, you must provide written medical evidence to this effect from your attending physician no later than the date shown in the paragraph above.

Should you have any questions about this notification or the described limited duties, please visit or call the Injury Compensation Control Office ___[name of ICCO]___ at ___[telephone number]___.

Sincerely,

___[signature]___

___[name]___

Injury Compensation Supervisor

Enclosures: CA-17, *Duty Status Report*
Modified Job Description

cc: OWCP

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
LIMITED DUTY PROGRAM MANAGEMENT

Exhibit 7.5a

Sample Letter: Limited Duty Job Offer

[U.S. Postal Service Letterhead]

Date:

Our Ref:

Subject: Limited Duty Assignment Offer

To: ____[name]____
____[street address]____
____[city, state, ZIP Code]____

File Number: ____[OWCP case number]____

Date of Injury: _____

Dear ____[name]____:

This letter is in regard to your job-related injury of ____[date]____.

Based on Office of Workers' Compensation Programs (OWCP) CA-17, *Duty Status Report*, or other medical documentation from your treating physician, it appears that you can perform limited duty work with specified limitations. A copy of this CA-17 or other medical documentation is enclosed.

Federal regulations require injured employees to seek and perform limited duty work when medically able to do so. This letter provides you with a written description of an alternate position or restricted or limited duties to which you may be assigned. The specific duties of this position are described in an attachment to this letter. You are expected to report to begin this limited duty work no later than ____[date]____.

In assigning these limited duties we have followed postal policy and procedures so as to minimize any adverse or disruptive effect on you. If you believe that you are unable to perform these duties for medical reasons related to your injury, you must provide written medical evidence to this effect from your attending physician not later than ____[date]____. If medical evidence is not received by this date, your continuation of pay will be terminated and OWCP will be advised.

Should you have any questions about this notification or the described limited duties, please visit or call the Injury Compensation Control Office ____[name of ICCO]____, at ____[telephone number]____.

Sincerely,

____[signature]____

____[name]____

[Senior Injury Compensation Specialist/Control Point Supervisor]

(continued)

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
LIMITED DUTY PROGRAM MANAGEMENT

Page 2

I ACCEPT THIS LIMITED DUTY JOB OFFER

I REJECT THIS LIMITED DUTY JOB
OFFER FOR THE REASON BELOW

EMPLOYEE'S SIGNATURE

EMPLOYEE'S SIGNATURE

DATE _____

DATE _____

COMMENTS _____

cc: OWCP

Enclosures: CA-17, *Duty Status Report*

Modified Job Description [See Exhibit 7.5b, Modified Distribution Clerk Job
Description.]

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
LIMITED DUTY PROGRAM MANAGEMENT

Exhibit 7.5b

Modified Distribution Clerk Job Description

Employee: John Doe Tour: _____ Days off: _____
Location: _____ Workhours: _____

General Duties:

Manual Distribution of Letter Mail — Separates and files mail according to ZIP Codes into manual distribution case, collects mail for dispatch, and replenishes logs with mail for manual distribution.

Physical Requirements:

Environmental Exposures — indoors only

Standing —	1–3 hours per day (primarily to collect mail and load ledges)
Walking —	1–3 hours per day
Sitting —	6–8 hours per day
Lifting —	5–10 pounds maximum
Carrying —	Handfuls of mail to replenish ledges and place in mail trays for dispatch
Pushing —	None
Pulling —	None
Climbing —	None
Stooping —	None
Kneeling —	None
Crawling —	None
Twisting —	None
Reaching —	Above shoulder level occasionally for 15–45 minutes daily

Mr. Doe does not have to carry regular mail trays, but can replenish ledge by cart or handful, versus normal productive standards. In addition, he is permitted to alternate the sitting and standing at the distribution case as much as he deems necessary for his condition and comfort. He will be primarily filing letter mail into the distribution case.

8. Controversion and Challenge

Overview

Procedures

Basis for Controversion or Challenge

When the USPS decides there is reason to controvert or challenge a claim...

- 8.1 Establishing a Basis for Controversion or Challenge ICCO
Obligation: Recognizing the Basis for Controversion or Challenge
- 8.2 Determining If the Entire Claim, or a Portion Thereof, Should Be
Controverted or Challenged ICCO
Temporary USPS Assignments and COP

Controversion or Challenge

When controverting or challenging a claim...

- 8.3 Preparing the Controversion and Challenge Package ICCO
Obligation: Preparing the Controversion and Challenge Package
Importance of the Claim Package
Further References to Use in the Cover Letter
- 8.4 Submitting the Controversion or Challenge Package to OWCP ICCO
- 8.5 Notifying the Employee of Controversion or Challenge ICCO

Disposition by OWCP

When OWCP renders a decision...

- 8.6 Responding to OWCP's Formal Decision ICCO
Obligation: Noting OWCP's Pretermination Notice
OWCP's Formal Decision

Appeals

When an employee wishes to appeal OWCP's decision...

- Obligation: Recognizing OWCP Final Authority*
- 8.7 Ensuring That the Employee Is Informed of His or Her Rights and Obligations . ICCO
Employee's Appeal Rights and Scheduling a Hearing
Scheduling a Hearing
- 8.8 Reviewing the Case and Making the Appropriate Arrangements . senior IC specialist
- 8.9 Disputing the Transcript Findings ICCO
The Final Decision
- 8.10 Responding to the Appeal Decision ICCO

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CONTROVERSION AND CHALLENGE

Exhibits

- 8.3a Sample Letter: Challenge of Entire Claim
- 8.3b Sample Letter: Challenge of Entire Claim
- 8.3c Sample Letter: Challenge of Entire Claim
- 8.3d Sample Letter: Controversion of Entire Continuation of Pay Period — Termination of Pay
- 8.3e Sample Letter: Controversion of Partial Continuation of Pay Period — Continuation of Pay Not Terminated
- 8.5 Sample Letter: Employee's Notice of Controverted or Challenged Claim
- 8.6 Sample Letter: Employee's Notice of Claim Denial

8. Controversion and Challenge

Overview

This chapter addresses situations in which the USPS identifies information in the course of processing a claim that leads it to question the validity of the injury or resulting disability. If, after a thorough review and investigation, this information leads to allegations that are supported by specific factual evidence, and such evidence is relevant to the basic claim requirements, the USPS is obligated to dispute either the entire claim or any element of it by one or both of the following:

- Controversion, i.e., disputing the entitlement of COP for a traumatic injury.
- Challenge, i.e., disputing any aspect of a claim except COP entitlement or disputing the entire claim for either a traumatic injury, occupational disease or illness, or survivor benefits.

The five basic conditions that must be met for a claim to be compensable under FECA are also discussed. The following issues must be considered:

- The claim must be filed within the statutory time limits.
- The injured employee or decedent must be or have been an employee of the USPS at the time of injury or exposure, regardless of the length of time on the job or the type of position held (including casual and transitional).
- The employee or decedent must have sustained an injury as defined in FECA.
- The injury, illness, or death must have resulted from an incident or circumstance occurring while the employee was performing official duties.
- The injury, disability, or death must have been caused by conditions of employment.

The responsibility for satisfying these five conditions rests with the claimant. Once the claimant has made a prima facie case (at first appearance, before investigation), OWCP has the responsibility of making a decision on the basis of evidence presented, or notifying the claimant of what additional information is needed. If the claim has already been accepted and benefits are being paid, OWCP must prove that payments should not continue. (20 CFR 10.110.)

Because the claimant needs only to present a prima facie case, the task of further developing the case rests with OWCP. The mere fact that an employee fails to respond to an OWCP request for further information is not, in itself, cause for denial. Depending on the particular circumstances involved, OWCP claims examiner takes additional measures, including writing directly to physicians and witnesses, scheduling medical examinations, making conference calls, etc. It is essential that the circumstances surrounding a claim be investigated as soon as possible so that the ICCO's position may be presented in an accurate, professional, and timely manner.

Procedures

Basis for Controversion or Challenge

When the USPS decides there is reason to controvert or challenge a claim...

8.1 Establishing a Basis for Controversion or Challenge — ICCO

Obligation: Recognizing the Basis for Controversion or Challenge

It is the responsibility of the ICCO to controvert or challenge a claim if any of the basic requirements or conditions are not met. A case will not be considered compensable by OWCP if it fails to meet any of the five basic requirements or considerations.

- ☐ When reviewing a claim for possible controversion or challenge, determine if the five basic conditions (see Exhibit 4.6, Conditions for Compensation of Claims) have been met:
 - The claim must first satisfy the statutory time requirements of FECA.
 - The injured or deceased individual must be an “employee” within the meaning of the law.
 - The employee must in fact have sustained an injury or disease.
 - The employee must have been in the performance of duty when the injury or illness was sustained.
 - There must be a causal relationship between the condition claimed and the injury or disease sustained.

8.2 Determining If the Entire Claim, or a Portion Thereof, Should Be Controverted or Challenged — ICCO

- Determine if the entire claim, or a portion thereof, should be controverted or challenged:
 - Challenge the entire claim, controverting COP if necessary, when there is reason to believe that the employee is not entitled to any of the benefits he or she is claiming. (ELM 545.51 and ELM 545.52)
 - *Example:* A claim filed as a traumatic injury is clearly one which is better classified as an occupational disease or illness. In this case, challenge the entire CA-1. Advise the employee to file a CA-2, *Notice of Occupational Disease and Claim for Compensation*.
 - Challenge any portion of a claim, controverting COP if necessary (see Exhibit 4.16, Conditions for Continuation of Pay), when there is evidence that the employee is not entitled to specific benefits under FECA.
 - Example:** Medical evidence supports 2 days of disability but the employee takes 4 days. Controvert the last 2 days of COP and withhold COP the last 2 days. (20 CFR 10.204(a)(2))
 - Example:** An employee is on OWCP's periodic rolls. After 2 years of collecting compensation, medical evidence indicates that the disability is no longer related to employment factors. Challenge the continued compensation payments.

SEE Exhibit 4.16, Conditions for Continuation of Pay.

Temporary USPS Assignments and COP

When casual employees or other employees with specific terms of employment are injured, COP is provided only through the end of their appointments (see Chapter 13, Timekeeping and Accounting).

Examples:

- If a casual employee is hired for 89 days and is injured on the 84th day, COP is paid only through the 89th day. However, if disability continues beyond the 89th day, CA-7 is initiated 5 working days before the termination of the COP.
 - If an employee is hired for an appointment not to exceed 89 days and on the 40th day into the appointment the appointment is changed to 60 days because of lack of work, and then an injury occurs on the 44th day of the appointment, COP is paid through the 60th day.
-

- ◇ *In other questionable cases not described above, contact the designated area HR analyst for guidance in determining whether to withhold or terminate COP.*

Controversion or Challenge

When controverting or challenging a claim...

8.3 Preparing the Controversion and Challenge Package — ICCO

Obligation: Preparing the Controversion and Challenge Package

The controversion and challenge package must be thoroughly documented and tailored to the facts of each case. If a written explanation of the dispute is not submitted by the USPS, OWCP may accept the employee's report of injury as factual.

Importance of the Claim Package

The importance of a carefully prepared and well-documented claim package cannot be overemphasized.

- ☐ If the claim form has not already been submitted, review it carefully for completeness and accuracy in preparation for submittal. If CA-1 is used, clearly mark item 35 and provide an explanation for the controversion provided.

Do not delay submitting the claim pending collection of data to support a controversion or challenge.
- ◇ *Early and proper identification of controverted or challenged claims is essential to permit OWCP to give these claims priority in processing, and to avoid the possibility of substantial or erroneous payment of COP or compensation benefits.*

SEE Chapter 4, Claims Management.
- ☐ Prepare exhibits that contain the factual information necessary to support the controversion or challenge action. Arrange the exhibits in chronological sequence. Use the following examples as exhibit possibilities:
 - Witness statements, both positive and negative. You may need to include those statements from witnesses, who, although working in the immediate vicinity of the alleged accident, had no knowledge of it.
 - Supervisor's statement.
 - Medical evidence.
 - Diagrams and maps.
 - Photographs.
 - Time and attendance records.
 - Other documents obtained by investigation.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CONTROVERSION AND CHALLENGE

- Investigative memorandum, i.e., results of the investigation conducted by the Inspection Service.
 - Results of environmental studies conducted by safety personnel.
 - ☐ Prepare a cover letter, the most important part of the package. Keep the letter brief and construct it to include the following elements:
 - An introduction that contains the following information:
 - Claimant identification.
 - Nature of the claim.
 - A statement that the claim, or portion of the claim, is being controverted or challenged.
 - Presentation of evidence including the following:
 - Documented evidence, attached as exhibits.
 - Factual information for which supporting documentation may not be available (e.g., knowledge of outside employment). Do not use hearsay information. All evidence must be from credible sources, be complete, and be clear. Use HRIS call-up to track receipt of requested information.
 - A simple summary in the last paragraph referring to the FECA statute and containing statements of the following:
 - What is being controverted and why.
 - What is being included as supporting references and attachments.
 - What action is being requested.
- SEE Exhibit 8.3a, Sample Letter: Challenge of Entire Claim
Disputed Requirement: Postal Employee.
Exhibit 8.3b, Sample Letter: Challenge of Entire Claim
Disputed Requirement: Fact of Injury.
Exhibit 8.3c, Sample Letter: Challenge of Entire Claim
Disputed Requirement: Performance of Duty.
Exhibit 8.3d, Sample Letter: Controversion of Entire COP Period — COP
Withheld Disputed Requirement: Time.
Exhibit 8.3e, Sample Letter: Controversion of Partial COP
Period — COP Not Terminated
Disputed Requirement: Causal Relationship.

Further References to Use in the Cover Letter

In addition to acquired evidence, the following may be used to further support the ICCO position:

- Reference to precedent-setting ECAB decisions.
- It is essential, however, to ensure that the ECAB decision is relevant to the case. Caution must be used when comparing a seemingly similar situation. The surrounding circumstances must be considered when determining the applicability of an ECAB decision. ECAB decisions are to be referenced by

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CONTROVERSION AND CHALLENGE

name and number, i.e., John Smith, 10 ECAB 921. There is no need to attach a copy.

- Review of content and criteria set forth in applicable *FECA PM*.
 - This review can be extremely helpful. Not only does this assist in familiarizing ICCO personnel with FECA terminology, but it provides insight into the rationale used by OWCP when adjudicating the claim.
-

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CONTROVERSION AND CHALLENGE

8.4 Submitting the Controversion or Challenge Package to OWCP — ICCO

- ☐ Submit the package as soon as possible, updating HRIS and filing a copy of the package in the case file.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CONTROVERSION AND CHALLENGE

8.5 Notifying the Employee of Controversion or Challenge — *ICCO*

- ☐ Notify the employee, in writing, that his or her claim is being controverted or challenged (see Exhibit 8.5, Sample Letter: Employee's Notice of Controverted or Challenged Claim).

Disposition by OWCP

When OWCP renders a decision...

8.6 Responding to OWCP's Formal Decision — ICCO

Obligation: Noting OWCP's Pretermination Notice

When evidence of record shows that compensation benefits should be terminated or reduced, the claimant will, in most cases, be issued a written notice of the proposed action and be given the opportunity to submit relevant evidence or argument. A pretermination notice will be provided in virtually all cases where the proposed action is based upon medical or other evidence obtained by OWCP. Such notice is also required in all cases where full periodic payments may be terminated, including cases on the short-term roll, except when termination is based on the following:

- Death of the claimant.
 - Return to work.
 - Suspension or forfeiture of compensation.
-

Notice of proposed reduction or termination of compensation benefits does not constitute a formal decision. Therefore, no USPS action may be initiated based on this notice. (See FECA PM 2-1400 for further information.)

OWCP's Formal Decision

OWCP's decision will be issued as either a compensation order or letter of denial with a copy to the USPS.

- ☐ When the controversion or challenge is upheld, (i.e., compensation benefits are denied), do the following:
 - Initiate the following administrative action:
 - Send the Employee's Notice of Claim Denial (see Exhibit 8.6) to the employee initiating claim recovery of benefits.
 - If medically appropriate, direct the employee back to work.
 - Ensure that the employee has received his or her appeal rights in the letter from OWCP and monitor any appeal activity.
 - Update HRIS and use HRIS call-up to track follow-up actions.
- ☐ When controversion or challenge is denied by OWCP, i.e., entitlement to compensation benefits is upheld, expect notification by OWCP explaining the rationale for denying the challenge and upholding the claim.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CONTROVERSION AND CHALLENGE

- ☐ If the ICCO disagrees with OWCP's decision and such disagreement is based on valid reasons, discuss the case by telephone with the area HR analyst. If the area HR analyst agrees, forward the case to the area HR analyst's office for resubmission to OWCP.

Appeals

When an employee wishes to appeal OWCP's decision...

Obligation: Recognizing OWCP Final Authority

The final authority in OWCP in the determination of a claim is vested in the director. The decision contains findings of fact and a statement of reasons. A copy of the decision, together with information as to the right to a hearing, to a reconsideration, and to an appeal to the Employees' Compensation Appeals Board, will be mailed to the claimant's last known address. A copy will also be sent to the USPS.

8.7 Ensuring That the Employee Is Informed of His or Her Rights and Obligations — ICCO

- ☐ When reviewing compensation orders or letters of denial, ensure that the employee receives the pertinent appeal rights from OWCP according to the circumstances of the case and advise him or her of the leave options available (see Exhibit 8.6). The USPS has no appeal rights under FECA.

Employee's Appeal Rights and Scheduling a Hearing

Reconsideration. In order to support a request for reconsideration, new evidence or argument for error in fact or law must be submitted within 1 year from date of issuance of OWCP district office decision. This time requirement applies only to decisions rendered on or after June 1, 1987. There is no time limitation for decisions made before this date.

Any request not accompanied by such new evidence will be denied as insufficient prima facie evidence.

Applications for reconsiderations are processed at OWCP district office as outlined in FECA PM 2-1602.

Before reaching a decision, OWCP will provide the USPS with copies of any pertinent new evidence submitted by the claimant and will be allowed 15 days for review and comment. However, new medical evidence will not be provided since it is not considered pertinent for review and comment by the employing agency. OWCP has sole responsibility for evaluating medical evidence.

Hearing. An employee may request a hearing in any case where the injury or death occurred after July 4, 1986. The hearing must be requested before any reconsideration is undertaken. New evidence may be submitted in connection with a hearing, but it is not required. (Section 5 U.S.C. 8124)

In place of an oral hearing, a claimant may request a review of the written record. Such a review would not involve attendance by the claimant. As with the oral hearing, the claimant may submit any evidence or argument deemed relevant.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CONTROVERSION AND CHALLENGE

As with the reconsideration process, the USPS will be provided with copies of pertinent documentation submitted by the employee and allowed 15 days for review and comment.

Applications for hearings and reviews should be mailed within 30 days of issuance of OWCP district office's decision. They are processed by the Branch of Hearings and Review, OWCP National Office, as outlined in FECA PM 2-1601.

Review by ECAB. ECAB will not consider new evidence; therefore, any appeal to this body will proceed on the basis of the record as it stands at the time OWCP decision was made.

Requests for appeal should be filed within 90 days from the date of OWCP district office decision for employees in the U.S. or Canada (180 days for employees residing outside the U.S. or Canada); however, ECAB may extend the period for filing up to 1 year if good cause is shown for the delay.

ECAB is a separate entity from OWCP within DOL. ECAB processes review applications as outlined in *FECA PM 2-1603*.

Scheduling a Hearing

OWCP hearing representative will mail a notice to the employee or the employee's representative, and to the USPS, specifying the date, time, and place for the hearing at least 15 days before the scheduled hearing date. With the exception of unusual circumstances, hearings will be scheduled within 100 miles of the claimant's home. (The USPS will receive a separate notice advising of its right to have a representative attend the hearing and obtain a copy of the hearing transcript.)

The employee may withdraw the request for a hearing at any time before the hearing by written notice, or on the record at the hearing itself. The request for postponement must be in writing, must be received by the Branch of Hearings and Review at least 3 days before the date of the scheduled hearing, and must show good cause for postponement.

If the employee fails to appear at a scheduled hearing, he or she may request that another hearing be scheduled, but must do so within 10 days after the date set for the hearing.

8.8 Reviewing the Case and Making the Appropriate Arrangements — senior IC specialist

- ☐ When notice of a hearing is received, review the case to determine whether attendance at the hearing is necessary.
- ◇ *The USPS need not send a representative in every case but should send a representative to those hearings that involve fact of injury, performance of duty, or special interest.*
- ☐ Complete OWCP hearing notice that asks if the USPS will send a representative to the hearing and if the USPS wishes to receive a copy of the hearing transcript.
- ◇ *Always request a copy of the transcript. You may also need to request a copy, in writing, at the hearing.*
- ☐ Select a USPS representative to attend the hearing, e.g., the senior IC specialist, the HR specialist handling the case, a USPS attorney, etc. Make the necessary arrangements and inform the representative that he or she is to attend the hearing as an observer without the right to question or participate in any manner unless the claimant or the hearing representative specifically requests information from the USPS.
- ☐ Ensure that the USPS representative reviews and is thoroughly familiar with, the claimant's OWCP case and related grievances, i.e., EEO complaints and Merit Systems Protection Board actions.
- ☐ Confirm the day before the scheduled hearing and by telephone that the hearing is still planned.

8.9 Disputing the Transcript Findings — ICCO

- ☐ When the hearing transcript is received, thoroughly review all the facts presented in the transcript, make written notations where conflicts exist, and compile any additional documentation that would substantiate the USPS position.
- ☐ Prepare a letter to OWCP hearing representative citing the areas in dispute with supporting documentation attached. List the disputed areas in sequence as they appear in the transcript and identify them by page number and paragraph. Submit this letter to OWCP hearing representative within 15 days following the release of the transcript.

If a written explanation of the dispute is not submitted, OWCP may accept the employee's report of injury as factual.

- ☐ Send a copy of the response to the claimant or the claimant's authorized representative.

- ◇ *If cases involve complex issues that warrant legal analysis or further interpretation of FECA or USPS policies, refer to the chief field counsel and the designated area HR analyst for assistance and guidance.*

The Final Decision

If the OWCP hearing representative who is evaluating the evidence and testimony, needs additional case development, he or she will remand the case back to the OWCP district office.

When all evidence and testimony are evaluated, OWCP hearing representative will issue a decision that affirms, reverses, remands, or modifies OWCP district office's decision.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CONTROVERSION AND CHALLENGE

8.10 Responding to the Appeal Decision — ICCO

- ☐ If the decision is adverse to the claimant, advise the employee of his or her appeal rights again.
- ☐ If a new OWCP decision is received, take the same steps described in 8.6, Responding to OWCP's Formal Decision.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CONTROVERSION AND CHALLENGE

Exhibit 8.3a

Sample Letter: Challenge of Entire Claim

Variant for Disputed Requirement: Postal Employee

[U.S. Postal Service Letterhead]

____[date]____

____[name of claims examiner at Office of Workers' Compensation Programs]

____[street address]____

____[city, state, ZIP Code]____

Name: _____

SSN: _____

File No: ____[OWCP case number]_____

Dear ____[name]____:

This is in reference to ____[name]____ who was injured on ____[date]____ when he/she was involved in a motor vehicle accident. ____[name]____ filed a CA-1 on ____[date]____ (Attachment 1). Since ____[name]____ is not an employee of the U.S. Postal Service, his/her entitlement to Federal Employees' Compensation Act (FECA) benefits is being challenged. Please be aware that continuation of pay has been withheld.

[Describe the circumstances, e.g.:

The U.S. Postal Service has a contract with Highway Services Trucking, Inc. to transport mail (Exhibit A — Copy of Contract). Mr. Stayman is employed by Highway Services Trucking, Inc. as a driver. Mr. Stayman is not on the U.S. Postal Service payroll nor does the U.S. Postal Service have any direct supervisory authority over him.]

In view of the above, it is requested that ____[name]____'s claim for benefits be denied since ____[he/she]____ is not a Postal Service employee under the purview of FECA.

Your attention to this matter is appreciated.

Sincerely,

____[signature]____

____[name]____

Senior Injury Compensation Specialist

Attachments: [List all documents in the claim package.]

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CONTROVERSION AND CHALLENGE

Exhibit 8.3b

Sample Letter: Challenge of Entire Claim

Variant for Disputed Requirement: Fact of Injury

[U.S. Postal Service Letterhead]

____[date]____

____[name of claims examiner at Office of Workers' Compensation Programs]

____[street address]____

____[city, state, ZIP Code]____

Name: _____

SSN: _____

File No: ____[OWCP case number]_____

Dear ____[name]____:

This letter is in reference to our employee, ____[name]____, ____[title]____, who filed a CA-2, *Notice of Occupational Disease and Claim for Compensation*, for stress on ____[date]____. The initial claim package was forwarded to your office on March 8, 1995. Based on an investigation into the circumstances surrounding this claim, we are challenging ____[name]____'s entitlement to Federal Employees' Compensation Act (FECA) benefits.

[Describe the circumstances, e.g.:

On January 22, 1995, Ms. Ruby filed an Equal Employment Opportunity (EEO) complaint alleging she was being harassed by her supervisor. She cited the manner in which he spoke and assigned work to her as the source of the harassment. This allegation was investigated via the EEO process and a decision was rendered on February 28, 1995. The decision concluded that the preponderance of evidence failed to support a finding of harassment (Attachment 1 — Statement from senior EEO management representative at local office.)

On March 2, 1995, Ms. Ruby was seen by her treating physician, Dr. Samuel S. Stone. Ms. Ruby provided Dr. Stone with the same history of harassment as mentioned above. However, she failed to mention to Dr. Stone that the allegation of harassment was found to be unsupported upon investigation. Dr. Stone diagnosed Ms. Ruby with stress-related disability because of harassment in the workplace (Attachment 2 — copy of Dr. Stone's report). Ms. Ruby provided an inaccurate history regarding her allegation. She implied to both her treating physician and your office that the harassment was a matter of fact. However, the evidence of record failed to support this finding.]

In view of the above, it is our contention that ____[name]____ has not established fact of injury and ____[his/her]____ entire claim should, therefore, be denied.

(continued)

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CONTROVERSION AND CHALLENGE

Page 2

Your favorable consideration of this request is appreciated.

Sincerely,

____[signature]____

____[name]____

Senior Injury Compensation Specialist

Attachments: [List all documents in the claim package.]

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CONTROVERSION AND CHALLENGE

Exhibit 8.3c

Sample Letter: Challenge of Entire Claim

Variant for Disputed Requirement: Performance of Duty

[U.S. Postal Service Letterhead]

____[date]____

____[name of claims examiner at Office of Workers' Compensation Programs]

____[street address]____

____[city, state, ZIP Code]____

Name: _____

SSN: _____

File No: ____[OWCP case number]_____

Dear ____[name]____:

This is in reference to our employee, ____[name]____, ____[title]____, who alleges that he/she was injured on ____[date]____. Circumstances surrounding his alleged ____[injury type]____ provide grounds for challenging the entire claim.

[Describe the circumstances, e.g.:

On the date of the alleged injury, Mr. Doe was observed reporting for work with a noticeable limp in his right leg (Exhibit A — Statement from Supervisor). Upon returning from his route, Mr. Doe reported that he had tripped over a sprinkler head at 202 Deerfield Lane and injured his right leg. He requested medical treatment and was issued a CA-16 to see Dr. Fawn.

After our safety specialist investigated the premises at 202 Deerfield Lane, he discovered that there was no sprinkler system at that address (Exhibit B — Statement from Safety Specialist). Further investigation revealed that a fellow employee named Mr. Buck had seen Mr. Doe, an avid tennis player, playing tennis at the local park on March 5, 1995, the evening before the alleged injury (Exhibit C — Statement from Mr. Buck).]

Based on our investigation, it appears that ____[name]____ did not sustain ____[his/her]____ injury while in the performance of duty. We request, therefore, that ____[name]____'s entire claim be disallowed.

Your timely adjudication of this claim would be greatly appreciated.

Sincerely,

____[signature]____

____[name]____

Senior Injury Compensation Specialist

Attachments: [List all documents in the claim package.]

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CONTROVERSION AND CHALLENGE

Exhibit 8.3d

**Sample Letter: Controversion of Entire Continuation of Pay Period —
Termination of Pay**

Variant for Disputed Requirement: Time

[U.S. Postal Service Letterhead]

____[date]____

____[name of claims examiner at Office of Workers' Compensation Programs]

____[street address]____

____[city, state, ZIP Code]____

Name: _____

SSN: _____

File No: ____[OWCP case number]_____

Dear ____[name]____:

This is in reference to our employee, ____[name]____, ____[title]____, who sustained a work-related injury on ____[date]____.

Because of untimeliness, ____[name]____'s entitlement to continuation of pay (COP) is being controverted. Please be aware that pay has been terminated in this case.

[Describe the circumstances, e.g.:

As reflected on the attached CA-1, Mr. Dolphin sustained his injury on August 8, 1995.
However, the CA-1 was not filed until October 8, 1995.]

In view of the above, ____[name]____ has failed to meet the 30-day statutory reporting requirement. Therefore, it is requested that ____[name]____'s claim for COP be denied.

Thank you for your attention to this matter.

Sincerely,

____[signature]____

____[name]____

Senior Injury Compensation Specialist

Attachments: [List all documents contained in the claim package.]

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CONTROVERSION AND CHALLENGE

Exhibit 8.3e

**Sample Letter: Controversion of Partial Continuation of Pay Period —
Continuation of Pay Not Terminated**

Variant for Disputed Requirement: Causal Relationship

[U.S. Postal Service Letterhead]

____[date]____

____[name of claims examiner at Office of Workers' Compensation Programs]

____[street address]____

____[city, state, ZIP Code]____

Name: _____

SSN: _____

File number: ____[OWCP case number]_____

Dear ____[name]____:

This letter is in reference to our employee, ____[name], ____[title]____, who was injured on ____[date]____ when ____[describe injury]____. Because of a lack of supporting medical documentation, ____[name]____'s entitlement to ____[number]____ hours of continuation of pay (COP) is being controverted. As information, payment of COP was not terminated.

[Describe the circumstances, e.g.:

On April 1, 1995, Ms. Sunflower was seen by her treating physician, Dr. Rose, who diagnosed her as totally disabled for April 1 and April 2, 1995 (Attachment 1— CA-17). However, she did not return to work until April 5th. On April 3, Ms. Sunflower's supervisor, Mr. Tulip, placed a follow-up call to Dr. Rose's office. This call confirmed that Ms. Sunflower was, in fact, released to return to work on April 3 (Exhibit A — Statement from Supervisor). On the same date, Ms. Sunflower was advised by telephone, as well as by written confirmation, that medical evidence was required to support disability subsequent to April 2, 1995 (Exhibit B — Copy of Confirmation Letter to Employee). As of this date, no additional medical evidence has been received.]

In view of the above, ____[name]____ has not established that ____[his/her]____ absence on ____[date]____, was due to ____[his/her]____ work-related injury. It is, therefore, requested that COP be denied for ____[period]____.

Thank you for your review of this matter.

Sincerely,

____[signature]____

____[name]____

Senior Injury Compensation Specialist

Attachments: [List all documents in the claim package.]

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CONTROVERSION AND CHALLENGE

Exhibit 8.5

Sample Letter: Employee's Notice of Controverted or Challenged Claim
With Variant for Withholding or Termination of COP

Certified — Return Receipt Requested
[U.S. Postal Service Letterhead]

Date:

Our Ref:

Subject:

To: ___[name]___
 ___[street address]___
 ___[city, state, ZIP Code]___

Dear ___[name]___:

This is in reference to your injury claim filed on ___[date]___ for ___[nature of injury]___. Under the Federal Employees' Compensation Act, the U.S. Postal Service may formally express opposition to a claim whenever doubt exists as to entitlement to benefits. In regard to your claim, this office disputes your entitlement to ___[benefit(s) being controverted or challenged]___ for the following reason(s): ___[reason(s) for dispute]___.

All pertinent documents have been sent to the Office of Workers' Compensation Programs (OWCP). However, you can submit the medical reports and/or related bills directly to OWCP. If you choose to send information directly to OWCP, please furnish a copy of the medical report to the Injury Compensation Control Office (ICCO) to ensure that appropriate and timely actions are taken with regard to the claim. For your convenience, you may continue to submit this information to the ICCO for prompt handling and submission to OWCP. Upon adjudication, OWCP will issue a final decision in writing.

[If applicable, add a statement regarding the withholding or termination of COP. Also add:]

Please be aware that pay has been terminated pending OWCP's decision. In the interim, you may elect to use either sick or annual leave. If you do not have sufficient leave to cover your absence, you may request regular leave without pay (LWOP). Please advise your immediate supervisor of your election as soon as possible. If election is not made within 7 days from receipt of this letter, your period of disability related to this claim will be automatically charged to LWOP.

If you have any questions or wish to submit additional evidence, you may contact the ICCO at ___[telephone number]___.

Sincerely,

___[signature]___
___[name]___
___[title]___

cc: OWCP District Office
 Employee's Supervisor

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
CONTROVERSION AND CHALLENGE

Exhibit 8.6

Sample Letter: Employee's Notice of Claim Denial

Certified — Return Receipt Requested

[U.S. Postal Service Letterhead]

Date:

Our Ref:

Subject:

To: ___[name]___
 ___[street address]___
 ___[city, state, ZIP Code]___

Dear ___[name]___:

This letter is in reference to the compensation order dated ___[date]___ regarding your Office of Workers' Compensation Programs (OWCP) Claim No. ___[number]___ (copy attached). As indicated by the attached order, your claim for the cited Federal Employees' Compensation Act benefits has been disallowed by the U.S. Department of Labor, OWCP.

It is imperative that you contact your immediate supervisor to arrange for approval of Form 3971 to cover the period of absence involved. Any future absence(s) and/or related medical evidence from this disability should be submitted to your supervisor for approval.

You have the option to substitute sick or annual leave for the continuation of pay you received and/or for the leave without pay/injured on duty (LWOP-IOD) which was entered for you into the payroll system. Please advise your immediate supervisor of your choice of leave. If you do not have sufficient leave to cover your absence during this period of disability, you may request regular LWOP. If you do not make your election within 7 days from receipt of this letter, your absence for the period involved will be changed to LWOP. If you have any questions, please contact the Injury Compensation Control Office at ___[telephone number]___.

Sincerely,

___[signature]___
___[name]___
___[title]___

Attachment: OWCP Compensation Order

cc: Employee's Supervisor

9. Fraud and Abuse

Overview

Procedures

Fraud and Abuse

When fraud or abuse is suspected...

*Obligation: Recognizing the Penalty for Conviction of
Fraudulent Workers' Compensation Claim*

- 9.1 Determining if Fraud or Abuse Exists *supervisor*
- 9.2 Responding to a Possible Case of Fraud or Abuse *supervisor*
Obligation: Submitting Information to OWCP
- 9.3 Responding to Notification of Possible Fraud or Abuse *ICCO*
Inspection Service Reward Program
- 9.4 Monitoring Fraud and Abuse Cases *senior IC specialist*

Exhibits

- 9.3a Fraud and Abuse Referral Checklist
- 9.3b Sample Letter: Referral Memorandum

9. Fraud and Abuse

Overview

This chapter identifies the criteria needed to identify suspected fraud and abuse cases for further investigation by the Inspection Service and outlines procedures for referring cases to the Postal Inspection Service.

The investigation of IC cases involving possible fraud and abuse comes under the jurisdiction of the Inspection Service. The objective of the Inspection Service is to assist ICCO personnel in reducing compensation costs resulting from fraudulent claims and to gather information leading to the removal of dishonest employees from the USPS.

Although the terms *fraud* and *abuse* are related, they are not interchangeable.

Fraud is an intentional deceptive act, or series of acts, committed by an individual with the intent to cause the USPS or OWCP to grant benefits that would not normally be provided under FECA, for example, a faked injury or concealment of facts indicating that an injury occurred off duty.

Abuse is excessive, extravagant, or improper use of FECA in a manner contrary to its legal use in order to acquire additional benefits for personal gain, for example, prolonging the length of the recovery period needed for a job-related injury.

The key difference between fraud and abuse is intent. When employees apply for or receive FECA benefits to which they are not entitled, they are abusing FECA. This abuse may occur because the employees are ignorant of the law and its provisions or because they genuinely feel that they are entitled to those benefits. When employees deliberately apply for FECA benefits that they know they are not entitled to, they are committing fraud. Abuse is not always fraud, but fraud is always abuse.

Since the inception of Inspection Service investigations into FECA fraud and abuse, several distinct types of fraud and abuse have been identified. Some of the types identified are the following:

- Concealing, with intent to defraud, prior injuries or physical impairment when hired.
- Reporting an on-the-job injury when the injury occurred off the job.
- Fabricating an injury or falsifying the extent or seriousness of the real injury.
- Engaging in and concealing outside employment while receiving compensation payments.
- Regularly engaging in activities that are inconsistent with the alleged injury or medical restrictions.
- Failing to return to work after recovering from an injury.
- Continuing to accept compensation when no longer disabled, or no longer an employee of the USPS, or without making any effort to return to work.

Procedures

Fraud and Abuse

When fraud or abuse is suspected...

Obligation: Recognizing the Penalty for Conviction of Fraudulent Workers' Compensation Claim

An individual convicted of a violation of 18 U.S.C. 1920, as amended, or of any other fraud related to the application for or receipt of benefits under Subchapter I or III of Chapter 81 of Title 5, forfeits, as of the date of the conviction, all entitlement to any prospective benefits provided by Subchapter I or III for any injury occurring on or before the date of conviction. Such a forfeiture of benefits is in addition to any action the Secretary may take under section 8106 or 8129 of title 5, United States Code.

If an individual has one or more dependents as defined under section 8110(a), the Secretary of Labor may, during the period of incarceration, pay to such dependents a percentage of the benefits that would have been payable to such individual computed according to the percentages set forth in section 8133(a)(1) through (5).

9.1 Determining If Fraud or Abuse Exists — supervisor

- ☐ To determine whether fraud or abuse may exist, consider the following warning signals:
 - There are no witnesses to the accident (if there were witnesses, consider their reliability), and the circumstances surrounding the injury are suspect.
 - The injury cannot have logically happened as described.
 - The employee sustains a minor accident which resulted in a disabling soft tissue injury with an inconsistent length of disability.
 - The injury is not reported on the day of occurrence.
 - The employee has a history of leave abuse or has previously filed questionable claims.
 - The injury is reported when disciplinary action is pending or leave of any type is denied.
 - The injury occurs shortly before an employee's defined termination date.
 - The employee is known to have recently engaged in outside activities (sports or other work) that could cause similar injury inconsistent with the employee's medical restrictions.
 - The employee has a confrontation with his or her supervisor before the accident.
 - The treating physician handles multiple claims and always indicates disability.

9.2 Responding to a Possible Case of Fraud or Abuse — *supervisor*

Obligation: Submitting Information to OWCP

The USPS has the responsibility to submit to OWCP, at any time, all relevant and probative factual and medical evidence in its possession or evidence that it may acquire through investigation or other means.

- ☐ When it appears that fraud or abuse has occurred, do the following:
- Immediately notify the ICCO.
 - Document all pertinent information.
 - Forward all documentation to the ICCO.

9.3 Responding to Notification of Possible Fraud or Abuse — ICCO

- ☐ Using the Fraud and Abuse Referral Checklist (see Exhibit 9.3a) as a guide, determine if the case should be forwarded to the Inspection Service as follows:
 - If one or more of the items in Section A are checked, refer the case to the Inspection Service.
 - If one or more of the items in Section B are checked, *consider* referring the case to the Inspection Service; however, evaluate each case on an individual basis. Refer a case only when there is strong probable cause to believe fraud or abuse is present.
- ☐ If appropriate, refer the case to the Inspection Service. Prepare a referral memorandum to be signed by the senior IC specialist and include all pertinent documentation (see Exhibit 9.3b, Sample Letter: Referral Memorandum).
- ☐ In instances where evidence is likely to be moved or destroyed, or where emergency attention is indicated, immediately contact the Inspection Service by telephone or in person. Follow up the contact, in writing, as indicated above.
- ☐ Forward the initial claims package to OWCP within the established time frame, regardless of whether the case is referred to the Inspection Service.
- ☐ Do not include the referral when submitting the claim package because at this stage it has not yet been determined if an investigation by the Inspection Service is warranted.
- ☐ *Referral methods may vary according to local agreements between the ICCO and Inspection Service units.*
- ☐ Enter the referral information into a tracking system.
- ☐ Maintain contact with Inspection Service personnel. They will determine if the case is accepted for investigation (jacketed) or declined.
 - If the case is jacketed, the Inspection Service will conduct an investigation.
 - If a preliminary review indicates that an additional investigation would be unproductive, the Inspection Service will return the file to the ICCO with an explanation.
- ☐ Prepare a controversion or challenge package if the Inspection Service's investigation supports the existence of fraud or abuse.
- ☐ Upon completion of the investigation, the Inspection Service will issue an investigative memorandum to the installation head and a copy to the ICCO containing information that will assist the ICCO in deciding the course of action to be taken.

SEE Chapter 8, Controversion and Challenge.

Inspection Service Reward Program

In accordance with 39 CFR 233, the Inspection Service pays rewards for information leading to the detection of persons or firms who obtain or seek to obtain money, property, or services from the USPS through any fraudulent activity, including the use of false or fraudulent claims or statements, or who successfully reduce or seek to reduce the amount of money owed to the USPS through fraud.

Rewards are payable only from the proceeds recovered through criminal, civil, or administrative action. The amount paid is determined at the discretion of the Chief Postal Inspector, but will not exceed one-half of the amount recovered. Private citizens and postal employees, except postal inspectors and Law Department employees, are eligible to receive rewards. However, these individuals must initiate action for payment of a reward because it is unlawful for any government employee to solicit or suggest the filing of a claim against the government. See Exhibit 9.3a, Fraud and Abuse Referral Checklist, and Form 557, *Application for Reward*, in Appendix D, Forms.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FRAUD AND ABUSE

9.4 Monitoring Fraud and Abuse Cases — *senior IC specialist*

- ☐ At quarterly intervals, review the status of all referrals with the postal inspector assigned to handle local IC matters. Use HRIS call-up dates to schedule review dates and the HRIS-generated pending referrals report to assist in the actual review.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FRAUD AND ABUSE

Exhibit 9.3a

Fraud and Abuse Referral Checklist

Employee's Name: _____ DOI: _____

SSN: _____ Nature of Injury: _____

OWCP Claim No.: _____

Questionable Circumstance

Section A

1. Evidence of falsification or alteration of forms (attach a copy of the form).	
2. Concealment of prior injuries or physical impairments at the time of hiring (attach a copy of the supporting documentation and statements).	
3. Incriminating witness statement or admission by claimant (attach a copy of the statement).	
4. Physical activity inconsistent with the nature of the claimed injury (attach a copy of the information received). Note: It may not be inconsistent for a mail handler with a 70-pound lifting requirement to be seen grocery shopping, for example, or carrying a small child.	
5. Concealed employment while collecting continuation of pay or Office of Workers' Compensation Programs compensation (attach a copy of the information received).	
6. Evidence of collusion with a physician (attach name, address, and telephone number of the physician, and the basis for allegation).	

Section B

7. The employee has a history of leave abuse or questionable prior injuries (attach PS 3972 or a list of prior injuries including date of injury, claim number, and nature of injury).	
8. The injury was reported in the first pay period of employment. Date the employee began duty: _____	
9. The injury was reported when disciplinary action was pending or leave of any type had been denied (attach a summary of the circumstances surrounding the case).	
10. A temporary employee claimed the injury occurred at the end of the employment period.	

(continued)

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FRAUD AND ABUSE

11. There were no witnesses to the injury, and the circumstances surrounding the injury are suspect. Specify where the injury occurred: _____	
12. The accident was very minor and resulted in a disabling soft tissue injury with an inconsistent length of disability. _____	

Other pertinent data:

Signature of Person Completing Checklist

Date Completed

Printed Name and Title

Phone Number

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FRAUD AND ABUSE

Exhibit 9.3b

Sample Letter: Referral Memorandum

[U.S. Postal Service Letterhead]

____[date]____
____[name]____, Inspector in Charge
____[street address]____
____[city, state, ZIP Code]____

SUBJECT: Federal Employees' Compensation Act (FECA) Claim Referral — Possible Fraud
and/or Abuse

Name: _____

SSN: _____

File No: ____[OWCP case number]_____

Dear ____[name]____:

This is in reference to the FECA Claim filed ____[name]____, ____[SSN]____, ____[employing office]____.

It is requested that consideration be given to investigating this claim for possible fraud and/or abuse. Attached is a copy of the claim, the Fraud and Abuse Referral Checklist, and all pertinent documentation. As indicated by the attached, the basis for this request is ____[basis of request]____.

Thank you for your attention regarding this matter. Please advise this office of your decision.

Sincerely,

____[signature]____
____[name]____
Senior Injury Compensation Specialist

Attachments: Copy of Claim
Fraud and Abuse Checklist

10. Third Party Liability

Overview

Procedures

Potential Third Party Case

When a third party is involved in a job-related injury or illness...

- | | | |
|------|---|------|
| 10.1 | Recognizing a Potential Third Party Case | ICCO |
| | <i>Common Circumstances for a Third Party Claim</i> | |
| 10.2 | Investigating the Potential Third Party Case | ICCO |
| 10.3 | Notifying the Employee and the Third Party of a Potential Third Party Claim . . . | ICCO |
| 10.4 | Determining Whether DOL or the USPS Has Authority to Pursue Recovery of Damages | ICCO |
| | <i>Obligation: Noting Responsibility for Pursuing the Claim</i> | |

DOL Authority

When DOL has authority to pursue recovery of damages...

- | | | |
|------|---|------|
| 10.5 | Notifying OWCP of a Potential Third Party Claim | ICCO |
| 10.6 | Monitoring the Case | ICCO |

USPS Authority

When the USPS has authority to pursue recovery of damages...

- | | | |
|------|---|------|
| 10.7 | Keeping DOL Updated | ICCO |
| 10.8 | Determining Whether the Employee Intends to Pursue Third Party Action | ICCO |

USPS Pursuit of Recovery

When the employee wants to assign the claim to the USPS for recovery...

- | | | |
|-------|---|------|
| 10.9 | Deciding Whether to Accept Assignment | ICCO |
| | <i>Obligation: Assuming Authority to Accept Assignment and Sign Release</i> | |
| | <i>Factors in Deciding Whether to Accept Assignment</i> | |
| 10.10 | Pursuing Recovery of Damages | ICCO |
| | <i>Obligation: Recovering Damages When the Case Is Assigned to the USPS</i> | |

Employee Pursuit of Recovery

When the employee pursues third party action not represented by an attorney...

- | | | |
|-------|---|------|
| 10.11 | Notifying the Employee of the Government's Lien and Monitoring the Case . . . | ICCO |
|-------|---|------|

Attorney Pursuit of Recovery

When the employee pursues third party action represented by an attorney...

- 10.12 Notifying the Attorney of the Government's Lien and Monitoring the Case *ICCO*
Obligation: Recovering Damages that the USPS Is Entitled to Recover From Proceeds Paid to the Employee

Employee Indecision or Failure

When the employee does not pursue third party action or is unsuccessful in the recovery attempt...

- 10.13 Deciding Whether to Seek Assignment *ICCO*
10.14 Seeking Assignment of the Case to the USPS *ICCO*

Settlement

When settlement has been made...

- 10.15 Disbursing Settlement Funds *ICCO*

Records

When records are requested...

Court Compensation

When employees must be compensated for court appearances...

Exhibits

- 10.3a Sample Letter: Notice to the Injured Employee of Potential Third Party Claim and Office of Workers' Compensation Programs Procedures
10.3b Sample Letter: Second Request for Form 2562, Notice of Potential Third Party Claim
10.3c Sample Letter: Notice to the Third Party of the Injury
10.5 Sample Letter: Notice to Office of Workers' Compensation Programs of Third Party Involvement
10.9a Sample Letter: Notice to the Employee of the U.S. Postal Service Decision Not to Accept Assignment and Information on Employee Options
10.9b Sample Letter: Notice to the Employee of the Postal Service Decision to Accept Assignment
10.10a Sample Letter: Notice to the Third Party of Assignment of the Postal Employee's Claim and Request for Settlement Discussion
10.10b Sample Letter: Request to the Third Party for Settlement
10.10c Claim Negotiation
10.11a Sample Letter: Notice to the Employee of the Government's Lien
10.11b Sample Letter: Notice to the Third Party and/or Insurer of the Government's Lien

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THIRD PARTY LIABILITY

- 10.11c Sample Letter: Notice to the Employee of the Government's Lien and Request for Further Information
- 10.12a Sample Letter: Notice to the Attorney of the Government's Lien
- 10.12b Sample Letter: Request for Status and Transmission of Further Information
- 10.14 Sample Letter: Request for Information From the Employee and Notice to the Employee of the Government's Lien
- 10.15 Sample Letter: Memo to the U.S. Postal Service Disbursement Office Advising of Disbursement to Be Made

10. Third Party Liability

Overview

When a third party a person or organization other than the USPS or another U.S. agency is responsible for a job-related injury or illness for which an employee receives benefits under FECA, either DOL or the USPS may want to attempt to recover damages from the third party or the insurer.

Damages in this case means (1) what DOL is entitled to for wage compensation and medical and related benefits paid out and (2) what the employee is entitled to for pain, suffering, damage to property, and out-of-pocket expenses not covered by FECA benefits. Although USPS COP is not recoverable, the USPS gains from the recovery of DOL funds because the USPS liability to DOL is reduced by the amount recovered.

To serve the interests of the USPS, ICCO personnel need to do these things:

1. Identify potential third party cases and provide the initial investigation and documentation.
2. Assess the feasibility of attempting to recover damages by considering whether the third party is clearly at fault, how rapid recovery might be, and whether the payoff would be large enough to warrant the considerable effort involved.
3. If DOL has authority to pursue recovery (in cases of job-related illness and some job-related injury), identify the case for DOL, supply necessary documentation, request DOL to pursue the claim, and then monitor the case.
4. If the USPS has authority to pursue recovery, find out whether the employee will attempt to do this on his or her own behalf, with or without the aid of an attorney, or whether the employee will assign this task to the USPS. You will not want to accept assignment, of course, if you have determined that pursuit is not feasible. If it is feasible, continue this pursuit under the guidance of the area HR IC analyst.
5. Once a settlement is reached, make sure that settlement funds are disbursed properly between the employee and DOL.
6. Once the settlement funds are disbursed, make sure that OWCP credits the appropriate payment amount to the USPS.

Procedures

Potential Third Party Case

When a third party is involved in a job-related injury or illness...

10.1 Recognizing a Potential Third Party Case — ICCO

- ☐ Review CA-1 especially item 29 and the description of the accident in the case of traumatic injury, CA-2 in the case of occupational illness, or CA-5 or 5b in the case of death to determine if a third party is involved and whether that third party could be responsible for the injury, illness, or death and thus liable for the damages.

Common Circumstances for a Third Party Claim

Although a third party recovery case can arise from many circumstances in which a third party's act or failure to act results in the injury or death of an employee, the most common circumstances include, but are not limited to, these:

- Automobile accidents.
 - Animal attacks.
 - Tripping, slipping, and falling on sidewalks, steps, and other portions of nonfederal property.
 - Defective machinery, automobiles, and equipment.
 - Physical attacks and other assaults.
 - Defects in leased postal premises.
-

10.2 Investigating the Potential Third Party Case — ICCO

- ☐ Coordinate an investigation of the incident resulting in injury or the circumstances of illness, doing the following:
 - Review Form 1769, *Accident Report*, and CA-1, CA-2, CA-5, or CA-5b to determine if they are adequate to provide needed information and determine third party liability.
 - If necessary and possible, obtain a detailed, written statement from:
 - The injured employee.
 - Any witness to the incident.
 - Any other person who may be acquainted with the facts or is identified as having pertinent information.
 - If necessary, obtain:
 - The name, address, and telephone number of the third party.
 - A detailed description of the place where the incident occurred and all the circumstances concerning the incident.
 - ☐ If any further investigation of the incident has been made by the local police, USPS vehicle services, USPS safety personnel, the Inspection Service, or any other organization, obtain a copy of the reports and the investigative file.
- SEE Handbook M-19, *Accident Investigation Tort Claims*, for information and procedures regarding investigative techniques and guides.

10.3 Notifying the Employee and the Third Party of a Potential Third Party Claim — ICCO

- ☐ When you have identified a potential third party case, provide the following to the injured employee and a copy to OWCP (updating HRIS):
 - Notice to the Injured Employee of Potential Third Party Claim and OWCP Procedures (see Exhibit 10.3a for sample letter).
 - Form 2562, *Injury Compensation Program — Notice of Potential Third Party Claim*.

Ask the employee to complete and return Form 2562 immediately.

- ☐ If you have not received the completed Form 2562 within 15 days, provide the injured employee (updating HRIS):
 - Second Request, *Notice of Potential Third Party* for Claim Form 2562 (see Exhibit 10.3b).

Follow up as necessary to secure the completed form.

- ☐ Immediately send to the potential third party (updating HRIS):
 - Notice to the Third Party of the Injury (see Exhibit 10.3c).

10.4 Determining Whether DOL or the USPS Has Authority to Pursue Recovery of Damages — ICCO

- ☐ Note whether DOL or the USPS is responsible for recovering damages.

Obligation: Noting Responsibility for Pursuing the Claim

FECA (5 U.S.C. 8131-2) provides that if an injury or death of an employee compensable under FECA is caused by a third party, DOL may require the employee receiving the benefits (or the beneficiary) to do one of the following:

1. Assign to the United States any right of action he or she may have (1) to force the third party to pay damages or (2) to share in money received in satisfaction of a liability claim.
2. Prosecute the action in his or her own name.

If the employee refuses to assign right of action to the United States or to prosecute an action in his or her own name when required to do so by the Secretary of Labor, he or she may be denied compensation by DOL.

An agreement between the director of OWCP, DOL, and the USPS (November 1980) provides that to more efficiently and effectively accomplish the stated purpose of FECA, OWCP agrees that the USPS may administratively pursue recovery of damages from the third party who is responsible for the injury sustained by a USPS employee in all cases of traumatic injury except in any of the following cases:

- a. When the injury results in the death of the employee.
- b. When the injury occurs outside of the United States or Canada.
- c. When the third party is a common carrier.
- d. When malpractice or product liability is involved.
- e. When injuries are sustained by more than one employee in the same incident (group injuries).

Pursuit of recovery of damages in those cases and in occupational illness cases is the responsibility of DOL.

DOL Authority

When DOL has authority to pursue recovery of damages...

10.5 Notifying OWCP of a Potential Third Party Claim — ICCO

- Send to OWCP, together with CA-1, CA-2, CA-5, or CA-5b (updating HRIS):
 - Notice to OWCP of Third Party Involvement (see Exhibit 10.5).
 - A copy of the completed Form 2562.
 - The investigation report and other file material needed to support the case.
- ◇ *If the CA-1, CA-2, CA-5 or CA-5b has already been submitted to OWCP, forward these items as soon as possible. Do not delay submitting the CA-1, CA-2, CA-5 or CA-5b pending receipt of third party information.*

SEE 4.7, Submitting the Claim Package to OWCP.

10.6 Monitoring the Case — ICCO

- ☐ When DOL has authority, take no *direct* action to recover damages. When the claim clearly reflects a potential for high-dollar settlement, or when there is clear-cut liability and the possibility of a quick settlement, follow up to see that OWCP encourages the employee to initiate a claim, either with or without the aid of an attorney.
- ☐ Monitor the progress of OWCP's action and obtain periodic status reports until the case is closed.
- ☐ Refer to the area HR IC analyst any such cases that are closed without a payment from the third party.

USPS Authority

When the USPS has authority to pursue recovery of damages...

10.7 Keeping DOL Updated — ICCO

- ☐ Forward copies to OWCP of all letters issued together with other pertinent third party claim documents.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THIRD PARTY LIABILITY

10.8 Determining Whether the Employee Intends to Pursue Third Party Action — ICCO

- ☐ On the basis of answers to Form 2562 and other information you have, determine whether the employee intends to pursue the claim and, if so, whether the employee is represented by an attorney.

USPS Pursuit of Recovery

When the employee wants to assign the claim to the USPS for recovery...

10.9 Deciding Whether to Accept Assignment — ICCO

- ☐ Decide whether it is feasible to pursue recovery of damages.
 - If not, provide the employee:
 - Notice to the Employee of the USPS Decision Not to Accept Assignment and Information on Employee Options (see Exhibit 10.9a).
 - If so, provide the employee (updating HRIS):
 - Notice to the Employee of the USPS Decision to Accept Assignment (see Exhibit 10.9b).
 - Form 2577, *Assignment of Claim to the USPS*.

Obligation: Assuming Authority to Accept Assignment and Sign Release

The following are authorized to accept voluntary assignment of an employee's claim against a third party:

1. An area HR IC analyst.
2. A senior IC specialist.
3. An attorney from the Headquarters Claims Division of the Law Department.

A senior IC specialist can sign a release on behalf of the USPS before disbursement when requested by the third party or insurance carrier.

Factors in Deciding Whether to Accept Assignment

Negotiating third party settlements is a cumbersome process requiring coordination of efforts with the employee, third party, attorney, and insurance company, and completion of numerous forms and letters. This work load can be reduced by being selective in choosing third party cases for pursuit. The general premise is that workhours expended should result in significant dollar recovery.

- ◇ *Pursue a third party claim only when it clearly reflects a potential for high-dollar settlement or when there is clear-cut liability and the possibility of a quick settlement.*

10.10 Pursuing Recovery of Damages — ICCO

- ☐ When you receive assignment of the employee's claim on Form 2577, send to the third party and to his or her insurer, if known (updating HRIS):
 - Notice to the Third Party of Assignment of the Postal Employee's Claim and Request for Settlement Discussion (see Exhibit 10.10a).
 - A copy of the completed Form 2577.
- ☐ If you do not initially receive a reply to the notice to the third party of assignment of the claim to the USPS, follow up by sending to the third party and to his or her insurer, if known (updating HRIS):
 - Request to the Third Party for Settlement (see Exhibit 10.10b).

A reasonable amount to request is three to five times the amount of the lien (see Exhibit 10.10c, Claim Negotiation, for information on computing the lien and projecting a settlement figure).

- ☐ When you receive a reply to the notice to the third party of assignment of the claim to the USPS (Exhibit 10.10a) or to the request for settlement (Exhibit 10.10b), attempt to negotiate a settlement of the government's and the employee's claim.

- ◇ *Contact the area HR IC analyst if you need assistance.*

SEE Exhibit 10.10c, Claim Negotiation.

Obligation: Recovering Damages When the Case Is Assigned to the USPS

When the employee has indicated that he or she does not wish to pursue a recovery from a third party and has assigned the claim to the USPS, the USPS with certain adjustments is entitled to recover from the third party or his or her insurer the compensation and medical and related expenses paid by DOL on behalf of the employee. In addition, the USPS is entitled to recover on behalf of the employee those damages to which the employee may be entitled. Such damages may consist of payment for pain and suffering sustained by the employee, any damage to the employee's personal property, and out-of-pocket expense not covered by FECA benefits.

- ☐ When you recover damages, provide the employee and the area HR IC analyst:
 - A copy of Form 2556, which indicates the employee's total entitlement.

Make sure that OWCP district office is provided with copies of all documents pertaining to the recovery.

Employee Pursuit of Recovery

When the employee pursues third party action not represented by an attorney...

10.11 Notifying the Employee of the Government's Lien and Monitoring the Case — ICCO

- ☐ Furnish the employee (updating HRIS):
 - Form 2557, *Employee's Third Party Recovery Statement*.
 - Notice to the Employee of the Government's Lien (see Exhibit 10.11a).
- ☐ Mail to the third party and/or the insurer (updating HRIS):
 - Notice to the Third Party and/or Insurer of the Government's Lien (see Exhibit 10.11b).
- ☐ Monitor the status of the case as necessary, sending periodic letters requesting status or action taken (updating HRIS):
 - At least *every 60 days* after the notice of the government's lien is given to the employee, check with the employee to determine the status of the case. If necessary, send Notice to the Employee of the Government's Lien and Request for Further Information (see Exhibit 10.11c).
 - If *within 6 months* after the accident a recovery has not been made, or if before that time there is information that the action on the claim has been terminated, contact the employee for the status of the recovery action.
- ☐ If the employee *decides not to pursue or is unsuccessful* in the recovery attempt, proceed in accordance with "When the employee does not pursue third party action or is unsuccessful in the recovery attempt...."
- ☐ When you receive notification from the postal employee that the case has been terminated:
 - Obtain, verify, and correct if necessary the settlement sheet, Form 2557, *Employee's Third Party Recovery Statement*, and payment due the USPS.
 - Forward settlement sheet in accordance with 10.15, Disbursing Settlement Funds.
- ☐ Provide the employee and the area HR IC analyst a copy of Form 2557, which indicates the employee's total entitlement. Ensure that OWCP district office is provided with copies of all documents pertaining to the recovery.

Attorney Pursuit of Recovery

When the employee pursues third party action represented by an attorney...

10.12 Notifying the Attorney of the Government's Lien and Monitoring the Case — ICCO

- ☐ Forward to the employee's attorney (updating HRIS):
 - Form 2556, *Third Party Statement of Recovery*.
 - Notice to the Attorney of the Government's Lien, together with the copies of pertinent reports referred to in that letter (see Exhibit 10.12a).
- ☐ Monitor the status of the case as necessary, sending periodic letters requesting status or action taken (updating HRIS):
 - *Within 30 days* after mailing the notice of lien, send Request for Status and Transmission of Further Information (see Exhibit 10.12b) to the attorney who is representing the postal employee.
 - *Within 90 days* after mailing the notice of lien and request for status, try to obtain a status report on the progress of the case by contacting the attorney directly. Continue to obtain status reports as frequently as necessary.
 - *Within 90 days* after any request for a status report has been made, send a follow-up letter to the attorney.
 - *Within 15 days* after the follow-up letter is sent, contact the employee regarding status of the case. If recovery still has not been made, do one of the following:
 - Monitor progress if the case is still in the process of recovery.
 - Send the case to the area HR IC analyst for further action.
- ☐ When you receive information that a third party recovery of damages is imminent, contact DOL for an up-to-date statement of all disbursements made by DOL and advise the employee or the employee's attorney of those disbursements.

Obligation: Recovering Damages that the USPS Is Entitled to Recover From Proceeds Paid to the Employee

The USPS, with certain adjustments, is entitled to recover from the proceeds paid to an employee by a third party the amount of compensation and medical and related expenses paid by DOL on behalf of the employee. COP monies *cannot* be recovered.

- ☐ When you receive notification from the postal employee's attorney that the case has been terminated:
 - Without payment of any damages to the USPS:
 - Verify the nature of termination and do one of the following:
 - Attempt to obtain a voluntary assignment if the case appears to have merit.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THIRD PARTY LIABILITY

- Close the file.
- By payment of damage to the employee:
 - Obtain and verify the settlement sheet, Form 2556, *Third Party Statement of Recovery*, and payment due the USPS.
 - Forward the settlement sheet to the appropriate USPS disbursement office in accordance with 10.15, Disbursing Settlement Funds.
- ☐ Provide the employee and the area HR IC analyst a copy of Form 2556, which indicates the employee's total entitlement. Ensure that OWCP district office is provided with copies of all documents pertaining to the recovery.

Employee Indecision or Failure

When the employee does not pursue third party action or is unsuccessful in the recovery attempt...

10.13 Deciding Whether to Seek Assignment — ICCO

- ☐ Decide whether it is feasible to pursue recovery of damages.
SEE 10.9, Deciding Whether to Accept Assignment.

10.14 Seeking Assignment of the Case to the USPS — ICCO

- ☐ Furnish the employee (updating HRIS):
 - Form 2559, *Third Party Claim — Information Request*.
 - Request for Information From the Employee and Notice to the Employee of the Government's Lien (see Exhibit 10.14).
- ☐ Seek resolution as necessary:
 - If you do not receive Form 2559 *within 15 days*, contact the employee directly or through the employee's supervisor to determine what action the employee intends to take against the third party.
 - If the employee advises:
 - That he or she *will* seek recovery against the third party, proceed in accordance with "When the employee pursues third party action represented by an attorney..." or "When the employee pursues third party action not represented by an attorney..." as appropriate.
 - That he or she *will not* seek recovery against the third party, or is unable to decide what action he or she will take, ask whether the employee will agree to assign his or her claim against the third party to the USPS by signing Form 2577, *Assignment of Claim to the USPS*.
 - If the employee declines to make the assignment:
 - Refrain from saying or doing anything to the employee that could be regarded as pressuring or coercing the employee to agreeing to the assignment.
 - Point out that the USPS is not ordering or directing the employee to either sue or assign the claim, but advise the employee of the following information:
 - By assigning a claim to the USPS, the employee will enable the USPS to attempt to shift the financial liability for the employee's injury from the USPS to the true wrongdoer, i.e., the third party.
 - The ultimate recovery that the employee will realize for the injury cannot possibly be reduced by the employee's agreement to the assignment. An employee is entitled to a minimum of 20 percent of the net recovery after the expense of the recovery (attorney's fees, property damage, and court costs only) have been deducted. In addition, any surplus amount realized in the third party action that exceeds the amount of the employee's compensation payments and the expense of realization or collection will be paid to the employee.
 - DOL is authorized to require pursuit or assignment of the claim and to terminate an employee's compensation payments if he or she refuses to pursue or assign what appears to be a valid third party claim.
 - If the employee continues to refuse to pursue or assign his or her claim, then refer the file to the area HR IC analyst. Use Form 2560, *Referral of Third*

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THIRD PARTY LIABILITY

Party Material, to transmit the file. Take no further action to obtain an assignment after the file is referred.

Settlement

When settlement has been made...

10.15 Disbursing Settlement Funds — ICCO

- ☐ If the third party check is made payable to OWCP and includes only OWCP payment, send the check and Form 2556 or 2557, as applicable, directly to OWCP.
- ☐ If the check is made payable to the USPS:
 - If it includes only OWCP payment, deposit the check and issue a Treasury check or no-fee money order to OWCP.
 - If it includes OWCP payment with the employee's share, includes payments issued in installments, or is payable to the postmaster, the following procedures apply:
 - Deposit the check or monies in the postmaster's trust account.
 - Request a receipt Form 3544, *Post Office Receipt for Money*. Include the employee's name and OWCP claim number on the receipt.
 - Together with Form 2556 or 2557, whichever is applicable, forward to the accounting office Memo to the USPS Disbursement Office Advising of Disbursement to Be Made (see Exhibit 10.15).
 - Have the accounting office issue to the appropriate parties, i.e., OWCP and postal employee, no-fee money orders or Treasury checks that include the employee's name and OWCP claim number.
 - If the third party makes installment payments, see that disbursements are issued to the postal employee at periodic intervals (3 or 6 months) until the total expected monies from the third party are collected.

SEE Appendix B, Addresses, for addresses of OWCP lockbox depositories.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THIRD PARTY LIABILITY

Records

When records are requested...

SEE Chapter 12, Records Management.

Court Compensation

When employees must be compensated for court appearances...

SEE Chapter 13, Timekeeping and Accounting.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THIRD PARTY LIABILITY

Exhibit 10.3a

Sample Letter: Notice to the Injured Employee of Potential Third Party Claim and Office of Workers' Compensation Programs Procedures

[U.S. Postal Service Letterhead]

Date:

Our Ref:

Subject: Notice of Potential Third Party Claim

To:

File Number: ____ [OWCP case number] ____

Date of Injury: _____

Our records show that on the above date you sustained an injury under circumstances that may place liability for damages upon a third party (a person or organization other than an employee or organization of the United States government).

Under the provisions of Title 5, United States Code, 8131, the Secretary of Labor can require a workers' compensation beneficiary to prosecute an action for damages in his or her own name when injury or death occurs under circumstances that indicate legal liability to pay damages on a party other than the government.

As a beneficiary of workers' compensation, you are asked to seek the recovery of damages from such a third party. When you recover damages, you will be entitled to keep a minimum of 20 percent of the net recovery, but out of the remainder of the damages recovered, you must reimburse the United States for any payments made to you.

Enclosed is Form 2562, *Injury Compensation Program — Notice of Potential Third Party Claim*. Kindly complete this form and return it in the self-addressed envelope provided. The USPS encourages you to pursue this claim in one of the following ways:

1. **Retain an Attorney:** Your own lawyer can usually obtain the best settlement. The required 20 percent and any other money remaining after payment of the attorney's fees and reimbursement of government expenses is yours to keep. To find a lawyer, you might check with your union steward or other postal employees. The state or local bar association will generally have a list for referral service in the yellow pages. Most attorneys will accept such a claim on a contingency basis; i.e., if no settlement is reached, they will not charge you.
2. **Self Pursuit:** You can pursue the claim yourself. To do this, contact the third party or that party's insurance company yourself and request a settlement. The amount of recovery is up to you, but you should take into consideration your obligation to reimburse the government for payments made to you or on your behalf. The required 20 percent and any other money remaining after reimbursement of government expenses is yours to keep.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THIRD PARTY LIABILITY

3. USPS Assignment: If you have incurred medical expenses and you do not wish to pursue the claim using either of the above methods, you can assign your claim to the USPS. By doing so, you authorize the Injury Compensation Control Office to attempt to reach a settlement with the third party on your behalf. The required 20 percent and any other money remaining after reimbursement of government expenses is yours to keep. No fee is charged.

If, after considering the alternatives, you plan to pursue a third party claim, indicate on the Form 2562, section C, item 3, which of the three actions listed you intend to pursue. If you refuse to pursue the claim, the Department of Labor will be notified, and you may become ineligible for injury compensation.

Please return the Form 2562, whether or not you plan to pursue a third party claim, to our office within ____[7 to 14]____ days of the date of this letter. If you have any questions, you may contact our office at ____[ICCO telephone number]____.

____[signature]____

____[name]____

____[title]____

Injury Compensation Control Office

Enclosure: Form 2562

cc: OWCP District Office
File

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THIRD PARTY LIABILITY

Exhibit 10.3b

Sample Letter: Second Request for Form 2562, *Notice of Potential Third Party Claim*

[U.S. Postal Service Letterhead]

Date:

Our Ref:

Subject: Second Request for Form 2562, *Injury Compensation Program — Notice of Potential Third Party Claim*

To:

File Number: ____[OWCP case number]_____

Date of Injury: _____

You are required to complete Form 2562, *Injury Compensation Program — Notice of Potential Third Party Claim*, and return it to the Injury Compensation Control Office as instructed in a previous memorandum.

The completed Form 2562 *must* be received by this office no later than ____[current date plus 7 days]____. Failure to respond or return this form by the date specified will result in further necessary action.

____[signature]_____

____[name]_____

____[title]_____

Injury Compensation Control Office

cc: OWCP District Office
File

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THIRD PARTY LIABILITY

Exhibit 10.3c

Sample Letter: Notice to the Third Party of the Injury

[U.S. Postal Service Letterhead]

____[date]____
____[name]____
____[street address]____
____[city, state, ZIP Code]____

Employee: _____

Date of Injury: _____

Dear ____[name]____:

This letter is to give you notice that the above-named postal employee was injured under circumstances that indicate you may be legally liable. The circumstances are as follows:

[Describe circumstances.]

When we receive documentation of the extent of the injury, further action may be taken. This may come from the employee or a private attorney retained by the employee, or if the employee prefers, ____[he/she]____ may assign ____[his/her]____ claim to this office for action.

Any claim will include special damages (medical bills, any personal property loss, etc.) and general damages (pain and suffering, inconvenience, etc.).

If you have any questions, you, your insurance company, or your attorney may call this office at ____[ICCO telephone number]____ for further information.

Sincerely,

____[signature]____
____[name]____
____[title]____

Injury Compensation Control Office

cc: OWCP District Office
File

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THIRD PARTY LIABILITY

Exhibit 10.5

**Sample Letter: Notice to Office of Workers' Compensation Programs of
Third Party Involvement**

[U.S. Postal Service Letterhead]

Date:

Our Ref:

Subject: Potential Third Party Claim

To: [applicable OWCP district office]

Employee: _____

File Number: ____ [OWCP case number] _____

Date of Injury: _____

This memo is to give you notice that the above-named postal employee was injured under circumstances that indicate potential third party liability. The circumstances are as follows:

[Describe circumstances.]

As you know, under these circumstances, we do not have authority administratively to pursue collection of damages from the third party. Therefore, we request that your office pursue this matter and ensure that the U.S. Postal Service subrogation rights are protected.

Thank you for your cooperation.

____ [signature] ____

____ [name] ____

____ [title] ____

Injury Compensation Control Office

cc: File

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THIRD PARTY LIABILITY

Exhibit 10.9a

**Sample Letter: Notice to the Employee of the U.S. Postal Service Decision
Not to Accept Assignment and Information on Employee Options**

[U.S. Postal Service Letterhead]

Date:

Our Ref:

Subject: Third Party Claim

To:

File Number: ____ [OWCP case number] ____

Date of Injury: _____

This memorandum acknowledges receipt of your completed Form 2562, *Injury Compensation Program — Notice of Potential Third Party Claim*, in which you indicate that you wish to assign your claim to the U.S. Postal Service. Based upon administrative considerations, we regretfully cannot accept an assignment at this time.

Accordingly, we encourage you to pursue your claim. As stated in our initial letter, you can pursue the claim yourself or retain the services of an attorney. In either case, we will be available for advice, guidance, and assistance.

If you have any questions, please contact the Injury Compensation Control Office at ____ [ICCO telephone number] ____.

____ [signature] ____

____ [name] ____

____ [title] ____

Injury Compensation Control Office

cc: File

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THIRD PARTY LIABILITY

Exhibit 10.9b

Sample Letter: Notice to the Employee of the Postal Service Decision to Accept Assignment

[U.S. Postal Service Letterhead]

Date:

Our Ref:

Subject: Assignment of Claim to the USPS

To:

File Number: ____ [OWCP case number] ____

Date of Injury: _____

This memorandum acknowledges receipt of your completed Form 2562, *Injury Compensation Program — Notice of Potential Third Party Claim*, in which you indicate that you wish to assign your claim to the U.S. Postal Service.

Please be advised that we will be happy to accept such an assignment. Accordingly, enclosed is Form 2577, *Assignment of Claim to the USPS*. Please sign and return the form immediately to this office in the self-addressed envelope provided for your convenience.

Since you have assigned your full personal injury claim to the Postal Service, it is extremely important that you not discuss the claim with the party responsible for your injury or with the party's insurance company or representative. If anyone questions you regarding this matter, please refer him or her to this office at ____ [ICCO telephone number] ____.

We believe that you are entitled to special damages (medical bills, personal property loss, and lost wages) and general damages (pain and suffering, inconvenience) for any injury suffered because of the negligence of another. We will do our best to see that any recovery is appropriate.

Thank you for your cooperation.

____ [signature] ____

____ [name] ____

____ [title] ____

Injury Compensation Control Office

Enclosure: Form 2577

cc: File

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THIRD PARTY LIABILITY

Exhibit 10.10a

Sample Letter: Notice to the Third Party of Assignment of the Postal Employee's Claim and Request for Settlement Discussion

[U.S. Postal Service Letterhead]

____[date]____
____[name]____
____[street address]____
____[city, state, ZIP Code]____

Employee: _____

File Number: ____[OWCP case number]____

Date of Injury: _____

Dear ____[name]____:

Recently you received a letter from this office stating that the above-named employee was injured when ____[he/she]____ ____[brief description of injury circumstances]____.

According to the provisions of the Federal Employees' Compensation Act, our employee has filed for benefits and has assigned the personal injury claim to the Postal Service. A copy of that assignment, Form 2577, *Assignment of Claim to the USPS*, is attached.

We request that you, your insurance carrier, or your attorney contact this office at ____[ICCO telephone number]____ to discuss settlement of this matter.

Sincerely,

____[signature]____
____[name]____
____[title]____

Injury Compensation Control Office

Attachment: Copy of Form 2577

cc: File

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THIRD PARTY LIABILITY

Exhibit 10.10b

Sample Letter: Request to the Third Party for Settlement

[U.S. Postal Service Letterhead]

____[date]____
____[name]____
____[street address]____
____[city, state, ZIP Code]____

File Number: ____[OWCP case number]____

Date of Injury: _____

Dear ____[name]____:

On ____[employee injury date]____, the above-named employee was injured under the following circumstances:

[Describe circumstances and third party involvement.]

We feel that you breached your legal duty to our employee by failing to ____[describe negligence of third party]____.

As stated in our previous letter, our employee assigned all rights to this personal injury claim to the Postal Service. As assignee, therefore, we have sole and full authority to handle this claim. Our authority flows from Title 5, United States Code, 8131–32; 20 *Code of Federal Regulations* 10.500, et seq.; and 4 *Code of Federal Regulations* 102.2, et seq.

As we feel that there is liability, we present our claim for damages. We feel that a very reasonable value for our claim is \$ ____[amount]____. This represents special damages (out-of-pocket expenses such as medical expenses), with the remainder allocated to general damages (pain and suffering).

Again, we have the authority to settle this claim locally and would prefer to do so. Please contact me at ____[ICCO telephone number]____. Should you prefer to mail your check or money order (made payable to the U.S. Postal Service in the amount mentioned above), a postage-paid envelope is enclosed.

May we hear from you by ____[current date plus 14 days]____?

Thank you for your attention to this matter.

Sincerely,

____[signature]____
____[name]____
____[title]____

Injury Compensation Control Office

Enclosure: Postage-paid envelope

cc: File

Exhibit 10.10c

Claim Negotiation

Negotiation Strategy

Factors to Consider

Both sides in a third party action are normally interested in settling the claim amicably and avoiding the inconvenience and expense of litigation. Essentially, injury compensation control office personnel and the representatives of the third party are trying to reach an agreement as to the value of the employee's injury with its attendant pain, suffering, and inconvenience for which there is no fixed price.

Whether the injury is major or minor depends on factors other than the medical or lost time expenses. These factors are:

- The severity of the injury.
- Whether permanent disfigurement resulted from the injury.
- Whether there is a possibility of long-term medical problems because of the injury. For example, the physician says the claimant will probably develop arthritis 5 to 10 years from now because of the injury.

Credibility

No single negotiating method is best. The correct technique is the one that works best for you. To be effective, however, you will need to establish and maintain credibility.

- Use terms of the trade to sound knowledgeable and to increase your confidence in yourself and your job. These include the following:
 - Legal terminology, such as negligence, tort, absolute liability, comparative negligence, contributory negligence.
 - Shorthand terminology familiar to the other party, such as "specials," "medicals," "med pay," "P.D." (property damage), "pain and suffering."
- Know your case. Review the complete file so that you know and can discuss:
 - All the details concerning the accident and the injury.
 - The legal basis for the claim (i.e., what the third party did or did not do and how this caused the injury).
 - The nature and extent of the employee's injury.
 - Special damages, including property damages, doctors' bills, hospital bills, prescriptions, other medical expenses, and lost earnings (even if wholly or partially compensated by Department of Labor (DOL) payments, annual or sick leave taken, or schedule award).
 - General damages, including pain, suffering, embarrassment, temporary and permanent limitation of use of part of the body, interference with the employee's normal activities (such as sports, hobbies, and home life).

Calculations

Be prepared with calculations to guide you:

- Figure the government's lien by adding up all costs for:
 - Compensation payments.
 - Medical bills and related expenses.
 - Any other employee out-of-pocket expenses.
- Compute a projected settlement figure by multiplying the total dollar amount of the lien by one of the following:
 - For a minor injury, three times the amount of the lien.
 - For a major injury, five times the amount of the lien.
 - For disfigurement cases, use DOL schedule, which pays a maximum of \$3,500 for disfigurement of the face, head, or neck.

Conduct of Negotiations

Remember that it is in the best interest of the USPS to obtain the maximum settlement: the greater the settlement, the larger the surplus and a surplus is insurance against expenditures if the employee's injury recurs.

Try to get the third party representatives to make the first settlement offer. Occasionally, they will surprise you and offer more than the minimum you were prepared to accept.

Make high original settlement demands. The third party representatives will never offer to pay more than you demand. Normally, you can expect them at first to offer to pay nothing at all, or perhaps only the "out-of-pocket" expenses. If you start high and they start low, a settlement can usually be reached at an acceptable point in between. If your original demand is at or below a fair settlement amount, there is no room to negotiate.

Do not necessarily believe everything representatives of the other side say. They too will be trying to emphasize the facts and laws that are favorable to them and to gloss over matters that could increase the possibility of liability and the extent of the damages.

If at first it appears that a mutually satisfactory settlement cannot be reached, do not give up. To avoid litigation, both sides should be willing to give a little. If the parties are not very far apart after negotiation, impasses frequently can be resolved by "splitting the difference" — settling for an amount halfway between the lowest settlement demand and the highest settlement offer.

Common Questions From an Attorney or Adjuster

- Q. *What right do you have to accept an assignment?*
A. Title 5, United States Code, 8131.
- Q. *If the employee was aware of the hazard, why should we (the insurance company) pay?*
A. Awareness of a hazard by the employee does not provide a shield for the insurance company.
- Q. *What pain and suffering?*
A. Have you ever sustained this type of injury? Have you ever experienced emotional trauma? How do you know the level of pain and suffering?
- Q. *Your claim couldn't possibly be worth \$3,000! How could it?*
A. You mean it is worth more? Your insured's dog is a monster. There may be permanent disfigurement. I handle numerous claims, and my request is reasonable.
- Q. *What is your formula?*
A. There is no formula. Each case is evaluated and compared with other settlements.
- Q. *Are you a lawyer?*
A. We are not the employee's legal representatives, but representatives of the USPS, which is an assignee of the claim.
- Q. *How can you assign a personal injury claim?*
A. You can't under state law, but we are presenting this claim under federal law, 5 U.S.C. 8131, 8132.
- Q. *Can we get a release from the injured employee even though the claim has been assigned to the USPS?*
A. Yes, but it is legally ineffective.
- Q. *Your carrier crossed the lawn and fell. Therefore, there is no liability.*
A. Our carrier's status as invitee is not altered by crossing the lawn.
- Q. *Your carrier failed to use the sidewalk and is negligent.*
A. Our carrier used reasonable care and is not required to use sidewalks.

Watch Your Language

Use simple sentences with nouns and active verbs.

- “The animal charged....”

Personalize. Use names.

- “...our letter carrier, Madeline Johnson.”

Use specifics.

- “The beast caused a gash that required medical treatment and....”

Develop a convincing vocabulary:

- To describe the event:

charge	skulk	brutal	lunge
savage	ferocious	impale	slink
violent	pounce	onslaught	vicious

- To describe the injury:

cavity	groove	pierced	misery
stab	bruised	anguish	gash
excruciating	throbbing	slash	crushed
rip	ache	pain	raw

Important Points of Telephone Negotiating

- Caller Advantage

The caller is prepared and chooses the time of the call. You should offset this advantage by telling the adjuster that you will review the case and return his or her call.

- Risky

Telephone negotiating creates the temptation to settle too soon. Do not resolve on the first call and offer.

- Easy To Be Depersonalized

Do not be Uncle Sam versus Big Business. Remain a representative of the injured employee.

- Fast

Know what you want before you call or return a call: an offer, a counter offer, a statement of position? When you get the answer or information you want, get off the phone.

- Protection

When you encounter problems or become nervous, excuse yourself to take care of other business. Return the call when you are better prepared.

Summary

1. Be the caller.
2. Plan and prepare.
3. Have the file at hand.
4. Use credible words.
5. Listen and make a memo of the discussion for the file.
6. Remain courteous, calm, and cool. Always exit gracefully.
7. Write a letter in reference to the call, proposing the next action.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THIRD PARTY LIABILITY

Exhibit 10.11a

Sample Letter: Notice to the Employee of the Government's Lien

[U.S. Postal Service Letterhead]

Date:

Our Ref:

Subject: Notice to the Employee of the Government's Lien

To:

File Number: ____ [OWCP case number] ____

Date of Injury: _____

Our records show that you have presented or you intend to present a claim for damages against a third party apparently responsible for your injury.

The Federal Employees' Compensation Act provides that the United States must be reimbursed out of any third party recovery for any disbursements made to you or on your behalf by the United States. Therefore, you should include as damages in your claim the disbursements indicated on the enclosed Form 2557, *Employee's Third Party Recovery Statement*, and any other disbursements that you have received or that have been made on your behalf. If you receive additional treatment, compensation, or continuation of pay, contact this office for an up-to-date statement of disbursement before settling your claim.

This office must be notified of any recovery you obtain. Completion and submission of the Form 2557 will serve as notification of a recovery obtained without the services of an attorney. It will also enable you to determine the amount of any refund you must pay to the Postal Service. A self-addressed return envelope is enclosed for your convenience.

If you retain the services of an attorney to assist you in your third party claim, please advise this office immediately and provide the attorney's name and complete address.

If you have not initiated a third party action or retained an attorney to represent you, we encourage you to consider assigning your claim to the U.S. Postal Service.

If you wish to discuss this matter or desire us to assist you, please contact our office at ____ [ICCO telephone number] ____.

Sincerely,

____ [signature] ____

____ [name] ____

____ [title] ____

Injury Compensation Control Office

Enclosure: Form 2557

cc: OWCP District Office File

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THIRD PARTY LIABILITY

Exhibit 10.11b

Sample Letter: Notice to the Third Party and/or Insurer of the Government's Lien

[U.S. Postal Service Letterhead]

____[date]____
____[name]____
____[street address]____
____[city, state, ZIP Code]____

Employee: _____

File Number: ____[OWCP case number]____

Date of Injury: _____

Your Insurer: _____

Policy Number: _____

Dear ____[name]____:

We have been informed that the postal employee named above will make, or has made, a claim for damages as a result of an incident involving ____[you/your insurer]____ that occurred on the date shown.

The injury occurred in the performance of federal employment and comes under the Federal Employees' Compensation Act (Title 5, United States Code, 8108, et seq.). Section 8132 requires that the government be reimbursed for payments made to or on behalf of a beneficiary out of the recovery made from a third party. Section 8132, Adjustment After Recovery From a Third Person, also states:

No court, insurer, attorney, or other person shall pay or distribute to the beneficiary or his designee the proceeds of such suit or settlement without first satisfying or assuring satisfaction of the interest of the United States.

Because of the government's financial interest in the outcome of this case, we request that you please request a statement from this office of the government's disbursements before distributing any proceeds in settlement of this case.

Sincerely,

____[signature]____
____[name]____
____[title]____

Injury Compensation Control Office

cc: OWCP District Office

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THIRD PARTY LIABILITY

Exhibit 10.11c

Sample Letter: Notice to the Employee of the Government's Lien and Request for Further Information

[U.S. Postal Service Letterhead]

Date:

Our Ref:

Subject: Notice of the Government's Lien and *Third Party Claim — Information Request*

To:

File Number: ____ [OWCP case number] ____

Date of Injury: _____

This is a follow-up to our letter dated _____ regarding the third party claim that you plan to pursue on your own.

Under the provisions of Title 5, United States Code, 8131, the Secretary of Labor can require a workers' compensation beneficiary to prosecute an action for damages in his or her own name when injury or death occurs under circumstances that indicate a party other than the government has a legal liability to pay damages. As a beneficiary of workers' compensation, you were asked to seek the recovery of damages from such a third party. When you recover damages, you are entitled to keep a minimum of 20 percent of the net recovery, but out of the remainder of the damages recovered, you must reimburse the United States for any payments it has made to you.

If you have initiated a third party action, you should contact us for a statement of any Office of Workers' Compensation Programs (OWCP) disbursements made to you or on your behalf before you make a final settlement. These disbursements must be repaid from any recovery you make from the third party.

If you have reached a settlement, please submit a completed copy of the previously provided Form 2557 to this office. If you have not reached a settlement, please provide a statement for our records about whether, as a result of this injury, you have presented a claim for damages against anyone other than the Postal Service or OWCP. Please answer the questions on the enclosed Form 2559, *Third Party Claim — Information Request*, and return it promptly to this office.

If you wish to discuss this matter or desire to have us assist you, please contact the Injury Compensation Control Office at ____ [ICCO telephone number] ____.

Sincerely,

____ [signature] ____

____ [name] ____

____ [title] ____

Injury Compensation Control Office

Enclosure: Form 2559

cc: OWCP District Office
File

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THIRD PARTY LIABILITY

Exhibit 10.12a

Sample Letter: Notice to the Attorney of the Government's Lien

[U.S. Postal Service Letterhead]

____[date]____
____[name]____, Attorney-at-Law
____[street address]____
____[city, state, ZIP Code]____

Employee: _____

File Number: _____[OWCP case number]_____

Date of Injury: _____

Dear ____[name]____:

We have been advised that you have been retained to represent the above-named employee with respect to the third party damage claim arising for the above-referenced injury. Copies of the reports contained in our file are enclosed for your information. If disbursements have been made in this case, you will also find a statement showing the disbursements made to date.

Title 5, United States Code, 8132 states, in part:

No court, insurer, attorney or other person shall pay or distribute to the beneficiary or his designee the proceeds of such suit or settlement without first satisfying or assuring satisfaction of the interest of the United States.

Also, enclosed is Form 2556, *Third Party Statement of Recovery*, for your use. Upon request, we will furnish you an updated statement of disbursements or copies of additional reports.

If you have any questions concerning the third party aspect of this case, or the obligation and responsibilities to protect the government's lien imposed by Title 5, United States Code, 8131, please contact the Injury Compensation Control Office at ____[ICCO telephone number]____.

Sincerely,

____[signature]____
____[name]____
____[title]____

Injury Compensation Control Office

Enclosures: Form 2556
Attorney Information Sheet
Case File Copies
List of Disbursements

cc: OWCP District Office
File

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THIRD PARTY LIABILITY

THIRD PARTY CASE ATTORNEY INFORMATION SHEET

The purpose of this enclosure is to provide you with specific information that you may not be aware of as to the implications of the Federal Workers' Compensation Laws.

1. Assistance that the USPS ____[Injury Compensation Control Office]____ can provide:

Although most of our records and investigations are not public information, all information available will be forwarded to you upon request since you represent our employee.

2. Lien against any recovery:

We have a lien upon any recovery; the exact amount of the lien depends upon the results of certain computations. Specials that our lien may comprise are medical bills, schedule awards, and compensation benefits. An update of these specials can be obtained upon request. This lien is against any recovery, regardless of whether it is for special and/or general damages.

3. Basis of the federal lien:

Our lien is based upon Title 5, United States Code, 8132, which indicates, in part:

If an injury for which FECA compensation is payable is caused under circumstances creating a legal liability in a person other than the United States to pay damages, and the employee receives money in satisfaction of that liability, after deducting the costs of suit and a reasonable attorney's fee, the employee shall refund to the United States the amount of compensation paid by the United States and credit any surplus or future payments of compensation payable for the same injury.

4. Statement of recovery:

We are providing a Form 2556, *Statement of Recovery*. If and when a settlement is made, this statement of recovery must be completed. Full instructions for completion are on the reverse of the form; however, if you need any additional information or assistance, please call this office.

5. How to compute the amount of the federal lien:

Form 2556, *Third Party Statement of Recovery*, is used to compute the amount of the lien and of the employee's recovery. Our lien is not the total amount of our expenses; we allow a deduction to the employee for the payment of attorney fees. This allowance for attorney's fees goes to the employee.

6. Satisfaction of lien:

Please ensure that our lien is satisfied before distributing any recovery. Federal law prohibits the distribution of a recovery without first ensuring satisfaction of the lien.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THIRD PARTY LIABILITY

Exhibit 10.12b

Sample Letter: Request for Status and Transmission of Further Information

[U.S. Postal Service Letterhead]

____[date]____
____[name]____, Attorney-at-Law
____[street address]____
____[city, state, ZIP Code]____

Employee: _____

File Number: ____[OWCP case number]____

Date of Injury: _____

Dear ____[name]____:

We will appreciate a report concerning the present status of this third party damage claim. If possible, advise us of the date that you expect the matter to be concluded.

We are enclosing copies of additional reports from our file that may be of assistance to you. Also, enclosed is a statement of the disbursements made to the employee.

Sincerely,

____[signature]____
____[name]____
____[title]____

Injury Compensation Control Office

Enclosures: Additional Reports
Statement of Disbursements

cc: OWCP District Office
File

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THIRD PARTY LIABILITY

Exhibit 10.14

Sample Letter: Request for Information From the Employee and Notice to the Employee of the Government's Lien

[U.S. Postal Service Letterhead]

Date:

Our Ref:

Subject: Third Party Claim — Information Request

To:

File Number: ____ [OWCP case number] ____

Date of Injury: _____

We have received information from you that you do not intend to take action against the third party in your on-the-job injury claim.

Please be advised that under the provisions of Title 5, United States Code, 8131, the Secretary of Labor can require a workers' compensation beneficiary to prosecute an action for damages in his or her own name when injury or death occurs under circumstances that indicate a party other than the government has a legal liability to pay damages. As a beneficiary of workers' compensation, you were asked to seek the recovery of damages from such a third party. When you recover damages, you are entitled to keep a minimum of 20 percent of the net recovery, but out of the remainder of the damages recovered, you must reimburse the United States for any payments made to you.

If you refuse to pursue your claim or assign it to the U.S. Postal Service, the U.S. Department of Labor, Office of Workers' Compensation, may deny your compensation benefits. Please answer the questions on the enclosed Form 2559, *Third Party Claim — Information Request*, for our records and promptly return it to this office in the self-addressed envelope provided.

In the event that you have initiated a third party action, you should contact us for a statement of Office of Workers' Compensation Programs disbursements made to you or on your behalf before you make a final settlement. These disbursements must be repaid from any recovery you make from the third party.

If you wish to discuss this matter or desire us to assist you, please contact our office at ____ [ICCO telephone number] ____.

Sincerely,

____ [signature] ____

____ [name] ____

____ [title] ____

Injury Compensation Control Office

Enclosure: Form 2559

cc: OWCP District Office File

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
THIRD PARTY LIABILITY

Exhibit 10.15

**Sample Letter: Memo to the U.S. Postal Service Disbursement Office
Advising of Disbursement to Be Made**

[U.S. Postal Service Letterhead]

Date:

Our Ref:

Subject: Recovery Disbursements — Third Party Settlement

To: Disbursing Officer
_____[applicable account office]_____

The enclosed check or money order in the amount of \$ ____[amount]____ represents settlement of a third party claim for:

Name:

SSN:

OWCP Case No:

These funds are forwarded for disposition (see attached Form 2556 or 2557 for amount of total recovery).

1. Amount due Office of Workers' Compensation Programs \$ ____[amount]_____

Send check to:

U.S. Department of Labor

[Applicable District Office] Lockbox Depository

2. Amount due employee \$ ____[amount]_____

Send check to:

____[employee's name]_____

c/o Injury Compensation Control Office

____[signature]_____

Injury Compensation Control Office

11. Rehabilitation Program

Overview

Procedures

Potential Rehabilitation Candidates

When you review chargeback reports each accounting period...

Obligation: Recognizing OWCP and USPS Responsibilities

- 11.1 Identifying Potential Rehabilitation Program Participants *area IC personnel*
OWCP Pay Statuses
- 11.2 Requesting Referral From OWCP *area IC personnel or IC specialist*
- 11.3 Responding to the Referral Package Received
From OWCP *area IC personnel or IC specialist*

Medical Evaluation

When medical evaluation is necessary...

- 11.4 Evaluating the Results of Medical Examinations .. *associate area medical director or*
contract medical provider

Evaluation of OWCP Rehabilitation Program Referrals
The Pre-reemployment or Reassignment Medical Examination
- 11.5 Responding to the Results of the Medical Examination .. *area IC personnel or ICCO*
Results of Medical Examination

Management Refusal

When management refuses to provide a modified job offer...

- 11.6 Initiating Management Refusal Action *senior IC specialist or district HR manager*

Management Job Offer

When management identifies a modified job offer...

Identification of Modified Job Assignments

- 11.7 Identifying a Modified Job Assignment *ICCO*
- 11.8 Preparing the Job Description *area IC personnel or ICCO*
- 11.9 Conducting the Pre-reemployment or Reassignment Interview
With the Employee *ICCO*
- 11.10 Extending the Job Offer *area IC personnel or ICCO*
Good Faith Understanding
- 11.11 Responding to the Employee's Acceptance of the Job Offer *ICCO*
Direction of the Employee Back to Work

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

REHABILITATION PROGRAM

- 11.12 Responding to the Employee's Refusal of, or Refusal to Respond to,
the Job Offer *area IC personnel of ICCO*
Obligation: Recognizing the Penalty of Refusing Compensation
OWCP Due Process

Employee Relocation

When an injured employee has relocated to another geographical area subsequent to the job-related disability...

Obligation: Extending a Job Offer to a Relocated Employee

- 11.13 Initiating a Job Offer for a Relocated Injured Former Employee . . . *originating district's senior IC specialist*
- 11.14 Identifying a Modified Position for Current or Former Employees Who Have Relocated for Health Conditions *area IC personnel or senior IC specialist*
- 11.15 Arranging for Payment of Relocation Expenses *senior IC specialist*
Obligation: Receiving Payment or Reimbursement of Moving Expenses
Relocation Expenses

Employee Return to Work

When the employee returns to work...

- 11.16 Monitoring the Injured Employee's Return to Work . . . *ICCO or employee's supervisor*
OWCP Rehabilitation Specialist Required Follow-Up

1-Year Follow-Up

When the employee has been back to work for 1 year...

- 11.17 Scheduling and Monitoring the Results of a Follow-Up FFD . . . *ICCO or postal contract physician*

USPS In-House Rehabilitation Program

When an employee's disability is deemed to be permanent...

Obligation: Providing Rehabilitation for the Permanently Disabled Beneficiary
OWCP Vocational Rehabilitation Services
In-House Rehabilitation Program

- 11.18 Identifying Potential In-House Program Participants *ICCO*
- 11.19 Scheduling and Monitoring the Results of the FFD to Determine If a Job Offer Can Be Made *area IC personnel or ICCO*
- 11.20 Extending an In-House Rehabilitation Job Offer *ICCO*
- 11.21 Responding to the Employee's Refusal of the In-House Rehabilitation Job Offer *ICCO*
- 11.22 Responding to the Employee's Acceptance of the In-House Rehabilitation Job Offer *ICCO*
- 11.23 Responding to the Injured Employee's Return to Work *ICCO*

Exhibits

- 11.1 Office of Workers' Compensation Program's Role in Referring Employees to the Rehabilitation Program
- 11.4a Sample Letter: Task Force Review Letter
- 11.4b Sample Letter: Employee Scheduling for Pre-reemployment or Reassignment Medical Examination
- 11.6a Sample Letter: Request for Concurrence on a Management Refusal
- 11.6b Loss of Wage-Earning Capacity
- 11.7a Sample Letter: Request for Identification of Rehabilitation Position
- 11.7b Rehabilitation Assignment Priority
- 11.7c Contractual Obligations for Rehabilitation Positions
- 11.8a Sample Modified Job Description
- 11.8b Request for Medical Review of Proposed Job Description
- 11.8c Sample Letter: Rehabilitation Program Job Offer
- 11.9a Sample Letter: Employee Scheduling for Pre-reemployment or Reassignment Interview
- 11.9b Pre-reemployment or Reassignment Employee Interview Checklist
- 11.9c Restoration Rights and Benefits
- 11.9d Retirement Considerations
- 11.9e Questions and Answers on Retirement Credit for Time Spent in Receipt of Office of Workers' Compensation Programs Benefits
- 11.11a Sample Letter: Employee Report to Duty
- 11.11b Sample Form 50 Actions
- 11.11b Sample Form 50 Actions (continued)
- 11.11b Sample Form 50 Actions (continued)
- 11.11b Sample Form 50 Actions (continued)
- 11.11c OPM Notification of Reemployment of a Disability Annuitant
- 11.16a Sample Letter: Post-reemployment or Reassignment Employee Interview
- 11.16b Sample Post-reemployment or Reassignment Supervisor Interview
- 11.21 Sample Letter: Termination of Limited Duty Assignment for Refusal of In-House Rehabilitation Program Job Offer

11. Rehabilitation Program

Overview

The Joint DOL-USPS Rehabilitation Program was developed to fulfill the USPS legal obligation to provide work for injured-on-duty (IOD) employees. Providing gainful employment within medically defined work restrictions has proven to be in the best interest of both the employee and the USPS. In many cases, returning to work has aided the employee in reaching maximum recovery. This program is also one of the most viable means of controlling workers' compensation costs.

Over the years, an in-house rehabilitation program has evolved and has been incorporated into the Rehabilitation Program as a means of facilitating the proper placement and accommodation of current employees with permanent partial disabilities resulting from injuries on duty. This program is also appropriate for reassigning to permanent modified positions employees who have not received compensation but have been in temporary limited duty assignments for an extended period of time.

From December 1978 to May 1979, DOL and the USPS conducted a pilot program for the rehabilitation of injured USPS workers through reemployment. From that pilot program, procedures and forms were developed that provided the basis for the original guidelines issued in October 1979 and for Handbook EL-515, *Joint Rehabilitation Guidelines* (issued in May 1992), now being made a part of this handbook. The Rehabilitation Program is applicable for both former and current USPS employees on OWCP rolls.

To be eligible for participation in the Rehabilitation Program, the employee must meet the following criteria:

- He or she must have an approved FECA claim on file with OWCP.
- He or she must have a job-related, permanent partial disability documented by medical evidence.
- He or she must be receiving or be eligible to receive compensation payments for the disability. (Note that an employee working in a limited duty assignment is *eligible* for disability compensation but is *not receiving* it because an appropriate limited duty assignment has been made available.)

Procedures

Potential Rehabilitation Candidates

When you review chargeback reports each accounting period...

Obligation: Recognizing OWCP and USPS Responsibilities

It is the administrative responsibility of the Secretary of Labor, pursuant to Title 5, United States Code, Chapter 81, to direct the rehabilitation efforts of those permanently disabled individuals covered under FECA. OWCP, Employment Standards Administration, DOL, administers those responsibilities at the discretion of the Secretary.

The USPS responsibility is outlined in FECA, 8151(b)(2). It is the policy of the USPS to make every effort to reemploy or reassign IOD employees with permanent partial disabilities to positions consistent with their medical work restrictions.

11.1 Identifying Potential Rehabilitation Program Participants — *area IC personnel*

OWCP Pay Statuses

Regular-periodic-roll (PR) status applies to both current and former employees who have been medically determined to be totally disabled for an extended or indefinite period.

No wage-earning-capacity (PN) status applies to employees who have been determined to be totally and permanently disabled.

- ☐ Identify possible participants by doing the following:
 - Review periodic roll reports and prioritize these employees according to their potential for termination or reduction of compensation in the following target groups:
 - 49 years old and under — injured less than 5 years.
 - 49 years old and under — injured more than 5 years.
 - 50–60 years old — regardless of injury date.
 - 61 years old and over — regardless of injury date.
 - Review the most current medical documents for both PR- and PN-status employees in the order of the priority target groups mentioned.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

- If OWCP has previously screened a PR-status case for possible Rehabilitation Program participation, wait at least 1 year before submitting another request, unless new evidence indicating a change in duty status has been received.
- Compare current documents with previous medical reports to determine if there is any change in the employee's duty status.
- Consider for reemployment individuals who were separated on the basis of unsatisfactory attendance if the periods of absenteeism were deemed compensable by OWCP. *Do not, however, refer former employees who have been separated because of serious misconduct (e.g., mail theft).*

◇ *While a PN status indicates that the employee will never be able to return to work in any capacity, it must be remembered that conditions can and do change. The medical status, therefore, should be reviewed periodically.*

SEE Section 4.26, Considering a Former or Current Employee for Reemployment

SEE Exhibit 11.1, OWCP's Role in Referring Employees to the Rehabilitation Program.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

11.2 Requesting Referral From OWCP — *area IC personnel or IC specialist*

- ☐ After potential Rehabilitation Program participants have been identified, contact OWCP district director to review the PR and PN cases to determine the feasibility of Rehabilitation Program participation and prepare a referral package. The request should include the names of the employees and their corresponding OWCP file numbers.
- ☐ Enter HRIS call-up for OWCP response (see Exhibit 11.1, OWCP's Role in Referring Employees to the Rehabilitation Program).
- ☐ Maintain contact with OWCP rehabilitation specialist or counselor assigned to the case. After the official referral is made to the USPS, OWCP rehabilitation counselor will contact the ICCO within 3 weeks to determine if the package has been received and to discuss the case.

Request OWCP rehabilitation specialist's or counselor's assistance to obtain and clarify any missing or conflicting documentation. Continued coordination between the ICCO and OWCP rehabilitation specialist or counselor will result in a successful Rehabilitation Program effort in most instances.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

11.3 Responding to the Referral Package Received From OWCP — area IC personnel or IC specialist

- ☐ Upon receiving the referral package from OWCP, review it to ensure completeness and timeliness of all medical documentation, and to ensure that the package contains the following items:
 - OWCP-3, *Injured Worker's Rehabilitation Status Report* (see Exhibit 11.1, OWCP's Role in Referring Employees to the Rehabilitation Program).
 - OWCP-5a, b, or c, Work Capacity Evaluation, and the medical report.
 - OWCP-9, *Rehabilitation Case Record*.
 - OWCP-35, *Routine Referral and Award*.
- ◇ *All medical documentation must be based on a medical examination conducted within 1 year of the date of the referral.*
- ☐ Enter the information into HRIS.
- ☐ Within 5 days of receiving the referral, review the employee's OPF located in the personnel services office to identify major elements of the employee's work history.
- ☐ If the OPF has been retired to the Federal Records Center, submit an SF-127, *Request for Official Personnel Folder (Separated Employee)*, in duplicate, to:

NATIONAL PERSONNEL RECORDS CENTER (CIVILIAN)
GENERAL SERVICE ADMINISTRATION
111 WINNEBAGO
ST LOUIS MO 63118-4199

The request generally takes about 2 weeks for processing. Upon receiving the OPF, review and document the rehabilitation file as indicated above.
- ☐ Retrieve and review the employee's injury compensation case file, normally located in the ICCO, for the accepted conditions and diagnoses of record.
- ☐ If the former employee has relocated, send a copy of the rehabilitation file to the appropriate ICCO. When the former employee relocates to an area outside the geographic area of the originating ICCO, the senior IC specialist must send all pertinent rehabilitation documents, via transmittal letter, to the gaining ICCO that has jurisdiction where the former employee has relocated (see Section 11.13, *Initiating a Job Offer for a Relocated Injured Employee*). (ELM 546.143)
- ☐ Based on review of the referral package and the employee's previous work history, determine whether to:
 - Recommend a refusal to reemploy with justification (see Section 11.6, *Initiating Management Refusal Action*, for refusal procedures).
 - Pursue the rehabilitation effort (see Section 11.7, *Identifying a Modified Job Assignment*).

Medical Evaluation

When medical evaluation is necessary...

11.4 Evaluating the Results of Medical Examinations— *associate area medical director or contract medical provider*

Evaluation of OWCP Rehabilitation Program Referrals

The USPS medical provider will evaluate all medical records referred by OWCP.

An injured employee may have some degree of concurrent disability not caused by or related to the original job injury or disability. The USPS medical provider will carefully evaluate all concurrent disabilities and include their potential impact in his or her recommendation. Concurrent disabilities must be accommodated in job offers under the Rehabilitation Program.

As with other after-duty examinations, consultative services may be used if deemed appropriate by the USPS medical provider.

The medical officer concurs with OWCP-documented medical limitations or provides an opinion increasing the employee's limitations in a separate report. The medical officer cannot lessen the medical limitations rendered by OWCP in any way.

The job assignment is made on the basis of OWCP-documented medical limitation.

SEE Chapter 6, Medical Management.

The Pre-reemployment or Reassignment Medical Examination

Before job offers can be extended, employees may undergo a complete physical examination by the USPS. This examination is paid for by the USPS and is in addition to medical documentation submitted by OWCP. In medically contested cases where OWCP has conducted a second opinion and/or impartial medical examination, it would not be necessary.

- ☐ Initiate a pre-reemployment or reassignment medical examination by doing the following:
 - Schedule an appointment with the USPS contract medical provider.
 - Advise the USPS contract medical provider, in writing, that the employee is being considered for reemployment or reassignment under the Rehabilitation Program and provide copies of all medical records provided by OWCP (see Exhibit 11.4a, Sample Letter: Task Force Review Letter). Submit these documents in advance of the scheduled examination date.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

- ☐ Issue a letter to the employee advising him or her to report for the scheduled medical examination (see Exhibit 11.4b, Sample Letter: Employee Scheduling for Pre-reemployment/Reassignment Medical Examination). Prepare the letter for the signature of the district HR manager or designee. It is encouraged that two copies of the letter be sent by both regular and certified mail with return receipt requested. Provide copies to OWCP rehabilitation specialist, rehabilitation counselor, and the claims examiner. The letter should include the following:
 - The reason for the examination.
 - The date, time, and location of the examination.
 - A statement indicating the employee's right to bring updated medical documents.
 - A statement indicating possible consequences if the employee fails to appear for the examination.
- ☐ Use HRIS call-up to follow up.
- ☐ If the employee fails to appear for the pre-reemployment or reassignment medical examination, do one of the following:
 - If there is an acceptable reason for the employee's failure to appear (e.g., family emergency), reschedule the examination.
 - If the excuse is unacceptable, contact the claims examiner immediately, both by phone and in writing, for appropriate follow-up from OWCP.

11.5 Responding to the Results of the Medical Examination — area IC personnel or ICCO

Results of Medical Examination

Results of the pre-reemployment or reassignment medical examination are documented on Form 2485, *Medical Examination and Assessment*. The USPS contract medical provider also completes Form 2489, *Identification of Physical/Mental Disability*, at this time.

- ☐ After the USPS contract medical provider forwards a copy of Form 2485 and Form 2489 and any consultative reports to the ICCO, evaluate the results of the examination to determine if a job offer can be made.
- ☐ If the results of the medical examination indicate any of the following situations, proceed to initiate a management refusal action (see Section 11.6, Initiating Management Refusal Action):
 - The injured employee's restrictions are so severe that a suitable USPS assignment cannot be identified. Most restrictions can be accommodated within the USPS. Some limitations, however, prohibit accommodation in a USPS environment.
 - The medical evidence indicates that the injured employee is no longer disabled because of residuals from the job-related injury. The current disability has been caused by a nonoccupational condition.
- ◇ *In cases where the injured employee is not eligible for participation in the Rehabilitation Program, continued entitlement to compensation benefits may also be in question.*
- ☐ If the results of the USPS medical examination confirm that the employee is permanently partially disabled because of a job-related injury and capable of performing restricted duties, proceed to identify a modified job assignment (see Section 11.7, Identifying a Modified Job Assignment).
- ◇ *Maintain close contact with the functional managers or supervisors to identify a suitable modified assignment, as it is the most critical and often the most difficult step in the Rehabilitation Program process.*

Management Refusal

When management refuses to provide a modified job offer...

11.6 Initiating Management Refusal Action — senior IC specialist or district HR manager

- ☐ When it is determined that management will not extend a job offer, prepare a letter to the Headquarters manager of Safety and Risk Management (see Exhibit 11.6a, Sample Letter: Request for Concurrence on a Management Refusal). The letter must be signed by the district manager and a copy sent through the appropriate functional manager (the manager of function where the employee was assigned at time of injury) and the designated area HR analyst, and must include the following:
 - The specific reasons for the proposed management refusal.
 - Supporting medical evidence and other documentation.
 - A request for Headquarters' concurrence with the proposed action.
- ☐ Upon receipt of Headquarters' concurrence, initiate the following:
 - Notify the injured employee, in writing, that while he or she was considered for placement under the Rehabilitation Program, a job offer will not be extended, and the reasons why.
 - Provide a copy of this letter to OWCP rehabilitation specialist and rehabilitation counselor. Prepare a cover letter that includes the following:
 - A summary of actions taken.
 - A request for consideration of appropriate action, e.g.:
 - Pursuance of placement with a new employer.
 - Issuance of a loss of wage-earning capacity (LWEC) decision, as appropriate, if further rehabilitation efforts are unsuccessful (see Exhibit 11.6b, Loss of Wage-Earning Capacity). This request should be addressed by the claims examiner.
 - Termination of compensation payments when medical evidence indicates disability is not because of the job-related condition.
 - Copies of Headquarters' concurrence.
 - Employee's notification letter.
 - Supporting documentation.

SEE Chapter 8, Controversion and Challenge.

Management Job Offer

When management identifies a modified job offer...

Identification of Modified Job Assignments

Determining the procedure to be used to facilitate assignment identification is a local management decision. The following two processes are common practices:

- Management contact by placement priority.

This procedure calls for the ICCO to contact the appropriate management level on a person-to-person basis.

While this method usually results in the development of a suitable assignment, it can be extremely time consuming, delay the entire process, and create an unnecessary amount of correspondence. If the manager of the office where the employee was officially assigned at the time of injury cannot identify a permanent modified assignment within that office, the ICCO must proceed to the next management level until an assignment is identified or all avenues are exhausted.

- Management team.

In this process, management designates representatives from major functions or work units to serve on a Rehabilitation Program committee chaired by the senior IC specialist. Medical restrictions of potential program participants are reviewed, placement priorities are considered, and recommended assignments are drafted. Following the meeting, the senior IC specialist submits the recommended modified assignment to the appropriate manager for concurrence.

The management team method has proven to be very successful. It allows for immediate input from the major functional areas, availability of the senior IC specialist to answer questions and clarify responsibilities, and a timely rehabilitation process.

11.7 Identifying a Modified Job Assignment — ICCO

- ☐ Initiate the following actions:
 - Prepare a memorandum for the appropriate management review (see Exhibit 11.7a, Sample Letter: Request for Identification of Rehabilitation Position) that includes the following information:
 - Notification that the employee is being considered for permanent placement under the Rehabilitation Program.
 - A request that a modified assignment be identified.
 - A brief work history of the employee.
 - The employee's medical restrictions.
 - Priority placement guidelines (see Exhibit 11.7b, Rehabilitation Assignment Priority). Placement priority for the Rehabilitation Program is the same as for limited duty.
 - Submit the prepared memorandum to the locally determined review authority.
- ☐ Assist management in identifying a suitable modified job assignment. Review the injured employee's medically defined work restrictions. Each task within the identified assignment must comply with the employee's medical limitation. Consider the following possible placements:
 - *Employee's current position.* If the employee is a current employee (was never separated from the USPS rolls) and is capable of performing his or her core duties with only minor modification, assignment to the current position may be feasible. This type of accommodation is not considered a modified assignment, and the workhours are charged to the regular operation LDC.
 - *Reassignment to an existing position.* If a current employee can no longer perform the core duties of his or her position but is capable of performing the core duties of another authorized position for which he or she is qualified, reassignment may be offered. Since the employee is performing the core duties of the position, the workhours are charged to the regular operation LDC.
 - *Residual vacancy.* If a vacancy has been posted for bid or application and there are no successful bidders or applicants, both current and former employees may be offered a residual vacancy if they can perform the core duties of the position with only minor modification. Again, since the core duties are being performed, this is not considered a modified assignment and the workhours are charged to the regular operation LDC.
 - *Modified assignment.* If a current or former employee's restrictions prohibit accommodation as described in the categories above, individual tasks must be identified and combined to develop a modified assignment consistent with the employee's medical restrictions. These tasks are usually subfunctions and may be from multiple positions. The workhours for employees accommodated in modified assignments are charged to LDC 69.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

- ☐ Ensure that:
 - Any adverse or disruptive influence on the employee is minimized (see Exhibit 11.7b, Rehabilitation Assignment Priority).
 - Contractual obligations are honored (see Exhibit 11.7c, Contractual Obligations for Rehabilitation Positions).

11.8 Preparing the Job Description — area IC personnel or ICCO

- ☐ Once a suitable assignment has been identified, develop a concise job description that is clear and readily understandable.

Do not use a standard position description with annotations to reflect the accommodations unless the employee's work restrictions are so minor that they can be accommodated in a regular assignment. (For example, a letter carrier can perform his or her regular job with the use of a cart.)

Include the following elements:

- *The name of the injured employee cited on the job description.* This demonstrates that the assignment was specifically tailored to accommodate the injured employee's medical limitations.
- *The job title.* Choose a job title to indicate a modified assignment and state what the employee's status will be (for example, Clerk, Distribution (Modified), Full-Time Regular).
- *The work schedule, tour, and location.*
- *All specific tasks involved in the assignment.* Avoid terms such as "other duties as assigned." If such terms are used, however, give examples of what the "other duties" are.
- *The physical requirements of the proposed tasks.* Blanket statements such as "all assigned duties are within the defined medical restrictions" are not acceptable.
- *Any special workload demands or unusual working conditions.*

SEE Exhibit 11.8a, Sample Modified Job Description.

- ☐ Request the employee's treating physician or the ruling medical authority identified by OWCP to review the modified job description and provide his or her opinion about whether the identified tasks comply with the employee's medical restrictions (see Exhibit 11.8b, Request for Medical Review of Proposed Job Description).

Contact OWCP rehabilitation specialist and request that he or she assists in expediting the request.

- When the ruling authority is the employee's treating physician, contact him or her directly.
- When the ruling authority is a physician contracted by OWCP, the review request by OWCP must be made by either the rehabilitation specialist, the rehabilitation counselor, or the claims examiner.
- ◇ *When review by the physician who provided the work restrictions is not feasible, ensure that the USPS contract medical provider reviews the proposed job description.*
- ☐ In those instances when the reviewing physician determines that the job description should be modified, make the necessary changes to the job description before the actual job offer is made.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

- Once the proposed job description has been finalized, prepare (but do not yet send) a job offer letter that includes the following:
 - The offered position title.
 - The work schedule and tour.
 - The work location.
 - The grade and salary.
 - The effective date of job availability.
 - A description of the appropriate appeal rights.
 - The date that a response to the job offer is required (usually 2 weeks from date of receipt).
 - The possible consequences of refusing the offered job.
 - A space designated for the employee's acceptance or refusal and comments.
- ◇ *Do not include any information regarding election of OPM benefits.*
 - SEE Section 4.26, Considering a Former or Current Employee for Reemployment
 - SEE Exhibit 11.8c, Sample Letter: Rehabilitation Program Job Offer.

11.9 Conducting the Pre-reemployment or Reassignment Interview With the Employee — ICCO

- ☐ Schedule a pre-reemployment or reassignment interview with the employee and do the following:
 - Send a certified letter, with return receipt requested, to the employee approximately 2 weeks before the scheduled interview, requesting him or her to report for a pre-reemployment or reassignment interview (see Exhibit 11.9a, Sample Letter: Employee Scheduling for Pre-reemployment/ Reassignment Interview). Provide a copy to OWCP rehabilitation specialist and OWCP rehabilitation counselor or the staff nurse, if appropriate, and request their presence, depending upon availability, at the interview.
 - Invite the following individuals to attend the interview so they are available to respond to the concerns of the employee:
 - Representatives from the personnel services office and Labor Relations.
 - The manager or supervisor of the proposed work site.
- ◇ *Whether or not the above individuals need to attend the interview depends on how much the designated ICCO person knows about these functional area matters.*
- ☐ If the employee fails to appear or provide an acceptable reason for not appearing, advise the rehabilitation specialist and request him or her to initiate appropriate follow-up action.
- ☐ Ensure that the employee receives the following information during the pre-employment interview (see Exhibit 11.9b, Pre-reemployment/Reassignment Employee Interview Checklist):
 - An in-depth analysis of his or her medical limitations and his or her responsibility to work within the prescribed work restrictions.
 - A full explanation of all restoration rights and benefits (see Exhibit 11.9c, Restoration Rights and Benefits). (A copy can be provided to the employee.)
 - If applicable, the status of injury compensation, disability retirement benefits, and future eligibility (see Exhibit 11.9d, Retirement Considerations).
 - All details regarding the identified assignment, including title, grade, salary, duties, work location, tour of duty and all other pertinent information. If applicable, indicate that the job description was reviewed by a physician, and state the doctor's name and findings.
 - Instructions for completion and submission of any required employment forms.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

11.10 Extending the Job Offer — area IC personnel or ICCO

- ☐ Within 90 days of the official referral by the rehabilitation specialist (normally during the pre-reemployment interview), provide the employee with a written job offer package that includes the following:
 - The job offer letter (see Exhibit 11.8c, Sample Letter: Rehabilitation Program Job Offer).
 - The prepared job description (see Exhibit 11.8a, Sample Modified Job Description). *Without the job description the offer is invalid.*

Allow the employee 2 weeks to respond to the package.

- ◇ *If the job offer cannot be extended within 90 days because of unusual circumstances, the senior IC specialist must notify the rehabilitation specialist in writing before the 90th day with a copy to the area HR analyst of the reasons for the delay and the expected date it is encouraged that the job offer be sent by both regular and certified, return receipt mail.*

- ☐ Prepare a summary of the pre-reemployment interview and send it along with a copy of the job offer to both the rehabilitation specialist and the claims examiner at the time it is provided to the employee.

Good Faith Understanding

In the rehabilitation effort, both the employee and the USPS are expected to act in good faith. The USPS acts in good faith by offering an appropriate job to the employee within 90 days of the official referral by the rehabilitation specialist.

The employee acts in good faith by being flexible and realistic about the job being offered.

The rehabilitation specialist is responsible for monitoring the case relative to the good faith effort of both parties.

11.11 Responding to the Employee's Acceptance of the Job Offer — ICCO

- ☐ Upon receipt of the employee's acceptance, issue a letter to the employee advising him or her where, when, and to whom he or she is to report (see Exhibit 11.11a, Sample Letter: Employee Report to Duty).

Direction of the Employee Back to Work

When an employee returns to work, the ICCO person will accompany the employee to the appropriate office. If this is not practical, direct the employee as indicated below or as established by local protocol.

In reemployment cases, when the employee was a former employee who was previously separated from USPS rolls, the employee will normally be directed to report initially to the personnel services office for completion of the appropriate paperwork.

In reassignment cases, when the employee is a current employee who was never separated from USPS rolls, the employee may be directed to the work site. Personnel can usually process the appropriate paperwork without the employee's presence.

- ☐ Provide copies of the report-to-duty letter to the following individuals or units:
 - *Personnel services office.* The local personnel services office has the administrative responsibility to complete all standard personnel forms including those required for health benefits insurance, life insurance, and retirement. Forward with a transmittal letter a copy of the report-to-duty letter requesting processing of the necessary paperwork. In addition to the report-to-duty letter, provide also:
 - Form 2489, *Identification of Physical/Mental Disability*, completed by the USPS contract medical provider. Information from this form is entered onto Form 50. (Do not retain a copy of Form 2489 in the Rehabilitation Program file.)
 - A copy of the prepared job description and the job offer and acceptance letter.
 - A copy of the appropriate sample, Exhibit 11.11b, Sample Forms 50 Actions
 - *The manager or supervisor at the identified work site.* Provide also a copy of the job description and the job offer and acceptance letter. It is imperative that the manager or supervisor be advised of any change in the employee's status or work restrictions.
 - *OWCP rehabilitation specialist or rehabilitation counselor.* Provide also a copy, along with copy of employee's acceptance.
 - *OWCP claims examiner.* Provide also a copy of the employee's acceptance and a completed CA-3, *Report of Termination of Disability and/or Payment*, upon the employee's actual return to work.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

- ☐ Coordinate with the personnel services office to ensure that OPM is notified of the reemployment of a disability annuitant previously approved for as annuity, even in cases where it was waived in lieu of OWCP benefits (see Exhibit 11.11c, OPM Notification of Reemployment of a Disability Annuitant).
 - The reemployed individual's name.
 - Social Security number.
 - Date of birth.
 - Civil service annuity claim number (CSA — civil service account).
 - Date of reemployment.
 - Indication of whether retirement deductions are to be made from the salary or the position to which reemployed.

A copy of Form 2485, *Medical Examination and Assessment*, must be attached.

The notification should be sent to:

RETIREMENT OPERATIONS CENTER
OFFICE OF PERSONNEL MANAGEMENT
PO BOX 45
BRYERS PA 16017-0045

SEE Exhibit 11.9d, Retirement Considerations.

- ☐ Enter call-up dates into HRIS for periodic follow-up actions.

**11.12 Responding to the Employee's Refusal of, or Refusal to Respond to, the Job Offer —
area IC personnel or ICCO**

Obligation: Recognizing the Penalty of Refusing Work

Section 8106 of FECA provides that an employee who refuses to seek suitable work or refuses or neglects to work after suitable work is offered is not entitled to compensation.

- ☐ If the employee refuses the job offer, notify the rehabilitation specialist by telephone.
- ☐ Within 2 working days, advise the claims examiner, in writing, of the employee's refusal to accept the offered assignment, and send a copy to OWCP rehabilitation specialist. The following is to be attached to the advisement letter:
 - A copy of the job offer and refusal letter signed by the employee.
 - A copy of the pre-reemployment interview summary.
- ☐ Ensure that the offered assignment remains available during the entire OWCP due process procedure, which may result in a decision to terminate benefits.
- ◇ *The employee must be allowed to return to work if he or she accepts the job offer any time before the final OWCP due process action (i.e., issuance of decision to terminate benefits). This requirement is extremely important. If for any reason the offered assignment becomes unavailable before the conclusion of this process (e.g., assignment given to someone else, premature administrative action, etc.), or the offered position is deemed invalid by OWCP, the employee's entitlement to compensation payments will continue, and the entire rehabilitation effort is voided.*

OWCP Due Process

The OWCP claims examiner is provided with a copy of the job offer and job description at the same time it is extended to the employee. If the employee refuses the offer, a series of actions must take place to ensure that the injured employee receives due process as a result of a USPS offer of employment. These actions include the following:

- The claims examiner reviews the offer package, along with the evidence of record, and determines if it is suitable to the employee's partially disabled condition.
- When the offered job is determined not to be suitable, the claims examiner advises the ICCO, OWCP rehabilitation specialist, and the employee, in writing, of the unsuitability of the offer.
- When the claims examiner determines that the offered job is suitable, the claims examiner notifies the employee in writing of the following points:

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

- That OWCP considers the job offer suitable under the provisions of 5 U.S.C. 8106(c).
 - That if the employee refuses the job, he or she will not be entitled to monetary benefits (except medical benefits) unless he or she can show that such refusal was reasonable or justified. The employee has 30 days from the date of the notification by the claims examiner to accept the employment or to explain why the employment was refused.
 - That the offered job remains available for due process consideration.
 - That the employee is entitled to LWEC, if applicable.
 - That the employee can still accept the job without penalty.
 - That further action will be taken without additional notice by OWCP for the employee's failure to cooperate.
 - When the employee does not provide good cause for refusing the offered job, the claims examiner may terminate the employee's benefits at the end of the 30-day notification period in addition to 15 days for due process consideration.
-

SEE Exhibit 11.6b, Loss of Wage-Earning Capacity.

- ☐ When the claims examiner determines that the offered job was not suitable, coordinate with the appropriate manager or supervisor to make the necessary revisions and reoffer the job. This action will be considered a new job offer and, if refused, the employee will again be entitled to full due process.

Employee Relocation

When an injured employee has relocated to another geographical area subsequent to a job-related disability...

Obligation: Extending a Job Offer to a Relocated Employee

If a *current* employee voluntarily moves to another area, a job offer should be extended by the originating district first. As long as the employee is on USPS rolls and was not required to move, he or she should be available to return to work at his or her employing district.

If a *former* employee voluntarily moves to an isolated area that has limited job opportunities, a reasonable attempt should be made to reemploy the individual at a USPS facility within the commuting distance of his or her current address. However, if an assignment cannot be identified, the originating installation may make a suitable job offer.

If a *current or former* injured employee is required to move to a different geographic area because of health conditions that were caused by the injury, or that predated it, the issue of job availability must be considered with respect to the new area of residence.

It is USPS policy for the affected districts to act in a cooperative manner in meeting USPS obligations and achieving USPS objectives.

11.13 Initiating a Job Offer for a Relocated Injured Former Employee — *originating district's senior IC specialist*

- ☐ When a *former* employee has relocated to an area outside the geographic boundaries of the employing district, within 5 days of receipt of OWCP referral, send pertinent rehabilitation information with a cover letter, by certified mail with return receipt requested, to the senior IC specialist of the gaining district (the district where the employee now resides) requesting assistance in placing the employee. Provide a copy of the letter to the designated area HR analyst.
- ☐ Update the HRIS.
- ◇ *Contact the designated area HR analyst if assistance is required.*

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

11.14 Identifying a Modified Position for *Current or Former Employees Who Have Relocated for Health Conditions* — *area IC personnel or senior IC specialist*

- ☐ For current or former employees who have relocated for health conditions, make a good faith effort to identify a suitable assignment within commuting distance of the employee's new residence.
- ☐ Once a modified position is identified, continue the rehabilitation effort following standard procedures, keeping the originating district advised of the rehabilitation effort status.
- ◇ *Contact the designated area HR analyst if assistance is required.*

11.15 Arranging for Payment of Relocation Expenses — senior IC specialist

Obligation: Receiving Payment or Reimbursement of Moving Expenses

20 CFR 10.123(f) provides that an injured employee who relocates to accept a suitable job offer after termination from the USPS rolls may be entitled to receive payment or reimbursement of moving expenses from OWCP compensation fund. This provision further states that federal travel regulations pertaining to permanent change of duty station moves are to be used in determining whether expenses claimed are reasonable and necessary. (See FECA PM 2-813.14 for additional information.)

Relocation Expenses

Relocation expenses are payable only to former employees (no longer on postal rolls). When paid by OWCP, these expenses are paid from the compensation fund and charged back to the USPS along with all other compensable payments.

There is nothing in FECA or OWCP procedures that prohibits the employing district from paying or reimbursing the employee out of USPS funds under normal relocation procedures without requesting reimbursement from OWCP.

OWCP Responsibility

- OWCP adjudicates all requests for relocation. When the job offer is determined suitable and relocation is approved, OWCP senior claims examiner should notify the concerned parties of the procedures to obtain reimbursement.
- OWCP district office pays or reimburses authorized expenses except where the USPS has requested an advance payment from OWCP compensation fund.
- OWCP national office handles all requests for advance payment from the compensation fund in cases where the USPS cannot advance the money for the move from its own accounts.

Employee Responsibility

General Services Administration (GSA) regulations require that an employee whose moving expenses are paid by the federal government must remain in federal employment for one year after the move. If the employee ceases work for a reason unacceptable to OWCP, the relocation expenses will be declared an overpayment.

- ☐ Incorporate a positive statement in the job offer concerning payment of relocation expenses, forward a copy of the job description to OWCP claims examiner requesting a suitability determination before extending the job offer.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

- ☐ Advise a potential Rehabilitation Program participant who has relocated that his or her relocation expenses will be paid as long as the offered assignment is found suitable by OWCP. Advise him or her of GSA regulations requiring continued employment for 1 year.
- ☐ Coordinate with Finance to ensure the following:
 - Upon acceptance of the job offer, Finance, in coordination with the ICCO, will initiate required relocation actions, e.g., arrange for a government bill of lading to have a moving company transport the employee's household goods, issue advance payments, etc.
 - Upon completion of the move, Finance will examine the expenditures and certify that the types of expenses and actual amounts are allowable according to GSA travel regulations, and in accordance with what the USPS would authorize for any other employee undergoing a permanent change of duty station. Copies of the certified bills and travel vouchers are then sent to OWCP for payment.
 - If the employee ceases to work for a reason unacceptable to OWCP, Finance will declare the relocation expenses as overpayment.

Employee Return to Work

When the employee returns to work...

11.16 Monitoring the Injured Employee's Return to Work — ICCO or employee's supervisor

- ☐ Brief the immediate supervisor on the injured employee's medical status and work limitations.
- ☐ Conduct periodic follow-ups in coordination with OWCP to assist in the employee's readjustment to a working environment, to ensure that the employee is working safely within the prescribed work restrictions, and to identify potential problems. As a means of follow-up, the following actions are encouraged:
 - *On the day the employee returns to work*, accompany the employee to his or her designated office or work site. When this is not possible, do the following:
 - Contact the office to which the employee is to report before the reporting time. Remind the appropriate person of the employee's reporting time and request that the ICCO be called if there is any problem.
 - Contact the employee and the supervisor later in the day to see if there are any potential concerns or problems. Let the employee know that the ICCO is available if he or she has questions regarding the assignment, work restriction, or claim. Advise the employee that routine employee matters must be handled through his or her supervisor or the local personnel services office.
 - *At the end of the first week*, interview the employee and supervisor to evaluate the employee's adjustment to the work environment, the status of his or her physical well being, etc. (see Exhibit 11.16a, Sample Letter: Post-Reemployment/Reassignment Employee Interview, and Exhibit 11.16b, Sample Letter: Post-Reemployment/Reassignment Supervisor Interview).
 - *At the end of the first month*, schedule the employee for a follow-up FFD, if necessary, to determine his or her medical condition during the adjustment period. The FFD findings may reveal that the employee's work restrictions need to be further modified on either a temporary or permanent basis. It is not unusual for an employee's work limitations to be temporarily more restrictive during the initial return-to-work period.
 - Coordinate with the appropriate manager or supervisor and make the recommended modification to the work restrictions. Make any changes in writing and provide a copy to the employee, supervisor, OWCP rehabilitation specialist, and claims examiner.
 - *At the end of the third and sixth months*, interview the employee and the supervisor to determine adjustment progress.
- ◇ *If the modification is permanent and restrictive to a degree that it prohibits the employee from performing the assigned tasks, a new job description will need to be developed.*

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

- ☐ Make additional contacts depending on the individual circumstances. If everything appears to be going well, further contacts are not necessary.
- ☐ Document progress reports based on the follow-up actions listed above and make them part of the employee's rehabilitation file. Provide copies of the reports to the rehabilitation specialist and the area HR analyst through normal management channels.

OWCP Rehabilitation Specialist Required Follow-Up

In coordinating efforts with the ICCO when conducting employee follow-ups, OWCP rehabilitation specialist or counselor has the responsibility to review the employee's progress for a minimum of 2 months following the return to work. If a rehabilitation nurse worked with the employee and the USPS in coordinating the RTW effort, the nurse contacts the employee for 2 months at the following intervals:

- The day the employee returns to work.
- The end of the first month.
- The end of the second month.

Follow-ups may continue beyond 2 months if:

- The employee still has adjustment problems.
- The employee is expected to increase from part-time to full-time employment.
- The rehabilitation specialist, as documented on OWCP-3 *Injured Worker's Rehabilitation Status Report*, believes that continued follow-up is necessary for the employee to remain successfully employed.

-
- ☐ To ensure the best interest of both the employee and the USPS, monitor the employee's progress as long as the employee remains in the Rehabilitation Program.

In many cases, after injured employees return to work under the Rehabilitation Program, their medical conditions improve to a point where they can successfully bid on positions for which they meet the physical requirements. In other cases, full recovery occurs over a period of time and the employees return to their former (or equivalent) positions.

1-Year Follow-Up

When the employee has been back to work for 1 year...

11.17 Scheduling and Monitoring the Results of a Follow-Up FFD — ICCO or postal contract physician

- ☐ Upon completion of the employee's first year in an assignment under the Rehabilitation Program, and continuing on an annual basis, ask the postal contract physician to review current medical information from the employee's treating physician. If the contract physician determines that a FFD is warranted, based on a change in medical conditions, then schedule the employee for the FFD to determine if there has been any change in the employee's condition and if the assignment needs to be adjusted or changed.
- ◇ *It is in the best interest of all concerned to motivate injured employees to perform at their full capabilities. When medically feasible, the progressive upgrading of assigned duties has been proven to help employees reach maximum recovery levels.*
- ☐ After the FFD has been conducted, provide the employee's supervisor or manager and OWCP claims examiner a copy of the FFD results in writing.
- ☐ If the FFD indicates *no change in the employee's work limitations*, advise the employee, in writing, of the FFD findings and the fact that his or her rehabilitation assignment will remain the same.
- ☐ If the results of the FFD indicate that the employee's *work limitations should be further restricted*, take the following actions:
 - If the further restriction is slight and does not affect the performance of the assigned tasks, advise the employee of the fact that the specified work limitation has been further restricted, the degree of restriction, and the fact that the new restriction does not affect his or her current assignment.
 - If the further restriction is significant and necessitates either a revision in the current assignment or the development of a new job description, consult the employee's supervisor and revise the current assignment to conform with the new restrictions. Advise the employee of the following:
 - That his or her work limitations have been further restricted (cite the degree of restriction).
 - That because the restrictions are considered permanent and may hinder the performance of the current position, a new job description will be developed, and upon finalization, a formal job offer will be extended pending OWCP's approval.
 - That, in the interim, his or her current assignment has been adjusted to meet the new work restrictions.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

Since the previously offered and accepted assignment no longer complies with the employee's work limitations, and therefore is no longer a valid job offer, proceed with developing a new job description. Because the employee is already in a work status with the USPS, follow the procedures outlined in the next section (see *USPS In-House Rehabilitation Program*).

- When the results of the FFD indicate the employee's condition has improved to the extent that the *work limitations may be* reduced, initiate the following action:
 - If the FFD indicates the employee is still permanently partially disabled from the job-related injury but is capable of a higher level of performance than that required in the current assignment, notify the ICCO to proceed with the in-house Rehabilitation Program procedures as outlined in the next section and advise the employee of the following:
 - The FFD findings and the new restrictions.
 - That a new job description is being developed to conform with his or her updated work restrictions and that upon finalization, a formal offer will be extended pending OWCP's approval.
 - That, in the interim, he or she will remain in the current assignment because his or her work restrictions are well within the requirements of the current assignment.
 - If the FFD indicates that the employee has improved and is capable of performing the full duties of the position held at the time of injury, the ICCO will proceed with appropriate restoration action as outlined below.

USPS In-House Rehabilitation Program

When an employee's disability is deemed to be permanent...

Obligation: Providing Rehabilitation for the Permanently Disabled Beneficiary

Section 8104 of FECA provides that the Secretary of Labor may direct a permanently disabled beneficiary under FECA to undergo vocational rehabilitation, and may furnish services from the Employee's Compensation Fund. The worker is entitled to compensation at the total disability rate while in a Rehabilitation Program.

OWCP Vocational Rehabilitation Services

Reemployed workers may voluntarily request vocational rehabilitation services offered by OWCP to keep them competitive in the labor market. Since it is USPS policy to make injured employees whole with regard to salary upon their return to work, USPS rehabilitation participants are not normally considered for these services.

The workers who are eligible include those holding the following:

- The positions with substantial loss of wage-earning capacity.
- The positions that will be reduced due to labor market trends.
- The positions with skill levels offering temporary employment.
- The positions that are made available to an experienced employee now able to perform only limited duties. These positions are especially tailored to the injured worker and would not be available competitively at entry level. These positions with specific duties and salaries could probably not be duplicated in the general labor market.

Criteria for receiving these services are as follows:

- The rehabilitation services authorized by OWCP are initiated within 3 months of return to work and occur during nonworkhours.
 - The employee's interest and ability to handle part-time rehabilitation services in addition to the regular work assignment must be considered.
 - The Rehabilitation Program can be completed within 2 years.
-
-

In-House Rehabilitation Program

For the most part, the in-house program process is the same as that outlined in the previous section. Although this is considered an "in-house" program, FECA provisions and OWCP procedures are still applicable. OWCP is still the final authority in determining job suitability and compensation entitlement.

11.18 Identifying Potential In-House Program Participants — ICCO

- ☐ Identify potential participants by reviewing routine and requested medical reports from the treating physician, e.g., CA-17, narrative reports, etc. Once a determination of permanent disability is made, the temporary limited duty assignment is no longer appropriate and a permanent accommodation is required. When reviewing the reports, ascertain whether the employee's treating physician has done the following:
 - Determined that the employee's partial disability is permanent.
 - Failed to provide an anticipated recovery date or declared the disability to be permanent after the employee has been working in a limited duty capacity for an extended period, e.g., 1 year.
 - Repeatedly changed the anticipated recovery date of an employee who has been working in a limited duty capacity for an extended period.

SEE Chapter 6, Medical Management.

11.19 Scheduling and Monitoring the Results of the FFD to Determine If a Job Offer Can Be Made — area IC personnel or ICCO

- ☐ When a potential in-house program participant has been identified, first check OWCP case file for current medical information. If OWCP case file does not contain current or adequate medical information, then schedule the employee for an FFD (see Section 11.17, Scheduling and Monitoring the Results of a Follow-Up FFD). Require that the examination include a consultative examination by an appropriate board-certified specialist.
- ◇ *In instances where OWCP work restrictions are not current, it is imperative that the FFD be as thorough as possible. A consultation by a specialist is particularly important when there is a difference of medical opinion between the employee's treating physician and the USPS contract medical provider.*
- ☐ When the employee fails to appear for the FFD for an acceptable reason (such as a family emergency), reschedule the examination. If the excuse is unacceptable, seek guidance from Labor Relations.
- ☐ When the FFD has been conducted, ensure that the USPS contract medical provider provides the ICCO with the results of the FFD using by Form 2485.
- ☐ Determine whether to extend a job offer by reviewing the FFD results. If the FFD indicates that the employee is no longer disabled from the job-related injury (or has returned to his or her preinjury state), a permanent reassignment under the in-house Rehabilitation Program is not appropriate. In this instance, initiate the following actions:
 - If the FFD finding is in conflict with the employee's treating physician:
 - Request the USPS medical provider to identify the conflict and outline suggested course of actions with the ICCO personnel.
 - Allow the employee to remain in his or her limited duty assignment until the matter is resolved. (At this point, all that exists is a difference in opinion between the USPS examining physicians and the employee's treating physician, which is not a sufficient reason to relieve an employee of his or her limited duty assignment.)
 - If the difference in opinion cannot be resolved (ELM 547.34), prepare a challenge package and request OWCP to schedule a second opinion and independent medical examination.
 - Upon receipt of OWCP's decision, take appropriate action such as the following:
 - Direct the employee to return to his or her regular position.
 - Advise the employee of his or her right to apply for a nonoccupational light-duty assignment under contractual provisions.
 - Proceed with the in-house rehabilitation effort if it is determined that the employee does have permanent residual effects from the job-related injury.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

- If the FFD is in agreement with the treating physician or the conflict has been resolved, proceed with an in-house rehabilitation effort.

SEE Exhibit 11.7c, Contractual Obligations for Rehabilitation Positions.
Chapter 6, Medical Management.
Chapter 8, Controversion and Challenge.

11.20 Extending an In-House Rehabilitation Job Offer — *ICCO*

- ☐ When a job offer can be made, proceed with the rehabilitation effort as outlined (see Section 11.5, Responding to the Results of the Medical Examination, through Section 11.10, Extending the Job Offer), except where OWCP involvement or notification is cited. Normally, there is no OWCP participation during the job identification through job offer process of the “in-house” program.
SEE Exhibit 11.7b, Rehabilitation Assignment Priority.

11.21 Responding to the Employee's Refusal of the In-House Rehabilitation Job Offer —
ICCO

- ☐ When the injured employee refuses the job offer, prepare a letter for the signature of the district HR manager with a copy to the appropriate functional manager, advising the employee or designee of the following:
 - That because his or her disabilities have been determined to be permanent, he or she is no longer eligible for a limited duty assignment.
 - That he or she may still accept the offered assignment, which will remain open until OWCP determines its suitability and gives due process.
 - That OWCP will be advised that a permanent assignment was offered in good faith and rejected by the employee.
 - That the employee will remain in his or her limited duty assignment until OWCP makes a suitability determination on the rehabilitation job offer.

SEE Exhibit 11.21, Sample Letter: Termination of Limited Duty Assignment for Refusal of In-House Rehabilitation Program Job Offer.

- ☐ Advise management against any premature personnel action.

OWCP has the sole authority in determining if a job offer is valid. Additionally, under FECA provisions, the employee must be provided with another opportunity to accept the offer. Keep the offered position available until a final decision is made by OWCP (see Section 11.12, Responding to the Employee's Refusal of, or Refusal to Respond to, the Job Offer, for information concerning OWCP's due process).

- ☐ Send a complete package to OWCP claims examiner consisting of the following:
 - A summary letter of the actions taken.
 - The job offer and refusal.
 - The job description.
 - Supporting medical documentation.
 - The employee notification letter.
- ☐ If OWCP determines that the rehabilitation job offer is suitable, the employee is no longer entitled to limited duty. If the employee still refuses an in-house rehabilitation job offer after due process has been provided, terminate the limited duty assignment and direct the employee to personnel services office for other options available.

11.22 Responding to the Employee's Acceptance of the In-House Rehabilitation Job Offer
— *ICCO*

- ☐ When the employee accepts the job, initiate appropriate notification as outlined in 11.11, Responding to the Employee's Acceptance of the Job Offer.

In addition to sending a copy of the employee's report-to-duty letter, provide OWCP with a complete package that includes copies of the following:

- Job offer and acceptance.
- Job description.
- Supporting medical documentation.
- Report-to-duty letter.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

11.23 Responding to the Injured Employee's Return to Work — *ICCO*

- ☐ When the injured employee assumes the new permanent assignment, monitor the employee's work and medical progress and initiate follow-up action as cited in 11.16, Monitoring the Injured Employee's Return to Work.

Exhibit 11.1

Office of Workers' Compensation Program's Role in Referring Employees to the Rehabilitation Program

The Office of Workers' Compensation Programs (OWCP) rehabilitation specialist has the overall managerial responsibility for developing and screening referrals of injured employees from all sources. In addition, private or state rehabilitation counselors acting as screeners (OWCP RC-Ss) in a contractual arrangement with OWCP may screen and evaluate referrals of employees and perform initial interviews. In addition to requests received from ICCOs, the rehabilitation specialist (RS) may identify possible program participants from other sources, such as the claims examiner (CE), computer-generated referral lists, health professionals, the injured employee, unions, or attorneys.

Screening

Once the employee has been identified as a possible participant, the RS or the OWCP RC-S screens the compensation file to review basic information regarding the employee's medical condition, physical capabilities, reemployment potential, and other data that will determine the course of the rehabilitation effort.

Within 5 days of receipt of the files, the RS sends an OWCP-3, *Rehabilitation Status Report*, indicating the actions planned for the employee. Copies of OWCP-3 are sent to the appropriate parties, including those cited below, for information:

- Designated area HR analyst. (The area HR analyst should furnish a copy to the senior IC specialist.)
- Injured employee and representative, if any.
- OWCP compensation file.

Initial Employee Contact

The RS or OWCP RC-S contacts an eligible employee by mail or telephone to arrange an initial interview to discuss rehabilitation services and explain reemployment. The RS or OWCP RC-S uses an OWCP-6, *Initial Interview Letter*, soliciting personal or phone contact. If the employee does not respond to the OWCP-6 within 21 days:

- The RS notifies the CE of the employee's noncooperation and requests the CE to take appropriate action. The first action of the CE is to send an OWCP-11, *Notification of Due Process for Failure to Cooperate*, to the employee.
- If the employee fails to respond to the notification letter within 30 days, the CE reduces compensation benefits to \$0 until the employee agrees to cooperate.

Interview With the Employee

The RS or OWCP RC-S conducts an interview with each employee by personal visit or telephone. The interview precedes any other services.

The quality of the initial interview depends on the ability of the RS or OWCP RC-S to communicate professional competence, a sense of urgency, and concern to the employee. The RS or OWCP RC-S must be able to listen effectively and ensure the following elements:

- The employee must be given an opportunity to express his or her feelings and other concerns that may interfere with the recovery process.
- The RS or OWCP RC-S must analyze and summarize the interview and clarify the rehabilitation process.
- The purpose of rehabilitation (i.e., to help a person get back to work) must be explained.
- The RS or OWCP RC-S stresses that training may not necessarily be included in the Rehabilitation Program.
- If the employee was previously approved for annuity by OPM, the RS advises the employee to contact the personnel services office for an explanation on the effects of reemployment on retirement benefits (see Exhibit 11.9d, Retirement Considerations).
- The RS or OWCP RC-S secures additional information, if needed, from the employee and discusses the next step in the rehabilitation process.

Determining Appropriate Action

Following the interview, services are either initiated to prepare the employee for a return to work, or are deferred, pending receipt of further medical or other information.

Usually, a rehabilitation counselor is assigned to facilitate the process; however, in some cases, a registered field nurse may be assigned by OWCP staff nurse to facilitate the medical management of the case.

OWCP Nurse Intervention Program

OWCP currently has a staff nurse assigned to each district office. When an injured employee has been in COP for 45 days, the CE automatically refers the case to the staff nurse for assignment to a field nurse to provide rehabilitation services within a 180-day period. The field nurse coordinates medical services and clarifies medical issues and obtains work restrictions. The injured employee is not required to participate in rehabilitation with the staff nurse. If the injured employee refuses such services, OWCP procedures call for the case to be referred back to the RS, where participation is mandatory.

Contact With Agency

Once work limitations are identified, the field nurse contacts the injured employee. The nurse will contact USPS district IC personnel to discuss identification of a modified job to accommodate the work restrictions. Ideally the field nurse meets with the IC personnel on site to identify possible job assignments for the injured employee.

If the claim file does not contain a current work restriction evaluation and a report of a medical evaluation conducted within the past year, the RS, OWCP RC-S, or staff nurse will notify the CE. The CE will obtain these documents before an official referral is made to the USPS.

SEE Chapter 6, Medical Management.

Closure of Referral Action

The RS or OWCP RC-S closes a referral by annotating the appropriate block of the OWCP-3, citing the reason for closure, and providing copies to all interested parties when rehabilitation services are considered inappropriate in the following cases:

- If unsuccessful attempts have been made to contact the employee (referred back to the CE).
- If the employee has already successfully returned to work with the USPS (e.g., limited duty).
- If the claim files have been previously referred to the RS or OWCP RC-S and there is no change from the previous condition.
- If the employee is permanently restricted to working less than 2 hours per day.
- If medical documentation does not indicate the employee can return to work at this time (referred back to the CE).

If the employee refuses to cooperate in recommended reemployment efforts, the RS or OWCP RC-S will take the following steps:

- If current medical information indicates that the employee can work at least 4 hours per day, the RS or OWCP RC-S informs the employee of the pertinent section of the Act.

Section 8113(b) states that “if an individual without good cause fails to apply for and undergo vocational rehabilitation” and “the wage-earning capacity of the individual would probably have substantially increased,” the Secretary may reduce compensation. Furthermore, Section 8106(c) states that “a partially disabled employee who refuses to seek suitable work or refuses or neglects to work after suitable work is offered to, procured by, or secured for him, is not entitled to compensation.”

- If the employee persists in refusing to participate, the RS completes an OWCP-3, *Injured Worker's Rehabilitation Status Report*, detailing the employee's failure to cooperate, recommends to the CE that compensation

be reduced to \$0, and closes the referral action. A copy of OWCP-3 is provided to the CE, and he or she then evaluates the employee's refusal and takes appropriate action.

Referral to a Rehabilitation Counselor by OWCP Rehabilitation Specialist

The OWCP RC is directed by the RS to provide rehabilitation services throughout the reemployment process and prepare monthly progress reports.

Initially, counseling and guidance focus on preparing the employee and easing the transition in returning to work, because frequently the employee has been away from work for a long time. There is usually a need to share concerns about the injury, the pain resulting from the injury, feelings about the loss of the preinjury job, and concerns about adjustment to work. The OWCP RC also provides the employee with information on benefits if a loss of salary occurs when accepting a new job.

Counseling services are continued after the employee returns to work to ensure that the employee has adjusted to the work environment.

In the rare instances when the RS performs these services directly with the employee, the RS is responsible for all those duties normally provided by the OWCP RC, such as counseling and guidance, coordination with the appropriate ICCO staff person, and follow-up.

The RS refers the employee to an OWCP RC through OWCP-35, *Routine Referral and Award*, which authorizes counseling, guidance, testing, and placement services by the OWCP RC. This form authorizes services for a specified dollar amount for up to 2 years of service unless the RS modifies the limit. Other documents in the referral package include:

- OWCP-3, *Injured Worker's Rehabilitation Status Report*.
- OWCP-5a, b, or c, *Work Capacity Evaluation*, with most current work restrictions.
- OWCP-9, *Rehabilitation Case Record*.
- Significant medical reports.

Actions Taken by OWCP Rehabilitation Counselor

The OWCP RC performs the following tasks:

- Meets with the employee, listens to his or her concerns, provides an understanding of the reemployment process, and ensures that the employee is prepared for return to work.
- Explains the purpose and process of reemployment or reassignment to the employee's treating physician, if needed.
- Ensures that current medical reports and work restrictions, if needed, are obtained from the treating physician. If there is a medical report from a second opinion specialist or impartial specialist, the CE determines which report carries the weight of medical evidence.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

- Evaluates the feasibility of the employee's reemployment based on all information available.
- Recommends any additional services to assist in proper reemployment.
- Coordinates with the ICCO and the RS and discusses any major obstacles to reemployment with the RS.
- Facilitates the employee's transition back to work through open and objective communication with all parties involved with the employee.
- Serves as a liaison between employee's treating physician and the USPS in developing a rehabilitation job.
- Evaluates the suitability of the proposed job offer before the pre-reemployment interview of the employee.

Referral to the USPS

When it is determined that the employee is a candidate for participation in the rehabilitation program, the RS sends a referral package to the area IC office or the ICCO at the originating installation. An OWCP-3 is used as the official referral for reemployment or reassignment under the rehabilitation program. The case is considered referred to the USPS only when the RS signs the OWCP-3 and places an "X" in the "Placement — Previous Employer" box. A copy of the referral is sent to the designated area HR analyst for monitoring.

Injured employees under FECA are entitled to compensation at the total disability rate while in a rehabilitation program. The RC will request the CE to continue total disability benefits during the rehabilitation efforts.

An employee receiving compensation for a scheduled award can receive rehabilitation services; however, an employee who is concurrently receiving an OPM annuity with the scheduled award is not entitled to OWCP rehabilitation services (since the person would not otherwise be entitled to disability compensation).

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

Exhibit 11.4a

Sample Letter: Task Force Review Letter

[U.S. Postal Service Letterhead]

____[date]____
____[name]____ (employee's physician)
____[street address]____
____[city, state, ZIP Code]____

RE: _____

CLAIM #: _____

Dear Dr. ____[name]____:

Our records reflect that you are providing medical care to our above mentioned former employee for the job-related injury [he/she] sustained on ____[date]____.

Mr./Mrs. ____[name]____ has chosen to receive Workers' Compensation benefits under the Federal Employees' Compensation Act (FECA). ____[He/She]____ is not receiving retirement benefits.

Federal employees receiving benefits under FECA are required by statute to return to either their former or alternate work, when medically able. They are also to inquire of their treating physicians the earliest date they may return to work. The employer is required to demonstrate that suitable work is made available to the injured employee in accordance with medical capabilities.

In keeping with our obligation, we request that you complete the enclosed form to provide the employee's work restrictions and return it to this office as soon as possible. When completing the form, please document the physical limitations currently imposed on your patient's life activities *both on and off* the job. Please be aware that we can create alternative work that will simulate these limitations. Enclosed is a self-addressed stamped envelope.

Thank you for your cooperation to this matter.

Sincerely,

____[signature]____
____[name]____
Human Resources Analyst

Enclosures: CA-17
Postage-paid envelope

cc: Employee

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

Exhibit 11.4b

Sample Letter: Employee Scheduling for Pre-reemployment or Reassignment Medical Examination

[U.S. Postal Service Letterhead]

Date:

Our Ref:

Subject:

To: _____[injured employee's name]_____
_____[street address]_____
_____[city, state, ZIP Code]_____

Dear ____[name]____:

This is in reference to the job-related injury you sustained on ____[date]____. As a result of this injury, you are being considered for ____[reemployment or reassignment]____ under the provisions of the Rehabilitation Program. To facilitate this effort, we have scheduled a ____[pre-reemployment or reassignment]____ medical examination for you. You are to report to:

Name of Doctor: _____

Address: _____

Phone: _____

Date: _____

Time: _____

It will be helpful if you will bring current medical documentation from your treating physician. Such documentation should include:

1. Diagnosis.
2. Dates of treatment.
3. Prognosis.
4. Results of pertinent medical studies.
5. Specific work restrictions (if any) and their duration.
6. Prescribed medication, including that which is (would be) required while working.
7. Date of anticipated return to work (either full or modified duty).
8. Medical justification for current disability (either total or partial).

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

During the course of this examination, it may be medically determined that additional testing is warranted. Therefore, please allow additional time for these studies. Please call the above-listed phone number to confirm your appointment with Dr. ____[name]____ at least 48 hours before the appointment date.

As indicated above, this examination is critical to the rehabilitation program effort. Failure to cooperate in this effort will be brought to the Office of Workers' Compensation Programs' (OWCP) attention for action deemed necessary.

Sincerely,

____[signature]____

____[name]____

Manager, Human Resources

cc: OWCP Claims Examiner, RS, and/or Rehabilitation Counselor
Examining Physician

[Note: Two copies of this letter are to be mailed to the employee as follows:

- Original: Regular mail
- Copy: Certified mail, return receipt requested.]

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

Exhibit 11.6a

Sample Letter: Request for Concurrence on a Management Refusal

SUBJECT: Request for Concurrence on Refusal to Extend a Job Offer

TO: MANAGER, SAFETY AND RISK MANAGEMENT
USPS HEADQUARTERS RM 9801
475 L'ENFANT PLAZA SW
WASHINGTON DC 20260-4232

THROUGH: ____ [appropriate functional manager] ____
____ [designated area human resources analyst] ____

This is in reference to the below cited Rehabilitation Program candidate:

Name: _____

SSN: _____ Claim No: _____

It is our recommendation that a job offer not be extended to Mr./Ms. ____ [name] ____ for the following reason:

- Work restrictions are too severe. [Attach a copy of the pre-reemployment/reassignment medical examination (Form 2485), other supporting medical information within 1 year (if any), and a detailed explanation of the reasons an accommodation cannot be made.]
- Non-job-related medical reasons. [Attach a copy of the Form 2485, other medical documentation within 1 year (if any), and a detailed explanation.]
- Prior employment record. [Justification must be fully documented on a separate sheet.]

We request your concurrence on our recommendation in order to close this rehabilitation effort.

CONCUR: _____ [signature] _____ [district/plant] _____ Manager _____

_____ [functional] _____ Manager _____

CONCUR: _____ [signature] _____ Area Human Resources Analyst

CONCUR: _____ [signature] _____ Manager, Safety and Risk Management

Exhibit 11.6b

Loss of Wage-Earning Capacity

Formal LWECC Decisions

Federal Employees' Compensation Act (FECA) 5 U.S.C. 8115(a) provides compensation for the reduction of compensation to reflect a worker's earning capacity (see also 20 CFR 10.303).

The law provides for payment of compensation based upon loss of wage-earning capacity (LWEC) for permanent effects of an injury, i.e., the injured employee has reached maximum medical improvement but still continues to have residuals from the job-related injury. 20 CFR 10.303 states that an injured employee who is unable to return to the position held at the time of injury, or to earn equivalent wages, but who is not totally disabled for all gainful employment is entitled to compensation computed on LWEC (see FECA PM 2-813).

The Office of Workers' Compensation Programs (OWCP) claims examiner determines the employee's LWEC entitlement. This compensation is paid on the basis of the difference between the employee's capacity to earn wages and the current wages of the job held at time of injury. The "Shadrick" formula is used by OWCP to determine an injured employee's wage-earning capacity (see FECA PM 2-900).

As mentioned elsewhere, the USPS should request OWCP to consider issuing an LWEC decision in certain cases. It is important, however, that the ICCO ensure that such requests are appropriate. The fact that an employee may be eligible for LWEC based on a selected (or constructed) position in no way negates management's obligation to make a good faith job offer to an injured employee. Every effort must be made to identify suitable assignments and, when necessary, management refusal actions must be in compliance with procedures outlined in 11.6, Initiating Management Refusal Action.

LWEC is based on the following criteria:

- *Failure to cooperate with the early stages of the rehabilitation process.* CFR 10.124(f) provides that if an injured employee refuses to participate in rehabilitation after being directed to do so, OWCP may assume, in the absence of evidence to the contrary, that rehabilitation would have resulted in reemployment with no loss of earnings, and compensation may be adjusted to \$0. However, there is no reduction to \$0 if a training or job placement program is identified before the employee's refusal to cooperate. In these cases, the LWEC, even with failure to cooperate, is based on the earnings of jobs identified, not reduced to \$0.
- *Actual earnings.* When an injured employee returns to alternative employment with an actual wage loss, OWCP claims examiner must determine whether the earnings in the alternative employment fairly and reasonably represent the employee's wage-earning capacity. If the earnings do fairly and reasonably represent the injured employee's wage-earning capacity, the claims examiner should prepare a formal LWEC decision.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

Since it is USPS policy to make injured employees whole (no loss of earnings) upon reemployment or reassignment under the rehabilitation program, the employee's compensation should be adjusted to \$0 unless the employee is not capable of working his or her normal schedule (e.g., less than 8 hours per day).

- *Selected position.* In determining the type of work a permanent partially disabled employee can perform, an OWCP claims examiner selects a specific job, taking into consideration several determination factors. These include:
 - Nature and degree of injury-related disability (and any other disability that preceded the injury).
 - Work limitation resulting from injury-related and preceding disabilities.
Note: OWCP only takes into account disability conditions that pre-existed the injury. Disabling conditions which develop subsequent to the injury are *not* taken into account.
 - Usual or former employment.
 - Age and education of the employee.
 - Qualifications for other employment, i.e., experience.
 - Availability of suitable employment in the employee's geographical area.
 - Any other factors which may affect the employee's earning capacity.
- *Estimated earning capacity (as a last resort).* When *extensive* rehabilitation efforts do not succeed, the injured employee's wage-earning capacity is determined on the basis of a minimum of two positions deemed suitable but not actually held. In making this determination, the test is whether the injured employee's wage-earning capacity based on the selected jobs appears reasonable when considering the following factors specified in 5 U.S.C. 8115:
 - The nature of the injury.
 - The degree of physical impairment (including impairments resulting from both injury-related and preexisting conditions — any conditions arising after the compensable injury should not be considered).
 - The usual employment.
 - The injured employee's age.
 - Qualifications for other employment (including education and previous employment and training as well as work limitations imposed by the injury-related and preexisting impairments).
 - The availability of suitable employment. This is usually evaluated with respect to the area where the injured employee resides at the time of determination rather than the area of residence at the time of injury. However, when the employee voluntarily moves to an isolated locality with few job opportunities, the question of availability should be applied to the area of residence at the time of the injury. If the employee is required to move because of health conditions caused by the injury or that

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

predated it, availability must be considered with respect to the new area of residence.

- Other factors or circumstances. These may include the employee's aptitude for acquiring new skills, general appearance, personality factors, ability to adjust to the handicap, the industrial realities in the area where the employee is to be rated, other skills possessed by the employee, mental alertness, and the need for a license.

Modification of Formal LWEC Decisions

Once an LWEC decision has been issued, basic criteria must be met before any further change in compensation can be made. The criteria used by OWCP for modifying a formal LWEC are explained in FECA PM 2-813. These criteria are:

- The original rating was in error.
- The claimant's medical condition has changed.
- The claimant has been vocationally rehabilitated.
- A wage increase of 25 percent or greater has occurred.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

Exhibit 11.7a

Sample Letter: Request for Identification of Rehabilitation Position

With Variants for Specific Addresses

SUBJECT: Potential rehabilitation program Participant —
____[name of injured employee]____

TO: ____[appropriate functional manager
or
management team members]____

This is in reference to ____[name of injured employee]____, who was injured on ____[date of injury]____, when ____[give brief description of how injury happened]____.

As a result of this job-related injury, Mr./Ms. ____[name]____ is permanently partially disabled and is being considered for placement under the rehabilitation program. Mr./Ms. ____[name]____'s work restrictions are as follows:

____[List medically defined work restrictions]____

At the time of injury, Mr./Ms. ____[name]____ was a ____[position title]____, assigned to ____[name of work site]____, and worked on tour ____[number]____. Mr./Ms. ____[name]____'s last day in a work status was ____[date]____.

Your assistance is requested in identifying an assignment consistent with Mr./Ms. ____[name]____'s medical limitations. When identifying such an assignment, please bear in mind management's responsibility to minimize any adverse effect on the employee. Whenever possible, placement should be made in the same craft, facility, and tour in which the employee was assigned at the time of the injury/disability. When this is not possible, further consideration should be given in the order of priority cited on attachment.

[The next paragraph will vary depending on the addressees.]

[When addressed to a specific functional manager:]

If you have any questions and/or require assistance in identifying a suitable assignment, please contact ____[name and phone number of injury compensation control office person handling the case]____. It would be appreciated if your response was received by ____[date response needed]____.

[When addressed to management team members:]

This rehabilitation program effort will be discussed at the next management team meeting scheduled for ____[date and time of meeting]____. The meeting will be held in ____[location]____.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

Thank you for your assistance in this matter.

____[signature]____

Senior Injury Compensation Specialist

Attachment: Rehabilitation Assignment Priority [see Exhibit 11.7b].

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

Exhibit 11.7b

Rehabilitation Assignment Priority

Whenever possible, assign qualified employees to rehabilitation job assignments duty in *their regular craft, during regular tour of duty, and in their regular work facility*.

Prioritize the rehabilitation job assignment in the following manner:

- To the extent that there is adequate work available within the employee's work limitation tolerances, within the employee's craft, in the work facility to which the employee is regularly assigned, and during the hours when the employee regularly works, that work constitutes the rehabilitation job assignment to which the employee is assigned.
- If adequate duties are not available within the employee's work limitation tolerances in the craft and work facility to which the employee is regularly assigned within the employee's regular hours of duty, other work may be assigned within that facility.
- If adequate work is not available at the facility within the employee's regular hours of duty, work outside the employee's regular schedule may be assigned as rehabilitation. However, all reasonable efforts must be made to assign the employee to a rehabilitation job assignment within the employee's craft and to keep the hours of the rehabilitation job assignment as close as possible to the employee's regular schedule.
- An employee may be assigned rehabilitation outside of the work facility to which the employee is normally assigned only if there is not adequate work available within the employee's work limitation tolerances at the employee's facility. In such instances, every effort must be made to assign the employee to work within the employee's craft within the employee's regular schedule and as near as possible to the regular work facility to which the employee is normally assigned.

If it is necessary to change any of the elements to meet the employee's physical limitations or to provide the employee with suitable work, the elements must be changed in this specific order:

Priority of Choice	Regular Craft	Regular Tour	Regular Facility
1st	Within	Within	Within
2nd	Outside	Within	Within
3rd	Within	Outside	Within
4th	Outside	Outside	Within
5th	Within	Within	Outside
6th	Outside	Within	Outside
7th	Within	Outside	Outside
8th	Outside	Outside	Outside

Exhibit 11.7c

Contractual Obligations for Rehabilitation Positions

Reemployment or reassignment must be in compliance with applicable collective bargaining agreements. Individuals so reemployed or reassigned must receive all appropriate rights and protection under the newly applicable collective bargaining agreement.

When preparing to make a job offer, ensure that contractual obligations have been addressed.

Employee Status

These obligations include the following:

- If a current employee is accommodated in his or her current position, his or her status will remain the same.
- If a current employee is reassigned or a former employee reemployed, he or she may work as an unassigned regular or as a part-time flexible employee.
- If a partially recovered current or former employee is reassigned or reemployed to a different craft to provide appropriate work, he or she will not normally be assigned to a residual vacancy when it impairs the seniority rights of a part-time flexible employee.

Compliance under the Snow Arbitration Decision Case No. HOC-3N-C-418 must be met, i.e., assignments of partially recovered employees across craft lines cannot be made to the detriment of part-time flexible employees. This means that if there are part-time flexible employees in the same craft where the recovered employee is to be assigned, he or she normally must be made the junior part-time flexible employee.

However, the USPS guarantees that these employees do not lose pay as a result of the assignment. Because they are entitled to at least the number of workhours earned at the time of injury, it would benefit the USPS to schedule the employee the same number of hours as his or her former assignment and receive the current rate of pay in the part-time flexible pay schedule that was earned at the time of injury.

Note that the part-time flexible schedule pays a higher hourly rate that compensates for not getting holiday pay. The end result is that the part-time flexible is paid an hourly rate higher than the full-time regular position but the annual pay remains the same.

Minimum qualification requirements, including written examinations, may be waived in individual cases for former or current employees injured on duty and considered for reemployment or reassignment. When there is evidence, including that submitted by the medical officer, that the employee can be expected to perform satisfactorily in the position within 90 days after assignment, one of the following may grant a waiver:

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

- For Headquarters and Headquarters field unit positions, the vice president of Human Resources.
- For area positions, an area HR manager.
- For other field positions, a district HR manager.

Seniority

Former employees who are reemployed into bargaining unit positions or current career employees who are reassigned into such positions are credited with seniority in accordance with the collective bargaining agreement covering the position to which they are assigned.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

Exhibit 11.8a

Sample Modified Job Description

Rehabilitation Program Job Description for Patty P. Peachtree

TITLE: Clerk, Distribution (Modified), Part-Time Flexible

LOCATION: Tree Grove Station

TOUR: Tour 2 (07:30 a.m. – 04:00 p.m.)

Duties to Be Performed

Casing mail at a modified distribution case (sorts mail into pigeonholes). Note: Employee will not be required to lift trays of mail. Trays will be placed on ledge of case for the employee.

Physical Activity Required to Perform Duties

Intermittent sitting in a chair with a back support for no more than 2 hours at a time, reaching no higher than shoulder level, lifting no more than 5 pounds.

Other duties that may be assigned include:

- Answering phones.
- Rewrapping damaged parcels.

Other duties, when assigned, will require activity not to exceed lifting of more than 10 pounds, sitting for more than 2 hours in a chair with a back support, reaching above shoulder level, or walking for more than 1 hour. Employee will not be required to bend, squat, or kneel.

Environmental Factors

All work performed inside in a heated or air-conditioned work area.

Other Factors

[Describe any other factors that may be pertinent to the specific case, e.g., exposure to chemicals, etc.]

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

Exhibit 11.8b

Request for Medical Review of Proposed Job Description

[U.S. Postal Service Letterhead]

____[date]____
____[name]____
____[street address]____
____[city, state, ZIP Code]____

Dear Doctor ____[name of reviewing physician]____:

This is in reference to Mr./Ms. ____[name]____, who was injured in the course of [his/her] employment with the U.S. Postal Service on ____[date of injury]____. As a result of this injury, Mr./Ms. ____[name]____ is considered permanently partially disabled.

In view of the above, Mr./Ms. ____[name]____ is being considered for permanent placement in a modified assignment that will accommodate his or her limitations. A proposed job description has been prepared in accordance with the work restriction evaluation report, which was completed by ____["you"/name of physician who completed the report]____, on ____[date report was completed]____. Copies of both the proposed job description and the work restriction evaluation report are attached.

In order to facilitate Mr./Ms. ____[name]____'s placement, your assistance is requested. It would be most appreciated if you would review the attached documents and determine if the proposed job description is in compliance with Mr./Ms. ____[name]____'s work restrictions. For your convenience, you may respond by completing the lower portion of this letter. A self-addressed return envelope is also enclosed. A response by ____[date response is needed]____ would be extremely helpful.

Thank you for your attention to this matter.

Sincerely,

____[signature]____
____[name]____
Senior Injury Compensation Specialist

Attachments: Proposed Job Description
Work Restriction Evaluation

I have reviewed the proposed job description and, in my opinion:

___ It is in compliance with Mr./Ms.____[name]____'s restrictions
___ It is not in compliance with Mr./Ms.____[name]____'s restrictions. The job description should be revised as follows:____[details of proposed revision]____.

(Signature of Reviewing Physician)

(Date)

cc: Employee

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

Exhibit 11.8c

Sample Letter: Rehabilitation Program Job Offer

[U.S. Postal Service Letterhead]

Date:

Our Ref:

Subject: Reemployment/Reassignment Offer

To: ____[injured employee's name]

____[street address]____

____[city, state, ZIP Code]____

RE: OWCP Claim No.

Certified No. _____

Based on the positive results of your pre-reemployment/reassignment physical examination conducted on ____[date]____, we are offering you the following position:

Modified Distribution

<u>Clerk — Full-Time</u>	<u>5</u>	<u>0</u>	<u>\$31,766 (incl. cost of living allowances)</u>
--------------------------	----------	----------	---

Title	Grade	Step	Salary
-------	-------	------	--------

<u>Tree Grove, GA</u>	<u>2</u>	<u>0750 – 1600</u>	<u>Sun/Mon</u>
-----------------------	----------	--------------------	----------------

Post Office	Tour	Time	Days Off
-------------	------	------	----------

The duties of the proposed position are outlined on the attached job description and are in strict compliance with your medically defined work limitations. Your work limitations are as follows:

[List work restrictions.]

Please review the attached job description, indicate your decision by signing in the appropriate space below, and return this letter within 10 days following receipt. A self-addressed return envelope is enclosed for your convenience.

If you believe that this position is not a proper restoration, you may appeal to the Merit Systems Protection Board (MSPB) as outlined in 5 CFR 353. Such an appeal must be submitted to MSPB within 30 days after the date of offer, or 30 days after the date of reemployment/reassignment, whichever is later.

If you refuse to accept this reemployment/reassignment offer, we will so advise the Office of Workers' Compensation Programs (OWCP) for whatever action they deem necessary. Further entitlement to compensation benefits may be affected.

Should you have any questions before making a decision, you may contact ____[name of ICCO person handling case]____ at ____[telephone number]____.

____[signature]____

____[name]____

Manager, Human Resources

Attachment: Sample Modified Job Description [See Exhibit 11.8a.]

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

I ACCEPT YOUR POSITION OFFER

I REFUSE YOUR POSITION OFFER FOR THE
REASONS CITED BELOW

Signature

Signature

Date

Date

Comments:

cc: Rehabilitation Counselor
 OWCP Claims Examiner
 Area Human Resources Analyst

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

Exhibit 11.9a

Sample Letter: Employee Scheduling for Pre-reemployment or Reassignment Interview

[U.S. Postal Service Letterhead]

Date:

Our Ref:

Subject:

To: ___[injured employee's name]___
 ___[street address]___
 ___[city and state]___

OWCP Claim No. _____

Certified No. _____

Dear Mr. or Ms. ___[name]___:

This is in reference to your job-related injury which you sustained on ___[date of injury]___. After a careful review of the most recent medical information, we have determined that you may be eligible for placement in a permanent assignment under the Rehabilitation Program.

To discuss the possibility of your ___[reemployment/reassignment]___, an appointment for an interview as been scheduled for you at the date, time, and location cited below. A job description has been prepared in strict compliance with your medically defined work limitations. The job description, along with a job offer, will be discussed during the interview.

Date: _____

Time: _____

Location: _____

I am looking forward to explaining the Rehabilitation Program to you and discussing the possibility of your ___[reemployment/reassignment]___ within the U.S. Postal Service. If you are unable to keep this appointment, please contact me at ___[ICCO phone number]___. Please be aware that failure to appear for this appointment and/or contact this office may adversely affect your entitlement to future Office of Workers' Compensation Programs (OWCP) compensation benefits.

Sincerely,

___[signature]___

___[name]___

___[ICCO person handling the case]___

cc: ___[Interview attendees]___

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

Exhibit 11.9b

Pre-reemployment or Reassignment Employee Interview Checklist

1. Explain the specific duties required of the position that is being offered under the Rehabilitation Program.
2. Explain the physical requirements demanded of the position. (If applicable, advise employee that the job description was reviewed by a physician (name the physician) who determined that the proposed duties were in compliance with the employee's work restrictions.)
3. Inform employee of the location of the work facility and work schedule being assigned.
4. Explain fully all restoration rights, responsibilities, and benefits upon reemployment:
 - *Employee status seniority.* These are based upon provision of the applicable U.S. Postal Service collective bargaining agreements covering the position to which the employee is being assigned.
 - *Probation period.* Reemployed individuals who have completed their probationary periods, or individuals who would have completed their probationary periods but for their compensable injuries, are not required to serve a new probationary period.
 - *Leave credit.* Total time on Office of Workers' Compensation (OWCP) rolls will be creditable for computing leave rate accrual.
 - *Salary determination.* This is based upon the position to which the individual is reemployed/reassigned.
 - *Retirement:*
 - A separated (nonretired) employee who returns to work, either part time or full time, receives full credit for time spent on FECA rolls, but his or her family may be left without survivor's benefits in event of death.
 - An employee who has applied for and been approved for retirement, even if he or she receives Federal Employees' Compensation Act (FECA) benefits and never receives disability annuity, will not always receive credit for time spent on FECA rolls when returning to work. In this case, future retirement benefits are determined in accordance with 5 U.S.C. 8344(a).
 - *Bid rights.* Reemployed/reassigned individuals may bid on other positions provided they meet the physical requirements of the job. If a Rehabilitation Program employee is a successful bidder on another position, the employee will no longer be a Rehabilitation Program participant unless the employee's work restrictions continue.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

- *Medical Treatment.* The individual is entitled to continued medical treatment, if needed, as a result of the injury.
 - *Disability Retirement.* The individual is entitled to apply for these benefits if, after returning to work, he or she is medically determined to be permanently disabled from performing any type of work.
5. Inform the employee of the time required for receipt of acceptance or declination of job offer before follow-up action is initiated (usually 2 weeks).
 6. Inform the employee that refusal of a valid job offer may result in termination or reduction of OWCP benefits.
 7. Document the date the pre-reemployment/reassignment interview was held and other pertinent information relating to the interview.

Exhibit 11.9c

Restoration Rights and Benefits

The U.S. Postal Service has legal responsibilities to employees with job-related disabilities under 5 U.S.C. 8151 and the Office of Personnel Management (OPM) regulations.

Upon full recovery, former and current injured employees will be returned to their regular or former (or equivalent) positions as stated in Chapter 4, Claims Management. All rights and benefits that the employee would have had or have acquired in the regular or former position had there been no injury or disability are restored.

Upon partial recovery, former employees being reemployed and current employees being reassigned under the provisions of the Rehabilitation Program are entitled to the following rights and benefits:

- *Probationary period:* Individuals who have completed their probationary periods, or would have completed their probationary periods but for their compensable injuries, are not required to serve a new probationary period.
- *Leave credit:* For purposes of computing leave rate accrual, former employees who were eligible to accrue leave are credited, upon reemployment, with the total time compensation was received from Office of Workers' Compensation Programs (OWCP).
- *Retirement benefits:* See Exhibit 11.9d, Retirement Considerations.
- *Salary determination:* The following salary restoration criteria must be met for both reemployment and reassignment of former and current employees. Note: the term grade or step, as used below, means grade or salary for individuals in a nonstep salary schedule.
 - *Reemployment or reassignment to the grade or step at time of disability.* Individuals receive the current salary for that grade and the step that the individual would have acquired had there been no injury or disability.
 - *Reemployment or reassignment to a higher grade.* Individuals placed in a position with a grade higher than that of the position held at time of disability are placed at the current salary for the grade or step that the individual would have acquired had there been no injury or disability.
 - *Reemployment or reassignment to a lower grade.*
 - *The salary below maximum of lower grade.* The individual will be placed in any higher step in the lower grade less than one full step above the current salary for the grade or step that the individual would have acquired had there been no injury or disability.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

- *Salary above maximum of lower grade.* In those cases where the current salary for the grade or step that the individual would have acquired had there been no injury or disability exceeds the maximum salary of the lower grade position, the employee is afforded a saved rate at the higher grade and step salary. These saved-rate provisions apply for an indefinite period and are subject to the rules of the salary schedule assigned for the following employees:
 - Former career employees who are being reemployed under the provisions of the rehabilitation program.
 - Current career employees who accept a job offer and are permanently reassigned because of a job-related injury.
 - Limited duty career employees who are permanently reassigned because of a job-related injury.
- *Reemployment or reassignment to a position in a different salary schedule.* When an individual is reemployed or reassigned to a position in a salary schedule different from the schedule under which the employee was paid at the time of injury or disability, the individual is treated under the following rules, applicable to the new salary schedule:
 - The individual is reemployed or reassigned at the grade appropriate for the position to which he or she was reemployed or reassigned.
 - The individual is placed in any higher step in the new grade less than one full step above the current salary for the grade or step the individual would have acquired had there been no injury or disability.
 - If reemployment or reassignment is to a nonstep schedule, the individual is placed at a salary plus any salary increases the individual would have acquired had there been no injury or disability. Merit salary increases (546.142 (3) (b)) are based on the most recent performance rating before the injury or disability.
 - If the current salary for the grade the individual would have acquired had there been no injury or disability exceeds the maximum salary of the new grade, the individual is given a saved rate. These saved-rate provisions apply for an indefinite period and are subject to the rules of the salary schedule to which assigned for the following employees:
 - Former career employees.
 - Limited duty career employees.
 - Current career employees who have accepted a job offer and are reassigned to a lower grade because of a job-related injury.
 - *Former position under a different salary schedule.* If the position held at the time of injury or disability is no longer under the same salary schedule, the current salary for the former grade or step is determined for Headquarters and Headquarters field units by the vice president of Human Resources (HR); for area positions, the area HR managers; and for field positions, the district HR manager within the district boundaries.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

— *Step increases:*

- Upon reemployment under the provisions of the Rehabilitation Program, former employees are assigned a new waiting period for step or merit increases.
- Upon return to work or reassignment, current employees who were in a LWOP-IOD status receive credit for the period of absence as if duty with the USPS had been continuous for step increase purposes. The date assigned is based on the effective date for the most recent step, merit, or equivalent increase the individual would have acquired had there been no injury or disability.
- Upon reassignment of limited duty employees, standard step increase procedures apply.

Exhibit 11.9d

Retirement Considerations

Employee Notification

Ensure that the potential Rehabilitation Program participant is advised during the pre-reemployment interview of the effect the reemployment will have on future retirement benefits.

Disability Annuitant Status Ceases

The reemployment status of a disability annuitant is determined by the continuing nature of his or her disability annuity and restoration of that individual's wage-earning capacity. The disability annuitant status will cease if the individual meets the following conditions:

- Reemployed to full-time employment.
- Deemed recovered, restored to earning capacity, or found administratively recovered by Office of Personnel Management (OPM).

Individuals whose disability annuitant status ceases will receive credit for time spent on Office of Workers' Compensation Programs (OWCP) rolls during periods of separation, and they will be covered by the same retirement system they were entitled to before the separation. Their future retirement benefits will be based on their reemployment.

Disability Annuitant Status Remains

A disability annuitant status will remain if the individual meets the following conditions:

- Reemployed to part-time employment (working less than full time).
- Receiving compensation from OWCP during reemployment.

Example: A former full-time distribution clerk with disability annuitant status partially recovers from a compensable job-related injury and is reemployed under the Rehabilitation Program. However, medical restrictions limit work to 20 hours per week. In this case, wage-earning capacity has not been restored because the employee is unable to earn wages equivalent to wages of the position held at the time of injury or disability.

These individuals will not receive credit for the period of separation during which the annuitant received OWCP benefits. For reemployment purposes, OPM considers these former employees to be "reemployed annuitants." Although they will be placed under the same retirement system, they were covered by before their separation, retirement deductions for Civil Service Retirement System (CSRS) reemployed annuitants are optional. CSRS annuitants must file an election to have CSRS deductions withheld from their pay during reemployment. This option does not apply to Federal Employees' Retirement System (FERS) disability annuitants. FERS reemployed annuitants will have retirement

contributions withheld during their period of reemployment. Personnel offices must refer to subchapter 100 of the *OPM CSRS and FERS Handbook for Personnel and Payroll Offices* for guidance when hiring reemployed annuitants.

Reinstatement of Eligibility

Reemployed annuitants continue to maintain their OPM annuitant status. Consequently, upon separation from reemployment, they are eligible for:

- Their disability annuity, plus any cost-of-living allowances granted retirees during the period they were not receiving an annuity.
- If they complete the equivalent of at least 1 year of full-time employment, a supplemental annuity based on their period of reemployment.
- If they complete the equivalent of at least 5 years of full-time employment, their annuities redetermined to include all periods of service, including the time spent on OWCP rolls during the period of separation.

Former annuitants reemployed under the procedures in this chapter may be entitled to the restoration of disability retirement status if they are later found unable to perform successfully in the new position because of the original compensable injury or disability and are again separated.

Job Offer Made But Individual Fails to Cooperate

A former employee who has an approved OWCP disability claim and an approved disability retirement on file with OPM has the right to elect benefits from either OWCP or OPM. Once the employee has elected OWCP benefits, any subsequent election should be initiated by either OWCP or the injured employee.

With the above in mind, the senior injury compensation (IC) specialist must ensure that any communication regarding the job offer or the employee's failure to cooperate in the rehabilitation effort originating from the injury compensation control office (ICCO) does not include any reference to an election of OPM benefits. OWCP will not consider the employee to have made an informed election of benefits unless the employee was advised by OWCP that the job is considered to be suitable, and notified of the consequences of a refusal without reasonable cause.

If the employee decides not to accept the job offer or fails to cooperate in the rehabilitation effort, an election of OPM benefits will be offered when appropriate by OWCP, and the employee may voluntarily elect to receive OPM disability annuity.

OPM Notification

Upon reemployment of a disability annuitant (or in advance, if possible), the senior IC specialist must ensure that the Office of Personnel Management (OPM) is notified. OPM must be notified in all cases where the reemployed individual

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

was previously approved for an annuity, even in cases where it was waived in lieu of OWCP benefits. Failure to notify OPM may adversely affect the employee's future retirement benefits.

Separated Employee Status

- Former employees who were separated from the USPS but *who did not apply for a disability annuity* will receive retirement credit for all time spent on OWCP rolls, including periods of separation.
- Former employees who were separated from the USPS but *who did apply for disability annuity* will not receive retirement credit for any time spent on the OWCP roles, including periods of separation.

Current Employee Status

Current employees (never separated from the U.S. Postal Service) will receive retirement credit for all time spent on OWCP rolls while in an LWOP-IOD status.

Additional Guidance

See Exhibit 11.9e, Questions and Answers on Retirement Credit for Time Spent in Receipt of OWCP Benefits.

Exhibit 11.9e

Questions and Answers on Retirement Credit for Time Spent in Receipt of Office of Workers' Compensation Programs Benefits

General Service Credit

- Q. *Does a retiring employee receive full credit in his or her retirement computation for periods of leave without pay (LWOP) and separation during which he or she receives Office of Workers' Compensation (OWCP) benefits?*
- A. Yes. As long as the period(s) involved occurred before the separation on which eligibility to the annuity is based, this service is available as service credit for purposes of eligibility, average salary, and length of service.
- Q. *Is there any purpose for which a period of separation during which the employee received OWCP benefits cannot be credited?*
- A. Yes. A period of separation cannot be credited in meeting the 1-year-out-of-2 provision of Civil Service Retirement System (CSRS), irrespective of the separated employee's entitlement to OWCP benefits.
- Q. *What is the 1-year-out-of-2 provision?*
- A. Under the 1-year-out-of-2 provision, a CSRS employee must complete 1 year of creditable service subject to retirement deductions in the 2 years immediately preceding his or her separation before being eligible for a nondisability retirement based on that separation. Federal Employees' Retirement System (FERS) does not have the same requirement.

Employees and Annuitants

- Q. *What is the difference between a separated employee and an annuitant?*
- A. A separated employee is a former federal employee who was covered by either CSRS or FERS. An annuitant is a separated employee who has applied for and received either a CSRS or FERS annuity on the basis of his or her separation.
- Q. *Is an annuitant who elects to receive OWCP benefits for loss of wage-earning capacity (LWEC) in lieu of annuity still considered an annuitant?*
- A. Yes. This is because he or she may, at any time, reverse the election and choose to receive an annuity in lieu of OWCP benefits.
- Q. *How can an annuitant receive retirement credit for periods of separation after retirement during which he or she receives employee's compensation in lieu of civil service annuity?*
- A. An annuitant can credit periods of separation during which he or she receives OWCP benefits in lieu of annuity by becoming reemployed and earning new title to annuity based on a separation that occurs after the period of receipt of OWCP benefits.

Reemployed Annuitants

- Q. *How does an annuitant earn a new title to annuity?*
- A. A new title to annuity can only be earned through reemployment. When the right to annuity ceases on or during reemployment, a new right to an immediate or deferred annuity will be determined at the time of the employee's next separation. CSRS employees must meet the 1-year-out-of-2 provision (see question 3) in order to establish a new title to a nondisability annuity. When the right to annuity continues during reemployment, a new title to annuity is earned only when the reemployed annuitant completes 5 years of actual, continuous, full-time service, or the part-time equivalent, and earns a right to a redetermined annuity.
- Q. *What kinds of annuities terminate on or during reemployment?*
- A. Under CSRS, a discontinued service annuity terminates when the employee is reemployed in a position that would be covered by CSRS. Other CSRS annuities terminate when the annuitant is reemployed under special circumstances, such as becoming a member of Congress or a Presidential appointee. All other annuities, and the right to receive annuity, are not directly affected by reemployment. However, special rules apply to disability annuities that terminate during reemployment.
- Q. *What are the special rules that apply to disability annuities that terminate during reemployment?*
- A. When a CSRS or FERS disability annuitant is found recovered or restored to earning capacity by Office of Personnel Management (OPM), the normal termination date can be affected by reemployment. A disability annuity usually terminates 1 year after the date of a finding of recovery, or 6 months after the end of the calendar year for which the disability annuitant was found restored to earning capacity. When a disability annuitant who has been found recovered or restored to earning capacity is reemployed before the ordinary termination date of the annuity, the annuity terminates on the later of (a) the date of reemployment or (b) the date of OPM's finding.
- Q. *On what basis can a disability annuitant be found recovered?*
- A. OPM will find a disability annuitant recovered from his or her disability in either of these cases:
- a. Medical evidence shows that the medical condition that initially caused the disability has ameliorated to the point that the annuitant is no longer disabled for the position from which he or she retired.
 - b. The annuitant is permanently reemployed, under CSRS or FERS, in a position of the same grade or pay level as the position from which he or she retired.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

- Q. *What circumstances will prevent OPM from making a recovery finding on the basis of reemployment?*
- A. If the disability annuitant is age 60 or over, he or she may only be found recovered at his or her own request. Also, if the reemployed disability annuitant continues to receive OWCP benefits on the basis of loss of wage-earning capacity (LWEC) (working less than full time), a recovery finding on the basis of reemployment is inappropriate.
- Q. *May a reemployed disability annuitant request OPM to make a finding of recovery from disability? What effect does the request have?*
- A. Yes. A reemployed disability annuitant may request to be found recovered from his or her disability. A disability annuitant age 60 or over may only be found recovered at his or her request. However, an annuitant's request cannot constitute the sole basis for a recovery finding. There must also be evidence of medical recovery or equivalent employment. To receive prompt attention, a request for a recovery finding should be accompanied by such documentation.
- Q. *On what basis may a disability annuitant be found restored to earning capacity?*
- A. A disability annuitant is deemed restored to earning capacity when, at the end of any calendar year in which the annuitant is under age 60, the annuitant's earnings equal or exceed 80 percent of the current pay of the position from which the annuitant retired.
- Q. *Are OWCP benefits counted as part of a disability annuitant's earnings either for restoration to earning capacity purposes or as part of his or her salary for average salary purposes?*
- A. No.
- Q. *How is average salary computed, especially when the employee is working a part-time schedule?*
- A. Average salary is computed on the rate of basic pay (excluding cost of living allowances (COLA)) of the position, not on how much the employee is actually paid. For part-time service before April 7, 1986, the full-time annual rate of the position is prorated by the employee's part-time work schedule. Part-time service on or after that date is credited at the full-time salary rate, but the amount of service is prorated.
- Q. *What CSRS or FERS benefits are payable if the reemployed annuitant (whose annuity terminated on or during reemployment) separates without new title or either immediate or deferred annuity?*
- A. If a nondisability annuity terminated on or during reemployment, it may be reinstated as of the date of separation.
- If a disability annuity terminated on or during reemployment, and the employee is (a) still, or once again, disabled by the same medical condition and (b) under age 62, the disability annuity may be reinstated.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

If a disability annuity terminates on or during reemployment, but the employee does not meet the above, he or she may be entitled to discontinued service annuity based on the termination of the disability annuity. To meet this requirement, he or she will need to have 25 years of service when he or she initially retires, or 20 years of service, and be age 50 or over when the disability annuity terminates. If none of the above circumstances applies to the employee, he or she will be entitled to a deferred annuity based on the previous separation.

- Q. *What benefits will be payable to a reemployed annuitant whose annuity does not terminate during reemployment if he or she is not entitled to a redetermined annuity?*
- A. If the annuitant completes at least 1 year of actual, continuous full-time reemployment service, or its part-time equivalent, he or she will be entitled to a supplemental annuity. A supplemental annuity is in addition to the regular annuity.
- Q. *Can periods of separation during which the annuitant receives OWCP benefits be included in the computation of the supplemental annuity?*
- A. No. Only actual reemployment service may be used in the computation of a supplemental annuity.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

Exhibit 11.11a

Sample Letter: Employee Report to Duty

[U.S. Postal Service Letterhead]

Date:

Our Ref:

Subject:

To: ___[employee's name]___
 ___[street address]___
 ___[city, state, ZIP Code]___

RE: OWCP Claim No. _____

Certified No. _____

Dear Mr./Ms. ___[name]___:

This is in reference to your acceptance of the job offer we extended on ___[date of job offer]___ under the provisions of the Rehabilitation Program.

We are pleased to advise you that your new assignment becomes effective on ___[effective date]___. Please report to the person and location as indicated below:

Name: _____

Title: _____

Location: _____

Time: _____

If you have any questions or require clarification regarding this assignment, please contact ___[name of ICCO person]___ at ___[telephone number]___.

Congratulations on your ___[reemployment/reassignment]___!

Sincerely,

___[signature]___

___[name]___

Manager, Human Resources

cc: OWCP Claims Examiner ___[and/or]___ Rehabilitation Specialist
 Manager, ___[work site]___
 Personnel Services Office

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 REHABILITATION PROGRAM

Exhibit 11.11b

Sample Form 50 Actions

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">01</td> <td style="width: 25%;">EFFECTIVE DATE</td> <td style="width: 70%;">12-23-95</td> </tr> </table>	01	EFFECTIVE DATE	12-23-95		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">NOTIFICATION OF PERSONNEL ACTION</td> </tr> <tr> <td style="width: 5%; text-align: center;">02</td> <td style="width: 25%;">SOCIAL SECURITY NUMBER</td> <td style="width: 70%;">111-03-1225</td> </tr> </table>	NOTIFICATION OF PERSONNEL ACTION		02	SOCIAL SECURITY NUMBER	111-03-1225
01	EFFECTIVE DATE	12-23-95								
NOTIFICATION OF PERSONNEL ACTION										
02	SOCIAL SECURITY NUMBER	111-03-1225								

EMPLOYEE INFORMATION		
03	EMPLOYEE NAME-LAST	DOE
04	EMPLOYEE NAME-FIRST	JANE
05	EMPLOYEE NAME-MIDDLE	
06	MAILING ADDRESS STREET/BOX/APT	124 FIRST STREET
07	MAILING ADDRESS-CITY	BALTIMORE
08	MAILING ADDRESS-STATE	MD
09	MAILING ADDRESS-ZIP+4	21231-1234
10	DATE OF BIRTH	07-26-55
11	VETERANS PREFERENCE	2-5 POINTS
12	SEX	
13	MINORITY	
14	DISABILITY	
15	LEAVE COMP DATE	02-05-79
16	ENTER ON DUTY DATE	02-05-79
17	RETIREMENT COMP DATE	02-05-79
18	SERV ANNIVERSARY PPYR	04-79
19	TSP ELIGIBILITY	E-ELIGIBLE W/O DEDUCT
20	TSP SERVICE COMP DATE	
21	PRIOR CSRS SERVICE	
22	FROZEN CSRS TIME	
23	LEAVE DATA-CATEGORY	8-HOURS/PP
24	LEAVE DATA-CHG PPYR	04-94
25	LEAVE DATA-TYPE	1-ADVANCED AT BEGINNING
26	CREDIT MILITARY SERV	
27	RETIRED MILITARY	
28	RETIREMENT PLAN	1-CSRS
29	EMPLOYEE STATUS	RD-REINS COMP CURNT EMP
30	LIFE INSURANCE	C-BASIC COVERAGE ONLY
31	SPECIAL BENEFITS	
POSITION INFORMATION		
32	EMPLOY OFFICE-FIN NO	23-0378
33	EMPLOY OFFICE-NAME	BALTIMORE/AO'S
34	EMPLOY OFFICE-ADDRESS	BALTIMORE MD 21233-9998
35	DUTY STATION-FIN NO	23-0378
36	DUTY STATION-NAME	BALTIMORE/AO'S
37	APPT EXPIRATION DATE	
38	PROBATION EXPIR DATE	

SALARY INFORMATION		
39	FLSA STATUS	N-NON-EXEMPT
40	PAY LOCATION	001
41	RURAL CARRIER-ROUTE	
42	RURAL CARR-L-RTE ID	
43	RURAL CARR-PAY TYPE	
44	RURAL CARR-TRI-WEEKLY	
45	RURAL CARR-FLSA	
46	RURAL CARR-COMMIT	
47	RURAL CARR-EMA	
48	RURAL CARR-HOURS	
49	RURAL CARR-MILES	
50	JOB SEQUENCE	1
51	OCCUPATION CODE	2340-01XX
52	POSITION TITLE	GEN CLK
53	LABOR DIST CODE	6900
54	DESIGNATION/ACTIVITY	11/0
55	POSITION TYPE	1-FULL TIME
56	LIMIT HOURS	
57	ALLOWANCE CODE	
EMPLOYMENT TYPE		
SALARY INFORMATION		
59	PAY RATE CODE	A-ANNUAL RATE
60	RATE SCHEDULE CODE	P-PS
61	GRADE/STEP	05/0
62	SALARY	36,031
63	COLA	
64	COLA ROLL-IN IND	
65	NEXT STEP PPYR	
66	MERIT ANNIV DATE	
67	MERIT LUMP SUM	
68	SPECIAL SALARY CODE	
69	PROTECTED RSC	
70	PROTECTED GRADE/STEP	
71	EXPIRATION PPYR	
72	PROTECTED RC HOURS	
73	PROTECTED RC MILES	
74	RC GUARANTEED SALARY	
75	ANNUITY AMOUNT	
76	RED CIRCLE CODE	0

NATURE OF PERSONNEL ACTION		
77	NATURE OF ACTION CODE	721
79	DESCRIPTION	REASSIGNMENT
84	REMARKS	

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">85</td> <td style="width: 25%;">AUTHORIZATION</td> <td style="width: 70%;">VICE PRESIDENT, AREA OPERATIONS</td> </tr> </table>	85	AUTHORIZATION	VICE PRESIDENT, AREA OPERATIONS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">86</td> <td style="width: 25%;">PROCESSED DATE</td> <td style="width: 70%;">12-28-95</td> </tr> <tr> <td style="text-align: center;">87</td> <td>PERSONNEL OFFICE ID</td> <td></td> </tr> <tr> <td style="text-align: center;">88</td> <td>OPF LOCATION</td> <td></td> </tr> </table>	86	PROCESSED DATE	12-28-95	87	PERSONNEL OFFICE ID		88	OPF LOCATION	
85	AUTHORIZATION	VICE PRESIDENT, AREA OPERATIONS											
86	PROCESSED DATE	12-28-95											
87	PERSONNEL OFFICE ID												
88	OPF LOCATION												

PS FORM 50, MARCH 1990 (EXCEPTION TO STANDARD FORM 50)

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 REHABILITATION PROGRAM

Exhibit 11.11b

Sample Form 50 Actions (continued)

01	EFFECTIVE DATE 12-23-95
----	----------------------------



NOTIFICATION OF PERSONNEL ACTION

02	SOCIAL SECURITY NUMBER 111-02-1225
----	---------------------------------------

EMPLOYEE INFORMATION

03	EMPLOYEE NAME-LAST	SMITH
04	EMPLOYEE NAME-FIRST	JOHN
05	EMPLOYEE NAME-MIDDLE	
06	MAILING ADDRESS STREET/BOX/APT	124 FIRST STREET
07	MAILING ADDRESS-CITY	BALTIMORE
08	MAILING ADDRESS-STATE	MD
09	MAILING ADDRESS-ZIP+4	21231-1234
10	DATE OF BIRTH	
11	VETERANS PREFERENCE	
12	SEX	
13	MINORITY	
14	DISABILITY	
15	LEAVE COMP DATE	02-05-79
16	ENTER ON DUTY DATE	02-05-79
17	RETIREMENT COMP DATE	02-05-79
18	SERV ANNIVERSARY PPYR	04-79
19	TSP ELIGIBILITY	E-ELIGIBLE W/O DEDUCT
20	TSP SERVICE COMP DATE	00-00-00
21	PRIOR CSRS SERVICE	
22	FROZEN CSRS TIME	
23	LEAVE DATA-CATEGORY	8-HOURS/PP
24	LEAVE DATA-CHG PPYR	04-94
25	LEAVE DATA-TYPE	1-ADVANCED AT BEGINNING
26	CREDIT MILITARY SERV	
27	RETIRED MILITARY	
28	RETIREMENT PLAN	1-CSRS
29	EMPLOYEE STATUS	RD-REINS COMP CURNT EMP
30	LIFE INSURANCE	C-BASIC COVERAGE ONLY
31	SPECIAL BENEFITS	

POSITION INFORMATION

32	EMPLOY OFFICE-FIN NO	23-0378
33	EMPLOY OFFICE-NAME	BALTIMORE/AO'S
34	EMPLOY OFFICE-ADDRESS	BALTIMORE MD 21233-9998
35	DUTY STATION-FIN NO	23-0378
36	DUTY STATION-NAME	BALTIMORE/AO'S
37	APPT EXPIRATION DATE	
38	PROBATION EXPIR DATE	

39	FLSA STATUS	N-NON-EXEMPT
40	PAY LOCATION	001
41	RURAL CARRIER-ROUTE	
42	RURAL CARR-L-RTE ID	
43	RURAL CARR-PAY TYPE	
44	RURAL CARR-TRI-WEEKLY	
45	RURAL CARR-FLSA	
46	RURAL CARR-COMMIT	
47	RURAL CARR-EMA	
48	RURAL CARR-HOURS	
49	RURAL CARR-MILES	
50	JOB SEQUENCE	1
51	OCCUPATION CODE	2315-04xx
52	POSITION TITLE	DIST CLK
53	LABOR DIST CODE	6900
54	DESIGNATION/ACTIVITY	11/0
55	POSITION TYPE	1-FULL TIME
56	LIMIT HOURS	
57	ALLOWANCE CODE	
58	EMPLOYMENT TYPE	

SALARY INFORMATION

59	PAY RATE CODE	A-ANNUAL RATE
60	RATE SCHEDULE CODE	P-PS
61	GRADE/STEP	05/0
62	SALARY	36,031
63	COLA	
64	COLA ROLL-IN IND	
65	NEXT STEP PPYR	
66	MERIT ANNIV DATE	
67	MERIT LUMP SUM	
68	SPECIAL SALARY CODE	
69	PROTECTED RSC	
70	PROTECTED GRADE/STEP	
71	EXPIRATION PPYR	
72	PROTECTED RC HOURS	
73	PROTECTED RC MILES	
74	RC GUARANTEED SALARY	
75	ANNUITY AMOUNT	
76	RED CIRCLE CODE	0

NATURE OF PERSONNEL ACTION

77	NATURE OF ACTION CODE	292	78	AUTHORITY	39-USC Sect 1001		
79	DESCRIPTION	RETURN TO DUTY (RTD)	80	CODE	81 CODE	82 CODE	83 CODE
84	REMARKS						


85	AUTHORIZATION	86	PROCESSED DATE	12-28-95
	VICE PRESIDENT, AREA OPERATIONS	87	PERSONNEL OFFICE ID	
		88	OPF LOCATION	

PS FORM 50, MARCH 1990 (EXCEPTION TO STANDARD FORM 50)

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

Exhibit 11.11b

Sample Form 50 Actions (continued)

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">01</td> <td style="width: 25%;">EFFECTIVE DATE</td> <td style="width: 70%;">12-23-95</td> </tr> </table>	01	EFFECTIVE DATE	12-23-95		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">NOTIFICATION OF PERSONNEL ACTION</td> </tr> <tr> <td style="width: 5%; text-align: center;">02</td> <td style="width: 25%;">SOCIAL SECURITY NUMBER</td> <td style="width: 70%;">111-01-1225</td> </tr> </table>	NOTIFICATION OF PERSONNEL ACTION		02	SOCIAL SECURITY NUMBER	111-01-1225
01	EFFECTIVE DATE	12-23-95								
NOTIFICATION OF PERSONNEL ACTION										
02	SOCIAL SECURITY NUMBER	111-01-1225								

EMPLOYEE INFORMATION		
03	EMPLOYEE NAME-LAST	DOE
04	EMPLOYEE NAME-FIRST	JOHN
05	EMPLOYEE NAME-MIDDLE	
06	MAILING ADDRESS STREET/BOX/APT	124 FIRST STREET
07	MAILING ADDRESS-CITY	BALTIMORE
08	MAILING ADDRESS-STATE	MD
09	MAILING ADDRESS-ZIP+4	21231-1234
10	DATE OF BIRTH	07-26-55
11	VETERANS PREFERENCE	1- NO PREFERENCE
12	SEX	
13	MINORITY	
14	DISABILITY	
15	LEAVE COMP DATE	02-05-79
16	ENTER ON DUTY DATE	02-05-79
17	RETIREMENT COMP DATE	02-05-79
18	SERV ANNIVERSARY PPYR	04-79
19	TSP ELIGIBILITY	E-ELIGIBLE W/O DEDUCT
20	TSP SERVICE COMP DATE	
21	PRIOR CSRS SERVICE	
22	FROZEN CSRS TIME	
23	LEAVE DATA-CATEGORY	8- HOURS/PP
24	LEAVE DATA-CHG PPYR	04-94
25	LEAVE DATA-TYPE	1 -ADVANCED AT BEGINNING
26	CREDIT MILITARY SERV	
27	RETIRED MILITARY	
28	RETIREMENT PLAN	1 - CSRS
29	EMPLOYEE STATUS	RC - REINS COMP FRMER EMP
30	LIFE INSURANCE	C - BASIC COVERAGE ONLY
31	SPECIAL BENEFITS	
POSITION INFORMATION		
32	EMPLOY OFFICE-FIN NO	23-0378
33	EMPLOY OFFICE-NAME	BALTIMORE/AO'S
34	EMPLOY OFFICE-ADDRESS	BALTIMORE MD 21233-9998
35	DUTY STATION-FIN NO	23-0378
36	DUTY STATION-NAME	BALTIMORE/AO'S
37	APPT EXPIRATION DATE	
38	PROBATION EXPIR DATE	
SALARY INFORMATION		
39	FLSA STATUS	N - NON-EXEMPT
40	PAY LOCATION	001
41	RURAL CARRIER-ROUTE	
42	RURAL CARR-L-RTE ID	
43	RURAL CARR-PAY TYPE	
44	RURAL CARR-TRI-WEEKLY	
45	RURAL CARR-FLSA	
46	RURAL CARR-COMMIT	
47	RURAL CARR-EMA	
48	RURAL CARR-HOURS	
49	RURAL CARR-MILES	
50	JOB SEQUENCE	1
51	OCCUPATION CODE	2340-01xx
52	POSITION TITLE	GEN CLK
53	LABOR DIST CODE	6900
54	DESIGNATION/ACTIVITY	11/0
55	POSITION TYPE	1 - FULL TIME
56	LIMIT HOURS	
57	ALLOWANCE CODE	
58	EMPLOYMENT TYPE	
59	PAY RATE CODE	A - ANNUAL RATE
60	RATE SCHEDULE CODE	P - PS
61	GRADE/STEP	05/0
62	SALARY	36,031
63	COLA	
64	COLA ROLL-IN IND	
65	NEXT STEP PPYR	
66	MERIT ANNIV DATE	
67	MERIT LUMP SUM	
68	SPECIAL SALARY CODE	
69	PROTECTED RSC	
70	PROTECTED GRADE/STEP	
71	EXPIRATION PPYR	
72	PROTECTED RC HOURS	
73	PROTECTED RC MILES	
74	RC GUARANTEED SALARY	
75	ANNUITY AMOUNT	
76	RED CIRCLE CODE	0
NATURE OF PERSONNEL ACTION		
77	NATURE OF ACTION CODE	161
78	AUTHORITY	39-USC Sect 1001
79	DESCRIPTION	REEMPLOYMENT EO OR OPM
80	CODE	
81	CODE	
82	CODE	
83	CODE	
84	REMARKS	REGUL

85	AUTHORIZATION VICE, PRESIDENT, AREA OPERATIONS	86	PROCESSED DATE	12-28-95
87		88	PERSONNEL OFFICE ID	
88		89	OPF LOCATION	

PS FORM 50, MARCH 1990 (EXCEPTION TO STANDARD FORM 50)

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 REHABILITATION PROGRAM

Exhibit 11.11b

Sample Form 50 Actions (continued)

01	EFFECTIVE DATE
	12-23-95



NOTIFICATION OF PERSONNEL ACTION

02	SOCIAL SECURITY NUMBER
	111-04-1225

EMPLOYEE INFORMATION

03	EMPLOYEE NAME-LAST	JONES
04	EMPLOYEE NAME-FIRST	JOHN
05	EMPLOYEE NAME-MIDDLE	
06	MAILING ADDRESS STREET/BOX/APT	124 FIRST STREET
07	MAILING ADDRESS-CITY	BALTIMORE
08	MAILING ADDRESS-STATE	MD
09	MAILING ADDRESS-ZIP+4	21231-1234
10	DATE OF BIRTH	07-26-55
11	VETERANS PREFERENCE	1-NO PREFERENCE
12	SEX	
13	MINORITY	
14	DISABILITY	
15	LEAVE COMP DATE	02-05-79
16	ENTER ON DUTY DATE	02-05-79
17	RETIREMENT COMP DATE	02-05-79
18	SERV ANNIVERSARY PPYR	04-79
19	TSP ELIGIBILITY	E-ELIGIBLE W/O DEDUCT
20	TSP SERVICE COMP DATE	
21	PRIOR CSRS SERVICE	
22	FROZEN CSRS TIME	
23	LEAVE DATA-CATEGORY	8-HOURS/PP
24	LEAVE DATA-CHG PPYR	04-94
25	LEAVE DATA-TYPE	1-ADVANCED AT BEGINNING
26	CREDIT MILITARY SERV	
27	RETIRED MILITARY	
28	RETIREMENT PLAN	1-CSRS
29	EMPLOYEE STATUS	RD-REINS COMP CURNT EMP
30	LIFE INSURANCE	C-BASIC COVERAGE ONLY
31	SPECIAL BENEFITS	
POSITION INFORMATION		
32	EMPLOY OFFICE-FIN NO	23-0378
33	EMPLOY OFFICE-NAME	BALTIMORE/AO'S
34	EMPLOY OFFICE-ADDRESS	BALTIMORE MD 21233-9998
35	DUTY STATION-FIN NO	23-0378
36	DUTY STATION-NAME	BALTIMORE/AO'S
37	APPT EXPIRATION DATE	
38	PROBATION EXPIR DATE	

39	FLSA STATUS	N-NON-EXEMPT
40	PAY LOCATION	001
41	RURAL CARRIER-ROUTE	
42	RURAL CARR-L-RTE ID	
43	RURAL CARR-PAY TYPE	
44	RURAL CARR-TRI-WEEKLY	
45	RURAL CARR-FLSA	
46	RURAL CARR-COMMIT	
47	RURAL CARR-EMA	
48	RURAL CARR-HOURS	
49	RURAL CARR-MILES	
50	JOB SEQUENCE	1
51	OCCUPATION CODE	2340-01XX
52	POSITION TITLE	GEN CLK
53	LABOR DIST CODE	6900
54	DESIGNATION/ACTIVITY	11/0
55	POSITION TYPE	1 -FULL TIME
56	LIMIT HOURS	
57	ALLOWANCE CODE	
58	EMPLOYMENT TYPE	

SALARY INFORMATION

59	PAY RATE CODE	A-ANNUAL RATE
60	RATE SCHEDULE CODE	P-PS
61	GRADE/STEP	05/0
62	SALARY	36,031
63	COLA	
64	COLA ROLL-IN IND	
65	NEXT STEP PPYR	
66	MERIT ANNIV DATE	
67	MERIT LUMP SUM	
68	SPECIAL SALARY CODE	
69	PROTECTED RSC	
70	PROTECTED GRADE/STEP	
71	EXPIRATION PPYR	
72	PROTECTED RC HOURS	
73	PROTECTED RC MILES	
74	RC GUARANTEED SALARY	
75	ANNUITY AMOUNT	
76	RED CIRCLE CODE	0

NATURE OF PERSONNEL ACTION

77	NATURE OF ACTION CODE	925	78	AUTHORITY	39-USC Sect 1001
79	DESCRIPTION	REASSIGNMENT (CAO)	80	CODE	81 CODE
84	REMARKS		82	CODE	83 CODE

85	AUTHORIZATION	86	PROCESSED DATE	12-28-95
	VICE PRESIDENT, AREA OPERATIONS	87	PERSONNEL OFFICE ID	
		88	OPF LOCATION	

PS FORM 50, MARCH 1990 (EXCEPTION TO STANDARD FORM 50)

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

Exhibit 11.11c

OPM Notification of Reemployment of a Disability Annuitant

With Variants for Full- and Part-Time Employees

RETIREMENT OPERATIONS CENTER
OFFICE OF PERSONNEL MANAGEMENT
PO BOX 45
BOYERS, PENNSYLVANIA 16017-0045

RE: ____ [name of employee] _____

DOB: _____

SSN: _____

CSA No: _____

OWCP No: _____

The above-referenced former employee has disability annuitant status with your office and has been receiving workers' compensation payments from the Department of Labor.

Mr./Ms. ____ [name] ____ has accepted a job offer with the U.S. Postal Service under the provisions of the Joint USPS/DOL Rehabilitation Program. Mr./Ms. ____ [name] ____'s reemployment will be effective on ____ [effective date] _____. Attached for your records are a copy of the results of the pre-reemployment medical examination (PS Form 2485) and a copy of the Standard Form 50, *Notification of Personnel Action*.

[Applies to employees who will be working full-time and whose compensation will be terminated upon reemployment:]

Since Mr./Mrs. ____ [name] ____ will be working on a full-time basis in a position of equivalent grade and pay to the one he/she occupied at retirement, we are requesting an administrative finding of recovery retroactive to his/her date of reemployment. This determination is made in accordance with Chapter 102 of the *OPM Operating Manual* 830-1. Retirement contributions will be withheld from the employee's salary.

[Applies to employees who will be working part-time and who will continue to receive compensation because of loss of wage-earning capacity (LWEC):]

Since Mr./Mrs. ____ [name] ____ will be working on a part-time basis and will continue to receive compensation from the Department of Labor for loss of wage-earning capacity, we have determined the position is not equivalent in grade or pay to the one he/she occupied at retirement. In view of this determination, we have informed Mr./Mrs. ____ [name] ____ of his/her status as a reemployed annuitant.

We have further advised Mr./Mrs. ____ [name] ____ that he/she will retain his/her right to the disability annuity and may elect to receive this annuity upon separation and termination of compensation.

We have also advised him/her that he/she will be entitled to a supplemental annuity based on the period of reemployment if he/she works the equivalent of at least 1 year full time and the option of having the annuity redetermined if he/she works the equivalent of at least 5 years full time. This determination has been made in accordance Chapter 102 of the *OPM Operating Manual* 830-1.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

Please note that the standard retirement deductions ____[will/will not]____ be withheld from Mr./Ms. ____[name]____'s salary. (Federal Employees' Retirement System contributions are mandatory; Civil Service Retirement System contributions are optional.)

If further clarification is required, please contact the undersigned on ____[telephone number]____

Sincerely,

____[signature]____

____[name]____

Senior Injury Compensation Specialist

Attachments: Form 2485
Form 50

cc: Personnel Services Office
OWCP Claims Examiners

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

Exhibit 11.16a

Sample Letter: Post-reemployment or Reassignment Employee Interview

Interviewed by: _____ Date: _____

Employee Name: _____ Date of Reemployment: _____

SSN: _____ Phone: _____

Facility Name: _____ Phone: _____

Address: _____

Position Assigned:	Title	Grade	Step	Salary
--------------------	-------	-------	------	--------

Work Schedule:	Tour	Time	Days Off
----------------	------	------	----------

Accommodation or modifications made to the position for the employee:

1. How does employee feel about returning to work?
2. What is the attitude of the employee toward:
 - a. Immediate supervisor?
 - b. Co-workers?
3. Has employee experienced any difficulty in adjusting to the work environment?
4. Has employee experienced any health or medical problems? If yes:
 - a. What are the problems?
 - b. Did employee have this medical condition examined by the postal medical officer or outside treating physician?
 - c. What was the date of treatment and result of the examination?
5. Does employee have any other comments or suggestions regarding the Rehabilitation Program?

cc: ____ [appropriate functional] ____ Manager
Area Human Resources Analyst
OWCP Rehabilitation Counselor
File

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

Exhibit 11.16b

Sample Post-reemployment or Reassignment Supervisor Interview

Interviewed by: _____ Date: _____

Supervisor Name: _____ Title: _____

Employee Name/ _____ Date of Reemployment: _____

SSN: _____

Facility Name: _____ Phone: _____

Position Assigned:	Title	Grade	Step	Salary
-----------------------	-------	-------	------	--------

Work Schedule:	Tour	Time	Days Off
----------------	------	------	----------

Accommodation or modifications made to the position for the employee:

1. How does the supervisor assess the employee's attitude toward:

- a. Current position?
- b. Work environment?
- c. Co-workers?

2. Has the employee been absent since his or her reemployment or reassignment? If yes, list dates and reasons (if known).

cc: ____ [appropriate functional] ____ Manager
Area Human Resources Analyst
OWCP Rehabilitation Counselor
File

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
REHABILITATION PROGRAM

Exhibit 11.21

Sample Letter: Termination of Limited Duty Assignment for Refusal of In-House Rehabilitation Program Job Offer

[U.S. Postal Service Letterhead]

Date:

Our Ref:

Subject:

To: ___[name]___
 ___[street address]___
 ___[city, state, ZIP Code]___

File No. ___[OWCP case number]___

Certified No. _____

Dear Mr./Ms. ___[employee's name]___:

This is in further reference to our job offer letter, dated ___[date]___.

By the above letter, you were offered permanent reassignment under the provisions of the Rehabilitation Program. You were advised that this assignment was in strict compliance with your medically defined permanent work restrictions, and requested to respond by ___[date]___. [As of the date of this letter, you have failed to respond. On ___[date of employee response]___, you advised that you were refusing the job offer]. This office believes your refusal is invalid for the following reason(s):

___[Respond to employee's reasons for refusal (if any were given)]___.

The purpose of the limited duty program is to accommodate the *temporary* partial disabilities of injured-on-duty employees. Since your disabilities have now been medically defined as being permanent, you are no longer eligible for participation in the limited duty program. However, your limited duty assignment will continue pending OWCP's suitability determination on the rehabilitation job offer.

Please be aware that OWCP will be advised that you were offered a permanent assignment in accordance with your work limitations and that such assignment will remain available until a decision is rendered by OWCP.

If you have any questions or wish to reconsider the offered position, please contact the senior injury compensation specialist on ___[telephone number]___.

Sincerely,

___[signature]___
___[name]___

Manager, Human Resources

12. Records Management

Overview

Procedures

Injury Compensation Case Files

When you establish the IC office record system...

*Obligation: Case Files and the Privacy Act
The Privacy Act of 1974*

- | | | |
|------|--|----------------------|
| 12.1 | Ensuring That Privacy Act Requirements Are Met | senior IC specialist |
| 12.2 | Establishing Files | ICCO |
| 12.3 | Maintaining and Closing Files | ICCO |
| | <i>Factors Considered in Record Retention</i> | |
| 12.4 | Using Logs, Registers, and Reports | senior IC specialist |
| 12.5 | Maintaining Logs, Registers, and Reports | ICCO |

Individual Case Files

When an employee submits an injury claim...

- | | | |
|------|-------------------------------------|------|
| 12.6 | Preparing an IC Case File | ICCO |
|------|-------------------------------------|------|

Disclosure Request

When requests are made for information contained in IC files...

- | | | |
|------|--|------|
| 12.7 | Determining Whether the Requester May Be Allowed Access to the Records . . | ICCO |
| | <i>Employee Records</i> | |

Disclosure Denied

When the requester may not be allowed access to IC files...

- | | | |
|------|--------------------------------------|------|
| 12.8 | Denying Access to IC Files | ICCO |
|------|--------------------------------------|------|

Disclosure Granted

When the requester may be allowed access to IC files...

- | | | |
|-------|---|------|
| 12.9 | Granting Access to IC File Information by Telephone | ICCO |
| | <i>Public Information</i> | |
| 12.10 | Granting On-Site Access to IC File Information | ICCO |
| 12.11 | Granting Access to IC File Information by Mail | ICCO |

Obtaining Information Not Found in Files

When pertinent information is not submitted with the claim...

- | | | |
|-------|--|------|
| 12.12 | Requesting Materials From the Medical Unit | ICCO |
|-------|--|------|

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
RECORDS MANAGEMENT

- 12.13 Requesting Materials From OWCP Claim Files *ICCO*
- 12.14 Requesting Permission to Inspect OWCP Claim Files *senior IC specialist*

Exhibits

- 12.1a Disclosure Conditions
- 12.1b Injury Compensation Privacy Act Log of Accounting of Disclosure
- 12.4 Injury Compensation Computer Systems
- 12.8 Noncompliant Response to a Subpoena

12. Records Management

Overview

This chapter explains the administrative system that the ICCO must establish to ensure proper handling of records kept to reflect the status of all claims and to ensure compliance with the Privacy Act. It also provides an overview of the HRIS, the WCIS, and the Workers' Compensation Information Reporting System (WCIRS). (For step-by-step procedures on how to use these systems, see the *WCIS/WCIRS Reference Guide*, January 1995.)

Under FECA, all records, medical and other reports, statements of witnesses, and other papers relating to the injury or death of a civil employee of the United States or other persons entitled to compensation or benefits from the United States under FECA, and all amendments and extensions thereof, are the official records of OWCP. They are not records of the agency, establishment, or department making or having the care or use of such records. (20 CFR 10.10)

These records are contained within a government-wide system of records under the control of DOL. The regulations of the agency in possession of such records, however, govern the procedure for requesting access to or amending the records. The ICCO, consequently, is responsible for the maintenance, disclosure, and disposition of injury compensation program records within the USPS consistent with the Privacy Act. (FECA, 20 CFR 10.12, and 29 CFR 70a.1(b)(3))

The ICCO maintains three types of program records. Individually identifiable information within two of these types, case files and claims status records, must be collected, used, disclosed, and safeguarded in compliance with Privacy Act regulations found in the ASM 353.

- *Case files.* The ICCO prepares a case file for each new claim it receives. These files consist of all relevant claim forms, medical documentation, correspondence, and any other pertinent information. These files contain sensitive information regarding the injured claimant.
- *Claim status records.* These records consist of logs and reports that relate to the status of claims, e.g., Inspection Service Referral Report, Third Party Log, etc. These records contain information that identifies individual claimants.
- *Program administration and general office records.* These records relate to the general administration and internal operations of the ICCO, e.g., directives, general reports, etc. These records do not contain individually identifiable information.

Many of the logs and reports are available through HRIS, WCIS, and WCIRS. HRIS should be used to gather pertinent IC data whenever possible for effective claims management. *Manual logs should only be used in cases where there is no electronic capture of data under HRIS available.*

Procedures

Injury Compensation Case Files

When you establish the IC office record system...

Obligation: Case Files and the Privacy Act

IC case files are maintained to monitor the administration of benefits under FECA, as amended, which covers all officers and employees of the USPS. IC records are maintained by the USPS within the Privacy Act system of records identified as USPS 120.098 (OWCP Records Copies).

Privacy Act regulations apply to all IC case files and claim status records (identified as USPS 120.099), including those that are computerized. These files and records are, therefore, to be treated as restricted and given the same measure of security as other personnel records systems.

Postal Service regulations implementing the Privacy Act are found in ASM 353. Descriptions of Privacy Act systems of records USPS 120.098 and 120.099 are found in the ASM Appendix.

The Privacy Act of 1974

The Privacy Act of 1974 provides safeguards for individuals against invasion of personal privacy. It provides criminal penalties, including fines up to \$5,000 for any officer or employee of a federal agency who, knowing that disclosure is prohibited, willfully discloses information about an individual to any person or agency not entitled to receive it. In addition, the Privacy Act provides criminal penalties for any person who knowingly and willfully requests or obtains under false pretense any record from a federal agency concerning another individual.

12.1 Ensuring That Privacy Act Requirements Are Met — *senior IC specialist*

- ☐ Ensure that files and records containing identifiable information are stored in locked cabinets, and secure those cabinets when the records are not in use.
- ☐ Ensure that computerized information is password-protected and not left unattended on screens.
- ☐ Familiarize staff with necessary precautions to ensure that file information is disclosed only to individuals with proper authorization (see Exhibit 12.1a, Disclosure Conditions).
- ☐ Ensure that an accurate accounting is maintained of every disclosure of information from a system of records *except* for:

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
RECORDS MANAGEMENT

- Information disclosed to the file subject.
 - Information disclosed to USPS employees for use in the performance of their duties.
 - Information that is public under the Freedom of Information Act.
- ☐ Records of correspondence in many instances satisfy Privacy Act requirements, but the ICCO staff, at the discretion of the manager, can also maintain a log for accounting of disclosure in each file (see Exhibit 12.1b, Injury Compensation Privacy Act Log for Accounting of Disclosure).
- ☐ *For retention period for accounting of disclosure, see ASM 353.3*

12.2 Establishing Files — ICCO

- ☐ Prepare a separate folder for each new injury or illness reportable to OWCP and place files alphabetically in file cabinet according to employee's last name. (A color-coded system may be helpful to identify the type of claim CA-1, CA-2, CA-5/5b, third party pursuits, etc.)
- ☐ For nonreportable traumatic injury cases, maintain the original CA-1 claim form in the employee's OMF, if it is available, or in the employee's OPF.
- ◇ *If the CA-1 is maintained in the OPF, the CA-1 and any medical documentation must be kept in a sealed envelope within the OPF.*
- ☐ File claims for recurrences (CA-2as) in the same folders with the original injuries or illnesses.
- ☐ If OWCP combines two or more of an employee's claims (as often happens when an employee has multiple new injuries to the same part of the body), process the claims as one and identify them with one OWCP file number.

Annotate the involved files and keep the claim files together. This can be accomplished by various means, depending on the size of the individual files and available material, e.g.:

- Use one folder and insert dividers, correctly labeled, separating the individual claim documents that were processed before the claims were combined.
 - Establish a master folder and fasten it together with the other claim folders using large rubber bands.
 - Establish a master folder and place all involved case files in an expandable folder.
- ☐ When an employee with an IC case file is reassigned to another postal facility in a different geographic area, transfer the file, via certified mail, to the appropriate ICCO and retain a copy of the transmittal letter in the general administrative file.

12.3 Maintaining and Closing Files — ICCO

Factors Considered in Records Retention

Receiving compensation, for purposes of records retention, is defined as any payments (wage loss and medical) made by OWCP. Moreover, the case is considered active when an employee is working in a limited duty status in lieu of receiving compensation for wage loss.

The end of the fiscal year from the effective date of termination of all FECA benefits is the cutoff date for file retention purposes.

When employee compensation is terminated (no wage loss, no medical payments, and no limited duty), the case file must be placed in inactive files, retained for 5 years, and then destroyed.

- ☐ Retain active files at the local ICCO as long as the employee or survivor is in receipt of FECA benefits (wage loss or medical payments or limited duty).
- ☐ Once FECA benefits cease, cut off the file at the end of the fiscal year and move the case folder to the inactive file for 5 years. Do not send the files to a national files retention center (NFRC).
- ☐ Review inactive files at the end of each fiscal year to verify that each file has been inactive during the year.
- ☐ Destroy by shredding or burning files that have remained inactive for 5 years from date of cutoff.

12.4 Using Logs, Registers, and Reports — senior IC specialist

- ☐ Track cost and forecast trends over specified periods of time by using the logs, registers, and reports available via the reporting systems (see Exhibit 12.4, Injury Compensation Computer Systems).
- ◇ *Accurate data are essential in order to provide facts on a particular case or information about the overall IC Program.*
- ☐ Familiarize staff with aids that can assist them in the performance of their tasks. The following are used most often in day-to-day claim and program management:
 - Available via HRIS:
 - *Call-up Messages.* Use this register to provide a list of suspended items that require attention on a specified date. *The daily use of this register is vital to ensuring good claims management.*
 - *Injury Claim Log.* Use this log, a master journal of all claims filed, in the preparation of various reports and responses to inquiries. It is available on demand.
 - *Claim Control Register.* Use this individual case register to provide an up-to-date picture of the status of a case. Generate the register from the basic format available on demand, place it on the left-hand side of the case file, and update it manually.
 - *Controversion/Challenge Status Report.* Use this report, available on demand, to identify cases awaiting OWCP decisions.
 - *Rehabilitation Program.* Use this log to identify employees on OWCP's rolls and track job offers and results.
 - *Injury Compensation Activity Summary (ICAS).* Use this report to track and summarize program activity. The information in this report is used by all levels of management to access program trends and activities.
 - Available via WCIS:
 - *Chargeback Report.* Use this report, which reflects the dollar amounts DOL OWCP is charging back to the USPS for monies disbursed under FECA provisions, to provide data useful in planning the budget, initiating rehabilitation efforts, and evaluating the cost of injuries. Updated every accounting period, the Chargeback Report is a primary cost indicator used by all levels of management.
 - From the MISSC:
 - *Workers' Compensation-Injury on Duty Report (WC-IOD).* Use this report, automatically generated every accounting period, to gain awareness of both hours and cost of the COP and LWOP-IOD being entered into the USPS payroll system. This cost report, along with the dollar amounts reflected on the chargeback, provides a good picture of the overall cost of injuries.

12.5 Maintaining Logs, Registers, and Reports — ICCO

- ☐ Maintain accounting of disclosure logs with the related records and dispose of them with those records or after 5 years, whichever is longer.
- ☐ Maintain other logs, registers, and reports on a fiscal year basis, cutting off inactive documents each fiscal year. It is not necessary to retain complete copies of all management reports. Some management reports consist of summaries as well as detailed information. Dispose of logs, registers, reports, and summaries 10 years after date of cutoff.
- ☐ Update the Injury Compensation Activity Summary or HRIS each accounting period.
- ☐ Review the Chargeback Report or WCIS carefully each accounting period. If you find that an erroneous payment is covered, submit a written request to OWCP to correct the error. Such requests must be accompanied by supporting documentation.
- ☐ *When local efforts fail to correct the error, refer the matter to the designated area HR analyst.*
- ☐ Review the Workers' Compensation Injury on Duty Report for the MISSC carefully each accounting period. If you discover errors, notify the area HR analyst or Headquarters IC specialist, in writing, to initiate corrective action.

Individual Case Files

When an employee submits an injury claim...

12.6 Preparing an IC Case File — ICCO

- ☐ Establish an IC case file for each employee who submits an injury claim. Upon receipt of the claim form, set up a file, using a sturdy file folder with two-pronged fasteners on both sides. Do not use OPFs.
- ☐ Prepare the label and include the following information:
 - a. Employee's name: last, first, middle initial.
 - b. Date of injury.
 - c. Social Security number.
 - d. Type of claim form filed.
 - e. Name of station or post office.
 - f. Nature of injury.

Example:

Coleman, Ray T. DOI: 06/05/95	
233-42-5555	CA-1
Penn Pines Sta	Low Back

- ☐ Provide additional information to assist the ICCO in locating files within the local office's system (color coding, e.g.).
- ☐ Generate the appropriate claims management aids from HRIS and place on the left-hand side of the folder. Available aids consist of:
 - *Claim Control Register*. This register provides basic information regarding the injury and space for activity notes.
 - *COP Tracking Log*. This log allows for tracking COP by date and accounting period. It also provides space for entering the actual number of COP hours used per day. In addition, a comments column allows for entering information such as holiday pay, medical care, etc.
 - *Claim Activity Tracking Log*. This log is specifically designed to keep track of all correspondence, forms, etc. It provides space for entering the date, description and suspense date (if any) for each action.
 - *Privacy Act Disclosure Log*. (See 12.1b, Injury Compensation Privacy Act for Accounting of Log Disclosure.)
- ☐ Arrange claim documents in the folder chronologically from bottom to top on the right-hand side of the folder. A copy of the originating claim form (CA-1, CA-2, CA-5 and CA-5b) should always be on the bottom.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
RECORDS MANAGEMENT

Keep only copies of claim forms and medical reports pertaining to a FECA claim in the ICCO case file.

File documents may include, but not be limited to:

- All pertinent CA forms (CA-1, 2, 7, 8, 16, 17, 20, etc.).
- All pertinent medical reports.
- All pertinent PS forms (third party recovery forms; Form 1769, *Accident Report*, etc.) and form letters.
- Correspondence.
- Investigative reports.

- ◇ *Do not maintain uncirculated personal notes with the case file or any file that is accessible to other persons.*
- ☐ Forward the originals of pertinent CA forms, medical reports, pertinent investigative reports, and correspondence to the OWCP district office.
- ☐ Place the file alphabetically in the file cabinet according to the employee's last name.

Disclosure Request

When requests are made for information in IC files...

12.7 Determining Whether the Requester May Be Allowed Access to the Records — ICCO

Employee Records

Records related to an employee's injury or illness are sensitive and must be protected from unauthorized access and disclosure. These records are in the exclusive custody of ICCO personnel, and disclosure is made directly from ICCO to the requester.

- ☐ Determine whether the individual requesting the information may be allowed access to the information requested (see ASM Appendix and Exhibit 12.1a, Disclosure Conditions, for information that will help in the decision).
- ☐ If the request is for Inspection Service Records, refer the requester to the chief postal inspector (see ASM 353.324a).
- ☐ If the request is for medical or psychological records, contact the postal or contract medical provider or OHNA to determine if disclosure of any portion of the records could have an adverse effect on the individual. When such a determination is made, respond according to the type of requester:
 - If the request is from an employee, prepare a written response advising the requester that:
 - Because of the nature of the requested medical information, the documentation cannot be provided directly to the employee.
 - Upon the employee's written authorization, however, the requested information will be provided to his or her representative or personal treating physician.
 - The employee has the right to appeal the withholding of this information to the USPS General Counsel.
 - If the request is from a union official other than the employee's authorized representative, immediately consult with Labor Relations. In some instances, a summary prepared by the contract medical provider or the OHNA may be sufficient to respond to the union request.
 - If the request is from a judge who requests release of medical information via court orders or subpoenas, immediately consult the chief field counsel. When it is determined that the records must be released, a cautionary statement must be included as to the possible adverse effect that would result if information from the record were made known to the subject or to the public. This statement is prepared by either the contract medical provider or the OHNA.

Disclosure Denied

When the requester may not be allowed access to IC files...

12.8 Denying Access to IC Files — ICCO

- ☐ If the requester asks for information that cannot be disclosed or does not have the required authorization (see ASM Appendix and Exhibit 12.1a, Disclosure Conditions), send a response to the requester advising why the requested documents cannot be provided, adapting as follows if necessary:
 - If the request is in the form of a subpoena, a more detailed response is required to explain that a court order signed by a judge is required (see Exhibit 12.8, Noncompliant Response to a Subpoena, for a sample letter).
 - If the requester is the file subject or a representative with written permission from the file subject, consult with the chief field counsel before notifying the requester of the denial. Prepare a written response to the requester including:
 - Reason for the denial.
 - Advisement of appeal rights. The requester has a right to appeal the denial to the General Counsel at USPS Headquarters.

Disclosure Granted

When the requester may be allowed access to IC files...

12.9 Granting Access to Injury Compensation File Information by Telephone — ICCO

- ☐ If the requester is an individual seeking information that is public under the Privacy Act or a postal employee known to you who requires IC claim information in the performance of postal duties, ask for a Social Security number, OWCP file number, or other specific information that will provide positive identification. Provide the information when you are satisfied.

Public Information

The name, job, title, grade, salary, duty status, and/or date of postal employment of any current or former employee are public information under the Freedom of Information Act and may be disclosed to any person without requiring employee authorization or logging the request. Other information contained in IC case files is, for the most part, exempt from public disclosure.

12.10 Granting On-Site Access to IC File Information — ICCO

- ☐ Establish the identity of the requester.
- ☐ If the request is from the file subject or another authorized individual:
 - Inform the requester that:
 - Postal employees who wish to review any of their own records must do so on their own time, except as provided for under current collective bargaining agreements.
 - Records are available for inspection and copying during normal ICCO business hours.
 - A complete official file can be obtained from the OWCP district office.
 - Schedule an appointment with the requester for the earliest possible date but not more than 10 working days from the date of request.
 - Before the scheduled appointment, review the file to ensure that the file is in proper order.
 - If the file subject is accompanied by another individual, have the file subject sign a statement that he or she authorizes a representative to be present during his or her review of the specific record or records.
 - Allow the file subject and/or his or her authorized representative to review the file in your presence or that of another ICCO staff person. The ICCO representative must maintain control over the official record.
- ☐ If requested, make copies (either the ICCO representative or the reviewer in the presence of the ICCO staff person).

Furnish without charge the first 100 pages in response to a request from anyone other than a postal employee in performance of postal duties. After that, a fee of 15 cents per page may be charged for duplicating any record. Copying fees collected as a result of Privacy Act requests are deposited in AIC 127.

12.11 Granting Access to IC File Information by Mail — ICCO

- ☐ Respond in writing to any authorized individual requesting records by mail.
- ☐ If the disclosure is in response to a subpoena, court order, or other demand for testimony or records, contact the office of the chief field counsel immediately for instructions.
- ☐ Send all records that may be disclosed (see Exhibit 12.1a, Disclosure Conditions) within 10 working days.
- ☐ Furnish without charge the first 100 pages in response to a request from a file subject or his or her representative. After that, a fee of 15 cents per page may be charged for duplicating any record. Copying fees collected as a result of Privacy Act requests are deposited in AIC 127.

Obtaining Information Not Found in Files

When pertinent information is not submitted with the claim...

12.12 Requesting Materials From the Medical Unit — ICCO

- ☐ To obtain medical documentation relevant to an IC claim (e.g., information regarding a preexisting condition) that remains in the employee's medical folder, prepare a written request to the medical unit in care of the respective OHNA stating the specific record or information being requested and the reason for needing it.

12.13 Requesting Materials From OWCP Claim Files — *ICCO*

- ☐ To obtain copies of materials from OWCP claim files, submit a request in writing, through the area HR analyst, to the appropriate claims examiner. Identify yourself and state the reason you are requesting the information. Once it is received, the material becomes part of the IC case file and access is limited.

12.14 Requesting Permission to Inspect OWCP Claim Files — *senior IC specialist*

- ☐ To request that a designee be permitted to inspect files at the OWCP district office, submit a request to the OWCP district director well in advance of the planned visit. The letter should:
 - Request confirmation of the planned visit date(s).
 - Provide a list of the cases to be reviewed.
 - State the purpose of the review.
 - Identify the reviewer(s).

Upon arrival at the OWCP district office, reviewers must present picture identification.

The above procedures are not normally required for designated liaisons (e.g., designated area HR analysts) once proper identification is established.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

RECORDS MANAGEMENT

Exhibit 12.1a

Disclosure Conditions

Full information on Privacy Act requirements for disclosure of information kept in the official record series is found in ASM 353 and Appendix, section C. The following provides general guidelines.

If requester is...	With required...	Accounting must be kept...*	This information can be disclosed...
Public	Verbal identification of employee with SSN, OWCP claim number, or other specific identifier	No	Name, job, title, grade, salary, duty status, dates of postal employment of file subject
Postal employee in performance of postal duties	Proper verbal statement of position and need	No	Information in file relative to official need
Routine user (individual with externally authorized access as defined in ASM Appendix, section C)	Written request on letterhead, signed by agency official, specifying need <i>If the routine user is a union representative other than the employee's authorized representative, the request should be screened by Labor Relations (LR). The senior IC specialist should confer with LR to determine local protocol for reviewing files.</i>	Yes	
File subject (individual to whom file pertains)	Identification in person or signed request by mail	No	Information in file relative to the request except : — The name of or information identifying an individual who has expressly requested anonymity — Records compiled in reasonable anticipation of civil action or proceeding, such as a lawsuit or administrative hearing
Representative of file subject	Written authorization from the file subject	Yes	— Records of the disclosure of information to law enforcement agencies for civil or criminal law enforcement purposes — Psychological and other sensitive medical and records. — Uncirculated personal notes with information pertaining to individuals
Other requester without file subject's consent, including spouse but other than postal employee in performance of duty or routine user as defined in ASM	One of the following: — A court order signed by a judge directing the USPS to disclose the records — Compelling evidence from the requester that the health or safety of the file subject is affected, with notification sent to the last known address of file subject	Yes	Information in file relative to court order or compelling need

* Correspondence meets ASM requirements for accounting, but logging of requests suggested (see 12.1).

Exhibit 12.1b

Injury Compensation Privacy Act Log for Accounting of Disclosure

USPS Record System

Personnel Records — OWCP Record Copies, 120.098, and Injury Compensation Payment Validation Records, 120.099

(See ASM 353.3)

Name of Claimant	FECA Claim No.	Requester and Address	Purpose and Listing of Items and/or Data Disclosed	Date Provided

Exhibit 12.4

Injury Compensation Computer Systems

Human Resources Information System

The IC module is part of the national HRIS. The primary objective of the module is to improve the ability of local ICCOs to track and control IC claims.

The module provides detailed tracking of every on-the-job injury case, including local first-aids cases. It creates logs and reports that eliminate the need for manual logs and aids in evaluating injury activities. It ensures data integrity by comparing the WCIS and safety and IC databases. If there is a discrepancy, the system creates an exception to advise you. The module also provides an automatic tickler system in the form of system messages called call-ups. These messages are scheduled case activities for specific dates in the future. The messages assist you in providing timely return to work of recovered employees, timely settlement of third party cases, and a great deal more.

One of the benefits of a national system is that information such as employee name, address, job assignment, years of service, OWCP case status, etc. are provided from other existing HRIS and WCIS subsystems. Also, multiple people can access the same injury record at the same time. Local injury data are rolled up to the area and national levels to provide the total number of ICCO activities taken, servicewide injury trends, through the ICAS report generated each accounting period.

For more information, see the *Injury Compensation System User's Guide*.

Workers' Compensation Information Subsystems

WCIS is considered a valuable management tool in controlling and reducing compensation costs and monitoring injury claims activities. The WCIS is a database that contains current information on all postal injury claims, including compensation and medical payments, made to or on behalf of postal employees by the DOL, OWCP. Additionally, the data contained in the WCIS are used by Headquarters and the area offices to generate various management reports. This information is updated weekly at the MISSC with computer tapes furnished by the OWCP and is available for online query by IC personnel and postal inspectors assigned to the investigation of IC claims for fraud or abuse.

In WCIS, all open OWCP cases filed by USPS employees and all cases closed less than 2 years can be viewed. Individual payments made during the past 2 years can also be viewed. After 2 years, this information cannot be viewed by accessing the automated compensation payment system or bill payment system; however, the amount of these payments is always reflected in TOTAL (total payments).

Privacy Act Consideration

The warning "Restricted Information" appears on WCIS screen displays and documents containing sensitive information. All records associated with WCIS applications are subject to USPS policies concerning the Privacy Act, and any questions or correspondence related to disclosures should be referred to the ASM, 352, 353, and Appendix. Relative to the restricted information, computer terminals should be kept in a secured area and should not be left unattended when restricted information is being displayed.

Workers' Compensation Information Reporting System

Workers' Compensation Information Reporting System (WCIRS) is an ad hoc reporting system written in FOCUS language in which information is extracted from the WCIS IDMS database. This file is updated every 28 days or when the periodic roll files are received and inputted into the system. Certain menu-driven reports are available and can be easily printed on local printers. A recent enhancement accomplished on the WCIRS is the addition of a reports menu designed specifically to assist the Inspection Service in its review of periodic roll case files. These reports are accessible to all WCIS/WCIRS users.

Types of WCIRS Reports

The WCIRS provides users with the capability of requesting available online reports in three categories:

- Fiscal year payments.
- Reported claims (from 1989 to current year).
- Periodic rolls (current year only).

Other management reports can be generated by individuals skilled in FOCUS programming language using the ad hoc reports menu item on the main menu. Any special requests need to be directed to the Headquarters WCIS/WCIRS Coordinator at 202-268-3685 with the reason for requesting this report. Sufficient time should be given for the programmer to schedule to accommodate the existing work load.

For more information, see the *Workers' Compensation Information Reporting System (WCIRS) Reference Guide, January 1995*.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
RECORDS MANAGEMENT

Exhibit 12.8

Noncompliant Response to a Subpoena

With Variants for Requests Related to Workers' Compensation Records

[U.S. Postal Service Letterhead]

____[date]____

____[name]____

____[street address]____

____[city, state, ZIP Code]____

Re: [Reference lawsuit identified on subpoena]

Dear ____[name]____:

This letter responds to the subpoena you have served on the U.S. Postal Service in ____[city]____, ____[state]____ seeking disclosure of records regarding a postal employee. For the reasons set forth below, we are unable to release the requested records at this time.

The records that you are requesting are protected from disclosure under the Privacy Act, 5 U.S.C. 552a. The Act prohibits disclosure of such records except in certain specified instances.

Generally, in private litigation, the records may only be disclosed pursuant to a release signed by the employee whose records are sought, or "the order of a court of competent jurisdiction" (5 U.S.C. 552a(b)(11)). The federal courts have consistently held that a subpoena signed by an attorney or clerk of court is insufficient to meet the requirements of the Privacy Act (*Doe v. DiGenova*, 779 F.2d 74, 85 (DC Cir. 1985); *Perry v. State Farm Fire & Casualty*, 734 F.2d 1441, 1447 (11th Cir. 1984); *Bruce v. United States*, 621 F.2d 914, 916 (8th Cir. 1980); *Moore v. United States Postal Service*, 609 F.Supp. 681 (E.D.N.Y. 1985); *Stiles v. Atlanta Gas Light Co.*, 453 F.Supp. 798, 800 (N.D. Ga. 1978)). Because the subpoena you have submitted bears only the signature of the ____[clerk of court/attorney]____, and contains no indication of judicial approval, we are unable to release the requested records. However, upon receipt of either an employee release or court order directing disclosure, we will release the record.

[For requests related to workers' compensation records, add the following two paragraphs:]

Additionally, it is noted that some of the requested records may pertain to a job-related injury and the claim for benefits under the Federal Employees' Compensation Act arising therefrom. Such official records are under the exclusive jurisdiction of the U.S. Department of Labor.

A request for authorization to produce these records should be sent to:

EMPLOYMENT STANDARDS ADMINISTRATION
OFFICE OF WORKERS' COMPENSATION PROGRAMS
200 CONSTITUTION AVENUE
WASHINGTON DC 20210-0001

[For requests seeking the appearance of postal officials regarding the contents of employee records, add the following paragraph:]

In addition to documents, you seek testimony of a postal official. To the extent that any information known to him or her about a postal employee was gained through the generation or review of records protected from disclosure by the Privacy Act, the official may not reveal that

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
RECORDS MANAGEMENT

information absent a court order or the employee's authorization. Thus, no postal official will appear at the scheduled deposition until you obtain a court order or an authorization from the person who is the subject of your inquiries.

Sincerely,

____[signature]____

____[name]____

Senior Injury Compensation Specialist

13. Timekeeping and Accounting

Overview

Procedures

Continuation of Pay

When an employee chooses COP after sustaining a traumatic injury...

- 13.1 Tracking Time for COP *ICCO or designated control point*
Obligation: Monitoring COP
COP Entitlement
- 13.2 Providing COP for Most Full-Time, Part-Time, Transitional, Casual, or Temporary Employees *ICCO or designated control point*
Pay During the COP Period
- 13.3 Providing COP for Employees Being Terminated . . . *ICCO or designated control point*
- 13.4 Recording COP for Most Full-Time, Part-Time, Transitional, Casual, or Temporary Employees *ICCO personnel*
Guaranteed Time
- 13.5 Recording Limited Duty for Most Full-Time, Part-Time, Casual, Transitional, or Temporary Employees *ICCO or designated control point*
- 13.6 Authorizing and Recording COP for Regular Rural Carriers *ICCO or designated control point*
- 13.7 Authorizing and Recording COP for Substitute Rural Carriers . . . *ICCO or designated control point*
- 13.8 Recording COP for Noncareer Temporary Relief Rural Carriers . . *ICCO or designated control point*
- 13.9 Recording Limited Duty Hours for Regular Rural Carriers *ICCO or designated control point*

Leave and Compensation Administration

When leave or compensation is needed...

- 13.10 Authorizing Sick or Annual Leave During COP Period *ICCO or designated control point*
- 13.11 Adjusting Pay When OWCP Approves Controversion of COP . . . *ICCO or designated control point*
- 13.12 Recording Absences When Employee Receives Compensation for Wage Loss from OWCP *ICCO or designated control point*
- 13.13 Recording Absences When a Claim Is Pending *ICCO or designated control point*
- 13.14 Notifying Personnel of LWOP Status *ICCO or designated control point*
- 13.15 Recording Court Appearance Time When the USPS Prosecutes a Third Party Case *ICCO or designated control point*

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

- 13.16 Recording Court Appearance Time When an Employee
Prosecutes a Third Party Case *ICCO or designated control point*

Pay Adjustments and Recovery

When pay adjustments must be made...

- 13.17 Recovering Excessive COP Hours *ICCO or designated control point*
13.18 Recovering Compensation Overpayment *ICCO or designated control point*
13.19 Processing Leave Buy Back *ICCO or designated control point*
Leave Buy Back
13.20 Initiating Health Benefits Refund *ICCO or designated control point*
Health Benefits Refund Enhancement to WCIS

Recurrence of Disability

When the employee suffers a recurrence of disability...

Exhibits

- 13.1 COP/LWOP-IOD Timekeeping Work Sheet
13.6 Regular Rural Routes
13.11 Timekeeping Codes
13.12 Leave Types
13.14a Sample Letter: Personnel Notification — Leave Without Pay
13.14b Sample Letter: Personnel Notification — Return to Duty
13.16 Third Party Court Appearance
13.19a Sample Letter: Leave Buy Back Policy
13.19b Sample Letter: Form Letter CA-1207
13.19c Application for Reinstatement of Leave (EN-1207)

13. Timekeeping and Accounting

Overview

The purpose of this chapter is to provide the ICCO with specific guidelines for proper timekeeping and accounting procedures. These guidelines are essential for effective management and administration of the injury compensation program. Although the administration of compensation and leave administration is addressed, special attention is given to COP.

Public Law 93-416, approved September 7, 1974, significantly revised FECA to provide for continuation of regular pay for a period not to exceed 45 days for certain employees who file a claim for wage loss caused by traumatic injury. Pay received during the COP period is considered regular "income" and not "compensation," and unlike compensation, it is subject to all taxes and other payroll deductions applicable to regular income.

The intent of the COP provision is to eliminate interruption in the employee's income during the period immediately following a job-related traumatic injury.

Employees eligible for COP include all current:

- Regular schedule employees, including managers and supervisors.
- Part-time flexible employees.
- Transitional employees.
- Temporary employees.
- Casual employees.
- Rural carriers.

Independent contractors and individuals employed by independent contractors are generally not entitled to COP. See Chapter 4, Claims Management, for information concerning COP eligibility criteria.

Procedures

Continuation of Pay

When an employee chooses COP after sustaining a traumatic injury...

13.1 Tracking Time for COP — ICCO or designated control point personnel

Obligation: Monitoring COP

The ICCO must monitor COP hours to ensure that employees do not receive COP for more than a 45-calendar-day period for any one injury.

COP Entitlement

Employees may receive COP for up to 45 calendar days for time lost from work because of disability resulting from a job-related injury provided that absence from work time is medically indicated. Medical documentation to support this absence must be furnished within 10 days from the beginning of disability.

The maximum number of COP hours most employees are entitled to receive per injury is 264. Rural carriers with an H route cannot exceed 312 COP hours; rural carriers with a J route cannot exceed 288 COP hours.

Holidays and scheduled leave are counted as workdays.

An employee's entitlement to COP must be used within 90 days of the DOI, or if there is no immediate time loss, within 90 days of the first time loss following the DOI. The only exception is when continuing days of COP bridge the 90th day. In that case, pay may be continued until entitlement is exhausted or the employee returns to work.

- ☐ Track employees' COP days as follows:
- Start tracking COP days on the *calendar day* following the first full day or shift the employee is absent from work because of a disabling traumatic injury.

For example, if an employee whose regular work schedule is Monday through Friday, 8:00 a.m. to 4:30 p.m., sustains a disabling injury at 2:00 p.m. Friday, the first day to be charged against the COP entitlement is Saturday rather than the employee's next scheduled workday, even though there is no payment made.
 - Continue tracking up to the day the employee returns to work or 45 days is reached, whichever comes first. Include weekends, holidays, and planned leave during that time.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

- For a bargaining unit or FLSA-nonexempt EAS employee, count any day or shift on which the employee requires time off as a full calendar day.
- For an FLSA-exempt EAS employee, if the employee returns to work part time because of medical limitations or requires time off for treatment of the injury, any portion of the day lost counts as a full day of COP regardless of the FLSA-exempt status.
- If the employee loses time because of further periods of disability or for medical treatment, start and stop tracking in the same way for each subsequent absence.
- Ensure that the number of days included within the employee's COP limit does not exceed 45 calendar days within the 90-day entitlement period.

◇ *Only if the injury occurs before the beginning of the workday may the DOI be charged to COP.*

□ Track an employee's COP hours as follows:

- Count actual hours charged to COP.
- Ensure that the number of hours charged to COP within the 45-day COP period does not exceed:
 - For a rural carrier with an H route, 312 hours.
 - For a rural carrier with a J route, 288 hours.
 - For other employees, 264 hours.

SEE Exhibit 13.1, *COP/LWOP-IOD Timekeeping Worksheet*, for assistance in tracking days and hours.

SEE Exhibit 13.17, *Recovering Excessive COP Hours*, for information on monitoring COP.

13.2 Providing COP for Most Full-Time, Part-Time, Transitional, Casual, or Temporary Employees — ICCO or designated control point personnel

Pay During the COP Period

Pay during the COP period includes:

- Night shift differential or Sunday premium pay employees would normally receive.
- Holiday pay employees would normally receive (recorded as holiday pay but counted as COP days).

Changes in pay that otherwise would have occurred during the 45-day period (e.g., step, general, or promotion increases, demotion, termination of a temporary detail) are reflected in the COP amount and take effect at the time they normally would have occurred.

- ☐ Provide COP with Form 3971, *Request for or Notification of Absence*, for different types of employees in the following manner:

- **Regular schedule employees** (full-time or part-time employees who work each week for the same number of hours) receive pay for the regularly scheduled hours not worked because of the injury. The amount paid during COP is equal to their current basic rate plus COLA and premium pay, excluding overtime.

$$COP\ Rate = \text{current basic pay} + \text{COLA and premium pay (excluding overtime)}$$

- **Part-time flexible schedule employees** (employees who work each week, but do not work the same number of hours each week) receive pay at a weekly rate equal to their total earnings, excluding overtime, during the 1 year preceding the DOI (or since appointment, if less than 1 year), divided by the number of weeks during which some earnings were received during that same period.

The amount paid during COP is equal to basic pay plus COLA and premium pay, excluding overtime.

$$Weekly\ COP\ Rate = \frac{\text{total earnings during 1 year preceding the DOI, including COLA and premium pay (excluding overtime)}}{\text{number of weeks that earnings were received during the year}}$$

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

The calculated weekly pay rate is prorated for any partial weeks of eligibility: for each day, an amount equal to the weekly pay, less any regular pay received for the week, divided by the number of days that have not been worked.

$$\text{Daily COP rate} = \frac{\text{calculated weekly pay less any regular pay received for the week}}{\text{number of days not worked during the same period}}$$

However, the weekly pay may not be less than 2.9 times the average daily pay received during the 52-week period immediately preceding the DOI.

$$\text{Average daily pay} = \frac{\text{total earnings during the 1 year preceding the injury (excluding overtime)}}{\text{number of days worked during the same period}}$$

This minimum does not apply to partial weeks in which COP begins or ends.

- **Casual or temporary employees**, or other intermittent employees who are not part of the regular work force and who do not work each week, receive weekly pay (including prorated amounts for partial weeks) as computed for part-time flexible employees.

When casual employees or other employees with specific terms of employment are injured, authorize COP only through the end of their appointments.

Example: If a casual employee is hired for 89 days and becomes injured on the 85th day, COP is covered only through the 89th day.

- **Transitional employees** are noncareer employees hired to fill positions normally held by career employees for a temporary period not to exceed 359 days. These employees work each week but may not work the same hours weekly. Transitional carriers are hired at the level and initial step of the position they are filling (i.e., Level 5 or Level 6) and receive COLA. All other transitionals (APWU) are hired at the level and initial step of the position they are filling but *do not* receive COLA.

If an employee is hired for 89 days and the appointment is changed to 60 days because of lack of work before the date that the injury occurred, COP is awarded through the 60th day.

13.3 Providing COP for Employees Being Terminated — ICCO or designated control point personnel

- ☐ Ensure that COP is not interrupted as part of a disciplinary action nor terminated as a result of a disciplinary action that terminates employment unless final written notice of termination for cause was issued to the employee before the date of injury.
 - If an employee has received notice of a disciplinary action or termination prior to injury, provide COP only through the end of his or her appointment.
 - If an employee receives notice of a disciplinary action or termination after the DOI, provide COP beyond the date of separation. The employee is identified by special coding on Form 50, *Notification of Personnel Action*. The entries on Form 50 should reflect the following:
 - Item 21.....Code “9.”
 - Item 22.....PP/YR 45th day of COP.
 - Item 23.....Code “CP.”
 - Item 95.....Code +“W.”

If, after separation, it is determined that COP is to be terminated before the date shown in item 22, completion of another Form 50 is required and must include the appropriate pay period and year in item 22.

- ☐ If a claim is submitted before termination of employment and if the separation date was identified before the DOI, COP is not provided beyond the day of separation. COP is not paid if any one of the following conditions applies:
 - The disability is a result of an occupational disease or illness.
 - The employee is neither a citizen nor a resident of the United States, Canada, or the territory under the administration of the Panama Canal Commission (i.e., a foreign national employed outside the areas indicated).
 - The injury occurred off USPS premises, and the employee was not engaged in official “off-premises” duties.
 - The injury occurred on USPS premises, but the employee was not engaged in any employment-related activity.

Example: The employee was injured when he or she came into work on his or her day off to pick up a paycheck or was changing a tire on a personal vehicle in the parking lot.

- The employee caused the injury by his or her willful misconduct, or 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.
- The injury was not reported on a form approved by OWCP (usually Form CA-1) within 30 days following the injury.
- Work stoppage first occurred more than 90 days following the injury.
- The employee initially reported the injury after employment was terminated.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

- ◇ *COP may be paid if the medical evidence indicates that the claimant is fit for limited duty and limited duty is not provided. However, limited duty is not offered if the claimant has been terminated.*
- For periods of disability either after the 45th day of COP or after the date of separation if COP was not authorized, instruct the claimant to request compensation payments by submitting a CA-7, *Claim for Compensation on Account of Traumatic Injury or Occupational Disease*, listing the dates of total disability and providing medical reports to substantiate such disability.

13.4 Recording COP for Most Full-Time, Part-Time, Transitional, Casual, or Temporary Employees — ICCO personnel

- ☐ *On the DOI*, keep the injured employee in a work status or grant administrative leave for any fraction of a day or shift lost, so that the employee receives pay for the entire shift that he or she is scheduled to work. Do not charge the DOI to the 45-day COP period, except when the injury occurs before the beginning of the workday or shift.
 - If an employee receives first-aid treatment and returns to work the same day, excuse his or her time spent for first-aid treatment to administrative leave. Do not require the employee to clock out when leaving the place of duty for first-aid examination or treatment.
 - If an employee, including a casual or temporary employee, is directed by management to an on-site or off-site medical unit the same day as the accident, record the time spent waiting for and receiving medical attention as work time, up to all time that the employee would have been directed to work beyond the regularly scheduled shift.
- ☐ *An employee whose treatment extends beyond his or her scheduled end of shift is not to be credited with that time.*
 - If an employee, except a casual or temporary employee, is excused from work during the scheduled shift, charge the remaining portion of the shift to Other Paid Leave (Administrative), rather than COP.
 - If an employee is excused from work on a nonscheduled day for which the guarantee period applies, change the remaining portion of the employee's workday to Guaranteed Time and Guaranteed Overtime, as applicable.

Guaranteed Time

Guaranteed time, under the guarantee provisions of collective bargaining agreements, is time paid for but not worked because the employee has been released by the supervisor and has clocked out before the end of a guaranteed period.

Example: Most bargaining unit full-time regular employees are guaranteed 8 hours of work or pay if called in on their nonscheduled day to work. If such an employee works 6 hours and is then released, and told by his or her supervisor to clock out because of lack of work, the remaining 2 hours of the employee's 8-hour guarantee are recorded as guaranteed time.

- ☐ *On any day or shift other than the DOI* when an employee stops work for a portion of a day or shift:
 - If a *bargaining-unit or FLSA-nonexempt EAS employee* requires time off for treatment of an injury, count the day or shift as 1 full calendar day for the purpose of totaling COP, and record COP in any combination with workhours or any type of leave to equal a full service day:

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

- If work is available for the rest of the day and the employee is absent for all or any part of the remaining hours, record the absence as leave, LWOP, AWOL, etc., as appropriate, since absence beyond the time needed because of the injury cannot be charged to COP.
- If the employee is not allowed to work a partial shift, he or she is entitled to COP for the entire shift.
- If an *FLSA-exempt EAS employee* returns to work on a part-time basis because of medical limitations, or requires time off for treatment of the injury, COP is granted in full-day increments. Use of any COP counts as a full day toward the 45 days of COP regardless of FLSA status. Record COP only in combination with workhours, court leave, military leave, and administrative leave equal to a full service day of 8 hours.
 - Do not combine COP with annual leave, sick leave, LWOP, or AWOL, which must be taken in 8-hour increments.
 - If personal absence is granted for some or all of the balance of a full service day of 8 hours in which COP is taken, record the personal absence time as workhours.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

13.5 Recording Limited Duty for Most Full-Time, Part-Time, Casual, Transitional, or Temporary Employees — *ICCO or designated control point personnel*

- ☐ When an injured employee is assigned limited duty, charge and record workhours to LDC 68, Operation 959.

SEE Chapter 7, Limited Duty Program Management.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

13.6 Authorizing and Recording COP for Regular Rural Carriers — ICCO or designated control point personnel

- ☐ Authorize COP on Form 1314, *Regular Rural Carrier Time Certificate*, by marking the Days Assigned Carrier Absent (DACA) block with code C for each day the carrier was scheduled to work. The code C will automatically pay other leave and also identify it as COP on generated reports. Rural carrier leave is charged in whole day increments only.

When the following day is a relief day, J or K day, or a holiday H, enter the appropriate relief or holiday code.

Record other paid leave, e.g., Administrative for the DOI, by marking the DACA block with a code O and annotating the back of the time card to read "Administrative leave due to on-the-job injury."

SEE Exhibit 13.6, Regular Rural Routes.

- ◇ *Pay procedures for rural carriers do not allow for two employees to be certified on the same route on the same day.*

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

13.7 Authorizing and Recording COP for Substitute Rural Carriers — ICCO or designated control point personnel

- ☐ For guidance in paying COP for substitute rural carriers, see 13.2, Authorizing COP for Most Full-Time, Part-Time, Transitional, Casual, or Temporary Employees.
- ☐ To determine the hourly pay rate for substitute carriers, find the quotient for their basic annual rate for a *40-hour evaluated route* at their specific *attained step* divided by 2,000. Add this amount to the quotient for the annual COLA rate divided by 2080. Level 5 RSC B is the same rate.

$$COP \text{ hourly rate} = \frac{\text{Basic annual rate}}{2,000} + \frac{COLA}{2,080}$$

Example: Basic annual rate for 40 hours at step 12:

(\$31,818) divided by 2,000	15.91
COLA (\$1,997) divided by 2,080	= + .96
COP hourly rate	\$16.87

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

13.8 Recording COP for Noncareer Temporary Relief Rural Carriers — ICCO or designated control point personnel

- ☐ To determine the hourly pay rate for temporary relief carriers, i.e., rural carrier associates and rural carrier reliefs, use the hourly salary.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

13.9 Recording Limited Duty Hours for Regular Rural Carriers — ICCO or designated control point personnel

- ☐ When a regular rural carrier is working limited duty, record the hours by entering E in the DACA block of Form 1314, *Regular Rural Carrier Time Certificate*, for each day the employee is working on limited duty. This allows the regular carrier to be paid limited duty hours and COP leave hours that occur on the same day or days within a service week (see Exhibit 13.6, Regular Rural Routes).
- ☐ Determine the number of COP hours to be used in conjunction with limited duty hours by doing the following:
 - Use whole COP hours in conjunction with limited duty hours to complete the week, remembering that COP cannot exceed 45 calendar days.
 - H or M route = 6 days
 - J route = 5.5 days
 - K route = 5 days
 - Ensure that limited duty hours plus COP hours do not exceed E days multiplied by the daily evaluated hours for J, H, and M routes. COP hours may be rounded to nearest whole number. For each day COP hours are recorded, the whole day counts toward completion of the 45-calendar-day allowance period. For K routes, ensure that limited duty hours plus COP hours do not exceed 40 hours in a week. Take 40 hours and deduct the limited duty hours to determine the COP hours.
- ☐ Record the number of hours in hundredths the employee works in the Limited Duty Hours block. Do not include these hours in the actual weekly workhours block.
- ☐ Pay limited duty hours at the evaluated hourly rate or level 5 attained step of RSC B, whichever is greater. Limited duty hours worked in excess of 40 are paid at 150 percent of the RSC B rate.

SEE Chapter 7, Limited Duty Program Management.

Leave and Compensation Administration

When leave or compensation is needed...

13.10 Authorizing Sick or Annual Leave During COP Period — ICCO or designated control point personnel

- ☐ Authorize only as much sick or annual leave as the employee has accrued and only for the 45-calendar-day COP period. The use of sick or annual leave does not extend the 45-calendar-day period. Pay that is attributable to the leave period is subject to taxes and other usual payroll deductions.
- ☐ If the employee subsequently requests COP instead of the previously requested annual or sick leave, the request must be made within 1 year of the date that leave is used or within 1 year of the date OWCP approves the claim, whichever is later.
- ◇ *The employee is not entitled to buy back that leave with later compensation payments.*

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

13.11 Adjusting Pay When OWCP Approves Controversion of COP — ICCO or designated control point personnel

- ☐ If OWCP finds that the employee is not entitled to COP after it has been paid, charge the payments to annual or sick leave (see Exhibit 13.11, Timekeeping Codes).
 - Notify the employee, who then makes the choice between sick leave, annual leave, or both.
 - Prepare a pay adjustment on Form 2240, *Pay, Leave, or Other Hours Adjustment Request*, and Form 2243, *PSDS Hours Adjustment Record*.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

13.12 Recording Absences When Employee Receives Compensation for Wage Loss from OWCP — ICCO or designated control point personnel

- ☐ When an employee is absent from work while receiving compensation for wage loss from the OWCP, grant LWOP-IOD. Approve with Form 3971, *Request for or Notification of Absence*, hours type 49 or 25 in PSDS offices (see Exhibit 13.12, Leave Types).

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

13.13 Recording Absences When a Claim Is Pending — ICCO or designated control point personnel

- ☐ When there are no workhours while an OWCP claim is pending, record the employee's time either by regular LWOP hours (type 59, 60, or 23 in Postal Service Data Site (PSDS) offices), annual leave (55 or 01 in PSDS offices), or sick leave (56 or 02 in PSDS offices) as appropriate.
- ☐ If the claim is subsequently approved, process Form 2240, *Pay, Leave, or Other Hours Adjustment Request*, to change the leave type originally recorded to LWOP-IOD for the period of time that OWCP has approved payment.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

13.14 Notifying Personnel of LWOP Status — ICCO or designated control point personnel

- ☐ When an employee has been in an LWOP status more than 30 days, notify the personnel services office to prepare Form 50 (see Exhibit 13.14a, Sample Letter: Personnel Notification — Leave Without Pay). The form will be submitted to the Minneapolis Information Systems Service Center (MNISSC) and annotated under item 50, Remarks, "LWOP for the purpose of receiving workers' compensation under PL93-416." The employee LDC should be changed to "67."
- ☐ When the employee returns to duty, notify the personnel services office via memo to update Form 50, item 50 to read "Return to duty" (see Exhibit 13.14b, Sample Letter: Personnel Notification — Return to Duty). The LDC must then be changed back to the appropriate LDC.

13.15 Recording Court Appearance Time When the USPS Prosecutes a Third Party Case
— *ICCO or designated control point personnel*

- ☐ When an employee must appear in court as a witness in a third party action assigned to the USPS, place him or her in an official duty status for:
 - Time spent in court.
 - Time spent traveling between the court and his or her work site.
- ☐ Do not place the employee in an official duty status for: Time spent traveling between residence and the court because it is considered commuting time and, therefore, is not compensable.

13.16 Recording Court Appearance Time When an Employee Prosecutes a Third Party

Case — ICCO or designated control point personnel

- When an employee prosecutes a third party action in his or her own name, compensate the employee as follows:
 - For court appearances:
 - Compensate the employee as if he or she were in an official duty status by recording hours as work only, and not as court leave or any other type of leave, on the employee's time card. Form 3971, *Request for or Notification of Absence*, is not required.
 - Have the employee document the time required for appearances on the memorandum, Third Party Court Appearance, (see Exhibit 13.16), and return it to the ICCO.
 - For time used within the employee's work schedule to develop the case, charge time to annual leave or LWOP.
- ◇ *The employee is not in an official duty status as defined by the USPS, but the USPS makes this adjustment to implement the FECA provision requiring compensation of such an employee.*

Pay Adjustments and Recovery

When pay adjustments must be made...

13.17 Recovering Excessive COP Hours — ICCO or designated control point personnel

- ☐ Monitor COP hours to ensure that employees do not receive COP for more than 45 calendar days for any one injury. Use Report HRHO62, *Workers' Compensation — Injury on Duty*, for COP data. The report is produced each pay period by the MNISSC and printed automatically to each installation's system printer. It assists the ICCO and other postal officials in monitoring employees in a COP status.

COP in excess of the maximum number of hours could reflect:

- Overpayment.
 - Two or more injuries.
 - Inefficient authorization and tracking procedures.
- ☐ Recover excessive COP hours by initiating pay adjustment on Form 2243, *PSDS Hours Adjustment Record*, or Form 2240, *Pay, Leave, or Other Hours Adjustment Request*. Note whether the employee chooses sick, annual, and/or LWOP and send the form to the finance office. The finance office processes the form or sends it to the MNISSC if further processing is necessary.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

13.18 Recovering Compensation Overpayment — ICCO or designated control point personnel

- ☐ Monitor compensation payments via PHC908P1, *Chargeback Summary Report*, and PHC931P1, *Chargeback Detail Report*. Immediately notify the OWCP district office of any overpayment.

When an overpayment is discovered, OWCP:

- Determines the period of absence from the job that resulted in the overpayment in the course of adjudication of the claim.
 - Notifies the ICCO or point personnel and the employee of the period of disability that is approved by OWCP.
- ☐ Monitor action taken by OWCP on overpayments identified.

13.19 Processing Leave Buy Back — ICCO or designated control point personnel

Leave Buy Back

An employee who sustains a job-related disability may use sick or annual leave or both to avoid interruption of income. If the employee uses leave during a period of disability caused by an occupational disease or illness, and a claim for compensation is approved, the employee may, *with the approval of the USPS*, “buy back” the used leave and have it recredited to the employee’s account.

If the employee uses leave during a period of disability caused by a traumatic injury and a claim is approved by the OWCP district office, the employee may buy back leave taken after the 45-day COP period. The employee may not repurchase leave taken during the 45-day COP period unless the employee was not entitled to receive COP. Computing the amount due the USPS to effect the leave repurchase is the responsibility of the USPS and is to be done in accordance with USPS accounting principles and practices.

If the USPS does not approve a repurchase of leave, then no compensation may be paid for the period leave was used. Where the USPS agrees to the leave repurchase, the employee may elect to have the compensation payable for the period paid directly to the USPS to be applied against the amount due the agency to effect the repurchase.

- ☐ When an employee wishes to buy back leave used subsequent to the 45-day COP period, or leave used during a period of disability caused by an occupational disease or illness, advise the employee either orally or in writing of the USPS leave buy back policy (see Exhibit 13.19a, Sample Letter: Leave Buy Back Policy)
- ◇ *Leave cannot be repurchased during the COP period.*
- ☐ Initiate a leave buy back request through completion and submission of CA-7 or CA-8. Such a form can request a buy back for those days or hours when medical certification of total disability is available or when leave was taken for related medical appointments or therapy. Proceed as follows:
 - Determine the amount of leave used by the employee after the 45-day COP period.
 - Determine if any of the annual leave being bought back is from a previous leave year. If so, determine whether this annual leave, when added to the annual leave carried over by the employee during that previous leave year, if any, will exceed the employee’s annual leave carryover ceiling.
 - If the amount of leave determined above exceeds the employee’s annual leave carryover ceiling, take the following action:
 - Determine the amount of annual leave that can be bought back without creating a forfeiture situation.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

- Inform the employee of the maximum amount of annual leave that can be bought back while remaining within the carryover ceiling.
 - Caution the employee to buy back only the amount of annual leave that can be recredited and explain why.
- ☐ When OWCP has issued the form letter CA-1207 (see Exhibit 13.19b) with enclosure EN-1207, *Application for Reinstatement of Leave* (see Exhibit 13.19c), and the employee has completed items 1 and 2 and submitted the completed EN-1207 to the ICCO, complete items 3 through 7 and send the EN-1207 with a cover letter requesting the MNASC to process the leave buy back.

The MNASC makes pay adjustments changing paid leave to LWOP-IOD and sends Form 1903-DZ to the employee's work location showing deductions and net amount due from OWCP. A copy is sent to the employee.
- ☐ Send the verified CA-1207 to OWCP with the current amount of hours to be bought back.
- ☐ When OWCP submits approval on the CA-1207, advise the employee to complete and sign the back of the CA-1207, indicating that he or she will do one of the following:
 - Pay the USPS directly and receive compensation from OWCP.
 - Let OWCP pay compensation directly to the USPS MNISSC and he or she will pay or receive the difference.
- ☐ *The employee must authorize OWCP to pay the compensation to the disbursing officer, MNISSC, unless full pay for the leave period has previously been refunded.*

13.20 Initiating Health Benefits Refund — ICCO or designated control point personnel

Health Benefits Refund Enhancement to WCIS

Implementation of the automated processing of employee refunds of health benefit premiums became effective September 1995 (see Management Memo 95-24 dated 8-21-95).

- ☐ To ensure that an eligible employee receives his or her health benefit refund:
 - Follow instructions provided in the WCIS *Health Benefits Guide* issued September 1995. Note: These instructions are also available on line by requesting them from the Health Benefits menu in WCIS.
 - Maintain health benefits information for a period of 2 years before the initial implementation date (September 6, 1995) for processing of refunds. Information is available to the requester for the current quarter and one previous quarter beginning with postal quarter 4, FY 1995.
 - Process manually all refunds covering periods earlier than postal quarter 4, FY 1995, by doing the following:
 - Retrieve Form 202, *Health Benefits Refund Payment Authorization*, from the WCIS.
 - In calculating the amount of the refund to be paid, subtract the difference between the OPM health benefits premium rate and the USPS rate of the health benefits plan chosen by the employee.
 - Obtain approval of the facility manager or designee.
 - Submit two copies of the refund authorization to the finance office for payment using Account Identifier Code 587, Fees for Service — Postal Operations.
 - File the original Form 202 in the employee's injury compensation file and one copy in the OPF.

The finance office will forward the refund and one copy of the Form 202 to the employee, and retain one copy for its records.

Recurrence of Disability

When the employee suffers a recurrence of disability...

SEE Chapter 5, Recurrence of Disability.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

Exhibit 13.1

COP/LWOP-IOD Timekeeping Work Sheet

<input type="checkbox"/> Traumatic	<input type="checkbox"/> Illness/Disease	<input type="checkbox"/> Third party	<input type="checkbox"/> Controverted	
Employee: _____		SS#: _____	DOB: _____	
Address: _____		Tele: _____	PL: _____	
OWCP No: _____		DOI: _____	Nature of Injury: _____	
Physician's Name, Address, Phone: _____		_____		
Date Stopped Work: _____		DATE FORMS SENT TO OWCP		
Date COP Began: _____ Date Pay Stopped: _____ AL/SL: _____ Date RTW: _____ <div style="text-align: center;"> <u>RECURRENCES</u> Date: Date Stopped RTW <u>WORK</u> </div>		Forms	Date	Remarks

COP TRACKING SHEET							
Day	Date	Comments	Day	Date	Comments	Compensation	
1			24				
2			25			From	To
3			26				
4			27				
5			28				
6			29				
7			30				
8			31			Limited Duty	
9			32				
10			33			From	To
11			34				
12			35				
13			36				
14			37				
15			38				
16			39				
17			40				
18			41			Remarks:	
19			42				
20			43				
21			44				
22			45				

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

Exhibit 13.6

Regular Rural Routes

Type Of Routes

H Route (Evaluated Hour Route)

The regular carrier's salary is based upon 12 days per pay period, 312 days per year, or 2,496 hours per year. Evaluated pay hours on an H type route may vary from 12 to 46 hours per week.

J Route (Evaluated Hour Route)

The regular carrier's salary is based upon 5 days during 1 week and 6 days the other week, for a total of 11 days per pay period, 286 days a year, or 2,288 hours per year. One relief day per pay period is authorized. Evaluated pay hours vary from 41 to 46 hours per week.

K Route (Evaluated Hour Route)

The regular carrier's salary is based upon 5 days each week, 260 days per year, or 2,080 hours per year. One relief day is authorized each week. The relief day must be the same day each week except for routes on rotating relief. Evaluated pay hours vary from 40 to 48 hours per week.

Rates of Pay

Basic Rate — the annual, daily, or hourly salary, excluding COLA.

Base Rate — the annual, daily, or hourly rate, including COLA.

Calculating Rate — base or basic daily and hourly rates determined by dividing the base or basic annual rate (BAR) as follows:

Route Type	Regular Center Carrier		Substitute Carrier	
	Evaluated Daily Rate	Evaluated Hourly Rate	Evaluated Daily Rate	Evaluated Hourly Rate
H or M (6-day workweek)	$\text{BAR} \div 312$	$\text{BAR} \div 2496$	$\text{BAR} \div 302$	$\text{BAR} \div 2416$
J (5½-day workweek)	$\text{BAR} \div 286$	$\text{BAR} \div 2288$	$\text{BAR} \div 276$	$\text{BAR} \div 2208$
K (5-day workweek)	$\text{BAR} \div 260$	$\text{BAR} \div 2080$	$\text{BAR} \div 250$	$\text{BAR} \div 2000$

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

Exhibit 13.11

Timekeeping Codes

Codes to be used with Distributed Data Entry or Distributed Reporting

- 43 Penalty Overtime
- 49 LWOP/IOD
- 52 Workhours
- 53 Overtime
- 54 Night Work
- 55 Annual Leave
- 56 Sick Leave
- 57 Holiday Work
- 58 Holiday Leave
- 59 Part Day LWOP
- 60 Full Day LWOP
- 61 Court Leave
- 62 Guarantee Time
- 65 Meeting Time
- 66 Convention Leave
- 67 Military Leave
- 68 Guarantee OT
- 69 Blood Donor
- 70 Stewards Time
- 71 COP
- 72 Sunday Premium
- 74 Christmas Work
- 76 Nonscheduled
- 86 Administrative Leave

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

Exhibit 13.12

Leave Types

Leave Types <i>(Information Only)</i>		
Leave Type	Time Card Code	PSDS Code
LWOP-Lieu of Sick Leave	59/60	20
LWOP-Proffered	59/60	21
LWOP-Personal Reasons	59/60	22
LWOP-Part Day	59	23
LWOP-Full Day	60	23
LWOP-AWOL	59/60	24
LWOP-IOD-OWCP	49	25
LWOP-Maternity	59/60	26
LWOP-Suspension	59/60	27
LWOP-Union Official	84	28
LWOP-Suspension Pending Termination	59/60	29
Continuation of Pay (USPS)	71	03
Court Duty	61	04
Military Leave	67	05
Postmaster's Organization	89	08
Blood Donor Leave	69	09
Other Paid Leave	86	10
Convention Leave	66	12
Acts of God	78	13
Veteran's Funeral	79	14
Relocation	80	15
Civil Defense	77	16
Civil Disorder	81	17
Voting Leave	85	18

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

Exhibit 13.14a

Sample Letter: Personnel Notification — Leave Without Pay

[U.S. Postal Service Letterhead]

Date:

Our Ref:

Subject: Leave Without Pay

To: Personnel Services Office

Re: ____[employee name]____

____[SSN]____

____[designation]____

____[P.O. and state]____

Effective ____[date]____, the above-named employee is to be placed in a leave without pay status for the purpose of receiving compensation because of an injury sustained while on the job. This employee is to remain in this status until ____[he/she]____ returns to work. The completed CA-7 was submitted to the OWCP district office on ____[date]____. The last day in pay status is ____[date]____.

Sincerely,

____[signature]____

____[name]____

____[title]____

Injury Compensation Office

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

Exhibit 13.14b

Sample Letter: Personnel Notification — Return to Duty

[U.S. Postal Service Letterhead]

Date:

Our Ref:

Subject: Return to Duty

To: Personnel Services Office

Re: ____[employee name]____
____[SSN]____
____[designation]____
____[P.O. and state]____

On ____[date]____ you were informed that the above-named employee was placed in a leave without pay status for the purpose of receiving compensation because of an injury on the job from ____[date]____, until further notice. Leave without pay for this purpose terminated on ____[date]____. Your first date to return to duty status will be ____[date]____, ____[full time/part time]____.

Sincerely,

____[signature]____

____[name]____

____[title]____

Injury Compensation Office

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

Exhibit 13.16

Third Party Court Appearance

Subject: Third Party Court Appearance
To: Postmaster/Installation Head
Attn:

I, the undersigned, attest to the validity and accuracy of the clock times entered below.

I understand that these entries must represent only the time my presence was required in court and, if applicable, travel from and to work.

I also understand that the deliberate furnishing of false information may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001).

Signature of Employee

Witness to Signature

EMPLOYEE NAME _____

PAY LOCATION _____

IMMEDIATE SUPERVISOR _____

	Relevant Times	Employee's Initials
Date of Appearance: _____		
Time Departed Work (if applicable)		
Time Arrived Court		
Time Departed Court		
Time of Return to Work (if applicable)		
Document additional appearances as follows:		
cc: Employer		
Timekeeper		

	Relevant Times	Employee's Initials
Date of Appearance: _____		
Time Departed Work (if applicable)		
Time Arrived Court		
Time Departed Court		
Time Return to Work (if applicable)		

	Relevant Times	Employee's Initials
Date of Appearance: _____		
Time Departed Work (if applicable)		
Time Arrived Court		
Time Departed Court		
Time Return to Work (if applicable)		

	Relevant Times	Employee's Initials
Date of Appearance: _____		
Time Departed Work (if applicable)		
Time Arrived Court		
Time Departed Court		
Time Return to Work (if applicable)		

	Relevant Times	Employee's Initials
Date of Appearance: _____		
Time Departed Work (if applicable)		
Time Arrived Court		
Time Departed Court		
Time Return to Work (if applicable)		

See Privacy Act Statement on page 2.

Page 1 of 2

Privacy Act Statement

The collection of this information is authorized by 39 U.S.C. 401, 1003, and 5 U.S.C. 8339. This information will be used to compensate you for court appearances in connection with a third party case. As a routine use, the information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits, or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants, or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge, or complaints examiner appointed by the Equal Employment Opportunity (EEO) Commission for investigation of a formal EEO complaint under 29 CFR 1613; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; to a labor organization as required by the National Labor Relations Act; to agencies having taxing authority for taxing purposes; to financial organizations receiving allotments; to state Employment Security Agencies to process unemployment compensation claims; to a federal or state agency providing parent locator service or to other authorized persons as defined by Public Law 93-647; to the National Association of Postal Supervisors that relates to postal supervisors; to the Office of Personnel Management (OPM), Social Security Administration, Veterans Administration, Office of Workers' Compensation Programs, health insurance carriers, or plans, or other program management agencies or retirement systems for use in determining a claim for benefits; and to OPM for its active employee/annuitant data systems used to analyze federal retirement and insurance costs. Completion of this form is voluntary; however, if this information is not provided, you may not be compensated.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

Exhibit 13.19a

Sample Letter: Leave Buy Back Policy

Verbal or Written Information Provided To Injured Employee

To ___[name]___:

This refers to your job-related injury or illness of ___[date]___, and the annual or sick leave related thereto used during the period _____.

A claim for compensation [was/will] be submitted to the Office of Workers' Compensation Programs (OWCP) for the above leave period. The buy back cannot be initiated until the period of leave buy back is approved by OWCP with submission of EN-1207.

You may use your sick or annual leave and then buy back the leave to prevent any interruption in pay while your claim for compensation is being processed by OWCP.

If you go into an LWOP status, you will not receive a compensation check until your claim is approved by OWCP. If your claim is disapproved, you will not be allowed to buy back your leave. The following information is provided for you to determine whether or not you want to use the buy back process:

1. Your claim must be approved by OWCP *before* you submit CA-7 and the subsequent CA-8. After completing them, you *must* submit forms CA-7 and CA-8 to the USPS for time verification.
2. Unless you are disabled 14 days or more after the 45 days of COP is exhausted, there is a 3-day LWOP waiting period before compensation can be paid. If the 3-day period is applicable, you will not be paid compensation for 3 days and will be required to pay back the *full* amount of leave pay received for the 3 days when buying back leave.
3. You will be required to reimburse the USPS the difference in your net pay and the amount of compensation for the leave period before your leave is restored. OWCP will pay your compensation to PDC and you will be required to reimburse any difference in the *net* pay you received. The amount you will be required to refund will depend on your compensation rate (75 percent with dependent, 66 2/3 percent with no dependent) and the amount of tax deductions you take. Because no tax deductions are made on compensation, in some instances the net pay may be less than the compensation rate. In these instances, the USPS will refund the difference to you. If the leave you buy back is from the preceding calendar year, you must refund the difference between compensation and *gross* pay, since no tax credit can be allowed. After this amount is paid, it can be used as a deduction on an amended tax return. If you have any further questions, consult your tax advisor.
4. Processing the leave buy back request may take a considerable amount of time. For this reason you should consider:
 - a. That if you are planning to leave the Postal Service, you must allow sufficient time to process your leave buy back and credit your leave before actual separation. Buy back cannot be processed after you have been separated from the USPS.
 - b. Whether you plan to carry over the maximum hours of annual leave to the next calendar year. If so, any annual leave you buy back must be accomplished during this calendar

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

year; otherwise, you cannot be reimbursed annual leave which would exceed the maximum carryover. Check with personnel services to find out the maximum carryover allowed.

5. During the buy back process, the period you were on leave will be changed to LWOP-IOD. Since you do not earn leave while on LWOP, the sick and annual leave you earned while in a leave status will be deducted from your leave balance. For example, for every 80 hours bought back and changed to LWOP, both annual and sick leave are reduced by the amount earned in one pay period.
6. If you intend to buy back leave, the buy back must be initiated within 1 year following your return to duty or within 1 year of the date OWCP approves your claim, whichever is later. Moreover, only current employees (i.e., employees on the rolls of the USPS) may buy back leave. Therefore, if you are separated from the USPS for any reason, you cannot buy back leave after you are off the rolls.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

Exhibit 13.19b

Sample Letter: Form Letter CA-1207

U.S. Department of Labor

Employment Standards Administration
U.S. Department of Labor
Office of Workers' Compensation Programs
PO Box 566
New York, NY 10014-0566
(212) 337-2075

File Number: _____

Date of Injury: _____

Employee: _____

Dear Mr./Ms. _____

The condition we accepted under the above case file number entitles you to all compensation and medical benefits provided under the Federal Employees' Compensation Act. If you either enter a leave-without-pay status or "buy back" the leave which you use as a result of the injury, you may receive compensation.

Based on information presently available to the Office of Workers' Compensation Programs (OWCP), you are eligible for \$ ____[amount]__ gross compensation, which covers the period from ____[date]__ for total hours leave.

To buy back leave used as a result of your injury:

1. You must refund to the USPS the amount of pay which you received for leave during the above-stated period. This amount will be shown in item 6 on EN-1207, enclosed.
2. Your agency must change your leave record from "leave with pay" to "leave without pay" for the period in question.

If you are unable to refund the entire amount of leave pay received, you may arrange with the USPS to pay the difference between the leave pay and the gross compensation due.

To receive compensation for all or part of the leave period named above, complete items 1 and 2 on the enclosed EN-1207. An accountable officer of the USPS ISSC should then complete items 3 through 7 and return the form to OWCP. If you wish OWCP to pay your compensation directly to the USPS, check item 2(b).

US POSTAL SERVICE
INJURY COMPENSATION

If you have not returned to work and you lose pay or will enter a leave-without-pay status in the future, you should file claim for compensation on CA-8, which can be obtained from the USPS or from OWCP.

Sincerely,

Claims Examiner

Enclosure: EN-1207

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
TIMEKEEPING AND ACCOUNTING

Exhibit 13.19c

Application for Reinstatement of Leave (EN-1207)

File: _____

Employee: _____

Items 1 and 2 to be completed by employee:

1. I request reinstatement of my leave for the period from _____ through _____. (If leave was intermittent or involved partial days, show the specific dates and hours for which compensation is claimed.)
2. Check either (a) or (b):
 - a. _____ I have refunded or made arrangements to refund all leave pay received. Please forward compensation directly to me.
 - b. _____ I have arranged with the U.S. Postal Service (USPS) to refund only the difference between leave pay and compensation. Compensation which is due me should be paid to the USPS.

Signed _____

Date _____

Items 3 through 7 to be completed by an accountable officer of the USPS (in the USPS, by appropriate Information Systems Service Center).

3. Name and address of the USPS.
4. Total amount employee owes agency prior to any refund.
5. If applicable, are health benefits (HB) and optional life insurance (OLI) deductions for the period of leave repurchase included in the amount to be refunded as shown in the above 6
 - a. _____ Yes _____ No. If no, has credit for deductions been requested from OPM?
_____ Yes _____ No.
 - b. If the period(s) covered by the request for HB/OLI refund or credit is different than shown in item 3, show the specific period(s) in item 9.
6. Remarks.
7. The USPS agrees to allow the employee to buy back his or her leave. Leave records will be, or have been, changed from "Leave with Pay" to "Leave without Pay" for the period:

Signature of accountable officer: _____

Title: _____

Date: _____

Appendix A

Abbreviations and Acronyms

AIC	account identifier code
APWU	American Postal Workers Union
ASM	<i>Administrative Support Manual</i>
AWOL	absent without leave
BAR	basic annual rate
BMC	Bulk Mail Center
BPS	Bill Payment System (under WCIS)
CE	claims examiner
CFR	Code of Federal Regulations
COLA	cost-of-living allowance
COP	continuation of pay
CSA	civil service account
CSRS	Civil Service Retirement System
CSS	Customer Services and Sales
DACA	days assigned carrier absent
DOI	date of injury
DOL	Department of Labor
ECAB	Employees' Compensation Appeals Board
EEO	Equal Employment Opportunity
ELM	Employee and Labor Relations Manual
FCE	functional capacity evaluation
FECA	Federal Employees' Compensation Act
FECA PM	<i>Federal (FECA) Procedure Manual</i>
FEHB	Federal Employees Health Benefit
FERS	Federal Employees' Retirement System
FFD	fitness-for-duty examination

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
ABBREVIATIONS AND ACRONYMS

FLSA	Fair Labor Standards Act
FMLA	Family and Medical Leave Act
GSA	General Services Administration
HB	health benefits
HR	human resources
HRIS	Human Resources Information System
IC	injury compensation
ICAS	Injury Compensation Analysis Summary
ICCO	Injury Compensation Control Office
IME	independent medical examination
IOD	injured on duty
LDC	labor distribution code
LR	labor relations
LWEC	loss of wage-earning capacity
LWOP	leave without pay
LWOP/IOD	leave without pay/injured on duty
MBC	medical bill certification
MISSC	Minneapolis Information Systems Service Center
MMI	maximum medical improvement
MSPB	Merit Systems Protection Board
NALC	National Association of Letter Carriers
NFRC	National Files Retention Center
OHNA	occupational health nurse administrator
OLI	occupational life insurance
OMF	official medical folder
OPF	official personnel folder
OPM	Office of Personnel Management
OWCP	Office of Workers' Compensation Programs
OWCP PM	<i>Federal (OWCP) Procedure Manual</i>

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

ABBREVIATIONS AND ACRONYMS

P&D	Processing and Distribution
PN	no wage-earning-capacity status
PR	regular periodic roll status
PSDS	Postal Service data site
RC	rehabilitation counselor
RC-S	rehabilitation counselor-screener
RS	rehabilitation specialist
RTD	return to duty
RTW	return to work
SSA	Social Security Administration
SSN	Social Security Number
USPS	U.S. Postal Service
VA	Department of Veterans Affairs
VMF	vehicle maintenance facility
WC-IOD	Workers' Compensation-Injury on Duty
WCIRS	Workers' Compensation Information Reporting System
WCIS	Workers' Compensation Information System

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
ADDRESSES

Appendix B

Addresses

OWCP District Offices

Address		District
US DEPT OF LABOR OWCP ONE CONGRESS ST 11TH FLOOR BOSTON MA 02113 617-565-2137		DISTRICT OFFICE 1 BOSTON
US DEPT OF LABOR OWCP 201 VARICK ST ROOM 750 NEW YORK NY 10014 212-337-2075		DISTRICT OFFICE 2 NEW YORK
US DEPT OF LABOR OWCP GATEWAY BLDG ROOM 15200 3535 MARKET ST PHILADELPHIA PA 19104 215-596-1457		DISTRICT OFFICE 3 PHILADELPHIA
US DEPT OF LABOR, OWCP 214 N HOGAN ST, SUITE 1006 JACKSONVILLE FL 32202 904-232-2821		DISTRICT OFFICE 6 JACKSONVILLE
	<i>For case numbers ending in 000–499...</i>	<i>For case numbers ending in 500–000...</i>
Adjudication Branch	<i>Team (CAA)</i> SUITE 1001 ZIP CODE 32202-4222 904-232-1270	<i>Team (CBA)</i> SUITE 1002 ZIP CODE 32202-4223 904-232-1270
Post Adjudication Branch	<i>Team (CCA)</i> SUITE 1003 ZIP CODE 32202-4224 904-232-1274	<i>Team (CDA)</i> SUITE 1004 ZIP CODE 32202-4225 904-232-1274
QCM – Case Management Branch	<i>Team (CEA)</i> SUITE 1005 ZIP CODE 32202-4238 904-232-1279	<i>Team (CFA)</i> SUITE 1016 ZIP CODE 32202-4231 904-232-1279
Re-employment Branch	<i>Team (CGA)</i> ALL CASE NUMBERS SUITE 1007 ZIP CODE 32202-4232 904-232-4004	<i>Team (P90)</i> SUITE 1009 ZIP CODE 32202-4234 904-232-4008
PRMS Branch	<i>Team (P80)</i> SUITE 1008 ZIP CODE 32202-4233 904-232-4008	
Medical Bills/ Bill Management	SUITE 1011 ZIP CODE 32202-4237	

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
ADDRESSES

OWCP District Offices

Address	District
US DEPT OF LABOR OWCP 1240 E NINTH ST ROOM 851 CLEVELAND OH 44199 216-522-3800	DISTRICT OFFICE 9 CLEVELAND
US DEPT OF LABOR OWCP 230 S DEARBORN ST 8TH FLOOR CHICAGO IL 60604 312-353-5656	DISTRICT OFFICE 10 CHICAGO
US DEPT OF LABOR OWCP CITY CENTER SQUARE 1100 MAIN STREET KANSAS CITY MO 64105 816-426-2195	DISTRICT OFFICE 11 KANSAS CITY
US DEPT OF LABOR OWCP 1801 CALIFORNIA ST SUITE 915 DENVER CO 80202 303-391-6000	DISTRICT OFFICE 12 DENVER
US DEPT OF LABOR OWCP 71 STEVENSON ST SECOND FLOOR SAN FRANCISCO CA 94105 415-744-6610	DISTRICT OFFICE 13 SAN FRANCISCO
US DEPT OF LABOR OWCP 525 GRIFFIN ST ROOM 100 DALLAS TX 75202 214-767-4707	DISTRICT OFFICE 16 DALLAS
US DEPT OF LABOR OWCP 800 N CAPITOL ST NW ROOM 800 WASHINGTON DC 20211 202-565-8428	DISTRICT OFFICE 25 WASHINGTON, D.C.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
ADDRESSES

OWCP District Office Lockbox Depository

Always provide OWCP case file number and claimant name on the check.

Address	District
US DEPARTMENT OF LABOR FECA PO BOX 371546M PITTSBURGH PA 15251	DISTRICT 1 BOSTON
US DEPARTMENT OF LABOR FECA PO BOX 360148M PITTSBURGH PA 15251	DISTRICT 2 NEW YORK
US DEPARTMENT OF LABOR FECA PO BOX 360304M PITTSBURGH PA 15251	DISTRICT 3 PHILADELPHIA
US DEPARTMENT OF LABOR FECA PO BOX 360418M PITTSBURGH PA 15251	DISTRICT 6 JACKSONVILLE
US DEPARTMENT OF LABOR FECA PO BOX 360762 PITTSBURGH PA 15251	DISTRICT 9 CLEVELAND
US DEPARTMENT OF LABOR FECA PO BOX 360525M PITTSBURGH PA 15251	DISTRICT 10 CHICAGO
US DEPARTMENT OF LABOR KANSAS CITY FECA OFFICE PO BOX 845038 DALLAS TX 75284-5038	DISTRICT 11 KANSAS CITY
US DEPARTMENT OF LABOR DENVER FECA OFFICE PO BOX 60000 FILE NUMBER 81251 SAN FRANCISCO CA 94160-1251	DISTRICT 12 DENVER
US DEPARTMENT OF LABOR SAN FRANCISCO FECA OFFICE PO BOX 60000 FILE NUMBER 21249 SAN FRANCISCO CA 94160-1249	DISTRICT 13 SAN FRANCISCO
US DEPARTMENT OF LABOR SEATTLE FECA OFFICE PO BOX 60000 FILE NUMBER 61252 SAN FRANCISCO CA 94160-1252	DISTRICT 14 SEATTLE
US DEPARTMENT OF LABOR DALLAS FECA OFFICE PO BOX 843537 DALLAS TX 75284-3537	DISTRICT 16 DALLAS

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
ADDRESSES

OWCP District Office Lockbox Depository

Always provide OWCP case file number and claimant name on the check.

Address	District
US DEPARTMENT OF LABOR FECA PO BOX 360392M PITTSBURGH PA 15251	DISTRICT 25 WASHINGTON DC
US DEPARTMENT OF LABOR PO BOX 371280M PITTSBURGH PA 15251	DISTRICT 50 NATIONAL OFFICE

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
ADDRESSES

Federal Records Centers

Address	District
MILITARY PERSONNEL RECORDS NATIONAL PERSONNEL RECORDS CTR 9700 PAGE BLVD ST. LOUIS MO 63132-5100	Designated records of the Department of Defense
CIVILIAN PERSONNEL RECORDS NATIONAL PERSONNEL RECORDS CTR 111 WINNEBAGO ST ST. LOUIS MO 63118-4199	Entire Federal Government for personnel records of separated employees; pay records of all Federal employees; medical records of civilian employees of the Army, Navy, and Air Force; records of agencies in greater St. Louis, MO area
FEDERAL RECORDS CTR 380 TRAPELO RD WALTHAM MA 02154-6399	Maine, Vermont, New Hampshire, Massachusetts, Connecticut, and Rhode Island
FEDERAL RECORDS CTR MILITARY OCEAN TERMINAL BLDG 22 BAYONNE NJ 07002-5388	New York, New Jersey, Puerto Rico, and the Virgin Islands
FEDERAL RECORDS CENTER MILITARY OCEAN TERMINAL 500 WISSAHICKON AVE PHILADELPHIA PA 19144-4898	Delaware and Pennsylvania, east of Lancaster
WASHINGTON NATIONAL RECORDS CTR WASHINGTON DC 20409-0001	District of Columbia, Maryland, Virginia, and West Virginia
FEDERAL RECORDS CENTER 1557 ST. JOSEPH AVE EAST POINT GA 30344-2533	North Carolina, South Carolina, Tennessee, Mississippi, Alabama, Georgia, Florida, and Kentucky
FEDERAL RECORDS CENTER 7358 SOUTH PULASKI RD CHICAGO IL 60629-5898	Illinois, Wisconsin, and Minnesota
FEDERAL RECORDS CENTER 3150 SPRINGBORO RD DAYTON OH 45439-1883	Indiana, Michigan, and Ohio
FEDERAL RECORDS CENTER 2312 EAST BANNISTER RD KANSAS CITY MO 64131-3011	Kansas, Iowa, Nebraska, and Missouri except the greater St. Louis, MO area
FEDERAL RECORDS CENTER PO BOX 6216 FORT WORTH TX 76115-0216	Texas, Oklahoma, Arkansas, Louisiana, and New Mexico
FEDERAL RECORDS CENTER PO BOX 25307 DENVER CO 80225-0307	Colorado, Wyoming, Utah, Montana, North Dakota, and South Dakota

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
ADDRESSES

Federal Records Centers

Address	District
FEDERAL RECORDS CENTER 1000 COMMODORE DRIVE SAN BRUNO CA 94066-2350	Nevada (except Clark County), California (except Southern California) and American Samoa
FEDERAL RECORDS CENTER 24000 AVILA RD LAGUNA NIGUEL CA 92656-3497	Clark County, Nevada; Southern California (counties of: San Luis Obispo, Kern, San Bernadion, Santa Barbara, Ventura, Los Angeles, Riverside, Orange, Imperial, Inyo, and San Diego); and Arizona
FEDERAL RECORDS CENTER 6125 SAND POINT WAY NE SEATTLE WA 98115-7999	Washington, Oregon, Idaho, Alaska, Hawaii, and Pacific Ocean area (except American Samoa)

Appendix C

Definitions

assignment	A written agreement whereby the injured employee or beneficiary transfers his/her right to recover damages from a third party to the USPS and such offer is accepted by the USPS. (See Chapter 10.)
beneficiary	An individual who is entitled to certain benefits under the Act when the employee dies as a result of the job-related injury. (See Chapter 1.)
benefits	<p>Any of the following:</p> <ol style="list-style-type: none">1. Continuation of pay (COP) paid by USPS. (COP is not considered "compensation" by the OWCP.)2. Money paid to claimants by the OWCP because of loss of wages or earning ability.3. Money paid in the form of schedule awards (e.g., loss of finger).4. Money paid as reimbursement for medical diagnostic and treatment services supplied under FECA.5. Money paid to survivors of employees whose death is job-related.6. Certain payments to individuals who are participating in an approved vocational rehabilitation program. (See Chapter 1.)
burden of proof	<p>The claimant's responsibility to provide evidence to substantiate the following five features of the claim:</p> <ol style="list-style-type: none">1. The time.2. The fact of USPS employment.3. The fact of injury.4. The fact of performance of duty.5. The existence of causal relationship between job and injury. (See Chapter 8.)
challenge	The formal administrative procedure through which USPS management presents evidence to OWCP to dispute any element of an employee's claim for benefits that appears questionable. (See Chapter 8.)
chargeback	The system of billing Postal Service Headquarters for payments related to OWCP-approved claims and then having them charged to the local USPS installation having jurisdiction over the employee at the time of the injury or illness. (See Chapter 12.)

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
DEFINITIONS

claim	<p>An assertion, in writing, of an individual's entitlement to benefits under FECA. This claim must be submitted on the required form.</p> <ol style="list-style-type: none">1. A claim may be filed for a traumatic injury (Form CA-1), an occupational illness or disease (Form CA-2), or death (Form CA-5 or 5B).2. A claim for injury may include reimbursement for the replacement or repair of medical braces, artificial limbs, and other prosthetic devices, and for such time lost while such devices or appliances are being replaced or repaired. However, a claim is not appropriate for the replacement or repair of eyeglasses and hearing aids unless the damage or destruction is a direct result of a personal job-related injury requiring medical services. (See Chapters 3 and 4.)
claimant	<p>An individual whose claim for benefits and/or compensation has been filed in accordance with FECA.</p>
claims examiner	<p>An OWCP employee possessing special training and experience in claims adjudication.</p>
compensation	<p>See <i>benefits</i>. <i>Compensation</i> refers to all listed items except COP.</p>
continuation of pay (COP)	<p>A benefit a traumatically injured employee may request, i.e., continuation of his/her regular pay with no charge to sick leave or annual leave for the first 45 calendar days of disability. COP is subject to taxes and all other usual payroll deductions. The 45-day calendar period begins at the start of the employee's first full tour following the day of injury, or the first day following the disability, whichever occurs sooner. COP can be received only if the disability begins within 90 days of the occurrence of the injury. (See Chapter 4 and Chapter 13.)</p>
contract medical provider	<p>A duly licensed physician or medical facility under contract with the USPS and designated to perform specific medical duties. (See Chapters 2 and 6.)</p>
control office	<p>See <i>injury compensation control office</i>.</p>
control point	<p>An individual designated by an installation head (or functional manager in large installation). Control point personnel are trained to coordinate certain program activities with the control office. Their responsibilities include the authorization of medical treatment (i.e., issuance of Form CA-16, <i>Request for Examination and/or Treatment</i>) and to review medical documentation to determine the employee's duty status. (See Chapter 3.)</p>
controversion	<p>The formal administrative procedure through which USPS management presents evidence to OWCP to dispute an employee's claim for COP. (See Chapter 8.)</p>

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

DEFINITIONS

daily roll	A system used by OWCP for the payment of compensation payments when the term of disability is not likely to exceed 60 days, unless return to work is imminent. The employee must submit Forms CA-8 to support continued payment while on the daily roll system. (Refer to FECA PM 2-811.)
damages	<p>The measure of the injury for purposes of third-party liability. The ICCO tries to recover compensatory damages (compensation for the injury). The two types of damages are:</p> <ol style="list-style-type: none">1. Special damages (or "specials"), damages to which an exact dollar amount can be assigned, e.g., medical expenses.2. General damages, those to which an exact dollar amount cannot be assigned, e.g., pain and suffering. (See Chapter 10.)
employee	Postal Service employee to whom FECA coverage extends, i.e., a full-time, part-time, or temporary (including casual and transitional) employee, regardless of length of time on the job or type of position. (See Chapter 8.)
Employee Assistance Program (EAP)	A USPS program designed to assist employees who have job performance or conduct problems due to personal or job-related issues. The EAP provides assessment, short-term counseling, referral, and case management services to help employees maintain productivity. If there is a strong suspicion or evidence that an employee's personal or job-related problem has directly or indirectly caused an injury, an EAP referral should be initiated. Referrals and subsequent participation must be in compliance with EAP established procedures.
Federal Employees' Compensation Act	Statutory provisions that are the source of entitlement to workers' compensation benefits for Federal workers as cited in Title 5, United States Code, 8101, as amended in 1974. (See Chapter 1.)
fitness-for-duty examination (FFD)	A physical examination conducted by a physician for the USPS (i.e., contract medical provider) to determine the employee's current medical status. The results of the FFD are documented on Form 2485, <i>Medical Examination and Assessment</i> , which becomes part of the OWCP case file. A copy is also maintained in the employee's official medical folder. The purposes of a FFD are to evaluate medical status, to confirm or verify limited duty capabilities, and/or to assist in the rehabilitation effort. (See Chapter 6.)
first-aid injury	A work-related minor injury that requires no more than two medical visits, the second of which is to confirm full recovery. (See Chapters 3 and 4.)

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

DEFINITIONS

health unit	A unit in a designated postal facility professionally staffed with one or more nurses who provide nursing services, first-aid treatment, and triage to injured employees. The health unit nurses are supervised by the occupational health nurse administrator (OHNA). (See Chapter 6.)
injury	Traumatic or occupational injury. Includes damage to or destruction of medical braces, artificial limbs, and other prosthetic devices. The term does not include damage or destruction of eyeglasses and hearing aids, unless the damage is a direct result of a personal job-related injury requiring medical services.
injury compensation control office	The office that administers and controls all aspects of the injury compensation program within the installation in which it is domiciled and/or its defined area of responsibility. (See Chapter 1.)
labor distribution code (LDC)	<p>A payroll code number that identifies the major work assignment of the employee. The LDC's pertaining to Injury Compensation are:</p> <ol style="list-style-type: none">1. LDC 68: LIMITED DUTY workhours of injured employee who is temporarily working in a modified assignment, either part- or full-time (see <i>limited duty</i>). LDC 68 should not be used when injured employee is performing:<ol style="list-style-type: none">a. Core duties of regular assignment with minor modification or accommodation.b. Full duties of existing position other than his/her regular assignment.c. Same duties as those of regular position at another location.2. LDC 69: REHABILITATION PROGRAM workhours of injured employee who is permanently working in a modified assignment, either part- or full-time (see Rehabilitation Program). LDC 69 should not be used when injured employee is permanently assigned to:<ol style="list-style-type: none">a. Core duties of regular assignment with minor modification or accommodation.b. Another existing position for which he/she can perform core duties.c. Residual vacancy for which he/she can perform the core duties.
lien	A claim on the recovery of damages in order to satisfy a debt. (See Chapter 10.)

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
DEFINITIONS

light duty	An assignment (temporary or permanent) of an employee partially disabled from a non-job-related injury or illness. Light duty assignments are subject to the "Light Duty" provisions of the applicable collective bargaining agreement and must be initiated by the employee in writing.
limited duty	A temporary assignment to accommodate a temporary partial disability as a result of a job-related injury (employee is expected to return to full duty or prognosis not yet determined; employee has not been declared permanently partially disabled). See <i>LDC 68</i> and <i>modified assignment</i> . (See Chapter 7.)
medical emergency	An injury or sudden and unexpected onset of a condition requiring immediate medical care. Some problems are emergencies because if not treated promptly they might become more serious (e.g., animal bites, eye injuries, deep cuts, broken bones). Others are emergencies because they are potentially life-threatening (e.g., heart attacks, strokes, weapon wounds, sudden inability to breathe). (See Chapter 3.)
modified assignment	A temporary or permanent assignment designed to accommodate the specific medical restrictions of an injured employee. Normally, individual tasks are identified and combined to develop a modified assignment. These tasks are usually subfunctions and may be from multiple positions. Assigned tasks must be fully consistent with the physical limitations specified by the appropriate medical authority. (See Chapters 7 and 11.)
monthly pay	<p>The greatest of the following:</p> <ol style="list-style-type: none">1. Monthly pay at time of injury,2. Monthly pay at time disability begins.3. Monthly pay at time compensable disability recurs if the recurrence begins more than 6 months after the injured employee resumes full-time employment with the USPS or other government agency.
negligence	<p>Failure to act as an ordinary prudent person would act under the same or similar circumstances when such failure is the proximate cause of an injury. (See Chapter 10). Both third-party negligence and employee negligence are factors in third-party liability cases. Negligence may be:</p> <ol style="list-style-type: none">1. <i>Comparative</i> greater or lessor wrongdoing of the third party or employee when their negligence is compared. The total recovery is reduced by the proportion of negligence by the employee.2. <i>Contributory</i> contributing to the injury. In certain states, contributory negligence by the employee bars recovery of damages.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

DEFINITIONS

occupational illness/disease	An illness or disease produced by one of the following: <ol style="list-style-type: none">1. Systemic infections.2. Continued or repeated stress or strain.3. Exposure to toxins, poisons, fumes, etc.4. Other continued and repeated exposure to conditions of the work environment over a longer period of time than a single day or work shift. (See Chapter 4.)
occupational health nurse administrator (OHNA)	A USPS or contract nurse responsible for the administration of the National Medical Program at the district level. This responsibility includes but is not limited to supervising on-site health units, providing assistance to Postal management in all medically-related matters, and oversight of all contracted medical providers. (See Chapter 6.)
Office of Workers' Compensation Programs	The Office of the Department of Labor (DOL) that has overall responsibility for the administration of the Federal Employees' Compensation Act (FECA). (See Chapter 1.)
periodic roll	A system utilized by OWCP whereby the U.S. Treasury pays prolonged disability cases each 28 days and death cases each month automatically until advised otherwise by OWCP. (Refer to FECA PM 2-811 and 2-812.)
physician	Any surgeon, podiatrist, dentist, clinical psychologist, optometrist, chiropractor, or osteopathic practitioner used within the scope of his or her practice as defined by state law. Exceptions are as follows: <ol style="list-style-type: none">1. Chiropractors, if their reimbursable services are other than treatment consisting of manual manipulation of the spine to correct subluxation as demonstrated to exist by X ray.2. Naturopaths, faith healers, and other practitioners of the healing arts, as they are not recognized as physicians within the meaning of FECA. (See Chapter 3.)
prima facie medical evidence	Medical evidence that indicates the employee is disabled as a result of a job-related injury. This evidence does <i>not</i> need to include a specific diagnosis, a rationalized opinion concerning causal relationship, or specific reference to the circumstances of the injury. (See Chapters 3 and 4.)
prosecute	Any action taken to recover damages, as from a third party. (See Chapter 10.)
recurrence	The reappearance of the original symptoms or pains of a previously reported and accepted injury. The recurrence must not have been caused by a specific act or series of acts. (See Chapter 5.)

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

DEFINITIONS

senior injury compensation specialist	The person who is responsible for organizing, managing and coordinating the Injury Compensation program within the boundaries of the district. This person supervises the control office staff, provides technical guidance and training to supervisors, and ensures proper program implementation. (See Chapter 1.)
serious injury	For purposes of third-party liability, a personal injury that results in death, dismemberment, significant disfigurement, a fracture, or permanent loss of use of a body organ, member, function, or system. (See Chapter 10.)
short term roll	A system utilized by OWCP whereby payment of disability compensation is made for a specified, relatively near-term period when the medical matrix or medical reports indicate full recovery within several months. The short term roll is also applicable when there is a question regarding the severity and duration of disability, or a deficiency in the medical reports. (Refer to FECA PM 2-811.)
subrogation	The acquisition by one person of the rights of another person to bring a claim. This can occur only if the person making payment is legally obligated to do so. Technically, the USPS is not subrogated to an injured employee's rights against the third party. Rather, it has a lien against any recovery that is made. (See Chapter 10.)
survivor	See <i>beneficiary</i> .
third-party liability	Those instances in which an injury or illness suffered by an employee is caused by a person or organization not in the employ of the USPS or any branch of the federal government. (See Chapter 10.)
tort	A wrongful act committed intentionally or negligently that causes injury. Third-party tort claims involve such acts resulting in injury to an employee. (See Chapter 10.)
traumatic injury	<p>A wound or other condition of the body caused by external force, including stress or strain. The injury:</p> <ol style="list-style-type: none">1. Must be identifiable as to time and place of occurrence and member or function of the body affected.2. Must be caused by a specific event or incident or series of events or incidents within a single day or work shift.3. May also include damage to or destruction of prosthetic devices or appliances. (See Chapter 4.)

Appendix D

Forms

Contents

CA-1	Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation
CA-2	Notice of Occupational Disease and Claim for Compensation
CA-2a	Federal Employee's Notice of Recurrence of Disability and Claim for Continuation of Pay/Compensation
CA-3	Report of Termination of Disability and/or Payment
CA-5	Claim for Compensation by Widow, Widower, and/or Children
CA-5b	Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren
CA-6	Official Superior's Report of Employee's Death
CA-7	Claim for Compensation on Account of Traumatic Injury or Occupational Disease
CA-8	Claim for Continuing Compensation on Account of Disability
CA-10	What a Federal Employee Should Do When Injured at Work
CA-11	When Injured at Work
CA-13	Work Injury Benefits for Federal Employees
CA-16	Authorization for Examination and/or Treatment
CA-17	Duty Status Report
CA-20	Attending Physician's Report
CA-20a	Attending Physician's Supplemental Report
CA-35A	Evidence Required in Support of a Claim for Occupational Disease
CA-35B	Evidence Required in Support of a Claim for Work-Related Hearing Loss
CA-35C	Evidence Required in Support of a Claim for Asbestos-Related Illness
CA-35D	Evidence Required in Support of a Claim for Work-Related Coronary/Vascular Condition

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

CA-35E	Evidence Required in Support of a Claim for Work-Related Skin Disease
CA-35F	Evidence Required in Support of a Claim for Work-Related Pulmonary Illness (not asbestosis)
CA-35G	Evidence Required in Support of a Claim for Work-Related Psychiatric Illness
CA-35H	Evidence Required in Support of a Claim for Work-Related Carpal Tunnel Syndrome
CA-801	Postcard
CA-1207	Application for Reinstatement of Leave
Form 35	Payroll Summary and Certification
Form 50	Notification of Personnel Action
Form 202	Health Benefits Refund Payment Authorization
Form 557	Application for Reward
Form 1314	Regular Rural Carrier Time Certificate
Form 1769	Accident Report
Form 1903-DZ	Invoice and Statement
Form 2240	Pay, Leave, or Other Hours Adjustment Request
Form 2243	PSDS Hours Adjustment Record
Form 2485	Medical Examination and Assessment
Form 2488	Authorization for Medical Report
Form 2489	Identification of Physical/Mental Disability
Form 2491	Medical Report — First Aid Injuries
Form 2556	Third Party Statement of Recovery
Form 2557	Employee's Third-Party Recovery Statement
Form 2559	Third Party Claim-Information Request
Form 2560	Referral of Third Party Material
Form 2562	Injury Compensation Program — Notice of Potential Third Party Claim
Form 2573	Request — OWCP Claim Status
Form 2577	Assignment of Claim to the USPS

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Form 3544	Post Office Receipt for Money
Form 3971	Request for or Notification of Absence
Form 3956	Authorization for Medical Attention
Form 6105	Disclosure of Information About Employees to Collective Bargaining Agents
Form 7381	Requisition for Supplies, Services, or Equipment
Form1500a	Instructions for Completing OWCP 1500 Health Insurance Claim Form
Form1500	Health Insurance Claim Form
OWCP-3	Injured Worker's Rehabilitation Status Report
OWCP-5a	Work Capacity Evaluation Psychiatric/Psychological Problems
OWCP-5b	Work Capacity Evaluation Cardiovascular/Pulmonary Conditions
OWCP-5c	Work Capacity Evaluation Musculoskeletal Conditions
OWCP-6	Initial Interview Letter
OWCP-9	Rehabilitation Case Record
OWCP-11	Notification of Due Process for Failure to Cooperate
OWCP-35	Routine Referral and Award
SF-127	Request for Official Personnel Folder
SF-2809	Health Benefits Registration Form
SF-2810	Notice of Change in Health Benefits Enrollment

Index

A

abbreviations, 337

abuse. *See* fraud and abuse

acceleration, Exhibit 4.6, 86

accounting. *See* timekeeping and accounting

acronyms, 337

addresses, 341

administrative leave, 315

Administrative Support Manual 353, 21

aggravation, Exhibit 4.6, 85

air mail centers, responsibilities of, 18

animal attacks, 180

annual leave. *See* sick or annual leave

annuitants, Exhibit 11.9e, 274

appeals, 14

- for reassignment or reemployment following injury or disability, 81
- of controversion or challenge decision, 153

area IC personnel

- extending modified job offer, 228
- identifying potential Rehabilitation Program participation, 218
- preparing modified job description, 225
- requesting referral for Rehabilitation Program from OWCP, 219
- responding to employee' refusal of, or refusal to respond to, modified job offer, 230
- responding to Rehabilitation Program referral package received from OWCP, 219
- responding to results of the medical examination for Rehabilitation Program, 222

area offices, responsibilities of, 17

asbestos-related illness, 25

ASM. *See* Administrative Support Manual 353

assaults, 180

assignment of claim

- deciding whether to accept assignment, 184
- Form 2577, Assignment of Claim to the USPS, 27
- pursuing recovery of damages, 184

associate area medical director, 220

attacks, 180

attendant allowance, 13

attorneys, third party liability cases, 186

authority for medical issues, 113

automobile accidents, 180

B

bid rights, Exhibit 11.9b, 265

Bill Payment System, 116

BMCs. *See* bulk mail centers

board-certified specialists, 112

BPS. *See* Bill Payment System

Branch of Hearings and Review, 154

bulk mail centers, 34

- responsibilities of, 18

buy backs, 321

C

CA1-through-20a series of forms, 21. *See* Appendix D

call-up messages, 292, 302

- Exhibit 12.4, 302

carpal tunnel syndrome, 25

case files

- description, 290
- Privacy Act and, 290

casual employees

- COP and, 149

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

INDEX

- providing COP for, 311
- recording COP for, 314
- recording limited duty for, 316
- casual relationships, Exhibit 4.6, 85
- CE. *See* claims examiner
- CFR. *See* Code of Federal Regulations
- challenge. *See* controversion and challenge
- Chargeback Report, 293
- children. *See* dependents
- chiropractors, 45
- choice of physician
 - advising employee of rights, responsibilities, and the initial choice of physician, Exhibit 3.5a, 51
 - ensuring right to, 45
 - sample letter: employee absences covered by FMLA, Exhibit 3.5c, 56
 - sample letter: employee absences not covered by FMLA, Exhibit 3.5b, 54
- Civil Service Retirement System
 - disability retirement, 78
 - dual benefits, 13
- Claim Activity Tracking Log, 294
- Claim Control Register, 293, 294
- claim package, 150
- claim status records, 289
- claims administration heirarchy, 19
- claims examiner, Exhibit 11.1, 243
- claims management
 - conditions for compensation of claims, Exhibit 4.6, 83
 - conditions for COP, Exhibit 4.16, 87
 - considering a former or current employee for reemployment, 80
 - contacting employee's family in case of death, 71
 - determining if the traumatic injury claim is reportable, 64
 - determining whether employee is eligible to participate in in-house rehabilitation program, 75
 - determining whether to separate or not to separate an employee after remaining in an LWOP-IOD status, 76
 - employee rights and responsibilities in extended cases, Exhibit 4.19a, 90
 - ensuring recognition of appeal rights, 81
 - ensuring that eligible employees receive health benefits refund, 79
 - formally notifying OWCP of a death, 70
 - initiating actions for continuing health benefits enrollment, 74
 - initiating compensation for totally disabled employee, 74
 - initiating health benefits refund, 80
 - investigating a death from a traumatic injury or potentially from an occupational disease or illness, 70
 - making an initial assessment following verbal notification of a traumatic injury, 65
 - monitoring a partially disabled employee, 73
 - monitoring medical documentation to determine RTW date, 73
 - overview, 63
 - processing documentation for a traumatic injury, 65
 - providing COP, 72
 - responding to employee's election of COP, sick, or annual leave, 71
 - responding to notice of a potential occupational disease or illness, 68
 - reviewing CA-1, 66
 - reviewing CA-2, 69
 - reviewing occupational disease or illness claim information for integrity, 69
 - reviewing the medical documentation to assess the duty status following a traumatic injury, 66
 - reviewing traumatic injury information for integrity, 67
 - sample letter: leave buy back policy, Exhibit 4.19b, 91
 - sample letter: request for transfer of FEHB enrollment to OWCP, Exhibit 4.20a, 92
 - sample letter: transfer of FEHB enrollment to OWCP, Exhibit 4.20b, 93

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

INDEX

- separating an employee in LWOP-OD status from USPS rolls, 77
- submitting occupational disease or illness claim package to OWCP or retaining it., 69
- submitting traumatic injury claim package, 68
- Code of Federal Regulations, 19
- COLAs. *See* cost-of-living adjustments
- collective bargaining agreement, Exhibit 11.7c, 258
- compensation
 - for loss of wage-earning capacity, 12
 - for traumatic injuries or occupational illnesses, Exhibit 3.5a, 52
 - for wage loss, 10
- computer systems, Exhibit 12.4, 302
- consequential injuries, Exhibit 5.1, 101
- consumer price index, 13
- continuation of pay
 - authorizing and recording for regular rural carriers, 316
 - authorizing and recording for substitute rural carriers, 316
 - controverting and withholding, Exhibit 4.16, 87
 - following nonemergency accident or illness, 42
 - for employees being terminated, 313
 - for traumatic injuries or occupational illnesses, Exhibit 3.5a, 51
 - general provisions for, 10
 - management of 45-day entitlement period, 71, 73
 - providing for full-time, part-time, transitional, casual, or temporary employees, 311
 - providing, Exhibit 4.16, 87
 - recording for full-time, part-time, transitional, casual, or temporary employees, 314
 - recording for noncareer temporary rural carriers, 317
 - recovering excessive hours, 320
 - temporary assignments and, 149
 - terminating, Exhibit 4.16, 87
 - timekeeping work sheet, Exhibit 13.1, 324
 - tracking time for, 310
 - withholding and terminating, Exhibit 4.16, 87
- continued case management, 73, 75
- contract medical provider, 113
 - 1-year follow-up FFD after modified job assignment, 236
 - evaluating results of medical examination for Rehabilitation Program, 222
- control offices, responsibilities of, 18
- control point personnel
 - See also* designated control point personnel
 - authorizing medical treatment in an emergency, 40
 - determining duty status, 50
 - investigating the claim, 49
 - monitoring the claim, 50
 - responsibilities of, 18
- controversion and challenge
 - adjusting pay when OWCP approves, 318
 - definition, 147
 - determining if entire claim, or a portion of, should be controverted or challenged, 148
 - disputing the transcript findings, 155
 - ensuring that the employee is informed of his or her rights and obligations, 153
 - establishing a basis for, 148
 - notifying employee, 152
 - overview, 147
 - preparing the package, 149
 - responding to the appeal decision, 156
 - responding to the OWCP's formal decision, 152
 - reviewing case and making appropriate arrangements, 155
 - sample letter: challenge of claim for which fact of injury is disputed requirement, Exhibit 8.3b, 158
 - sample letter: challenge of claim for which performance of duty is disputed requirement, Exhibit 8.3c, 160

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

INDEX

- sample letter: challenge of claim for which postal employee is disputed requirement, Exhibit 8.3a, 157
 - sample letter: controversion of COP in which time is variant for disputed requirement, Exhibit 8.3d, 161
 - sample letter: controversion of partial COP period for which causal relationship is disputed requirement, Exhibit 8.3e, 162
 - sample letter: employee's notice of claim denial, Exhibit 8.6, 164
 - sample letter: employee's notice of controverted or challenged claim, Exhibit 8.5, 163
 - submitting package to OWCP, 151
 - Controversion/Challenge Status Report, 293
 - COP. *See* continuation of pay
 - COP Tracking Log, 294
 - coronary/vascular condition, 25
 - cost-of-living adjustments, 13
 - Exhibit 11.9e, 275
 - counseling services, Exhibit 11.1, 246
 - court appearances, 319
 - cover letters, 150
 - credibility, Exhibit 10.10c, 199
 - CSRS. *See* Civil Service Retirement System
 - CSS. *See* customer service and sales
 - current employee status, Exhibit 11.9d, 272
 - Customer Service and Sales, responsibilities of, 18
- D**
- damages, definitions of, 179
 - death benefits, 12
 - death of an employee
 - contacting employee's family, 71
 - formally notifying OWCP, 70
 - investigating a death from traumatic injury or occupational disease or illness, 70
 - definitions, 347
 - Department of Veteran's Affairs, dual benefits, 14
 - dependents
 - death benefits, 13
 - informing of compensation in case of death, 71
 - designated control point personnel
 - initiating health benefits refund, 80
 - initiating medical treatment in a nonemergency, 45
 - leave and compensation administration, 318, 319
 - pay adjustments and recovery, 320, 322
 - providing COP, 72
 - timekeeping and accounting for COP, 317, 318
 - direct causation, Exhibit 4.6, 85
 - disability annuitant
 - OPM notification of reemployment of, Exhibit 11.11c, 282
 - status, Exhibit 11.9d, 272
 - disability retirement, 78
 - disabled employees
 - See also* in-house rehabilitation program; limited duty program management; recurrence of disability; rehabilitation program
 - considering a former or current employee for reemployment, 81
 - determining whether employees is eligible to participate in in-house rehabilitation program, 75
 - determining whether to separate an employee after remaining in LWOP-OD status, 76
 - Early Nurse Intervention Program, Exhibit 6.2a, 119
 - employee rights and responsibilities in extended cases, Exhibit 4.19a, 90
 - ensuring recognition of appeal rights, 81
 - ensuring that eligible employees receive health benefits refund, 79
 - initiating actions for continuing health benefits enrollment, 74

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

INDEX

- initiating compensation for totally disabled employee, 74
- initiating health benefits refund, 80
- monitoring a partially disabled employee, 73
- separating an employee in LWOP-OD status from USPS rolls, 77
- distribution clerk, Exhibit 7.5b, 143
- district HR manager
 - initiating management refusal action for modified job offer, 223
 - injury compensation unit responsibilities, 32, 33
- districts, responsibilities of, 18
- DOL. *See* U.S. Department of Labor
- dual benefits, 13
- due process, 231
- duty status
 - See also* limited duty program management
 - ensuring that medical evidence substantiates status, 108
 - following a traumatic injury or occupational illness, 50
 - reviewing medical documentation following traumatic injury, 67
- E**
 - Early Nurse Intervention Program. *See* Nurse Intervention Program
 - ECAB. *See* Employee's Compensation Appeals Board
 - ELM. *See* Employee and Labor Relations Manual 540
 - emergencies. *See* medical emergencies
 - Employee and Labor Relations Manual 540, 21
 - employee entitlements
 - advising employee of rights, responsibilities, and the initial choice of physician, Exhibit 3.5a, 52
 - attendant allowance, 13
 - compensation for loss of wage-earning capacity, 12
 - compensation for wage loss, 10
 - continuation of regular pay, 10
 - cost-of-living adjustments, 13
 - death benefits, 12
 - medical care, 16
 - sample letter: employee absences covered by FMLA, Exhibit 3.5c, 56
 - sample letter: employee absences not covered by FMLA, Exhibit 3.5b, 54
 - schedule awards, 11
 - vocational rehabilitation, 11
 - employee records. *See* records management
 - employee responsibilities
 - advising employee of rights, responsibilities, and the initial choice of physician, Exhibit 3.5a, 52
 - notifying OWCP of traumatic injury or occupational illness, 38
 - sample letter: employee absences covered by FMLA, Exhibit 3.5c, 56
 - sample letter: employee absences not covered by FMLA, Exhibit 3.5b, 54
 - employee status, 132
 - Exhibit 4.6, 83
 - obligations for rehabilitation positions, Exhibit 11.7c, 258
 - Employees' Compensation Appeals Board, 15
 - employees' Compensation Appeals Board
 - decisions of, 20
 - review of controversion or challenge decision, 154
 - Employees' Compensation Commission, 9
 - Employment Standards Administration, 9
 - estimated earning capacity, Exhibit 11.6b, 253
 - evidence required in support of a claim, 25
 - extended claims management, 75, 80
 - Exhibit 4.19a, 90
- F**
 - fact of injury, Exhibit 4.6, 83
 - faith healers, 45

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

INDEX

- falling, 180
- false claim penalty, 16
- false statement penalty, 15
- Family and Medical Leave Act, 10
 - 12-week leave allowance, 41
 - Notice for Employees Requesting Leave for Conditions Covered by the Family and Medical Leave Act, 58
 - relevant provision of, 16
 - sample letter: employee absences covered by FMLA, Exhibit 3.5c, 56
 - sample letter: employee absences not covered by FMLA, Exhibit 3.5b, 54
- FECA. *See* Federal Employees Compensation Act
- Federal (FECA) Procedure Manual, Part 2, Claims, 20
- Federal (OWCP) Procedure Manual, Part 3, Rehabilitation, 20
- Federal Employee's Retirement System
 - disability retirement, 78
 - dual benefits, 13
- Federal Employees Compensation Act
 - appeal rights, 14
 - appeal rights for reassignment or reemployment following injury or disability, 82
 - background information, 9
 - conditions for compensation of claims, Exhibit 4.6, 83
 - dual benefits, 13
 - eligibility, 10
 - employee entitlements, 10
 - obtaining copies, 19
 - penalties, 15
 - purpose of, 9
 - third party liability, 14
 - withdrawal of a claim, 15
- Federal Employees Health Benefits Program
 - request for transfer of FEHB enrollment to OWCP, Exhibit 4.20a, 92
 - transfer of FEHB enrollment to OWCP, Exhibit 20b, 93
- federal income, dual benefits, 14
- Federal Records Centers, 220, 345
- FEHB. *See* Federal Employees Health Benefits Program
- FERS. *See* Federal Employees' Retirement System
- FFD. *See* fitness-for-duty examination
- first-line supervisors. *See* supervisors
- fit for full duty
 - ensuring that medical evidence substantiates status, 108
 - following a traumatic injury or occupational illness, 50
- fit for limited duty
 - ensuring that medical evidence substantiates status, 108
 - following a traumatic injury or occupational illness, 50
- fitness-for-duty examination
 - 1-year follow-up after modified job assignment, 236
 - assessing duty status, 67
 - board-certified specialist consultation scheduling, Exhibit 6.5a, 125
 - consultation scheduling, Exhibit 6.5b, 127
 - determining whether employee is eligible to participate in in-house rehabilitation program, 76
 - initiation of, 111
 - monitoring results to determine if in-house rehabilitation program job offer can be made, 239
 - scheduling, Exhibit 6.4, 123
- FMLA. *See* Family and Medical Leave Act
- FOCUS language, 303
- Form 50 actions, Exhibit 11.11b, 278
- former employees
 - consideration for reemployment, 81
 - extending modified job offer to, 232, 233
- Forms
 - See also* Appendix D
 - 2491, Medical Report — First Aid Injuries, 25

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

INDEX

- 2556, Third Party Statement of Recovery, 26
 - 2557, Employee's Third Party Recovery Statement, 26
 - 2559, Third Party Claim — Information Request, 26
 - 2560, Referral of Third Party Material, 26
 - 2562, Injury Compensation Program — Notice of Potential Third Party Claim, 26
 - 2573, Request — OWCP Claim Status, 26
 - 2577, Assignment of Claim to the USPS, 27
 - CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, 21, 66
 - CA-10, What a Federal Employee Should Do When Injured at Work, 24
 - CA-11, When Injured at Work, 24
 - CA-13, Work Injury Benefits for Federal Employees, 24
 - CA-16, Authorization for Examination and/or Treatment, 24
 - CA-17, Duty Status Report, 24
 - CA-2, Notice of Occupational Disease and Claim for Compensation, 22
 - CA-20, Attending Physician's Report, 24
 - CA-20a, Attending Physician's Supplemental Report, 25
 - CA-2a, Federal Employee's Notice of Recurrence of Disability and Claim of Pay/Compensation, 22
 - CA-3, Report of Termination of Disability and/or Payment, 22
 - CA-5, Claim for Compensation by Widow, Widower, and/or Children, 22
 - CA-5b, Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren, 23
 - CA-6, Official Superior's Report of Employee's Death, 23
 - CA-7, Claim for Compensation on Account of Traumatic Injury or Occupational Disease, 23
 - CA-8, Claim for Continuing Compensation on Account of Disability, 23
 - HCFA-1500, Health Insurance Claim Form, 25
 - 45-day COP entitlement period, 71, 73, 310
 - fraud and abuse
 - definition, 167
 - Inspection Service Reward Program, 170
 - monitoring cases, 170
 - overview, 167
 - referral checklist, Exhibit 9.3a, 171
 - responding to notification of possible case, 169
 - responding to possible case of, 169
 - sample letter: referral memorandum, Exhibit 9.3b, 173
 - warning signals, 168
 - fraudulent benefits penalty, 16
 - Freedom of Information Act, 291
 - full-time employees
 - providing COP for, 312
 - recording COP for, 314
 - recording limited duty for, 316
 - funeral and burial expenses, 12
- ## G
- general office records, 289
 - General Service Credit. Exhibit 11.9e, 273
 - General Services Administration, 234
 - good faith understanding, 228
 - government's lien
 - calculating, Exhibit 10.10c, 200
 - notice to the attorney, Exhibit 10.12a, 207
 - notice to the employee and request for further information, Exhibit 10.11c, 206
 - notice to the employee, Exhibit 10.11a, 204
 - notice to the employee, Exhibit 10.14, 210
 - notice to third party and/or insurer, Exhibit 10.11b, 205
 - notifying attorney in third party liability case, 186
 - notifying employee in third party liability case, 185
 - GSA. See General Services Administration
 - guaranteed time, 315

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

INDEX

Guide for Managing Injuries, November 1994, 21

H

H routes, Exhibit 13.6, 325

Handbook EL-515, 20

Handbook F-21, 21

Handbook F-22, 21

HCFA-1500, 25

health benefits refund, 322

Health Benefits Refund Program, 79

hearing loss, 25

hearing transcripts, 155

hearings, 15

for controversion or challenge decision, 154

HR. *See* Human Resources

HRIS. *See* Human Resource Information System

Human Resource Information System

function and description, Exhibit 12.4, 302

records management, 292

tracking a limited duty program, 133

Human Resources, 17

I

IC specialist

requesting referral for Rehabilitation Program from OWCP, 219

responding to Rehabilitation Program referral package received from OWCP, 219

ICAS. *See* Injury Compensation Activity Summary

ICCO. *See* injury compensation control office

ICCO personnel

assisting employee in reporting a recurrence of disability, 44

authorizing medical treatment in a nonemergency, 45

authorizing medical treatment in an emergency. *See* designated control point personnel

considering a former or current employee for reemployment, 80

contacting employee's family in case of death, 71

contacting OHNA for assistance in claims management, 115

contacting the treating physician, 110

denying access to IC files, 296

determining if a traumatic injury is reportable, 64

determining whether employee is eligible to participate in in-house rehabilitation program, 75

determining whether requester may be allowed access to records, 295

determining whether to separate or not to separate an employee after remaining in an LWOP-IOD status, 76

ensuring recognition of appeal rights, 81

ensuring that eligible employees receive health benefits refund, 79

ensuring that medical evidence substantiates injured employee's duty status, 108

establishing a formal limited duty program, 132

establishing an informal limited duty program, 132

establishing files, 291

formally notifying OWCP in case of a death, 70

granting access to IC file, 297, 298

initiating a fitness-for-duty examination, 111

initiating a fitness-for-duty examination consultation, 112

initiating actions for continuing health benefits enrollment, 74

initiating compensation for totally disabled employee, 74

initiating health benefits refund, 80

initiating medical treatment in a nonemergency, 45

- investigating a death from a traumatic injury or potentially from an occupational disease or illness, 70
- leave and compensation administration, 318
- limited duty program management, 132
- maintaining and closing files, 292
- maintaining logs, registers, and reports, 293
- making an initial assessment following verbal notification of a traumatic injury, 65
- managing third party liability cases, 180, 188
- meeting controversion and challenge obligations, 148, 156
- modified job offer assignments, 224, 230
- monitoring a partially disabled employee, 73
- monitoring injured employee's return to work, 234
- monitoring medical documentation to determine RTW date, 73
- notifying OWCP of employee's return to work following recurrence of disability, 100
- obtaining information not found in IC files, 298, 299
- pay adjustments and recovery, 320, 322
- preparing an IC case file, 294
- processing documentation for a traumatic injury, 65
- processing medical bills, 116
- providing COP, 72
- providing in-house rehabilitation program, 239, 242
- responding after fitness-for-duty examination decision, 112
- responding to employee's election of COP, sick, or annual leave, 71
- responding to notice of a potential occupational disease or illness, 68
- responding to notice of recurrence of disability, 99
- responding to results of the medical examination for Rehabilitation Program, 222
- responsibilities of, 18
- reviewing CA-1, 66
- reviewing CA-2, 69
- reviewing medical bills, 116
- reviewing medical documentation, 109
- reviewing occupational disease or illness claim information for integrity, 69
- reviewing the medical documentation to assess the duty status following a traumatic injury, 66
- reviewing traumatic injury claim information for integrity, 67
- scheduling and monitoring results of 1-year follow-up FFD after modified job assignment, 224
- separating an employee in LWOP-OD status from USPS rolls, 77
- submitting occupational disease or illness claim package to OWCP or retaining it., 69
- submitting traumatic injury claim package to OWCP, 68
- timekeeping and accounting for COP, 310, 317
- illness. *See* occupational illness or disease; traumatic injuries and occupational illnesses
- IME. *See* independent medical examination
- independent medical examination, 113
- in-house rehabilitation program
 - determining whether employee is eligible to participate in in-house rehabilitation program, 75
 - extending job offer, 240
 - identifying potential participants, 239
 - obligation, 217
 - responding to employee's acceptance of job offer, 241
 - responding to employee's refusal of job offer, 240
 - responding to injured employee's return to work, 242
 - sample letter: refusal of job offer, Exhibit 11.21, 286
 - scheduling and monitoring results of FFD to determine if a job offer can be made, 239
- injured-on-duty employees. *See* rehabilitation program
- injuries. *See* traumatic injuries and occupational illnesses; injuries beyond first aid
- Injury Action Checklist, Exhibit 3.13, 60

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

INDEX

injury beyond first aid, 108
Injury Claim Log, 292
Injury Compensation Activity Summary, 293
injury compensation control office
 notification of nonemergency accident or illness, 40
 program records, 289
Injury Compensation for Federal Employees, February 1994, 20
injury compensation unit
 authorizing injury compensation positions, 32
 centralizing the processing of IC forms and paperwork, 33
 management of claims, 33
 overview, 31
 supplying an adequate stock of forms, sample letters, and supplies, 32
 supplying office equipment, 33
Inspection Service. *See* Postal Inspection Service
Inspection Service Reward Program, 170
installations, responsibilities of, 18
intervening causes. Exhibit 5.1, 101
intervening injuries, Exhibit 5.1, 102
investigating the claim, 49
IOD employees. *See* injured-on-duty employees

J

J routes, Exhibit 13.6, 325
jacketed case, 169
Job-Related First Aid Injuries, 21
Joint Rehabilitation Guidelines, May 1992, 20

K

K routes, Exhibit 13.6, 325

L

lab work bills, 115
labor distribution code, Exhibit 7.1, 138
LDC. *See* labor distribution code
leave. *See* sick or annual leave; administrative leave
leave buy back policy, 321
 Exhibit 4.19b, 91
 sample letter, Exhibit 13.19a, 332
leave credit, Exhibit 11.9c, 267
leave types, Exhibit 13.12, 327
leave without pay/injured on duty status
 1-year allowance, 76
 following a traumatic injury or occupational illness, 50
 for partially disabled employees following traumatic injury, 75
 notifying personnel, 319
 personnel notification, Exhibit 13.14a, 328
 timekeeping work sheet, Exhibit 13.1, 324
limited duty
 See also rehabilitation program
 availability of, Exhibit 6.1, 118
 following traumatic injury, 66
 monitoring a partially disabled employee, 73
 overtime and, Exhibit 7.1, 139
 part-time employees and, Exhibit 7.1, 139
 reassigning an employee, 75
 recording for full-time, part-time, transitional, casual, or temporary employees, 316
 recording hours for regular rural carriers, 317
 reviewing medical documentation, 109
 sample letter: termination of assignment, Exhibit 11.21, 286
limited duty program management, 135
 basic considerations for assignment, Exhibit 7.1, 136
 establishing a formal program, 132

- establishing an effective tracking system, 133
- establishing an informal program, 132
- following up after assignment is offered, 134
- modified distribution clerk job description, Exhibit 7.5b, 143
- offering an assignment, 134
- overview, 131
- priority for assignment, Exhibit 7.1, 136
- questions and answers about limited duty, Exhibit 7.1, 138
- sample letter: limited duty assignments, Exhibit 7.4, 140
- sample letter: limited duty job offer, Exhibit 7.5a, 141
- loss of wage-earning capacity
 - Exhibit 11.6b, 252
 - general provisions, 12
- LWEC. *See* loss of wage-earning capacity
- LWOP-IOD. *See* leave without pay/injured on duty status
- M**
- manual logs, 302
- master folder, 291
- maximum medical improvement, 75
- MBC. *See* medical bill certification form
- medical bill certification form, 115
- medical care
 - for traumatic injuries or occupational illnesses, Exhibit 3.5a, 52
 - general provisions for, 11
- medical emergencies
 - authorizing medical treatment, 39
 - control point personnel responsibilities, 40
 - definition, 39
 - ICCO personnel responsibilities, 40
 - initiating medical treatment in an emergency, 39
 - supervisor responsibilities, 39
- medical management
 - See also* controversion and challenge
 - contacting OHNA for assistance in claims management, 115
 - contacting the treating physician, 110
 - Early Nurse Intervention Program, Exhibit 6.2a, 119
 - ensuring that medical evidence substantiates injured employee's duty status, 108
 - initiating a fitness-for-duty examination, 111
 - initiating a fitness-for-duty examination consultation, 112
 - medical initiatives, Exhibit 6.2a, 120
 - medical management services, Exhibit 6.2a, 120
 - overview, 107
 - physical capability testing, Exhibit 6.2a, 120
 - processing medical bills, 115
 - responding after fitness-for-duty examination decision, 112
 - reviewing medical bills, 116
 - reviewing medical documentation, 109
 - sample letter: board-certified specialist fitness-for-duty examination consultation scheduling, Exhibit 6.5a, 125
 - sample letter: employee fitness-for-duty examination consultation scheduling, Exhibit 6.5b, 127
 - sample letter: employee fitness-for-duty examination scheduling, Exhibit 6.4, 123
 - sample letter: limited duty availability, Exhibit 6.1, 118
 - sample letter: referral consideration for the Nurse Intervention Program, Exhibit 6.2b, 122
- medical management services, Exhibit 6.2a, 119
- medical records, 296
- medical treatment
 - authorizing in a emergency, 40
 - authorizing in a nonemergency, 47
 - initiating in a nonemergency, 45
 - initiating in an emergency, 39
- Merit Systems Protection Board, 81
- military retired pay, dual benefits, 14

Minneapolis Information Systems Service Center, 293

MISSC. *See* Minneapolis Information Systems Service Center

MMI. *See* maximum medical improvement

modified distribution clerk, job description. Exhibit 7.5b, 143

modified job offers

- conducting pre-employment or reassignment interview with employee, 227
- extending job offer, 228
- identifying assignment, 224
- management refusal of, 223
- preparing job description, 225
- responding to employee' acceptance of job offer, 229
- responding to employee' refusal of, or refusal to respond to, modified job offer, 230
- sample description, Exhibit 11.8a, 260

monitoring medical progress, 109

moving expenses, 233

MSPB. *See* merit system protection board

N

national files retention center, 292

naturopaths, 45

new employees, 38

new injuries or illnesses, Exhibit 5.1, 101

NFRC. *See* national files retention center

night differential, Exhibit 7.1, 138

noncareer employees

- disability benefits, 78
- providing COP for, 311, 314

nonemergency accidents or illnesses

- advising employee of rights and responsibilities, 41
- assisting employee in making a choice of COP or leave in a nonemergency, 42
- assisting employee in reporting a recurrence of disability, 44

- assisting employee in reporting an injury, 42
- assisting employee in reporting an occupational illness or disease, 43
- authorizing medical treatment, 46
- completing and forwarding claim information, 48
- determining duty status, 50
- initiating medical treatment, 45
- investigating the claim, 49
- monitoring the claim, 50
- notifying the ICCO, 40

nonreportable first aid injury, 64

not fit for duty

- ensuring that medical evidence substantiates status, 108
- following a traumatic injury or occupational illness, 50

Notice for Employees Requesting Leave for Conditions Covered by FMLA, 27

no-wage-earning-capacity status, 218

Nurse Intervention Program

- Exhibit 11.1, 244
- Exhibit 6.2a, 119
- Exhibit 6.2b, 122

O

occupational health nurse administrator

- contacting for assistance in claims management, 115
- initiating a fitness-for-duty examination, 111
- initiating a fitness-for-duty examination consultation, 112

occupational illness or disease

- See also* traumatic injuries and occupational illnesses
- definitions, Exhibit 5.1, 101
- evidence required in support of a claim, 25

office equipment, 33

Office of Personnel Management

- dual benefits, 13

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

INDEX

- notification of reemployment of a disability annuitant, Exhibit 11.11c, 282
 - retirement benefits and schedule awards, 12
 - Office of Workers' Compensation Programs
 - administration of FECA, 9
 - background information, 9
 - Branch of Hearings and Review, 154
 - disposition of controversion or challenge, 152
 - district office addresses, 341
 - district office lockbox depository addresses, 343
 - due process, 230
 - evaluation of Rehabilitation Program referrals, 221
 - Nurse Intervention Program, Exhibit 6.2a, 119, Exhibit 11.1, 244
 - pay statuses, 218
 - referral package, 219
 - request for transfer of FEHB enrollment to OWCP, Exhibit 4.20a, 92
 - responsibilities of, 17
 - role in referring employees to Rehabilitation Program, Exhibit 11.1, 246
 - submitting fraud or abuse information to, 169
 - transfer of FEHB enrollment to OWCP, Exhibit 20b, 93
 - office setup. *See* injury compensation unit
 - office visit bills, 115
 - official medical folder, 64
 - official personnel folder, 64, 220
 - OHNA. *See* occupational health nurse administrator
 - OMF. *See* official medical folder
 - OPF. *See* official personnel folder
 - OPM. *See* Office of Personnel Management
 - orthopedic disabilities, Exhibit 6.2a, 119
 - other paid leave, 315
 - out-of-pocket expenses, Exhibit 10.10c, 200
 - out-of-schedule premium pay, Exhibit 7.1, 138
 - overpayments, 320
 - overtime, Exhibit 7.1, 139
 - overview
 - claims management, 63
 - controversion and challenge, 147
 - fraud and abuse, 167
 - injury compensation unit, 31
 - limited duty program management, 131
 - medical management, 107
 - records management, 289
 - recurrence of disability, 97
 - rehabilitation program, 217
 - third-party liability, 179
 - timekeeping and accounting, 309
 - traumatic injuries and occupational illnesses, 37
 - USPS Injury Compensation Program, 9
 - OWCP. *See* Office of Workers' Compensation Programs
- P**
- P&D. *See* processing and distribution centers
 - Pamphlet CA-550, 20
 - partial disabilities, 77
 - part-time flexible employees
 - See also* casual employees
 - limited duty, Exhibit 7.1. *See* casual employees
 - obligations for rehabilitation positions, Exhibit 11.7c, 258
 - providing COP for, 311
 - recording COP for, 314
 - recording limited duty for, 316
 - pay statuses, 218
 - penalty for false claim, 16
 - penalty for false statement, 15
 - penalty for fraudulently claiming benefits, 16
 - penalty for refusal to process claim, 16
 - pending disciplinary action, 16
 - performance of duty factor, Exhibit 4.6, 85
 - periodic roll reports, 218
 - permanent aggravation, Exhibit 4.6, 86

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

INDEX

- pharmaceutical bills, 115
 - physical capability testing, Exhibit 6.2a, 120
 - physicians
 - contacting the treating physician, 110
 - contract medical providers, 113
 - definitions, 45
 - ensuring right to free choice of, 45
 - Plants, responsibilities of, 18
 - PM. *See* procedure manuals
 - PN. *See* no wage-earning-capacity
 - policies, 19
 - Postal Inspection Service, 170
 - Postal Reorganization Act, 10
 - post-reemployment or reassignment employee interview, Exhibit 11.16a, 284
 - post-reemployment or reassignment supervisor interview, Exhibit 11.16b, 285
 - PR. *See* regular-periodic-roll
 - pre-employment medical examination, sample letter: scheduling, Exhibit 11.4b, 249
 - pre-reemployment medical examination, 221
 - precipitation, Exhibit 4.6, 86
 - pre-reemployment interview, 227
 - checklist, Exhibit 11.9b, 265
 - sample letter: scheduling, Exhibit 11.9a, 264
 - pretermination notice, 152
 - prima facie evidence, 43
 - Privacy Act, 10, 21
 - computer systems consideration, Exhibit 12.4, 303
 - log for accounting of IC information disclosure, Exhibit 12.1b, 301
 - records management, 290
 - Privacy Act Disclosure Log, 295
 - Privacy Act of 1974, 290
 - Privacy Act Statement, Exhibit 13.16, 331
 - probationary periods, Exhibit 11.9b, 265
 - probationary periods, Exhibit 11.9c, 267
 - procedure manuals, 20
 - procedures, 19
 - processing and distribution centers, responsibilities of, 18
 - program administration records, 289
 - PSDS Supervisor's Guide, May 1992, 21
 - psychiatric illness, 25
 - psychological records, 295
 - public information, 297
 - Publication 540, 21
 - Publication 71, 27
 - Publication 71, Attachment, Exhibit 3.5c, 58
 - Publication CA-810, 20
 - pulmonary illness, 25
 - purpose of the handbook, 5
- ## **Q**
- Questions and Answers About the Federal Employees' Compensation Act, 20
- ## **R**
- RC. *See* rehabilitation counselor
 - reassignment and reemployment, 80
 - restoration rights and benefits, Exhibit 11.9c, 267
 - reassignment interview, 227
 - checklist, Exhibit 11.9b, 265
 - sample letter: scheduling, Exhibit 11.9a, 264
 - reassignment medical examination, 221
 - sample letter: scheduling, Exhibit 11.4b, 249
 - reconsiderations, 15
 - of controversion or challenge decision, 153
 - records management
 - denying access to IC files, 296
 - determining whether requester may be allowed access to records, 295
 - disclosure conditions, Exhibit 12.1a, 300

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

INDEX

- ensuring that Privacy Act requirements are met, 290
- establishing files, 291
- granting access to IC file information by mail, 298
- granting access to IC file information by telephone, 298
- granting on-site access to IC file information, 298
- Human Resource Information System, Exhibit 12.4, 302
- individual case files, 294
- injury compensation case files, 290, 293
- injury compensation Privacy Act log for accounting of disclosure, Exhibit 12.1b, 301
- maintaining and closing files, 292
- maintaining logs, registers, and reports, 293
- noncompliant response to a subpoena, Exhibit 12.8, 304
- overview, 289
- preparing an IC case file, 294
- Privacy Act consideration, Exhibit 12.4, 303
- requesting materials from OWCP claim files, 298
- requesting materials from the medical unit, 298
- requesting permission to inspect OWCP claim files, 299
- types of WCIRS reports, Exhibit 12.4, 303
- using logs, registers, and reports, 292
- Workers' Compensation Information System, Exhibit 12.4, 302
- records retention, 292
- recurrence of disability
 - See also* disabled employees
 - assisting employee in reporting, 44
 - definition, Exhibit 5.1, 102
 - identifying a recurrence, 98
 - initiating claim forms, 98
 - new injuries and illnesses vs. recurrences, Exhibit 5.1, 101
 - notifying OWCP of employee's return to work, 100
 - overview, 97
 - responding to notice of, 99
 - reemployed annuitants, Exhibit 11.e, 273
- Referral of Third Party Material, 26
- referral package, 219
- refusal to process claim penalty, 16
- regular craft
 - Exhibit 11.7b, 257
 - Exhibit 7.1, 136
- regular periodic roll, 218
- regular schedule employees, 312
- regular tour of duty
 - Exhibit 11.7b, 257
 - Exhibit 7.1, 136
- regular work facility, Exhibit 7.1, 136, Exhibit 11.7b, 257
- regulations, 19
- rehabilitation counselor
 - actions taken by, Exhibit 11.1, 246
 - referral by rehabilitation specialist, Exhibit 11.1, 246
- rehabilitation program
 - See also* in-house rehabilitation program; vocational rehabilitation
 - actions taken by rehabilitation counselor, Exhibit 11.1, 246
 - arranging for payment of relocation expenses, 233
 - conducting pre-employment or reassignment interview with employee, 227
 - contact with agency, Exhibit 11.1, 245
 - contractual obligations for rehabilitation positions, Exhibit 11.7c, 258
 - determining appropriate action, Exhibit 11.1, 244
 - evaluating results of medical examinations, 220
 - extending job offer, 228
 - identifying modified job assignment, 224
 - identifying modified position for current or former employees who have relocated for health conditions, 233
 - identifying potential participants, 218
 - initial employee contact, Exhibit 11.1, 243

- initiating job offer for a relocated injured former employee, 232
- initiating management refusal action, 223
- interview with the employee, Exhibit 11.1, 244
- loss of wage-earning capacity, Exhibit 11.6b, 252
- monitoring injured employee's return to work, 234
- Nurse Intervention Program, Exhibit 11.1, 244
- OPM notification of reemployment of a disability annuitant, Exhibit 11.11c, 282
- overview, 217
- OWCP's role in referring employees, Exhibit 11.1, 245
- preparing job description, 225
- questions and answers on retirement credit for time spent in receipt of OWCP benefits, Exhibit 11.9e, 273
- referral to rehabilitation counselor by rehabilitation specialist, Exhibit 11.1, 246
- referral to the USPS. Exhibit 11.1, 247
- rehabilitation assignment priority, Exhibit 11.7b, 257
- request for medical review of proposed job description, Exhibit 11.8b, 261
- requesting referral for Rehabilitation Program from OWCP, 219
- responding to employee' acceptance of job offer, 229
- responding to employee' refusal of, or refusal to respond to, modified job offer, 230
- responding to referral package received from OWCP, 219
- responding to results of the medical examination, 222
- restoration rights and benefits, Exhibit 11.9c, 267
- retirement considerations, Exhibit 11.9d, 270
- sample Form 50 actions, Exhibit 11.11b, 278
- sample letter: employee return-to-duty, Exhibit 11.11a, 277
- sample letter: employee scheduling for pre-reemployment or reassignment interview, Exhibit 11.9a, 264
- sample letter: employee scheduling for pre-reemployment or reassignment medical examination, Exhibit 11.4b, 249
- sample letter: post-reemployment or reassignment supervisor interview, Exhibit 11.16b, 285
- sample letter: post-reemployment or reassignment employee interview, Exhibit 11.16a, 284
- sample letter: pre-reemployment or pre-assignment employee interview checklist, Exhibit 11.9b, 265
- sample letter: refusal of in-house rehabilitation program job offer, Exhibit 11.21, 286
- sample letter: Rehabilitation Program job offer, Exhibit 11.8c, 262
- sample letter: request for identification of rehabilitation position, Exhibit 11.7a, 255
- sample letter: task force review letter, Exhibit 11.4a, 248
- sample letter: termination of limited duty assignment, Exhibit 11.21, 286
- sample letter: request for concurrence on management refusal, Exhibit 11.6a, 251
- sample modified job description, Exhibit 11.8a, 260
- scheduling and monitoring results of 1-year follow-up FFD, 236
- screening, Exhibit 11.1, 243
- rehabilitation specialists, Exhibit 11.1, 235, 246
- reinstatement of leave, Exhibit 13.19c, 335
- relocated employees
 - extended modified job offer to, 232
 - moving expenses, 233
- report to duty, Exhibit 11.11a, 277
- request for transfer of FEHB enrollment to OWCP, Exhibit 4.20a, 92
- residual vacancies, 225
- resource materials, 19
- restoration appeal rights, 81

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

INDEX

- restricted information, Exhibit 12.4, 303
- retirement credit
 - disability retirement, 78
 - for time spent in receipt of OWCP benefits, Exhibit 11.9e, 273
 - rehabilitation program and, Exhibit 11.9d, 270
- retirement pay, dual benefits, 14
- return to duty
 - for traumatic injuries or occupational illnesses, Exhibit 3.5a, 52
 - personnel notification, Exhibit 13.14b, 329
- return to work
 - monitoring medical documentation to determine date of, 72, 73
 - notifying OWCP following recurrence of disability, 100
 - of injured employee, 236
- reviews, for controversion or challenge decision, 154
- Roosevelt, Theodore, 9
- routine use of records, Exhibit 6.2a, 120
- RS. *See* rehabilitation specialists
- RTW. *See* return to work
- rural carriers
 - authorizing and recording COP for, 316, 317
 - authorizing and recording limited duty hours for, 317
- rural routes
 - rates of pay for, Exhibit 13.6, 325
 - type of, Exhibit 13.6, 325
- S**
- Safety and Risk Management
 - initiating management refusal action for modified job offer, 223
 - responsibilities of, 17
- salary determination, Exhibit 11.9c, 267
- sample letters
 - board-certified specialist fitness-for-duty examination consultation scheduling, Exhibit 6.5a, 125
 - challenge of claim for which fact of injury is disputed requirement, Exhibit 8.3b, 158
 - challenge of claim for which performance of duty is disputed requirement, Exhibit 8.3c, 160
 - challenge of claim for which postal employee is disputed requirement, Exhibit 8.3a, 157
 - controversion of COP for which time is the disputed requirement, Exhibit 8.3d, 161
 - controversion of partial COP period for which causal relationship is disputed requirement, Exhibit 8.3e, 162
 - employee fitness-for-duty examination consultation scheduling, Exhibit 6.5b, 127
 - employee fitness-for-duty examination scheduling, Exhibit 6.4, 123
 - employee report to duty, Exhibit 11.11a, 277
 - employee rights, responsibilities, and choice of physician for absences covered by FMLA, Exhibit 3.5c, 56
 - employee rights, responsibilities, and choice of physician for absences not covered by FMLA, Exhibit 3.5b, 54
 - employee scheduling for pre-reemployment or reassignment interview, Exhibit 11.9a, 264
 - employee scheduling for pre-reemployment or reassignment medical examination, Exhibit 11.4b, 249
 - employee's notice of claim denial, Exhibit 8.6, 164
 - employee's notice of controverted or challenged claim, Exhibit 8.5, 163
 - Form letter CA-1207, Exhibit 13.19b, 334
 - fraud and abuse referral memorandum, Exhibit 9.3b, 173
 - leave buy back policy, Exhibit 13.19a, 332
 - leave buy back policy, Exhibit 4.19b, 91
 - limited duty assignments, Exhibit 7.4, 140
 - limited duty availability, Exhibit 6.1, 118
 - limited duty job offer, Exhibit 7.5a, 141
 - memo to the USPS disbursement office advising of disbursement to be made, Exhibit 10.15, 211
 - notice to injured employee of potential third party claim and OWCP procedures, Exhibit 10.3a, 190

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

INDEX

- notice to the attorney of the government's lien, Exhibit 10.12a, 207
- notice to the employee of the government's lien and request for further information, Exhibit 10.11c, 206
- notice to the employee of the government's lien, Exhibit 10.11a, 204
- notice to the employee of the Postal Service decision to accept assignment, Exhibit 10.9b, 196
- notice to the employee of the USPS decision not to accept assignment and information on the employee options, Exhibit 10.9a, 195
- notice to the OWCP of third party involvement, Exhibit 10.5, 194
- notice to the third party of assignment of the Postal employee's claim and request for settlement discussion, Exhibit 10.10a, 197
- notice to the third party of the injury, Exhibit 10.3c, 193
- notice to third party and/or insurer of the government's lien, Exhibit 10.11b, 205
- personnel notification-leave without pay, Exhibit 13.14a, 328
- personnel notification-return to duty, Exhibit 13.14b, 329
- post-reemployment or reassignment supervisor interview, Exhibit 11.16b, 285
- post-reemployment or reassignment employee interview, Exhibit 11.16a, 284
- pre-reemployment or reassignment employee interview checklist, Exhibit 11.9b, 265
- referral consideration for the Nurse Intervention Program, Exhibit 6.2b, 122
- Rehabilitation Program job offer, Exhibit 11.8c, 262
- request for concurrence on management refusal, Exhibit 11.6a, 251
- request for identification of rehabilitation position, Exhibit 11.7a, 255
- request for information from the employee and notice to the employee of the government's lien, Exhibit 10.14, 210
- request for status and transmission of further information, Exhibit 10.12b, 209
- request for transfer of FEHB enrollment to OWCP, Exhibit 4.20a, 92
- request to the third party for settlement, Exhibit 10.10b, 198
- second request for Form 2562, notice of potential third party claim, Exhibit 10.3b, 192
- task force review letter, Exhibit 11.4a, 248
- termination of limited duty assignment or refusal of in-house rehabilitation program job offer, Exhibit 11.21, 286
- transfer of FEHB enrollment to OWCP, Exhibit 4.20b, 93
- satellite offices, 17
- schedule awards
 - for traumatic injuries or occupational illnesses, Exhibit 3.5a, 53
 - general provisions for, 11
- screeners, Exhibit 11.1, 243
- second opinions, 114
- senior IC specialist
 - ensuring that Privacy Act requirements are met, 290
 - extending job offer to relocated employee, 232, 233
 - initiating management refusal action for modified job offer, 223
 - injury compensation unit responsibilities, 32, 33
 - monitoring fraud and abuse cases, 170
 - responsibilities of, 18
 - reviewing case and making appropriate arrangements following appeal of OWCP decision, 155
 - using logs, registers, and reports, 292
- seniority, Exhibit 11.7c, 259
- sensitive information, Exhibit 12.4, 303
- separated employee status, Exhibit 11.9d, 272
- settlements, third party liability cases, 188
- severance pay, dual benefits, 14
- "Shadrack formula," Exhibit 11.6b, 252

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

INDEX

- sick or annual leave
 - authorizing during COP period, 318
 - following nonemergency accident or illness, 42
 - for traumatic injuries or occupational illnesses, Exhibit 3.5a, 52
 - responding to employee's election of, 71
 - skin disease, 25
 - Snow Arbitration Decision, Exhibit 11.7c, 258
 - Social Security Administration
 - disability benefits for noncareer employees, 78
 - dual benefits, 14
 - Special Postal Bulletin, August 2, 1990, 21
 - spouse
 - See also* surviving spouse
 - death benefits, 12
 - "splitting the difference," Exhibit 10.10c, 200
 - SSA. *See* Social Security Administration
 - statutory time limits, Exhibit 4.6, 83
 - step increases, Exhibit 11.9c, 269
 - subpoena, Exhibit 12.8, 304
 - substitute rural carriers
 - authorizing and recording COP for, 316
 - rates of pay for, Exhibit 13.6, 325
 - supervisor's, contacting employee's family in case of death, 71
 - supervisors
 - acting as control point, 49
 - advising employee in making choice of COP or leave in a nonemergency, 42
 - advising employee of rights and responsibilities in a nonemergency, 42
 - assisting employee in reporting a recurrence of disability, 44
 - assisting employee in reporting an injury in a nonemergency, 42
 - assisting employee in reporting an occupational illness or disease, 43
 - authorizing medical treatment in a nonemergency, 46
 - completing and forwarding claim information, 48
 - contacting employee's family in case of death, 71
 - determining if fraud and abuse exist, 168
 - identifying a recurrence of disability, 98
 - informing employees of their responsibilities for reporting traumatic injury or occupational illness, 38
 - initiating claims forms for recurrence of disability, 98
 - initiating medical treatment in an emergency, 39
 - investigating a death from traumatic injury or occupational disease or illness, 70
 - monitoring injured employee's return to work, 234
 - notifying ICCO in a nonemergency, 40
 - responding to possible case of fraud and abuse, 169
 - responsibilities of, 19
 - surviving spouse
 - death benefits, 12
 - informing of compensation in case of death, 71
- ## T
- telephone negotiating, Exhibit 10.10c, 202
 - temporary aggravation, Exhibit 4.6, 85
 - temporary assignments, COP and, 149
 - temporary employees
 - providing COP for, 311
 - recording COP for, 314
 - recording limited duty for, 316
 - third-party liability
 - See also* records management; timekeeping and accounting
 - attorney pursuit of recovery, 186
 - case attorney information sheet, Exhibit 10.12a, 208
 - common questions from attorney or adjuster, Exhibit 10.10c, 201

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

INDEX

- conduct of negotiations, Exhibit 10.10c, 200
- court appearance absences, Exhibit 13.16, 330
- deciding whether DOL or USPS has authority to pursue recovery of damages, 181
- deciding whether to accept assignment when employee assigns claim to USPS, 183
- deciding whether to pursue recovery of damages, 181
- deciding whether to seek assignment when employee does not, 187
- determining whether employee intends to pursue action, 183
- disbursing settlement funds, 188
- DOL authority, 182
- employee indecision or failure, 187, 188
- employee pursuit of recovery, 185
- important points of telephone negotiating, Exhibit 10.10c, 202
- investigating potential cases, 180
- keeping DOL updated when USPS has authority, 183
- language of negotiations, Exhibit 10.10c, 202
- monitoring case when DOL has authority, 182
- negotiation strategy, Exhibit 10.10c, 199
- notifying attorney of government's lien and monitoring case, 186
- notifying employee and third party of a potential claim, 181
- notifying employee of government's lien and monitoring case, 185
- notifying OWCP of potential third party claim when DOL has authority, 182
- overview, 179
- pursuing recovery of damages when employees assigns claim to USPS, 184
- recognizing potential cases, 180
- recording court appearance time when USPS prosecutes, 319
- sample letter: memo to the USPS disbursement office advising of disbursement to be made, Exhibit 10.15, 211
- sample letter: notice to injured employee of potential third party claim and OWCP procedures, Exhibit 10.3a, 190
- sample letter: notice to the attorney of the government's lien, Exhibit 10.12a, 207
- sample letter: notice to the employee of the government's lien and request for further information, Exhibit 10.11c, 206
- sample letter: notice to the employee of the government's lien, Exhibit 10.11a, 204
- sample letter: notice to the employee of the Postal Service decision to accept assignment, Exhibit 10.9b, 196
- sample letter: notice to the employee of the USPS decision not to accept assignment and information on the employee options, Exhibit 10.9a, 195
- sample letter: notice to the OWCP of third party involvement, Exhibit 10.5, 194
- sample letter: notice to the third party of assignment of the postal employee's claim and request for settlement discussion, Exhibit 10.10a, 197
- sample letter: notice to the third party of the injury, Exhibit 10.3c, 193
- sample letter: notice to third party and/or insurer of the government's lien, Exhibit 10.11b, 205
- sample letter: request for information from the employee and notice to the employee of the government's lien, Exhibit 10.14, 210
- sample letter: request for status and transmission of further information, Exhibit 10.12b, 209
- sample letter: request to the third party for settlement, Exhibit 10.10b, 198
- sample letter: second request for Form 2562, notice of potential third party claim, Exhibit 10.3b, 192
- seeking assignment of the case to the USPS when the employee does not pursue, 187
- summary for claim negotiators, Exhibit 10.10c, 203
- USPS authority, 183
- USPS pursue or recovery, 183, 184
- 35A-through-H series of forms, 25
- Time and Attendance, October 7, 1988, 21
- time limits for filing claims, Exhibit 4.6, 83

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

INDEX

timekeeping and accounting

See also recurrence of disability

adjusting pay when OWCP approves
controversion of COP, 318

application for reinstatement of leave, Exhibit
13.19c, 335

authorizing and recording COP for regular
rural carriers, 316

authorizing and recording COP for substitute
rural carriers, 316

authorizing sick or annual leave during COP
period, 318

COP/LWOP-IOD timekeeping work sheet,
Exhibit 13.1, 324

initiating health benefits refund, 322

leave buy back policy, Exhibit 13.19a, 332

leave types, Exhibit 13.12, 327

notifying personnel of LWOP status, 319

overview, 309

processing leave buy back, 321

providing COP for employees being
terminated, 313

providing for full-time, part-time, transitional,
casual, or temporary employees, 311

recording absences when a claim is pending,
318

recording absences when employee receives
compensation for wage loss from OWCP,
318

recording COP for full-time, part-time,
transitional, casual, or temporary
employees, 314

recording COP for noncareer temporary rural
carriers, 317

recording court appearance time when
employee prosecutes third party case, 319

recording court appearance time when USPS
prosecutes third party case, 319

recording limited duty for full-time, part-time,
transitional, casual, or temporary
employees, 316

recording limited duty hours for regular rural
carriers, 317

recovering compensation overpayment, 320

recovering excessive COP hours, 320

regular rural routes, Exhibit 13.6, 325

sample letter: form letter CA-1207, Exhibit
13.19b, 334

sample letter: leave buy back policy, Exhibit
13.19a, 332

sample letter: personnel notification-leave
without pay, Exhibit 13.14a, 328

sample letter: personnel notification-return to
duty, Exhibit 13.14b, 329

third party court appearance, Exhibit 13.16,
330

timekeeping codes, Exhibit 13.11, 326

tracking time for, 310

timekeeping codes, Exhibit 13.11, 326

tracking system. *See* Human Resources
Information System

transitional employees

providing COP for, 311

recording COP for, 314

recording limited duty for, 316

traumatic injuries and occupational illnesses

See also claims management; third party
liability

advising employee of rights, responsibilities in
a nonemergency, 41

advising employee of rights, responsibilities in
an emergency, 42

advising employee of rights, responsibilities,
and initial choice of physician, Exhibit 3.5a,
51

assisting employee in reporting a recurrence
of disability, 44

assisting employee in reporting an
occupational illness or disease, 43

assisting employees in reporting an injury in a
nonemergency, 42

authorizing medical treatment in a
nonemergency, 46

authorizing medical treatment in an
emergency. *See* designated control point
personnel

completing and forwarding claim information,
48

definitions, Exhibit 5.1, 101

determining duty status, 50

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

INDEX

- informing employees of their responsibilities, 38
 - initiating medical treatment in a nonemergency, 45
 - initiating medical treatment in an emergency, 39
 - Injury Action Checklist. Exhibit 3.13, 60
 - investigating the claim, 49
 - monitoring the claim, 50
 - Notice for Employees Requesting Leave for Conditions Covered by the Family and Medical Leave Act, 58
 - notifying ICCO in a nonemergency, 40
 - overview, 37
 - sample letter: employee rights, responsibilities, and choice of physician, Exhibit 3.5c, 56
 - treating physician. *See* physicians
 - Tripping, 180
 - 12-week leave allowance, 41
- U**
- U.S. Department of Labor
 - Administration of FECA, 9
 - authority to pursue recovery of damages in third party liability, 181, 182
 - responsibilities of, 17
 - U.S. Postal Service
 - authority to pursue recovery of damages in third party liability, 181, 183
 - pursuing recovery of damages, 184
 - pursuit of recovery in third party liability when employee assigns claim to USPS, 183, 184
 - responsibilities of, 17
 - unemployment compensation benefits, dual benefits, 14
 - use of this handbook, 5
 - USPS. *See* U. S. Postal Service
- USPS Injury Compensation Program
 - See also* Federal Employees Compensation Act
 - history of program, 9
 - overview, 9
 - Privacy Act, 10
 - purpose of FECA, 9
- V**
- VA. *See* Department of Veterans Affairs
 - vehicle maintenance facilities, 34
 - VMFs. *See* vehicle maintenance facilities
 - vocational rehabilitation
 - for traumatic injuries or occupational illnesses, Exhibit 3.5a, 51
 - general provisions for, 11
 - vocational rehabilitation services, 238
- W**
- WCIS. *See* Workers' Compensation Information System
 - WCRIS. *See* Workers' Compensation Information Reporting System
 - withdrawal of a claim, 15
 - work limitations, 236
 - Worker's Compensation Information Reporting System, function and description, Exhibit 12.4, 303
 - Workers' Compensation Information System
 - function and description, Exhibit 12.4, 302
 - records management, 68, Exhibit 12.4, 302
 - Workers' Compensation-Injury on Duty Report, 293
- X**
- X ray bills, 115

NALC

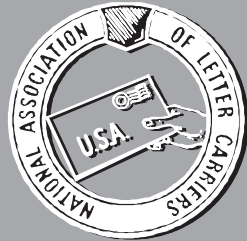


Table of Contents	FECA Law	OWCP Publications	USPS Manuals
Search the CD	OWCP Regulations	OWCP & NALC Forms	Contract Materials

Letter carriers work hard delivering the mail. Physical strain, wear and tear on the body, and injuries on the job are facts of life. The NALC strives to improve safety and protect letter carriers, but some injuries are bound to occur.

jured as a result of their jobs. The FECA is administered by the United States Department

OWCP regulations and contract language dealing with the FECA are extensive and complicated. Few letter carriers feel comfortable saying that they fully understand their rights and benefits.

The purpose of this manual is to help carriers navigate the bureaucratic process and provide a reference guide to assist with the processing of claims.*

The manual consists of easy-to-understand information about making a claim, receiving all benefits, the return-to-work process and other topics relating to your OWCP claim. You will also find an extensive appendix that contains links to the FECA, the Code of Federal Regulations pertaining to OWCP, OWCP manuals and pamphlets, USPS manual sections

materials—national-level settlements and both regional and national arbitration decisions. The hyperlinks (blue text) within the document make the manual easy to browse.

* Although the National Association of Letter Carriers has absolutely no legal obligation to represent letter carriers in their OWCP claims, the union often volunteers to assist those injured letter carriers who are members of the NALC in good standing.

(click to view)

OWCP BASICS	1-1
MEDICAL BENEFIT	1-1
COMPENSATION FOR TEMPORARY TOTAL DISABILITY	1-2
COMPENSATION FOR PERMANENT EFFECTS OF INJURY	1-2
COMPENSATION FOR DEATH	1-3
COST OF LIVING INCREASES	1-3
SETTLEMENTS WITH THIRD PARTIES	1-4
APPEAL RIGHTS	1-4
COMMUNICATING WITH OWCP	2-1
WRITTEN COMMUNICATION	2-2
TELEPHONE CONTACT	2-3
DISTRICT OFFICE CONTACTS	2-5
OWCP DISTRICT OFFICES	2-6
REPRESENTATION	3-1
CLAIMS	4-1
CONDITIONS OF COVERAGE	4-1
Time	4-1
Civil Employee	4-2
Fact of Injury	4-3
Performance of Duty	4-3
Emotional Reaction	4-5
Causal Relationship	4-5
TRAUMATIC INJURY (CA-1)	4-7
OCCUPATIONAL DISEASE AND ILLNESS (CA-2)	4-9
Employee Narratives	4-9
RECURRENCE (CA-2A)	4-12
Filing For Recurrence	4-14
COMPENSATION	4-16
Temporary total:	4-16
Temporary partial:	4-17
Permanent total:	4-17
Permanent partial:	4-17
Pay Rate Determination:	4-17
BENEFITS	5-1
CONTINUATION OF PAY	5-1
Eligibility	5-2
Calculation of COP	5-3
LEAVE BUY BACK	5-5
COST OF LIVING ADJUSTMENTS	5-7
Cost of Living Adjust	5-7
SCHEDULE AWARDS	5-8
WAGE EARNING CAPACITY	5-10
DUAL BENEFITS	5-12
Office of Personnel Management (OPM)	5-12

[continued \(click to view\)](#)

Other OPM Related Issues	5-13
Death Benefits	5-14
Military Pension	5-15
Social Security	5-15
DEATH CLAIMS	5-15
Compensation to Widow/Widower	5-16
Compensation to Children	5-17
Compensation to Parents	5-18
Compensation to Siblings, Grandparents, and Grandchildren	5-18
Payments	5-18
Percentages of Entitlement Compensation for Widow/Widower and Children	5-19
Burial Expenses	5-19
MEDICAL	5-20
Definition of Physician	5-20
Choice of Physician	5-21
Physician Narrative	5-21
Payment of Bills	5-23
Transportation	5-24
Medical Treatment / Evaluation	5-25
THIRD PARTY LIABILITY	6-1
IDENTIFYING THIRD PARTY LIABILITY	6-2
HIRING YOUR OWN ATTORNEY	6-4
REPRESENTING YOURSELF	6-5
USPS PURSUES CLAIM	6-5
STATEMENT OF RECOVERY	6-7
RETURN TO WORK	7-1
LIMITED DUTY	7-1
PERMANENT REHABILITATION	7-5
VOCATIONAL REHABILITATION SERVICES	7-8
THE VOCATIONAL REHABILITATION PROCESS AT A GLANCE	7-9
Initial Interview	7-9
Placement with the Previous Employer	7-9
Medical Rehabilitation	7-9
Guidance and Counseling	7-9
Vocational Testing and Work Evaluations	7-9
Placement with New Employer	7-10
Assisted Reemployment	7-10
Follow-up Services	7-10
APPEAL RIGHTS	8-1
HEARING	8-1
RECONSIDERATION	8-3
EMPLOYEES' COMPENSATION APPEALS BOARD (ECAB)	8-3
APPENDIX	9-1
THE LAW, MANUALS AND FORMS	9-1
RELEVANT STEP 4 (NATIONAL-LEVEL) SETTLEMENTS	9-2
RELEVANT ARBITRATION DECISIONS	9-2
END NOTES AND REFERENCES	10-1

Chapter**1**

OWCP Basics

T¹ (FECA) is administered by the Office of the U.S. Department of Labor. It provides compensation benefits to civilian employees of the United States for disability due to personal injury sustained while in the performance of duty or to employment-related disease. The FECA also provides for the payment of benefits to dependents ath. Benefits cannot be paid if the injury or death is caused by the willful misconduct of the employee, by to bring about his or her injury or death or that of another, or if intoxication (by alcohol or drugs) is the proximate cause of the injury or death.

The FECA was enacted on September 7, 1916. It has been substantially modified over the years, with major overhauls in 1949, 1960, 1966, and 1974 designed to provide more liberalized benefits and increased coverage.

A federal employee who is injured at work or who sustains an occupational disease has against the United States for the effects of the injury or disease other than the right to receive the benefits provided by the FECA. The Act is the exclusive remedy². Although you cannot sue the Postal Service for an injury sustained while on duty, you can grieve certain actions taken by the employer as they relate to the processing of your claim. These actions will be described in greater detail in each chapter. The OWCP process is non-adversarial in nature. Most problems result from interactions with the Postal Service, not with the US Department of Labor.

Medical Benefit

An employee is entitled to medical, surgical and hospital services and supplies needed for treatment of an injury as well as transportation for obtaining care. The employee has initial choice of physician and may select any qualified local physician or hospital to provide necessary treatment or may use agency facilities if available. The Postal Service, according to the ELM Section 544.112 has an obligation to advise the employee of the right to select a physician of choice. Except for referral by the attending physician, any change in treating

physician after the initial choice must be authorized by OWCP. Otherwise, OWCP will not be liable for the expenses of treatment.

opathic practitioners, podiatrists, dentists, clinical psychologists, optometrists and chiropractors within the scope of their practice as defined by State law. Payment for chiropractic services is limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist.³ If the physician has been excluded from participating in the Compensation Program the OWCP District Office will advise the employee of the exclusion and the need to select another physician.

Compensation for Temporary Total Disability

An employee who sustains a disabling, job-related traumatic injury may request continuation of regular pay for the period of disability not to exceed 45 calendar days. If disability results from an occupational disease, the employing agency is not authorized to continue or annual leave or enter a leave without pay status and claim compensation from OWCP.

Compensation for loss of wages may not be paid until after a three-day waiting period, except when permanent effects result from the injury or where the disability causing wage loss exceeds 14 calendar days. Compensation is generally paid at the rate of 2/3 of the salary if the employee has no dependents and 3/4 of the salary if one or more dependents are claimed.

wife, unmarried child under 18 years of age, and a wholly dependent parent. An unmarried child may qualify as a dependent after reaching the age of 18 if incapable of self-support by reason of mental or physical disability, or as long as the child continues to be a full-time student at an accredited institution, until he or she reaches the age of 23 or has completed four years of education beyond the high school level.⁴

Compensation for Permanent Effects of Injury

The Act provides a schedule of benefits for permanent impairment of certain members, functions, and organs of the body, such as the eye, arm, or kidney and for serious disfigurement of the head, face or neck. For example, an award of 160 weeks of compensation is payable for total loss of vision in one eye.

In addition, compensation for loss of earning capacity may be paid if the employee is unable to resume regular work because of injury-related disability. This compensation is paid on the basis of the difference between the employee's earning capacity before the injury and the wages of the job he or she held when injured.

OWCP may arrange for vocational rehabilitation and provide a maintenance allowance not to exceed \$200 per month. A disabled employee participating in an OWCP approved training or vocational rehabilitation program is paid at the compensation rate for total disability.

ires a constant attendant, an additional amount not to exceed \$1500 per month may be allowed.

Compensation for Death

If no child is eligible for benefits, the widow

h was due to the employment-related injury or disease. If a child or children are eligible for benefits, the widow or widower is entitled to 45% of the pay and each child is entitled to 15%. If children are the sole survivors, 40% is paid for the first child and 15% for each additional child, to be shared equally. Other persons such as dependent parents, brothers, sisters, grandparents, and grandchildren may also be entitled to benefits. The total compensation may not exceed 75% of the employee's highest step for GS-15 of the General Schedule, except when such excess is created by authorized cost-of-living increases.

ouse terminates upon his or her death or continue however, if the remarriage takes place after the age of 55. Awards to children, brothers, sisters, and grandchildren terminate at the age of 18, unless the dependent is incapable of self-support, or continues to be a full-time student at an accredited institution, until he or she reaches the age of 23, or has completed four years of education beyond the high school level.

Burial expenses not to exceed \$800 are payable. Transportation of the body to the States is provided where death occurs away from the home. In addition to any burial expenses or transportation costs, a \$200 allowance is paid for the administrative costs of the funeral. Employees with dependent status with the Federal Government.

Cost of Living Increases

Compensation payments on account of a disability or death which occurred more than one year before March 1 of each year, are increased on that date by any percentage change in the Consumer Price Index published for December of the preceding year.

Settlements with Third Parties

performance of duty occurs under circumstances placing a legal liability on a party other than the United States, a portion of the cost of compensation and other benefits paid by OWCP must be refunded from any settlement obtained. OWCP will assist in obtaining the settlement and the Act guarantees that the employee may retain a certain proportion of the settlement (after any attorney fees and costs are deducted) even when the cost of compensation and other benefits exceeds the amount of the settlement.

Appeal Rights

An employee or survivor who disagrees with a final determination of OWCP may request an oral hearing or a review of the written record from the Branch of Hearings and Review. Oral and/or written evidence in further support of the claim may be presented. The employee may also request a reconsideration of a decision by submitting a written request to the District Office, which issues the decision. The request must be accompanied by evidence not previously submitted. If reconsideration has been requested, a hearing on the same issue may not be granted. The employee or survivor may also request review by the . Because the ECAB rules solely on the evidence of record at the time the decision was issued, no additional evidence may be presented.

Chapter**2**

Communicating with OWCP

In order to communicate effectively with OWCP, it is necessary to understand certain fundamentals of OWCP procedures and organization.

OWCP establishes a separate case folder for each report of injury, occupational disease or death (except in instances where more than one injury occurs to the same employee during a given work day or shift). Each of these folders, or case files, are numbered not appear on the file jacket. When separate injuries occur to the same part of the body, OWCP usually will combine the case file under one master number.

Each of the OWCP district offices has a separate geographical jurisdiction and is responsible for jacketing reports of injury, occupational disease, or death as they are received. Certain key information on the report forms is entered into an automated alphabetical index, which serves as a general database and file number/location finder. All subsequent correspondence, forms, bills, etc. are placed in the appropriate case file, with some few exceptions. Correspondence received without a file number is reviewed in the automated index and the number is written in by hand. If the employee or survivor moves from on, the case file will be transferred to the OWCP district office, appropriate for the em The file number, however, will not change.

Employees or survivors should keep a copy of everything that is submitted to OWCP by them or on their behalf. Employees should be sure to obtain the receipt attached to their notice of injury or occupational disease (CA-1 or CA-2) when it is turned over to the employing agency; and should ask the employing agency for a copy of the notice after the⁵ Employees should ask their physician, if right of choice of initial attending physician has been exercised, to provide a photocopy of any medical report the physician sends to the employing agency or OWCP. This physician be no problem in obtaining copies of the narrative medical reports that may be necessary. Employees or survivors should also keep a copy of all medical bills sent to OWCP, or

Employees or survivors should maintain their records in chronological order (most recent documents on top) for convenient reference as necessary and for duplication should the original copies be lost. Certified mail can be used when sending important documents to OWCP provide any special handling within OWCP.

Because all new reports of injury, occupational disease or death are routed through the employing agency, employees or survivors should make sure that OWCP has the applicable new report before contacting OWCP.

Employees or survivors should place the file number (if known) in the upper right hand corner on each and every piece of correspondence, medical bill, etc. and make sure that physicians and others do the same. This is basic common sense but, unfortunately, as much as 50% or more of the mail received by OWCP must be researched through the automated database index to find the case file number. Delay will always occur, even in the best OWCP district offices, without the case file number being supplied.

Written Communication

OWCP has implemented a new process for handling mail for each of their District Offices. They have created one central mailroom to service the entire country. The central mail room contractor has the capacity to rapidly scan large volumes of documents and create quality images. The system will route these imaged documents to the appropriate District Office and directly to the assigned responsible claims examiner for review. The original paper submitted will never return to the District Office. It is anticipated that this system will actually assist the mail in reaching the responsible claims examiner quicker than through the existing methods. The possibility of misplacing mail or filing it in the wrong case file will be greatly diminished.

A notice will be sent to all letter carriers that have active claims on a staggered basis. The new address for all mail submitted by injured employees nationwide is:

U.S. Department of Labor

PO Box 8300
London, KY 40742-8300

When writing to OWCP, employees or survivors should limit their inquiries to a single topic per letter. Because OWCP staff members frequently handle different items, it is error in a compensation payment, ask about entitlement to rehabilitation, and notify OWCP of a change of address in one letter. In such an example, the change of address is the most important (so that a payment in process is not sent to the old address). However, the letter may possibly be assigned to and then backlogged by a claims examiner handling reports of errors. This does not mean that employees or survivors can not write to OWCP regarding problems pertaining to pay-

ments of compensation benefits and medical bills at the same in mind that compensation payments, medical bills, medical care, rehabilitation, changes of address, requests for copies of forms, and general information questions are quite often handled by different OWCP staff members and are best handled through separate letters.

Employees or survivors are cautioned to avoid sending a barrage of correspondence to OWCP. Too many letters serve to slow the processing of a case file. Employees or survivors should start by writing a letter (or telephoning) when there is a problem. If a prompt response (30 days for a letter) is not received, contact should be made with a higher official by further contact and then possibly by requesting congressional assistance. It should be kept in mind, however, that a Congressional buck slip which is sent to OWCP (w

his or her personal interest in the case. It should also be kept in mind that virtually all letters to the President of the United States are routed routinely to OWCP for reply. In effect, employees or survivors should be prepared with dozens of letters from various sources. Quality of communication is much more important than quantity.

Telephone Contact

Employees should use the telephone to communicate with OWCP on problems when possible or make a personal visit. Many OWCP district offices are very well equipped and motivated to handle telephone calls; while others, particularly those with large backlogs of pending work, have difficulty handling calls. The case file number should be given when telephoning OWCP, but employees or survivors should expect to be told that OWCP will have to call back. It takes time to locate a case file and most problems cannot be handled without it. If visiting the district office, employees or survivors should call before and ask for an appointment so they can be sure the file will be available.

As part of the Department of Labor's performance goal of improving responsiveness to customer inquiries by 10%, established in the 1999-2004 Strategic Act, OWCP determined that there was a great need to improve telephone service, equipment and software, use new automated tools to increase response to telephone calls, streamline and accelerate medical authorizations and make a broad effort to educate and inform all parties about benefits and services.

OWCP has been aware for some time that their customer service efforts needed to be improved. Customer surveys have continued to show that rising dissatisfaction with the level of communication between injured worker and claims examiner and injured worker and agency personnel are increasing factors in the adjudication process.

To this end, OWCP has announced that they have launched two new initiatives. The first is a toll-free national Call Center and the other is a toll-free automated Interactive Voice Response system.

The Call Center is intended for use mainly by injured employees who have general questions about their rights and responsibilities claim. Customer Service Representatives will provide answers to frequently asked questions about claims under the FECA, as well as referral information on the new Central Interactive Voice Response system, the program and the district offices. Callers will also be able to request single copies of commonly used forms from the Call Center.

The Call Center personnel will not be able to address any case-specific questions, such as claims status, bill payments, lost wage claims or medical authorizations. They will refer the caller to their claims examiner at the district office for those types of detail.

Information is available in both English and Spanish. The telephone numbers are 1-866-999-3322 (voice) and 1-877-889-5627 (TTY), and the lines are staffed from 8 am to 5 p.m. Eastern Standard Time, Monday through Friday.

Callers from states where the Call Center is not yet available will hear a blocking message. This message will refer them to the Central Interactive Voice Response system for the kinds of information that may be obtained there, and also refers web site for detailed general information about claims processing. The caller is advised to call the district office for information that cannot be obtained from either of those sources. The Call Center does not have telephone lines connecting it to the district offices. For this reason, it cannot transfer or connect calls, and all calls to the district office will remain toll calls.

The Interactive Voice Response is a completely automated system that provides case-specific information about established claims. The system is intended for use by injured employees and medical providers. The information available includes case status, compensation payments, reimbursement of medical treatment and travel expenses, payment of medical bills and authorization of medical treatment such as physical therapy and diagnostic testing. The Central Interactive Voice Response system is available to all callers across the country. The telephone number is 1-866-OWCP-IVR (1-866-692-7487). For the time being, callers may continue to call the district office IVR numbers if they wish to do so, but those are not toll-free calls.

District Office Contacts

There are four key positions in OWCP District Offices:

- Regional Director
- District Director
- Assistant District Director
- Technical Assistance Advisor

In most cases, an injured employee will communicate with three types of claims examiners during the course of their claim. These are:

- Supervisory Claims Examiner
- Senior Claims Examiner
- Claims Examiner

Delays, failure to respond to inquiries, problems in determining the status of case files, and other problems in communicating with an OWCP district office should be taken up with the District Director or Assistant District Director.

If the District Director is not available or the problem still remains after contact with that level, contact should be made with the Regional Director.

A Technical Assistance Advisor (TA) can be invaluable in solving procedural problems with an employing agency, conducting seminars for NALC branches, and providing copies of CA forms, pamphlets, etc. A TA is not usually contacted on matters relating to individual case files.

Most employees of OWCP are dedicated to
ould be thanked when thanks are in order.

OWCP District Offices

District 1 - Boston
(Connecticut, Maine, Massachusetts, New Hampshire,
Rhode Island, and Vermont)

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

District 3 - Philadelphia
(Delaware, Pennsylvania, and West Virginia)

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

District 9 - Cleveland
(Indiana, Michigan, and Ohio)

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

District 11 - Kansas City
(Iowa, Kansas, Missouri, and Nebraska)

U.S. Department of Labor, OWCP
City Center Square
1100 Main Street, Suite 750
Kansas City, MO 64105
(816) 502-0301

District 13 - San Francisco
(Arizona, California, Hawaii, and Nevada)

U.S. Department of Labor, OWCP
71 Stevenson Street
San Francisco, CA 94105
(415) 848-6700

District 16 - Dallas
(Arkansas, Louisiana, New Mexico,
Oklahoma, and Texas)

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

District 2 - New York
(New Jersey, New York, Puerto Rico and the
Virgin Islands)

U.S. Department of Labor, OWCP
201 Varick Street, Room 740
New York, NY 10014
(212) 337-2075

District 6 - Jacksonville
(Alabama, Florida, Georgia, Kentucky, Missis-
sippi, N. Carolina, S. Carolina and Tennessee)

U.S. Department of Labor, OWCP
214 North Hogan Street, Suite 1006
Jacksonville, FL 32202
(904) 357-4777

District 10 - Chicago
(Illinois, Minnesota, and Wisconsin)

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

District 12 - Denver
(Colorado, Montana, N. Dakota, S. Dakota,
Utah and Wyoming)

U.S. Department of Labor, OWCP
1999 Broadway, Suite 600
Denver, CO 80202

District 14 - Seattle
(Alaska, Idaho, Oregon, and Washington)

U.S. Department of Labor, OWCP
1111 Third Avenue, Suite 615
Seattle, WA 98101-3212
(206) 398-8100

District 25 - Washington, DC
(DC, Maryland, and Virginia)

U.S. Department of Labor, OWCP
800 North Capitol Street, N.W., Room 800
Washington, DC 20211
(202) 513-6800

Chapter**3**

Representation

In some instances, it is necessary to obtain assistance from the National Association of Letter Carriers in order to obtain information about a claim or assistance with a particular issue. (Note: The NALC provides assistance only to Union members.) Section Act (FECA) provides that an employee or survivor may authorize an individual to represent them before any proceeding under the Act. Any knowledgeable member of the NALC can represent an employee or survivor provided that no fee or gratuity is charged.

survivor to provide OWCP with written notice of any appointment of a representative. While OWCP has traditionally furnished representatives of the NALC general information regarding the injuries or deaths of employees, it is necessary to furnish the written and signed notice when performing more than routine services for an employee or survivor (e.g., representation at a hearing). In order to avoid any unnecessary delays, an employee requesting the assistance of an NALC representative should always provide written authorization.

one time. For example, an employee cannot be represented by an attorney and an NALC representative at the same time. Naming more than one NALC representative, however, counts as only one appointment. A suggested format for an [NALC representation authorization](#) can be found in the Forms section of this manual. (The form may be reproduced for use.)

Chapter**4**

Claims

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:

1. Time
2. Civil Employee
3. Fact of Injury
4. Performance of Duty
5. Causal Relationship

Time

requires that an employee give written notice of injury or occupational disease and file claim for compensation within specified time periods. If the employee fails to meet the appropriate time limitations, the claim will be denied even if it is otherwise valid. Forms CA-1, CA-2 and CA-7 are provided for the purpose of giving written notice of injury and claiming compensation.

The time limitations imposed by the FECA do not apply to minors under the age of 21 or an incompetent individual while he or she is incompetent and does not have a duly appointed legal representative. For all other employees, the following time limitations apply.

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. Even if a CA-1 or CA-2 is not filed within three years, compensation may still be allowed if written notice of injury was given within 30 days or the immediate superior 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 this requirement if it is sufficient to place the agency on notice of a possible work-related injury or illness.

For traumatic injury, the statutory time limitation begins to run from the date of injury. Since traumatic injuries are identifiable as to time and place of occurrence, meeting this time limit is fairly obvious. Although the FECA provides a three-year time frame for entitlement, it should be noted that in order to qualify to receive Continuation of Pay (COP), a CA-1 for a traumatic injury must be filed within 30 days of the date of injury.

For a latent condition or occupational disease claim, time 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 exposure to those factors.

For instance, you could have been diagnosed with Carpal Tunnel Syndrome four or five years ago, but were able to continue working. You and your physician determine that the repetitive motion of casing your route has caused or contributed to the condition, but it is not that serious yet and you are released to return to full duties. Finally the condition gets to such a point that your physician wants to either perform particular treatment options or pull you from work for a period of time. Your three-year statutory time limit would begin running from the last day at work when you were casing mail.

Civil Employee

If the claim is timely filed, it must next be determined whether the injured or deceased was within the meaning of the law.

The FECA covers all civilian federal employees. 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. All Postal Service employees in the letter carrier craft are covered by the FECA, regardless of designation status or length of employment.

Fact of Injury

inner must decide whether the employee sustained a personal injury.

1. Whether the claimant actually experienced the accident, event, or employment factor, which is alleged to have occurred; and
2. Whether a medical condition has been diagnosed in connection with this event.

Performance of Duty

If the first three criteria have been accepted, it must be determined whether the employee was in the performance of duty when the injury occurred. Generally the issue of performance of duty falls within three distinct areas: on agency premises, off agency premises, and other factors.

On Agency Premises: The majority of cases reported to OWCP involve straightforward situations in which the injury occurs while the employee is performing assigned duties or engaging in an activity which is reasonably associated with the employment on agency premises. Such activities include health, and convenience. The premises include areas immediately outside the building such as steps or sidewalks, if they are federally owned or maintained.

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.

Injuries to employees performing representational functions entitling them to official time are also covered while on the agency premises. Injuries to employees engaged in the internal business of a labor organization, such as soliciting new members or collecting dues, are not covered.

ilities, which it owns, controls or manages. An employee will usually be covered if injured on such parking facilities.

Off Premises Injuries: Coverage is extended to workers such as letter carriers who It is also extended to workers who are sent on errands or special missions.

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 an emergency, or the employee is required to use his or her personal vehicle during the workday.

Injuries that 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. Different rules, however, apply to letter carriers who must have lunch on or near their route. In such cases, lunch off the premises is covered if the eating facility is on or reasonably near the route. An unauthorized deviation from the route for a personal reason, including lunch, may remove you from coverage. It should be noted that deviations of less than 3/10 of a mile have resulted in denied claims.

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.

- **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.
- **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.
- **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 association.
- **Harassment or Teasing of employees by coworkers** is a compensable factor of employment. Employees who are harassed, teased or called derogatory names by coworkers are considered to be in the performance of duty provided that the reasons for the harassment or teasing are not imported domestic or private life.
- **Emergencies.** Coverage is extended to employees who momentarily step outside the sphere of their employment to assist in an emergency such as to extinguish a fire or help a person hit by a car.
- **Union Representation:** Employees performing representational functions, which entitle them to official time, are in the performance of duty and entitled to all benefits of the FECA if injured while performing those functions. Activities relating to the internal business of the union organization, such as soliciting new members or collecting dues are not included.

The issue of performance of duty, while seemingly straightforward, becomes much more confusing when dealing with Emotional Reaction claims.

Emotional Reaction

each and every illness that is somehow related to regular or specially assigned duties or to a requirement imposed by the employment, the disability would come within the scope of the Act. The National Labor Relations Board (NLRB) held, in the case of Lillian Cutler, 28 ECAB 125, that when an employee experiences emotional stress in carrying out assigned employment duties, or has fear and anxiety regarding his or her ability to carry out these duties, a resulting disability is covered. On the other hand, the disability is not covered where it results from a frustration from not being permitted to work in a particular environment or to hold a particular position.

Personnel actions such as the regular administrative functions of an agency (leave usage, disciplinary action, etc.), performance ratings, performance assessments and informal discussions of performance, standing alone, are not sufficient to provide coverage under the FECA. In general, for a personnel action to be compensable, the injured employee must establish an error or abuse of administrative authority by the agency for the condition to be compensable. Without this showing of error or abuse of administrative authority, the emotional reaction is considered to be self-generated. In order to establish this error, an employee claiming an emotional reaction should document the error through either the grievance procedure or EEO. Please keep in mind that personnel actions may be canceled or modified through various procedures such as arbitration, grievance, etc., or disputes may be settled without prejudice to the position of any party. Cancellation or modification of personnel actions and settlements of disputes do not, of themselves, establish that the actions were erroneous or unreasonable. However, when a grievance is sustained in favor of the employee that establishes the error or abuse of administrative authority, the emotional reaction is considered to be self-generated.

Causal Relationship

After the four factors described above have been considered, the causal relationship between the condition claimed and the injury or disease sustained must be determined. A medical determination that a medical condition is a direct result of a connection between the injury and the condition found. This factor is based entirely on the medical evidence provided by physicians who have examined and treated the employee.

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. A fractured arm sustained in a fall would be considered a direct result of the fall, and a sensorineural hearing loss might likewise be caused directly by occupational noise exposure over a period of time.
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. For instance, a traumatic back injury may aggravate a claim, and compensation would be payable for the duration of the aggravation as medically determined.

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.

Temporary aggravations may involve either symptoms or short-term worsening of a condition. For instance, a claim may be accepted for angina, which is essentially a symptom, in which case medical treatment and compensation would be limited to the period of work-related angina and would not encompass treatment or disability due to the underlying condition. Likewise, a claimant with a psychiatric condition may suffer a short-term worsening of the condition, which then reverts to its prior state. Both of these situations qualify as temporary aggravation.

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. For instance, an allergy which would have persisted in any event may be permanently aggravated by exposure to dust and fumes in the workplace such that subsequent episodes are more severe than they otherwise would have been.

3. **Acceleration:** A work-related injury or disease may hasten the development of an underlying condition, and acceleration is said to occur when the ordinary course of the disease does not account for the speed with which a condition develops. For example, a work schedule, which is so erratic that it prohibits the regular food intake required by persons with this condition. An acceptance for acceleration of a condition carries the same force as an acceptance for direct causation. That is, the condition has been accepted with no limitation on its duration or severity.

4. **Precipitation:** This term refers to a latent condition, which would not have manifested itself on this occasion but for the employment. For example, tuberculosis may be latent for a number of years, then become manifest due to renewed exposure in the workplace. The claim would be accepted for precipitation, but the acceptance would be limited to the period of work-related for the condition would cease once the person recovered. Any ensuing episode of the disease would be considered work-related only if medical evidence supported such a continued relationship. In this way acceptance for precipitation may resemble acceptance for temporary aggravation.

Traumatic Injury (CA-1)

on Act (FECA) a traumatic injury is defined as:

used by external force, including stress or strain, which is identifiable as to the time and place of occurrence and member or function of the body affected. The injury must be caused by a specific event or incident or series of

6

The key to this definition is that an event must have occurred during one workday.

If you suffer an on-the-job traumatic injury, you should immediately notify your supervisor and request authorization for medical treatment. The Postal Service is required to provide you with a CA-16, but if it is not made readily available, you should request it and identify the physician that you have selected to provide medical treatment for the injury. When you receive the CA-16 you should review the form for correctness, focusing on Box 12. Box 12 should include the address for the US Department of Labor, OWCP for your region and not the address for USPS Injury Compensation. If the Postal Service has entered the incorrect address, you should make the correction so there is no confusion about where the form is to be returned. You should also ensure that the form is signed.

The injured employee may, in non-emergency situations, be required to be examined (but not treated) by a Postal Medical Office (PMO) or contract equivalent, prior to obtaining initial medical treatment. This examination must in no way interfere with the n/treatment from a physician of choice.

If possible, you should take the CA-16 with you when you first go to the doctor. The Postal Service should also provide you with a [CA-17](#) (Duty Status Report) for the physician to complete and return to the Postal Service.

Now that you have obtained proper medical attention, you will want to complete a Form [CA-1](#) c Injury and Claim for Continuation of Pay/Compensation). This must be done within 30 days of the date of injury in order for you to be eligible for continuation of pay (Continuation of Pay will be discussed in another

section.). Please retain your receipt and request a copy of the completed CA-1 from your supervisor.

The Postal Service is required to forward your completed CA-1 to OWCP within 10 working days from the date that you submit it. This time limitation does not mean that your supervisor has 10 days to get the form to the District Injury Compensation Office and they have another 10 days to forward it to OWCP.

After OWCP receives the CA-1 from the Postal Service, they will send you a CA-14 pamphlet that identifies your OWCP case file number and spells out your rights and benefits. You should receive this case number in approximately 2 weeks from the date that OWCP receives your claim. Use this number on all documents submitted to OWCP. Instruct your doctor and other medical providers to include this case file number on all bills or other correspondence sent to OWCP.

To establish the essential elements of a claim: you must provide the evidence needed to show that you filed for benefits in a timely manner; that you are a civil employee; that the injury occurred as reported and in the performance of duty; and that your condition or disability is related to the injury.

In order for a claim to be considered timely, the CA-1 must be received by the Postal Service within 30 days of the date of injury; however, the claim will be accepted if submitted within 3 years. Being an employee of the United States Postal Service will qualify you as a civil employee under the definition

The rest of an essential claim rests with your physician. You must ensure that your physician provides: a clear diagnosis of your medical condition (please note that pain is not a diagnosis; it is a symptom), all the objective test results that support the diagnosis, and his rationalized medical opinion about the relationship between your condition and what you relay as having occurred that one day at work.

Some CA-1 claims are accepted by OWCP
this means is that OWCP will unconditionally approve a claim until lost wages and/or medical expenses exceed \$1,000. Once that monetary threshold is met, OWCP will evaluate the claim and place it into develop
receive an acceptance letter. If you think your claim has been accepted this way, you should contact your OWCP Claims Examiner or National

All other CA-1 claims will receive an approval letter in the mail from OWCP. This letter will spell out what condition has been accepted as being work related and will provide you with a list of your benefits and entitlements. This letter will explain filing for lost wage compensation, submitting medical bills for payment, and how to be reimbursed for medical expenses.

Occupational Disease and Illness (CA-2)

An occupational disease is defined as a condition produced in the work environment over a period longer than one workday or shift. It may involve infection, repeated stress or strain, exposure to toxins, fumes or other continuing conditions of the work environment. Some of the more widely recognized occupational diseases/illnesses include carpal tunnel syndrome, arthritis, rotator cuff strains, tendonitis, back injuries, and heart conditions. These medical conditions usually develop slowly and do not generally occur at a specific time and place. Occupational disease claims do not provide continuation of pay provisions. They also do not allow for the issuance of a CA-16.

Occupational disease claims are filed on a [CA-2](#) form (Notice of Occupational Disease and Claim for Compensation). To establish a claim for compensation benefits for Occupational Disease or Illness, complete the front of the CA-2 and submit it to your supervisor as soon as possible, but not later than 30 days after you are aware of the connection between your disease or illness and your employment as a letter carrier, or within 30 days from your last exposure to the conditions of employment implicated in your claim, whichever is later. Although you are entitled to file a claim for benefits within three years, if the form is submitted more than 30 days from the last exposure you will be required to explain the reasons for delay.

Submit the medical evidence necessary to support your claim. There are checklists available for specific medical conditions in order to serve as an aid (Forms CA-35a through g). This additional factual and medical evidence is essential to your Occupational Disease claim.

Details are extremely important for all Work Environment Occupational Disease claims. You must explain in detail the work that you do, as well as the type of injury you are claiming. You must urge your doctor to be as specific as possible in diagnosing your injury and showing how specific job functions have caused, aggravated or accelerated your condition. You will want to provide a very detailed description of what you do at work on a daily basis for your doctor. Keep in mind that your doctor might not get a clear picture of what you mean if you do not describe the actual physical functions of your job.

Employee Narratives

Therefore, it is generally necessary to develop two different types of employee narrative. The first would involve a step-by-step breakdown of your job duties for your doctor to refer to. You should keep in mind that most people do not understand what must take place for mail to show up in their mailbox. The second narrative will focus on what parts of your job you find to be responsible for either causing or aggravating the medical condition that you are claiming as an occupational disease.

An appropriate narrative for your physician should include information such as:

Upon reporting for work, retrieve mail from designated location and place on mail case ledge, cutting strings, straps, bands, etc... as appropriate location. While standing the entire time, pick up fold/crease newspaper-sized articles to fit into one or two-inch separations on a mail case twisting to reach as necessary. The mail case has approximately four configuration. The bottom shelf is approximately three feet from the floor and extends upward to approximately six feet, with six shelves. This movement/action is repeated until all flats (newspaper-type items) are inserted into the mail case. On my route I repeat this motion approximately ... (number of flats that you fold on your route and the number of hours normally spent casing).

Pick up handful of letters and hold in one hand with the other hand taking individual letter pieces to insert into the one- or two-inch separations of the mail case. This action is repeated (number of letter sized items on your route and the number of hours spent casing). Any other items, which can be cased into the mail case of odd size or shape, are sorted.

Parcel post hamper is then retrieved from its designated location and brought to the mail case where parcels are arranged in delivery sequence. Once all mail is inserted into the mail case, it is extracted from the case by pulling down the individual custom separations. This mail is held, tied, bundled, banded, or compressed by straps or containers until all mail that has previously been inserted into the mail case has been placed into delivery sequence.

The mail (now in bundles, trays, etc...) is now taken to the vehicle and loaded using a heavily laden cart. The carrier drives to the first delivery point or park and loop location (describe the type of route you have, i.e., mounted, park and loop, business or VIM. Include information such as number of miles and/or hours walking, carrying a satchel weighing up to 35 pounds, etc...) You will now need to describe the delivery process for your particular type of route. As an example, the carrier arrives at the first delivery point and pulls up the mailbox or begins the park and loop process. The mail for that delivery is gathered and combined into one bundle to be inserted into the mailbox. Any outgoing mail is also collected and placed in the vehicle, push cart or satchel. At that point, the carrier drives/walks to the next delivery point. This is a typical action that is repeated (insert number of deliveries/boxes on your route).

Upon return to the office, the mail collected from patrons on the route and other items that need to be brought to the post office are again loaded onto a conveyance and transported to the designated work location.

The above sample will be useful for most occupational repetitive motion injury claims. Some conditions will need a more detailed description of other types of events. The sample is not meant to be used for each and every situation, but is being provided as a template for you to use.

Once you have submitted the CA-2, the Postal Service will forward your claim to OWCP within 10 working days. Within two weeks you will receive a postcard in the mail that contains an OWCP case file number. Use this number on all documents, correspondence and billing information submitted to OWCP.

If you need medical care for an Occupational Disease claim, you should arrange for such treatment by choosing your own physician. If OWCP approves your claim, they will pay for medical treatment related to the accepted condition(s).

If you are unable to work because of an Occupational Disease, you may use sick or annual leave⁷, leave without pay, and/or claim compensation for wage loss. Occupational Disease claims are different from Traumatic Injury claims (CA-1) in that there is no provision for Continuation of Pay (COP). Occupational claims generally take longer to adjudicate (generally it takes 3 to 6 months, depending upon the medical support).

As with all injuries, you are expected to return to work as soon as possible. If the Postal Service advises you that limited duty is available or is willing to provide work that is compatible with the work restrictions imposed by your doctor, you must let your doctor know. Generally the Postal Service is not willing to accommodate letter carriers with limited duty until the Occupational Disease claim has been approved by OWCP. If this is the case, we suggest that you get something in writing that states that you are available for limited duty, but that the Postal Service has refused to make a job offer until the final adjudication of the claim. This serves to support any claim for compensation that you may make for this period of time. If you are in a leave-without-pay status or expect to lose wages because you are unable to work, you may claim compensation by filing Form CA-7 (Claim for Compensation on Account of Traumatic Injury or Occupational Disease). If your disability continues beyond the period of time claimed on the CA-7, you should submit CA-7's each pay period where you have wage loss. OWCP will not process open-ended claims. (i.e., 1/1/01 through the present).

Recurrence (CA-2a)

Under the Federal Employees' Compensation Act (FECA), a recurrence is defined as follows:

A work stoppage that occurs after an employee has returned to work following a preceding period of disability and is the result of:

- A spontaneous return of symptoms (disability) of a previously accepted work-related condition without intervening cause; or
- A return or increase of disability due to a consequential injury.⁸

In most cases, the key to differentiating a recurrence from a new injury is that, in a recurrence situation, the only evident cause of disability or increased symptoms is the original accepted injury. No new identifiable event or events are responsible for the increased symptoms or disability. The exception to

Many employees mistakenly file a recurrence simply because at one time they had the same problem or had previously filed a claim for the same condition to the same body part.

For example: Tom filed a CA-1 for a knee injury in 1998. The claim was accepted as a strain. He received treatment and was eventually released to full duty. On October 12, 2001, Tom feels the same kind of pain in his knee. He sees his doctor and he is once again diagnosed as having a strain to his knee.

In this example, Tom would not file a CA-2a. Since it is not possible that his strained knee spontaneously reappeared, Tom would need to determine whether his new injury resulted from something he did at work on October 12 or whether it is a cumulative injury resulting from walking his route over a period of time. The proper forms would be a CA-1 and CA-2 respectively.

The following are examples of a Recurrence that would require the submission of a form [CA-2a](#).

Tom is a letter carrier who has a previously accepted left knee condition. Following initial disability, Tom returned to work in a limited duty position that met all of his medical restrictions, in which he is seated at a table answering the phone. There is no unusual use of the legs involved in this limited duty position.

Several weeks later, Tom's knee symptoms increased to the point that he was unable to continue in his limited duty position answering the phone. There was no identifiable cause for the increase in symptoms other than the original accepted injury. By definition, this would be classified as a recurrence. Tom should file a CA-2a for claiming workers' compensation benefits.

screws were inserted in his knee to stabiliz

doctor releases him to

his regular duties. After a period of time, to be removed and replaced because they are only safe for a few years. In order for Tom to have this procedure done and authorized by OWCP, he will need to file a CA-2a. The _____ resulted in the formation of scar tissue in his knee. Occasionally his physician will need to go back into the knee to remove the scar tissue.

These are relatively simple recurrences that are easily identified because there is no apparent, identifiable cause for the worsening of the condition other than the original condition itself.

Included in the definition of recurrence is the special case of "consequential injury". A consequential injury is a new injury which occurs as the result of a previously accepted work-related injury; for example, it occurs 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 may resemble traumatic injuries in certain cases. Like a traumatic injury, a consequential injury may be the result of a specific, identifiable traumatic event. This event, however, must be related in some way to a previously accepted, work-related condition.

Unlike a traumatic injury, a consequential injury may be accepted even if it occurs when an employee is in a non-pay, non-working status (that is "off the clock").

It is important to differentiate between new traumatic injuries and consequential injuries. The procedures for claiming a consequential injury are different than the procedures for claiming a new traumatic injury.

As stated above, a consequential injury may result from medical treatment of a previously accepted injury. A consequential injury may affect the same body part as the previously accepted injury, as in the following example:

Tom has a previously accepted claim for a strain of the left knee, which was sustained when he slipped on a wet floor at work. While at his doctor's office for treatment of the strained left knee, Tom's left knee gave out and he fell to the floor, bruising the same knee. The new injury would be considered a consequential injury and a claim would be submitted on a form CA-2a.

A consequential injury to a new body part may result from medical treatment, as in the following example:

Tom has a previously accepted claim for a strain of the left knee. While attending physical therapy for his knee, Tom was involved in weight training. Tom developed a back injury due to the strengthening exercises. Tom must file a form CA-2a to claim this as a workers' compensation injury.

A consequential injury to a new body part may also result directly from the original injury, as in the following example:

Tom has an approved claim for a strain to his left knee. As a result of this knee problem, he is forced to walk with a limp. After a period of time, his back begins to hurt. back went out is a direct result of walking with the limp. Since the new back condition
ment, he will need to file a CA-2a explaining that the reason for his back condition is directly related to his approved knee condition.

The following example shows a consequential injury sustained by a claimant in his own home:

Tom has an accepted claim for a strained left knee. Following initial disability, Tom was on crutches due to the accepted injury, working in a limited duty assignment. One day, while walking to his car, Tom's crutch slipped on a patch of ice in his driveway. He fell to the ground, worsening the condition in his left knee and making him unable to continue in his limited duty assignment. This would be considered a consequential injury and a form CA-2a would be filed by Tom to claim this injury.

Please note that, in all of the examples above, the consequential injuries were all caused by a previously accepted injury. This is the most important factor in identifying a consequential injury.

It is helpful to note that while a consequential injury may occur outside of work, a consequential injury rarely occurs at work since a new condition or disability that develops as a result of an incident in the work place is almost always considered a new injury, not a recurrence.

A third reason for filing a CA-2a Recurrence claim would be the withdrawal of limited duty by the Postal Service. If you have been working at a modified assignment and receive word that the Postal Service can no longer accommodate your restrictions (even though your condition or restrictions have not changed), you will need to submit a CA-2a and a CA-7 to claim an increase in disability and be compensated. When filing a CA-2a for this reason, it is important to note the withdrawal of accommodation on the form itself.

Filing For Recurrence

Recurrence within 90 days of return to duty: It is usually accepted that, following initial disability due to an accepted injury, renewed symptoms shortly after return to work are likely to result from the same injury. Because of the close connection between the claimed recurrence and the original injury in these cases, the issue of disability rather than causal relationship is the main focus.

The claimant should submit medical evidence supporting disability due to the original injury or condition along with a form CA-2a. If the claimant has lost wages due to the recurrence, a form CA-7 should also be filed at that time.

Recurrence after 90 days of return to duty: The evidence required in these cases should be as conclusive as the evidence needed to establish an original claim. It should not be presumed that any subsequent incapacity involving the injured member or part of the body is the result of the original injury solely because the original injury was accepted. The issue of causal relationship must be focused on in these cases.

The claimant should submit both factual and medical evidence supporting causal relationship of the recurrence to the original injury or condition.

In the case of recurrence after six (6) months of return to duty: The evidence required in these cases should be same as for recurrence after 90 days of return to duty.

The only difference is that a claimant may be entitled to a recurrent pay rate (i.e. a recalculation of compensation based on new salary information) for wage loss if the disability occurs more than six (6) months after his/her first return to full-time regular duty.

The following important facts should be considered prior to the submission of any form CA-2a:

If a claim is being filed for a consequential injury, it is helpful to indicate this on the form CA-2a.

As with any claim form, it is important to file a CA-2a as timely as possible.

When completing form CA-2a (or any other workers' compensation form), it is very important to record accurate information and to complete the entire form, leaving out none of the requested information.

It is important to submit any additional relevant factual or medical evidence, which is immediately available. This greatly expedites the processing of the claim.

It is important to determine whether or not the form CA-2a is the most appropriate form to file for the current disability. If this is a new injury, continuing medical treatment or a surgery request, do not submit form CA-2a.

Do not file multiple claim forms for the same injury. Filing multiple claim forms causes confusion and delays in processing.

Submit form CA-7 along with form CA-2a if wage loss has occurred.

Ensure that form CA-2a clearly indicates exactly what is being claimed by the submission of the form. For example: Is this a claim for additional medical benefits? Has the claimant lost wages as a result of the recurrence? Is this a notification of consequential injury?

Many times, an injured letter carrier who has returned to duty following a previously accepted work-related disability may experience an increase in disability due to the physical factors of the current employment (either full duty or limited duty). Over a period of time, the physical stress of even a limited duty assignment may cause a new medical condition to arise.

When a new condition arises out of factors of a claimant's current employment or symptoms increase, disability caused by the new condition is considered to be the result of a new occupational disease (not a recurrence). It is always important to decide whether a new injury has been sustained. Keep in mind that in order for a condition to be classified as a recurrence, there must be a spontaneous return or worsening of symptoms.

Compensation

Compensation for disability is designed to compensate the disabled employee for the loss of earning capacity which he or she suffers as a result of an on-the-job injury. Compensation is claimed through the submission of a [Form CA-7](#).

Compensation begins after a three calendar-day waiting period. This waiting period begins on the first day or partial day of wage loss following the day or shift during which the injury occurred. However, the waiting period is waived if the period of wage loss exceeds 14 calendar days or if OWCP determines that the employee has a permanent disability. For those employees who have received Continuation of Pay (COP) and whose disability continues beyond the 45 days, the waiting period begins on the 46th day. However, the three-day waiting period is waived if the period of wage loss exceeds 14 calendar days (which begins on the 46th day for employees who have received COP) or if OWCP determines that the employee has a permanent disability.

There are four types of disability for compensation purposes:

- Temporary total;
- Temporary partial;
- Permanent total; and
- Permanent partial.

Temporary total:

A temporary total disability is one that prevents the employee from working in any capacity for a limited period of time. Recovery without permanent effects is normally, but not always, expected. Compensation payments for temporary total disability are based upon loss of earning capacity. Thus, until the employee recovers from the injury or disease and is able to return to work, he or she will receive compensation payments equal to 66 2/3% of their regular pay or 75% of regular pay if he or she has a spouse and/or other dependents.

Temporary partial:

employees whose work-related disabling condition partially reduces their earning capacity for a limited period of time. In other words, the disabled employee cannot physically perform all of the duties of his or her regular job for a period of time, but is able to work in a limited duty position either full time or part time. Complete recovery is normally, but not always, expected. Compensation for temporary partial disability is paid only for those regular duty hours the employee is not able to work. For example, a temporarily disabled employee who is able to work only five hours of a regular eight-hour shift, would receive compensation for the remaining three hours he or she is unable to work.

Permanent total:

The FECA provides compensation to an employee unable to return to any type of work because of a permanent disability caused by an employment-related injury or disease.

Permanent total disability pay

75% of the regular pay if there is a spouse and/or other dependents. OWCP is reluctant to classify an employee as permanently totally disabled because of the possibility that medical improvement and/or vocational rehabilitation could restore at least some earning capacity. Nevertheless, if an employee has a disability which, combined with age and other factors, is so severe that there is no hope of recovery and the employee is incapable of performing any and all work, OWCP may make such a determination. The loss of use of both hands, both arms, both feet or both legs, or the loss of sight in both eyes is prima facie permanent total disability.

Permanent partial:

Many employees, after reaching maximum medical improvement, have residual permanent disability, which does not prevent them from being able to perform some type of work, but not the work performed at the time of the injury or at the same wage level. These employees are considered to have a permanent partial disability. Permanent partial disability compensates the employee for his or her loss. Payments are based on 66 2/3% of the difference

between the employee's pre-injury wage and the wage he or she is able to earn in the open market. If the partially disabled employee has a spouse and/or dependents, compensation is equal to 75% of this difference.

Pay Rate Determination:

The actual amount of compensation for disability is determined by the employee's pre-injury wage rate. This term is not as simple as it seems; and many factors are taken into account in

Three dates are possible in determining the pay rate for compensation purposes, and OWCP must choose the date on which the pay is greatest.

- The date of injury;
- The date the disability began (if different from the date of injury); or
- The date of recurrence, if the recurrence begins more than 6 months after the employee has gone back to regular work following the original disability.

The FECA specifically refers to certain items that must be included or excluded in determining an employee's regular pay rate. In addition, OWCP has administratively decided that certain other items should be included or excluded.

Items included in determining the pay rate for compensation purposes are:

-
- The value of any subsistence and quarters received for services in addition to the cash wage. This does not include subsistence and quarters furnished by the employing agency for which the employee pays or for which a deduction is made from the em-
- Premium-pay for standby or unscheduled duty.
- Night or shift differential.
- Extra pay for Sunday or holiday work.
- Guaranteed lump-sum cash payments such as those provided in USPS/NALC National Agreements.
- serving heavily patronized routes.⁹
- cted to work conditions which soil the body or clothing beyond that normally expected.
-
- the United States (i.e., Hawaii) and its possessions (i.e., Puerto Rico) due to cost of living differentials.
-

The FECA and OWCP exclude the following items from consideration in determining pay rate:

- Overtime pay.
- Additional pay or allowance authorized outside the United States and its possessions because of differential in cost-of-living or other special circumstances.
- Bonus or premium pay for extraordinary service, including amounts paid for particularly hazardous duty in time of war.
- Per Diem received by an employee while in travel status, and extra allowances paid for

The monthly pay at the time of injury is deemed 1/12 of the average annual earnings of the employee at that time. When compensation is paid on a weekly basis, the weekly equivalent of the monthly pay is deemed 1/52 of the average annual earnings.

Average annual earnings are determined as follows:¹⁰

If the employee worked in the employment during substantially the whole year¹¹ immediately preceding the injury and the employment was in a position for which an annual rate of pay was fixed, the average annual earnings are the annual rate of pay. If the rate was not fixed, the average annual earnings are obtained by multiplying the daily wage for the particular job by 300 if he or she was employed on the basis of a 6-day workweek, 280 if employed on the basis of a 5 ½ day week, and 260 if employed on the basis of a 5-day week.

If the employee did not work during substantially the whole year immediately preceding the injury, but the position was one that would have afforded employment for substantially the whole year, the average annual earnings are the sum equal to the average annual earnings of an employee of the same class working substantially the whole year in the same or similar employment.

If either of the above methods cannot be applied reasonably and fairly, the average annual earnings are a sum that reasonably represents the annual earning capacity of the injured employee in the employment in which he was working at the time of the injury, having regard to the previous earnings of the employee in Federal employment, and of other employees of the US in the same or most similar class, working in the same or most similar employment, in the same or neighboring location, other previous employment of the employee, or other relevant factor. However, the average annual earnings may not be less than 150 times the average daily wage the employee earned in the employment during the days employed within one year preceding his or her injury.

If the employee served without pay or at nominal pay, paragraphs 1,2 and 3 above apply as far as practicable, but the average annual earnings of the employee shall be determined at the reasonable value of the service performed but not in excess of \$3,600 a year.

Chapter**5**

Benefits

Continuation of Pay

Continuation of Pay (COP) is the continuance of pay for the period not to exceed 45 calendar days of disability.

Effective September 7, 1974, the FECA was amended to authorize the employing agency to continue pay for the period not to exceed 45 calendar days of disability.¹²

COP applies only to traumatic, disabling reported on Form CA-1 within 30 days of the date of injury.

The intent of the COP provision is to provide for the period immediately following a job-related traumatic injury, not to increase the amount of compensation. COP during the 45-day period is not considered compensation as defined by 5 USC 8101(12) and therefore is subject to income tax, retirement and other usual payroll deductions.

If the employee has stopped work due to the disabling effects of a traumatic injury, the period begins with the first full day or shift of the disability, provided that it begins within 45 days of the injury. The employing agency will keep the employee in a pay status or grant administrative leave for any fraction of a day or shift lost on the date of injury with no charge to the 45-day period. Only if the injury occurs before the beginning of the workday may the date of injury be charged to COP.

If the employee stops work for a portion of a day or shift other than the day of injury, such day or shift will be counted as one calendar (full) day for purposes of tolling the 45 days. The 45 days during which pay may be continued are calendar days, not work days.

The employer must continue the pay of an employee who is eligible for COP, and may not require the employee to use his or her own sick or annual leave. However, while continuing pay, the employer may controvert¹³ the employee's claim for compensation pending a final determination by OWCP. OWCP has the exclusive authority to determine questions of entitlement and all other issues relating to COP. If a claim for

COP is controverted, the Postal Service is required to notify the injured employee of their reasoning.¹⁴

Eligibility

To be eligible for COP, a person must:

1. Have a traumatic injury as defined by the FECA¹⁵ which is job-related and the cause of the disability, and/or the cause of lost time due to the need for medical treatment;
2. File Form CA-1 within 30 days of the date of injury; and
3. Begin losing time from work due to the traumatic injury within 45 days of the injury.

On Form CA-1, an employee may elect to use accumulated sick or annual leave, or leave advanced by the agency, instead of electing COP. The employee can change the election between leave and COP for prospective periods at any point while eligibility for COP remains. The employee may also change the election for past periods and request COP in lieu of leave already taken for the same period. In either situation, the following provisions apply:

The request must be made within one year of the date the leave was used or the date of the written approval of the claim by OWCP (if written approval is issued), whichever is later.

Where the employee is otherwise eligible, the agency shall restore leave taken in lieu of any of the 45 COP days. Where any of the 45 COP days remain unused, the agency shall continue pay prospectively.

The use of leave may not be used to delay or extend the 45 day COP period or otherwise affect the time limitation as provided by 5 USC 8117. Therefore, any leave used during the period of eligibility counts towards the 45-day maximum entitlement to COP.

If the employee recovers from disability again and stops work, the employer shall pay any of the 45 days of entitlement to COP not used during the initial period of disability where:

- The employee completes CA-2A and elects to receive regular pay;
- OWCP did not deny the original claim for disability;
- The disability recurs and the employee stops work within 45 days of the time the employee first returned to work following the injury; and
- Pay has not been continued for the entire 45 days.

Calculation of COP

The pay rate for COP purposes

age of the weekly pay over the preceding 52 weeks). The pay excludes overtime pay, but includes other applicable extra pay except to the extent prohibited by law. Changes in pay or salary (for example, promotion, demotion, within grade increases, termination of a temporary detail, etc.) which would have otherwise occurred during the 45-day period are to be reflected in the weekly pay determination.

The weekly pay for COP purposes is determined according to the following formulas:¹⁶

- 1 For full or part-time workers (permanent or temporary) who work the same number of hours each week of the year, the weekly pay rate is the hourly pay rate (A) in effect on the date of injury multiplied by (x) the number of hours worked each week (B): $A \times B = \text{weekly pay rate}$.
- 2 For part-time workers (permanent or temporary) who do not work the same number of hours each week, but who do work each week of the year (or period of appointment), the weekly pay rate is an average of the weekly earnings, established by dividing (\div) the total earnings (excluding overtime) from the year immediately preceding the injury (A) by the number of weeks (or partial weeks) worked in that year (B): $A \div B = \text{Weekly Pay Rate}$.
- 3 For intermittent, seasonal and on-call workers, whether permanent or temporary, who do not work either the same number of hours or every week of the year (or period of appointment), the weekly pay rate is the average weekly earnings established by dividing (\div) the total earnings during the full 12-month period immediately preceding the date of injury (excluding overtime) (A), by the number of weeks (or partial weeks) worked during the year (B) (that is $A \div B$); or 150 times the average daily wage earned in the employment during the days employed within the full year immediately preceding the date of injury divided by 52 weeks, whichever is greater.

If the employee cannot perform the duties of his or her regular position, but instead works in another job with different duties with no loss in pay, then COP is not chargeable. COP must be paid and the days counted against the 45 days authorized by law, whenever an actual reduction of pay results from the injury, including a reduction of pay for the results from a change or diminution in his or her duties following an injury. However, this does not include a reduction of pay that is due solely to an employer being prohibited by law from paying extra pay to employee for work he or she does not actually perform.

An employer shall continue the regular pay of an eligible employee without a break in time for up to 45 calendar days, except when, and only when:¹⁷

1. The disability was not caused by a traumatic injury;
2. The employee is not a citizen of the United States or Canada;
3. No written claim was filed within 30 days from the date of injury;
4. The injury was not reported until after employment had been terminated;
5. The injury occurred off the performance of official duties;
6. ul misconduct, intent to injure or kill
himself or herself or another person, or was proximately caused by intoxication by alcohol or illegal drugs; or
7. Work did not stop until more than 30 days following the injury.

When the employer stops an the above reasons, the em-
ployer must controvert the claim for COP on Form CA-1, explaining in detail the basis for the refusal. The final determination on entitlement to COP always rests with OWCP.

Where the employer has continued the pay of the employee, it may be stopped only when at least one of the following circumstances is present:¹⁸

1. Medical evidence which on its face supports disability due to a work-related injury is not received within 10 calendar days after the claim is submitted (unless the em-
to exist). Where the medical evidence is later provided, however, COP shall be reinstated retroactive to the date of termination (Note: Although this is a regulatory obligation, Postal Service practice is to wait for the receipt of medical evidence before paying COP. This practice is clearly in violation of the ELM and should be grieved;
2. The medical evidence from the treating physician shows that the employee is not disabled from his or her regular position.
3. Medical evidence from the treating physician shows that the employee is not totally disabled, and the employee refused a written offer of a suitable alternative position which is approved by the attending physician. If OWCP later determines that the position was not suitable, OWCP will direct the employer to grant the employee COP retroactive to the termination date.
4. The employee returns to work with no loss of pay;

5. s or employment is otherwise terminated (as established prior to the date of injury);
6. OWCP directs the employer to stop COP; and/or
7. COP has been paid for 45 calendar days.

An employer may not interrupt or stop COP to which the employee is otherwise entitled because of a disciplinary action, unless a preliminary notice was issued to the employee before the date of injury and the action become final or otherwise takes effect during the COP period.

When OWCP finds that an employee obstructs a medical examination required by OWCP, the right to COP is suspended until the refusal or obstruction ceases. COP already paid or payable for the period of suspension is forfeited. If already paid, the COP may be charged to sick or annual leave or considered an overpayment.

Where OWCP finds that an employee is not entitled to COP after it has been paid, the employee may choose to have the time charged to annual or sick leave, or considered an overpayment.

Leave Buy Back

When an employee elects to use sick or annual leave during the period of disability, he or she may later, with the concurrence of the employing agency, claim compensation for the period of disability and

A major change in the processing of leave buy back claims was implemented on August 1, 1996. Surveys of OWCP employees indicated that the existing leave buy back process was cumbersome and time-consuming for both injured workers and federal employing agency staff. In addition, data showed that only about one-half of claimants elected to repurchase their leave after the CA-1207 was issued and they became aware of the additional payment the Postal Service requires beyond the amount of their FECA entitlement.

A decision was made to simplify the procedure from a two step process to a one step process, with the claims examiner issuing an immediate payment (instead of a CA-1207) when possible.

Two new forms, a Time Analysis Form ([CA-7a](#)) and a Worksheet/Certification and Election Form ([CA-7b](#)), have been developed to be filed with Form CA-7 in leave buy back claims. The new form CA-7a is to be used when leave dates are intermittent or when more than one continuous period of leave is claimed. The CA-7b fully explains the process to the claimant and allows an estimate of the FECA entitlement. It requires the Postal

Service to advise the employee of the amount required to reinstate the leave in question and to agree to the process in advance of submission of the form.

Generally the process goes as follows:

- Injured employee files a claim for leave buy back.
- Postal Service contacts the Postal Data Center for an accounting of the total amount paid to the employee for the period claimed. Usually a bill for this amount will be sent to the employee. The bill is simply an administrative procedure for processing leave buy back requests. Payment is not due at the time this initial bill is received.
- Postal Service forwards the claim to OWCP for payment.
- OWCP sends applicable payment to the Postal Service.
- The Postal Data Center credits the payment and issues a second bill with a balance due. The remaining balance of the bill must be paid in full by the employee before the leave is restored.

sation Act (FECA), nor is it controlled by OWCP. The regulatory language states:

The employee may claim compensation for periods of annual and sick leave, which are restorable in accordance with the rules of the employing agency. Forms CA-7a and CA-7b are used for this purpose.¹⁹

USPS has, in the past, allowed leave buyback for all annual and sick leave used for approved OWCP claims. However, the language in ELM 512.923 limits the leave that can be repurchased by injured employees.

Under the provisions of the Injury Compensation Program (545.73b(6)), current employees may be permitted to buy back sick leave and annual leave they used while awaiting adjudication of their cases by the (OWCP).²⁰

Recently, directives from various District Injury Compensation offices have been issued notifying injured employees that they will only be permitted to buy back leave that is used before OWCP approved the claim. Once a claim is accepted, the employee is being required to either use LWOP-IOD (Leave With right to repurchase any leave that is used after OWCP notifies the employee that his or her claim is accepted.

Cost of Living Adjustments

In cases of disability, an injured employee is eligible for cost-of-living adjustments where injury related disability began more than one year prior to the date the cost-of-living adjustment took effect.²¹

Each year on March 1, the increase in the cost of living for the preceding calendar year is determined. If the injured employee has been entitled to compensation for at least one year before that March 1, a cost-of-living increase is applied to the benefits.

Cost of Living Adjustments

Effective Date	Increase	Effective Date	Increase
10/01/66	12.5%	03/01/81	3.6%
01/01/68	3.7%	03/01/82	8.7%
12/01/68	4.0%	03/01/83	3.9%
09/01/69	4.4%	03/01/84	3.3%
06/01/70	4.4%	03/01/85	3.5%
03/01/71	4.0%	03/01/87	0.7%
05/01/72	3.9%	03/01/88	4.5%
06/01/73	4.8%	03/01/89	4.4%
01/01/74	5.2%	03/01/90	4.5%
07/01/74	5.3%	03/01/91	6.1%
11/01/74	6.3%	03/01/92	2.8%
06/01/75	4.1%	03/01/93	2.9%
01/01/76	4.4%	03/01/94	2.5%
11/01/76	4.2%	03/01/95	2.7%
07/01/77	4.9%	03/01/96	2.5%
05/01/78	5.3%	03/01/97	3.3%
11/01/78	4.9%	03/01/98	1.5%
05/01/79	5.5%	03/01/99	1.6%
10/01/79	5.6%	03/01/00	2.7%
04/01/80	7.2%	03/01/01	3.4%
09/01/80	4.0%	03/01/02	1.3%

Schedule Awards

Compensation is provided for specified periods of time for the permanent loss or loss of use of certain members, organs, and functions of the body. Such loss or loss of use is known as permanent impairment.

Permanent impairment is defined as the loss or loss of use of a part of the body, whether total or partial. The degree of impairment is established by medical evidence and expressed as a percentage of loss of the member involved. Permanent impairment may originate either within the effected member or in another part of the body. For instance, a back injury may result in impairment to a leg, for which a schedule award would be payable. A claimant may also receive an award for more than one part of the body in connection with a single injury.

Compensation for proportionate periods of time is payable for partial loss or loss of use of each member, organ or function. For example, a 6% loss of use of an arm would result in 6% of 312 weeks or 18.72 weeks worth of compensation. A 40% loss of use of the hand would be 40% of 244 weeks or 97.6 weeks worth of compensation.

Form CA-7 may be used to file a claim for schedule award, or consideration may be requested in the form of a narrative letter. In some instances, OWCP will initiate a claim. Compensation for schedule awards is computed by multiplying the indicated number of weeks by $66\frac{2}{3}$ (without dependents) or 75% (with dependents) of the pay rate.

OWCP evaluates the degree of impairment of scheduled members, organs or functions as defined in 5 USC 8107 according to the standards set forth in the specified (by OWCP) s Guides to the Evaluation of Permanent Impairment. The current edition being used is Edition 5.

To support a schedule award, the file must contain competent medical evidence which:

- Shows that the impairment has reached a permanent and fixed state and indicates the date on which this occurred (date of maximum medical improvement);
- Describes the impairment in sufficient detail for the claims examiner to visualize the character and degree of disability; and
- Gives a percentage evaluation of the impairment (in terms of the affected member or function, not the body as a whole, except for impairment to the lungs).

The attending physician should make the evaluation whenever possible. The report of the examination should include: a detailed description of the impairment, which includes,

where applicable, the loss in degrees of active and passive motion of the affected member or function, the amount of any atrophy or deformity, decreases in strength or disturbance of sensation, or other pertinent description of the impairment.

Injuries sometimes leave objective or subjective impairments, which cannot easily be measured by the AMA Guides. Some examples are: pain, atrophy, deformity, loss of sensation, loss of strength, sensitivity to heat or cold, or soft tissue damage (scarring, discoloration).

should be explicitly considered along with the impairment measurable by the AMA Guides and correlated as closely as possible with the factors set forth there.

The following chart shows the member and associated number of weeks worth of compensation for total loss or loss of use.

Member	Weeks	Member	Weeks
Arm	312	Loss of Hearing (One Ear)	52
Leg	288	Loss of Hearing (Both Ears)	200
Hand	244	Breast	52
Foot	205	Kidney	156
Eye	160	Larynx	160
Thumb	75	Lung	156
First Finger	46	Penis	205
Great Toe	38	Testicle	52
Second Finger	30	Tongue	160
Third Finger	25	Ovary (Incl. Fallopian Tube)	52
Toe (not great toe)	16	Uterus/Cervix	205
Fourth Finger	15	Vulva/Vagina	205

Note: The law does not allow for payment of a schedule award for impairment to the back, heart or brain.

Wage Earning Capacity

The loss of wage earning capacity benefit insures that an injured worker will not be penalized for returning to a lower-paying job because of a disabling condition. It also permits the adjustment of compensation to reflect partial rather than total disability, if the requirements of the law are strictly met.

If there is any permanent disability resulting from the injury, identifiable at the time of maximum medical improvement, which prevents the employee from returning to the job held at time of injury or to other work paying a comparable wage, OWCP must determine what work the employee can perform in his or her partially disabled condition.

If the medical evidence does not support total disability, OWCP is required by the
on the basis of a determination of the em-

A typical case would be a letter carrier who sustained a shoulder injury and is discharged from medical care with a permanent restriction of lifting over 10 pounds. In such an example, the letter carrier is most likely not able to perform the duties of the position held at the time of injury. If the USPS does not offer other suitable work at the same or greater salary earned at the time of injury, the letter carrier is entitled to claim further
ination of what the letter carrier can earn

on will be based on 66 2/3% of the differ-
g capacity established by OWCP and the
ry. If the worker has a spouse and/or de-
pendents, the compensation is based on 75% of the difference.

If the employee is working, his or her actual earnings will in all probability be used by OWCP, if such earnings fairly and reasonably represent the current earning capacity. However, if they do not, or if the empl
then OWCP determines what type of work the disabled employee can best perform, taking into account the following factors:

- Nature and degree of injury related disability (and any other disabilities that preceded the injury).
- Work limitations resulting from injury-related and preceding disabilities.
- Usual or former employment.
- Age and education of the employee.
- Qualifications for other employment (experience).

- Availability of suitable employment
- Any other factors or circumstances which ma

It should also be noted that the selected job does not have to actually be available to the employee in the form of a vacancy, but must be a type of job that exists in the em-

After a specific job is identified by the OWCP claims examiner and a description of the job and its physical requirements is prepare case file, an OWCP district medical advisor must review the case and provide an opinion concerning whether the employee is physically able to perform the specific job selected.

The claims examiner then obtains the employ
d the wage paid in the area for the specific
job selected. If the current
than the pay rate at the time of injury, then OWCP consid
capacity to be simply the wages paid in the area for the specif
loss of wage earning capacity is then the difference between the empl
time of injury and the wage paid in the area for the specific job selected.

However, if the current pay rate for the em
rate at the time of the injury and OWCP
accordance with a far more complicated formula.

This formula, known as the Shadrick Formula, was first applied as a result of a 1952

ish an adjusted earning capacity in those
situations where OWCP selects a job as repre
rent earning capacity, and where the current pa
injury is greater than the pay rate in effect at the time of injury.

This essentially consists of relating the amount of pay OWCP believes the employee is currently capable of earning to the current pay rate for the job held at the time of injury; and then applying the resulting percentage figure to the pay rate at the time of injury, thereby allowing for the increase in the pay rate that has occurred between the time of injury and the effective date of the earning capacity determination.

Example: A letter carrier earned \$25,000 at the time of injury; the current pay rate for that job is \$29,000. OWCP determined that the carrier could earn \$19,000 as a data entry clerk. The Shadrick Formula would give you:

(1) Weekly pay rate at the time of injury (\$25,000 / 52)	\$480.77
(2) Current weekly pay rate for the same job (\$29,000 / 52)	\$557.69
(3) Current earning capability (\$19,000 / 52)	\$365.38
(4) Earning capacity divided by current pay rate ((3) / (2))	65%
(5) Adjusted earning capacity ((4) times (1))	\$312.50
(6) Loss of earning capacity ((1) minus (5))	\$168.27
(7) Compensation with dependent (75% times (6))	\$126.20

Thus, after applying the Shadrick Formula example would be \$126.20 per week. If the Shadrick Formula were not used, the employee would be \$86.54 per week (\$25,000 minus \$19,000 divided by 52 weeks times 75%).

Dual Benefits

The FECA prohibits payment of compensation and certain other Federal benefits at the same time.²² 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 may file for a retirement annuity (regular or disability) while his or her claim with OWCP is pending. Only if both benefits are approved will the rules governing dual benefits be applied.

Office of Personnel Management (OPM)

When a claimant is entitled

sation Act (FECA) and annuity benefits from OPM under the Civil Service Retirement System (FERS), the employee must make an election between OWCP benefits and OPM benefits. The employee has the right to elect the monetary benefit, which is the more advantageous. The policy also applies to reemployed annuitants. However, if any payments have been received from OPM, those payments must be repaid in full either directly by the employee or by OWCP from the FECA payments due, before the employee may begin receiving OWCP benefits. If OPM benefits are elected, the employee is entitled to have medical expenses for treatment of the accepted condition(s) paid by OWCP. There is no prohibition against receiving OWCP benefits concurrently with benefits from the Thrift Savings Fund.

Section 5 USC 8337(f) provides that the prohibition against the payment of dual benefits does not bar the right of a claimant to the greater benefit conferred by either Act for any part of the same period of time. Thus, an election of disability compensation under the FECA or an election of an annuity benefit provided by OPM is not irrevocable.

When compensation for death is payable under the FECA and death benefits are payable under CSRS or FERS, the eligible survivor(s) must make an election between OWCP benefits and OPM benefits. This includes the lump sum death benefit paid under the FERS, though any beneficiary may concurrently receive benefits from OWCP and the Thrift Savings Fund.

When a survivor is entitled to both an annuity from OPM in his or her own right because of his or her own Federal service, and entitlement to death benefits under the FECA, no election is required between these two benefits.

OWCP does not consider the election of OPM benefits to be irrevocable for an injured employee. However, OPM considers an informed election of death benefits provided by OWCP to be irrevocable. This means that once a survivor elects to receive OWCP benefits for the death of a Federal employee, he/she can not change their mind and start receiving OPM survivor benefits at a later date. If OPM benefits have been paid, the lump sum payment provided as part of the death benefit must be repaid in full either directly by the beneficiary or by OWCP from benefits due, before the beneficiary may begin receiving OWCP benefits. Where a survivor is entitled to both an OPM annuity in his or her own right because of his or her own Federal service, and an entitlement to death benefits under OWCP for a spouse, no election is required between the two benefits.

Other OPM Related Issues

Medical Treatment: Regardless of which monetary benefits the claimant elects, any medical treatment required for the effects of the compensable injury will continue to be provided under the FECA.

Schedule Awards: Schedule Awards payable for the permanent loss or loss of use of specified members, organs, or functions of the body, are the only FECA monetary compensation benefits payable concurrently within an OPM annuity.

Vocational Rehabilitation: An employee in receipt of OPM retirement benefits is prohibited from receiving vocational rehabilitation assistance under FECA.

Third Party Credits: Where a claimant has made a third-party recovery resulting in a credit against the compensation entitlement, and it appears that additional compensation may be paid and medical expenses claimed, compensation payments are calculated and charged against the recovery credit to the case, as are injury related medical expenses paid by the claimant. This procedure continues until the third party credit is absorbed. There is no prohibition against receipt of an OPM annuity during the period that the third party credit is being absorbed by OWCP. The claimant is not actually receiving compensation

from OWCP during this period, so the payment of an annuity does not constitute a prohibited dual payment. When the credit has been exhausted, the claimant should be given an opportunity to elect between FECA benefits and continuation of the OPM annuity.

The following discussion addresses claims involving service-related conditions.

1. The prohibition against dual benefits applies to those cases where the disability or death of an employee has resulted from an injury sustained in civilian employment by the United States and the Department of Veterans Affairs (DVA) has held that the same disability or death was caused by the military service.
2. The prohibition also extends to an increase award, where the increase is brought about by an injury sustained while in civilian employment.
3. The prohibition does not extend to pensions, since Section 5 USC 8116(a)(2) expressly provides that there is no limitation on the right to receive FECA compensation because of the receipt of a pension for service in the Army, Navy or Air Force. The receipt of a pension from the DVA for a non-service connected disability or death and the payment of compensation under the FECA is therefore not a prohibited dual benefit, and no election is required.
4. The DVA pays other benefits to veterans and their survivors, which are variously termed compensation, dependency and indemnity compensation, and educational assistance, etc., other than for educational awards. The payment of compensation under benefits would constitute a prohibited dual benefit if based on the finding that the same disability or death for which FECA benefits are payable was caused by the military service.

The election is irrevocable only in those cases where the disability or death of the employee has resulted from an injury sustained in civilian employment by the United States, and the Department of Veterans Affairs has held that the same disability or death was caused by military service. What this means is that the VA has determined that the disability or death was caused by events or hazards experienced during military service and OWCP has determined that the disability or death is related to civilian employment. An injured worker may be entitled to both benefits; but cannot receive them concurrently. OWCP will require an election to be made. Once this election is made, the employee cannot switch back to the other.

Military Pension

There is no limitation on the right to receive OWCP compensation at the same time that you are in receipt of a pension for military service in the armed forces. There is also no limitation on the right to receive OWCP compensation concurrently with retainer pay, retirement pay, or equivalent pay for service in the armed forces or other uniformed service.

Social Security

OWCP does not require an election between FECA benefits and Social Security benefits, except when they are attributable to the empl

Act was amended on July 30, 1965, providing a reduction in Social Security benefits to

Injured employees receiving a Social Security Disability benefit shall have their Social Security benefit reduced by the amount of OWCP compensation that is payable. OWCP does not consider this to be a dual benefit, but the Social Security Administration does.

An injured employee, who is covered under (FERS) or the Civil Service Offset Retirement System (CSRS Offset) and is receiving regular Social Security benefits (age 62), will have their OWCP benefits reduced by the amount of Social Security attributable to their service with the U.S. Postal Service. The same holds true for a survivor of a FERS employee who is receiving Social Security spousal ath of an employee will be reduced by the

Death Claims

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 deces

employee. Death benefits to dependents of employees who die from job-related illness or injury are outlined in 5 U.S.C. 8101, 8102, 8119-8122 and 8133. The claimant is responsible for giving notice of death and has the burden of proving a relationship between an federal employment. Except where the relationship between the death and the employment is obvious, the claimant must present medical evidence relating the death to the injury.

When an employee dies in the performance of duty, the employing agency must report the death immediately to OWCP by telephone or telefax so that an autopsy may be considered. As soon as possible, the agency must complete and submit Form CA-6, Offi-

In accordance with 5 U.S.C. 8119, an eligible beneficiary, or someone acting in his or her behalf, must give notice of death on Form [CA-5](#) or CA-5b. This notice must be given within 30 days of the date of death, but the timely

filing of a disability claim will satisfy the time requirements for a death claim based on the same injury as long as the claim is

In addition to showing the causal relationship between the injury and his/her employment, the claimant must also submit the following evidence:

1. Death certificate.
2. Name(s) and address(es) of next of kin.
3. Marriage certificate (civil certificate).
4. Birth certificate for each child (to show the legal relationship upon which the claim is based).
5. Divorce dissolution, or death certificate for prior marriages.
6. Itemized burial bills, receipted if paid.

Compensation to Widow/Widower

To determine if a spouse is entitled, OWCP will examine the status of the marriage at the time of death. If neither the decedent nor the surviving spouse was previously married, a copy of the marriage certificate will establish that the survivor is an eligible beneficiary. If either was married previously, the surviving spouse must also submit copies of the divorce or annulment decree showing dissolution of the previous marriage, or death certificate showing the demise of the former spouse, as the case may be.

If the surviving spouse was not living with the deceased at the time of death, OWCP will investigate the circumstances surrounding the separation.

The following examples show how the facts may apply in different cases when determining eligibility:

1. Where the parties maintain separate abodes but all other evidence points to the existence of a marital relationship at the time of death, the claimant is entitled to compensation benefits as the surviving spouse.
2. If the parties lived apart for reasonable cause (i.e., hospitalization due to the fatal illness) or because of desertion by the employee, entitlement exists.
3. If the parties lived apart for other reasons, entitlement may exist if the spouse was dependent on the decedent.
4. If common law marriage is at issue, OWCP must determine the status of the marriage according to the law of the state(s) in which the participants lived.

Prior to September 7, 1974, all remarriages resulted in termination of compensation benefits. For remarriages between that date and May 28, 1990, entitlement continues if the beneficiary is age 60 or over, but not if he or she is under that age. After May 29, 1990, entitlement continues if the beneficiary is age 55 or over, but not if he or she is under that age.

Although entitlement to benefits ends with fits may be reinstated if the marriage is later annulled.

Compensation to Children

under 18 years old, or incapable of self-support, or a full-time student under age 23. Included are stepchildren and children who h according to the laws of the state having jurisdiction.

Illegitimate children and posthumous children of the deceased are also entitled to compensation (a posthumous child is entitled to benefits effective the date of its birth). Excluded are married children and foster children. Compensation payable to, or on behalf of, a child is continued until the child dies, marries, or becomes 18, or, if over 18 and incapable of self-support, becomes capable of self-support.

Where a child has reached the age of 18 and has indicated no intention to attend school after high school, compensation will cease at the end of the month in which the child graduated from high school. Compensation paid on behalf of an unmarried child, which would otherwise be terminated at age 18 may continue, however, if the child is a student at an accredited institution. Such benefits may be paid for four years of education beyond the high school level, or until the beneficiary reaches age 23, whichever comes first.

riage. A child whose marriage ended prior

To be entitled to benefits, a child over have been incapable of self-support at the time of the death by reason of a mental or physical disability. A claimant is incapable of self-support if his or her physical or mental condition is such that he or she is unable to obtain and retain a job, or engage in self-employment that would provide a sustained living wage. Please note that a child over 18 is not entitled to benefits because of an inability to obtain employment due to economic conditions or lack of job skills. The inability must be directly related to the physical or mental condition only.

Compensation to a child under the age of 18 will be paid to a parent, guardian, or other competent individual responsible for th without a parent, guardian or other individual responsible for supervision is found to be competent to receive payments, compensation can be paid directly to the child. Compen-

sation to a student will be paid directly to the child if he or she is of legal age in the state of residence. On request, compensation will be paid directly to a child of legal age who is incapable of self-support due to physical disability. Compensation on behalf of mentally incompetent individuals must be paid to a parent, guardian, or other person responsible

Compensation to Parents

Parents, stepparents, and foster parents and in-laws are excluded.

Section 8133 provides benefits to parent(s) who were wholly or partly dependent on the employee at the time of death. The test of dependency under the FECA is not whether the parent is capable of self-support without the amount that was previously provided by the deceased. It is only necessary to show that the person claiming as a dependent looked to and relied upon the contributions in whole or in part, as a means of maintaining or helping to maintain a customary standard of living.²³

Compensation to Siblings, Grandparents, and Grandchildren

As with parents, the relationship on the date of death and the degree of financial dependence determines entitlement to benefits for siblings, grandparents and grandchildren. The category of grandparents does not include step-grandparents. The term grandchildren includes all biological and adopted grandchildren, whether born into a marriage or not, but does not include step-grandchildren.

Payments

Compensation for death is based on the pay rate on the date of injury, date disability began, or date of recurrence. The survivors will be eligible for continued coverage if the decedent was enrolled at the time of death in a health benefits plan for which the agency (or OWCP) was making deduction.

The FECA provides that a spouse and children have the first right to compensation, which means that other classes of dependents may receive compensation only after the entitlements of the spouse and/or children has been satisfied fully.

Percentages of Entitlement
Compensation for Widow/Widower and Children

Beneficiary	Prior to 9/7/74	On or After 9/7/74
Widow/Widower Only	45%	50%
Widow(er)	40%	45%
With One Child	15%	15%
Widow(er)	40%	45%
With 2 Children	15% + 15%	15% + 15%
Widow(er)	40%	45%
With 3 or More Children	35%	30%
One Child Only	35%	40%
Two Children Only	35% + 15%	40% + 15% (Share Alike)
Three Children Only	35% + 15% + 15%	40% + 15% + 15% (SA)
Four or More Children Only	75%	75% (SA)

Burial Expenses

Section 8134 provides for the payment of burial and funeral expenses by the U.S. not to exceed \$800. Like related medical expenses in a disability claim, funeral expenses in a death case may be paid even if the case as a whole is denied on the basis of timeliness as long as a causal relationship is established and the requirements for giving notice are met. They will be paid without regard to any life insurance or burial insurance policy, which may be in force. If another Federal agency pays any part of the burial expense for the decedent, the OWCP payment will not exceed the difference between the amount paid by the other agency and \$800. Neither the \$225 Social Security lump sum death benefit nor benefits from life insurance or burial policies are deducted from OWCP funeral benefits, however.

An additional sum of \$200 is payable to the personal representative of the decedent to reimburse the cost of terminating his or her status as a Federal employee. A spouse is considered to be the personal representative unless incompetent. If no spouse survives, the payment will be made to the administrator of the estate.

Medical

The FECA authorizes medical services for treatment of any condition that 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 which, in the opinion of OWCP, are likely to cure, give relief, reduce the degree or period of disability, or aid in lessening the amount of monthly compensation.

Medical care includes examination, treatment, and related services such as medications and hospitalization, as well as transportation needed to secure these services. Preventive care is not authorized.

Definition of Physician

opathic 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 are not recognized as physicians within the meaning of the law.

clude those whose licenses to practice medicine have been suspended or revoked by the state licensing or regulatory authority or who have been excluded from payment under the FECA. 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.

OWCP may also exclude a provider who has knowingly made a false statement or misrepresented a fact in connection with a claim for reimbursement or request for payment; 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 meet professionally recognized standards.

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 defined as an incomplete dislocation, off centering, misalignment, fixation or abnormal spacing of the vertebrae anatomically. Chi-

ropractors may interpret their own X-rays, and if a subluxation is diagnosed, OWCP will

Choice of Physician

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.

The Postal Service may not interfere with nor may they require an employee to go a physician who is employed by or under contract to the agency before going to the physician may contact the attending physician only to obtain additional information about or clarify and only in writing. Telephone contact is specifically prohibited.

PS Form 2488 was developed to obtain the release of medical information concerning persons seeking employment with the Postal Service. It was not originally intended to obtain medical information concerning current employees. Nevertheless, the Postal Service occasionally attempts to use this form for that purpose. Employees may not be required to complete the form.²⁴ The Contract Administration Unit and the Compensation Department strongly recommend that letter carriers never sign a Form 2488. There is simply too much potential for abuse and the Postal Service may seek to obtain information unrelated to the current illness or injury.

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.

Except for 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 the employee is later excluded 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.

Physician Narrative

The key to having a claim accepted by OWCP rests with the medical evidence. As a result, the medical narrative, submitted by your treating physician, is of the utmost importance. The following is a checklist of items required in the narrative:

- file number (if one has been assigned)
- History of occupational disease or traumatic event. This is a key item and should consist of a written statement by the physician reflecting knowledge of the conditions of causative factors. It is suggested that the

physician first be furnished with your written statement. The physician should ideally include or attach a copy of the statement referencing it with remarks similar to the _____ d (date) prepared by (claimants name) regarding the conditions of employment at (location of Post Office) during the period

- Dates of examinations and/or treatment (past and present)
- Periods of hospitalization, if any
- Tests given, findings and results (x-rays, lab tests, EKG, MRI, etc.)
- Definitive diagnosis (no impressions). Please
It is a symptom of some medical condition.
- Opinion: was condition caused, permanently or temporarily aggravated, accelerated, or precipitated (hastened) by conditions of employment described by the patient?
- Medical reasons for opinion (i.e., how did the physician, from a medical point of view, arrive at the opinion?). This is very important and it should be as specific as possible and include how any test results helped form a basis for the opinion.
- Statement describing any concurrent medical conditions unrelated to the Occupational Disease.
- Period(s) of disability and the extent of disability during the period(s). This should specify whether the disability is total or partial; and if partial, the work limitations in working while partially disabled. The work limitations should describe the restrictions and include the number of hours allowed for each function per day. Disability from any apparent concurrent medical conditions unrelated to the Occupational disease must be considered in determining _____ s ability to work; and an explanation included describing how any unrelated injury
- Statement concerning whether maximum medical improvement has been reached; and if so, the nature and extent of any remaining disability.
- Signature of physician (show specialty and Board Certifications; and date.

In summary, an injured employee must understand that he or she has specific responsibilities to furnish medical evidence and inform his or her attending physician of the availability of alternative work and other forms of limited duty. Failure to comply may result in the denial of a claim, and the loss of COP and other benefits.

Payment of Bills

OWCP will pay for or reimburse only those services rendered for work-related injuries. Documentation must be submitted with the bill that substantiates that the service was rendered for the approved medical condition. These bills should be submitted on the American Medical Association (AMA) Standard Health Insurance Claim [Form \(HCFA-1500\)](#). A version of the form, which includes instructions for submitting bills to OWCP, carries the form number OWCP-1500. All physicians, laboratories and X-ray facilities, chiropractors, therapists and suppliers of medical equipment and goods are required to submit the HCFA-1500 for payment. Dentists are encouraged to use the HCFA-1500 but may use the standard ADA form instead. Pharmacies must use the Universal Claim Form. Hospitals must use [Form UB-92](#). Bills rendered by ambulance services may be submitted on billhead, as may bills from foreign facilities may submit bills using Form VA-10-9014.

At no time should bills be submitted for payment through the Postal Service. Once a claim number has been assigned to your case, all medical bills, medical reports and general correspondence should be submitted directly to OWCP.

To be accepted for payment, the bill must include the following information at a minimum:

- 1.
- 2.
3. Diagnosis;
4. Itemized list of services, with charges; and
5. Employer Identification Number or Social Security number).

All bills must be sufficiently itemized to allow for evaluation of the 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.

No bill 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 was first accepted as compensable by OWCP, whichever is later.

Unless the amount involved is minor, OWCP will advise the provider fully of any adjustments to the bill by letter which explains 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, a separate notice will be

given. If fees have been reduced as a result of the fee

schedule, it should be noted that the provider cannot charge the employee for the reduction amount. A provider whose fee for service is partially paid by OWCP as a result of the application of the schedule of maximum allowable charges and who collects or attempts to collect from the employee, either directly or through a collection agent, any amount in excess of the charge allowed by OWCP, and who does not cease such action or make appropriate refund to the employee within 60 days of the date of the decision by OWCP, shall be subject to the exclusion provisions.²⁵

An employee may request reimbursement by submitting either receipted bills from the provider or a completed HCFA-1500 signed by the provider directly to OWCP. Hospital receipts that bear imprints of mechanical cash registers may be accepted if the nature of the sale is identified. Photocopies of cancelled checks may be accepted in lieu of receipts but must be accompanied by itemized bills or other evidence of the charge for which payment was made. Prescription receipts must include the name of the drug and the date the prescription was filled. Reimbursement for prescription expenses should be requested on Form CA-915, which is used in addition to the Universal Claim Form.

As with direct payments, the amount claimed may be reduced according to the OWCP fee schedule.

Sometimes bills for a work-related condition surance carrier. The carrier may request reimbursement for such charges by submitting a completed HCFA-1500 or similar OWCP-approved form. The form should list procedures and charges for each provider and copies of paid bills and cancelled checks should be attached. The form should also note tification Number.

Transportation

Unless the government furnishes transportation, 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 specifically equipped vehicle. An employee who uses his or her automobile will be reimbursed at the standard mileage rate for government travel.

Standard Form 1012 should be used to claim reimbursement for travel expenses. All items will be reimbursed on the basis of actual expense; 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.

Medical Treatment / Evaluation

To guarantee payment, some forms of medical treatment should be approved by OWCP in advance. Such forms of treatment include:

1. Non-emergency surgery. A second opinion examination may be required before the procedure can be approved. Please note that OWCP will not require an employee to undergo surgery or any other invasive procedure.
2. Private hospital room accommodations. Only semi-private rooms will be authorized quires private accommodations.
3. Hospital beds, traction apparatus, wheel chairs and similar equipment.
4. Orthopedic appliances and shoes.
5. Nursing home care.
6. Courses of physical therapy.
7. Hearing aids and lip-reading services;
8. The services of hearing and Seeing Eye dogs.
9. Membership in health clubs.

The attending physician is responsible for requesting such services, and his or her reasons for believing that the services are needed should be included in the request. Prior authorization need not be obtained to purchase minor appliances such as a sacroiliac belt or an ankle strap, or for such items as crutches and canes if prescribed by the attending physician.

OWCP may ask other physicians beside the attending physician to evaluate an employee and/or file. OWCP may request such evaluations in connection with the original or continuing entitlement to benefits, the percent or 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:

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

Medical Specialists (Second Opinion Examiners). Medical issues sometimes arise which cannot be resolved on the basis of opinions given by the attending physician and the DMD/DMA. Opinions then will be requested from a physician who specializes in the field of medicine pertinent to the issue. OWCP will arrange 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.

Referee Medical Specialist (Independent Medical Examiners). A conflict of medical opinion may occur when the file contains differing medical opinions of approximately equal weight. Medical opinions from a referee specialist will then be arranged to resolve the conflict of opinion, which may concern the relationship of a condition to factors of employee, or the extent of disability, for example. 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 will be suspended until the employee reports for examination.

The FECA does not address the issue of medical examinations desired by the Postal Service.²⁶ _____ encies to arrange for examination of any employee who files a compensation claim by a _____ such an examination is solely to determine if the employee can work in some capacity, thereby facilitation return to work.

Medical examinations may not be used to intimidate employees. While the Postal Service must send the results of such examinations to OWCP and notify OWCP if the employee refuses to be examined, the results of such fitness-for-duty examinations per se do not affect entitlement to compensation. In other words, a fitness report can not act as a second opinion. At best, the report may cause OWCP to send the employee for their own second opinion in response to issues raised by the report. When it comes to limited duty medical restrictions, a fitness-for-duty physician can not loosen any of the restrictions dictated by a treating physician, but he or she can make them tighter. For instance, your treating physician provides a weight lifting restriction of 25 pounds. The fitness-for-duty physician can reduce that amount to a 10-pound restriction, but he or she cannot release you to lift 50 pounds.

Chapter**6**

Third Party Liability

Letter carriers sometime sustain injuries in the performance of their duties under circumstances, which place a legal liability on a person or persons other than the United States Postal Service to pay damages. The person or persons responsible for the injury to the employee is generally referred to as a "third party". The term "person or persons other than the United States Postal Service" means someone other than the employing agency or the United States Government. Thus, a third party may be a private citizen or can even be another Federal employee, including (on rare occasions) a co-worker of the injured employee. These types of "third party" claims may include vehicle accidents, fights, falls on a customer's property, etc...

When an employee is injured, as a result of a third party's action, the employee can file a claim or suit against the third party or the third party's insurance company. This claim will be for damages resulting from the injury. Damages can include medical expenses, lost wages, property damage, pain and suffering, etc...

Under the Federal Employees' Compensation Act (FECA), when an injured employee, who is entitled to compensation for the injury, recovers money or other property as a result of a suit or settlement against a third party, the injured employee has an obligation to refund, to the United States Postal Service, the compensation that has been paid (COP is excluded from the amount that must be refunded).

If the injured employee recovers more than what has been paid in compensation and medical expenses, he or she is said to have s entitlement to future compensation payable for the same injury will be a credit toward the surplus and no additional compensation will be paid until the surplus is absorbed.

The United States Postal Service has an interest in recovering compensation when one of its workers suffers a job-related injury that was caused by a third party.

Identifying Third Party Liability

The responsibility for identifying the potential for third party liability in a given case lies jointly with the OWCP claims examiner and the Postal Service's Injury Compensation Specialist.

If the potential third party liability is not recognized in a case, or not recognized soon enough, the matter may never be pursued. All states have statutes of limitations for personal injury, wrongful death, medical malpractice, and product liability. An injured employee who does not file a claim or suit against the third party within the applicable statutory time limitation cannot recover damages that result from the injury. Money, which the United States may otherwise have recovered, would be lost.

The word "potential" in the context of identifying third party liability is very significant. The claims examiner does not need to be positive that a third party has legal liability for an injury. Instead, they only need to recognize cases in which this kind of liability is a possibility.

In many cases the potential for a third party claim is fairly evident from the circumstances of the injury. The following situations clearly indicate potential third party liability:

- A letter carrier is attacked by an unleashed dog owned by the customer to whom the carrier is delivering the mail;
- A letter carrier trips and falls on a broken porch step at a home to which the carrier is delivering mail;
- A letter carrier in his/her vehicle is "rear-ended" by another automobile while delivering the route;

In other cases, such as malpractice and product liability, the potential is not so easy to recognize:

- A letter carrier sustains an arm injury when a piece of equipment malfunctions;
- A letter carrier suffers an injury to his/her hands while handling a solvent or cleaning supply sample.
- A letter carrier who sustained a job-related injury, obtains treatment from a physician and that treatment (or lack of correct and proper treatment) worsens the injury or causes another injury.

In many cases, especially those involving medical malpractice and product liability, the information available at the time the injury is first reported may not permit a determination as to whether there is in fact third party liability. Many factual and legal issues will

require resolution. This is why such cases as medical malpractice and product liability are handled by the Department of Labor's Office of the Solicitor.

Some third party claims may be further complicated by "contributory negligence". Sometimes a third party is responsible for a claimant's injury, but an element of responsibility might also be attributable to the claimant. For example, a 300-pound letter carrier falls and injures himself while delivering mail because the homeowner's steps collapsed. Although the homeowner is responsible for maintaining the steps in good condition, an argument could be made that holding a 300 pound person is not normal wear for the steps. In cases such as this, the third party is not absolved of responsibility for the injury, but the degree of responsibility can be acknowledged as less than complete by settling for a smaller sum.

The United States Postal Service may, in certain cases, administratively pursue the collection of damages from the third party responsible for the injury to a letter carrier. Such pursuit is limited to cases of traumatic injury, except those traumatic injury cases that fall within one or more of the following categories:

- Where the traumatic injury results in the death of the employee;
- Where the injury occurred outside of the US or Canada;
- Where the injury occurred when the employee was a passenger on a common carrier's conveyance (train, bus, airplane, etc...);
- Where injuries are sustained by more than one employee in the same incident (group injuries).

The USPS will prepare and release correspondence to the appropriate parties, and will pursue the collection of damages from the responsible third party by administrative means. This may include obtaining the employee's full assignment to the USPS of any right of action the employee may have to enforce the liability, provided that such assignment is voluntary on the part of the employee.

It is the responsibility of the OWCP claims examiner to identify all potential third party liability situations, including those cases that are to be administratively pursued by the USPS. If there is information in the case file that indicates the USPS has also identified the case as having third party potential the claims examiner will simply monitor progress of the case. However, if there is no indication that appropriate action is being taken by the employee or by the USPS, the claims examiner will release a letter to the USPS bringing the case to their attention and asking what actions have been taken with regard to the third party aspect of the case.

The purpose of pursuing a third party claim is to recover 100% of actual and, in some serious cases, projected expenses and to secure a settlement that compensates for inconvenience, pain and suffering, etc... The USPS will always keep OWCP advised of all third party actions, particularly when settlement discussions commence. The injured worker's

authorized representative should always call OWCP to get an update on the total disbursements before agreeing to any settlement.

If, in reviewing the CA-1 form, the Postal Service sees the potential for third party liability, this will be annotated on the back of the CA-1. The USPS will then send a letter to the employee informing him or her that:

1. In cases involving potential third party liability employees are encouraged to seek recovery from the responsible party;
2. If damages are recovered, the US Government must be reimbursed for any payments made on the employees' behalf;
3. The employee is guaranteed a minimum of 20% of the net recovery as well as any surplus remaining after the disbursements have been made;
4. Employees who refuse to pursue third party action may be denied compensation by OWCP.

The USPS will explain to the injured worker how he or she can collect damages. The choices are:

- To hire an outside attorney to sue the third party;
- To try to settle with the third party directly;
- To ask the agency to pursue in his/her stead;
- To refuse to pursue (in which case the employee will be informed that this may result in benefits being denied.)

Note: OWCP may sometimes agree that third party liability should not be pursued. For example, it might be bad publicity for an agency to sue an elderly person on a fixed income for failing to clear an icy sidewalk on which an employee fell. Also, where the injury is minor (total compensation costs do not, or are not expected to exceed \$1000) OWCP may close the case if the claimant does not respond to OWCP's request for information or if the claimant indicates he or she is not asserting third party liability or retaining an attorney. In these cases the potential returns do not justify the administrative costs to pursue the action.

Hiring Your Own Attorney

If an employee hires an outside attorney to pursue the third party suit, the USPS will probably suggest that the employee hire the attorney on a contingency fee basis. This means that the attorney takes a percentage of the amount recovered, rather than a fee paid

"up front". Otherwise, if the attorney does not recover for the employee, the employee may be stuck with attorney's fees that he or she will have to pay out of pocket. Usual percentages range from 30% to 40%.

- After the claimant has chosen an attorney, the USPS will send OWCP the third party form that identifies the claimant's choice and includes the name of the attorney.
- OWCP will help to make sure the agency gives the attorney correspondence and documents establishing liability and current wage loss information and medical expenses making up the lien.
- When the attorney settles the case, the USPS will obtain the Statement of Recovery and settlement check from the attorney.

The employee is always guaranteed at least 1/5 (20%) of the gross recovery after the attorney's fee is paid and before offsets are taken for OWCP benefits paid.

Representing Yourself

If the employee settles directly, he or she is, in effect, acting as his or her own attorney.

- The USPS will give the employee all documents normally given to an attorney.
- The employee will contact the third party and settle the claim.
- The employee makes the settlement and sends the disbursement check to OWCP. OWCP then credits the agency's account.
- Any surplus, after the lien is paid, goes to the employee. However, this amount must be used by the employee for expenses incurred for the same injury before the employee is eligible to collect additional compensation from OWCP.

USPS Pursues Claim

If the USPS pursues the third party claim for its employee, the employee assigns his or her case to the agency. In such cases the USPS, in effect, acts as the injured worker's attorney. The advantage to the employee is that he or she pays no attorney fees. In this situation:

- The claimant must reach maximum medical recovery before the agency attempts to settle the claim.
- The agency handles only routine cases (e.g., less than \$5000 and a week off work). If the case starts off simple but then becomes complicated, the employee may revoke assignment to the agency and hire an attorney.

- Once the employee assigns the agency to handle the claim, he or she may not negotiate the settlement figure that the agency arrives at. On the other hand, the agency may choose to discuss the projected settlement figure with the employee. Then, the employee has the opportunity to revoke the assignment and hire an attorney to pursue it himself or herself.

If the agency pursues the claim on behalf of the injured worker, the compensation specialist for the Postal Service will:

1. Contact the responsible third party explaining the accident and asking that the responsible party, the insurance carrier, or the third party's attorney contact the workers' compensation office to discuss the case.
2. Send OWCP a letter requesting an itemized statement of disbursements made on behalf of the claim. (The employee or doctor may have sent bills directly to OWCP; these would not be in the agency's files.)
3. Write to the employee's supervisor stating that the USPS anticipates negotiating a settlement of the claim regarding his or her employee. In that letter, the compensation specialist will list expenses incurred as a result of the injury. The supervisor will be instructed to ask the employee to identify any additional expenses that should be included in the settlement. (Sometimes the employee has babysitting charges or extra transportation costs for a light duty assignment following the injury.)
4. Figure the lien by adding up all costs for: Compensation payments, medical bills and related expenses, and any other employee out-of-pocket expenses.
5. Prepare a projected settlement figure.
6. Inform the employee of the dollar amount of the proposed settlement.
7. Make an offer in writing to the third party's claims adjuster.
8. Obtain the release form, signed by the employee.
9. Send the release form to the insurance company.
10. Collect and disburse the money.
11. Send a letter to the employee informing him or her of the settlement figure.
12. Complete the Statement of Recovery and forward it to OWCP. OWCP must have this before it closes the case.

UNITED STATES DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
OFFICE OF WORKERS' COMPENSATION PROGRAMS

STATEMENT OF RECOVERY

Claimant: _____ File Number: _____

Date of Injury/Death: _____ Employing Agency: _____

(1)	Gross Recovery.....	\$_____
(2)	Less Property Damage.....	\$_____
(3)	Balance.....	\$_____
(4)	Less Attorney's Fee (Fee is _____ % of line 3).....	\$_____
(5)	Balance.....	\$_____
(6)	Less Court Costs (must be itemized).....	\$_____
(7)	Balance (adjusted gross recover).....	\$_____
(8)	Less 1/5 (20% of line 7).....	\$_____
(9)	Balance.....	\$_____
(10)	Less Payment to Public Health Service.....	\$_____
(11)	Balance.....	\$_____
(12)	Less Medical Expenses Paid by Claimant.....	\$_____
(13)	Balance.....	\$_____
(14)	OWCP Disbursements (including compensation and medical but excluding COP) or line 13, whichever is less.....	\$_____
(15)	Less Government Allowance for Attorney's Fee (retained by claimant).....	\$_____
(16)	Refund.....	\$_____
(17)	Surplus (line 13 less line 14).....	\$_____

Chapter**7**

Return to Work

Limited duty assignments are provided to employees during the recovery process when the effects of the injury are considered temporary. A rehabilitation assignment is provided when the effects of the injury are considered permanent and/or the employee has reached maximum medical improvement. If the employing agency is unable, or unwilling to accommodate an injured employee, the Department of Labor will use the services of a vocational rehabilitation specialist in order to assist the employee in obtaining suitable employment. Section 8151 of the FECA provides job retention rights to federal employees who have recovered either fully or partially from an employment-related injury or illness, and who can perform the duties of the original job or its equivalent. The employing agency must restore a permanent employee who recovers within one year after beginning compensation to that position or its equivalent. If recovery occurs after one year, the employee is entitled to priority consideration, provided the employee applies within 30 days of the date compensation ceases.

Limited Duty

When an employee has partially recovered from a compensable disability, the Postal Service must make every effort toward assigning the employee to limited duty consistent with the employee's medical condition and work limitation tolerance. In assigning such limited duty, the Postal Service should minimize any adverse or disruptive impact on the employee. The following considerations must be made in creating such limited duty assignments for current employees:

1. To the extent that there is adequate work available within the craft and work facility to which the employee is regularly assigned, in the work facility to which the employee is regularly assigned, and during the hours the employee regularly works, that work constitutes the limited duty to which the employee is assigned.
2. If adequate duties are not available within the craft and work facility to which the employee is regularly assigned within the employee's medical condition, the employee may be assigned within that facility.

3. If adequate work is not available at the facility, the employee may be assigned as limited duty. However, all reasonable efforts must be made to assign the employee to limited duty hours of limited duty as close as possible to the regular work facility.
4. An employee may be assigned limited duty outside of the work facility to which the employee is normally assigned only if there is not adequate work available within the facility. Every effort must be made to assign the employee as near as possible to the regular work facility to which the employee is normally assigned.²⁷

When a former employee has partially recovered from a compensable injury or disability within one year of the date of injury, the Postal Service must make every reasonable effort toward reemployment consistent with medically defined work limitation tolerances. Such an employee may be returned to any position for which he or she is qualified, including a lower grade position than that which the employee held when compensation began.

Where the employer has specific alternative positions available for partially disabled employees, they should notify the employee in writing of the specific duties and physical requirements of those positions. Where the employer does not have specific alternative positions, they should advise the employee of any accommodations the agency can make.

The Postal Service may monitor an injured employee's status by obtaining periodic medical reports.²⁸ [Form CA-17](#) is the form generally used for this purpose. The Postal Service may also consult with the treating physician in writing concerning the work limitations imposed by the effects of the injury, and possible job assignments. The employer shall not contact the physician by telephone or through personal visit.²⁹ Whenever the agency contacts the physician, it must send a copy of the written correspondence and the physician's report to OWCP and the injured employee.

When a treating physician or OWCP notifies the Postal Service that the employee is partially disabled (that is, the employee can work limited duty but not return to the position held when injured), they will consider positions that might be suitable. All limited duty job offers must be in writing. However, the offer may be made verbally as long as a written offer is provided within two business days of the verbal offer.

All job offers must include the following:

- Description of the duties of the position,
- The physical requirements of those duties,
- The location of the job,
- The date on which the job will first be available, and
- The date by which the employee is either to return to work or notify the employer of his or her decision to accept or refuse the job offer.

An injured employee must seek employment once they have recovered to such a degree as to be able to perform some sort of work. They are also required to accept suitable work when it is offered. In determining what constitutes

nt physical limitations, whether the work

form such work and other relevant factors.

When OWCP receives a copy of the job offer, the claims examiner will review it and consider the factors listed below in making a preliminary assessment of whether the offered job is suitable:

1. A job, which involves less than four hours of work per day where the claimant is capable of working four or more hours per day, will be considered unsuitable.
2. A job, which represents permanent seasonal employment, will generally be considered unsuitable unless the claimant was a career seasonal or temporary employee when injured.
3. A temporary job will be considered unsuitable unless the claimant was a temporary employee when injured and the temporary
WEC. Even if these conditions are met, a job, which will terminate in less than 90 days, will be considered unsuitable.
4. If medical reports in file document a condition which has arisen since the compensable injury, and this condition disables the claimant from the offered job, the job will be considered unsuitable (even if this subsequently acquired condition is not work-related.)

Once this review has taken place, OWCP will notify the injured employee that the job has been found suitable, it remains open and that compensation will be paid for the difference (if any) between the pay of the offered position and the pay they had at the date of injury. This notification will also inform the employee that they have 30 days from the

date of this letter to either accept the job or provide a written explanation of the reason(s) for refusing it.

If the injured employee submits evidence and/or reasons for refusing the offered position, the claims examiner will review the reasons for refusing the job are valid.

Acceptable reasons for refusal include (but are not limited to):

1. The offered position was withdrawn.
2. The claimant found other work, which fairly and reasonably represents his or her earning capacity (in which case compensation would be adjusted or terminated based on actual earnings).
3. The medical evidence establishes beginning of the reemployment effort and the claimant is now disabled for the job in question.
4. The claimant provides evidence that his or her decision was based on the attending such advice included medical reasoning in support of the opinion.
5. The medical evidence establishes that the claimant is unable to travel to the job because of residuals of the injury. (However, the expenditures of a claimant, who is able to travel but requires special arrangements to do so may be reimbursed as a vocational rehabilitation expense.)³⁰

Reasons which may not be considered acceptable for refusing the offered position include (but are not limited to):

1. in which he or she currently resides;
2. Personal dislike of the position offered or the work hours scheduled, lack of potential for promotion; lack of job security, etc.;
3. Retirement; and
4. Previously issued rating for LWEC based on a constructed position where the claimant is not already working at a job which fairly and reasonably represents his or her WEC.

found justified, the claims examiner will advise the claimant and allow him or her 15 additional days to accept the job.³¹ The notice will state that no further reason for refusal will be considered. If the claimant again refuses to accept the position, OWCP will issue a formal decision terminating compensation.

d justified, the claims examiner will notify both parties (the employee and the agency). The injured employee will continue on temporary total disability while further attempts at accommodation are made.

The following chart further illustrates the pecking order of assignment priorities.

Priority of Choice	Regular Craft	Regular Tour	Regular Facility
1 st	Within	Within	Within
2 nd	Outside	Within	Within
3 rd	Within	Outside	Within
4 th	Outside	Outside	Within
5 th	Within	Within	Outside
6 th	Outside	Within	Outside
7 th	Within	Outside	Outside
8 th	Outside	Outside	Outside

Permanent Rehabilitation

Once a claimant has reached maximum medical improvement or the effects of the injury are considered permanent, the Postal Service will attempt to accommodate the injured employee with a permanent assignment. The procedures listed above for limited duty purposes also cover permanent rehabilitation assignments.

When a current or former employee has partially overcome the injury or disability, he or she has the following rights and benefits upon reassignment or reemployment:

1. **Seniority.** Former employees who are reemployed into bargaining unit positions or current career employees who are reassigned into such positions are credited with seniority in accordance with the collective bargaining agreements covering the position to which they are assigned.
2. **Probationary Period.** Reemployed individuals who have completed their probationary periods, or would have completed their probationary periods but for their compensable injuries, are not required to serve a new probationary period.

3. **Leave Credit.** For purposes of computed leave rate accrual, former employees, who were eligible to accrue leave under 510, are credited upon reemployment with the total time compensation was received from OWCP.
4. **Retirement.** Former employees (not reemployed annuitants) who were covered by the Civil Service Retirement Act, are credited with the time spent on OWCP compensation in computing retirement credit. Annuitants who are reemployed after a period of separation during which they received OWCP benefits in lieu of an annuity receive credit for the separation only after they have qualified for a re-determination of the annuity.
5. **Salary Determination.** The following salary restoration criteria must be met for both reemployment and reassignment actions.
 - a. **Reassignment or Reemployment to the Former Grade or Step in the Same Salary Schedule.** Those individuals who are reemployed into a position with the same grade or step as held at the time of injury or disability receive the current salary for that grade and the step that they would have acquired in there had been no injury or disability.
 - b. **Reassignment or Reemployment to a Higher Grade Step in the Same Salary Schedule.** Those individuals, who are reemployed to a position with a grade higher than that of the position held at the time of injury or disability, are placed in the higher grade, at the current salary for the grade or step that they would have acquired if there had been no injury or disability. If that salary is between steps in the higher grade, their salary is increased to the next higher step.
 - c. **Reassignment or Reemployment to a Lower Grade or Step in the Same Salary Schedule.**
 1. **Salary Below Maximum of Lower Grade.** The individual is placed in any higher step above the current salary for the grade or step that he or she would have acquired if there had been no injury or disability.
 2. **Salary Above Maximum of Lower Grade.** In those cases where the current salary for the grade that the individual would have acquired if there had been no injury or disability exceeds the maximum salary of the lower grade position, he or she is afforded a saved rate at the higher grade or step salary. These saved-rate provisions apply for an indefinite period and are subject to the rules of the salary schedule to which assigned.

- d. Reassignment or Reemployment to a Position in a Different Salary Schedule. When an individual is reemployed or reassigned to a position in a salary schedule that is different from the schedule under which he or she was paid at the time of the injury or disability, he or she is treated under the rules applicable to the salary schedule to which reemployed or reassigned:
 - 1. The individual is reemployed or reassigned at the grade appropriate for the position to which reemployed or reassigned.
 - 2. The individual is placed in any higher step in the new grade that is less than one full step above the current salary for the grade or step that he or she would have acquired if there had been no injury or disability.
 - 3. If reemployment or reassignment is in a nonstep schedule, the individual is placed at a salary plus any salary increases that he or she would have acquired if there had been no injury or disability. Bargaining unit merit salary increases are based on the most recent performance rating prior to the injury or disability.
 - 4. If the current salary for the grade that the individual would have acquired if there had been no injury or disability exceeds the maximum salary of the new grade, he or she is given a saved rate. These saved rate provisions apply for an indefinite period and are subject to the rules of the salary schedule to which assigned.
- e. Reassignment or Reemployment to a Former Position Under Different Salary Schedule. If the position held at the time of injury or disability is no longer under the same salary schedule, the current salary for the former grade or step is determined by the manager of Corporate Personnel Management for Headquarters and Headquarters field unit positions, the area Human Resources manager for area positions, and the district Human Resources manager for other field positions.
 - 1. Step Increases. Upon reemployment or reassignment, the partially recovered and permanently partially disabled individuals are assigned a new waiting period for step or merit increases. The date assigned is based on the effective date for the most recent step, merit or equivalent increase the individual would have acquired if there had been no injury or disability.³²

All reassignment offers must be in compliance with the applicable collective bargaining agreements. Collective bargaining agreement provisions for filling job vacancies must be complied with before an offer of reassignment or reemployment is made to a current or former postal employee on OWCP rolls for more than one year

Vocational Rehabilitation Services

ms (OWCP) emphasizes returning partially disabled workers to suitable employment through vocational rehabilitation efforts and

elated injury will prevent return to the job held when injured, vocational rehabilitation services are provided to assist the claimant in returning to suitable work. The Federal Em for the imposition of certain penalties against workers who refuse vocational rehabilitation services.

OWCP may, in its discretion provide vocational rehabilitation services as authorized by 5 USC 8104. These services include assistance from registered nurses working under the direction of OWCP. Among other things, these nurses visit the work-site, ensure that the duties of the position do not exceed the medical limitations as represented by the weight of the medical evidence, and address any problems the employee may have in adjusting to the work setting. The nurses do not evaluate medical evidence; OWCP claims staff performs this function. These nurses, assigned by OWCP, can not require a physician or an injured employee to allow them into the treatment room during an examination, but they can require the physician to discuss the results of that examination. Participation and cooperation with OWCP nurses is mandatory, but it must be pointed out that participation with USPS nurses is not. If you are contacted by a nurse concerning your injury, make sure that you determine whether he or she works for the Postal Service or OWCP. If they are employed by the Postal Service, it is suggested that you do not participate in this voluntary program.

OWCP will make every reasonable effort to arrange for employment of a partially disabled claimant, taking into consideration not only the effects of the work-related condition and any condition(s) pre-existing the injury, but also any medical condition(s) arising after the compensable injury. Such efforts will be directed initially to the employing agency. Where reemployment with the employing agency is not possible, OWCP will help the claimant secure work with a new employer. OWCP will also sponsor vocational training if needed to furnish the claimant with necessary skills.

The Vocational Rehabilitation Process At a Glance

The following is an overview of the various stages and services in the vocational rehabilitation process:

Initial Interview

Usually the rehabilitation specialist will interview the claimant by telephone to discuss the return to work. This is the first step in the rehabilitation effort.

Placement with the Previous Employer

Generally, following the initial interview, the case will be opened for placement with the previous employer, and a rehabilitation counselor will be assigned. Unlike the registered nurse, who attempts to identify light or limited duty for the claimant, the rehabilitation counselor will work with agency to modify the within the agency, which the claimant can perform. If placement with the previous employer is not possible, the rehabilitation counselor will develop an alternative plan based on vocational testing, which may include medical rehabilitation, training and/or placement services.

Medical Rehabilitation

Services needed to correct, minimize or modify an impairment, caused by injury or disease so that the claimant can return to an adequate level of function and employment are grouped under the term medical rehabilitation. They differ from medical services, which are provided to cure or give relief from the effects of an injury. Medical rehabilitation services include physical, occupational, and speech therapy; orthotics; prosthetics; and psychiatric counseling

Guidance and Counseling

Guidance consists of providing information to claimants about such matters as looking for work; type of occupations; preparing applications and resumes; rehabilitation services and facilities; limitations and potential created by their physical conditions, interests and abilities. Counseling focuses on clarifying alternatives with respect to occupational, financial, social and emotional issues pertaining to the vocational rehabilitation effort.

Vocational Testing and Work Evaluations

The goal of these activities is to evaluate , mental and emotional potential for various kinds of reemployment. Testing must be performed by a qualified professional. Specific requirements must be met for approval of college training, vocational-technical training, self-employment, and placement with a new employer.

Placement with New Employer

After any necessary testing and training has been completed, the rehabilitation counselor

abilities with the physical and mental requirements of jobs with other government agencies or private companies. The rehabilitation counselor will work with the claimant to identify job openings, prepare applications and undergo interviews.

Assisted Reemployment

Disabled federal workers with skills transferable to jobs within the general labor market may prove difficult to place due to economic factors in both the federal and private sectors. Assisted reemployment is a project designed to increase the number of permanently disabled employees who successfully return to the labor force even though they could not be placed with their former employers. This project will allow for three years of partial reimbursement of salaries to employers, other than the original employer, who reemploy disabled FECA beneficiaries. The project allows reimbursement on a quarterly basis up to 75% the first year, up to 50% the second year, and up to 25% the third and final year.

Follow-up Services

The rehabilitation counselor will follow a reemployed claimant for two months to ensure that the placement is viable and to identify any potential barriers to continued employment.

During vocational rehabilitation efforts, the injured employee will be entitled to receive compensation at the rate for total disability as long as they continue to cooperate with the rehabilitation counselor. Failure to cooperate with vocational rehabilitation efforts may result in a loss of benefits or reduction to zero. If the claimant later complies with OWCP direction to undergo vocational rehabilitation after a formal decision has been issued reducing compensation, compensation will be reinstated to the date that the claimant indicated in writing his or her willingness to comply.

Chapter**8**

Appeal Rights

The OWCP claims process is not adversarial in nature. During the life of a claim, decisions may be rendered on various issues. Any determination that sets forth 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 employee may request only one form of appeal at a time.

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 request should be sent to the Branch of Hearings and Review at the address stated in the appeal rights. No special form is needed. If an oral hearing is requested, it will be held within 100 miles of the employee may present written evidence or oral testimony in support of the case. At the discretion of the hearing representative, an oral hearing may be conducted by telephone or teleconference. 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.

The hearing is an informal process, and the hearing representative is not bound by common law or statutory rules of evidence, by technical or formal rules, but the hearing representative may conduct the hearing in such manner as to best ascertain the rights of the claimant. Testimony at oral hearings is recorded, then transcribed and placed in the record. Oral testimony shall be made under oath.

If an oral hearing is requested, OWCP will advise the agency of the date and time. The agency may send one representative (or more, where appropriate) to 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 purposes of an oral hearing, the claimant may request a subpoena, but the decision to grant or deny such a request is within the discretion of the hearing representative. The hearing representative may issue subpoenas for the attendance and testimony of witnesses, and for the production of books, records, correspondence, papers or other relevant documents. Subpoenas are issued for documents only if they are relevant and cannot be obtained by other means and for witnesses only where oral testimony is the best way to ascertain the facts.

To request a subpoena, the claimant must submit the request in writing and send it to the hearing representative within 60 days after the date of the original hearing request. The request must explain why the testimony or evidence is directly relevant to the issues at hand, and a subpoena is the best method or opportunity to obtain such evidence because there are no other means by which the documents or testimony could have been obtained.

If a review of the written record is chosen by the employee, the hearing representative will review the official record and any additional information submitted by the claimant and by the agency. The hearing representative may also conduct whatever investigation deemed necessary.

When requesting a review of the written record, the employee should submit all evidence and argument that he or she wants to present to the hearing representative. A copy of all pertinent material will be sent to the employer, which will have 20 days from the date it is sent to comment. (Medical evidence comment by the agency, and it will therefore not be furnished to the agency. OWCP has the sole responsibility for evaluating medical evidence.)

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.

The hearing remains open for the submittal of additional evidence until 30 days after the hearing is held, unless the hearing representative, in his or her sole discretion, grants an extension. Only one such extension may be granted. A copy of the decision will be to any representative, and to the employer.

This decision will include a description

Reconsideration

An employee may ask OWCP to reconsider a formal decision made by the District Office. The request should be addressed to the district office. There is no special form required, but the request should clearly state the grounds on which it is based. The application for reconsideration, including all supporting documents must:

- Be submitted in writing;
- Set forth arguments and contain evidence that either shows that OWCP erroneously applied or interpreted a specific point of law;
- Advances a relevant legal argument not previously considered by OWCP; or
- Constitutes relevant and pertinent new evidence not previously considered by OWCP.

A reconsideration request must be submitted within one year of the date that the contested formal decision was issued.

OWCP will consider an untimely application for reconsideration only if the application demonstrates clear evidence of error on the part of OWCP in its most recent merit decision. The application must establish, on its fact, that such decision was erroneous.

When an application for reconsideration is granted, OWCP will review the decision for which reconsideration is sought on the merits and determine whether the new evidence or argument requires modification of the prior decision. A claims examiner who did not participate in making the contested decision will conduct the merit review of the claim. Following reconsideration, OWCP will issue a new formal decision, which includes a decision. An employee dissatisfied with this new merit decision may again request reconsideration Appeals Board (ECAB). An employee may not request a hearing on this decision.

An employee may request review by the ECAB, which is the highest authority in Federal employment. An employee could file for such review directly with the ECAB at the address shown in the formal decision. The review is based solely upon the case record at the time of the formal decision; new evidence is not considered. The application for review by the ECAB must be submitted within 90 days of the date of the decision.

The ECAB was created under Reorganization Plan No. 2 of 1946, effective July 16, 1946. The Board is a three member quasi-judicial body, which has been delegated exclusive jurisdiction by Congress to hear and make final decisions on appeals of Federal employees from final decisions of OWCP in claims arising under the FECA. The Board is independent of OWCP and its jurisdiction is strictly appellate and extends to questions of fact and law and the exercise of discretion by OWCP and must be accepted and acted upon. The Board does not have authority to

authorize requests for medical treatment or other matters relating to the claim during the processing of the appeal.

An attorney, union representative, or other individual may represent an employee. The employee must submit a signed statement authorizing his or her representation ([AB-1 Form](#)). The payment of any fees for legal services must be authorized by the Board and are solely the responsibility of the employee.

When an appeal is docketed, a docket number will be assigned to the appeal and a copy of the application is served upon the Director of OWCP, who is permitted time within which to forward the case record to the Board and a pleading, which is usually a memorandum in justification of the OWCP decision. The Board will mail a copy of the decision to the employee, allowing adequate time to file a reply, or to request oral argument if desired.

Once an appeal is docketed with ECAB, the review of the case is limited to that evidence which was in the case record at the time OWCP issued its decision. Additional evidence may not be submitted for consideration by the Board. If you have new evidence you wish to submit, you should select one of the other appeal options.

Oral argument may be requested before the Board and is held only in Washington, DC. The Board does not pay for travel or incidental expenses related to attending oral argument. The scheduling of the date for oral argument can be expected to add to the time in which the appeal is processed. If oral argument is not requested, the appeal will be considered by the Board based on the case record as submitted by the office. The Board will issue a written decision or order in every appeal, which sets forth the relevant facts of the case, the applicable law, and the reasoning upon which the Board based its action. A copy of the Board final decision will be sent to you and any duly authorized representative.

If you are not satisfied with the decision of the Board, a petition for reconsideration may be filed within 30 days from the date of the decision. The petition must set forth the error of fact or law that you believe the Board made; not just that you disagree with the decision. A decision of the Board is final as to the subject matter appealed and is not subject to court review. After a decision of the Board becomes final (after 30 days), any further request to reopen the claim must be submitted to the district office of OWCP in the form of a reconsideration request.

Appendix**A**

9. Appendix

This appendix is a collection of links to essential OWCP materials—the OWCP law and regulations, OWCP and NALC forms, OWCP pamphlets, USPS manuals pertinent to OWCP matters, and relevant NALC national-level settlements and national arbitration decisions.

The Law, Manuals and Forms

The FECA Law and Regulations

- [tion Act](#)
- [Code of Federal Regulations](#)

USPS Manuals

- [ELM Section 540](#)
- [EL-505 Injury Compensation](#)

OWCP Pamphlets

- [CA-810 Injury Compensation for Federal Employees](#)
- [CA-550 FECA Questions and Answers](#)

NALC Forms

- [NALC Representation Authorization](#)

OWCP Forms

- [CA-1 Notice of Traumatic Injury and Claim for Continuation of Pay / Compensation](#)
 - [CA-2 Notification of Occupational Disease](#)
 - [CA-2a Notice of Recurrence](#)
 - [CA-5 Claim for Compensation by Widow, Widower, and/or Children](#)
 - [CA-7 Claim for Compensation](#)
 - [CA-7a Time Analysis Form](#)
 - [CA-7b Leave Buy Back](#)
 - [CA-17 Duty Status Report](#)
 - [CA-915 Claimant Medical Reimbursement](#)
 - [AB-1 Application for Review Form](#)
 - [HCFA-1500 Universal Medical Billing](#)
 - [UB-92 Universal Hospital Billing Form](#)
-

Relevant Step 4 (National-Level) Settlements

- | | |
|---|---|
| <ul style="list-style-type: none"> ▪ Accident Interview ▪ Administrative Leave for Third Party ▪ Assignment of Limited Duty ▪ Cross Craft Assignments ▪ Day to Day Scheduling ▪ Duties within Restrictions ▪ Failure to Report an Accident ▪ First Aid Injuries ▪ Fitness for Duty ▪ Fitness for Duty 2 ▪ Forms Availability ▪ Grieving Limited Duty ▪ Grieving Limited Duty 2 ▪ Light vs. Limited Duty ▪ Limited Duty Availability ▪ Locally Developed Forms ▪ Locally Developed Forms 2 ▪ Locally Developed Forms 3 ▪ Mandatory Submission of Forms ▪ Medical Treatment During Work Hours ▪ MOU on Bidding | <ul style="list-style-type: none"> ▪ Overtime for Limited Duty ▪ PS Form 2488 ▪ PS Form 3971 and COP ▪ PTF Assignment MOU ▪ Reassignment Consistent with Collective Bargaining ▪ Reassignment to Another Craft ▪ Removal from Bid Assignment ▪ Removal on Limited Duty ▪ Safety Rule Violations ▪ Safety Rule Violations 2 ▪ Safety Rule Violations 3 ▪ Schedule Change on Limited Duty ▪ Supervisor Going to Doctor ▪ Supervisor Going to Doctor 2 ▪ Supervisor Going to Doctor 3 ▪ Telephone Contact with Physicians ▪ Telephone Contact w Physicians 2 ▪ Third Party ▪ USPS Role at Hearings ▪ Written Job Offers |
|---|---|
-

Relevant Arbitration Decisions

- | | |
|--|---|
| <ul style="list-style-type: none"> ▪ Advance Union Notice of Reassignment ▪ Bid Assignment Disqualification ▪ Changing Medical Appointments ▪ Cross Craft Vacancy Posting ▪ Current Employee Cross Craft Assignment ▪ Former Employee Reassignment | <ul style="list-style-type: none"> ▪ Former Employee Salary Level ▪ Involuntary Craft Transfer ▪ Non Occupational Return to Duty ▪ Out of Schedule Limited Duty ▪ Right to Choose Physician ▪ Rural Carrier to Clerk Reassignment |
|--|---|
-

Notes**N**

End Notes and References

Click to view reference materials.

¹ 5 U.S.C. 8101 et seq.

² 5 U.S.C. 8116(c).

³ 5 U.S.C. 8101(2)

⁴ 5 U.S.C. 8110

⁵

that the employer shall complete and give the receipt to the employee along with copies of both sides of Form CA-1 or CA-2.

⁶ 20 CFR Part 10.5(dd.)

⁷ See the Leave Buy Back section of this manual for more information concerning the use of leave for an on-the-job injury.

⁸ 20 CFR Part 10.5(x-y)

⁹ 39 USC 3543

¹⁰ 5 USC 8114

¹¹

¹² 5 USC 8118

¹³

¹⁴ ELM Chapter 545.75

¹⁵ CFR 10.5(ee)

¹⁶ 20 CFR §10.216

¹⁷ 20 CFR § 10.220 and ELM Chapter 545.732

¹⁸ 20 CFR §10.222 and ELM Chapter 545.741

¹⁹ 20 CFR §10.425

²⁰ ELM §512.923

²¹ 5 USC 8146a

²² 5 USC 8116

²³ Viola Davidson, 4 ECAB 263

²⁴ Step 4 settlement Q98N-4Q-
C00116558, September 13, 2000 (M-
01430)

²⁵ 20 CFR 10.813

²⁶ ELM Chapter 546.6

²⁷ ELM 546.142

²⁸ 20 CFR §10.506

²⁹ 20 CFR §10.506

³⁰ FECA Procedure Manual Part 2 Chapter
2-814

³¹ Maggie L. Moore, 42 ECAB 484

³² ELM 546.143

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

OWCP Form 3

**Injured Worker's Rehabilitation
Status Report**

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



1. Injured Worker's Name (First, Middle, Last)	2. Date of Injury	3. Carrier's No. (LHWCA)	4. OWCP No.
--	-------------------	--------------------------	-------------

5. Check the injured worker's status and status dates. Check special information when required by the status, for closures and as appropriate. Justify each status change or extension in the comments section.

STATUS		SPECIAL INFORMATION
	From _____ To _____	
REFERRAL	<input type="checkbox"/> Early (Check a) <input type="checkbox"/> Other (Check a) <input type="checkbox"/> Initial Interview Held By OWCP Rehabilitation Specialist (Check d)	<input type="checkbox"/> a. Date compensation file screened _____ <input type="checkbox"/> b. Date OWCP-6 or 13 sent _____ <input type="checkbox"/> c. Date OWCP-10 or 11 sent _____ <input type="checkbox"/> d. Date of initial interview by RS _____ <input type="checkbox"/> e. Other (See Comments)
ACTIVE	<input type="checkbox"/> Plan Development (Check a or b and c) <input type="checkbox"/> Medical Rehabilitation <input type="checkbox"/> Training (Check d, e, or f) <input type="checkbox"/> Self-Employment <input type="checkbox"/> Placement-New Employer <input type="checkbox"/> Placement-Previous Employer <input type="checkbox"/> Employed (Check g) <input type="checkbox"/> Service Interrupted <input type="checkbox"/> Post-Employment Service	<input type="checkbox"/> a. Testing required (<input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> b. Testing waived (See Comments) <input type="checkbox"/> c. Work evaluation required (<input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> d. Pre-vocational training <input type="checkbox"/> e. Vocational training <input type="checkbox"/> f. On-the-job training <input type="checkbox"/> g. Date employed _____ (See Comments) <input type="checkbox"/> h. Reopened (See Comments) <input type="checkbox"/> i. Other (See Comments)
CLOSED	<input type="checkbox"/> Closure Date <input type="checkbox"/> Referral (Indicate Reason Code) <input type="checkbox"/> Closed Rehabilitated - New Employer <input type="checkbox"/> Returned to Work - Referral Screening <input type="checkbox"/> Closed Rehabilitated - Previous Employer <input type="checkbox"/> Closed Other (Indicate Reason Code) <input type="checkbox"/> Closed with Post Employment Services <input type="checkbox"/> Returned to Work - Without OWCP Assistance <input type="checkbox"/> Returned to Work - With Claims Examiner Assistance <input type="checkbox"/> Returned to Work - Assisted Reemployment Program <input type="checkbox"/> Returned to Work - Nurse Intervention Program	<input type="checkbox"/> a. Compensation Terminated <input type="checkbox"/> b. Refused Services <input type="checkbox"/> c. Not Able to Work <input type="checkbox"/> d. Retired <input type="checkbox"/> e. Settled Case <input type="checkbox"/> f. Transferred to Another District Office <input type="checkbox"/> g. Other <input type="checkbox"/> h. Not Able to Work - Nurse Intervention <input type="checkbox"/> i. Not Able to Work - Assisted Reemployment Program <input type="checkbox"/> j. Suitable Job Selected - Not Placed

6. Vocational Rehabilitation Counselor (Complete item 6a when referring to a new VRC)

a. Name	b. Professional hours approved for the status (See item 5)
---------	--

c. The VRC's proposed status is ☐ Accepted ☐ Modified ☐ Rejected (See Comments) ☐ Extended to _____

7. Comments:

8. OWCP Rehabilitation Specialist	9. Telephone No.	10. Date
-----------------------------------	------------------	----------

Copy Distribution: **WHITE** - Carrier/Employer
CANARY - Comp. File

GOLDENDROD - Worker/Attorney
GREEN - VR Counselor

PINK - Dist. R-File

Form OWCP-3
Rev. Mar. 1991

*U.S.GPO:1991-0-282-125/42349

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

OWCP Form 5a

Work Capacity Evaluation Psychiatric/Psychological Conditions

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



Injured worker's name (First, middle, last)	OWCP No.	OMB No: 1215-0103 Expires: 09-30-96
---	----------	--

Dear Doctor _____ :

Please answer the questions below concerning your patient (named above) for whom the Office of Workers' Compensation Programs (OWCP) has accepted the following conditions: _____

Our Office administers the Federal Employees' Compensation Act (FECA) and the Longshore and Harbor Workers' Compensation Act (LHWCA), which provide workers' compensation payments and medical benefits to employees injured during the performance of duty. The rehabilitation and the return to work of the injured worker are major objectives of our Office. Your assessment will enable OWCP to identify the patient's level of function. We will then attempt to match his or her functional capacity to existing jobs or to recommend the modification of an existing position if necessary. Should you like to discuss these questions or related aspects of the case with OWCP staff please contact _____ on _____.

Thank you for your interest in this case.

In completing this form, you should first consider only those diseases which the Office has accepted as related to employment, as noted above.

Conditions which are not accepted by our Office, but which, in your opinion, affect the functional capacity of the patient can be mentioned in Item 14. If necessary, additional narration can be appended to this questionnaire.

If both a work-related and a non-industrial condition affect the ability to perform a task, so specify in Items 1-12.

In addition, when completing Items 1-12, you should answer affirmatively if the patient can perform the function PARTIALLY, using the space provided to delineate any limits and/or needed accommodations. Only if the patient is not able to perform the function at all should the question be answered in the negative.

QUESTIONS:

Can This Person:	Answer:	Comments:
1. Work in his or her usual workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Communicate clearly with others by telephone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Communicate clearly with others face to face?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Participate actively in group/team activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Cooperate with co-workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Respond appropriately to persons in authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Interact in a public situation, such as in a hotel or cashier position?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Organize work and complete tasks without supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Organize work and complete tasks with supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Maintain concentration and pace at acceptable levels?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Perform high volume work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Adapt to stressful work situations, e.g. meetings, deadlines, shifting priorities, changes in routine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SEE REVERSE

Form OWCP-5a
Rev. Sept. 1993

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

OWCP Form 5a (continued)

13. If the patient is receiving medication(s) for his or her psychiatric condition, are side effects likely? If so, what are the expected signs and symptoms and how will they impact on the patient's ability to work? _____

14. Please provide any additional psychiatric/psychologic information in this case which may be important for the rehabilitation effort. _____

15. What is the date of maximum medical improvement? _____

16. Physician's Name (print or type) _____

17. Signature

18. Date

--	--

Public Burden Statement

We estimate that it will take an average of 40 minutes per response to complete this information collection, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of IRM Policy, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0103), Washington, D.C. 20503.

DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

OWCP Form 5b

Work Capacity Evaluation
Cardiovascular/Pulmonary Conditions

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



Injured worker's name (First, middle, last)

OWCP No.

OMB No: 1215-0103
Expires: 09-30-96

Dear Doctor _____ :

Please answer the questions below concerning your patient (named above) for whom the Office of Workers' Compensation Programs (OWCP) has accepted the following conditions: _____

Our Office administers the Federal Employees' Compensation Act (FECA) and the Longshore and Harbor Workers' Compensation Act (LHWCA), which provide workers' compensation payments and medical benefits to employees injured during the performance of duty. The rehabilitation and the return to work of the injured worker are major objectives of our Office. Your assessment will enable OWCP to identify the patient's level of function. We will then attempt to match his or her functional capacity to existing jobs or to recommend the modification of an existing position if necessary. Should you like to discuss these questions or related aspects of the case with OWCP staff please contact _____ on _____.
Thank you for your interest in this case.

In completing this form, you should first consider only those diseases which the Office has accepted as related to employment, as noted above.

Conditions which are not accepted by our Office, but which, in your opinion, affect the functional capacity of the patient can be mentioned in Item 5. If necessary, additional narration can be appended to this questionnaire.

If both a work-related and a non-industrial condition affect the ability to perform a task, so specify in Items 1-5.

In addition, when completing Items 1-5, you should answer affirmatively if the patient can perform the function PARTIALLY, using the space provided to delineate any limits and/or needed accommodations. Only if the patient is not able to perform the function at all should the question be answered in the negative.

The results of clinical tests and/or protocols can be used in this assessment; however, please relate the test results to the physical activities mentioned in the questionnaire. Similarly, if a functional classification is used in the narration, the functional class assigned to the patient must be fully described.

QUESTIONS:

1. Are there limitations in this person's capacity to engage in activities involving strenuous physical exertion such as climbing two or more flights of stairs, running, lifting, carrying heavy weights, etc.? Yes ☐ No ☐

If so, please detail limitations including specific data such as number of pounds, flights of stairs, etc.: _____

SEE REVERSE

Form OWCP-5b
Rev. Sept. 1993

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

OWCP Form 5b (continued)

2. Are there limitations in the patient's ability to perform common physical activities which do not require heavy physical exertion, such as bending, kneeling, squatting, and standing? Yes ☐ No ☐

If so, please detail limitations:

3. Has the work injury/condition caused anatomical and/or functional changes in the cardiovascular or respiratory systems that preclude exposure to:

a. temperature extremes Yes ☐ No ☐

a. gases/fumes Yes ☐ No ☐

b. airborne particles (dust, etc.) Yes ☐ No ☐

d. electromagnetic pulses (scanners, radio waves, etc.) Yes ☐ No ☐

4. Can this person work in stressful situations, e.g. high volume work, meeting deadlines, shifting priorities?

Yes ☐ No ☐

Please explain.

5. Are there any other medical factors which need to be considered in the identification of a position for this person? Please explain and specify whether these factors are related to the work injury or not.

6. What is the date of maximum medical improvement?

7. Physician's Name (print or type)

8. Signature

9. Date

Public Burden Statement

We estimate that it will take an average of 20 minutes per response to complete this information collection, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of IRM Policy, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0103), Washington, D.C. 20503.

DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

OWCP Form 5c

**Work Capacity Evaluation
Musculoskeletal Conditions**

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



Injured worker's name (First, middle, last)	OWCP No.	OMB No: 1215-0103 Expires: 09-30-96
---	----------	--

Dear Doctor _____:

Please answer the questions below concerning your patient (named above) for whom the Office of Workers' Compensation Programs (OWCP) has accepted the following conditions: _____

This Office administers the Federal Employees' Compensation Act (FECA) and the Longshore and Harbor Workers' Compensation Act (LHWCA), which provide workers' compensation payments and medical benefits to employees injured during the performance of duty. The rehabilitation and the return to work of the injured worker are major objectives of our Office. Your assessment will enable OWCP to identify the patient's level of function. We will then attempt to match his or her functional capacity to existing jobs or to recommend the modification of an existing position if necessary. Should you like to discuss these questions or related aspects of the case with OWCP staff please contact _____ on _____.
Thank you for your interest in this case.

In completing this form, you should first consider only those diseases which the Office has accepted as related to employment, as noted above.

Conditions which are not accepted by our Office, but which, in your opinion, affect the functional capacity of the patient can be mentioned in Item 8. If necessary, additional narration can be appended to this questionnaire.

If both a work-related and a non-industrial condition affect the ability to perform a task, so specify in Items 1-8.

In addition, when completing Items 1-8, you should answer affirmatively if the patient can perform the function PARTIALLY, using the space provided to delineate any limits and/or needed accommodations. Only if the patient is not able to perform the function at all should the question be answered in the negative.

QUESTIONS:

1. This patient should limit the following activities:

(e.g., kneeling, standing, bending, twisting, reaching, lifting)

2. For those activities which should be limited, indicate applicable restrictions:

(e.g., weight, times per hour, hours per day, minutes per hour)

3. With the above limitations observed, patient may work _____ hours per day.

Form OWCP-5c
Rev. Sept. 1993

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

OWCP Form 5c (continued)

4. Are there limitations in the fine motor movements of the upper extremities? Yes ☐ No ☐
If so, please describe: _____

5. Can this patient perform repetitive motions of the wrist? Yes ☐ No ☐
of the elbow? Yes ☐ No ☐

If a limitation is present, please provide the total number of hours per day the motion can be performed and the length of time the activity can be performed before a break is needed. Indicate whether the restrictions apply to the one side only or whether they are bilateral.

6. Which of the above-described limitations are due to the employment injury?

Does the patient have any limitations due to pre-existing or non-work-related conditions? If so, please explain.

7. How long do you anticipate these restrictions will apply? _____

8. Are there any other medical factors which need to be considered in the identification of a position for this person?
If so, please explain and specify whether or not these factors are related to the work injury.

9. Please provide the date that maximum medical improvement from the work injury was or will be reached.

10. Physician's Name (print or type)

11. Signature

12. Date

Public Burden Statement

We estimate that it will take an average of 20 minutes per response to complete this information collection, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of IRM Policy, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0103), Washington, D.C. 20503.

DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

OWCP Form 9 Rehabilitation Case Record

I N J U R E D W O R K E R	US DEPARTMENT OF LABOR Employment Standards Admin Office of Workers' Compensation		REHABILITATION CASE RECORD OWCP-9 F E C A		1. OWCP No	
					2. Date of Injury: / /	
	3. Name (First, middle initial, last)				4. Date 1st Wagesloss: / /	
	5. Address (Number, street, city, state, zip)				6. Ref'd By/Date:	
	7. Phone: - -		8. DOB: / /	9. Age:	10. Sex:	
	11. Military Service Yrs: -		Vet Pref:	Type Dischg:		
	12. Marital Status:		13. Children's Ages:			
	14. Spouse Working?		15. Ed Level:	16. SSN: - -		
	DOCTORS		17. Name:		19. Phone:	
	ATTENDING PHYSICIAN		18. Addr:		- -	
WRK RESTR SOURCE	20. Name:		21. Phone:			
	22. Date: / /		- -			
WORKER'S REP	23. OK to contact?					
	24. Name:		26. Phone:			
		25. Addr:		- -		
BACK- GROUND	27. Comp Rate at referral or 1st interview \$		each 4 wks			
	28. Employer of record:					
	29. Job at time of Injury:					
	30. Salary: \$ per yr		Industry: N/A			
M E D I C A L	31. Diagnosis:					
	32. Specific treatment being rendered:					
	33. Unrelated disability(ies):					
	34. Medical Comments:					
O W C	35. Referral Comments:					
P	36. OWCP Rehabilitation Specialist:		37. Date Opened:			
			38. Open Status:			

OWCP Form CA-1 Instructions

Federal Employees' Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

Summary

Purpose

Official notice to the employee's supervisor and to the OWCP that a traumatic injury has been sustained (or it is alleged to have been sustained).

General Procedures and Preparation Responsibilities

- a. The employee, or the employee's representative, desiring to report an injury or claim benefits under the FECA, is provided a CA-1 by his or her supervisor.
- b. The employee or the representative completes items 1–15 and submits the form to his or her supervisor.

Note: When emergency medical care is required, the form may be completed after medical care has been provided.

- c. The supervisor, after reviewing the employee's portion of the form for accuracy and completeness, completes and returns the attached receipt to the employee. At this time, the supervisor should advise the employee if the claim will be controverted; if there is doubt, the employee should be advised that a decision to controvert will be made after an investigation is made.
- d. The supervisor completes the supervisor's portion of the form. The control office or point completes items 23–26.
- e. The supervisor prepares Form 1769, *Accident Report*.
- f. The supervisor submits the completed form and witness statement(s), if available, and a copy of the Form 1769, to either the control office or the control point.

Timeliness

The employee is required to submit the claim within 2 working days following the injury. Statutory time requirements are met if filed within 3 years. To be eligible for COP, the claim must be filed within 30 calendar days following the day of injury. OWCP requires that the completed CA-1 be submitted to the office within 10 working days following receipt of the claim from the employee.

Instructions

Providing the Form

When an employee desires to report a traumatic injury, and the description of how the injury took place fits an on-the-job traumatic injury, the CA-1 will be provided to the employee for his or her completion. When the employee is not physically or mentally capable of completing the form, the employee's representative completes it. A supervisor may complete the form for the employee only if it is absolutely necessary.

When the CA-1 is issued, the supervisor should provide instructions as to what is required. Basically, the employee should be advised that Items 1–15 *must* be completed with detailed entries. The employee *must* be advised that either block *a* or block *b* of Item 15 must be selected — even if no immediate disability is indicated. The employee must also be advised of the right to elect either continuation of pay or sick or annual leave in the event that disability is realized as follows:

- a. An injured employee may have the option to elect sick or annual leave for the period of disability. Pay that is attributable to the period of such leave is subject to taxes and all other usual payroll deductions. Leave is limited to the amount that has been earned. An employee who elects to take sick or annual leave during the 45-day period in which continuation of pay is available, is not entitled to buy back that leave with compensation payments he or she later receives. However, if an employee elects to use sick or annual leave during a period of disability and later decides that the use of COP is desired, COP will be paid retroactively, if requested within 1 year.
- b. An injured employee may have the option to elect continuation of pay for the first 45 calendar days of disability. Such pay is subject to taxes and all other appropriate payroll deductions.

When the completed CA-1 is submitted to the supervisor by the employee, or by the employee's representative, the supervisor must review the form for accuracy, detail, and completeness. Corrections should be made by the employee or representative, if necessary. All changes should be initialed by the employee or representative.

Note: The date in Item 11 must be the date the completed CA-1 was submitted to the supervisor or another responsible USPS management representative.

The *Receipt of Notice of Injury* is required to be presented to the employee or the representative at the time the form is submitted to management. Such receipt is the evidence an employee needs to prove not only that a claim was submitted in the event that the original documents are lost, but also to show the timeliness of the claim's submission.

When the receipt is completed, it is to be completed in its entirety. At this time the employee or the representative should be advised that the receipt should be retained in a safe place to ensure that it is available in the future.

Filing and Distribution

- a. If the claim is not reported to the OWCP:
 - (1) File the original of CA-1 in the employee's OMF; use a sealed envelope if no OMF is available.
 - (2) Place a copy in the IC claim file notated "Original in OMF."
 - (3) Send a copy to the safety office, after deleting any sensitive medical information.
- b. If the claim is reported to the OWCP:
 - (1) Forward an original copy of CA-1 to the district OWCP by either a USPS injury compensation control office or the office or installation designated to correspond with the OWCP.
 - (2) Send a copy to the IC claim file.
 - (3) Send a copy to the safety office.

First Aid Injuries

When either the initial medical visit or one-time follow-up medical care is provided to confirm full recovery following the day of injury during the employee's regularly scheduled workhours, the claim must be reported to the OWCP. This applies to medical care provided either on or off postal premises and includes treatment by both postal medical units and contract physicians. First aid injuries will be discussed in greater detail later on in this course.

Note: If the CA-1 is complete and other materials, such as medical reports and witness statements are not available, or if a controversion package is contemplated, the CA-1 should be dispatched to the OWCP with Item 38 annotated accordingly, or with a cover letter explaining the situation.

Employee's Portion of the Form, Items 1–15

Item 1 through 15 will be completed by either the injured employee or by his or her representative.

Exceptions: The shaded blocks, a, b, and c will be completed by either the IC Control Office or control point.

The following instructions should be followed when completing the employee's portion of the form; Items not listed are self-explanatory.

Item Explanation

- 6. Insert appropriate designation, i.e., PS/10; EAS/16/8, etc.
- 8. If "Other" in Item 8 is checked, have employee submit related information, e.g., identity and relationship. If no dependents, enter "None."

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Check appropriate box(es). If *other* is checked, have employee submit related information on an attachment; e.g., identify children aged 18 through 22 who are either full-time students or who are unable to care for themselves, identify dependent parents, brothers, sister, grandparents or grandchildren. Please note that married children cannot be claimed as dependents even when residing with the parent. Also, if child support is paid for children living elsewhere due to a divorce or separation, a copy of the court order is to be attached.

9. *Exact* location where injury occurred. If off postal premises, identify the street address, location on property or street, etc. If on postal premises, identify the building and/or room, location, work area, column, grid, parking lot location, stairwell, etc.
10. Month, day, year *and* time of injury. If injury developed over a period of time during a single tour, enter the time period.
11. Date of notice is the day on which the claim form is submitted.
12. The title requested is the formal title of the employee's position within the Postal Service. This Item will be used to identify the code to be inserted into shaded block *a*. Claimant's title and either FTR, PTF, PTR, Casual, TE, EAS, PCES, or other category.
13. Description of *how* and *why* the injury was sustained. If the space is insufficient, use continuation sheet.
14. Identification of the part of the body injured and type of injury such as a bruised right heel, strained lower back, etc. It is important that the employee identify all parts of the body injured to preclude later misinterpretation.
15. The claimant must check either block *a* or *b* even if there is no expected time loss. Prior to making a selection, the claimant must be advised of the COP benefit versus taking personal leave. This selection must be an informed selection. Check for signature and understanding of penalty statement.
16. Witness names and statements are obtained by the supervisor. If only one witness, have him or her complete; if insufficient space, use an attachment. If multiple witnesses, list names in Item 16 with notation to see attachments. If no witnesses, have claimant enter such and initial.

Note: Supervisor should obtain witness statement ASAP.

Official Supervisor's Portion of the Form, Items 17–38

Items 17 through 38 will be completed by the immediate supervisor of the injured employee or by the Injury Compensation Control Office or Control Point.

Item Explanation

17. Per instructions on the form and the USPS policy, this is the identification and address of the *control office authorized* to communicate with the district

OWCP. This is the office authorized to receive correspondence from the OWCP. *This is not always the installation in which the injured employee is employed.* See Item 18.

Note: The OSHA Site Code block is not required at this time.

18. Enter the name and full address of the installation in which the injured employee is employed. This could be an associate office, a branch, a station, a repair facility, a VMF, etc.
19.
 - a. If claimant has fixed duty hours, enter start and end times.
 - b. If claimant has variable or flexible hours, enter "Variable" following "Regular Work Hours."
20.
 - a. If the claimant has a fixed workday schedule, check the scheduled workdays.
 - b. If claimant has a rotating (carrier), or flexible schedule or a variable workday schedule, enter either "Variable" or "Rotating" and enter "Week of Injury" then check the days worked during the week of injury.
21. Enter the date of injury. If this item does not agree with item 10, enter reason in item 34 or on an attachment.
22. This is the date that the claim form was received either by the immediate supervisor *or by a management representative*. This item is significant to determine eligibility for COP, e.g., was the claim form submitted within 30 days after the injury.

In the event that the supervisor submits the CA-1 to the control office or point on the day of the injury before medical reports are received to determine the duty status of the claimant, Items 23–26 should be completed by the control office.
23. This item refers to the first tour of duty or date on which the injured employee either did not report to work, or stopped work, following the day of injury, due to disability caused by the traumatic injury:
 - a. Enter "Did Not Stop" if employee continued on duty.
 - b. Enter "Did Not Stop" if employee missed work only to obtain medical care or therapy — no disability certified.

The time entry will be either the start time of the first tour of duty missed, *following the day of injury*, or the actual time the employee departed the work area or installation, *following the day of injury, due to disability, not just for medical care or therapy*.
24. Enter a date only if the claimant enters a leave without pay (LWOP) status following the day of injury.
25.
 - a. If there is neither no period of certified disability for which COP is paid, nor absences from scheduled duty hours for medical care or therapy for which COP is paid, enter "NA."

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

- b. If disability is certified immediately following the injury, the 45-day period of COP can be either: (1) the day following the day of injury even if it is an unscheduled day or a holiday (all holidays that fall within a period of COP will be counted as a day of COP, but holiday pay will be given), or (2) if the injury was realized during an overtime preceding the scheduled tour of duty, and if certification of disability verified that the employee could not report to the next scheduled tour, then the date could be the day of injury.
 - c. If the CA-1 was submitted more than 30 days after the day of injury, enter "Not Eligible."
26. If the employee did not stop work (i.e., no disability), enter "Did Not Stop Work." Remember that this item must agree with Item 23. If disability has been realized, and the employee has not returned to duty before submission of the CA-1 to the OWCP, enter "Has Not Returned."
27. Was the claimant on the clock, on the assigned route, involved in horseplay, etc. If the supervisor cannot make a definite judgment, enter "Undetermined."
28. If it is possible to definitively answer this Item either Yes or No, do so. However, if there is any possibility that a Yes answer could not be supported upon investigation, enter "Undetermined."
- 29-30. a. If there is clear evidence that a third party was not responsible for the injury, check "No."
- b. If there is clear evidence that a third party was responsible for the injury, check "Yes." Identify the third party and have employee complete a Form 2562, *Notice of Potential Third Party Claim*. Assist the employee if necessary.
 - c. If it is unclear if a third party was responsible, enter "Undetermined." A third party is an individual or organization (other than the injured employee or the federal government) who is liable for the illness or disease.
31. This Item is to be completed with information related to the first physician who first provided medical care to the injured employee.
- Note:** If initial care was given by a nurse or other health professional (not a physician), indicate this on a separate attachment. The attachment should include at least the name, position, date of treatment, diagnosis, and address of the health professional. Note that a physician's assistant is not a physician under the Act. Reports from physician's assistant may be accepted only if countersigned by a physician.
- If initial treatment was provided by a health unit nurse or contract physician enter word "Agency."
32. This is the date of the first visit to the physician listed in Item 31.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

33. Refer to either a CA-17, acceptable medical reports, or other reliable sources, i.e., conversation with the treating physician, or personal knowledge relative to the seriousness of the injury.
34. a. If information is available (first hand, not hearsay) that contradicts the claimant's information, check the *No* block and submit the documentation either in Item 34 or on an attachment. Indicate whether attachment is provided.
- b. If a determination cannot be made pending the completion of an investigation, enter "Decision Pending Investigation."
- c. If there is no contradictory information, check the *Yes* block.
35. If there is clear evidence that either the total claim or COP should be controverted, state the reason of the controversion in detail in the space provided. Advise the employee of your intent to controvert and the justification of the controversion action.
36. Enter claimant's annual or hourly base pay rate. If normal schedule includes night time differential or Sunday premium, such compensation should be included. Leave blank if Item 23 is blank or insert "Did Not Stop."
37. Supervisors should be aware of the penalty warning contained in this Item and enter commercial telephone number.
- a. Printed name and signature of the supervisor completing this form.
- Note:** The supervisor completing the form should be the claimant's immediate supervisor, on the day of injury or on the day notice is given. Enter date form was completed.
- b. Title and commercial phone number of supervisor completing the form.
38. Check appropriate box. If uncertain, control office will enter.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Federal Employee's Notice of
Traumatic Injury and Claim for
Continuation of Pay/Compensation

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



Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.

Witness: Complete bottom section 16.

Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data

1. Name of employee (Last, First, Middle)				2. Social Security Number	
3. Date of birth Mo. Day Yr. 	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Home telephone ()	6. Grade as of date of injury Level Step		
7. Employee's home mailing address (Include city, state, and ZIP code)				8. Dependents <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other	

Description of Injury

9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)

10. Date injury occurred Mo. Day Yr. 	Time : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	11. Date of this notice Mo. Day Yr. 	12. Employee's occupation
13. Cause of injury (Describe what happened and why)			

14. Nature of injury (Identify both the injury and the part of body, e.g., fracture of left leg)	a. Occupation code	
	b. Type code	c. Source code
	OWCP Use - NOI Code	

Employee Signature

15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:

- ☐ a. Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.
- ☐ b. Sick and/or Annual Leave

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Signature of employee or person acting on his/her behalf

Date

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Have your supervisor complete the receipt attached to this form and return it to you for your records.

Witness Statement

16. Statement of witness (Describe what you saw, heard, or know about this injury)

Name of witness	Signature of witness	Date signed
Address	City	State ZIP Code

Form CA-1
Rev. Sept. 1993

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Official Supervisor's Report: Please complete information requested below:

Supervisor's Report			
17. Agency name and address of reporting office (Include city, state, and ZIP code)			OWCP Agency Code
			OSHA Site Code
			ZIP Code
18. Employee's duty station (Street address and ZIP code)			ZIP Code
19. Regular work hours From: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. To: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		20. Regular work schedule <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.	
21. Date of Injury Mo. Day Yr.	22. Date notice received Mo. Day Yr.	23. Date stopped work Mo. Day Yr.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
24. Date pay stopped Mo. Day Yr.	25. Date 45 day period began Mo. Day Yr.	26. Date returned to work Mo. Day Yr.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
27. Was employee injured in performance of duty? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," explain)			
28. Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another? <input type="checkbox"/> Yes (If "Yes," explain) <input type="checkbox"/> No			
29. Was injury caused by third party? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," go to item 31.)		30. Name and address of third party (Include city, state, and ZIP code)	
31. Name and address of physician first providing medical care (Include city, state, ZIP code)		32. First date medical care received Mo. Day Yr.	
		33. Do medical reports show employee is disabled for work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Does your knowledge of the facts about this injury agree with statements of the employee and/or witness? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," explain)			
35. If the employing agency controverts continuation of pay, state the reason in detail.			36. Pay rate when employee stopped work \$ Per
Signature of Supervisor and Filing Instructions			
37. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution. I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:			
Name of supervisor (Type or print)			
Signature of supervisor		Date	
Supervisor's Title		Office phone	
38. Filing instructions <input type="checkbox"/> No lost time and no medical expense: Place this form in employee's medical folder (SF-66-D) <input type="checkbox"/> No lost time, medical expense incurred or expected: forward this form to OWCP <input type="checkbox"/> Lost time covered by leave, LWOP, or COP: forward this form to OWCP <input type="checkbox"/> First Aid Injury			

Form CA-1
Rev. Sept. 1993

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

Disability Benefits for Employees under the Federal Employees' Compensation Act (FECA)

The FECA, which is administered by the Office of Workers' Compensation Programs (OWCP), provides the following benefits for job-related traumatic injuries:

- (1) Continuation of pay for disability resulting from traumatic, job-related injury, not to exceed 45 calendar days. (To be eligible for continuation of pay, the employee, or someone acting on his/her behalf, must file Form CA-1 within 30 days following the injury; however, to avoid possible interruption of pay, the form should be filed within 2 working days. If the form is not filed within 30 days, compensation may be substituted for continuation of pay.)
- (2) Payment of compensation for wage loss after the 45 days, if disability extends beyond such period.
- (3) Payment of compensation for permanent impairment of certain organs, members, or functions of the body (such as loss or loss of use of an arm or kidney, loss of vision, etc.), or for serious disfigurement of the head, face, or neck.
- (4) Vocational rehabilitation and related services where necessary.
- (5) Full medical care from either Federal medical officers and hospitals, or private hospitals or physicians, of the employee's choice. Generally, 25 miles from the place of injury, place of employment, or employee's home is a reasonable distance to travel for medical care; however, other pertinent facts must also be considered in making selection of physicians or medical facilities.

At the time an employee stops work following a traumatic, job-related injury, he or she may request continuation of pay or use sick or annual leave credited to his or her record. Where the employing agency continues the employee's pay, the pay must not be interrupted until:

- (1) The employing agency receives medical information from the attending physician to the effect that disability has terminated;
- (2) The OWCP advises that pay should be terminated; or
- (3) The expiration of 45 calendar days following initial work stoppage.

If disability exceeds, or it is anticipated that it will exceed, 45 days, and the employee wishes to claim compensation, Form CA-7, with supporting medical evidence, must be filed with OWCP. To avoid interruption of income, the form should be filed on the 40th day of the COP period. Form CA-3 shall be submitted to OWCP when the employee returns to work, disability ceases, or the 45 days period expires.

For additional information, review the regulations governing the administration of the FECA (Code of Federal Regulations, Title 20, Chapter 1) or Chapter 810 of the Office of Personnel Management's Federal Personnel Manual.

Privacy Act

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a) and the Computer Matching and Privacy Protection Act of 1988 (Public Law No. 100-503), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended (5 U.S.C. 8101, et seq.) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor. In accordance with this responsibility, the Office receives and maintains personal information on claimants and their immediate families. (2) The information will be used to determine eligibility for and the amount of benefits payable under the Act. (3) The information collected by this form and other information collected in relation to your compensation claim may be verified through computer matches. (4) The information may be given to Federal, State, and local agencies for law enforcement and for other lawful purposes in accordance with routine uses published by the Department of Labor in the Federal Register. (5) Failure to furnish all requested information may delay the process, or result in an unfavorable decision or a reduced level of benefits. (Disclosure of a social security number (SSN) is voluntary; the failure to disclose such number will not result in the denial of any right, benefit or privilege to which an individual may be entitled. Your SSN may be used to request information about you from employers and others who know you, but only as allowed by law or Presidential directive. The information collected by using your SSN may be used for studies, statistics, and computer matching to benefit and payment files.)

Receipt of Notice of Injury

This acknowledges receipt of Notice of Injury sustained by
(Name of injured employee)

Which occurred on (Mo., Day, Yr.)

At (Location)

Signature of Official Superior

Title

Date (Mo., Day, Yr.)

Form CA-1
Rev. Nov. 1989

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

Instructions for Completing Form CA-1

Complete all items on your section of the form. If additional space is required to explain or clarify any point, attach a supplemental statement to the form. Some of the items on the form which may require further clarification are explained below.

Employee (Or person acting on the employees' behalf)

13) Cause of Injury

Describe in detail how and why the injury occurred. Give appropriate details (e.g.: if you fell, how far did you fall and in what position did you land?)

14) Nature of Injury

Give a complete description of the condition(s) resulting from your injury. Specify the right or left side if applicable (e.g., fractured left leg; cut on right index finger).

15) Election of COP/Leave

If you are disabled for work as a result of this injury and file CA-1 within thirty days of the injury, you are entitled to receive continuation of pay (COP) from your employing agency. COP is

paid for up to 45 calendar days of disability, and is not charged against sick or annual leave. You may elect sick or annual leave if you wish, but compensation from OWCP may not be claimed during the 45 days of COP entitlement. (You may not claim compensation to repurchase leave used during this period.) Also, if you change your election within one year, the agency is obliged to convert past periods of leave to COP, which qualify.

Your agency may controvert (dispute) your entitlement to COP, but must continue pay unless the controversion is based on one of the nine reasons listed in the instructions for item 35.

If you receive COP, but OWCP later determines that you are not entitled to COP, you may either change COP to sick or annual leave or pay the employing agency back for the COP received.

Supervisor

At the time the form is received, complete the receipt of notice of injury and give it to the employee. In addition to completing items 17 through 38, the supervisor is responsible for obtaining the witness statement in item 16 and for filling in the proper codes in shaded boxes a, b, and c on the front of the form. If medical expense or lost time is incurred or expected, the completed form should be sent to OWCP within 10 working days after it is received.

The supervisor should also submit any other information or evidence pertinent to the merits of this claim.

If the employing agency controverts COP, the employee should be notified and the reason for controversion explained to him or her.

17) Agency name and address of reporting office

The name and address of the office to which correspondence from OWCP should be sent (if applicable, the address of the personnel or compensation office).

18) Duty station street address and zip code

The address and zip code of the establishment where the employee actually works.

29) Was injury caused by third party?

A third party is an individual or organization (other than the injured employee or the Federal government) who is liable for the injury. For instance, the driver of a vehicle causing an accident in which an employee is injured, the owner of a building where unsafe conditions cause an employee to fall, and a manufacturer whose defective product causes an employee's injury, could all be considered third parties to the injury.

31) Name and address of physician first providing medical care

The name and address of the physician who first provided medical care for this injury. If initial care was given by a nurse or other health professional (not a physician) in the employing agency's health unit or clinic, indicate this on a separate sheet of paper.

32) First date medical care received

The date of the first visit to the physician listed in item 31.

35) Does the employing agency controvert continuation of pay?

COP may be controverted (disputed) for any reason; however, the employing agency may refuse to pay COP only if the controversion is based upon one of the nine reasons given below:

- a) The disability results from an occupational disease or illness;
- b) The employee is a volunteer working without pay or for nominal pay, or a member of the office staff of a former President;
- c) The employee is neither a citizen or a resident of the United States or Canada;
- d) The injury occurred off the employing agency's premises and the employee was not involved in official "off premise" duties;
- e) The injury was proximately caused by the employee's willful misconduct, intent to bring about injury or death to self or another person, or intoxication;
- f) The injury was not reported on Form CA-1 within 30 days following the injury;
- g) Work stoppage first occurred 90 days or more following the injury;
- h) The employee initially reported the injury after his or her employment was terminated; or
- i) The employee is enrolled in the Civil Air Patrol, Peace Corps, Youth Conservation Corps, Work Study Programs, or other similar groups.

Employing Agency - Required Codes

Box a (Occupation Code), Box b (Type Code), Box c (Source Code), OSHA Site Code

The Occupational Safety and Health Administration (OSHA) requires all employing agencies to complete these items when reporting an injury. The proper codes may be found in OSHA Booklet 2014, "Recordkeeping and Reporting Guidelines."

OWCP Agency Code

This is a four-digit (or four digit plus two letter) code used by OWCP to identify the employing agency. The proper code may be obtained from your personnel or compensation office, or by contacting OWCP.

OWCP Medical Evidence

June 1997

Roy Haire, Local Business Agent

When a carrier has sustained a job-related injury he/she then has the burden of proving that the injury and any associated disability was either caused, aggravated, or adversely affected by the injured carrier's work with the USPS. To do this he/she must identify the specific events, factors or conditions of the work place which has contributed to the injury or disability. It is therefore necessary to provide the OWCP with rationalized medical evidence. The medical evidence must be based upon comprehensive and accurate facts and medical background.

Over the years, I have experienced numerous occasions where the attending physician will tell the injured carrier that they will "take care of it" because they "have done this on countless occasions in the past." Unfortunately, the carrier then fails to monitor the ensuing process and the requirements and criteria of the Federal Employees' Compensation Act (FECA) are not satisfactorily addressed in the attending physician's medical narrative. As a result the claim will then potentially become tainted, sometimes to the point that the claimant will never be able to recover.

After the fact of injury the medical narrative from the attending physician is the most critical juncture of any

OWCP claim. If the narrative doesn't properly address the injury then the causal relationship between the injury and the work place will not be satisfactorily established and the claim will thus be destined for ultimate failure. However, if the claimant focuses their attention and monitors the physician's preparation of this narrative, this will substantially improve the potential for a successful claim.

It is sometimes all too easy for the physician to become confused, irritated, and frustrated. This happens because the inquiries, regulations, and requirements are so rigid and complex. When the physician instead utilizes a more conventional method of preparing the medical narrative the results will usually generate repeated requests and inquiries for the physician. It is therefore much better to take the necessary time to sufficiently explain the need and purpose of the medical narrative to the physician. By doing this both you and the physician will hopefully have avoided much of the potential adversity that will otherwise likely be a part of the scenario.

Time and effort must be taken to ensure that the medical narrative is prepared in an objective format, rather than a subjective one. If the physician uses such terms as, "the patient said . . .," "The patient reported . . .," etc., and the medical narrative contains nothing more than these types of statements, the report will be of no relative value. This is because the narrative report was comprised only of subjective material.

If on the other hand the narrative refers to specific tests and exams that have been conducted, the physician is now using an objective approach to complete the narrative.

As a result the narrative will generally be allowed much greater weight and probative value. This provides an explanation as to how the physician reached the diagnosis or conclusion that was made. This is a very important part of the medical narrative and the physician should be as specific as they can possibly be.

There have been many times that I have been aware of a situation where the physician has made it quite obvious that they are not interested or willing to serve as the attending physician for the claimant. At this point the claimant will, often times, refuse to accept or acknowledge this fact. Instead, they will attempt to cajole the physician to prepare or revise the medical narrative. Otherwise, the claimant will try to persuade the OWCP, me, or both to believe and accept the medical information which they may already have.

In a situation like the one I have just described it would be more reasonable and certainly easier, to simply seek out another physician. However, if you have already filed the claim with the OWCP, and you have seen the current physician on repeated occasions, you then must make a written request to the OWCP office for approval to change attending physicians. You must attain the approval from the OWCP prior to effecting the change. However if the current attending physician is willing to accommodate you, he/she can provide you with a written referral to another physician. By doing this, prior approval from the OWCP is not necessary. If such actions are not taken by the claimant the ensuing results will, in all probability, likely be a denial by the OWCP.

When the carrier has filed a CA-1 form for a traumatic injury they must provide the USPS with prima facie medical evidence within 10 days from the date the claim for continuation of pay (COP) was submitted, unless the investigation shows to the official superior's satisfaction that the carrier has sustained a disabling traumatic injury. Otherwise, COP may be discontinued until such medical evidence is received. At that point COP will be paid retroactive to the date of termination as long as the medical evidence supports the continuation of the job-related disability beyond the initial 10 day period.

During the period in which the USPS is paying COP the USPS may contact the attending physician by telephone for additional medical information or clarification as long as such telephone contact is made by a doctor or nurse who is an employee of the USPS, or by an appropriate supervisory official.

After the period of COP has ended the USPS may then correspond with the attending physician only in writing to facilitate an early return to suitable employment. However the USPS shall concurrently provide the injured worker and the OWCP with a copy of such correspondence, as well as a copy of the physician's response once they have received it.

Only with such exceptions is the medical information not to go to the OWCP District office. Otherwise 20 CFR 10.104(c) of the FECA reads, "Medical reports from the attending physician are to be submitted directly (emphasis added) to the Office (OWCP). However, the employing agency (USPS) may request copies of these reports from the

Office." This part of the FECA was designed and included to prevent potential for additional hindrance or delay.

Since medical evidence for a CA-2 claim is more crucial because of the lack of prima facie evidence, it is even more important to monitor the construction of the amassed medical evidence so as to better assure oneself that the medical evidence satisfactorily addresses the requirements and criteria of the FECA.

The most practical way to file and process the claim (especially a CA-2 claim) is to categorize the process. Step A is filing the CA-1, CA-2 or CA-2a and making certain that you get the receipt signed by the manager to whom you give the claim. Step B is preparing a detailed statement describing the functions and duties of your work. This will serve as a basis and/or frame of reference from which the attending physician prepares his/her medical narrative and medical restrictions and for increasing the weight and probative value. Step C is then the medical narrative from the attending physician. This process should be executed in this precise manner. By doing so the carrier will have significantly less difficulty by not having to think about one of the previous steps while they are currently trying to concentrate on the present step. Also, you will allow yourself the necessary time to monitor the preparation of the medical narrative with a more complete level of confidence and concentration.

Once Step C has been completed you should ask to review the medical narrative to confirm the accuracy and that the narrative fully addresses the requirements of the FECA. Any additions or deletions should be made before it is then sent to the OWCP. This way the physician will not have to repeat this step two or three times.

If the claimant has not yet received a claim number from the OWCP the narrative should be held until the claim number can be included. This will make it much simpler and easier to identify the narrative and associate it with the proper claim. Upon receipt and inclusion of the OWCP claim number the medical narrative should be sent directly to the OWCP office.

You should perhaps save a copy of this article to use as a guideline when someone has to file a claim.

Physician Narrative for OWCP / Medical Documentation

The key to having a claim accepted by OWCP rests with the medical evidence. As a result, the medical narrative, submitted by your treating physician, is of the utmost importance. The following is a checklist of items required in the narrative:

- ▶ Carrier's name and address; and OWCP file number (if one has been assigned)
- ▶ History of occupational disease or traumatic event. This is a key item and should consist of a written statement by the physician reflecting knowledge of the conditions of the patient's employment believed to be the causative factors. It is suggested that the physician first be furnished with your written statement. The physician should ideally include or attach a copy of the statement referencing it with remarks similar to the following: "I have read the statement dated (date) prepared by (claimants name) regarding the conditions of employment at (location of Post Office) during the period (provide dates)."
- ▶ Dates of examinations and/or treatment (past and present)
- ▶ Periods of hospitalization, if any
- ▶ Tests given, findings and results (x-rays, lab tests, EKG, MRI, etc.)
- ▶ Definitive diagnosis (no impressions). Please remember that "pain" is not a diagnosis. It is a symptom of some medical condition.
- ▶ Opinion: was condition caused, permanently or temporarily aggravated, accelerated, or precipitated (hastened) by conditions of employment described by the patient?
- ▶ Medical reasons for opinion (i.e., how did the physician, from a medical point of view, arrive at the opinion?). This is very important and it should be as specific as possible and include how any test results helped form a basis for the opinion.
- ▶ Statement describing any concurrent medical conditions unrelated to the Occupational Disease.
- ▶ Period(s) of disability and the extent of disability during the period(s). This should specify whether the disability is total or partial; and if partial, the work limitations in working while partially disabled. The work limitations should describe the restrictions and include the number of hours allowed for each function per day. Disability from any apparent concurrent medical conditions unrelated to the Occupational disease must be considered in determining the employee's ability to work; and an explanation included describing how any unrelated injuries affects the employee's ability to work.
- ▶ Statement concerning whether maximum medical improvement has been reached; and if so, the nature and extent of any remaining disability.
- ▶ Signature of physician (show specialty and Board Certifications; and date.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Standard Form 127

NSN7540-00-634-4083

REQUEST FOR OFFICIAL PERSONNEL FOLDER (SEPARATED EMPLOYEE)		1. DATE OF REQUEST	
SECTION I—TO BE COMPLETED BY REQUESTING PERSONNEL OFFICE			
2. CURRENT NAME (Last, first, middle)		2a. NAME UNDER WHICH FORMERLY EMPLOYED FEDERALLY (If different than Item 2)	
NATIONAL ARCHIVES AND RECORDS ADMINISTRATION NATIONAL PERSONNEL RECORDS CENTER (Civilian Personnel Records) 111 WINNEBAGO STREET ST. LOUIS, MO 63118		3. DATE OF BIRTH	
		4. SOCIAL SECURITY NUMBER	
		SUBMIT IN DUPLICATE FOR EACH FOLDER REQUESTED <i>Original will be used to send folder or reply to your agency.</i> <i>Second copy retained by agency for its suspense files.</i> <i>Third copy is for records center use.</i>	
5. PREVIOUS FEDERAL EMPLOYMENT			
AGENCY AND BUREAU	LOCATION	FROM	TO
6. REASON FOR REQUEST (Check appropriate box) <input type="checkbox"/> a. Currently employed. <input type="checkbox"/> b. Temporary use. <input type="checkbox"/> c. Pre-employment consideration. Will retain folder if hired.			
REMARKS			
SECTION II—FOR USE BY RECORDS CENTER			
<input type="checkbox"/> a. Folder enclosed. <input type="checkbox"/> b. Our search did not reveal a record of claimed civilian Federal employment. Please submit any additional information or documentation that will help verify this employment. <input type="checkbox"/> c. Folder not received. Suggest you contact last employing office. <input type="checkbox"/> d. Folder not located. For a former employee of your agency, we suggest a further search of your agency. If still unlocated, verify name, date of birth, and social security number, and return request to NPRC together with the date folder was transferred to NPRC and several names, dates of birth, and social security numbers of other folders in same shipment.		<input type="checkbox"/> e. Folder was sent (Date) _____ To: _____ _____ _____ <input type="checkbox"/> Your agency <input type="checkbox"/> f. Other _____ _____ _____	
DATE		INITIALS	
SECTION III—TO BE COMPLETED BY REQUESTING PERSONNEL OFFICE			
NAME OF REQUESTER		TELEPHONE NO.	

Enter complete
address to which
folder or reply
is to be mailed.
Include ZIP Code:

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Standard Form 127 (contiued)

File Number:
Employee:
Employer:

Enclosed is a summary of case information, work restriction evaluation (if applicable), and the significant medical report(s) for your official and confidential use.


Sincerely,

REHABILITATION SPECIALIST

Enclosures

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Standard Form 2809

 Federal Employees Health Benefits Program	Standard Form 2809 Rev. August 1992 Form Approved: OMB No. 3206-0160
Health Benefits Registration Form	

Uses for Standard Form (SF) 2809

Use this form to:

- Enroll in the FEHB Program; or
- Elect not to enroll in the FEHB Program (employees only); or
- Change your FEHB enrollment from Self Only to Self and Family and/or from your present plan or option to another plan or option because of an event described in the Table on page 6; or
- Change your FEHB enrollment from Self and Family to Self Only; or
- Cancel your FEHB enrollment.

Who May Use SF 2809

1. Employees eligible to enroll in or currently enrolled in the FEHB Program, including temporary employees eligible under 5 U.S.C. 8906a.
2. Annuitants (other than CSRS/FERS annuitants) eligible to enroll in or currently enrolled in the FEHB Program, including individuals receiving monthly compensation from the Office of Workers' Compensation Programs.

Note: CSRS/FERS annuitants -- **Do not use this form.**
To obtain the appropriate form, write to:

Office of Personnel Management
Insurance Services Branch
P.O. Box 14172
Washington, D.C. 20044

3. Former spouses eligible to enroll in or currently enrolled in the FEHB Program under the Spouse Equity law or similar statutes.
4. Individuals eligible for temporary continuation of coverage under the FEHB Program, including:
 - Former employees (who separated from service);

- Children who lose FEHB coverage; and
- Former spouses who are not eligible for FEHB under item 3 above.

Note: Former spouses and children of CSRS/FERS annuitants -- **Do not use this form.** To obtain the appropriate form, write to address shown in item 2 above.

Instructions for Completing SF 2809

Type or Print Firmly

PART A. You must complete this part.

- Item 1. Give your last name, first name and middle initial.
- Item 2. Enter your Social Security Number. (See Privacy Act Statement on Page 5.)
- Item 3. Give your date of birth, using numbers to show the month, day and year.
- Item 4. Enter your permanent home mailing address.
- Item 5. Place an "X" in the appropriate box.
- Item 6. Place an "X" in the box that signifies your current marital status (if you are separated but not divorced, you are still married).
- Item 7. Give your telephone number where you can be reached during normal business hours. Be sure to include the area code.

PART B. Complete this part to enroll or change your enrollment in the FEHB Program. (If you are changing your enrollment, also complete PART C.)

- Item 1. Enter the plan name and appropriate enrollment code from the front cover of the brochure of the plan you want to enroll in or change to. (The enrollment code shows the plan and option you are electing and whether you are enrolling for Self Only or Self and Family.) If you are just changing from one option to another and/or from Self Only to Self and Family or from Self and Family to Self Only, enter the name of your present plan and the new enrollment code.

If the plan you want is a prepaid plan (CMP/HMO), be sure you live in the plan's enrollment area. If it is an employee organization plan, be sure you are eligible to enroll in the plan; you must be or become a member of the plan's sponsoring organization.

Your signature in Part F authorizes deductions from your salary, annuity or compensation to cover your cost of the enrollment you elect in this item, unless you are required to make direct payments to the employing office.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Standard Form 2809 (continued)

Items 2a through 2f.

Complete these items only if your enrollment is for Self and Family. (If you need extra space for additional family members, list them on a separate sheet and attach.)

- Item 2a. Indicate the first name and middle initial of each covered family member.
- Item 2b. Provide the ZIP code if it is different from the enrollee's ZIP code in Part A, item 4.
- Item 2c. Give your dependent's date of birth, using numbers to show the month, day and year. (e.g., 06/30/91)
- Item 2d. Indicate *M* for male or *F* for female.
- Item 2e. Provide the code which indicates the relationship of the eligible family member to you.
1. Spouse
 2. Unmarried dependent child under age 22 (including an adopted child)
 3. Step child, foster child or recognized child
 4. Unmarried disabled child over age 22 incapable of self support.

- Item 2f. Please provide Social Security Numbers for your dependents if available. If not available, leave blank; benefits will not be withheld. (See Privacy Act Statement on page 5.)

Family Members Eligible for Coverage

- Unless you are a former spouse, family members eligible for coverage under your Self and Family enrollment include your spouse and your unmarried dependent children under age 22. Eligible children include your legitimate or adopted children; and recognized children born out of wedlock, stepchildren or foster children, if they live with you in a regular parent-child relationship. A recognized child born out of wedlock also may be included if a judicial determination of support has been obtained or you show that you provide regular and substantial support for the child.

Other relatives, e.g., your parents are **not** eligible for coverage even though they live with you and are dependent upon you.

- If you are a former spouse, family members eligible for coverage under your Self and Family enrollment are the unmarried dependent natural or adopted children under age 22 of both you and your former spouse.
- Children whose marriage ends before they reach age 22 become eligible for coverage under your Self and Family enrollment from the date the marriage ends until they reach age 22.
- In some cases, an unmarried disabled child who is 22 years old or older is eligible for coverage under your Self and Family enrollment if you have adequate medical certification of a mental or physical handicap that existed before his or her 22nd birthday and renders the child incapable of self-support.

Note: Your employing office (see Note under General Information on page 3) can give you additional details about family member eligibility, including the documentation required for coverage of a disabled child age 22 or older.

- Item 3a. Place an "X" in the appropriate box if you completed item 1 of this part. If you answer "Yes," complete items 3a through 3b.
- Item 3b. Indicate any additional insurance coverage for you or your dependents. Indicate what part(s) of Medicare coverage are held: Indicate "A", if you have Part A, Medicare Hospital Insurance and/or Indicate "B", if you have Part B, Medicare Supplementary Medical Insurance. Indicate "A and B" if you have both.

PART C. You must complete this part if you are changing your enrollment.

- Item 1. Enter the name of the plan in which you are presently enrolled.
- Item 2. Enter your present enrollment code.
- Item 3. Enter the number of the event that permits your change from the Table on page 6. (Leave this item blank if you are changing from Self and Family to Self Only.)
- Item 4. Using numbers, enter the date of the event that permits your change. For Open Season changes, enter the date on which the Open Season begins. (Leave this item blank if you are changing from Self and Family to Self Only.)

PART D. Place an "X" in the box provided only if you are an employee who does not wish to enroll in the FEHB Program. **(Be sure to read the information about electing not to enroll on page 4.)**

PART E. Place an "X" in the box provided if you wish to cancel your FEHB enrollment. Also enter your present enrollment code in the space provided. **(Be sure to read the information about cancelling your enrollment on page 4.)**

PART F. You must complete this part.

- Item 1. Sign your name. Do not print.
- Item 2. Enter the date you sign, using numbers to show the month, day and year.

Leave **PART G and REMARKS** section blank. They are for agency use only.

If You are Registering for Someone Else

If you are registering for an employee or an annuitant, under a written authorization from him or her to do so, sign your name in Part F and attach the written authorization.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995

FORMS

Standard Form 2809 (continued)

If you are registering for a former spouse eligible for coverage under Spouse Equity or for an individual eligible for temporary continuation of coverage as his or her court-appointed guardian, sign your name in Part F and attach evidence of your court-appointed guardianship.

General Information

The following material about the FEHB Program will be furnished to you by, or may be obtained from, your employing office (see **Note** below):

FEHB plan brochures, which contain detailed information about plan benefits and the contractual description of coverage.

Employees

FEHB Program Information for Federal Civilian Employees and U.S. Postal Service Employees (SF 2809-A), which explains your rights and obligations under the Program.

FEHB Enrollment Information Guide and Plan Comparison Chart, which contains enrollment, plan and rate information, as follows:

RI 70-1	Federal Employees (Non-Postal)
RI 70-2	Postal Employees
RI 70-7	Employees in Positions Outside the Continental U.S. (including Alaska, Hawaii, Guam and Puerto Rico)
RI 70-8	Temporary Employees Eligible for FEHB Under 5 U.S.C. 8906a
RI 70-10	Visually Impaired Employees

Annuitants

FEHB Enrollment Information Guide and Plan Comparison Chart, which contains enrollment, plan and rate information for:

Annuitants in retirement systems other than CSRS/FERS (RI 70-4)

Individuals receiving compensation from the Office of Workers' Compensation Programs (RI 70-6)

Former Spouses (Spouse Equity)

FEHB Enrollment Information Guide and Plan Comparison Chart, which contains enrollment, plan and rate information for former spouses (RI 70-5)

Individuals Eligible for Temporary Continuation of Coverage

FEHB Enrollment Information Guide and Plan Comparison Chart, which contains enrollment, plan and rate information for former employees, children and former spouses eligible for temporary continuation of coverage (RI 70-5)

Note: "Employing office" means the office of an agency or retirement system that is responsible for health benefits actions for an employee, an annuitant, a former spouse eligible for coverage under Spouse Equity or an individual eligible for temporary continuation of coverage.

Dual Enrollment

Normally, you are not eligible to enroll if you are covered as a family member under someone else's enrollment in the FEHB Program. However, such dual enrollments may be permitted under certain circumstances in order to:

- Protect the interests of children who otherwise would lose coverage as family members, or
- Enable an employee who is under age 22 and covered under a parent's enrollment and becomes the parent of a child to enroll for Self and Family coverage.

No person (enrollee or family member) is entitled to receive benefits under more than one enrollment in the Program. (Each enrollee must notify his or her plan of the names of the persons to be covered under his or her enrollment who are not covered under the other enrollment.)

Temporary Continuation of Coverage (TCC)

While the employing office notifies a former employee of his or her eligibility for temporary continuation of coverage, the employing office must be notified when a child or former spouse becomes eligible.

- For the eligible child of an enrollee, the enrollee must notify the employing office within 60 days after the qualifying event occurs, e.g., child reaches age 22.
- For the eligible former spouse of an enrollee, the enrollee or the former spouse must notify the employing office within 60 days after the former spouse's change in status, e.g., the date of the divorce or former spouse's remarriage before reaching age 55.

An individual eligible for temporary continuation of coverage who wants to continue FEHB coverage may choose any plan (for which he or she is eligible), option and type of enrollment. The time limits for a former employee, child or former spouse to file the SF 2809 with the employing office appear in Events No. 24, 25 and 26 in the Table on page 6.

Note: If someone other than the enrollee notifies the employing office of the child's eligibility for temporary continuation of coverage within the specified time period, the child's opportunity to file the SF 2809 ends 60 days after the qualifying event. If someone other than the enrollee or the former spouse notifies the employing office of the former spouse's eligibility for continued coverage within the specified time period, the former spouse's opportunity to file the SF 2809 ends 60 days after the change in status.

Effective Dates

Your employing office can give you the specific date on which your enrollment or enrollment change will take effect. Additional information about effective dates appears in the Table on page 6.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Standard Form 2809 (continued)

Note 1: If you are changing your enrollment from Self and Family to Self Only so that your spouse can enroll for Self Only, you should coordinate the effective date of your spouse's enrollment with the effective date of your enrollment change to avoid a gap in your spouse's coverage.

Note 2: If you are cancelling your enrollment and intend to be covered under someone else's enrollment at the time you cancel, you should coordinate the effective date of your cancellation with the effective date of your new coverage to avoid a gap in your coverage.

Cancellation of Enrollment

You may cancel your enrollment at any time. However, if you cancel, neither you nor any family member covered by your enrollment will be entitled to a 31-day extension of coverage for conversion to nongroup coverage. Moreover, family members who lose coverage because of your cancellation will not be eligible for temporary continuation of coverage. (Be sure to read the additional information below about cancelling your enrollment.)

Employees Who Elect Not to Enroll or Who Cancel Their Enrollment

To be eligible for an FEHB enrollment after you retire, you must retire:

- Under a retirement system for Federal civilian employees, and
- On an immediate annuity.

In addition, you must be currently enrolled in a plan under the FEHB Program and must have been enrolled (or covered as a family member) in a plan under the Program for:

- The five years of service immediately before retirement (i.e., commencing date of annuity entitlement), or
- If fewer than five years, all service since your first opportunity to enroll. (Generally, your first opportunity to enroll is within 31 days after your first appointment [in your Federal career] to a position under which you are eligible to enroll under conditions that permit a Government contribution toward the enrollment.)

If you do not enroll at your first opportunity or if you cancel your enrollment, you may later enroll or reenroll only under the circumstances explained in the Table on page 6. Some employees delay their enrollment or reenrollment until time to qualify for FEHB coverage as a retiree; however, there is always the risk that they will have to retire earlier than expected (e.g., due to disability or involuntary separation) and not be able to meet the five-year requirement for continuing FEHB coverage into retirement. Please understand that when you elect not to enroll or cancel your enrollment **you are voluntarily accepting this risk**. An alternative would be to enroll in or change to a lower cost plan so that you meet the requirements for continuation of your FEHB enrollment after retirement.

Note: Temporary employees eligible for FEHB under 5 U.S.C. 8906a -- Your decision not to enroll or to cancel your enrollment will **not** affect your future eligibility to continue FEHB enrollment after retirement.

Annuity Holders Who Cancel Their Enrollment

You cannot reenroll as an annuitant unless you are continuously covered as a family member under another person's enrollment in the FEHB Program during the period between your cancellation and reenrollment. See the Table on page 6 for events that allow eligible annuitants to reenroll.

Former Spouses (Spouse Equity) Who Cancel Their Enrollment

If you cancel your enrollment in the FEHB Program, you cannot reenroll as a former spouse. However, if you stop the enrollment because you acquire other FEHB coverage, your right to FEHB coverage under spouse equity continues. You may reenroll as a former spouse when the other FEHB coverage ends.

If you cancel a family enrollment, the covered children may be eligible for continued coverage if the children are receiving a survivor annuity based on the service of the other parent, and the other parent had family coverage at the time of death. In this circumstance, you should contact the other parent's retirement system promptly to have the children enrolled as survivor annuitants. The children must enroll for FEHB coverage as survivor annuitants within 31 days after your cancellation.

Temporary Continuation of Coverage Enrollees Who Cancel Their Enrollment

If you cancel your TCC enrollment, you cannot reenroll. Your family members who lose coverage because of your cancellation cannot enroll for TCC in their own right nor can they convert to a nongroup policy. However, family members who are Federal employees or annuitants may enroll in the FEHB Program when you cancel your coverage if they are eligible for FEHB coverage in their own right.

Note 1: If you become covered by a regular enrollment in the FEHB Program, either in your own right or under the enrollment of someone else, your TCC enrollment is suspended. You will need to send documentation of the new enrollment to the employing office maintaining your TCC enrollment so that they can stop the TCC enrollment. If your new FEHB coverage stops before the TCC enrollment would have expired, the TCC enrollment can be reinstated for the remainder of the original eligibility period (18 months for separated employees).

Note 2: Former spouses (spouse equity) and temporary continuation of coverage enrollees who fail to pay their premiums within specified time frames are considered to have voluntarily cancelled their enrollment.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Standard Form 2809 (continued)

Privacy Act Statement

The information you provide on this form is needed to document in your records file maintained by your employing office your enrollment in the Federal Employees Health Benefits Program under Chapter 89, title 5, U.S. Code. This information will be shared with the health insurance carrier you select so that it may (1) identify your enrollment in the plan, (2) verify your and/or your family's eligibility for payment of a claim for health benefits services or supplies, and (3) coordinate payment of claims with other carriers with whom you might also make a claim for payment of benefits. This information may be disclosed to other Federal agencies or Congressional offices which may have a need to know it in connection with your application for a job, license, grant or other benefit. It may also be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies to determine and issue benefits under their programs. In addition, to the extent this information indicates possible violation of civil or criminal law, it may be shared and verified, as noted above, with an appropriate Federal, state, or local law enforcement agency.

We also request that you provide your Social Security Number so that it may be used as your individual identifier in the Federal Employees Health Benefits Program. Executive Order 9397,

dated November 22, 1943, allows Federal agencies to use the Social Security Number as an individual identifier to distinguish between people with the same or similar names.

While the law does not require you to supply all the information requested on this form, doing so will assist in the prompt processing of your enrollment.

Agencies other than the Office of Personnel Management may have further routine uses for disclosure of information from the records systems in which they file copies of this form. If this is the case, they should provide you with any such uses which are applicable at the time they ask you to complete this form.

Public Burden Statement

We think this form takes an average of 45 minutes to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Management and Budget, Paperwork Reduction Project, (3206-0160), Washington, D.C. 20503.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Standard Form 2809 (continued)

TABLE OF PERMISSIBLE CHANGES IN ENROLLMENT
Enrollment May Be Cancelled or Changed From Family to Self Only at Any Time

No.	Events That Permit Enrollment Change	Change Permitted			Time Limit in Which Registration Form Electing Change Must Be Filed With Employing Office**
	Event	From Not Enrolled to Enrolled	From Self Only to Family	From One Plan or Option to Another	
1	Open Season.	Yes* †	Yes	Yes	As announced by the Office of Personnel Management.
2	Change in marital status. (Marriage, divorce, annulment, death of spouse.)	Yes* †	Yes (Except former spouses)	Yes (Except former spouses)	From 31 days before to 60 days after change in marital status.
3	Other change in family status. (For example, birth of a child, legal separation, discharge from military service of a spouse or of a child under age 22).	No	Yes	No	Within 60 days after change in family status.
4	Enrollee or family member moves from an area served by a prepaid plan (CMP/HMO) in which enrolled at time of move.	Does not apply	Yes	Yes	At any time after presenting written notice to the employing office of the move.
5	Termination of enrollment by employee organization plan because of termination of membership in organization.	Does not apply	No	Yes	Within 31 days after termination of enrollment in plan.
6	Employee, annuitant or former spouse (spouse equity), covered as a family member under another's FEHB enrollment, loses coverage other than by cancellation or change to Self Only of the covering enrollment; or employee, covered under another federally sponsored health benefits program, loses such coverage for any reason.	Yes*	Does not apply	Does not apply	Within 31 days after termination (except, for employees, within 60 days after the death of the enrollee). Coverage is effective the first day of the pay period that begins after the employing office receives the SF 2809. If election is made within the time limit, but after expiration of the 31-day extension of coverage (or too close to the expiration of the 31-day extension of coverage), there will be a break in coverage.
7	Employee, annuitant or former spouse (spouse equity), covered as a family member under another's FEHB enrollment, loses coverage because of change of the covering enrollment from Family to Self Only.	Yes, for Self Only*	Does not apply	Does not apply	Within 31 days after change of covering enrollment has been filed. Coverage is effective the first day of the pay period that begins after the employing office receives the SF 2809. If election is made within the time limit, but during a pay period following the one in which the change to Self Only was filed, there will be a break in coverage.
8	Employee transfers to overseas post of duty from the United States, or reverse.	Yes*	Yes	Yes	Within 31 days before or after move.
9	Employee returns to active civilian duty or annuitant separates from military service which was not limited to 30 days or less.	Yes* †	Yes	Yes	Within 31 days after return to active civilian duty or separation from military service.
10	Your plan stops participating in the FEHB Program.	Does not apply	Yes	Yes	As set by the Office of Personnel Management.
11	Self Only enrollment under this Program of employee's or annuitant's spouse terminates as a result of change in spouse's Federal employment status or 365 days' nonpay status.	No	Yes	No	Within 31 days after termination of spouse's enrollment. Coverage is effective the first day of the pay period that begins after the employing office receives the SF 2809. If election is made within the time limit, but after expiration of the 31-day extension of coverage (or too close to the expiration of the 31-day extension of coverage), there will be a break in coverage.
12	Employee who is not enrolled loses coverage under parent's non-Federal health plan.	Yes*	Does not apply	Does not apply	Within 31 days after loss of coverage, except within 60 days after the death of the parent.
13	Enrolled employee retires from overseas post of duty and is eligible to continue enrollment as annuitant.	Does not apply	Yes	Yes	Within 60 days after retirement.
14	Enrollee becomes eligible for Medicare.	Does not apply	No	Yes	At any time beginning 30 days before becoming eligible for Medicare.
15	Enrollee's eligible child (or children) loses coverage under another's FEHB enrollment.	No	Yes	No	Within 31 days after child's (children's) loss of coverage. Coverage is effective the first day of the pay period that begins after the employing office receives the SF 2809. If election is made within the time limit, but after expiration of the 31-day extension of coverage (or too close to the expiration of the 31-day extension of coverage), there will be a break in coverage.

* Individuals must be otherwise eligible to enroll.
† Employees only.

** Also selected effective date information.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Standard Form 2809 (continued)

No.	Events That Permit Enrollment Change	Change Permitted			Time Limit in Which Registration Form Electing Change Must Be Filed With Employing Office**
		From Not Enrolled to Enrolled	From Self Only to Family	From One Plan or Option to Another	
16	Employee or an eligible family member loses coverage under Medicaid (State program of medical assistance for the needy).	Yes* <i>employee loss</i>	Yes <i>family member loss</i>	Does not apply	Within 31 days after termination of Medicaid or loss of Medicaid coverage by family member.
17	Employee, annuitant or former spouse (spouse equity), covered as a family member under another's FEHB enrollment, loses coverage due to cancellation of the covering enrollment.	Yes*	Does not apply		You must enroll in the same plan and option as that from which coverage is lost, if eligible to enroll in that plan, within 31 days after cancellation of the covering enrollment. If not eligible to enroll in that plan, you may enroll in the same option of any available plan within the 31-day period. Coverage is effective the first day of the pay period that begins after the employing office receives the SF 2809. If election is made within the time limit, but during a pay period following the one in which the cancellation was filed, there will be a break in coverage.
18	Enrolled employee's employment status changes from full-time to part-time career employment as defined in the Federal Employees Part-Time Career Employment Act of 1978.	No	No	Yes	Within 31 days after the change in employment status.
19	Employee or employee's spouse loses coverage under spouse's non-Federal health plan when spouse terminates employment to accompany employee who accepts a position is directed out of commuting area.	Yes*	Yes	No	Within 31 days before or 180 days after move.
20	Employee's or annuitant's spouse involuntarily loses his or her non-Federal health insurance coverage, or coverage for his or her dependents; or employee's or annuitant's eligible child (or children) loses non-Federal coverage under the other parent's health plan because the other parent involuntarily loses coverage for his or her dependents.	Yes* †	Yes	No	Within 31 days before or after spouse's or dependent's loss of coverage; or within 31 days before or after child's (or children's) loss of coverage.
21	Former spouse who is eligible to enroll under the authority of the Civil Service Retirement Spouse Equity Act of 1984 (P.L. 98-615), as amended, the Intelligence Authorization Act of 1986 (P.L. 99-569), or the Foreign Relations Authorization Act, Fiscal Years 1988 and 1989 (P.L. 100-204).	Yes*	Does not apply	Does not apply	Generally, within 60 days after divorce or within 60 days after the date of OPM's notice of eligibility to enroll.
22	Temporary employee completes one year of service in accordance with 5 U.S.C. 8906a.	Yes*	Does not apply	Does not apply	Within 31 days after becoming eligible.
23	Temporary employee, eligible under 5 U.S.C. 8906a, changes to a nontemporary appointment.	Yes*	Yes	Yes	Within 31 days after changing to non-temporary appointment.
24	Employee separated from service and eligible for temporary continuation of coverage.	Does not apply	Yes	Yes	Within 60 days after the later of: separation; or receiving notice of the opportunity to elect temporary continuation of coverage. Coverage is effective the day after other FEHB coverage ends, including the 31-day extension of coverage. If election is made after the end of the 31-day extension of coverage, the effective date will be retroactive.
25	Child of employee, former employee or annuitant stops meeting the requirements for unmarried dependent children.	Yes*	Does not apply	Does not apply	Within 60 days after the later of: the qualifying event; or the child's receiving notice of the opportunity to elect temporary continuation of coverage (based on the enrollee's notification to the employing office of the child's eligibility). Coverage is effective the day after other FEHB coverage ends, including the 31-day extension of coverage. If election is made after the end of the 31-day extension of coverage, the effective date will be retroactive.

* Individuals must be otherwise eligible to enroll.

† Employees only.

** Also selected effective date information.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Standard Form 2809 (continued)

No.	Events That Permit Enrollment Change	Change Permitted			Time Limit in Which Registration Form Electing Change Must Be Filed With Employing Office**
		From Not Enrolled to Enrolled	From Self Only to Family	From One Plan or Option to Another	
26	Former spouse meets the requirement in 5 U.S.C. 8901(10) of having been enrolled in an FEHB plan as a covered family member at some time during the 18 months before the marriage ended, but does not meet one or both of the other two requirements of 5 U.S.C. 8901(10).	Yes*	Does not apply	Does not apply	Within 60 days after the later of: the qualifying event; the date coverage under Subpart H of 5 CFR Part 890 was lost, if the loss occurred within 36 months of the qualifying event; or the former spouse's receiving notice of the opportunity to elect temporary continuation of coverage (based on the enrollee's or former spouse's notification to the employing office of the former spouse's eligibility). Coverage is effective the day after other FEHB coverage ends, including the 31-day extension of coverage; or the date of the qualifying event, if later. If election is made after the end of the 31-day extension of coverage or the date of the qualifying event, the effective date will be retroactive.
27	Former employee, former spouse or child whose temporary continuation of coverage under 5 CFR Part 890 Subpart K terminates due to other FEHB coverage, loses the other FEHB coverage.	Yes*	Does not apply	You must reenroll in the same plan and option as that in which you were enrolled prior to obtaining the other FEHB coverage, if eligible to enroll in that plan, within 31 days after the other coverage ends, but not later than the expiration of the period of eligibility for the temporary continuation of coverage. If not eligible to enroll in that plan, you may enroll in the same option of any available plan within the 31-day time limit.	

* Individuals must be otherwise eligible to enroll.

† Employees only.

** Also selected effective date information.

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Standard Form 2809 (continued)

HEALTH BENEFITS REGISTRATION FORM						Form Approved: OMB No. 3206-0160
Federal Employees Health Benefits Program						
• Complete Part A and Parts B, C, D, and E as applicable.						• Type or Print Firmly.
• Do not separate the pages. Your employing office will certify the completed form and turn your copy to you.						• Sign and date in Part F.
PART A - Fill in this part.						
1. Name (Last, first, middle initial)		2. Social Security number		3. Date of birth (mo., day, yr.)		
4. Your home mailing address (include ZIP code)		5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		6. Are you now married? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		7. Daytime telephone number ()				
PART B - Fill in this part if you wish to enroll or change your enrollment in the Federal Employees Health Benefits (FEHB) Program.						
1. I elect to enroll in a health benefits plan as shown below. (Copy the information requested below from front cover of brochure of the plan you select.)						
Name of plan					Enrollment code	
2a. Names of family members		2b. ZIP code	2c. Date of birth (mo., day, yr.)	2d. Sex	2e. Relationship "code"	
			/ /			
			/ /			
			/ /			
			/ /			
			/ /			
			/ /			
3a. Do you, your spouse or any other eligible family members have any group health insurance coverage other than the FEHB plan in which you are now enrolling or enrolled? <input type="checkbox"/> No <input type="checkbox"/> Yes → Complete 3b						
3b. Type of insurance <input type="checkbox"/> Medicare <input type="checkbox"/> CHAMPUS <input type="checkbox"/> Other private (specify name) <input type="checkbox"/> No <input type="checkbox"/> Yes → Indicate part(s)						
PART C - Fill in this part, as well as PART B, to change enrollment.						
1. Present Plan name		2. Present Plan enrollment code	3. Number of event that permits change (See Table of Permissible Changes)	4. Date of event that permits change (mo., day, yr.)		
PART D - Employees Only			PART E - CANCELLATION			
Place an "X" in the box below if you wish NOT TO ENROLL in the FEHB Program.			Place an "X" in the box below if you wish to CANCEL your enrollment.			
<input type="checkbox"/> I elect not to enroll in the Federal Employees Health Benefits Program.			<input type="checkbox"/> I elect to cancel my enrollment in the Federal Employees Health Benefits Program. I am currently enrolled under the code shown at the right.			
My signature in PART F certifies that I have read and understand the information regarding this election.			My signature in PART F certifies that I have read the information in the instructions regarding cancellation of enrollment and that I understand that I must meet the 5-year requirement to qualify for FEHB coverage after retirement.			
PART F - Fill in this part.						
WARNING: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)						
1. Your signature (Do not print)				2. Date		
PART G - To be completed by agency						
1. Name and address of employing office		2. Date received in employing office	3. Effective date of action	4. SF 2811 report number		
		5. Payroll office number	6. Payroll contact and telephone number ()			
		7. Personnel contact and telephone number ()				
		8. Signature of authorized agency official		9. Phone number ()		
Remarks						

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
FORMS

Standard Form 2810



Notice of Change in Health Benefits Enrollment

Part A - Identifying Information

1. Name (Last, first, middle initial)	2. Date of birth	3. Social Security Number
4. Address (including ZIP Code)	5. Payroll Office Number	6. Enrollment Code Number
	7. SF 2811 Report No.	8. Date this action becomes effective

Only the item that is checked below affects your enrollment. Read that item carefully and follow any pertinent instructions. Keep this form for your records.

Part B - Termination

<input type="checkbox"/> Your enrollment terminates on the date in Part A, item 8, above. However, your coverage is temporarily extended for 31 days after that date. <i>Important Notice: You have the right to convert to an individual (nongroup) contract with the carrier of your plan. You also may have the right to temporarily continue your group coverage. See Part B - Termination on the back of this form for information about 31-day extension of coverage, conversion, and temporary continuation of coverage.</i>
--

Part C - Transfer Out

Part D - Transfer In

<input type="checkbox"/> This enrollment continues but is transferred to the new Payroll Office (or Retirement System) shown below. See Part C on the back of this form for more information.	<input type="checkbox"/> The new Payroll Office (or Retirement System) shown in Part I below has accepted transfer of this enrollment and will continue it.
	Part E - Reinstatement <input type="checkbox"/> Your enrollment has been reinstated effective on the date in Part A, item 8, above.

Part F - Change in Name of Enrollee

Part G - Change in Enrollment - Survivor Annuitant

<input type="checkbox"/> The name under which this enrollment is carried has been changed to: Name _____ Date of birth _____ Address (including ZIP Code) if different from Part A, item 4, above. _____	<input type="checkbox"/> Your enrollment has been changed from family coverage to self only. Your plan will send you a new identification card. Your new enrollment code number is shown below. (Note: This item is completed by Retirement Systems only.) New Enrollment Code Number → _____
--	---

Part H - Remarks

--

Part I - Date of Notice

(Note: Instructions for Employing Offices are on the back of Copy 4 of this form.)

Name and address of agency (including ZIP Code)	
Signature of authorized agency official	Date

**QUESTIONS AND ANSWERS ABOUT
THE
FEDERAL EMPLOYEES'
COMPENSATION ACT (FECA)**

CA-550

Revised January 1999

This booklet contains answers to questions often asked about the Federal Employees' Compensation Act (FECA). It describes the basic provisions of the FECA in simple language, and it discusses the issues most commonly raised about entitlement to benefits.

The statements in this booklet are subject to change, and they do not have the force of the law or the regulations. The law is found at 5 U.S.C. 8101 et seq., and the regulations are found at 20 CFR Part 10. The Program's procedures are contained in the Federal (FECA) Procedure Manual.

<u>GENERAL INFORMATION</u>	<u>3</u>
<u>NOTICES OF INJURY, ILLNESS, AND DEATH</u>	<u>7</u>
<u>ENTITLEMENT TO BENEFITS</u>	<u>10</u>
<u>CONTINUATION OF PAY</u>	<u>15</u>
<u>MEDICAL BENEFITS</u>	<u>18</u>
<u>COMPENSATION BENEFITS</u>	<u>24</u>
<u>ADJUSTMENTS TO COMPENSATION</u>	<u>31</u>
<u>RETURN TO WORK</u>	<u>38</u>

Questions and Answers

General Information

A-1 What is the Federal Employees' Compensation Act (FECA)?

The FECA is a law, which provides benefits for civilian employees of the United States who have suffered work-related injuries or occupational diseases. These benefits include payment of medical expenses and compensation for wage loss. The FECA also provides for payment of benefits to dependents of employees who die from work-related injuries or diseases.

However, the FECA does not provide retirement benefits. Employees who fully or partially recover from their injuries are expected to return to work. The FECA provides vocational rehabilitation services to partially disabled employees for this purpose.

A-2 Who administers the FECA?

The FECA is administered by the Office of Workers' Compensation Programs (OWCP), U.S. Department of Labor, through 12 district offices located across the geographic areas they serve are shown in the Appendix.

A-3 Who is covered under the FECA?

All civilian employees of the United States, except those paid from non-appropriated funds, are covered. Special legislation provides coverage to Peace Corps and VISTA volunteers; Federal petit or grand jurors; volunteer members of the Civil Air Patrol; Reserve Officer Training Corps Cadets; Job Corps, Neighborhood Youth Corps, and Your Conservation Corps enrollees; and non-Federal law enforcement officers under certain circumstances involving crimes against the United States.

A-4 Are only regular, full-time employees eligible for FECA benefits?

No. FECA coverage is extended to Federal employees regardless of the length of time on the job or the type of position held. Probationary, temporary, and term employees are covered on the same basis as permanent employees. Also, part-time, seasonal, and intermittent employees are covered.

A-5 Are all work-related injuries covered under the FECA?

All kinds of injuries, including diseases caused by employment are covered if they occur in the performance of duty (see questions C-5 to C-9). However, benefits cannot be paid if injury or death is caused by willful misconduct of the injured employee, by intent to bring about the injury or death of oneself or another, or by intoxication of the injured employee.

A-6 Does the FECA cover a pre-existing medical condition that is aggravated by factors of employment?

Yes. Diseases and illnesses aggravated, accelerated or precipitated by the employment are covered. The employee must submit medical and factual evidence showing that the employment aggravated, accelerated, or precipitated the medical condition.

A-7 Is it necessary to report all injuries that occur at work, even minor ones such as a cut finger or bumped knee?

All injuries should be reported when they occur; since a minor injury sometimes develops into a more serious condition. Benefits cannot be paid unless an injury is reported.

A-8 If an employee has a work-related injury and also suffers damage to personal property, such as clothing, can the employee be paid for such loss?

The FECA does not provide for reimbursement for loss of personal property. The employee may claim such reimbursement from his or her employer under the Military and Civilian Personal Property Act of 1964, 31 U.S.C. 240 (See question B-3 concerning personal appliances and prostheses.)

A-9 Does an employee need an attorney or other representative to file or pursue a claim for compensation?

No. However, the employee may obtain the services of an attorney or other representative if desired. A Federal employee may not serve as a representative unless he or she is an immediate family member of the injured worker or is acting in his or her official capacity as a union representative. An OWCP employee may not act as a representative under any circumstances. The employee must advise OWCP in writing of the name of the representative. No special form is needed, but the employee must sign the statement.

A-10 Who pays the representative's fee?

The employee, not OWCP, is responsible for paying the fee. OWCP will not direct the payment of a fee or help collect a fee. The employee and representative must resolve these matters.

The employee should not pay any fee until OWCP has approved the amount (unless the payment is made to an escrow account pending OWCP's approval of the fee). OWCP will approve a fee based on an itemized statement submitted by the representative showing the work done and a statement from the employee indicating his or her agreement, or lack of agreement with the requested fee.

A-11 Are compensation payments subject to claims by creditors?

No. The FECA provides that assignment of a claim for compensation is void and all compensation payments are exempt from the claims of creditors.

However, disability compensation payments may be garnished for alimony and child support payments if allowed by state law, and the legal process is served according to state law.

A-12 How much does compensation coverage cost a Federal employee?

Nothing. Federal civilian employees are covered by virtue of their employment status.

A-13 Are there penalties for filing a false claim?

Yes. Federal law (18 U.S.C. 1920) provides:

Whoever knowingly and willfully falsifies, conceals, or covers up a material fact, or makes a false, fictitious, or fraudulent statement or representation, or makes or uses false statements or report knowing the same to contain any false, fictitious, or fraudulent statement or entry in connection with the application for or receipt of compensation or other benefit or payment under subchapter I or III of chapter 81 of title 5, shall be guilty of perjury; and on conviction thereof shall be punished by a fine under this title, or by imprisonment for not more than 5 years, or both; but if the amount of the benefits falsely obtained does not exceed \$1000 such person shall be punished by a fine under this title, or by imprisonment for not more than 1 year; or both.

A-14 Who pays the costs of workers' compensation?

The costs are paid from the Employees' Compensation Fund, which OWCP administers. Each year, each employer reimburses the Fund for the amounts paid to its employees in workers' compensation benefits during the previous year.

A-15 Is the employer entitled to know what an employee's worker's compensation file contains?

Yes. While workers' compensation records are protected from release under the Privacy Act, the employer is considered a party to the claim. It may receive information in the employee's file under the "routine use" provision of the regulations under which the Privacy Act is administered. Such information includes medical reports. Employers are expected, however, to handle this information with care and to restrict access to those with a specific need to have it.

A-16 How does an employee notify OWCP of a change of address?

The employee must advise the OWCP district office of any change of address in writing. No special form is needed, but the statement must be signed.

Questions and Answers

Notices of Injury, Illness, and Death

B-1 What must an employee do when injured at work?

- (a) Report the injury to the supervisor right away and obtain first aid as necessary;
- (b) Complete the written report (Form CA-1 or CA-2) and give it to the supervisor;
- (c) If a traumatic injury is involved, and further medical treatment is needed, obtain authorization (Form CA-16) from the supervisor for treatment by a physician of the employee's choice. If that physician is not available; the employee still has the right to choose a treating physician and should therefore select another (see question E-3);
- (d) If a traumatic injury is involved, furnish the supervisor with medical evidence of any disability within 10 calendar days of claiming continuation of pay (see question D-5).

B-2 What forms are used to report injuries and diseases?

Form CA-1, "Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay / Compensation" is used to report a traumatic injury.

Form CA-2, "Notice of Occupational Disease and Claim for Compensation" is used to report an occupational disease.

The employee should carefully follow the instructions attached to Forms CA-1 and CA-2. Form CA-1 should be filed within 30 days of the injury and Form CA-2 should be filed within 30 days of the date the employee realized the disease or illness was caused or aggravated by the employment. The forms may be obtained from the employer or OWCP.

The employer is expected to submit the completed form to OWCP within 10 workdays.

B-3 What is the difference between a "Traumatic Injury" and an "Occupational Disease or Illness"?

A traumatic injury is a wound or other condition of the body caused by external force, including stress or strain. The injury must occur at a specific time and place, and it must affect a specific member or function of the body. The injury must be caused by a specific event or incident, or a series of events or incidents, within a single day or work shift.

Traumatic injuries include damage solely to or destruction of prostheses, such as dentures or artificial limbs. Traumatic injuries also include damage to or destruction of personal appliances, such as eyeglasses or hearing aids, when a personal injury requiring medical services occurred. (See question A-8 concerning personal property.)

An occupational disease or illness is a condition produced by the work environment over a period longer than one workday or shift. The condition may result from infection, repeated stress or strain, or repeated exposure to toxins, poisons, fumes or other continuing conditions of the work environment.

The length of exposure, not the cause of the injury or the medical condition, which results determines whether an injury is traumatic or occupational. For instance, if an employee is exposed to toxic fumes for one day, the incident is considered a traumatic injury. If the employee is exposed to toxic fumes for two or more days, the incident is considered an occupational disease.

B-4 Are additional forms used when filing notices of occupational illness?

The employer should provide the employee with two copies of a checklist listing the information needed for the specific disease claimed. OWCP uses these checklists so that employees and employers will know what evidence OWCP requires.

B-5 What forms are used to report a death?

Form CA-5, "Claim for Compensation by Widow, Widower and/or Children" should be used by or on behalf of those parties to report a death from either a traumatic injury or occupational illness. The form is also used to claim benefits.

Form CA-5b, "Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren" should be used by or on behalf of those parties to report a death from either a traumatic injury or occupational illness. The form is also used to claim benefits.

B-6 May someone other than the employee fill out a notice of injury, illness, or death?

Yes. Another person, including the supervisor may act on behalf of an injured employee or survivor and fill out the employee's portion of Form CA-1, CA-2, CA-5 or CA-5b. The person making the report should complete and sign the form and then submit it to the employee's supervisor.

B-7 What can an employee do if his or her supervisor refuses to accept a notice of injury, illness or death?

The employee should notify OWCP of the refusal. Federal law provides in 18 U.S.C. 1922 that:

Whoever, being an officer or employee of the United States charged with the responsibility for making the reports of the immediate superior specified by section 8120 of title 5, willfully fails, neglects, or refuses to make any of the reports, or knowingly files a false report, or induces, compels, or directs an injured employee to forego filing of any claim for compensation or other benefits provided under subchapter I of chapter 81 of title 5 or any extension or application thereof, or willfully retains any notice, report, claim, or paper which is required to be filed under that subchapter or any extension or application thereof, or regulations prescribed thereunder, shall be fined under this title or imprisoned not more than one year, or both.

B-8 What is a recurrence of disability, and how does it differ from a new injury?

A recurrence of disability is defined as an inability to work after an employee has returned to work, when the inability is caused by a spontaneous change in a medical condition which had resulted from a previous injury or illness without an intervening injury or new exposure to the work environment that caused the illness.

This term also means an inability to work that occurs when a light-duty assignment made specifically to accommodate an employee's physical restriction due to his or her work-related injury or illness is withdrawn (except when such withdrawal occurs for reasons of misconduct, non-performance of job duties, or a reduction-in-force). Finally, it means an inability to work that occurs when the physical requirements of such a light-duty assignment are changed, so that they exceed an employee's established medical restrictions.

In contrast, a new incident with an identifiable cause is defined as a new injury.

B-9 What should an employee do if he or she has suffered a recurrence of work-related disability?

If an injured employee sustains additional disability as defined in question B-8, he or she should report the recurrence using Form CA-2a, "Notice of Recurrence". The form should be filed even if the recurrence occurs while the employer is paying COP. The employee must submit the factual and medical evidence noted in the instructions on the form. If the recurrent disability is related to the original injury, the employee is entitled to medical treatment and compensation.

Question and Answers

Entitlement to Benefits

C-1 What requirements must a claim meet?

The employee must provide medical and factual evidence to establish five basic elements:

- The claim was filed within the time limits set by the FECA;
- The injured or deceased person was an employee within the meaning of FECA;
- The employee actually developed a medical condition (or damaged a prosthesis) in a particular way;
- The employee was in the performance of duty when the event(s) leading to the claim occurred; and
- The medical condition found resulted from the event(s) leading to the claim.

These requirements are discussed in questions C-2 to C-10 below.

C-2 What is the time limit for filing notice of injury and claim for compensation?

A notice must be filed within three years of the date of injury. However, if a claim is not filed within three years, compensation may still be paid if written notice of injury was given within 30 days, or the employer had actual knowledge of the injury within 30 days after it occurred.

C-3 How is civil employee status determined?

The FECA covers all civilian Federal employees as described in question A-3. Contract employees, volunteers, and loaned employees are covered under some circumstances.

Federal employees who are neither citizens nor residents of the United States or Canada are covered subject to certain special provisions governing their pay rates and computation of compensation payments.

C-4 How is “fact of injury” established?

It must be shown that the employee actually sustained an injury or illness. Two factors are involved:

1. Did an incident occur at the time and place and in the manner claimed? This is determined 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.
2. Is a medical condition present, which may be related to the incident? This is determined on the basis of the attending physician’s statement.

C-5 How is “performance of duty” established?

Usually, the injury or illness must occur on the employer’s premises during working hours while the employee is performing assigned duties or engaging in an activity which is reasonably associated with the employment. Workers who perform assigned duties away from the employer’s premises are also covered.

C-6 Is an employee in performance of duty while on break or at lunch?

An employee is considered to be in performance of duty during break or at lunch on the employer’s premises. Unless the employee is in travel status or is performing regular duties off the premises, an injury, which occurs during lunch hour off the premises is not usually covered.

C-7 Is an injury, which occurs during work-related recreational activities considered to be in performance of duty?

Injuries which occur during recreation which the employee is required to perform as a part of training or assigned duties, or which occur while the employee is in pay status, are considered to be in performance of duty for compensation purposes.

Injuries which occur during informal recreation on the employer’s premises (for instance, jogging) may also be covered, as may injuries which occur while an employee is engaged in activities approved as part of an individual plan developed under a formal physical fitness program managed by the employer.

Injuries, which occur during informal recreation off the employer’s premises (such as playing on an employer-sponsored baseball team), may also be covered. The employer must explain what benefit it derived from the employee’s participation, the extent to which the employer sponsored or directed the activity, and whether the employee’s participation was required or not.

C-8 Is an employee considered to be in performance of duty while going to and from work?

No. Employees are not generally covered by the FECA for injuries, which occur before they reach the employer's premises or after they have left it. However, coverage may be extended when the employer provides transportation to and from work, when the employee is required to travel during a curfew or an emergency, or when the employee is required to use his or her automobile during the workday.

C-9 Is an employee considered to be in performance of duty 24 hours a day while in travel status?

An employee in travel status is covered 24 hours a day for all activities incidental to the work assignment. Such activities include obtaining meals, using the hotel room, and traveling between the hotel and the work site. They usually do not include recreational or sightseeing trips.

C-10 How is causal relationship established?

A medical connection between the injury and the condition found must be shown, based entirely on medical evidence provided by physicians who have examined and treated the employee.

Opinions of the employee, supervisors or witnesses are not considered, nor is general medical information in published articles. The fact that a condition appears during Federal employment does not establish causal relationship between the two. Likewise, the employee's belief that work factors caused or aggravated the condition does not establish causal relationship.

Where a pre-existing condition involving the same part of the body is present, the physician must provide a medical opinion, which states both the effects of the work-related condition and those of the pre-existing condition.

C-11 Does the employer have the authority to accept or deny a claim?

No. Only OWCP may make this decision. While the employer pays or withholds COP, this action is subject to review by OWCP in every case.

C-12 How does OWCP decide whether a case can be accepted?

Some very simple cases with medical expenses below a set threshold are accepted automatically. In most cases, however, OWCP claims staff considers the factual and medical evidence sent by the employee and the employer.

OWCP claims staff applies the law, the regulations, and the procedures to this factual and medical evidence. They also apply decisions of the Employees' Compensation Appeals Board and administrative decisions of OWCP as set forth in FECA Program Memoranda.

C-13 How is the employee advised when a case has been accepted?

In very simple cases, the employee receives a postcard advising that medical expenses up to a set amount will be paid without further information from the employee. In most other cases, the employee receives a letter stating the injury-related medical conditions and explaining how to claim further benefits.

C-14 If a case is accepted, does this automatically mean that OWCP will pay disability benefits?

No. A condition for which medical benefits are payable may not prevent an employee from working. Whether disability benefits are payable depends on what the medical evidence says.

C-15 If an employee qualifies for disability retirement under rules set forth by the Office of Personnel Management (OPM), does this automatically mean that the employee is entitled to receive compensation benefits?

No. To be eligible for compensation benefits, an employee must be disabled for regular work due to a work-related injury. OPM will consider disability whether it is work-related or not.

C-16 How long does an accepted case remain open?

An accepted case remains open for as long as medical care or disability continues. Cases in which there is no activity for a period of several months are closed and may be sent to the Federal Records Center. However, a closed case can be requested from the Federal Records Center and reopened at any time.

C-17 How is the employee advised when a case has been denied?

A formal decision is sent to the employee. The decision states the specific reason for denying the case and discusses the evidence, which led to the decision. Copies of the decision are sent to the employer and to the representative, if any.

C-18 If an individual disagrees with a formal decision of OWCP, what appeal rights are available?

OWCP encloses a description of appeal rights with each formal decision. These rights include:

1. An oral hearing before an OWCP representative. The individual claiming benefits can testify and present written evidence. The hearing is held at a location near the individual's home. He or she may have a representative at the hearing (see question A-9), but is not required to do so.
2. A review of the written record by an OWCP representative. The individual claiming benefits will not be asked to attend or testify, but he or she may submit written evidence.
3. Reconsideration by district office staff who were not involved in making the contested decision. The request must clearly state the grounds for requesting reconsideration, and it must include evidence not submitted before or a legal argument not made before.
4. Review by the Employees' Compensation Appeals Board (ECAB). The ECAB is part of the U.S. Department of Labor but separate from OWCP. Review by the ECAB is limited to the evidence of record, and no new evidence may be submitted. The individual claiming benefits may be represented by an attorney or by any other personal authorized by that individual. The ECAB must approve any fee for such representation.

C-19 If an individual disagrees with the decision reached on appeal, can he or she obtain review through a State or Federal court system?

No. The methods of appeal are limited to those described above.

Questions and Answers

Continuation of Pay

D-1 What is COP?

COP is continuation of an employee's regular pay for up to 45 calendar days of wage loss due to disability and/or medical treatment. It is paid by the employer only in connection with a traumatic injury. Employees with occupational disease claims are not eligible to receive COP.

D-2 What form should be used to claim COP?

Form CA-1 "Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation" is the form to use. It must be filed within 30 days of the injury.

D-3 What does "controvert" mean with respect to COP?

The term "controvert" means to dispute, challenge, or deny the validity of a claim for COP on the basis of the reasons stated in question D-4.

D-4 Is an employer required to continue pay in all cases of work-related, disabling traumatic injuries?

Where COP is claimed, the employer must continue the employee's pay unless it controverts COP for one of the following reasons:

1. The disability is due to an occupational disease or illness;
2. The employee serves without pay or nominal pay, or is appointed to the staff of a former President, or is selected pursuant to Chapter 121 of Title 28 and serves as a petit or grand juror, and is not otherwise an employee of the United States;
3. The employee is neither a citizen nor a resident of the United States or Canada (i.e., a foreign national employed outside the United States or Canada);
4. The injury occurred off the employer's premises and the employee was not engaged in authorized "off premises duties";
5. The injury was caused by the employee's willful misconduct; or by the employee's intent to bring about the injury or death of himself/herself or another person; or by the employee's intoxication by alcohol or illegal drugs;

6. The injury was not reported on a form approved by OWCP (usually Form CA-1) within 30 days after the injury;
7. The employee first stopped work more than 45 days after the injury;
8. The employee first reported the injury after employment ended;
9. 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.

D-5 Once COP has begun, may the employer stop it for any reason?

Yes. The employer is entitled to stop COP if:

1. The employee does not provide the employer with medical evidence of a disabling traumatic injury within 10 calendar days of claiming COP. (However, the employer may continue to pay COP if the supervisor is satisfied that the employee has a disabling traumatic injury.) COP is reinstated where evidence received at a later date supports disability.
2. The employee's physician has found the employee to be partially disabled and the employee refuses suitable work, or fails to respond to the job offer.
3. The employee's scheduled period of employment ends, or employment otherwise ends, provided the period of employment or date of termination is set before the injury occurs.

D-6 Does the employer have the right to interrupt COP if a disciplinary action has been taken against an employee?

No, except that COP can be stopped if employment ends due to disciplinary action in situations where preliminary written notice of termination or other action was issued before the injury occurred and the termination or other action became final during the COP period.

D-7 What action is needed if disability lasts more than 45 days?

If it appears that the disability will last beyond 45 days, the employee and the employer should complete Form CA-7, "Claim for Compensation". The employer should send it on the 40th day of COP to the district office handling the claim.

D-8 Can the employer require the employee to use annual or sick leave during the 45-day period pending OWCP's decision on the claim?

No. The employee cannot be required to use leave when he or she suffers a traumatic injury. If COP is controverted and terminated (see questions D-3 and D-4) the employee may either use leave or take leave without pay and apply for compensation.

D-9 If the "Duty Status Report" Form CA-17, shows that an employee can perform some work before the 45-day period ends, must the employee return to duty?

Yes. If Form CA-17 or a medical report from the employee's physician shows that the employee can return to light or limited duty, the employee must do so. If the employee refuses to accept the work offered or fails to respond to the job offered, the employer may end COP effective the date that such light duty became available. OWCP will resolve any dispute regarding entitlement to COP.

D-10 Are night differential, hazard, premium, holiday, Sunday pay and overtime included in the pay rate used for COP purposes?

Yes, except for Sunday and overtime pay, which are excluded by law.

D-11 Are any deductions made from COP?

COP is paid as salary, not compensation. It is therefore subject to the usual payroll deductions, such as those made for income taxes and retirement.

Questions and Answers

Medical Benefits

E-1 How does an employee obtain medical care for a work related injury?

If the employee requires medical treatment because of a work-related traumatic injury, the supervisor should complete the front of Form CA-16, "Authorization for Examination and/or Treatment" within four hours of the request. In an emergency, where this is no time to complete the form, the employer may authorize medical treatment by telephone and then forward Form CA-16 to the medical facility within 48 hours. Retroactive issuance of Form CA-16 is not allowed under any other circumstances. An employer may refuse to issue a Ca-16 if more than a week has passed since the injury.

If the employee requires medical treatment because of a work-related occupational illness, he or she should obtain care directly from a physician, preferably from a specialist in the indicated field. If OWCP accepts the claim, it will pay for medical treatment required by the condition(s) accepted, including treatment received before acceptance. CA-16 may not be used to authorize treatment for occupational disease or illness except in very unusual situations. An employer may issue a CA-16 for an occupational disease or illness ONLY after obtaining approval from OWCP. The name and title of the individual granting such approval must be shown on Form CA-16.

E-2 What is the function of Form CA-16?

Form CA-16 guarantees payment to the original treating physician (or any physician to whom the original treating physician refers the employee) for 60 days from date of issuance, unless OWCP terminates this authority at an earlier date.

Form HCFA-1500, American Medical Association Standard Health Insurance Claim Form, or Form OWCP-1500, the version of the form which includes instructions for submitting bills to OWCP, should accompany Form CA-16.

Even if no Form CA-16 is issued, OWCP will pay the charges for initial medical treatment if the case is approved and the treatment was needed for the job-related injury. Preferably, the provider will bill OWCP directly for such charges. If not, however, the employee should claim reimbursement by submitting itemized bills from the provider and a completed HCFA-1500 or OWCP-1500 signed by the provider, explaining the need for emergency care, along with Form CA-915, Claimant Medical Reimbursement Form.

E-3 Can the injured worker choose the physician who will provide treatment?

Yes, an injured worker is entitled to a first choice of physician or facility for treatment of an injury. The provider must meet the definition of “physician” under the FECA (see question E-4). A physician working for or under contract to the employer may examine the employee 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.

E-4 What is the definition of “physician” under the FECA?

The term “physician” includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, osteopathic practitioners, and chiropractors within the scope of their practice as defined by State law.

However, 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, except that a chiropractor may also provide services in the nature of physical therapy under the direction of a physician.

By regulation, the term “qualified physician” does not include those individuals 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 FECA.

E-5 What information must a report from a chiropractor contain?

A diagnosis of “spinal subluxation as demonstrated by x-ray to exist” must appear in the chiropractor’s report. A chiropractor may interpret his or her x-rays to the same extent as any other physician. OWCP will not necessarily require submittal of the x-ray, or a report of the x-ray, but the report must be available for submittal on request. The costs of physical and related laboratory tests performed by or required by a chiropractor to diagnose a spinal subluxation are payable.

E-6 What services may a clinical psychologist provide?

A clinical psychologist may serve as the sole treating physician in cases where the accepted condition is wholly emotional in nature, but may not serve as the sole treating physician in cases that include a physical component unless the applicable State law allows clinical psychologists to treat physical conditions. A clinical psychologist may also perform testing, evaluation and other services under the direction of a medical doctor.

E-7 Will OWCP pay the entire amount of the medical bill, or is there a maximum limit?

OWCP uses a schedule of maximum allowable medical charges. This schedule applies to charges for medical services rendered on and after June 9, 1986, by physicians, surgeons, podiatrists, clinical psychologists, optometrists, chiropractors, osteopathic practitioners, physician's assistants, and therapists. The fee schedule includes those services rendered in a hospital or nursing home setting, to inpatient hospital services and pharmacy charges after January 4, 1999. However, nursing home charges are not subject to a fee schedule.

The employee does not have to pay the difference between the maximum charge set by the schedule and the charge made by the provider.

E-8 If an employee pays for authorized treatment or medication for a work-related injury, can he or she obtain reimbursement?

Yes. For medical, surgical, and dental services, the employee should use Form HCFA-1500, American Medical Association Standard Health Insurance Claim Form, or OWCP-1500, the version of the form which includes instructions for submitting bills to OWCP. The form must be signed by the provider. For pharmacy expenses, the employee should use the Universal Claim Form, to include the name of the drug, name of prescribing physician and the date the prescription was filled. The employee must also complete CA-915, Claimant Medical Reimbursement Form, and submit a copy with each Form HCFA-1500, OWCP-1500, or Universal Claim Form. Claims for hospital charges must be submitted on Form UB-92.

Along with the proper forms, the employee should submit proof of payment. OWCP will accept signed statements by providers, a mechanical stamp showing receipt of payment, photocopies of canceled checks (both front and back), or a copy of a credit card receipt.

Bills and requests for reimbursement must be sent to OWCP within a year after the end of the calendar year in which the expense was incurred or the service was provided, or within a year after the end of the calendar year in which the treated condition was first accepted as compensable by OWCP.

For example, if the employee was treated in 1998 and OWCP accepted the claim in 1998, OWCP will process bills for that treatment if they are submitted by December 31, 1999. However, if the employee was treated in 1998 and OWCP accepted the claim in 1999, the employee would have until December 31, 2000 to submit bills.

E-9 Will OWCP pay for transportation to obtain medical treatment for a work-related injury?

An employee can be reimbursed for reasonable transportation expenses needed to obtain medical treatment. A distance of up to 25 miles from the employee's home or work site is usually considered a reasonable distance to travel. For automobile travel, the employee is reimbursed at the standard mileage rate for government travel. Otherwise the employee should travel by the shortest route and use public transportation unless a taxicab or specially equipped vehicle is needed because of the medical condition. Standard Form 1012 or other official government travel form should be used to claim reimbursement for travel expenses.

E-10 Will an employee's health benefit plan pay medical expenses resulting from work-related injury or disease?

Health benefit plans exclude work-related injuries, and a plan will not pay medical expenses if it is aware that a workers' compensation injury is involved. If the plan pays for medical expenses, which are later determined to be work-related, OWCP will reimburse the plan upon submittal of copies of the medical bills.

E-11 Can an employee change physicians?

An employee who wishes to change physicians after the first choice must contact OWCP in writing for approval and include the reasons for requesting the change. Otherwise, the employee may have to bear the cost of unauthorized medical care.

E-12 Will OWCP require an injured worker to be examined by a physician other than the worker's treating physician?

OWCP sometimes needs a second opinion from a medical specialist, either because the attending physician is not a specialist in the field of medicine related to the employee's injury, or because the information supplied by the attending physician is not complete enough to adjudicate or manage the claim.

Sometimes a conflict exists between the medical opinion of the attending physician and the medical opinion of a second opinion specialist. When this happens, OWCP must select a referee medical specialist to resolve the conflict. Such referee specialists are chosen according to a strict rotation method among all board-certified specialists in the appropriate field of medicine who are located in the employee's vicinity.

E-13 Does an injured worker have to report for medical examinations when directed by OWCP?

Yes. The employee is required to submit to examination by a physician when so requested by OWCP. Failure to do so without good reason may result in suspension of compensation or later entitlement to compensation. However, when an employee whose compensation has been suspended complies with OWCP's direction to undergo the examination, compensation will be restored as of the date of compliance as soon as the examination has taken place.

E-14 Can other parties attend medical examinations directed by OWCP?

For a second opinion examination, the FECA provides that a physician paid by the employee may participate in the examination. For a referee examination, the FECA contains no provision for participation by another physician.

No other party has a right to be present at either a second opinion or referee examination. However, if unusual circumstances exist, OWCP may allow a third person to attend. For example, where a hearing-impaired employee needs an interpreter, the presence of an interpreter would be allowed.

E-15 Will OWCP pay for the services of other professionals, such as physical therapists or private nurses, which are needed due to a work-related injury?

Yes, OWCP will authorize medical services prescribed or recommended by qualified physicians. In some instances, as with physical therapy, an initial period of treatment may be authorized, but additional periods of treatment must be supported by further medical evidence. Advance approval should be obtained by OWCP to guarantee payment.

E-16 Does FECA provide for appliances, supplies, or prostheses needed because of a work-related injury?

Yes, any medical appliances, supplies, or prostheses recommended by the attending physician will be provided, if likely to cure, give relief or reduce the degree or period of disability. The request should include the physician's reasons for believing the items to be necessary.

E-17 How does an employee obtain authorization for surgery?

As far in advance as possible, the employee or the treating physician should write to the OWCP district office and state the nature of the planned surgery. A report from the treating physician, which outlines the proposed benefits of the surgery, should be submitted as well. OWCP will evaluate the request, and it may obtain additional medical opinion. OWCP will then advise the employee of its decision.

E-18 Will OWCP pay for the services of an attendant if the employee requires assistance in caring for personal needs, such as feeding, dressing, bathing, etc.?

Yes, if the disability is so severe that the employee cannot care for his or her physical needs, such as feeding, bathing, or dressing, the services of a home health aide or similarly qualified person may be authorized. The assistance required must be personal in nature; an attendant's allowance cannot be paid for housekeeping services. An employee who believes that he or she needs such services should write to the OWCP district office.

E-19 Will an employee continue to receive the services of an attendant while hospitalized?

No. The services of an attendant may not continue while an employee is hospitalized, since hospital staff attend to all personal needs.

E-20 Under what circumstances will OWCP pay for nursing home care?

OWCP may authorize care in a convalescent home, skilled nursing facility, or hospice when the employee does not need acute care but does need services which are difficult or impossible to arrange in the home setting. The recommendation of the attending physician is required. OWCP will pay the rates for standard accommodations as required by the medical condition. The employee should remain under the continuing medical supervision of a physician who may be asked to justify the need for continuing institutional care every three to six months, depending on the severity of the medical condition.

Questions and Answers

Compensation Benefits

F-1 What form should be used to claim compensation for loss of pay?

Form CA-7, "Claim for Compensation", is the form used to claim compensation for loss of pay. Each payment of compensation must be supported by a medical report from a physician, which shows that the employee is disabled for work during the period for which compensation is claimed. It is the employee's responsibility to arrange for submittal of such medical reports.

F-2 How often are compensation checks issued?

Short-term compensation payments are issued each week. The period covered may include compensation for several days to several weeks. Long-term compensation payments are issued each four weeks.

F-3 Is there a maximum limit on the period for which an employee can receive compensation payments for wage loss?

No. An employee may receive compensation payments for as long as the medical evidence shows that total or partial disability exists and is related to the accepted injury or condition.

OWCP requires most employees receiving compensation for disability to undergo medical examinations at least once a year. This evaluation is usually obtained from the employee's treating physician. OWCP may, however, require the employee to be examined by another physician.

F-4 When do compensation payments begin?

Compensation payments can be made after wage loss begins and the medical evidence shows that the employee cannot perform the duties of his or her regular job. For a traumatic injury, compensation is payable after the 45 days of COP have ended and three waiting days have elapsed. For traumatic injuries where there is no entitlement to COP, and for non-traumatic injuries, compensation is payable after three waiting days have elapsed. In either instance, no waiting period is required when permanent disability exists, or when the disability causing wage loss exceeds 14 days.

F-5 Does an employee have to use sick or annual leave before compensation may be paid?

While an injured employee may use sick or annual leave, this is not required, and doing so can cost the employee a significant amount of money to repurchase. It is often preferable to use leave without pay and claim compensation instead. The employee should make this decision only after reviewing the information stated on Form CA-7b. An employee must be in leave-without-pay status before compensation is payable.

F-6 Can an employee use sick or annual leave to satisfy the three-day waiting period?

No, the employee must be in a leave-without-pay status. Any day or fraction of a day in which pay loss occurs can be counted as a waiting day.

Non-work days and holidays not falling within a period of leave may also be counted as waiting days.

F-7 If an employee uses sick or annual leave due to an on-the-job injury, can the leave be restored and compensation paid instead?

Such leave may be repurchased, subject to the employer's agreement, if the claim is approved and medical evidence shows that the employee was unable to work because of the injury during the period claimed. An employee who chooses to use sick or annual leave may request "leave buy-back" by submitting Forms CA-7, CA-7a and CA-7b to OWCP through the employer. The employee will owe the employer the difference between the amount paid for leave, which is 100% of the employee's usual wage rate, and the amount paid for compensation, which is 2/3 or 3/4 of the wage rate. When this difference is paid, the employer will then restore the leave to the employee's account. The repurchase of leave can also affect the employee's income taxes.

F-8 Will OWCP require an employer to grant an employee's leave buy-back request?

No this is solely the employer's decision.

F-9 How are disability compensation payments computed?

Compensation is paid at 2/3 of the employee's pay rate if he or she has no dependents, or 3/4 of the pay rate if he or she is married or has one or more dependents.

F-10 Who may qualify as a dependent to entitle an employee to compensation at the 3/4 rate?

The following are considered dependents for compensation purposes:

1. A wife or husband residing with the employee or receiving regular support payments from him or her, whether court ordered or not;
2. An unmarried child who is under the age of 18 and who lives with the employee or who receives regular contributions of support from him or her. Also, an unmarried child who is over the age of 18 and incapable of self-support due to physical or mental disability;
3. An unmarried child between 18 and 23 years of age, who is a student and who has not completed four years of post-high school education, and who is regularly pursuing a full-time course of study;
4. A parent who is wholly dependent upon and supported by the employee.

F-11 Is the 3/4 compensation rate applicable to an employee who is divorced and pays child support?

Yes, on account of the child, provided the employee is making regular contributions to the support of the child.

F-12 Is the 3/4 compensation rate applicable to an employee who is making alimony payments?

No, the definition of dependent does not include an ex-wife or ex-husband. If an employee has no actual dependents, the 3/4 compensation rate does not apply.

F-13 What should an employee do if the number of dependents he or she is claiming for compensation purposes changes?

If the number of dependents decreases, the employee should write to the OWCP district office and advise the relationship of the former dependent (for example, spouse or child), the reason for the change (for example, divorce or termination of student status), and the date of the change.

If the number of dependents increases, the employee should write to the OWCP district office and advise the relationship of the new dependent (for example, a new baby or a new spouse) and provide documentation of the change (for example, a copy of the birth certificate or marriage certificate).

Sometimes the addition or subtraction of a dependent affects the benefit level, and sometimes it does not. OWCP will adjust benefits if necessary, based on the new information provided.

F-14 Are night differential, hazard, premium, holiday, Sunday pay and overtime included in the pay rate used for compensation purposes?

Yes, except for overtime pay, which is excluded by law.

F-15 If an employee's pay increases while he or she is receiving compensation (due to a within grade increase or promotion), will compensation increase too?

No, an employee's pay rate for compensation purposes is not affected by later changes in his or her salary. This is because the pay rate is based on the employee's pay on the date of injury, the date disability began or the date of recurrence.

F-16 Does the amount of compensation increase as the cost of living rises?

Yes, if a beneficiary has been entitled to compensation for over a year, the law provides for a yearly increase based on the Consumer Price Index. OWCP applies this increase to all eligible cases each March 1.

F-17 Is there any limit on the total amount of compensation payable?

No, but the maximum payment per month cannot exceed 3/4 of the highest rate of basic pay provided for Grade GS-15. Basic pay excludes locality pay.

F-18 Are burial expenses payable if an employee dies because of a work injury?

Burial expenses up to \$800 are payable. If the Department of Veterans Affairs (VA) also pays a burial allowance, that allowance must be deducted. If the employee dies away from home, the cost of transporting the body to the place of burial will be paid in full. In addition, a \$200 allowance will be paid for terminating the deceased's status as a Federal employee.

F-19 Will a spouse and children be entitled to compensation benefits if an employee dies from a work-related injury or disease?

Yes. If no children are eligible, the spouse will receive monthly compensation at the rate of 50% of the deceased employee's pay rate for compensation purposes.

If children are entitled, a spouse will receive monthly compensation at the rate of 45% of

the decedent's pay. An additional 15% is payable for each child up to a total of 75% of the pay rate. Total monthly compensation for all dependents cannot exceed 75% of the monthly pay rate.

If there is no widow or widower, compensation for the first child is 40% and each additional child is entitled to 15% of the employee's pay rate, up to a maximum of 75% payable on a share-and-share-alike basis.

F-20 Is a surviving spouse's compensation terminated upon remarriage?

If the remarriage occurs at age 55 or later, compensation will continue. If the remarriage occurs before age 55, compensation ends, but the surviving spouse will be paid a lump sum equal to 24 times the monthly compensation.

F-21 In addition to a surviving spouse and children, are other dependents entitled to death benefits?

Yes. Compensation can be paid on behalf of dependent parents, grandparents, brothers, sisters and grandchildren at various percentages specified by the FECA, according to the degree of dependence.

F-22 How long are children entitled to FECA benefits?

Compensation for a child ends when the child marries or reaches age 18. It can continue, however, after age 18 if the child is a full-time student, unmarried, under age 23, and has not completed four years of education beyond high school. It can also continue if the child is incapable of self-support because of physical or mental disability.

F-23 What is a Schedule Award?

The FECA provides compensation for the permanent loss or loss of use of specified members, functions, and organs of the body. Payment is made for a specified number of days or weeks according to the severity of the impairment. This kind of payment is called a schedule award.

A list of scheduled members is shown below in question F-24. A schedule award is paid when the medical evidence shows that the scheduled part of the body has reached maximum medical improvement. Like compensation for wage loss, it is paid at 2/3 or 3/4 of the employee's pay rate.

F-24 For what extremities, organs, and body functions are schedule awards payable, and for what periods of time?

The following table shows the number of weeks payable for each schedule member if the loss or loss of use is total. Partial loss or loss of use of these parts and functions is compensated on a proportional basis.

Arm = 312 weeks of compensation	Complete loss of hearing (one ear) = 52 weeks
Leg = 288	Complete loss of hearing (both ears) = 200
Hand = 244	Breast = 52
Foot = 205	Kidney = 156
Eye = 160	Larynx = 160
Thumb = 75	Lung = 156
First Finger = 46	Penis = 205
Great Toe = 38	Testicle = 52
Second Finger = 30	Tongue = 160
Third Finger = 25	Ovary (including Fallopian tube) = 52
Toe (other than great toe) = 16	Uterus/Cervix = 205
Fourth Finger = 15	Vulva/Vagina = 205

Compensation for loss of binocular vision or for loss of 80% 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 and hearing aids are not considered in setting the percentage of impairment.

F-25 Can a schedule award be paid due to permanent impairment of the brain, heart, or back?

No. These parts of the body are specifically excluded from schedule award consideration under the FECA. However, compensation is paid for wage loss resulting from such impairment.

F-26 Can schedule award payments be made while an employee is working?

Yes. A schedule award is a payment for permanent impairment, and it may be paid after the employee returns to work. It may also be paid while an employee is receiving pay for sick or annual leave or a Civil Service annuity, or while he or she is working for private industry or is self-employed. However, it may not be paid while an employee is receiving compensation benefits for wage loss for the same injury.

Where injury-related loss of earning capacity persists after the schedule award ends, compensation may continue for loss of wage earning capacity.

F-27 Is an employee compensated for disfigurement due to a work-related injury?

Where an employee suffers injury to the face, neck, or head, and serious disfigurement results, the FECA provides for an award of compensation up to \$3500 if the disfigurement will likely be a handicap in finding and keeping a job.

F-28 Are compensation payments subject to Federal income tax?

Not at present. FECA beneficiaries should refer to instructions provided by the Internal Revenue Service each year.

Questions and Answers

Adjustments to Compensation

G-1 What deductions are made from compensation?

The only regular deductions from compensation are for the employee's share of health benefit premiums, for optional life insurance, and post-retirement basic life withholdings if the employee is enrolled in these plans.

G-2 When are deductions made from compensation for health benefits coverage?

If an employee is enrolled in a health plan under the Federal Employees' Health Benefit Program at time of injury, the enrollment will continue while compensation is being paid. An employee may enroll after the date of injury only if he or she first returns to work. Enrollment for health insurance coverage while in receipt of compensation is prohibited unless the compensation recipient was covered as a family member under a spouse's plan in the FEHBP at the time of injury.

G-3 When may an employee change health benefit plans?

An employee may reduce his or her coverage at any time within the same plan. He or she may also change options at any time within the same plan if marital status or family status changes (for example, due to the birth of a child). However, an employee may change from one plan to another only during Open Season, which is held once a year, usually in November. OWCP advises beneficiaries of the dates of Open Season and provides instructions for making changes.

G-4 What happens if an injured worker cancels health benefits while receiving compensation? Is it possible to re-enroll?

If the injured worker cancels his or her health benefits while receiving compensation, there is no entitlement to re-enroll until the employee returns to work with the Federal government. However, if after re-enrollment the injured worker sustains a recurrence of disability or sustains a new injury, coverage would continue during a new period of compensation.

G-5 Are eligible surviving family members entitled to coverage under a deceased employee's health benefit plan while receiving OWCP death benefits?

Yes, enrollment may continue for the surviving family members if the deceased employee was enrolled for Self and Family at the time of death and at least one covered family member receives compensation as a surviving beneficiary under the FECA.

G-6 Are deductions made from compensation for basic life insurance?

Yes, premiums for basic life insurance are withheld for all cases on the periodic roll where the date of injury is January 1, 1990 or later. The election of post-retirement basic life insurance at the time of retirement determines the rate at which the basic life insurance will decline after age 65. OWCP is responsible for deducting premiums for post-retirement basic life insurance when told to do so by the OPM.

G-7 Are deductions made for optional life insurance (OLI) coverage?

An employee may retain OLI while receiving compensation if he or she is eligible to continue regular insurance and has had OLI for no less than:

1. The five years of service immediately preceding the disability; or
2. The full period or periods of service during which OLI was available if less than five years.

Since OWCP does not enroll employees in OLI, any inquiries about enrollment should be referred to the employer or OPM.

G-8 Who should be contacted concerning specific questions about payment of benefits, or changes of beneficiaries, for regular or optional life insurance?

Employees should contact OPM at the following address: Retirement Operations Center, PO Box 45, Boyers, PA 16017.

G-9 If an employee is seriously injured at work and cannot work at all, should he or she file for workers' compensation benefits or apply for retirement benefits?

The employee should file for all benefits to which he or she may be entitled. If more than one type of benefit is granted, the employee will need to elect the one, which is

most advantageous. The employee may change an election any time it will benefit him or her to do so.

G-10 Does a beneficiary who is entitled to survivor's benefits resulting from a work-related death have the same choice?

Yes. If more than one benefit is approved, the beneficiary should elect between compensation and retirement benefits. Such an election, once made, may also be changed.

G-11 Should an employee who is receiving benefits from OWCP withdraw the money paid into his or her Civil Service Retirement System (CSRS) account or Federal Employees' Retirement System (FERS) account?

No. First, if the employee has a spouse, the spouse would be deprived of survivor's benefits from the OPM if the employee dies from causes other than the condition(s) resulting from the work-related injury. The FECA provides survivor benefits only when the employee's death is related to the work-related injury.

Second, the employee may want to elect benefits from OPM if he or she is no longer entitled to compensation benefits, or if he or she is no longer considered totally disabled because of the work-related medical condition has improved. In the latter case, OWCP will reduce compensation benefits to reflect the employee's wage earning capacity, an action, which may bring compensation payments to a level below OPM benefits.

G-12 Must an employee elect between retirement benefits and all monetary benefits payable under FECA?

A schedule award is the only monetary compensation that an employee may receive under the FECA while receiving retirement annuity for the same period from OPM. An employee must choose between the retirement annuity and monetary compensation in all other instances.

G-13 Are there special rules, which apply to employees entitled to benefits under FERS?

The portion of Social Security benefits earned during Federal employment represents a dual benefit, and the employee must make an election. However, any beneficiary may receive benefits concurrently from OWCP and the Thrift Savings Fund.

G-14 May an employee receive compensation payments for the same period as severance or separation pay is paid?

Payments of compensation for total disability during the same period of time for which severance or separation pay is paid are prohibited. However, an employee may receive compensation for loss of wage-earning capacity, and for schedule awards, for the same period as severance or separation pay.

G-15 Does the dual benefit prohibition apply to the lump-sum death benefit available to the survivor of an employee covered by FERS?

Yes. The lump-sum death benefit (equal to 50% of the employee's annual salary plus \$15,000) would have to be repaid by the survivor (or absorbed from FECA benefits) before any FECA benefits would be paid to the survivor.

G-16 Must an employee who elects retirement benefits from the OPM pay for medical treatment which may be required as a result of the work-related injury?

No, OWCP will continue to pay the cost of all medical treatment required for the effects of the injury even though the employee elects retirement benefits from OPM.

G-17 Is an award for a service-connected disability from the VA payable for the same period of time as FECA benefits?

Beneficiaries who receive compensation from the VA may also be required to elect between the benefits paid by the VA and those paid by OWCP. 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 those granted by the VA for strictly service-related disability or for a pension.

G-18 Can dependents receive a non-service connected award (pension) from the VA concurrently with compensation from OWCP if an employee dies from a work-related injury?

Yes. It is not necessary to elect between compensation from OWCP and a pension from the VA. An election is necessary between compensation and all other types of VA benefits, if benefits payable by both agencies are based on the same disability or death.

G-19 Can children receive benefits under FECA concurrently with VA benefits?

If children are entitled to both a VA educational award and FECA benefits because of the injury or death of an employee, an election must be made unless the VA educational award is designated as a pension.

G-20 Is retirement or retainer pay for military service payable concurrently with FECA compensation?

Yes, 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. The appropriate Military Finance Center should be contacted for advice as to whether retirement/retainer pay will be reduced because the employee is receiving compensation.

G-21 May FECA benefits be paid for the same periods of time as benefits paid by the Social Security Administration (SSA)?

An employee may receive OWCP benefits and SSA benefits based on private employment for the same periods of time, but SSA may reduce its payments. The employee should contact SSA to find out whether this will occur in his or her case.

The Social Security Amendments of 1983 provide full SSA benefits rather than CSRS benefits to Federal employees hired on and after January 1, 1984 (that is, to those covered by FERS). Therefore, employees who are covered by FERS would be required to elect between FECA benefits and that portion of their SSA benefits attributable to their Federal service.

G-22 Are the proceeds of a disability or death insurance policy payable concurrently with FECA compensation?

Yes, the FECA does not prohibit receipt of compensation benefits and private insurance benefits for disability or death for the same periods of time.

G-23 Is an employee entitled to compensation if a work-related injury is caused by a “third party”?

Yes, a work-related injury caused by a private party is compensable. However, when an injury occurs in this way the employee may be required to bring a claim against the private party (known as the “third party”) or to assign the cause of action to the United States. An employee (or the beneficiary, in the event of death) who refuses to do so loses the right to compensation.

G-24 Can an employee make a personal settlement of a third party claim?

Yes, the employee can hire an attorney or present a claim directly to the responsible party or insurance company. Since the Federal Government is entitled to reimbursement for compensation payments and medical expense, the employee should inform OWCP of all developments and recoveries in connection with a third party action. No court, insurer, attorney, or other person shall pay or distribute to the beneficiary or a designee the proceeds of such settlement without first satisfying or assuring satisfaction of the interest of the United States?

G-25 How is money or property distributed after a third party recovery?

The FECA specifies how the third party recovery shall be distributed. First, the costs of the obtaining the recovery, including a reasonable attorney’s fee if a fee was paid, and any court costs, are deducted from the total sum recovered as damages. The employee retains 1/5 of the net amount.

Then, from the remaining 4/5, a refund must be made to OWCP for the cost of all compensation benefits paid on account of the injury, less an amount equivalent to a reasonable attorney’s fee proportionate to the refund made to the United States.

Finally, any surplus remaining is retained by the injured employee and credited against future compensation benefits. OWCP will resume payment of compensation benefits and medical bills only after the employee has submitted claims, which equal the amount of the retained surplus.

G-26 What happens if an overpayment of compensation occurs?

When an overpayment occurs, OWCP advises the employee in writing of the amount of the overpayment and why it occurred. The letter also notifies the employee of OWCP’s preliminary decision as to whether the beneficiary is with fault or without fault in creating the overpayment. A beneficiary who is not at fault in creating an overpayment may

apply for waiver of the overpayment.

A beneficiary may be at fault even if OWCP also made an error, which contributed to the overpayment. For instance, if OWCP made a payment in error for a period when an employee had returned to work and was no longer entitled to compensation, but the employee accepted the payment anyway, the employee would be considered at fault for accepting a payment, which he or she knew, or should have known, was incorrect.

At every stage in the process of identifying and collecting overpayments, OWCP advises the beneficiary of his or her rights with respect to the debt, as it is required to do so by law.

Questions and Answers

Return to Work

H-1 What is OWCP's general policy concerning return to work?

Employees who are disabled from their regular jobs are expected to return to suitable light or limited duty identified by their employers. If such work is not available, OWCP provides nurse and vocational rehabilitation services to help employees return to work, either with the original Federal employer, another Federal employer, or in the private sector.

OWCP considers return to work a benefit both to the injured employee, who once again becomes a productive member of society, and to the employer, who retains (or obtains) the services of a skilled and knowledgeable individual.

The FECA provides that an employee must actively seek suitable work as soon as he or she can do so. If the employee refuses to do so, or refuses or neglects to work after such work is offered or found, he or she is not entitled to compensation.

H-2 What services does the OWCP nurse provide?

Registered nurses under contract to OWCP are assigned to traumatic injury cases of employees who do not return to work within 45 days after the date of injury, and they are also assigned to some occupational disease cases. Usually the nurse meets the various parties in person, but sometimes she or he works by telephone.

The nurse contacts the employee and the physician to ensure that the employee is receiving proper medical care and that the employee understands the medical treatment being provided. The nurse also contacts the employer to identify light or limited duty jobs that the employee can perform. Finally, the nurse relays to OWCP any concerns of the employee about payment of bills and compensation, authorization of medical services, and similar issues.

H-3 Is the employee required to work with the nurse?

Yes, OWCP nurse services are defined by regulation as part of OWCP vocational rehabilitation services. Employees are required to cooperate with OWCP's efforts to prepare them for suitable work.

H-4 How are job offers made?

OWCP works with Federal agencies to bring their partially disabled employees back to work. When an employer wants to rehire an employee, it must present a written job offer to the employee which includes a description of the proposed job and the working conditions (i.e., job title, hours, pay, specific job duties, physical requirements of the work, etc.) OWCP also receives a copy of the job offer. If the description of the job is compatible with the employee's medical limitations, the job is considered suitable.

H-5 What is considered suitable employment?

To determine what is suitable employment for a particular disabled employee, OWCP considers the employee's current medical limitations, whether the work is available within the employee's commuting area, the employee's qualifications to perform such work, and other relevant factors. (See question H-7 with respect to the payment of relocation expenses.)

H-6 Must a partially disabled employee take a lower-paying job?

In some cases the pay rate of the offered job is lower than the employee will readily accept. The employee is still required to accept such a job, if it is suitable. If this happens, the employee is entitled to receive compensation for the resulting loss of wage earning capacity. The compensation rate is 2/3 (without dependents) of the difference in pay between the old job and the new job.

H-7 What if the offered job requires the employee to relocate?

While employers are expected to offer jobs within the employee's commuting area if possible, OWCP may pay moving expenses in connection with a suitable offer of employment made to an employee who is off the employer's rolls. The kinds of expenses and amounts payable are determined according to the Federal travel regulations for permanent changes of duty stations.

H-8 If an employee is partially disabled, how does OWCP decide what the employee's ability to earn wages is?

The employee's earning may be used if they truly represent his or her ability to earn wages. If not, or if the employee has no earnings, OWCP must determine the employee's ability to earn wages. To do so, OWCP considers the nature of the injury, the degree of impairment, the employee's age and the kinds of work he or she can do, whether suitable work is available, and any other factors which may affect the ability to earn wages.

H-9 If an employee must stop work to seek medical care after returning to work, may he or she receive compensation for any loss of wages?

Yes, and employee may receive compensation for wage loss which occurs while he or she obtains medical care for a work-related injury.

H-10 What vocational rehabilitation services does OWCP offer?

Vocational rehabilitation counselors under contract to OWCP provide services such as counseling and guidance, vocational testing, training programs, and placement help. These services are available to employees who are partially disabled and cannot return to their usual work. Each service is provided for a specified period of time. For instance, placement services may be provided for up to 90 days.

H-11 When does OWCP approve training programs?

OWCP approves training programs if placement efforts with the Federal employer have not been successful and training would substantially increase the employee's earning ability. OWCP provides training only to those employees who need it to return to suitable work.

A program may include classroom training, on-the-job training, or both. The costs may include tuition, books and supplies, and maintenance up to \$200 a month.

H-12 What is assisted reemployment?

OWCP may reimburse an employer who was not the employer at the time of injury for part of the salary of the reemployed worker. This wage subsidy helps workers whose employing agencies have not been able to reemploy them. It is available to other Federal employers as well as to state and local governments and the private sector.

H-13 What if an employee does not want to take part in a vocational rehabilitation program?

Employees are expected to cooperate with vocational rehabilitation efforts, and the FECA provides sanctions for those who do not cooperate. If an employee refuses to take part in the early stages of vocational rehabilitation (such as interviews, counseling, testing, and work evaluations), OWCP assumes that vocational rehabilitation would have resulted in return to work with no loss of wage earning capacity, unless there is evidence to the contrary. Thus, OWCP reduces compensation to zero.

If an employee refuses to take part in the later stages of vocational rehabilitation, after suitable work has been identified, OWCP assumes that the employee would have been able to earn the wages of the identified job upon completion of the rehabilitation program. In this instance, compensation is reduced to reflect the employee's probable earnings in the identified job.

H-14 Do compensation payments continue during vocational rehabilitation?

Yes. Compensation for total disability will continue during an OWCP-approved program leading to employment with the Federal employer or a new employer. It also will continue during an OWCP-approved course of training and for up to 90 days of placement assistance. However, it does not continue once the employee actually begins working.

H-15 Can an employee obtain vocational rehabilitation services under the FECA while receiving Civil Service retirement benefits?

No, an employee is entitled to vocational rehabilitation services under the FECA only if he or she sustained a permanent work-related disability, which has resulted in disability for the usual work and is receiving compensation from OWCP.

H-16 When does compensation end?

Compensation ends when:

1. The employee returns to full duty in the job held when injured, or is otherwise reemployed in a job which results in no loss of wages;
2. The employee refuses an offer of a suitable job, and the cause for refusal is not reasonable, OWCP will decide whether the job offer was suitable and whether the refusal was reasonable.
 - a. Acceptable reasons for refusal include, but are not limited to, withdrawal of the offered position by the employer, acceptance of other work by the employee which fairly and reasonably represents

- his or her earning capacity; and a worsening of the employee's medical condition, as documented by the medical evidence, to the point that the employee is disabled for the job in question.
- b. Unacceptable reasons for refusal include, but are not limited to, the employee's preference for the area in which he or she currently resides; personal dislike of the position offered or the work hours scheduled; lack of potential for promotion; lack of job security; retirement; and previously issued rating for loss of wage earning capacity based on a constructed position where the employee is already working at a job which fairly and reasonably represents his or her wage earning capacity.
 3. The employee abandons a suitable job. OWCP will decide whether the job was suitable and whether the reason for abandonment was reasonable and apply its finding retroactivity;
 4. OWCP receives medical evidence showing that the employee no longer has limitations from the work-related injury which affect the performance of his or her duties when the injury occurred, or that the employee's disability is not causally related to the work-related injury;
 5. A beneficiary is convicted of defrauding the Federal government with respect to a claim for benefits.

OWCP issues formal decisions when compensation is terminated for any of these reasons.

H-17 When is compensation reduced?

OWCP reduces compensation when:

1. The employee returns to work and has actual earnings from employment, either with the original employer, or with a new employer, or from self-employment, and those earnings do not equal the wages of the job held at the time of injury, as adjusted for inflation. OWCP issues a formal decision regarding the employee's earning capacity and continued compensation entitlement in all instances except where the job held is not classified according to established personnel practices. In such instances the job cannot be used as the basis for a formal loss of wage earning capacity determination.
2. The employee can earn wages in a particular job which is both medically and vocationally suitable, and which is reasonably available in the employee's commuting area. Compensation can be reduced even if the employee does not actually work in the job identified. When compensation is reduced on this basis, OWCP issues a formal decision describing the job, its physical requirements, and the vocational preparation needed for it.

H-18 When is compensation suspended?

OWCP suspends compensation when:

1. The employee does not comply with certain specific requests from OWCP (such as a request to report for medical examination). OWCP will resume payment of compensation when the employee complies with the request.
2. The employee fails to reply within 30 days to a request for information on employment, earnings, dependents, or dual benefits.
3. A beneficiary in a death case fails to reply within 30 days to a request for information on continuing entitlement, including student status.
4. A beneficiary is imprisoned due to convictions for a felony. Limited benefits may be paid to eligible dependents, however.

Where compensation is suspended due to failure to respond to a request for information, and OWCP later receives a response to the request, benefits are paid from the date of suspension, if payments remain proper according to the information received in the response.

H-19 If an employee covered by the CSRS goes back to work with the original employer or another federal employer, will he or she be returned to CSRS, or will he or she be placed in FERS?

Employees covered by CSRS when they stopped work, retained entitlement to CSRS on return to federal employment. They may transfer to FERS within six months after reemployment. Employees covered by FERS when they stopped work remain covered under FERS on return to federal employment.

H-20 Does an employee have Civil Service retention rights after recovering from an injury on the job?

Yes. The FECA provides that Federal employees who have fully or partially recovered from work-related injuries have job retention rights. Federal employees who are injured on the job, who have received or are receiving compensation, and who return to Federal employment are entitled to the benefits, which they would have received if they had not been injured.

To be more specific, an employee who recovers within one year after compensation begins must be restored to the former job or its equal, whether or not he or she is still on the employer's rolls. Employees whose disabilities extend beyond one year, and who apply to be rehired within 30 days after compensation ends are to be considered first in hiring. These provisions of the FECA are administered by OPM.

H-21 If an employee returns to work but later loses his or her job due to a reduction-in-force (RIF), is the employee entitled to receive compensation again?

No, an employee who has returned to work is subject to the same conditions of employment as his or her co-workers, and a true RIF affects both injured and uninjured employees alike. Only if an injured employee's light duty job is withdrawn, while the jobs of uninjured employees remain unaffected, will the injured employee be entitled to claim a recurrence of disability and thus become eligible to receive compensation once again.

Index

Topic

Address, Change of	A-16
Acceptance of Claim	C-12 to C-16
Administration of FECA	A-2
Aggravation of Pre-existing Condition	A-6
Alimony Payments	A-11, F-12
Appeals, State or Federal Court System	C-19
Appeal Rights under the FECA	C-18
Appliances, Prostheses	A-8, B-3, E-16
Assisted Reemployment	H-12
Attendant, While Hospitalized	E-19
Attendant, Allowance for	E-18
Attorney Fees	A-10
Attorney, Need for	A-9, C-18
Basic Life Insurance	G-6, G-8
Beneficiaries (Death Claims)	F-19 to F-21
Bills, Medical	
Amount Payable	E-7
How to submit for Payment or Reimbursement	E-8
Break	C-6
Burial Expenses	F-18
Buy-Back, Sick and Annual Leave	F-7
CA-1 and CA-2	B-1, B-2
CA-2a	B-9
CA-5 and CA-5b	B-5
CA-7	D-7, F-1
CA-16	B-1, E-1
CA-17	D-9
Causal Relationship	C-10
Change of Address	A-16
Change of Physicians	E-11
Checklists, Occupational Disease	B-4
Child Support, when Paying After Divorce	A-11, F-11
Chiropractors	E-4, E-5
“Civil Employee” Status	C-3
Civil Service Retention Rights	H-20
Civil Service vs. FECA Benefits	G-9 to G-16
Claim, How to File	D-7, F-1
Clinical Psychologists, Services of	E-6

Compensation	
Cost of	A-12, A-14
Duration of	F-3
For Medical Examination of Treatment	H-9
How Claimed	D-7, F-1
How Computed	F-9, F-14
Use of Leave	F-5
When Checks are Issued	F-2
When it can be Terminated, Reduced or Suspended	H-16 to H-18
Continuation of Pay	
Controversion of	D-3, D-4
Definition of	D-1
How Claimed	D-2
How Computed	D-10
Interruption of	D-6
Termination of	D-5
Coverage under the FECA	A-3
Cost-of-Living (CPI) Increases	F-16
Creditors	A-11
Death Benefits, for Beneficiaries	F-19 to F-22
Death Benefits, Termination of	F-20, F-22
Deductions, From Compensation	F-28, G-1-2-6-7
Deductions, From Continuation of Pay	D-11
Denial of Claim	C-17
Dependents, Disability Claims	F-10 to F-13
Disability or Death Insurance, Relation to FECA Benefits	G-22
Disability Retirement (OPM)	C-15, G-9
Disfigurement Award	F-27
Divorce, Effects of, When Paying Child Support	F-11
Dual Benefits, CSRS, FERS vs. FECA	G-12 to G-15
Dual Benefits, VA vs. FECA	G-17
Duty Status Report (CA-17)	D-9
Eligibility for FECA Benefits	A-4
Employees' Compensation Appeals Board (ECAB)	C-18
Employee's Responsibility to Seek Suitable Work	H-1
Employer, Right to Information from File	A-15
Employer, Role in Adjudicating Claim	C-11
Employment, Suitable	H-5
"Fact of Injury"	C-4
False Claim, Penalties for Filing	A-13
FECA Benefits vs. Retirement Benefits	G-9 to G-16

FECA, What is it	A-1
FECA, Who administers it	A-2
FECA, Who is covered by it	A-3
Federal Employees' Government Life Insurance	G-6 to G-8
Form, Reporting, CA-1 and CA-2	B-1, B-6
Form, Reporting, CA-5 and CA-5b	B-5, B-6
Health Benefits Coverage	
in Death Claims	G-5
in Disability Claims	G-2 to G-4
Hearings (Branch of Hearings and Review)	C-18
Impairment, Permanent	F-23 to F-27
Injuries Covered Under FECA	A-5
Injury, Definition	B-3
Insurance, Relation to FECA Benefits	G-22
Leave During COP Period	D-8
Leave Restored after Using Sick or Annual Leave (Buy-Back)	F-7, F-8
Life Insurance, Basic	G-6, G-8
Life Insurance, Optional	G-7, G-8
Light duty, Requirement to Return to	D-9
Light Duty, Relationship to RIF	H-21
Lunch Hour	C-6
Maximum Amount of Compensation Payable	F-17
Medical Bills	
Amount Payable	E-7
How to submit for Payment or Reimbursement	E-8
Medical Care	
Appliances and Supplies	E-16
Attendant	E-18
Change of Physician	E-11
Emergency	E-1, E-2
First Choice of Physician	E-3
How to Obtain	E-1
Nurses, private	E-15
Paid by Employee's Health Insurance	E-10
Physicians, Definition	E-4
Transportation	E-9
While Receiving Benefits from OPM	G-16
Without Authorization	E-2
Medical Claim Form, OWCP-1500	E-1, E-2, E-8
Medical Examinations Required by OWCP	E-12 to E-14
Medical Services, Payment for	E-15
Minor Injuries, Report of	A-7

Non-traumatic Injury, Definition	B-3
Notice of Injury, Time for Filing	B-1, C-2
Nurses, Direct Care	E-15
Nurses, OWCP	H-2, H-3
Nursing Home Care	E-20
Occupational Disease or Illness, Definition	B-3
Offer of Employment	H-4
Optional Life Insurance (OLI)	G-7, G-8
Overpayment of Compensation	G-26
Overtime Pay	D-10, F-14
Part-Time Employees, Coverage of	A-4
Partially Disabled Employees	
Compensation for	H-6, H-8
Responsibility to Return to Work	D-5, H-1
Payments, see Compensation	
Penalties	A-13, B-7
Performance of Duty	C-5 to C-9
Permanent Impairment, Awards for	F-23 to F-27
Personal Property Loss	A-8
Physical Therapy	E-15
Physician, Change of	E-11
Physician, Choice of	E-3
Physician, Meaning of, under FECA	E-4
Privacy Act	A-6
Prosthetic Appliances	A-8, B-3, E-16
Psychologists, Services of	E-4, E-6
Reconsideration of Decision	C-18
Recreational Injuries	C-7
Recurrence, Coverage for	B-8, B-9
Reduction-in-Force (RIF), Effect of	H-21
Reduction of Compensation	H-17
Reemployment, Assisted	H-12
Reemployment, Vocational Rehabilitation Services	H-10 to H-15
Referee Medical Examination	E-12
Reimbursement, Medical Costs	E-8
Relocation to Accept Job Offer	H-7
Reporting Minor Injuries	A-7
Reporting Forms	B-2
Representative	
Fees	A-10
Need for	A-9, C-18
Who May Serve As	A-9
Requirements for Acceptance of Claim	C-1, C-12

Retainer Pay	G-20
Retention Rights under Civil Service Rules	H-20
Retirement Pay	G-20
Return to Work, OWCP Policy Concerning	H-1
Salary Increase	F-15
Schedule Award	
Brain, Heart, or Back	F-25
Defined	F-23
Receipt of, While Working	F-26
Table of Weeks Payable	F-24
Second Opinion Medical Examination	E-12 to E-14
Sick and Annual Leave	
During COP Period	D-8
Restored	F-7
While Receiving Compensation	F-5, F-6
Social Security Benefits	G-21
State or Federal Court, Appeals to	C-19
Student Status	F-22
Suitable Employment	H-5
Surgery, Request for	E-17
Suspension of Compensation	H-18
Temporary/Term Employment, Coverage for	A-4
Termination of Compensation	H-16
Third Party	G-23 to G-25
Third Party Settlement, Distribution of	G-25
Time Limits to File, Notice of Injury	B-1, C-2
Training Programs, When Approved	H-11
Transportation Costs for Medical Care	E-9
Transportation of Remains	F-18
Traumatic Injury, Definition	B-3
Travel Status (TDY)	C-9
Travel To and From Work	C-8
Veterans (VA) Benefits vs. FECA Benefits	G-17, G-18
Veterans (VA) Education Benefits vs. FECA Benefits for Children	G-19
Vocational Rehabilitation, Compensation While Receiving	H-14
Vocational Rehabilitation, Refusal to Participate	H-13
Vocational Rehabilitation, While Receiving Civil Service Retirement Benefits	H-15
Wage Earning Capacity, Loss of	H-6, H-17
Wage Earning Capacity, How Determined	H-8
Waiting Period, Three-Day	F-4, F-6
What to Do If Injured	B-1

Widow-Widower Benefits	F-19
Widow-Widower, Remarriage	F-20
Withdrawal of Funds from CSRS or FERS while Receiving FECA Benefits	G-11
Workers' Compensation, Cost of	A-12, A-14

Injury Compensation for Federal Employees

Publication CA-810

PUBLICATION CA-810	1
<u>CHAPTER 1. OVERVIEW</u>	<u>5</u>
1-1. PURPOSE	5
1-2. EXCLUSIVENESS OF REMEDY	5
1-3. OWCP STRUCTURE	5
1-4. JURISDICTION	5
1-5. INFORMATION AND RECORDS	6
1-6. PENALTIES	6
1-7. FORMS	7
1-8. REFERENCES	7
1-9. TRAINING	8
<u>CHAPTER 2. INITIATING CLAIMS</u>	<u>10</u>
2-1. EXPOSURE TO INFECTIOUS AGENTS	10
2-2. TRAUMATIC INJURY	11
2-3. OCCUPATIONAL DISEASE	14
2-4. RECURRENCES	15
2-5. DEATH	16
<u>CHAPTER 3. CONDITIONS OF COVERAGE</u>	<u>18</u>
3-1. TIME	18
3-2. CIVIL EMPLOYEE	19
3-3. FACT OF INJURY	19
3-4. PERFORMANCE OF DUTY	20
3-5. CAUSAL RELATIONSHIP	22
3-6. STATUTORY EXCLUSIONS	23
<u>CHAPTER 4. PROCESSING CLAIMS</u>	<u>25</u>
4-1. ADMINISTRATIVE MATTERS	25
4-2. BURDEN OF PROOF	26
4-3. QUESTIONABLE CASES	29
4-4. DECISIONS AND NOTIFICATION	29
<u>CHAPTER 5. CONTINUATION OF PAY</u>	<u>32</u>
5-1. DEFINITION AND ENTITLEMENT	32
5-2. USE OF LEAVE INSTEAD OF COP	32

5-3. CONTROVERSION	33
5-4. PAY RATE FOR COP	34
5-5. COMPUTATION	35
5-6. LIGHT- OR LIMITED-DUTY ASSIGNMENTS	35
5-7. RECURRENCES	36
5-8. TERMINATING COP	36
5-9. REPORTING COP-FORM CA-3	37
 CHAPTER 6. MEDICAL BENEFITS AND CARE	 38
6-1. ENTITLEMENT	38
6-2. DEFINITION OF PHYSICIAN	38
6-3. CHOICE OF PHYSICIAN	39
6-4. MEDICAL TREATMENT AND EVALUATION	39
6-5. EXCLUSION OF PROVIDERS	41
6-6. PAYMENT OF BILLS	42
 CHAPTER 7. COMPENSATION BENEFITS	 44
7-1. DISABILITY BENEFITS	44
7-2. DEATH BENEFITS	47
7-3. DUAL BENEFITS	48
7-4. COMPUTING COMPENSATION	49
 CHAPTER 8. MANAGING DISABILITY CLAIMS.	 52
8-1. INITIAL ACTIONS BY OWCP	52
8-2. RETENTION RIGHTS	52
8-3. NURSE SERVICES	53
8-4. REEMPLOYMENT WITH THE AGENCY	53
8-5. VOCATIONAL REHABILITATION SERVICES	55
8-6. ASSISTED REEMPLOYMENT	56
8-7. PAYMENT OF RELOCATION EXPENSES	58
8-8. EMPLOYEES IN LIGHT- OR LIMITED-DUTY STATUS	59
8-9. SEPARATION FROM EMPLOYMENT	59
 CHAPTER 9. AGENCY MANAGEMENT OF COMPENSATION CLAIMS	 60
9-1. OBTAINING INFORMATION	60
9-2. INSPECTION AND PROTECTION OF RECORDS	60
9-3. MANAGING COMPENSATION PROGRAMS	61
9-4. RECORD-KEEPING	62
9-5. CHARGEBACK	63

<u>APPENDIX A. BASIC FORMS</u>	<u>65</u>
---------------------------------------	------------------

<u>APPENDIX B. INJURY/ILLNESS TYPE AND SOURCE CODES; OCCUPATION CODES</u>	<u>68</u>
--	------------------

<u>APPENDIX C. OCCUPATIONAL DISEASE CHECKLISTS</u>	<u>74</u>
---	------------------

<u>APPENDIX D. ADDRESS LIST</u>	<u>75</u>
--	------------------

Chapter 1. Overview

1-1. Purpose

The FECA 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: CT, ME, MA, NH, RI, and VT.

District 2--New York, NY: NJ, NY, PR, and the VI.

District 3--Philadelphia, PA: DE, PA, and WV.

District 6--Jacksonville, FL: AL, FL, GA, KY, MS, NC, SC, and TN.

District 9--Cleveland, OH: IN, MI, and OH.

District 10--Chicago, IL: IL, MN, and WI.

District 11--Kansas City, MO: IA, KS, MO, and NE.

District 12--Denver, CO: CO, MT, ND, SD, UT, and WY.

District 13--San Francisco, CA: AZ, CA, HI, and NV.

District 14--Seattle, WA: AK, ID, OR, and WA.

District 16--Dallas, TX: AR, LA, NM, OK, and TX.

District 25--Washington, DC: MD, VA, the District of Columbia.

1-5. Information and Records

Individual case files are protected under the Privacy Act, and only the employee, his or her representative (if any), and 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 of it; an appointment should be requested ahead of time. If it is not possible to travel to the district office, the case may be reviewed in another Department of Labor office. 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. As stated in OWCP's 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 on 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:

CA-1	Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/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-5	Claim for Compensation by Widow, Widower and/or Children.
CA-5b	Claim for Compensation by Parents, Brothers, Sisters, Grandparents or Grandchildren
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
OWCP-1500a	Health Insurance Claim Form

1-8. References

Several resources describing the provisions of the law and how they are applied are available in printed form and on OWCP's Home Page on the Internet. The address of the Home Page is: <http://www.dol.gov/dol/esa/owcp.htm>

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 OWCP's Home Page or from the district offices (there is no charge).

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 be obtained from OWCP's Home Page or from the district offices (there is no charge).

C. The Federal (FECA) Procedure Manual describes in detail the procedures which OWCP staff uses 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. One copy of this volume may

be provided at no charge to each agency's national headquarters. Other interested parties may obtain it for \$35 per copy. It may be ordered from: Division of Federal Employees' Compensation Office of Workers' Compensation Programs 200 Constitution Avenue N. W., Room S-3229 Washington, D. C. 20210

D. Questions and Answers About the Federal Employees' Compensation Act (Pamphlet 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 single copies from OWCP's Home Page or from the district offices (there is no charge). Agencies may order copies from GPO at the address shown in Chapter 1-7.

E. Decisions of the Employees' Compensation Appeals Board may be found in most law libraries. Recent decisions are available from OWCP's Home Page, and all decisions are available on a CD-ROM, which may be purchased from Howe Data Inc. or in bound volumes, which may be purchased from GPO.

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- line supervisors as well as middle- and senior-level managers. The seminar includes lectures and visual aids. It may range from one to six hours, and it 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 three-day 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 Advanced Compensation Specialist Training* is a self-instructional unit requiring about 12 hours to complete. It is primarily intended for compensation specialists who have attended the basic course and who have nine to twelve months of experience handling compensation claims. The course stresses management of agency compensation case files with regard to third-party matters, review of chargeback reports and billings, light- and limited-duty assignments, and reemployment of long-term disabled employees.

D. *The FECA Supervisors Workshop* is tailored to the needs of the agency requesting training. The training generally covers supervisory responsibilities to employees who are injured at work. It includes reviewing initial reporting forms; counseling employees about continuation of pay; deciding whether to controvert a claim; and offering light- or limited-duty assignments to injured employees. The length of this course varies according to the

kind and amount of material presented. Arrangements for these courses may be made with the Technical Assistant of the district office serving your agency.

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

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 immunodeficiency virus). The Occupational Safety and Health Administration has published regulations addressing the health risks posed by bloodborne 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 §1910.1030).

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 Form 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 who is 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 useful to arrange for surveillance testing, which monitors a population at risk for a certain condition (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 of 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' Claims Act, 31 U.S.C. 240.)

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 written report on Form CA-1. The form should be given 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 form must contain the original signature of the person giving notice. The supervisor should:

- (1) Review the front of the form for completeness and accuracy, and assist the employee in correcting any deficiencies found;
- (2) Complete and sign the reverse of Form CA-1, including a telephone number in case OWCP staff have questions about the injury. Also, insert the appropriate codes on both the front and back of the form. Codes should be included for occupation, type and source of injury, agency identification, and location of duty station by zip code. (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 Form CA-1 and give a copy of the entire form 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 regular 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 10 working 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 10 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 add the words "first aid" to the upper right corner of the agency's portion of Form CA-1 and submit it 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 continuation of pay 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 continuation of pay, the supervisor should place Form CA-1 in the worker's 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 treatment.

(2) Choice of Physician. The employee is entitled 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; 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 additional authorizations for treatment. Both the original physician and any physician to whom the employee is referred is 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. In cases sent to OWCP, a medical report from the attending physician is required. This report may be made on Form CA-16 or on Form CA-20, which is attached to Form CA-7. It may also be made 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 the district office. The supervisor may send Form 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 (so as to prevent overpayments), and later provide written confirmation of return to duty.

(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. (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). The supervisor should also show the address of the district office in the box on the reverse of the Form CA-20, which is attached to the claim form. 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) Submittal 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- b) are 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 may be made on Form CA-7, and it should be accompanied by a statement from the supervisor showing the exact period of time and 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, exposure to toxins, poisons, or fumes, or other continuing 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. (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-35a-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 the form for completeness and accuracy, and help the employee to correct any errors or omissions;
- (2) Complete and sign the reverse of Form CA-2, and include a telephone number in case OWCP staff have questions about the claim. Also, show the codes for occupation, type and source of injury, agency identification, and location of duty

station by zip code. (Appendix B describes the type and source of injury codes and their use.)

(3) Sign and return to the employee the receipt attached to Form CA-2 and give a copy of the entire form 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 reports 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 within 10 days after pay stops or when the employee returns to work, whichever occurs 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 may be made on Form CA-7, and it should be accompanied by a statement from the supervisor showing the exact period of time and the total amount of wages 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 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 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, however, 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 death resulted from the same condition for which the disability claim was accepted.

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 and forward it to OWCP. The submittal should include a copy of the death certificate. It should also include a copy of the marriage certificate if a spouse is making the claim, and a copy of any divorce or annulment decree if the decedent or spouse was formerly married. The submittal should 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.

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

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. Even if 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 superior 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 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 traumatic injury, time begins to run from the date of death. 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 the person 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 the person 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 the 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 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 accepted, 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 information it has about the employee's purpose in 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 it owns or leases the parking lot, and if the latter, the name and address of the owner (this information may be needed for purposes of developing 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 an 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) Vehicular 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 a 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

association. The supervisor should submit copies of reports of any internal or external investigation 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 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 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 in 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, and 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/Adviser 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 are 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, he suffers pain in his back when he leans 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 have been 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 both 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 to be questionable.

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 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 and the supervisor a postcard (Form CA-801) advising the claim number assigned to the case. OWCP will administratively close uncontroverted claims with medical bills totaling less than \$1500, no claim for compensation benefits, and no potential third-party liability after payment of any outstanding medical bills. Claims not meeting these criteria will be assigned to a Claims Examiner for formal adjudication, as will those, which pass 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 interests 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 \$.10 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 are often 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 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 employing agency may be asked to participate in such a conference, either with the Senior Claims Examiner alone or together with other parties to the claim. After the conference, the Senior Claims 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 should 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 a 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 equal 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 delays, 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 it 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 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 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 requirements for factual information vary 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 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 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 OWCP is attempting to obtain it, but that 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 cases. 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 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 action, 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 (SF-171 or equivalent) to prepare for eventual reemployment. (This process is described in Chapter 8.) During the

life of a claim, decisions may be rendered on various issues. OWCP usually advises 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 usually 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 special form is needed. If an oral hearing is requested, 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 send one representative (or more, where appropriate) to 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 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, which 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 residing within the continental United States or Canada should file application for review within 90 days of the date of the decision. Employees residing elsewhere should file within 180 days of the date of the decision. For good cause shown, the ECAB may excuse failure to timely file an application for review if it is filed within one year of the date of the decision.

Chapter 5. Continuation of Pay

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

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 charged 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.

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.

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 refer 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, Canada, or the territory under the administration of the Panama Canal Commission (i.e., a foreign national employed outside these areas);
- 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 first 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 sections 5-6 or 5-8 is met.

5-4. Pay Rate for COP

An employee's regular pay is his or her average weekly earnings, including night or shift differential and various kinds of premium pay (but not Sunday 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, either 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, either 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, either 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 earned within one year before the date of injury (the daily wage is the hourly rate times eight).

D. Increments of Pay. Night or shift differential as well as 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 or 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 of 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.

5-5. Computation

Unless the injury occurs before the beginning of the workday, time loss on the date of injury should be charged to administrative leave. 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. 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 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. 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 of 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. 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 Workdays. 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 for the job held at the time of injury 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:

(1) The 10-workday period begins with the workday after the employee claims COP or the disability begins (or recurs).

(2) A "workday" means the business day of the office or facility where the employee works or reports, such that the employee could submit the medical evidence to an authorized agency official.

B. The Employee is No Longer Disabled. The agency should terminate COP if: it receives 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-Form CA-3

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. Completion of Form CA-3. Sometimes, return to duty information is shown on Form CA-1 when the injury is first reported. If not, the agency may (but is not required to) complete Form CA-3 and submit it to OWCP when entitlement to COP ends, the employee returns to work, or the disability ceases. Any Form CA-3 filed, should state the specific days and hours charged to COP and/or leave, and attachments may be used if necessary. The amount of money shown should reflect only the amount paid for COP; it should not include wages paid for light or limited duty or for parts of days actually worked. In cases of intermittent or delayed disability, time charged to COP may be reported by narrative letter rather than Form CA-3. 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 does not return to duty, an overpayment, which is subject to collection by the agency may result.

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 decision (usually conveyed by Form CA-1050). Payment made may then be charged, 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

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 which, 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 and hospitalization, as well as transportation needed to secure these services. Preventive 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 are 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 Form CA-16. In this situation the employee is entitled to select another attending 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, and Department of Veterans Affairs and their medical officers.

Agency personnel may not interfere with the employee's right to choose a physician, nor may they require an employee to go to a physician who is 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 to obtain additional information about or clarify the employee's duty status or medical progress, and only in writing.

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 Physician. 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 instructions.

6-4. Medical Treatment and Evaluation

A. Employee Requests. To guarantee payment, some forms of medical treatment should be approved by OWCP in advance. Such forms of treatment include:

- (1) Non-emergency surgery; a second opinion examination may be needed before such surgery can be approved. (OWCP will not require an employee to undergo surgery or any other invasive procedure, such as a myelogram);
- (2) Private hospital room accommodations. (Only semi-private rooms will be authorized unless the employee's condition requires private accommodations);
- (3) Hospital beds, traction apparatus, wheelchairs, and similar equipment;
- (4) Orthopedic appliances and shoes;
- (5) Nursing home care;
- (6) Courses of physical therapy;
- (7) Hearing aids and lip-reading services;
- (8) The services of hearing and seeing-eye dogs;

(9) Memberships in health clubs.

The attending physician is responsible for requesting such services, and his or her reasons for believing that the services are needed should be included in the request. Prior authorization need not be obtained to purchase minor appliances such as a sacroiliac belt or an ankle strap, or for such items as crutches and canes if prescribed by the attending physician.

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 or 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 requests for surgery and other kinds of treatment requiring OWCP approval. 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 arrange 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 of opinion, which 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 examinations desired 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 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 office 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 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 will pay for or reimburse only those services rendered for work-related injuries. Documentation usually takes the form of a report or clinical notes from the physician, or a copy of the discharge summary from a hospital.

A. Forms. Most providers must submit their bills on the American Medical Association (AMA) Standard Health Insurance Claim Form (HCFA-1500). A version of the form, which includes instructions for submitting bills to OWCP, carries the form number OWCP-1500. 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 to submit bills: physicians; nursing services; laboratories and X-ray facilities; chiropractors; therapists; and suppliers of medical equipment and goods. Dentists are *encouraged* to use the HCFA-1500; they may use the standard ADA form instead. Pharmacies must use the Universal Claim Form. Hospitals must use Form UB-92, and nursing homes are encouraged to use these forms as well. Bills rendered by ambulance services may be submitted on billhead, as may bills from foreign providers. Veterans Administration facilities may submit bills using Form VA-10-9014.

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

- (1) Employee's name;
- (2) Provider's name and address;
- (3) Diagnosis;
- (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 the charges. The Current Procedural Terminology (CPT) code for each medical, surgical, X-ray or laboratory service should be shown on the HCFA- 500, 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 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. Unless the amount involved is minor, OWCP will advise the payee fully of any adjustments to the bill by letter which explains 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, a separate notice will be issued.

F. Reimbursement. An employee may request reimbursement by submitting either receipted bills from the provider or a completed HCFA-1500 signed by the provider. Hospital bills must be stamped "paid" or otherwise certified to show that payment was made. Cash sales receipts that bear imprints of mechanical cash registers may be accepted if the nature of the sale is identified. Photocopies of canceled checks may be accepted in lieu of receipts but must be accompanied by itemized bills or other evidence of the charge for which payment was made. Prescription receipts must include the name of the drug and the date the prescription was filled. Reimbursement for prescription expenses should be requested on Form CA-915, which is used in addition to the Universal Claim Form. As with direct payments, 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 HCFA-1500 or similar OWCP-approved form. The form should list procedures and charges for each provider, and copies of paid bills and canceled checks should be attached. The form should also note the carrier's Tax Identification Number.

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.

Standard Form 1012 should be used to claim reimbursement for travel expenses. All items will be reimbursed on the basis of actual expense; 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 check to OWCP immediately. If an overpayment occurs, OWCP will determine whether the beneficiary is with fault in 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 to survivors in death claims. It also includes a section on computing compensation payments.

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 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) A student 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. A three-day waiting period, for which no compensation is payable, applies except where disability lasts more than 14 days or permanent disability results from the injury. In these cases compensation is paid for the three days. Where COP is paid, the three-day waiting period begins after the 45th day of COP. 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. 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
Loss of hearing--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 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, 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 schedule awards is computed by multiplying the indicated number of weeks times 66 2/3 percent (without dependents) or 75 percent (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 percent.

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 that is deemed suitable, medically and otherwise, 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, and 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 \$3500 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 \$1500 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 periodically using Form 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 or vehicle modifications. Examples of such conditions include blindness, profound bilateral deafness, and 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) A 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 percent of the deceased employee's salary. An additional 15 percent is payable for each child, to a maximum of 75 percent 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 percent and each additional child is entitled to 15 percent of the deceased employee's salary, to a maximum of 75 percent, 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. 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, which are made by employing agencies, do not constitute dual benefits, and no election between them and OWCP benefits is required.

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 (CSC or FERS). Also, a person may not receive death benefits from OWCP concurrently with a survivor's annuity (CSC 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 for different periods of time based on the more advantageous benefits.

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. 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 in accordance with 5 U.S.C. 5532 (b).

An employee may receive severance pay concurrently with compensation for a schedule award or for loss of wage-earning capacity, but not with compensation for temporary total disability. Separation pay may constitute a dual benefit, and an agency, which is offering such payments, should contact OWCP for further guidance. Finally, an employee may receive unemployment compensation benefits concurrently with OWCP 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 impairment are issued on a weekly basis, while longer-term payments for disability, schedule award and death are made every four weeks. Checks 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 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).

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 cases 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 is 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 percent 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 percent 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 percent 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 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 check 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.

(2) Transfer. If the employee will likely be on OWCP rolls for more than six months, OWCP will ask the employer to transfer the enrollment. If the employee returns to duty, OWCP will transfer the enrollment back to the agency, even if the employee is receiving compensation for loss of wage-earning capacity. If compensation benefits are terminated, or if the employee elects an annuity from OPM, OWCP will transfer enrollment to OPM. OWCP will also transfer to OPM the enrollment of a retired employee who is receiving a schedule award. Beneficiaries may change health benefits plans during open season in the same manner as current Federal employees.

J. 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 coverage should be referred to OPM, while questions about OLI may be directed to OWCP.

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

If it appears that disability will continue for at least 60 days, OWCP places the employee on the periodic roll, advises him or her that payment is being made, and asks when he or she plans to return to work, if this has not already occurred.

OWCP also advises the employee that compensation will continue only through the date specified by OWCP's medical matrix or other procedural guidance, or by the attending physician's report; that he or she is expected to return to duty as soon as possible; and that he or she is expected 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 agency, and 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 §353, 302, and 330. 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

Registered Nurses (RNs) under contract to OWCP 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 such 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. The RN contacts the employee, attending physician, and supervisor as needed to address the employee's questions about medical care; obtain treatment plans, return-to-work dates, and descriptions of work limitations; and explore availability of light- or limited-duty jobs. These contacts, which may be by telephone or in person, generally occur after the 45-day COP period has ended.

B. Return to Work. Conference calls may be held to arrange for return to work. Such a call should always include the agency official, who has the authority to offer a light- or limited-duty job. When an employee returns to work, the RN 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. The RN may occasionally coordinate care with an agency nurse. As a rule, however, agencies should not assign their own nurses to work with employees simultaneously with OWCP RNs.

D. Penalties. Should an employee refuse to cooperate with an OWCP nurse or refuse to make a good faith effort to obtain reemployment, OWCP may reduce or terminate compensation depending on the circumstances of the refusal.

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 proper, the agency should so indicate to 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. (On the other hand, 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. 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, but OWCP finds the job suitable, OWCP will so 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 the failure to accept the job or to respond within 30 days will result in termination of compensation payments. Thirty days will be allowed for response.

F. Employee's Response. The agency should provide a copy of the employee's response to OWCP when it is received.

- (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. Compensation will be terminated if no loss of pay has resulted, or reduced if the new job pays less than the old, effective the date of return to duty.

(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 but 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 so 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 will aid 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 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; 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 time of injury, OWCP will terminate 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, which the medical evidence indicates the employee can perform and which 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 have been difficult to place 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 percent 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 the 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 provide at 20 CFR § 10.508 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 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 which return their injured workers to the employment rolls, payment of relocation expenses to the original duty station are considered to be in the interest of the Government.

B. Eligibility. 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.

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

Agencies have several options for contacting OWCP:

A. Agency Query System (AQS). This system allows employers to access data for their employees through an Internet server, which contains data on current case status, compensation payments, and medical bill payments for all active compensation cases.

B. Interactive Voice Response (IVR). This system allows callers to access several kinds of 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 of medical bills, the date of the last compensation payment, and other case-specific information.

C. Telephone. Most district offices have Contact 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.

A supervisor with questions about common themes identified in a number of claims should contact the Assistant District Director or District Director for clarification. Only inquiries, which cannot be resolved in this way, should be referred to OWCP's National Office, and any such matter 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 arrangement. 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.

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 organizational 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. Obtain medical information from OWCP or the injured employees as often as necessary (within OWCP and OPM regulations) 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 thus 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 that 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. The chargeback system is discussed in detail in paragraph 9- 4.

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, which requires that case file material be maintained for two years after case closure.

9-5. Chargeback

The FECA program is financed by the Employees' Compensation Fund, which 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, which 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. OWCP sends the agency a postcard (Form CA-801) each time a case is created for one of its employees. 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 Forms CA-801 and report errors to district offices as soon as possible. If no objection is raised upon receipt of the form, 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 Form CA-801 which 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, which lists all cases 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 as well as search the service record file 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, and it must be accompanied by appropriate documentation, such as a copy of an 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, CA-2, 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, which shows that 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

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 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 Employee or someone acting in employee's behalf

Form may be submitted by a witness (if any); supervisor or by the employee within 30 days (but will meet statutory time requirements if filed no later than three years after the injury).

The form is then submitted by supervisor within 10 workdays following receipt of the form from the employee.

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 because of the disease, 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

Form may be submitted by the employee or someone acting on employee's behalf; witness (if any); supervisor. The form is must be submitted by employee within 30 days (but will meet statutory time requirements if filed no later than three years after the injury). The form is then submitted by supervisor within 10 workdays after receipt of the form from the employee

CA-2a Notice of Employee's Recurrence of Disability and Claim for Pay/Compensation

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 of for compensation based on the recurrence of a previously reported disability. The form is submitted by the employee, immediately upon receiving notice 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

CA-3 Report of Termination of Disability and/or Payment

Notifies OWCP that disability from injury has terminated and /or that continuation of pay has terminated and/or that employee has returned to work. The form is submitted by the supervisor, immediately after disability or continuation of pay terminates, or the employee returns to work.

CA-5 Claim for Compensation by Widow, Widower and/or Children

Claims compensation on behalf of these dependents when injury results in death. The form is submitted by the person claiming compensation (for self or on behalf of children) and/or the attending physician. The form must be submitted 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.

CA-5b Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren

Claims compensation for these dependents when injury results in death. The form is submitted by the person claiming compensation (or guardian on behalf of children) and attending physician. The form must be submitted within 30 days, if possible, but not 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.

CA-6 Official Superior's Report of Employee's Death

Notifies OWCP of the work- related death of an employee. The form is submitted by the supervisor within 10 workdays after knowledge by supervisor of an employee's work-related death.

CA-7 Claim for Compensation on Account of Traumatic Injury or Occupational Disease

Claims compensation if:

- (1) medical evidence shows disability is expected (and is not covered by COP in traumatic cases);
- (2) the injury has resulted in permanent impairment involving the total or partial loss, or loss of use, or certain parts of the body or serious disfigurement of the face, head or neck;
- (3) loss of wage-earning capacity has resulted

The form is submitted by the employee or someone acting on employee's behalf; supervisor, and attending physician (on attached Form CA-20) In traumatic injury cases, the form must be completed and filed with OWCP not more than five workdays before the termination of the 45 days of COP, or within 10 days following termination of pay. In occupational disease cases, the form should be submitted as soon as pay stops.

CA-16 Authorization for Examination and/or Treatment

Authorizes an injured employee to obtain immediate examination and/ or treatment from a physician for an on-the-job injury and provides OWCP with initial medical report. Treatment may be obtained from a local hospital or physician Part A is completed by the supervisor. Part B is completed by the Attending Physician. Part A must be provided by supervisor within four hours of a traumatic injury. May be issued up to one week after injury. Part B must be provided by the attending physician or medical facility as promptly as possible after initial examination.

CA-17 Duty Status Report

Provides supervisor and OWCP with interim medical report containing information as to employee's ability to return to any type of work. The form is completed by the supervisor and attending physician. The form must be submitted promptly upon completion of examination or most recent treatment.

CA-20 Attending Physician's Report

Provides medical support for claim and is attached to Form CA-7 (can also be obtained separately); provides OWCP with medical information. The form is completed by the Attending physician and is submitted promptly upon completion of examination or treatment; physician may submit in usual billing cycle.

CA-1500 Federal Employee's Compensation Program Medical Provider's Claim Form

Provides OWCP with standard billing form to facilitate payment of medical bills. The form should accompany the CA-16 when employee is referred to a physician. The form is completed by the Attending physician; employee must sign in item 12. The form must be submitted promptly upon completion of examination of treatment; physician may submit in usual billing cycle

Appendix B. Injury/Illness Type and Source Codes; Occupation Codes

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

- Punctured by; Cut by; Stung by; 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

900 UNCLASSIFIED OR INSUFFICIENT DATA

INJURY / ILLNESS SOURCE CODES:

0100 BUILDING OR WORKING AREA

- 0110 Walking/working surfaces (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

- 0401 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

- 0501 Earthmover (tractor, back-hoe, 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, PLASTICS, 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

800 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.

??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
??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 Housing and Urban Development
??002600 National Park Service Volunteer
??020400 National Defense Executive Reserve
??174000 National Teacher Corps Member
??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

The Federal Employees' Compensation program has developed eight checklists to help employees and agency personnel gather and submit material required for adjudication of occupational disease claims. The forms, which are shown on the following pages, are:

Form No.	Condition Addressed
-----------------	----------------------------

CA-35a	Occupational Disease in General (August 1988)
CA-35b	Hearing Loss (August 1988)
CA-35c	Asbestos- elated Illness (October 1987)
CA-35d	Coronary/Vascular Condition (August 1988)
CA-35e	Skin Disease (August 1988)
CA-35f	Pulmonary Illness (not Asbestosis) (August 1988)
CA-35g	Psychiatric Illness (August 1988)
CA-35h	Carpal Tunnel Syndrome (October 1987)

Appendix D. Address List

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. Dept. of Labor, OWCP
201 Varick Street, Room 740
New York, NY 10014
212-337-2075

District Office 3--Philadelphia
U. S. Dept. of Labor, OWCP
Curtis Center, Suite 715 East
170 S. Independence Mall West
Philadelphia, PA 19106
215-861-5481

District Office 6--Jacksonville
U. S. Dept. of Labor, OWCP
214 North Hogan St., Suite 1006
Jacksonville, FL 32202
904-357-4777

District Office 9--Cleveland
U. S. Dept. of Labor, OWCP
1240 East Ninth Street, Room 851
Cleveland, OH 44199
216-357-5100

District Office 10--Chicago
U. S. Dept. of Labor, OWCP
230 South Dearborn Street, Eighth Floor
Chicago, IL 60604
312-596-7157

District Office 11--Kansas City
U. S. Dept. of Labor, OWCP
City Center Square
1100 Main Street, Suite 750
Kansas City, MO 64105
816-502-0301

District Office 12--Denver
U. S. Dept. of Labor, OWCP
1999 Broadway, Suite 600
Denver, CO 80202
720-264-3000

District Office 13--San Francisco
U. S. Dept. of Labor, OWCP
71 Stevenson Street, Suite 305
San Francisco, CA 94105
415-848-6700

District Office 14--Seattle
U. S. Dept. of Labor, OWCP
1111 Third Avenue, Suite 650
Seattle, WA 98101
206-398-8100

District Office 16--Dallas
U. S. Dept. of Labor, OWCP
525 Griffin Street, Room 100
Dallas, TX 75202
972-850-2300

District Office 25--Washington, D. C.
U. S. Dept. of Labor, OWCP
800 N. Capitol Street, N.W., Room 800
Washington, D.C. 20211
202-513-6800