

7 FAM 560

DEPARTMENT OF LABOR

(CT:CON-297; 04-24-2009)
(Office of Origin: CA/OCS/PRI)

7 FAM 561 INTRODUCTION

(CT:CON-183; 09-05-2007)

- a. Federal law mandates entitlement to Federal benefits. Each federal benefits-paying agency establishes policies and procedures under which the laws are administered. When policies and procedures are applied outside the United States, consular assistance is required.
- b. The U.S. Department of Labor (DOL), Employment Standards Administration (ESA) is an enforcement benefits delivery agency, composed of four major programs:
 - (1) The Office of Federal Contract Compliance Programs;
 - (2) The Office of Labor Management Standards;
 - (3) The Office of Workers' Compensation Programs; and
 - (4) The Wage and Hour Division.
- c. CA/OCS and consular officers abroad work most closely with the Office of Workers' Compensation Programs (OWCP) which administers four major disability compensation programs that provide wage replacement benefits, medical treatment, vocational rehabilitation and other benefits to certain federal civilian employees, both U.S. citizens and Foreign Service nationals or their dependents who experience work-related injury and occupational disease. These include
 - (1) The Division of Federal Employees' Compensation;
 - (2) The Division of Energy Employees' Occupational Illness Compensation;
 - (3) The Division of Longshore and Harbor Workers' Compensation; and
 - (4) The Division of Coal Mine Workers' Compensation, which administers the Black Lung Benefits Act (30 U.S.C. 901 - 30 U.S.C. 945) that provides monthly payments and medical benefits to coal miners totally disabled from pneumoconiosis (black lung disease) arising from their employment in or around the nation's coal mines. The Act also provides monthly benefits to a miner's dependent

survivors.

Contacting OWCP ...

Office of Workers' Compensation Key Contacts

Office of Workers' Compensation Customer Service

About OWCP

DOL Services by Location

DOL E-Judication

Finding OWCP Forms ...

Department of Labor Forms

- d. The Office of Policy Review and Interagency Liaison (PRI) (ASKPRI@state.gov) is the Department's liaison with the Department of Labor (DOL) and other federal benefits-paying agencies and consular posts abroad as well as with members of the public and Congress. PRI provides guidance, disseminates information and implements new procedures regarding Workers' Compensation Programs, in particular the Federal Employees Compensation Program and the Black Lung Benefits Program.

7 FAM 562 AUTHORITIES

(CT:CON-183; 09-05-2007)

- a. The authority for consular officers to provide inter-agency assistance to the Department of Labor (DOL) is derived from 22 U.S.C. 3904 (3) Functions of Service.
- b. The authority of the Department of Labor (DOL) to administer federal benefits to beneficiaries abroad is derived from:
- (1) 5 U.S.C. 8101 - 5 U.S.C. 8150 (Federal Employees Compensation Act);
 - (2) 30 U.S.C. 801 (Federal Mine Health and Safety Act); and
 - (3) 30 U.S.C. 901 - 30 U.S.C. 945 (Black Lung Benefits Act).

7 FAM 563 LIMITATIONS REGARDING DISCLOSURE OF INFORMATION

(CT:CON-183; 09-05-2007)

- a. Information contained in a name-retrievable system of records

concerning beneficiaries/claimants under the Federal Employees' Compensation Act and the Black Lung Benefits Act may not be disclosed except:

- (1) As expressly authorized by the Department of Labor (DOL);
 - (2) By written authorization by the individual who is the subject of the record, or
 - (3) In accordance with the 12 exceptions to the conditions of disclosure in the Privacy Act, as amended (5 U.S.C. 552a(b)(1) - (12). (See 7 FAM 060 and the CA/OCS Intranet Privacy Act Feature.)
- b. Any unauthorized disclosure is subject to criminal penalties pursuant to 5 U.S.C. 552a (Privacy Act, as amended).
- c. When in doubt ASKPRI@state.gov or your regional federal benefits officer.

7 FAM 564 WORKERS' COMPENSATION PROGRAM FOR CURRENT, RETIRED OR FORMER FEDERAL EMPLOYEES RESIDING ABROAD

7 FAM 564.1 How Does a Claimant Apply for Workers' Compensation Benefits Abroad?

(CT:CON-183; 09-05-2007)

- a. Claimant's may apply for Workers Compensation by contacting the Division of Federal Employees Compensation (DFEC):
 - (1) DFEC District Offices;
 - (2) DFEC Compensation Home Page; or
 - (3) DFEC Customer Assistance Material.
- b. Applications for benefits under the Federal Employee's Compensation Act (FECA) incident to deaths and injuries sustained in the performance of duty by State Department employees are processed in accordance with 3 FAM 3630.
- c. Active State Department and other active federal agency employees should be referred to the post's Management Section or employing offices.
- d. Non-federal workers should be advised to contact their employer's Human Resources Office for guidance in reporting workers' compensation claims.

7 FAM 564.2 FECA Medical Examinations

(CT:CON-183; 09-05-2007)

- a. If necessary, the OWCP will send the consular officer a written/electronic request to arrange a medical examination for federal employees who claim to have experienced a work-related injury or occupational disease.
- b. The request letter will:
 - (1) Usually serve as authorization for the examination;
 - (2) Provide a specific list of questions the physician must address; and
 - (3) Enclose copies of relevant factual and/or medical evidence, if appropriate.

NOTE: OWCP recognizes that it is frequently impossible to find a medical practitioner licensed in the United States to treat a claimant. As such OWCP recognizes whatever local law exists to qualify an individual as a physician and would not deny medical findings from that person. Whenever possible the claimant should be allowed the right to consult with their local physician. In accordance with 6 FAH-5 H-223.2 and 16 FAM 121, the services of a Department of State Regional Medical Officer (RMO) or Nurse Practitioner cannot be used for this purpose regarding private individuals not covered by 16 FAM 121. The services of a panel physician (see 9 FAM 42.66 PN1 and 9 FAM 42.66 Exhibit II) may be appropriate. OWCP will accept bills on DOL Form CMS-1500, Health Insurance Claim Form from medical providers who are not U.S. licensed physicians/medical provider.

7 FAM 564.3 Role of the Consular Officer

(CT:CON-183; 09-05-2007)

- a. Consular officers will:
 - (1) Schedule examinations with U.S. medical officers from the Armed Services, Public Health Services, a physician serving in a civilian capacity, panel physician, or other local physician in reasonable proximity to the claimant whenever possible.
 - (2) Inform the examinee of the date, time and place of the examination.
 - (3) Advise the physician to send a narrative report to the post for forwarding to OWCP and send it to:

U. S. Department of Labor
Office of Workers' Compensation Programs
P. O. Box 8300

London, KY 40742-8300

NOTE: The report should not be given to the examinee.

- b. Advise claimant/provider that all Department of Labor claim forms (DOL Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, DOL Form CA-2, Notice of Occupational Disease and Claim for Compensation, DOL Form CA-7, Claim for Compensation, etc. (see Department of Labor Forms) should be sent to:

U. S. Department of Labor
Office of Workers' Compensation Programs
Cleveland District Office
1240 East Ninth Street, Room 851
Cleveland, OH 44199

- c. Provide the claimant with DOL Form OWCP-957, Medical Travel Refund Request if he/she is required to travel 12 or more hours for the service, and requests reimbursement for expenses for transportation and overnight accommodations. Reimbursement is pre-approved in accordance with General Services Administration (GSA) authorized amounts. An explanatory letter and itemized receipts may be used in lieu of Form OWCP-957. You submit the claim with receipts to OWCP, preferably with the examination report.
- d. If an employee refuses to submit to a required examination, his/her right of compensation will be suspended. You should report refusal results to:

U. S. Department of Labor
Office of Workers' Compensation Programs
P.O. Box 8300
London, KY 40742

7 FAM 564.4 FECA Medical Examination Payments

(CT:CON-183; 09-05-2007)

- a. It is preferable that providers submit their bills on the Form CMS-1500, Health Insurance Claim Form . However, because some of the information is not applicable to medical providers outside the United States, alternate forms are acceptable so long as they include the following information:
- (1) Claimant's name;
 - (2) Claim number;
 - (3) Provider's name and full address;

- (4) Date of service;
 - (5) Description of service or supply; and
 - (6) Amount of bill.
- b. The provider should sign the form.
 - c. All charges must be reasonable and customary and not in excess of prevailing costs for such services in the locality. OWCP DFEC reimburses the physician and/or the employee directly.
 - d. Send medical bills to:

U.S. Department of Labor
Office of Workers' Compensation Program
Cleveland District Office
1240 East Ninth Street, Room 851
Cleveland, OH 44199

- e. Translations: It is the responsibility of the employing agency to provide translations of medical documents/reports. OWCP has limited translation services available.

7 FAM 564.5 How do Recipients Receive Their Benefit Checks?

(CT:CON-183; 09-05-2007)

Workers' Compensation Programs payments for employees residing abroad are paid by U.S. Treasury checks issued by the Philadelphia Regional Financial Center. Benefit payments are generally sent directly to the claimant's address. However, depending on the reliability of the local postal system, checks may be sent to posts via APO/FPO or the Department's Diplomatic Pouch Facility for dispatch to posts where they are then distributed to the recipients.

7 FAM 564.6 What if a Benefit Check Isn't Received?

(CT:CON-297; 04-24-2009)

- a. The claimant must promptly report the loss or non-receipt of DOL checks in writing to the responsible office. If it's an overseas claim, the claimant should contact the:

Cleveland District Office
1240 East Ninth Street, Room 851

Cleveland, OH 44199.

If the claim is for someone stationed in the United States, they should contact the district office in the region where they work. The Regional Office will review the situation and submit a re-issue request to the Department of the Treasury (Philadelphia Regional Financial Center) and/or advise the claimant accordingly. (See 7 FAM 527.)

b. The Regional Office needs to know:

- (1) Name and current address of the beneficiary;
- (2) Beneficiary's identification/claim number; and
- (3) Date of the check (e.g. January 2, 2002).

7 FAM 564.7 Inquiries

(CT:CON-183; 09-05-2007)

You should direct benefit inquiries to the claimant's supervisor or to:

U. S. Department of Labor
Office of Workers' Compensation Programs
(OWCP/DFEC)
1240 East Ninth Street, Room 851
Cleveland, OH 44199

7 FAM 564.8 Change of Address

(CT:CON-183; 09-05-2007)

The claimant must submit changes of address over his/her signature to OWCP at the address above.

7 FAM 564.9 Antifraud Enforcement Questionnaire

(CT:CON-260; 06-23-2008)

- a. Annually, claimants and beneficiaries are asked to complete Form CA-12, Claim for Continuance of Compensation Under the Federal Employees' Compensation Act, for Death Claims beneficiaries, (widows and children) or Form CA-1032 (all disabled claimants), both known as a Claim for Continuance of Compensation under the Federal Employees' Compensation Act. If the claimant fails to respond to a request for a completed CA-12/CA-1032, OWCP will send a follow-up request. Failure to respond to the second request will cause OWCP to suspend compensation until the claimant (or death beneficiary) complies. OWCP also requires each claimant to submit an updated medical report of

his/her accepted condition annually. Failure to respond to a request for an updated medical report can also result in a suspension of benefits.

- b. Forms and requests are sent to the Federal Benefits Unit for distribution to the beneficiary. Responses should be returned within 30 days to:

U. S. Department of Labor
DFEC Central Mailroom
P. O. Box 8300
London, KY 40742-8300

7 FAM 565 BLACK LUNG BENEFITS PROGRAM

(CT:CON-183; 09-05-2007)

- a. You may contact the Black Lung Benefits Program by:
- (1) Calling 202-693-0048;
 - (2) Calling U.S. Toll-free Number: 1-800-347-2503;
 - (3) FAX: 202-693-1395;
 - (4) E-mail: NORCW@FBLP.DOL-ESA.GOV; or
 - (5) E-Judication Information for Black Lung Claimants
- b. The program provides monthly benefits as well as two types of medical services related to black lung disease:
- (1) Diagnostic testing for all miner-claimants to determine the presence or absence of black lung disease and the degree of associated disability
 - (2) Medical coverage for treatment of black lung disease and disability for miners entitled to monthly benefits

7 FAM 565.1 How does a Claimant apply for Benefits Abroad?

(CT:CON-183; 09-05-2007)

- a. Claimants must complete the appropriate Department of Labor (DOL) forms as indicated below:
- (1) Living miners submit Form CM-911, Miner's Claim for Benefits Under the Federal Coal Mine Health and Safety Act of 1969.
 - (2) Surviving widows, surviving children or orphans, dependent parents, brothers or sisters, submit Form CM-912, Survivor Form for Benefits Under the Black Lung Benefits Act.

- b. A completed Form CM-911, History of a Coal Mine Employment History must also accompany all application forms.

NOTE: Unless the miner was awarded benefits pursuant to a claim filed before 1982, a survivor must establish that pneumoconiosis was a substantially contributing cause of the miner's death to be entitled to benefits.

7 FAM 565.2 Development of Evidence

(CT:CON-183; 09-05-2007)

- a. This section applies to claims filed after January 19, 2001. Prior claims may have different requirements.
- b. The DOL District Director (DD) or a claims examiner:
 - (1) Receives the complete history of the miner's employment from the claimant;
 - (2) Gathers other evidence regarding the nature and duration of the miner's employment and any other information necessary to resolve the claim;
 - (3) Authorizes a complete pulmonary evaluation paid for by the Black Lung Disability Trust Fund (26 U.S.C. 9501) for claims filed by or on behalf of a miner; and
 - (4) Obtains whatever medical evidence is necessary and available to evaluate the claim for claims filed by or on behalf of a survivor.
- c. See 7 FAM 533.5.

7 FAM 565.3 Who is Responsible for the Payment of Benefits?

(CT:CON-183; 09-05-2007)

The last coal mine operator for whom the miner worked for a cumulative period of at least one year is usually responsible for the payment of benefits; however, the Black Lung Disability Trust Fund (26 U.S.C. 9501) pays benefits when:

- (1) The miner's last coal mine employment was before 1/1/1970;
- (2) There is no liable coal mine operator; and
- (3) The miner's most recent employment of at least one year with an operator ended while the operator was authorized to self-insure, and such operator is no longer financially capable of securing benefit payments.

7 FAM 565.4 Where to Send Claims

(CT:CON-183; 09-05-2007)

Claims for benefits under the Black Lung Benefits Program should be submitted to:

U.S. Department of Labor
Office of Workers' Compensation Programs
Division of Coal Mine Workers' Compensation
Cleveland District Office
1240 East Ninth Street, Room 851
Cleveland, OH 44199

7 FAM 565.5 How do Recipients Receive their Regular Benefit Checks?

(CT:CON-297; 04-24-2009)

- a. Benefit checks are sent monthly in bulk shipment to the beneficiary via the Department of State Diplomatic Pouch Facility. They are then dispatched to posts via the first available pouch for recipients in those locales. A check list showing the claim number, check number and the amount of each check is enclosed.
- b. 7 FAM [527](#) provides guidance for reporting missing or misdirected checks.
- c. Monthly benefits are payable to:
 - (1) A coal miner who is totally disabled due to pneumoconiosis (black lung disease), resulting from employment in U.S. coal mines. The miner's payment may be augmented to provide for a dependent wife, a divorced wife, or children.
 - (2) The widow, child, surviving divorced wife, parent, brother or sister of a miner who:
 - (a) Was entitled to black lung benefits at the time of death;
 - (b) Was totally disabled by pneumoconiosis at the time of death;
or
 - (c) Died from pneumoconiosis.

7 FAM 565.6 Medical Services

(CT:CON-183; 09-05-2007)

The Black Lung Benefits Program provides two types of medical services:

- (1) Diagnostic testing for all miner-claimants to determine the presence

or absence of black lung disease and the degree of associated disability. This includes a chest x-ray, pulmonary function study (breathing test), arterial blood gas study, and a physical examination;

- (2) Medical coverage for treatment of black lung disease and disability for miners entitled to monthly benefits. This includes, but is not limited to, costs for prescription drugs, office visits, and hospitalizations; and
- (3) Also provided, with specific approval, are items of durable medical equipment, such as hospital beds, home oxygen, and nebulizers; outpatient pulmonary rehabilitation therapy; and home nursing visits.

7 FAM 565.7 Black Lung Disease Medical Examinations

(CT:CON-183; 09-05-2007)

- a. Claimants may contact the consular officer regarding a medical examination needed to determine whether they have black lung disease. The consular officer will have to seek specific guidance from the Black Lung Program Division. A DOL claims examiner will be assigned and in most cases he/she will then correspond directly with the claimant.
- b. Claimants may contact the Black Lung Benefits Program by:
 - (1) Calling 202-693-0048;
 - (2) Calling U.S. Toll-free Number: 1-800-347-2503;
 - (3) FAX: 202-693-1395;
 - (4) E-mail: NORCW@FBLP.DOL-ESA.GOV; or
 - (5) E-Judification Information for Black Lung Claimants.
- c. Consular officers may communicate with the Black Lung Program Division directly or consult your regional federal benefits officer or ASKPRI@state.gov.

7 FAM 565.8 Where to Send Medical Bills

(CT:CON-183; 09-05-2007)

- a. Providers should submit bills for medical examinations or other medical services for new claimants for black lung benefits to the District Director or claims examiner at the Department of Labor (DOL) for payment.

NOTE: Include the claimant's Social Security Number (SSN) with all

claims.

- b. If a former miner is already receiving payments, bills for medical services only should be sent to:

U. S. Department of Labor
4459 Forbes Blvd.
Lanham, MD 20706
1-800-638-7072

- c. Physicians and medical facilities will be reimbursed directly by OWCP.

7 FAM 566 THROUGH 569 UNASSIGNED