

WORKERS COMPENSATION BOOKLET

**American Federation of Government Employees, AFL-CIO
80 F Street, NW, Washington, D.C. 20001**

Acknowledgement: This booklet is modeled after the American Postal Workers Union's publication. We appreciate their generosity in allowing AFGE to use it.

Disclaimer: This booklet provides a general overview of the issues/procedures related to workers' compensation. The discussion outlines set forth in this booklet are not a substitute for seeking legal advice/representation where appropriate. Cases in this area are very fact-specific and cannot be governed by any generalized overview.

Dear AFGE Member:

You can be assured that AFGE fights to protect your health and safety on the job and to keep workers' compensation benefits from being cut. We encourage agencies to focus on preventing injuries and illnesses and not only on reducing workers' compensation costs. We want to see AFGE members go home to their families intact. However, if you are injured or become sick as a result of your work, you are entitled to compensation.

This booklet is a concise explanation of what to do when you are injured at work or become ill as a result of your work. It is meant to help you understand the system and how it works, as well as your rights and responsibilities.

In it, we explain how to file a claim, the benefits you may be entitled to receive, the difference between traumatic injuries and occupational illnesses or diseases, claims for recurrences, returning to work, and appeal rights for denied claims. More detailed information has been published by the Office of Workers' Compensation. OWCP materials are available at the [Department of Labor's Web site](#) or from any of the [District Offices](#) listed at the back of this booklet.

Most claims are resolved promptly and without problems, but workers' compensation can be a complicated system. To avoid delays in processing, be thorough when filing forms with OWCP. It is imperative that your physician state there is a **causal relationship** between your condition and your work, your physical limitations, and the possibility of your returning to work. Make sure you are complying with your requirements and that the agency is complying with their obligations. Your local and your district office stand ready to help.

Sincerely,

Bobby L. Harnage, Sr.
AFGE National President

FECA DECIDES CLAIMS

If your work results in injury or illness, you are covered by the Federal Employees Compensation Act (FECA). FECA is administered by the Department of Labor's Office of Workers' Compensation Program (OWCP). The OWCP District Offices responsible for making decisions on your injury compensation claim are listed in the back of this booklet.

HOW TO FILE A CLAIM

Your agency must provide the Compensation Act (CA) forms that you need. Each form includes instructions for completion and for the submission of all information and evidence to process your claim. It is very important that you provide all of the information the first time requested by OWCP to avoid delays.

OWCP BENEFITS

As a rule, three years is the time limit for initially filing an OWCP claim. It is to your advantage to file a claim immediately after you became aware of a medical condition that was caused by work.

OWCP, not your agency, decides if you have a compensable injury and what benefits you are entitled to under FECA. When your claim is approved by OWCP, they will notify you in writing of their acceptance of a specific medical condition and assign you a claim number.

MEDICAL CARE is provided and you may initially select a local physician of your choice (within 25 miles of your home or workplace). 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.

CONTINUATION OF PAY (COP) is payable for traumatic injuries for up to 45 calendar days of medically supported disability. It is paid by your agency and is the same as your regular check.

TOTAL DISABILITY wage loss is paid when you have no capacity to earn wages, due to your workplace injury. It is paid at a rate of two-thirds (2/3) of your earnings at the time of injury, or three-fourths (3/4) if there are one or more dependents. It is tax free.

PARTIAL DISABILITY wage loss is paid at a reduced rate because you are able to perform some work and only have a partial loss of wage earning capacity.

SCHEDULE AWARDS are paid if there is a permanent impairment of the injured part or function of the body, such as loss of vision, arm or removal of a lung. A schedule award can

also be paid for serious disfigurement of the head, face or neck. The law prohibits payment of schedule awards for back, neck or brain injuries, unless such an injury physically impairs another element of the body. Claims for a schedule award are filed on a Form CA-7. You cannot receive a schedule award and total wage loss compensation at the same time.

COST OF LIVING ALLOWANCES (COLAs) are provided annually to injured workers receiving wage loss compensation for the preceding year.

DEATH benefits are paid to the survivors if the death was a direct result of the work environment, or previous work injury. Form CA-5 or 5b is the appropriate form to file.

TRAUMATIC INJURIES

A traumatic injury is a wound or other condition of the body that is caused by external force, including stress or strain, identifiable in time and place, and that is the result of an incident, or a series of incidents, that occur during a single workday. You should report the injury to your supervisor and obtain medical care as soon as possible.

You, or someone on your behalf, should:

- Promptly notify your supervisor.
- Receive and complete Form CA-1, "Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation" (COP). Fill out completely and accurately and submit within 30 days of the injury. Your supervisor must submit it to OWCP within 10 days of receiving it from you. Your supervisor cannot refuse to accept your notice of injury or illness or keep it without sending it to OWCP.

Select Continuation of Pay (COP) unless there is some unusual reason for you to use your own leave. COP is your regular pay from your agency and may be continued up to 45 calendar days. COP is paid only for traumatic injuries, not for occupational illnesses or diseases.

If you have chosen COP on the Form CA-1 and you have provided the required medical documentation within 10 days, your agency must pay COP.

To be eligible for COP, the Form CA-1 must be submitted within 30 days of your traumatic injury. If COP is denied because you did not file within 30 days, you may still claim compensation for wage loss from OWCP on Form CA- 7, "Claim for Compensation."

You are responsible for providing to your agency within 10 working days after claiming COP medical evidence that states that you are totally disabled as a direct result of your workplace injury. If this is not done, your agency may stop your COP until they receive the medical evidence.

- Obtain Form CA-16, "Authorization for Examination and/or Treatment," and/or Form CA-17, "Duty Status Report" as appropriate.

Insist that you be fully informed of your FECA rights if you receive any medical treatment, including first aid.

You are entitled to the initial selection of a physician for treatment of an injury. Agency management may not interfere with your right to choose a treating physician or require you to go to their physician before you see your own. You can be reimbursed for travel costs if the physician is located within 25 miles of your home or workplace, or if there is no appropriate medical care within that range. (You may choose medical care beyond that distance, but OWCP will not cover it.)

Agency management may not contact your physician by telephone. They may contact your physician only in writing and only to obtain additional information or clarification about your duty status or medical progress. Your employer must give you and OWCP a copy of any written communication. Fax or e-mail communications are considered written communications.

- Request Form CA-7, "Claim for Compensation," if your treating physician believes your disability (either total or partial) is going to continue beyond the 45 calendar days of COP. You should request that your supervisor issue the CA-7 on the 30th day so that you do not have to go without pay. Submit it to the agency at least 5 working days before the end of your 45 days of COP. Attached to Form CA-7 is Form CA-20, "Attending Physician Report," which must be completed fully and accurately by your physician.

OCCUPATIONAL DISEASES OR ILLNESSES

An occupational disease or illness is a medical condition produced by continued and repeated exposure to conditions at work, including stress or strain, that occurs over a longer period of time than a single work-shift.

You, or someone acting on your behalf, should notify your supervisor, using Form CA-2, "Notice of Occupational Disease and Claim for Compensation," within 30 calendar days from the date on which you were first aware of a possible connection between the illness or disease and your job. If it is impractical for Form CA-2 to be provided to your supervisor, written notice should be given to any agency official, or you can notify OWCP directly.

It is important for you to follow all of the instructions on Form CA-2. Be sure to provide your narrative statement explaining the cause of your condition and attending the physician's name and address.

COP is not authorized for an occupational disease or illness claim. Also, Form CA-16, "Authorization for Examination and/or Treatment" is not automatically provided for occupational claims. Authorization for treatment will be issued by your agency only with the approval of OWCP.

RECURRENCES

Recurrences are claimed by filing a Form CA-2a, "Notice of Recurrence." A recurrence is defined by OWCP as a work stoppage or a need for further medical treatment, which occurs after you have returned to work following an absence due to a medical condition that OWCP has accepted as being caused by your work. A recurrence must be the result of a spontaneous material change, demonstrated by objective findings of your previous accepted condition which requires treatment, or causes disability without any work factors, or work incidents being involved.

- If the return of symptoms is not spontaneous, but is caused by an event or a series of events at work that occur on a single work-shift, it is considered a "new" traumatic injury by OWCP and a new Form CA-1 would be filed. You would also be entitled to a full 45 days of COP.
- If the return of symptoms is caused by a series of events that occur on more than one work-shift, then it would be considered a "new" occupational illness and a new CA-2 would be filed.
- It is possible that OWCP will combine, or "double" your new claim with your previously accepted claim. If they do, they will notify you and you would continue to use your old claim number.

If you have an accepted claim, but no OWCP benefits are claimed or paid during a six-month period, then your claim may be administratively closed by OWCP. This does not mean that your claim has been denied. If your claim has been closed due to inactivity, then Form CA-2a would be used to reopen your claim. You must note on the form that you are filing the CA-2a for medical benefits so a medical bill, prescription drug bill, or whatever OWCP benefit you are seeking, can be paid.

Although OWCP may have closed your claim, that alone should not have any impact on your limited duty or rehabilitation job.

RETURNING TO WORK

FECA requires injured employees to inform their treating physicians that the agency may be able to provide them with work that accommodates any medical limitations imposed by their injury or illness. If this work-related medical limitation is temporary, then you would be placed in a limited duty job. If your condition is permanent, the agency may place you in a medically suitable rehabilitation or re-employment position.

Form CA-17, "Duty Status Report" is the designated form to be used by your agency to have your attending physician list any work limitations or restrictions that you may have as a result of your work injury. The agency may contact your physician in writing in regards to such limitations or restrictions. If there are any changes as a result of this contact, then a new Form CA-17 must be prepared and provided to your physician, to you and to OWCP.

If you recover within one year of starting compensation, you have the right to return to your old position or a similar one. Your retention rights are covered by 5 CFR §§353, 302, and 330, and they are administered by the Office of Personnel Management and not OWCP.

If your agency refuses to re-employ you after suffering a compensable injury, you should be notified in writing by the agency of your right to appeal to the Merit Systems Protection Board (MSPB).

DENIED CLAIMS: HEARING, APPEALS BOARD OR RECONSIDERATION

The filing of CA-1 or CA-2 will normally result in a formal OWCP decision. You have 30 days from the date of an OWCP District Office denial to request an oral hearing from OWCP's Branch of Hearings and Review in Washington, DC, or you may request instead that they perform a review of the written record, with no oral testimony.

You have 90 days from the date of any formal OWCP merit decision to appeal to the Employees' Compensation Appeals Board (ECAB), which can be extended to one year for good reason.

You may also, within one year of any OWCP or Appeals Board decision request a reconsideration (review) from any OWCP District Office. In order to secure District Office reconsideration, new and detailed relevant evidence (usually medical) must be submitted.

You cannot have a Branch of Hearings and Review oral hearing or review of the written records if you have already received an OWCP reconsideration decision.

- OWCP decisions will provide details regarding your hearing, reconsideration and appeal rights.
- OWCP's policy is to provide a decision on a request for reconsideration within 90 days.
- It is the policy of the Branch of Hearings and Review to provide a decision regarding a review of the written record also within 90 days. However, it may take six months to a year or longer after your request for an oral hearing to get a decision. The length of the delay depends primarily on how soon a hearing representative from Washington, DC is available to be assigned to your geographic area to hold hearings.

- If your appeal is to ECAB, it may take up to 2 or 3 years to get a decision.

If it is determined that you can no longer work, it is in your interest to apply for OWCP benefits and Civil Service disability retirement simultaneously. If both are approved, you can choose the one which best serves your needs.

OWCP DISTRICT OFFICES

District Office 1--Boston

(Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont)

U. S. Dept. of Labor, OWCP
JFK Federal Building, Room E-260
Boston, MA 02203
617-565-2137
617-565-1931 - Interactive Voice Response System

District Office 2--New York

(New Jersey, New York, Puerto Rico, and the Virgin Islands)

U. S. Dept. of Labor, OWCP
201 Varick Street, Room 740
New York, NY 10014
212-337-2075*
* (The Interactive Voice Response System can also be accessed from this number.)
www.dol.gov/dol/esa/public/contacts/owcp/ny/nyhome~1.htm

District Office 3--Philadelphia

(Delaware, Pennsylvania, and West Virginia)

U. S. Dept. of Labor, OWCP
Curtis Center, Suite 715 East
170 S. Independence Mall West
Philadelphia, PA 19106-3308
215-861-5481*, 5482
215-861-5453 – Fax
* (The Interactive Voice Response System can also be accessed from this number.)

District Office 6--Jacksonville

(Alabama, Florida, Georgia, Kentucky, Mississippi, No. Carolina, So. Carolina, and Tennessee)

U. S. Dept. of Labor, OWCP
214 North Hogan St., Suite 1006
Jacksonville, FL 32202
904-357-4777
904-357-4778 - Interactive Voice Response System
<http://www.dol.gov/dol/esa/public/contacts/owcp/6do.htm>

District Office 9--Cleveland

(Indiana, Michigan, and Ohio)

U. S. Dept. of Labor, OWCP
1240 East Ninth Street, Room 851

Cleveland, OH 44199
216-522-3800
216-522-2867 - Interactive Voice Response System

District Office 10--Chicago
(Illinois, Minnesota, and Wisconsin)

U. S. Dept. of Labor, OWCP
230 South Dearborn Street, Eighth Floor
Chicago, IL 60604
312-596-7157*
312-596-7145 – Fax

* (The Interactive Voice Response System can also be accessed from this number.)

District Office 11--Kansas City

(Iowa, Kansas, Missouri, and Nebraska; all employees of the Department of Labor, except Job Corps enrollees, and their relatives)

U. S. Dept. of Labor, OWCP
City Center Square
1100 Main Street, Suite 750
Kansas City, MO 64105
816-426-2195*

* (The Interactive Voice Response System can also be accessed from this number.)

District Office 12--Denver

(Colorado, Montana, No. Dakota, So. Dakota, Utah, and Wyoming)

U. S. Dept. of Labor, OWCP
1999 Broadway, Suite 600
Denver, CO 80202

or write to:

P.O. Box 46550
Denver, CO 80201-6550
720-264-3000*
720-264-3046 – Fax

* (The Interactive Voice Response System can also be accessed from this number.)

District Office 13--San Francisco

(Arizona, California, Hawaii, and Nevada)

U. S. Dept. of Labor, OWCP
71 Stevenson Street
San Francisco, CA 94105

or write to:

P.O. Box 3769
San Francisco, CA 94119-3769
415-975-4090*

* (The Interactive Voice Response System can also be accessed from this number.)

<http://www.dol.gov/dol/esa/public/contacts/owcp/9sf.htm>

District Office 14--Seattle

(Alaska, Idaho, Oregon, and Washington)

U. S. Dept. of Labor, OWCP
1111 Third Avenue, Suite 615
Seattle, WA 98101-3212
206-553-5508*

* (The Interactive Voice Response System can also be accessed from this number.)

District Office 16--Dallas

(Arkansas, Louisiana, New Mexico, Oklahoma, and Texas)

U. S. Dept. of Labor, OWCP
525 Griffin Street, Room 100
Dallas, TX 75202
214-767-4707

214-767-4360 - Interactive Voice Response System

<http://www.dol.gov/esa/public/contacts/owcp/dallas/dallash.htm>

District Office 25--Washington, D. C.

(District of Columbia, Maryland, and Virginia; all areas outside the U.S., its possessions, territories, and trust territories; and all special claims)

U. S. Dept. of Labor, OWCP
800 N. Capitol Street, N.W., Room 800
Washington, D.C. 20211
202-565-9770* (D.C., Maryland and Virginia)

202-565-6990* (Overseas cases, cases prefixed by two letters)

* (The Interactive Voice Response System can be accessed from these numbers.)