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**MARITIME ADMINISTRATION**

**U.S. DEPARTMENT OF**

**TRANSPORTATION**

**A GUIDE FOR EMPLOYEES,**

**SUPERVISORS**

**AND WORKERS' COMPENSATION ASSISTANTS**

**ON THE WORKERS'**

**COMPENSATION PROGRAM**

MARAD'S WCP GUIDE

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### CHAPTER 1. BACKGROUND AND COVERAGE

#### A. Background.

1. The Federal Employees' Compensation Act (FECA) provides compensation benefits to civilian employees for disability due to personal injury or disease sustained while in the performance of official duties. The FECA also provides for the payment of benefits to dependents if a work-related injury or disease causes an employee's death.
2. The FECA program is administered by the Department of Labor, Office of Workers' Compensation Programs (OWCP). (See enclosure 1 of this guide for addresses and geographical jurisdictions for all OWCP district offices). It is financed by the Employees' Compensation Fund which consists of funds appropriated by Congress directly or indirectly through a chargeback system to Federal agencies.
3. Benefits provided under the FECA constitute the sole remedy of the United States for work-related injury or death. A Federal employee or surviving dependent may not sue the United States or recover damages for such injury or death under any other statute.

**B. Coverage.** This guide applies to all Maritime Administration (MARAD) full-time, part-time, and temporary employees. Midshipmen at the United States Merchant Marine Academy (USMMA), including Midshipmen assigned to merchant ships, are deemed employees only for the purpose of the FECA Program. Contract employees, volunteers, and loaned employees are covered as determined by Department of Labor, OWCP, on a case-by-case basis once a claim is filed.

#### C. Penalties.

1. Any person who knowingly makes or knowingly certifies to any false statement, misrepresentation, concealment of fact, or any other act of fraud with respect to a claim under the FECA or who knowingly accepts compensation to which that person is not entitled, is subject to criminal prosecution and may be punished by a fine of not more than \$10,000, or by imprisonment up to 5 years, or both.
2. Any person responsible for making reports in connection with an injury who willfully fails, neglects, or refuses to make a report of injury; induces, compels, or directs an injured employee to forego filing a claim; or willfully retains any notice, report, or paper required; or files a false report, shall be fined not more than \$500 or imprisoned not more than one year, or both.

**D. Appeal Rights.** If an employee or an employee's survivors disagree with a final determination of the OWCP claim, reconsideration or review may be requested. The employee or survivor also has the right to a hearing before the OWCP and the right to appeal any decision to the Employees' Compensation Appeals Board, a separate entity in the U.S. Department of Labor.

**E. Restoration Rights.** Employees who recover within one year of beginning compensation have mandatory restoration rights to the position last held or its equivalent, regardless of whether they are still on the agency's rolls. If full recovery occurs after one year, the employee is entitled to priority consideration with the Office of Personnel Management (OPM) provided that application is made within 30 days of the date compensation ceases.

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**F. Third Party.**

1. In the event that an injury is caused by a person or object under circumstances which indicate there is a legal liability on a party other than the U.S. Government to pay the damages, the Federal Government has a subrogative interest (i.e., the right to recover any payments it makes should the employee collect money from another source). The OWCP will collect such payments from the employee and, in turn, will credit MARAD's account through the chargeback process.
2. While a claim is pending against the third party, OWCP will provide medical and compensation benefits authorized by the FECA.
3. In the event of recovery from the third party, the employee must first pay outstanding legal fees and costs, and then may retain 20 percent of the amount remaining. Generally, the full amount, or as much as possible, of the medical and compensation payments made at the time of settlement must then be refunded. Any money remaining may be retained by the employee, but is credited against possible future expenses by the OWCP.

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### CHAPTER 2. DEFINITIONS

**Chargeback.** The mechanism by which the costs of compensation for work-related injuries and deaths are assigned by OWCP to employing agencies.

**Continuation of Pay (COP).** The continuation of an employee's regular pay by MARAD without charge to sick or annual leave. COP is given only in traumatic injury cases (not occupational disease cases) for a maximum of 45 calendar days. In order to qualify, an employee must file a claim for COP in writing within 30 days of the date of injury.

**Controversion.** To dispute, challenge, or deny the validity of a claim for continuation of pay.

**Dependent.** For compensation (i.e., disability benefits) purposes: a wife or husband; an unmarried child under 18 years of age or, if over 18, incapable of self-support, or a student (until reaching 23 years of age if completing four years of school beyond the high school level); or a wholly dependent parent. In addition to these individuals, a brother, sister, grandparent, or grandchild who was wholly or partially dependent on the deceased is entitled to death benefits.

**Federal Employees' Compensation Act (FECA).** Provides compensation benefits to civilian employees for disability due to personal injury or disease sustained while performing official duties. It also provides for the payment of benefits to dependents if a work-related injury or disease causes an employee's death.

**Fitness for Duty (FFD) Report.** A medical examination which may be required in order to justify continued compensation.

**Impartial Medical Examination (IME).** A medical examination by a third doctor in cases where there is a conflict of opinion between the treating physician's medical opinion and that of the second doctor (i.e., either a Fitness for Duty or an OWCP-ordered second opinion). This examination is directed by OWCP, and the results of the IME will be decisive.

**Leave Buy-Back.** The process by which an employee can buy back from the agency sick or annual leave that was used during a period of OWCP-compensable disability.

**Light/Limited Duty.** Duties assigned to injured employees who are temporarily unable to perform their regular duties.

**Loss of Wage Earning Capacity (LWEC).** Adjusted compensation paid to a claimant for a permanent partial disability.

**MARAD's Workers' Compensation Program (WCP) Manager.** The MARAD Workers' Compensation Program (WCP) Manager is responsible for overseeing implementation of FECA and the entire program, and providing technical advice and guidance to supervisors, managers, and employees concerning the workers' compensation program. In addition, the WCP Manager provides advice and guidance to the Workers' Compensation Assistants.

**Occupational Disease/Illness.** A condition produced in the work environment over a period longer than one workday or shift. It may result from systemic infections; continued or repeated stress or strain; exposure to toxins, poisons, or fumes; or other continuing conditions of the work environment.

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**Office of Workers' Compensation Programs (OWCP).** An entity within the Department of Labor which is responsible for administering the Federal Employees' Compensation Act.

**Pre-Existing Condition.** A disability of any type which existed prior to a job-related injury. If there is any evidence that a pre-existing condition is present, it must be addressed directly by the treating physician. The job-related condition must be clearly distinguished from the pre-existing condition.

**Recurrence of Disability.** A disability (either a traumatic injury or an occupational disease) which reappears when a previous injury causes additional time off from the job. There is no single event, action, or apparent reason for the recurrence of the disability except the previous injury.

**Rehabilitation.** A permanent job accommodation for a current or former employee who is permanently and partially disabled as a result of a job-related injury.

**Schedule Award.** Limited term payments in cases where an employee suffers serious disfigurement of the head, face, or neck, or for anatomical loss of or loss of use of parts of the body listed in a special index published by OWCP.

**Traumatic Injury.** A wound or other condition which is: (a) caused by external forces including physical stress and strain; (b) identifiable as to time and place of occurrence and a member or function of the body is affected; or, (c) caused by a specific event or incident or series of events or incidents within a single work shift. It is this last criterion which sets apart a traumatic injury from an occupational disease.

**Workers' Compensation Assistant.** MARAD employees in the field who serve as points of contact for claimants. Workers' Compensation Assistants ensure that forms are distributed, filled out completely and accurately, and forwarded to OWCP in a timely manner. A listing of the responsible staff persons is included as enclosure 2 to this guide.

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### CHAPTER 3. RESPONSIBILITIES

#### A. Employees:

1. Use required safety equipment and take necessary safety precautions while on the job;
2. Immediately report (but no later than 24 hours after an injury occurs) to the employee's supervisor and Workers' Compensation Assistant any work-related injury;
3. Accurately complete OWCP forms, as required;
4. Submit medical documentation when requested;
5. Accept light-duty assignments within the employee's commuting area in the event of a partially disabling injury; and
6. Cooperate with supervisors and managers to reduce avoidable costs associated with workers' compensation.

#### B. Supervisors and managers:

1. Familiarize themselves with their responsibilities in the area of workers' compensation;
2. Upon receiving notice of traumatic injury, take the following actions:
  - a. Ensure that medical treatment is authorized by preparing and issuing Form CA-16;
  - b. Ensure that the employee receives Form CA-1, and upon receipt of the completed form from the employee, return the Receipt of Notice of Injury to the employee;
  - c. Complete the supervisor's section on Forms CA-1 or CA-2 and any other forms as required, in a timely manner, and in accordance with guidance contained in this guide;
  - d. Forward all completed forms to the Workers' Compensation Assistant for review and submission to OWCP;
  - e. Advise the employee of the right to elect continuation of pay, or use sick or annual leave; and
  - f. Immediately notify the Occupational Safety and Health Representative of all job-related injuries or illnesses of employees.
3. Take action to controvert a claim if there is substantial evidence that the claim may be fraudulent;
4. Inform the employee whether COP will be controverted, and if so, the basis for the controversion; and
5. Make every possible effort to reemploy individuals receiving compensation either in light duty or modified job assignments.



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**C. Workers' Compensation Assistants will:**

1. Administer the FECA Program for assigned Headquarters and field elements;
2. Maintain adequate supplies of all workers' compensation forms;
3. Receive and take necessary action regarding OWCP materials such as forms, posters, pamphlets, etc.;
4. Provide prompt assistance to employees and supervisors on all job related injury or illness issues, including assistance in correctly completing OWCP forms;
5. Review submitted OWCP forms for accuracy and completeness;
6. Act as liaison with the OWCP district office, promptly transmitting all forms and information to OWCP for adjudication;
7. Establish and maintain an OWCP file for each claim submitted and include in that file copies of all claim forms, medical reports, correspondence, and other materials related to each compensation claim in an orderly fashion;
8. Coordinate with employees, supervisors, and physicians to collect data and locate light/limited duty as necessary; and
9. Maintain and incorporate changes made to this guide.

**D. The MARAD Workers' Compensation Program (WCP) Manager:**

1. Administers the FECA Program for MARAD;
2. Identifies Workers' Compensation Assistants and provides current locator information to all MARAD supervisors and managers;
3. In conjunction with Workers' Compensation Assistants, Supervisors, or Personnel Representatives, takes necessary actions to reemploy on a permanent basis employees who are able to return to work;
4. Provides other assistance to Workers' Compensation Assistants as required; and
5. Completes the necessary forms for continuance of an employee's life or health insurance coverage.

**Note:** Information regarding MARAD's WCP Program Manager and Assistants is included in enclosure 2 of this guide.

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CHAPTER 4. FECA BENEFITS

A. Medical Benefits.

1. The FECA provides compensation for any medical services needed to provide treatment to counteract or minimize the effects of any condition, disease, or injury judged to be causally-related to Federal employment. There is no limit on the amount of medical expenses paid nor on the length of time for which they are paid (as long as the need for medical treatment can be substantiated and related to the injury or disease sustained on the job).

2. OWCP has a fee schedule that limits medical reimbursements to certain dollar amounts. The medical provider must accept this as payment in full. The employee may not be billed for any difference.

3. Compensation will be paid for first aid, medical treatment, hospitalization, and expenses for travel to obtain medical treatment, as well as for any drugs, appliances, or other supplies directed for use by a qualified physician. However, OWCP will not pay for any preventive treatment.

B. Disability Benefits.

1. For traumatic injuries or occupational diseases, employees are entitled to compensation for wage loss following a three-day waiting period as follows:

a. Employee without dependents -- 66 2/3 percent of the employee's regular pay.

b. Employee with dependents -- 75 percent of the employee's regular pay.

NOTE: In cases where the disability extends more than 14 calendar days, compensation will be paid for the three-day waiting period.

c. An employee's regular pay is the pay rate in effect on the date of injury, date of recurrence, or date disability began, whichever is higher. Also included are night and Sunday differential, holiday pay, hazard pay, and environmental differential. Overtime pay is not included.

2. For purposes of disability benefits, three categories of disability exist:

a. Temporary total disability. Medical evidence shows that an employee is totally disabled to perform any type of work for a certain period of time.

b. Permanent total disability. Injury is so severe that it leaves the employee permanently and totally disabled for any type of work.

c. Permanent partial disability. Injury which prevents the employee from performing the job held at the time of injury; however, it may not prevent the employee from performing the duties of some other type of position. Compensation for these employees will be reduced to reflect the employee's wage-earning capacity.

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### 3. Other Benefits Related to Disability.

a. Attendant's allowance. If an injury is so severe that the employee is unable to care for his/her physical needs (e.g., feeding, bathing, dressing, etc.), an attendant's allowance of up to \$500 per month may be granted. This is a supplemental allowance, paid in addition to compensation for loss of wages, and can be given with all categories of disability.

b. Schedule awards. Compensation is provided for specified periods of time for the permanent loss, or loss of use, of certain parts and functions of the body. Partial loss or loss of use of these parts and functions is compensated on a proportional basis. Such compensation is calculated in the same manner as that which is paid for total disability (i.e., employee without dependents - 66 2/3 percent of regular pay; employee with dependents - 75 percent of regular pay). However, this compensation is paid only for a specified time period proportional to the severity of loss. Determining the severity of loss requires medical judgment by OWCP using the American Medical Association's "Guides to the Evaluation of Permanent Impairment." Employees may receive compensation for wage loss and schedule award benefits for the same injury, but not at the same time. Consideration for a schedule award may be requested by submitting Form CA-7, Claim for Compensation on Account of Traumatic Injury or Occupational Disease.

c. Vocational rehabilitation. The FECA provides for the cost of OWCP-directed vocational rehabilitation necessary to counteract the disabling compensable effects of any permanent job-related illness or injury. The cost of rehabilitation is paid from the Compensation Fund and is usually administered through private and state vocational rehabilitation agencies under the direction of OWCP. Compensation will be terminated when the employee returns to work, unless the new job pays less than the old. In that case, compensation will be reduced to reflect the difference between the previous and current earnings. Should an employee refuse to cooperate or make a good faith effort to obtain reemployment, OWCP may reduce or terminate compensation depending on the circumstances of the refusal.

d. 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. The employee may apply for such modifications by narrative letter. The modifications must be recommended by the attending physician and must be consistent with the employee's pre-injury standard of living.

### C. Death Benefits.

1. Entitlement. The following individuals are entitled to compensation:

a. A widow or widower;

b. 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;

c. 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;

d. A parent, brother, sister, grandparent, or grandchild who was wholly or partially dependent on the deceased.

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2. Compensation payments.

a. Widows and widowers of deceased employees are eligible for wage loss compensation equal to 50 percent of the deceased employee's regular pay.

b. If the widow or widower has an eligible child, he/she is eligible for compensation equal to 45 percent of the employee's regular pay, plus an additional 15 percent for each child, to a maximum which shall not exceed 75 percent of the deceased employee's regular pay.

c. If the deceased employee leaves no spouse, the aggregate family benefit will be determined as follows: the first child is entitled to 40 percent and each additional child is entitled to 15 percent of the employee's regular pay, up to a maximum of 75 percent, payable on an equal basis to all children.

d. An employee's regular pay is the pay rate in effect on the date of injury, date of recurrence, or date disability began, whichever is higher. Also included are night and Sunday differential, holiday pay, hazard pay, and environmental differential. Overtime pay is not included.

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

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### CHAPTER 5. CONDITIONS OF COVERAGE FOR COMPENSATION CLAIMS

**A. Conditions for Acceptable Claims.** In reviewing claims and determining their acceptability, OWCP reviews each claim submitted to ensure that the following five conditions exist.

1. **Time Limits for Filing Claims.** The law provides that a claim for compensation must be filed within 3 years of the date of injury or death. If a claim for compensation is not filed within these time limits, compensation may still be allowed if written notice of injury was given in 30 days or the immediate superior had actual knowledge of the injury or death within 30 days after occurrence. Different provisions apply with respect to timeframes for filing claims for injuries occurring before September 7, 1974. The appropriate OWCP district office should be contacted in these rare cases.

2. **Civilian Employee.** All civilian Federal employees, except nonappropriated fund employees, are covered by the FECA. Temporary employees are covered on the same basis as permanent employees. Contract employees, volunteers, and loaned employees are covered under some circumstances; such determinations are made on an individual basis once a claim is filed.

3. **Fact of Injury.** In determining whether the employee in fact sustained an injury or disease, two factors are involved.

a. **Occurrence of Event.** A determination as to whether the employee actually experienced the accident, event, or employment factor which is alleged to have occurred is based on factual evidence. If the management representative believes that a claimant's testimony is contrary to the facts and circumstances of the injury, pertinent information to support those beliefs should be prepared by the Workers' Compensation Assistant and submitted to OWCP.

b. **Medical Condition.** Whether the accident, event, or employment factor resulted in an injury or disease is determined on the basis of the attending physician's statement that a medical condition is present which may be related to the incident.

4. **Performance of Duty.** If the above criteria have been accepted, a determination must be made as to whether the employee was injured while in the performance of official duties.

5. **Causal Relationship.** The last criterion examined in approving a claim for compensation is whether a causal relationship exists between the condition claimed and the injury or disease sustained. A determination almost always requires reasoned medical opinion from a physician who has examined or treated the employee for the condition claimed. An injury or disease may be related to employment factors in any one of four ways:

a. **Direct causation** (the injury or factors of employment result in the condition claimed through a natural and unbroken sequence);

b. **Aggravation** (a pre-existing condition is worsened by an injury arising in the course of employment);

c. **Acceleration** (an employment related injury or disease hastens the development of an underlying condition); or,

d. **Precipitation** (a latent condition which would not have manifested itself on this occasion but for the employment).

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**B. Statutory Exclusions.** OWCP will deny compensation benefits if it has been asserted and proven (either by MARAD or OWCP) that the cause of the injury or death is one of the following:

1. Willful misconduct;
2. Intoxication (e.g., alcohol or controlled substances without a medical prescription); or
3. Intention to bring about injury or death to oneself or another.

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### CHAPTER 6. PROCESSING CLAIMS

**A. Processing Claims.** The notice of traumatic injury, occupational disease or death should be filed with the OWCP district office with jurisdiction over the location of the employing organization.

**B. Special Claims.** All claims for the following categories of employees are to be sent to the OWCP Special Claims Branch (District 25):

1. Employees injured outside of the United States;
2. Individuals claiming exposure to AIDS; and
3. Individuals claiming exposure to Agent Orange.

**C. Submission of Forms.**

1. Reporting First Aid Injuries. OWCP has designated certain kinds of injuries as "first aid" injuries based on the extent of treatment required, and has also defined the circumstances under which they must be reported. Where these cases occur, the back of Form CA-1 is to be annotated with the statement "First Aid Only Case" in the upper right hand corner above item 17. There are three types of cases involving no loss of time from work.

a. Where an employee obtains no medical treatment at all or obtains medical care without expense only on the date of injury. No medical treatment is obtained after the date of injury and no time loss is charged to either leave or continuation of pay. The Form CA-1 for such cases is not reported to OWCP. The Workers' Compensation Assistant will forward the CA-1 to the personnel office for inclusion in the Employee's Medical Folder.

b. Where medical expense is incurred but no time loss from work (represented by a charge to leave or continuation of pay) is charged. These cases must be reported to OWCP.

c. Where an employee has one or more visits to a medical facility for examination or treatment during working hours beyond the date of injury as long as no leave or continuation of pay is charged to the employee and no medical expense is incurred. Also included in this group are cases which require two or more visits to a medical facility for examination or treatment during non-duty hours beyond the date of injury as long as no leave or COP is charged and no medical expense is incurred. These injuries are designated as first aid injuries and must be reported to OWCP using form CA-1.

2. Traumatic Injury (Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation). This is the first form that is filed in connection with a traumatic injury and should be completed by the employee (or someone acting on the employee's behalf) and submitted to the supervisor as soon as possible but not later than 30 days from the date of injury. The supervisor completes the supervisor's section and returns the "Receipt of Notice of Injury" at the bottom of the form to the employee. The CA-1 should then be forwarded to the Workers' Compensation Assistant for review. The Workers' Compensation Assistant will forward the CA-1 to the appropriate OWCP district office within 10 days after receipt from the supervisor, if there is time loss, medical expenses, and/or anticipated disability. Otherwise, it should be retained in the employee's Employee Medical Folder by the personnel office.

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**NOTE:** The employee must file the CA-1 within 30 days from the date of injury in order to qualify for Continuation of Pay (see chapter 7, paragraph B).

3. Occupational Disease (Form CA-2, Notice of Occupational Disease and Claim for Compensation). This form is used to report cases involving occupational diseases along with two copies of the checklist appropriate for the condition claimed (forms CA-35A through CA-35G). After submission by the employee, the supervisor will complete the supervisor's report on Form CA-2, within 10 work days and return the "Receipt of Notice of Occupational Disease or Illness" at the bottom of form CA-2 to the employee. The form should then be forwarded to the Workers' Compensation Assistant for review. The Workers' Compensation Assistant will submit Form CA-2 to OWCP within 10 days of receipt from the supervisor. It should not be held for receipt of supporting documentation.

4. Recurrences (Form CA-2a, Federal Employee's Notice of Recurrence of Disability and Claim for Continuation Pay/Compensation). This form is used when the prior injury causes additional time loss from the job. A recurrence is distinguished from a new injury by the criterion that in a recurrence no event other than the previous injury accounts for the disability. Upon receipt from the employee, the supervisor will complete the "Supervisor's Report" and forward Form CA-2a to the Workers' Compensation Assistant for review and submission to OWCP within 10 days after receipt from the supervisor.

5. Medical Treatment (Form CA-16, Authorization for Examination and/or Treatment; Form OWCP-1500, Health Insurance Claim Form).

a. If an employee requires medical treatment only in traumatic injury cases, the supervisor must promptly (within 4 hours) complete and issue Form CA-16 to a physician or hospital of the employee's choice. This form may not be used in occupational disease cases without prior approval from OWCP. If there is any doubt as to whether the employee has a job-related condition, the supervisor should so indicate on the CA-16. A copy of Form CA-16 will be forwarded to the Workers' Compensation Assistant for inclusion in the OWCP case file. In an emergency situation where there is not time to complete Form CA-16, medical treatment may be authorized by phone and the form forwarded to the medical facility within 48 hours.

**NOTE:** Special care must be exercised in issuing this form since "authorization" guarantees payment of medical bills for up to 60 days or until OWCP withdraws authorization.

b. In conjunction with issuance of the CA-16, an employee should be issued Form OWCP-1500. This form should be completed by the physician and is used to request payment for medical bills received from sources other than a hospital. All doctor bills not directly related to a hospital stay and sent by the hospital must be submitted on this form or the bill will not be paid and will be returned to the doctor. Hospitals need not use Form OWCP-1500 but instead may submit itemized computerized bills.

6. Medical Reports (Form CA-16, Authorization for Examination and/or Treatment; Form CA-20, Attending Physician's Report; Form CA-20a, Attending Physician's Supplemental Report). In all cases sent to OWCP, a medical report is required from the attending physician and may be made on the above forms. CA-20 and CA-20a are attached to the compensation claim forms, CA-7 and CA-8, respectively.



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7. Duty Status Reports (Form CA-17, Duty Status Report). This form can be used at any time to request information from the attending physician regarding the employee's ability and restrictions regarding return to work. Under most circumstances, it should be sent by the Workers' Compensation Assistant or supervisor every two weeks, but it may be sent more often if there is some doubt as to the extent of the employee's disability.

8. Claims for Compensation (Form CA-7, Claim for Compensation on Account of Traumatic Injury; Form CA-8, Claim for Continuing Compensation on Account of Disability).

a. Form CA-7 is initiated by the employee and used to claim compensation for wages lost for the following reasons:

(1) Due to a work-related traumatic injury (after the expiration of COP);

(2) Due to an occupational disease; or

(3) To initiate a claim for a schedule award. However, a claim for a schedule award should not be made on the same form as a claim for compensation for wage loss; rather, a separate CA-7 should be used.

NOTE: Forms CA-1 or CA-2 must be on file with OWCP before a CA-7 can be processed.

b. Form CA-8 is a claim for continuing compensation and must be submitted to OWCP 10 days before the expiration of the period claimed on Form CA-7 (or a previously submitted CA-8).

NOTE: A CA-8 cannot be used without first having a CA-7 on file.

c. Form CA-7 or CA-8 should be initiated by the employee and submitted to the supervisor for completion of the section "Statement of Official Superior." Upon completion, the form will be submitted to the Workers' Compensation Assistant for review and submission to OWCP not more than five days before termination of the 45 days COP or within 10 days following termination of pay. In occupational disease cases, CA-7 should be submitted as soon as pay stops.

9. Termination of Disability (Form CA-3, Report of Termination of Disability and/or Payment). This form should be initiated and completed by the supervisor when the employee returns to work, entitlement to COP ends, or the disability ceases, unless the CA-3 information was previously reported to OWCP on other forms (i.e., CA-1, CA-7, CA-8). The CA-3 should be forwarded to the Workers' Compensation Assistant for review and submission to OWCP.

10. Death of an Employee (Form CA-5, Claim for Compensation by Widow, Widower, and/or Children; Form CA-5b, Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren; Form CA-6, Official Superior's Report of Employee's Death).

a. An employee's work-related death should immediately be reported by the immediate supervisor to OWCP through the Workers' Compensation Assistant using Form CA-6. The Workers' Compensation Assistant should contact the employee's survivors, provide them with either Form CA-5 or CA-5b, as appropriate, and assist the survivors in preparing the claim as much as possible. When submitting these forms to OWCP, the following must also be included:

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- (1) a certified copy of the death certificate;
- (2) a certified marriage certificate if a spouse is making claim;
- (3) a copy of any divorce or annulment decree if the decedent or spouse was formerly married; and
- (4) certified copies of birth certificates of any children for whom claim is made.

b. In addition to notifying OWCP, the immediate supervisor is required to notify the Occupational Safety and Health Administration (OSHA) within eight hours of each occupational fatality or inpatient hospitalization of three or more people. This notification applies to each such fatality or hospitalization which occurs within 30 days of an occupational incident. Notification can be made by telephone and must include the following:

- (1) Names of individuals involved;
- (2) Number of fatalities and/or injuries and their extent;
- (3) Establishment name, time, date, location of incident(s), type of accident, and kind of operation conducted at the accident site;
- (4) Contact person and telephone number; and
- (5) Actions taken by MARAD to investigate the incident and whether OSHA assistance is desired.

**D. Claim Forms Review.** Each Workers' Compensation Assistant will be responsible for reviewing claim forms using this guide and the detailed instructions attached to the form before submitting them to OWCP. Incomplete forms will be returned by OWCP. Original forms must be submitted to OWCP with a copy retained in the OWCP claim file. Workers' Compensation Assistants:

1. Examine the claim form (CA-1 or CA-2);
2. Investigate any discrepancies, omissions, or other problems that may be evident;
3. Review the initial medical report; and
4. Send all basic information relating to the claim to OWCP to permit adjudication. If the Workers' Compensation Assistant is investigating facts or getting an acceptable medical report and will need additional time, the claim and available documentation must be forwarded with a note that other evidence is forthcoming.
5. Set up the OWCP claim file by employee name and date of injury and include a copy of every document issued or received relating to the employee's claim.

**E. OSHA Coding.** OSHA uses injury and illness data from compensation claim forms submitted under the FECA and provided by OWCP. In order to assist OSHA in gathering needed data, it is required that type, source, and occupation data be coded on Forms CA-1, CA-2, and CA-6 prior to submission of the form to OWCP. The Workers' Compensation Assistant will write a 3-digit type of injury code and a 4-digit source of injury code in the shaded boxes "b" and "c" on Forms CA-1 and CA-2, and in blocks 22b and 22c on Form CA-6. A listing of these codes is included as enclosure 3 to this guide.

MARAD'S WCP GUIDE

1. Occupation Code.

a. Workers' Compensation Assistants will identify the employee's occupation by writing the appropriate code in the shaded box "a" on Forms CA-1 or CA-2, or in block 22a on Form CA-6.

b. For most 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 example, the occupation code for a Secretary would be: GS0318.

c. For eligible individuals who do not have the usual job classification system titles, the following occupation codes must be used. Each code begins with the characters "??" instead of the usual pay plan letters.

Code	Title
??009900	College Work/Study Participant (non-Cooperative Education Student)
??174000	Reader for the Blind
??350600	Student/Summer Aide (other than those in the GS or WW pay plans)
??020400	National Defense Executive Reserve

2. Type and Source of Injury Codes.

a. The type of injury code describes the action which was the initiating cause of the injury or illness. The source of injury code identifies the object or substance which was the initiating cause of the injury or illness. Together, they form a brief description of how the incident occurred. The following are examples of their use.

(1) An auxiliarist, while teaching a boating safety class, tripped on carpet and struck head on a desk.

Type: 210 - fell on same level  
Source: 0110 - walking/working surface

(2) A nurse contracted hepatitis after being punctured by a contaminated needle.

Type: 410 - punctured by  
Source: 0831 - needle

(3) A shipfitter inhales asbestos fibers.

Type: 710 - inhaled  
Source: 0621 - asbestos fibers

(4) An employee driving a Government vehicle on official business is struck by another car.

Type: 800 - traveling in  
Source: 0421 - Government-owned vehicle as a driver

b. The type and source of injury codes should describe the initiating cause of the injury, rather than the outcome (i.e., example (1) would not be 120 - struck against; and 0140 - furniture).

MARAD'S WCP GUIDE

3. OWCP Agency Code.

a. The OWCP agency code is a 4-digit code used by OWCP to identify the employing agency. MARAD's agency code is 2534. The agency code for the USMMA cadets is 2533. Workers' Compensation Assistants must precode the agency identification code on Forms CA-1, CA-2, CA-2a and CA-6.

b. Blocks for the code are provided next to the employing agency's address in the "Supervisor' Report" portion of Forms CA-1 (block 17), CA-2 (block 19) and CA-2a (block 24, CA-2a). On Form CA-6, the code is placed in block 6.

4. Duty Station Zip Code.

a. The zip code of the employee's duty station should be included with the duty station street address in block 18 of the revised CA-1, and block 20 of the revised CA-2. On the CA-6, the zip code should be written next to the Department or agency name in block 5.

b. The zip code indicated in these blocks must be the zip code of the location of the injury, not the zip code of the Workers' Compensation Assistant processing the compensation forms.

5. OSHA Site Code. If the OWCP agency code and duty station zip code do not effectively distinguish agency locations, OSHA may require the development of OSHA site codes. At the present time, they are not required.

F. Supplies of Forms. Each Workers' Compensation Assistant will be responsible for maintaining adequate supplies of all forms used in processing workers' compensation claims. Information regarding the forms is contained in enclosure 4 of this guide. In addition, the Federal Employees' Compensation program has developed the following eight checklists to assist employees and agency personnel in gathering and submitting material required for adjudication of occupational disease claims.

<u>Form No.</u>	<u>Condition Addressed</u>
CA-35a	Occupational Disease in General
CA-35b	Hearing Loss
CA-35c	Asbestos-Related Illness
CA-35d	Coronary/Vascular Condition
CA-35e	Skin Disease
CA-35f	Pulmonary Illness (not Asbestosis)
CA-35g	Psychiatric Illness
CA-35h	Carpal Tunnel Syndrome

## MARAD'S WCP GUIDE

### CHAPTER 7. CONTINUATION OF PAY (COP)

**A. Introduction.** In order to prevent an employee from suffering a financial hardship, the FECA provides that an employee's regular pay may be continued for up to 45 calendar days of wage loss due to disability and/or medical treatment following a traumatic injury. (If unable to work as a result of an occupational disease, an employee is not eligible for COP but is entitled to compensation benefits.) COP is a continuation of salary and is not considered to be an OWCP compensation benefit. Therefore, it is subject to income tax, retirement, and other deductions. After entitlement to COP is exhausted, the employee may apply for compensation or use leave. In all cases, OWCP has the final authority to determine whether MARAD's action in paying or terminating COP is correct.

**B. Eligibility.** In order to be eligible for COP, the following conditions must exist:

1. The disability must be the result of a traumatic injury (not an occupational disease);
2. The loss of time from work must be certified by a physician as being a result of the job-related injury;
3. The employee must file a claim for COP in writing within 30 days from the date of injury; and
4. The first day of COP must be taken within 90 days from the date of injury.

**C. Mandatory Controversion.** The employee's supervisor must oppose COP if one of nine circumstances specified in Federal regulation exists. However, OWCP will make the final determination as to eligibility for COP. If the controversion is based on one of the nine acceptable categories, then MARAD may not continue COP. The nine categories which require controversion and termination of COP are:

1. The disability is a result of an occupational disease or illness;
2. The employee is not an appropriated fund civilian employee;
3. The employee is neither a citizen nor a resident of the United States or Canada;
4. The injury occurred off agency premises, and the employee was not involved in official "off premises" duties;
5. The injury was caused by the employee's willful misconduct, intent to bring about injury or death of self or another person, or was proximately caused by the employee's intoxication;
6. The injury was not reported on a form approved by the Secretary of Labor within 30 days following the injury;
7. Work stoppage first occurred 90 days or more following the injury;
8. The employee initially reports the injury after employment has been terminated; or
9. The employee is enrolled in the Civil Air Patrol, Peace Corps, Job Corps, Youth Conservation Corps, Work Study Programs, or other similar groups.

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**D. Controversion for Other Reasons.** A supervisor may controvert COP based upon a reason other than those specified above. To do so, the supervisor must complete the applicable portion of the CA-1 form and submit it to OWCP through the Workers' Compensation Assistant with detailed information and justification in support of the controversion. MARAD may not terminate COP until the controversion is sustained by OWCP.

**E. Counting COP.** The following guidelines must be used in counting COP.

1. COP does not begin until after the date of injury unless the injury occurs before the employee's normal workday. For example, if the employee is injured at 10:00 a.m. on Tuesday, full duty status (administrative leave) should be reflected on Tuesday (the date of injury) and COP will start on Wednesday. However, if the employee is injured on the work premises at 8:00 a.m. on Tuesday and the workday does not begin until 8:30 a.m., the time card will reflect Tuesday as the start of COP.

2. COP is counted in calendar days, not workdays. This includes holidays and weekends (or days off). There is a maximum entitlement of 45 calendar days; however, they need not be consecutive days.

3. Only days are counted. For example, if an employee uses 2 hours for a doctor's appointment and works 6 hours, the absence must be counted as one day of COP.

**F. Recurrences.** If an employee returns to work without using all 45 calendar days of COP and then suffers a recurrence, the employee may elect to use the remaining COP days providing that no more than 90 days have elapsed since the date of first return to work (including part-time or light duty).

**G. Termination of COP.** If the disability ends before the expiration of the 45-day period, COP will be terminated. Such action will be reported to OWCP using Form CA-3 (see chapter 6, paragraph C.9).

**H. Time Cards.** Time and attendance personnel are responsible for reporting continuation of pay, leave without pay, annual and sick leave, and other types of leave related to workers' compensation, in accordance with time and attendance reporting requirements.

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**CHAPTER 8. EFFECT ON EMPLOYEE BENEFITS**

**A. Leave Buy-Back.** If an injured employee elects to use sick or annual leave during a period of disability, the employee may at a later date, with the approval of the agency, buy back the leave used.

1. Conditions. In order to buy back leave used for any period, three conditions must exist:

- a. The employee used leave (either sick or annual leave or both) during a period of disability caused by either a traumatic injury or an occupational disease or illness;
- b. OWCP approved the employee's claim for compensation benefits; and
- c. The agency is willing to change the leave record from leave with pay to leave without pay.

2. Processing. Once a compensation claim is approved by OWCP, a request to buy back leave should be made by completing Form CA-7 and submitting it to OWCP. OWCP will, in turn, send a letter (on Form CA-1207) to the employee. The reverse side of the CA-1207 should be completed as instructed and returned to OWCP. Form CA-1208 will then be sent to the employee and the agency informing them that the request for reinstatement of leave is approved.

3. Voluntary Leave Transfer Program. If a leave recipient under the Voluntary Leave Transfer Program elects to buy back annual leave, the amount of transferred annual leave bought back by the leave recipient should be restored to the leave donors.

**B. Health Insurance.**

1. Continuation of Enrollment. Health benefits enrollment will automatically continue for an employee (and family members under a family enrollment) who becomes a compensationner providing all of the following requirements are met at the time the employee becomes a compensationner.

- a. The employee must have been enrolled (or covered as a family member) in a plan under the health benefits program for five years of service immediately preceding the start of compensation, or during all service since the employee's first opportunity to enroll.
- b. The employee must be receiving compensation.
- c. OWCP must determine that the employee is unable to return to duty.

2. Transferring Enrollments to OWCP. The following provisions are in effect with respect to transferring health benefits enrollments to OWCP.

- a. Health benefits enrollments will be transferred to OWCP only upon its request. Until such time, employees receiving compensation should be treated for health benefits purposes as any other employee in nonpay status.
- b. As with other employees in nonpay status, health benefits enrollment will continue for up to 365 days. At the end of the pay period which includes the 365th day of continuous nonpay status, the enrollment must be terminated.

## MARAD'S WCP GUIDE

c. When requested by OWCP, enrollments will be transferred by MARAD to OWCP using SF-2810, "Notice of Change in Health Benefits Enrollment."

d. A health benefits enrollment previously transferred to OWCP will be transferred back to MARAD when the employee returns to full-time duty and pay status provided the employee is eligible for continued coverage. If the employee is not eligible for either temporary or permanent continued coverage, the enrollment must be terminated.

3. Withholdings and Contributions. Whether or not OWCP requests transfer of enrollment, it will make health benefits withholdings and contributions from the date compensation began or the date following that on which MARAD's withholdings and contributions ceased. When the employee receives compensation for fewer than 29 days, they will be treated as current MARAD employees.

### C. Life Insurance.

1. Basic Life Insurance. An employee's regular life insurance will be continued without cost for one year if the employee is in a nonpay status. If the employee qualifies for compensation, life insurance coverage remains in force as long as the employee is in receipt of compensation. If coverage terminates because of separation or completion of a 12-month nonpay status period, the employee may apply for an individual policy or apply for continuance of the existing life insurance coverage.

2. Optional Life Insurance. An employee may retain optional life insurance while receiving compensation if eligible to continue regular insurance and enrolled for no less than five years of service immediately preceding the disability or the full period or periods of service during which optional life insurance was available, if less than five years.

3. Procedures for Continuation. When an employee's insurance terminates, the following procedures must be followed:

a. The Workers' Compensation Assistant must complete an SF-2819 and furnish it to the employee.

b. If the employee decides to continue life insurance coverage as a compensationner, the Workers' Compensation Assistant must complete the SF-2821 and show the compensation claim number on the form. The SF-2821 should then be forwarded to the Office of Personnel Management (OPM) with any designations of beneficiary, all previous elections necessary to document the employee's right to continue coverage as a compensationner, and a completed SF-2818.

c. Upon receipt of the completed SF-2821, OPM will verify with OWCP the employee's compensation status and inability to return to duty and will then inform the employee whether he or she remains insured.

#### NOTE:

- SF 2818 -- Federal Employees Group Life Insurance Program - Continuation of Basic Life Insurance Coverage as a Retiree or Compensationner
- SF 2819 -- Notice of Conversion Privilege - Federal Employees Group Life Insurance Program
- SF 2821 -- Agency Certification of Insurance Status- Federal Employees Group Life Insurance Program



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**D. Retirement.** An employee who has a work-related disability or injury has the right to file for both an annuity under the retirement system and also compensation for work injuries. However, generally the employee may not receive an annuity and compensation for the same period of time. In counseling employees about disability retirement versus compensation, the following points should be made:

1. The employee has the right to file for disability retirement.
2. The employee has the right to file for regular (optional) retirement benefits if he/she has the required length of service and age.
3. The employee has the right to file for retirement and at the same time file for compensation. If the retirement case is approved by the OPM, all rights are held in perpetuity until such time as the employee elects to claim them. The employee cannot receive both compensation and annuity payments at the same time.
4. If compensation is terminated or reduced at any time in the future, the employee would be able to elect retirement (provided the original claim to the OPM has been approved).
5. It is not advisable to withdraw contributions made into the retirement fund. If the employee later dies for reasons unrelated to the job injury, and contributions have been withdrawn from the retirement fund, the employee's survivors would not be eligible for a survivor annuity based on the employee's Federal service.

## MARAD'S WCP GUIDE

### CHAPTER 9. OBTAINING MEDICAL INFORMATION

**A. Selecting a Physician.** An employee is entitled to initial selection of a physician for treatment of a job-related injury. Any change in treating physician after the initial choice is made must be authorized by OWCP. If such authorization is not sought by the employee, OWCP will not be liable for the expenses of treatment. MARAD has no authority to direct the transfer of medical care from one physician to another.

**NOTE:** Certain providers may be excluded from participation in the workers' compensation program. The names of these excluded medical providers along with those who have been reinstated are periodically published by OWCP and will be distributed if the need occurs. The services of excluded providers may not be reimbursed by OWCP during the period of exclusion.

**B. Medical Examinations Desired by MARAD.** An individual who has applied for or is receiving continuation of pay or compensation as a result of an on-the-job injury or disease may be required to report for an examination to determine medical limitations that may affect placement decisions.

**C. Evaluation of Claimant's Medical File.** The OWCP District Medical Director or District Medical Adviser will review medical evidence submitted to OWCP by the claimant's treating physician.

**D. Medical Examinations Ordered by OWCP.** When medical opinions between the District Medical Director/Adviser and the claimant's treating physician differ, the conflict can be resolved only after examination by a qualified medical specialist chosen by OWCP. Such an exam is called an Impartial Medical Examination. The results of this examination are final. When any examination is ordered by OWCP, the costs associated with it (i.e., the medical examination itself, reasonable travel expenses, and wage loss) will be paid by OWCP.

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### CHAPTER 10. STAFFING AND PLACEMENT

**A. Light Duty.** One of the most effective means of reducing MARAD's compensation costs is to emphasize the use of light or limited duty. Such a program accommodates injured employees who are temporarily unable to perform their regular functions. Ideally, light duty assignments should be given by an employee's immediate supervisor and should be located within the employee's regular organizational unit. Sometimes the immediate supervisor has no way to employ usefully an injured employee. If such a determination is made, the search for a special temporary assignment should be coordinated by the Workers' Compensation Assistant and the personnel representative and broadened to include other organizational units. Assignment with any MARAD or DOT organization in the commuting area may be considered.

1. OWCP Form CA-17 can be used at any time in traumatic injury cases to request information from the attending physician with regard to the employee's ability to return to work and with what restrictions. Normally this form is sent every two weeks but may be sent more frequently if some doubt exists as to the extent of the employee's disability.
2. It is critical that the supervisor does not assign any duties to the claimant that are not clearly within the work limitations imposed by the treating physician. If any doubt exists as to the employee's ability to perform certain duties, a job description should be sent to the attending physician for evaluation.
3. When the physician's report indicates that the employee is no longer totally disabled, the employee is required to accept any reasonable offer of suitable light duty. 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.
4. If at any time, the employee refuses to provide sufficient medical information for the personnel office to evaluate the propriety of a job offer, OWCP will be notified.

#### **B. Reemployment.**

1. Guidelines. If the residuals of an injury will prohibit the employee from returning to the position held at the time of injury, and the employee has been in receipt of compensation for more than one year, a complete report on work limitations will be requested from the treating physician by the Workers' Compensation Assistant using Form CA-17. Upon receipt of this report, reemployment will be considered in the following order of preference:
  - a. Return the employee to the position held at the time of injury with modifications to accommodate the limitations;
  - b. Place the employee in another position at the same salary as the position held at the time of injury; or
  - c. Place the employee in another position at a lower salary than the position held at the time of injury.
2. Making a Job Offer. The Workers' Compensation Assistant, in coordination with other agency representatives, may contact the employee by telephone regarding the availability of a job, but the offer must be confirmed in

## MARAD'S WCP GUIDE

writing as soon as possible. In addition, a copy of the job offer letter must be sent to OWCP at the same time. The job offer should include the following:

- a. A description of duties to be performed;
- b. 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 date on which the job will be available; and
- e. The date by which a response to the job offer is required.

3. **Employee's Response.** When the employee responds to the job offer, a copy of the response must be forwarded to OWCP. In addition, the Workers' Compensation Assistant should notify OWCP of the date of return to duty in order to avoid overpayments of compensation. Benefits will be terminated or adjusted as of the date of return to duty.

**C. Questionable Claims.** Despite the best efforts to inform employees, it is possible that some workers will deliberately submit false injury compensation claims. When such offenses occur, supervisors and managers must dispute the validity of an employee's claim as a whole by carrying out the following procedures.

1. **Reasons to Question Claims.** Although not an all-inclusive list, some factors which may suggest the possibility of fraud are:

- a. Information exists that the claimant is acting in a manner inconsistent with claimed injury;
- b. Witnesses dispute the claimed injury;
- c. A single individual has a history of repeated similar claims;
- d. Several individuals in the same work area filed identical claims, especially if the claims are hard-to-diagnose injuries or illnesses (e.g., sprained back, hearing loss);
- e. Information exists that the claim was filed in conjunction with some threat to job security (e.g., disciplinary action, RIF, conversion to contract work, etc.);
- f. An employee waits a long period of time to report an injury and reports to work in the interim without appearing injured and is able to carry out normal job duties; or
- g. An employee is using leave, COP, or drawing compensation, and someone reports that the employee is working at another job.

2. **Employee's Ability to Return to Work.** Using OWCP Form CA-17, information must be requested from the attending physician with regard to the employee's ability to return to work and with what restrictions. Normally this form is sent every two weeks but may be sent more frequently if some doubt exists as to the extent of the employee's disability.

## MARAD'S WCP GUIDE

3. Light Duty Assignments. Upon receipt of the CA-17 from the attending physician, the Workers' Compensation Assistant, in coordination with the agency representatives, will attempt to place the employee in a light duty assignment or reemploy on a permanent basis.

NOTE: When the treating physician fails to provide the requested medical information, a Fitness for Duty Report may be ordered from any qualified medical specialist (see chapter 6, paragraph C.7).

4. Internal Investigations. After consideration of available information, the Associate Administrator for Administration in coordination with the Office of Chief Counsel, may refer the case to the Office of Inspector General for investigation of any fraud.

5. Results of Investigations. If information is identified in the course of any investigation which leads MARAD to question the validity of a claim, it should report the results of the investigation to the appropriate OWCP district office. All such allegations must be supported by specific factual evidence such as witness statements, pictures, accident investigations, etc. OWCP will consider all information submitted and correspond further with the parties involved if necessary. The authority to determine any aspect of a claim rests with OWCP. The agency is entitled to an explanation of the basis for OWCP's action but must accept the determination rendered.

MARAD'S WCP GUIDE

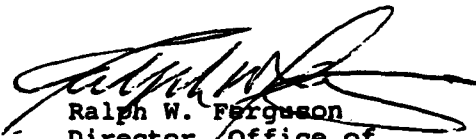
**CHAPTER 11. MANAGEMENT AND EVALUATION OF THE WORKERS' COMPENSATION PROGRAM**

**A. Compensation Costs.** Workers' compensation costs for MARAD have dramatically increased in recent years. These increases can be attributed to many factors. Some factors are not within MARAD's ability to control but many can be controlled through:

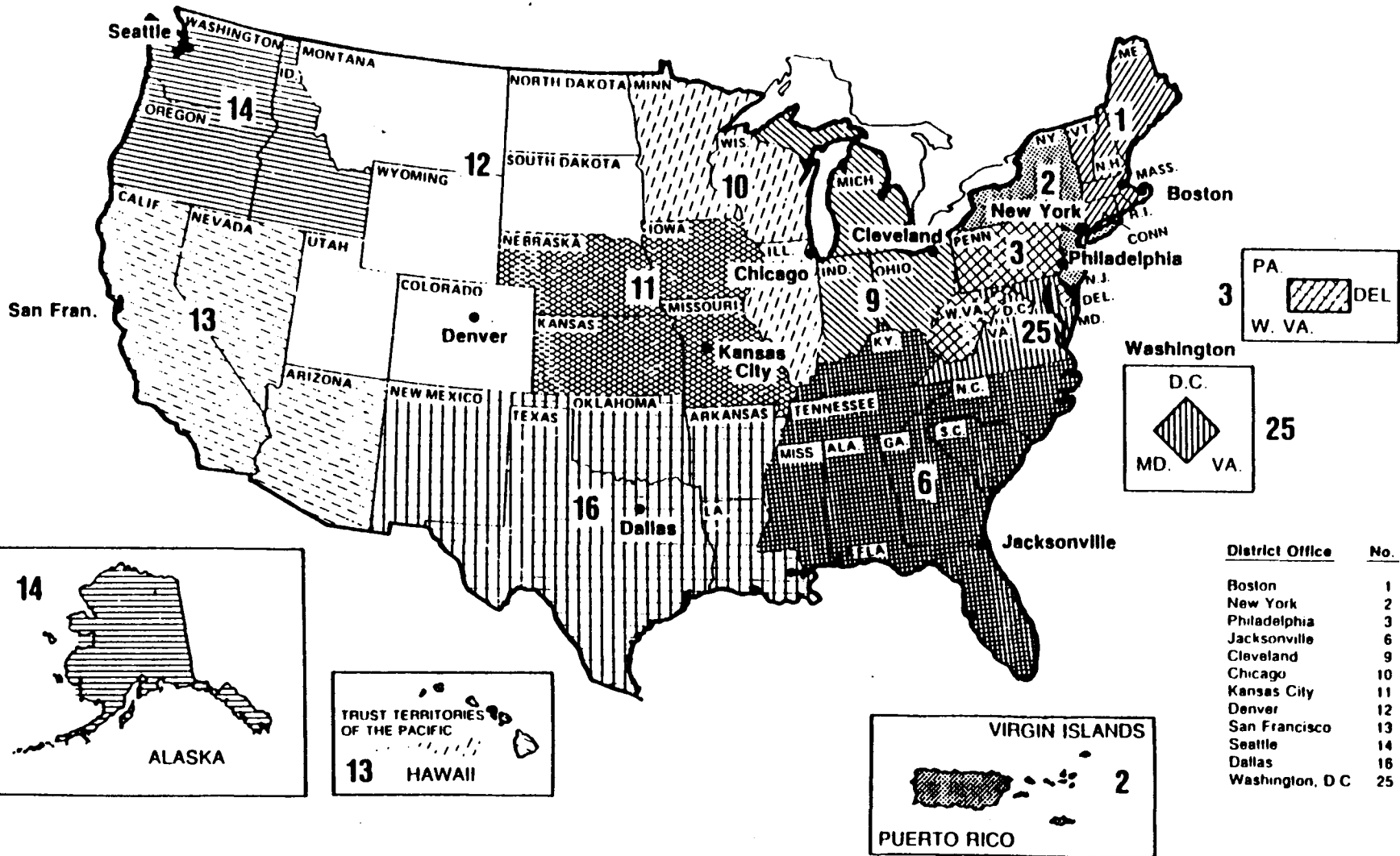
1. Provision of limited duty in every instance where an injured employee is able to work;
2. Reemployment of rehabilitated employees from long-term compensation rolls;
3. Employee cooperation to reduce avoidable costs, taking necessary safety precautions, and being aware that false compensation claims will not be tolerated; and
4. Supervisors and managers being aware of the problem of increasing compensation costs, being knowledgeable of the claims process and their roles in that process, and being fully supportive of initiatives to reduce injury compensation.

**B. Chargeback Listing.** Compensation costs are paid directly to injured/disabled workers or their beneficiaries by OWCP. However, the law requires that each agency reimburse OWCP annually for all costs including medical costs, costs of vocational rehabilitation, compensation, death benefits, etc. The chargeback listing is the mechanism by which these costs are assigned to employing agencies. For chargeback purposes, this period runs from July 1 through June 30 of the following year.

1. **Identification.** The Department of Labor identifies each MARAD claim for compensation based on a code entered into the OWCP data processing system when the case is created. The Workers' Compensation Assistant will receive a postcard (Form CA-801) from OWCP each time a case is created. These postcards should be reviewed and errors reported to OWCP as soon as possible in order to avoid errors on the quarterly and yearly chargeback reports.
2. **Quarterly Chargeback Report.** Each quarter, MARAD is provided with a report which provides a breakdown of cases and costs for which charges will appear on the yearly chargeback bill. This report is used to identify and correct errors before the agency is billed for them. Such errors are immediately reported to OWCP by MARAD's WCP Manager.
3. **Yearly Chargeback Bill.** Each year, MARAD is provided a statement of payments made from the compensation fund based on injuries suffered by MARAD employees. This amount is included in the budget request to Congress, and the resulting sums appropriated or obtained from operating revenues are deposited in the fund for the following year. Compensation billing is always "two years in arrears" (e.g., the bill for 1996 is for charges incurred in 1994).

  
Ralph W. Fergusson  
Director, Office of  
Management Services

# DISTRICT OFFICE TERRITORIAL JURISDICTION UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT



District Office	No.
Boston	1
New York	2
Philadelphia	3
Jacksonville	6
Cleveland	9
Chicago	10
Kansas City	11
Denver	12
San Francisco	13
Seattle	14
Dallas	16
Washington, D.C.	25

Address List and Jurisdictional Map

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U.S. DEPARTMENT OF LABOR  
EMPLOYMENT STANDARDS ADMINISTRATION  
Office of Workers' Compensation Programs

U.S. DEPARTMENT OF LABOR

CONTACT LIST FOR OWCP DISTRICT OFFICES

<p style="text-align: center;"><b><u>DISTRICT 1 - BOSTON</u></b></p> <p>U.S. Department of Labor, OWCP One Congress Street, 11th Floor Boston, MA 02114</p> <p><b>Charity I. Banz, Regional Director</b> (617) 565-2102</p> <p><b>Mike Evers, Claims Examiner</b> (617) 565-2119</p> <p>Office Hours: 9:30am - 3:00pm</p>	<p style="text-align: center;"><b><u>DISTRICT 9 - CLEVELAND</u></b></p> <p>U.S. Department of Labor, OWCP 1240 East Ninth Street, Room 851 Cleveland, OH 44199</p> <p><b>Robert Sullivan, District Director</b> (216) 522-2092</p> <p><b>Susan Gearhart, Claims Supervisor</b> (216) 522-3850</p> <p>Office Hours: 8:30am - 4:30pm</p>
<p style="text-align: center;"><b><u>DISTRICT 2 - NEW YORK</u></b></p> <p>U.S. Department of Labor, OWCP 201 Varick Street, Room 750 New York, NY 10014</p> <p><b>Jonathan G. Lawrence, District Director</b> (212) 337-2044</p> <p><b>Mary Jean McCahill, Claims Examiner</b> (212) 337-2058</p> <p>Office Hours: 9:00am - 5:00pm</p>	<p style="text-align: center;"><b><u>DISTRICT 10 - CHICAGO</u></b></p> <p>U.S. Department of Labor, OWCP 230 South Dearborn Street, 8th Floor Chicago, IL 60604</p> <p><b>Richard Kadus, District Director</b> (312) 886-5001</p> <p>Office Hours: 8:30am - 4:00pm</p>
<p style="text-align: center;"><b><u>DISTRICT 3 - PHILADELPHIA</u></b></p> <p>U.S. Department of Labor, OWCP Gateway Building, Room 15200 3535 Market Street Philadelphia, PA 19104</p> <p><b>William J. Staarman, District Director</b> (215) 596-1457 Office Hours: 9:00am - 12noon 1:00pm - 4:00pm</p>	<p style="text-align: center;"><b><u>DISTRICT 11 - KANSAS CITY</u></b></p> <p>U.S. Department of Labor, OWCP City Center Square 1100 Main Street, Suite 750 Kansas City, MO 64105</p> <p><b>Charles O. Ketcham, Regional Director</b> (816) 426- 2723</p> <p><b>Shirley Bridge, Case Examiner</b> (816) 426-2723</p> <p>Office Hours: 8:30am - 4:00pm</p>
<p style="text-align: center;"><b><u>DISTRICT 6 - JACKSONVILLE</u></b></p> <p>U.S. Department of Labor, OWCP 214 North Hogan Street, Suite 1006 Jacksonville, FL 32202</p> <p><b>Jena F. Jackson, District Director</b> (904) 232-2884 <i>357-4778</i></p> <p><b>Marian Crofoot, Claims Examiner</b> (904) 232-1285</p> <p>Office Hours: 9:00am - 4:00pm</p>	<p style="text-align: center;"><b><u>DISTRICT 12 - DENVER</u></b></p> <p>U.S. Department of Labor, OWCP 1801 California Street, Suite 915 Denver, CO 80202</p> <p><b>Robert A. Mitchell, District Director</b> (303) 391-6040</p> <p><b>Morris Price, Supv. Claims Examiner</b> (303) 391-6005</p> <p>Office Hours: 8:00am - 4:30pm</p>



U.S. DEPARTMENT OF LABOR

CONTACT LIST FOR OWCP DISTRICT OFFICES

<p style="text-align: center;"><b><u>DISTRICT 1 - BOSTON</u></b></p> <p>U.S. Department of Labor, OWCP One Congress Street, 11th Floor Boston, MA 02114</p> <p><b>Charity I. Banz, Regional Director</b> (617) 565-2102</p> <p><b>Mike Evers, Claims Examiner</b> (617) 565-2119</p> <p>Office Hours: 9:30am - 3:00pm</p>	<p style="text-align: center;"><b><u>DISTRICT 9 - CLEVELAND</u></b></p> <p>U.S. Department of Labor, OWCP 1240 East Ninth Street, Room 851 Cleveland, OH 44199</p> <p><b>Robert Sullivan, District Director</b> (216) 522-2092</p> <p><b>Susan Gearhart, Claims Supervisor</b> (216) 522-3850</p> <p>Office Hours: 8:30am - 4:30pm</p>
<p style="text-align: center;"><b><u>DISTRICT 2 - NEW YORK</u></b></p> <p>U.S. Department of Labor, OWCP 201 Varick Street, Room 750 New York, NY 10014</p> <p><b>Jonathan G. Lawrence, District Director</b> (212) 337-2044</p> <p><b>Mary Jean McCahill, Claims Examiner</b> (212) 337-2058</p> <p>Office Hours: 9:00am - 5:00pm</p>	<p style="text-align: center;"><b><u>DISTRICT 10 - CHICAGO</u></b></p> <p>U.S. Department of Labor, OWCP 230 South Dearborn Street, 8th Floor Chicago, IL 60604</p> <p><b>Richard Kadus, District Director</b> (312) 886-5001</p> <p>Office Hours: 8:30am - 4:00pm</p>
<p style="text-align: center;"><b><u>DISTRICT 3 - PHILADELPHIA</u></b></p> <p>U.S. Department of Labor, OWCP Gateway Building, Room 15200 3535 Market Street Philadelphia, PA 19104</p> <p><b>William J. Staarman, District Director</b> (215) 596-1457 Office Hours: 9:00am - 12noon 1:00pm - 4:00pm</p>	<p style="text-align: center;"><b><u>DISTRICT 11 - KANSAS CITY</u></b></p> <p>U.S. Department of Labor, OWCP City Center Square 1100 Main Street, Suite 750 Kansas City, MO 64105</p> <p><b>Charles O. Ketcham, Regional Director</b> (816) 426- 2723</p> <p><b>Shirley Bridge, Case Examiner</b> (816) 426-2723</p> <p>Office Hours: 8:30am - 4:00pm</p>
<p style="text-align: center;"><b><u>DISTRICT 6 - JACKSONVILLE</u></b></p> <p>U.S. Department of Labor, OWCP 214 North Hogan Street, Suite 1006 Jacksonville, FL 32202</p> <p><b>Jena F. Jackson, District Director</b> (904) 232-2884 357-4778</p> <p><b>Marian Crofoot, Claims Examiner</b> (904) 232-1285</p> <p>Office Hours: 9:00am - 4:00pm</p>	<p style="text-align: center;"><b><u>DISTRICT 12 - DENVER</u></b></p> <p>U.S. Department of Labor, OWCP 1801 California Street, Suite 915 Denver, CO 80202</p> <p><b>Robert A. Mitchell, District Director</b> (303) 391-6040</p> <p><b>Morris Price, Supv. Claims Examiner</b> (303) 391-6005</p> <p>Office Hours: 8:00am - 4:30pm</p>

**DISTRICT 13 - SAN FRANCISCO**

U.S. Department of Labor, OWCP  
71 Stevenson Street, Second Floor  
San Francisco, CA 94105

**Edward B. Bounds, District Director**  
(415) 975-4162

**Sharon M. Tyler, Asst. District Director**  
(415) 975-4162

Office Hours: 8:00am - 4:30pm

**DISTRICT 16 - DALLAS**

U.S. Department of Labor, OWCP  
525 South Griffin Street  
Dallas, TX 75202

**E. Martin Walker, District Director**  
(214) 767-2580

Office Hours: 8:30am - 4:30pm

**DISTRICT 14 - SEATTLE**

U.S. Department of Labor, OWCP  
1111 Third Avenue, Suite 615  
Seattle, WA 98101-3212

**William Howard, District Director**  
(206) 553-5255

**Vi Barnhardt, Supv. Claims Examiner**  
(206) 553-4947  
or (206) 553-5508 - Contact Desk

Office Hours: 8:30am - 4:30pm

**DISTRICT 25 - WASHINGTON, D.C.**

U.S. Department of Labor, OWCP  
800 North Capital Street, N.W.  
Room 800  
Washington, D.C. 20211

**Ora T. Wright, District Director**  
(202) 565-9424

**Tom Fitzpatrick, Claims Examiner**  
(202) 565-9424

Office Hours: 8:15am - 4:45pm  
Closed: 1:00pm - 2:00pm

MARITIME ADMINISTRATION'S WORKERS' COMPENSATION PROGRAM (WCP)  
CONTACT REPRESENTATIVES

**MARAD OWCP Program Manager**  
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**Central Region**  
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**Merchant Marine Academy**  
**Kajel Vohra**  
Kings Point, NY 11024-1699  
(516)773-5443

\*Also serves as Workers' Compensation Assistant for South Atlantic Region, Great Lakes Region, and North Atlantic Region. and North Atlantic Region.

## Injury/Illness Type and Source Codes; Occupation Codes

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### INJURY/ILLNESS TYPE CODES

100 STRUCK	500 CONTACT
110 Struck by	510 Contact with (motion of person)
111 Struck by falling object	511 Rubbed, abraded
120 Struck against	520 Contact by (motion of object)
200 FELL, SLIPPED, TRIPPED	600 EXERTION
210 Fell on same level	510 Lifted, strained by (single action)
220 Fell on different level	620 Stressed by (repeated action)
230 Slipped, tripped (no fall)	 
 	700 EXPOSURE
300 CAUGHT	710 Inhalation
310 Caught on	720 Ingestion
320 Caught in	730 Absorption
330 Caught between	 
 	800 TRAVELING IN
400 PUNCTURED, LACERATED	 
410 Punctured by	999 UNCLASSIFIED OR INSUFFICIENT DATA
420 Cut by	
430 Stung by	
440 Bitten by	

### INJURY/ILLNESS SOURCE CODES

0100 BUILDING OR WORKING AREA	Z0200 ENVIRONMENTAL CONDITION
0110 Walking/working surface	0210 Temperature extreme (indoor)
(floor, street, curbs, porches)	0220 Weather (ice, rain, heat, etc.)
0120 Stairs, steps	0230 Fire, flame, smoke (not tobacco)
0130 Ladder	0240 Noise
0140 Furniture, furnishings, office equipment	0250 Radiation
0150 Boiler, pressure vessel	0260 Light
0160 Equipment layout (ergonomic)	0270 Ventilation
0170 Windows, doors	0271 Tobacco smoke
0180 Electric, electricity	0280 Stress (emotional)
	0290 Confined space

INJURY/ILLNESS SOURCE CODES, Continued

0300	MACHINE OR TOOL	0720	Chemical liquid
0310	Hand tool (powered: saw, grinder, etc.)	0721	Corrosive
0320	Hand tool (non-powered)	0722	Toxic
0330	Mechanical power transmission apparatus	0723	Explosive
0340	Guard, shield (fixed, moveable, deadman)	0724	Flammable
0350	Video Display Terminal	0730	Plastic
0360	Pump, compressor, air pressure tool	0740	Water
0370	Heating equipment	0750	Medicine
0380	Welding equipment		
0400	VEHICLE	0800	INANIMATE OBJECT
0410	Privately-owned vehicle (includes rental)	0810	Box, barrel, container, etc.
0411	As driver	0820	Paper
0412	As passenger	0830	Metal item, mineral
0420	Government-owned vehicle	0831	Needle
0421	As driver	0840	Glass
0422	As passenger	0850	Scrap, trash
0430	Common carrier (airline, bus, etc.)	0860	Wood
0440	Aircraft (not commercially scheduled)	0870	Food
0450	Boat, ship, barge	0880	Personal clothing, apparel, shoes
0500	MATERIAL HANDLING EQUIPMENT	0900	ANIMATE OBJECT
0510	Earthmover (tractor, backhoe, etc.)	0910	Animal
0520	Conveyor (for material and equipment)	0911	Bite (dog)
0530	Elevator, escalator, personnel hoist	0912	Bite (other)
0540	Hoist, sling chain, jack (for material and equipment)	0913	Disease
0550	Forklift, crane	0920	Plant
0560	Handtrucks, dollies	0930	Insect
0600	DUST, MIST, VAPOR, ETC.	0940	Human (violence)
0610	Dust (silica, coal, grain, cotton)	0950	Human (communicable disease)
0620	Fibers	0960	Bacteria, virus (not human contact)
0621	Asbestos	1000	PERSONAL PROTECTIVE EQUIPMENT
0630	Gases	1010	Protective clothing, shoes, glasses/ goggles
0631	Carbon monoxide	1020	Respirator, mask
0640	Mist, steam, vapor, fume	1021	Diving equipment
0650	Particles (unidentified)	1030	Safety belt, harness
0700	CHEMICAL, PLASTIC, ETC.	1040	Parachute
0710	Chemical dry	9999	UNCLASSIFIED OR INSUFFICIENT DATA
0711	Corrosive		
0712	Toxic		
0713	Explosive		
0714	Flammable		

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

Use heading as "other" for that category.

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

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

TYPE: 210, fell on same level

SOURCE: 0220, weather

FEDERAL INJURY COMPENSATION

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.

<u>Alpha/ Numeric Code</u>	<u>Title</u>	<u>Alpha/ Numeric Code</u>	<u>Title</u>
??013600	Peace Corps Volunteer	??186300	State Local Agriculture Inspector
??008300	Non-Federal Law Enforcement Officer	??003000	Sports Clinic Performer
??002100	VISTA Volunteer	??018800	Entertainer/Armed Forces
??024300	Neighborhood Youth Corps Enrollee	??024300	Vocational Trainee
??024300	Job Corps Enrollee	??046000	Forest Service Cooperator
??030200	Mail Messenger	??131600	Gage Reader, Corps of Engineers
??350100	Contract Job Cleaner	??470100	Maintenance Worker, Dept. of Housing and Urban Development
??062100	Student Nurse	??002600	National Park Service Volunteer
??046200	Forest Service Volunteer	??020400	National Defense Executive Reserve
??134100	Volunteer Weather Observer	??174000	National Teacher Corps Member
??009900	State Maritime Academy Cadet	??061000	Contract Nurse
??009900	ROTC Cadet	??060200	Contract Physician
??093000	Federal Juror	??063000	Nutritional Aide, USDA
??218100	Civil Air Patrol Volunteer	??174000	Reader for the Blind
??068500	Volunteer Hospital Worker	??101600	Trust Employee, Smithsonian Institution
??024300	Youth Conservation Corps Volunteer	??045700	Soil/Water Conservation District Employee
??047500	County Agent, Dept. of Agriculture	??024300	Youth/Adult Conservation Corps Enrollee
??350600	Student Aide	??009900	Military Academy Cadet
??982500	Seaman	??000600	Volunteer Trainee Probation Officer
??020400	Coast Guard Reserve Member	??000600	Urban Crime Prevention Program Volunteer
??024000	Coast Guard Auxiliary Member	??034500	Congressional Staff Member
??002300	National Park Service Collaborator		
??009900	College Work/Study Participant		
??006000	Chaplain		

## Basic Forms

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

Form No.	Form Title	Purpose	Prepared By	When Submitted	Completed Forms Sent to
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. It also serves as a claim for continuation of pay or for compensation based on the recurrence of a previously reported disability	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	Supervisor, by employee or someone acting on employee's behalf, then to appropriate OWCP office. An employee no longer employed by the Federal government should complete Parts A and C and submit all materials directly to appropriate OWCP office
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	Supervisor	Immediately after disability or continuation of pay terminates, or the employee returns to work	Appropriate OWCP office
CA-5	Claim for Compensation by Widow, Widower and/or Children	Claims compensation on behalf of these dependents when injury results in death	Person claiming compensation (for self or on behalf of children) and attending physician	Within 30 days, if possible, but no later than three years after death. If the death resulted from an injury for which a disability claim was timely filed, the time requirements for filing the death claim have been met	Supervisor, by claimant or someone acting on claimant's behalf, then to appropriate OWCP office



Form No.	Form Title	Purpose	Prepared By	When Submitted	Completed Forms Sent to
CA-5b	Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren	Claims compensation for these dependents when injury results in death	Person claiming compensation (or guardian on behalf of children) and attending physician	Within 30 days, if possible, but 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	Supervisor, by claimant or someone acting on claimant's behalf; then to appropriate OWCP office
CA-6	Official Superior's Report of Employee's Death	Notifies OWCP of the work-related death of an employee	Supervisor	Within 10 work days after knowledge by supervisor of an employee's work-related death	Appropriate OWCP office
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, of certain parts of the body or serious disfigurement of the face, head or neck; (3) loss of wage-earning capacity has resulted	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 work days 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	Supervisor, by employee or someone acting on employee's behalf; then to appropriate OWCP office by the supervisor

Form No.	Form Title	Purpose	Prepared By	When Submitted	Completed Forms Sent to
CA-8	Claim for Continuing Compensation on Account of Disability	Claims compensation when loss of pay continues beyond the time covered by the claim on Form CA-7	Employee or someone acting on employee's behalf; supervisor, and attending physician (on attached Form CA-20a)	At least five days before the end of the period claimed on Form CA-7 or CA-8 for the period of disability supported by medical evidence	Supervisor, by employee or someone acting on employee's behalf; then to the appropriate OWCP office by the supervisor
CA-16	Authorization for Examination and/or Treatment	Authorizes an injured employee to obtain examination and/or treatment for up to 60 days and provides OWCP with initial medical report. Treatment may be obtained from a local hospital or physician (who may be a surgeon, osteopath, podiatrist, dentist, clinical psychologist, optometrist, or, under certain circumstances, a chiropractor), or from a U. S. medical facility, if available. May also be used for illness or disease if prior approval is obtained from OWCP. The employee may initially select the medical provider of his or her choice but must request any change from OWCP	Part A--Supervisor  Part B--Attending Physician	Part A--By supervisor, in duplicate, within 48 hours following first examination and/or treatment  Part B--By attending physician or medical facility as promptly as possible after initial examination	Part A--Physician or medical facility  Part B--Appropriate OWCP office
CA-17	Duty Status Report	In traumatic injury cases, provides supervisor and OWCP with interim medical report containing information as to employee's ability to return to any type of work	Supervisor and attending physician	Promptly upon completion of examination or most recent treatment	Original to employing agency, which should send copy to appropriate OWCP office

FEDERAL INJURY COMPENSATION

Form No.	Form Title	Purpose	Prepared By	When Submitted	Completed Forms Sent to
CA-20	Attending Physician's Report	Provides medical support for claim and is attached to Form CA-7; provides OWCP with medical information	Attending physician	Promptly upon completion of examination or most recent treatment	Appropriate OWCP office
CA-20a	Attending Physician's Supplemental Report	Provides OWCP with additional medical information in connection with supplemental claim filed on attached Form CA-8	Attending physician	Promptly upon completion of examination or most recent treatment	Appropriate OWCP office
OWCP-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	Attending physician; employee must sign in item 12	Promptly upon completion of examination or treatment; physician may submit in usual billing cycle	Appropriate OWCP office.