

The Federal Employees' Compensation Act (FECA) outlines the benefits for federal employees injured in the performance of their duties. The Office of Workers' Compensation Programs (OWCP) administers, interprets and ensures compliance of the FECA and is the sole adjudicator of all workers' compensation claims for postal employees. You have the right to file a claim for FECA benefits with the DOL, OWCP. Upon filing a claim your benefits and responsibilities under the FECA are as follows:

MEDICAL TREATMENT Encompasses all necessary and customary medical services, including testing, treatment, and intervention to assist in the recovery of your work related injury. (e.g., doctor appointment(s), X-rays, physical therapy, prescriptions, etc.)

BENEFITS:

- You are entitled to receive immediate medical treatment from a physician of your choice. The FECA outlines the term "physician" to be a licensed Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.). Selection of any other type of medical practitioner may delay claim adjudication or payment of services.
 - If you elect to receive medical treatment you must provide your supervisor with the doctor's name, address and phone number.
 - Your supervisor or Health and Resource Management (HRM) Control Office will determine if the physician is available and will provide medical treatment under the FECA.
 - You will be advised of the earliest appointment time and date.
- A Form CA-16, Authorization for Examination and/or Treatment, will be issued to your physician, if applicable.
- Once your choice of physician has been established, any change must be submitted by you in writing to the OWCP, for approval, with the exception of your treating physician's referrals. You must notify the HRM Control Office of any change in physicians.

RESPONSIBILITIES: It is your responsibility:

- To provide your supervisor with the name, address and phone number of your treating physician.
- To ensure Form CA-17, Duty Status Report, is completed by your treating physician at the initial visit.
 - Your supervisor completes Side A, and Side B is for your physician to complete.
- To obtain a completed CA-17 from your supervisor or the HRM Control Office for all subsequent doctor appointments associated with this claim.
 - You must notify your supervisor of each follow-up medical appointment(s) until you recover from your injury.
- To provide your treating physician the letter addressed to the "Medical Services Provider".
- To return to work after the initial medical appointment, unless it is after your tour or you are directed otherwise by your physician.
 - If it is after your tour, it is your responsibility to notify your supervisor or designated manager of your status, by phone, immediately following your medical appointment.
 - If there are no supervisors available at that time, you must contact your supervisor prior to the start of your next scheduled workday, unless returning to work.
 - It is your responsibility to notify your supervisor immediately when medical information indicates that limited duty has been approved by your treating physician. This will help facilitate an immediate offer of modified assignment from your supervisor.

NOTE: *Chiropractic Services:*

- FECA has specific guidelines for defining the term "physician", in that they should be a licensed M.D. or D.O. Chiropractors usually do not meet this definition; however, their services can be covered under certain conditions. If your choice of physician is a chiropractor, please be advised that payment or reimbursement for fees and services is at the discretion of the OWCP.
- If you elect a chiropractor, please contact your HRM Control Office or the OWCP for assistance.

NOTE: In non-emergency situations, you may be required first to be evaluated by a postal physician or contract equivalent. An evaluation by a postal physician or contract equivalent **does not** constitute your choice of treating physician, unless elected by you.

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LIMITED DUTY Limited duty is the temporary modification of regular work duties or the assignment of other available necessary work tasks that allows an injured employee to recuperate and/or rehabilitate from their on-the-job injuries while working.

BENEFITS: It is your right:

- To be provided an opportunity to work in a modified assignment (limited duty) while recuperating from your work related injury. The Postal Service will make every effort to accommodate your medical limitations and work capabilities if such work is available within your medical restrictions.
- To receive a PS Form 2499, Offer of Modified Assignment, Limited Duty, if such an assignment is identified in accordance with the medical limitations/restrictions outlined by your treating physician.
 - Your supervisor will develop the modified work assignment and will interactively discuss your work capabilities and assignment work tasks.
- To ensure the modified (limited duty) assignment is in compliance with the physical limitations/restrictions outlined by your treating physician in order to facilitate a full recovery.

RESPONSIBILITIES: It is your responsibility:

- To return to full duty. You must advise your treating physician that modification of your present job assignment is available to you.
- To request your treating physician specify your medical limitations/restrictions in writing.
- To avoid any on duty or off duty activities inconsistent with the medical limitations/restrictions established by your treating physician.
- To return to work when your physician determines that you are capable of doing so, unless you request and receive coverage under the Family and Medical Leave Act (FMLA) and are willing to forgo the COP under FECA.
- To accept suitable employment. The USPS may terminate Continuation of Pay (COP) or the OWCP may terminate compensation if a suitable offer of modified duty is refused.
- To comply with medical limitations/restrictions imposed by your treating physician.
- To furnish medical evidence to support the continuation of your modified assignment (limited duty) during the recovery period from your work related injury.
- To notify your supervisor immediately, if during the period of recovery from your injury, you are unable to finish your tour or you are unable to report for your next scheduled tour.

ABSENCE FROM WORK Absence from work refers to any time away from work due to the work related injury and includes, but is not limited to, time loss for doctor's appointments, medical treatments, and/or any periods of work disability.

BENEFITS: It is your right:

- To elect Continuation of Pay (COP), Sick Leave or Annual Leave if you are totally or partially disabled from work, or lose time from work because of doctor visits or medical treatment due to a work-related traumatic injury.
- To receive COP; you must elect COP on Form CA-1. The CA-1 must be filed within 30 days of the date of injury, and initial time loss from work or work disability must be within 45 calendar days of the injury. *If the USPS has not received prima facie medical evidence of an on-the-job injury related work disability within 10 calendar days, COP may be terminated.*
 - There is a 3 day waiting period before COP payment for work disability begins. Employee's who experience a work related traumatic injury that results in work disability must wait 3 days before COP will be authorized for further time loss due to work disability. The employee must select SL, AL, or LWOP/IOD for the first 3 days of work disability (waiting days). A non-election of leave or LWOP/IOD by the employee will be recorded as LWOP/IOD.

- If your claim is denied by the OWCP, any COP used will be changed to sick leave (S/L) or annual leave (A/L), as elected by you, to the extent such leave is available. If leave is not available, leave without pay (LWOP) will be charged.

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- To change S/L or A/L as elected on the CA-1, to COP. If you were eligible for COP but elected S/L or A/L on Form CA-1, and later wish to change the leave to COP, the request must be made in writing within one year from the date the leave was used or the date OWCP approved your claim, whichever is later.
- To file an OWCP Form CA-7, Claim for Compensation, if a work disability continues beyond the 45-day COP entitlement or after the COP eligibility period expires. All absences from work after the 45-day COP entitlement period are charged as SL, AL, or Leave Without Pay (LWOP), as per your election, when compensation is claimed through OWCP. (See Leave-Buy-Back). COP waiting days count toward a 3 day LWOP-IOD waiting period if the entire 3 day COP waiting period is not met during the COP eligibility period
- To know that employees who are on LWOP or LWOP-IOD for a period, or periods, totaling 80 hours (normal number of work hours in one pay period) during a leave year do not earn leave and will have their accrued leave credits reduced by the amount of leave earned in one pay period, if leave is credited in advance.
- To request and receive coverage (if eligible) under the Family and Medical Leave Act (FMLA). Publication 71, Notice for Employees Requesting Leave for Conditions Covered by the Family and Medical Leave Act, will be provided to you. Your District FMLA Coordinator will address questions concerning eligibility and requirements.
- To know that if you are eligible for FMLA protection and your work related injury qualifies as a serious health condition covered by the Act, absences from work or absences due to your injury covered by leave, COP or LWOP-IOD will be charged against your 12 week FMLA entitlement.

RESPONSIBILITIES: It is your responsibility:

- To submit a new Form CA-7 every two weeks (on a pay period basis) absent other instructions from OWCP.
- To submit PS Form 3971, Request for Notification of Absence, to your supervisor for all absences due to the work related injury.
- To ensure that all job-related absences from work be supported with medical documentation that includes the diagnosis, prognosis, objective findings, duration of disability, and expected date of return to work.

LEAVE BUY BACK Leave Buy Back refers to the process of buying back sick or annual leave that was used for any absence from work due to receiving medical treatment or periods of work disability relating to the accepted traumatic injury while awaiting the OWCP adjudication of your claim. (Sections 512.923 and 545.84 of the Employee and Labor Relations Manual) ***Once your claim (CA-1) has been accepted by OWCP, Leave Buy Back for any leave used beyond the OWCP adjudication date of your CA-1 claim, including leave used for a recurrence (CA-2a) related to your CA-1 claim, will not be authorized.***

BENEFITS: You have the right, upon acceptance of your claim by OWCP:

- To request buy back of any leave used while awaiting adjudication of your claim except leave used in lieu of COP as elected on form CA-1.
 - Postal Regulations, ELM 512.12, do not permit employees to carry-over into the next leave year more than the allowable maximum number of hours of annual leave. When an employee buys back annual leave in an amount that exceeds the applicable maximum carry-over, such excess will be automatically forfeited. For every 80 hours of leave bought back and changed to LWOP/IOD, both annual and sick leave must be adjusted by the amount earned in a pay period.

- You must be a current/active employee on the rolls of the Postal Service. A leave buy back cannot be processed after you have been separated from the Postal Service rolls.
- All indebtedness must be paid to the Postal Service before any leave is credited.

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RESPONSIBILITIES: It is your responsibility

- To initiate the request for leave buy back, in writing, to HRM Control Office within one year following your return to duty date, or within one year of the date that OWCP approves your claim, whichever is later.
- To ensure objective medical documentation supporting all absences claimed to receive medical treatment and/or work disability due to the work related traumatic injury is provided to the HRM Control Office.

FECA CLAIM NUMBER Your FECA claim number is a unique number that is assigned by the OWCP for your work-related claim.

- OWCP will notify you directly by postcard of the claim number assigned to your claim.
- Once issued a claim number, please ensure all correspondences submitted to the HRM Control Office and/or OWCP has this number clearly written on the upper right hand corner.
- Contact OWCP directly if you have any questions relative to correspondence you receive from the OWCP.

OUT OF POCKET COSTS Out of pocket costs are any injury-related service or expense, directly paid by the employee for which the provider does not bill the OWCP for payment.

Medical Services

- The Postal Service participates in First Script, an online pharmacy benefits program. This program is available for your use when filling prescriptions related to your traumatic injury. Use of this program requires NO out-of-pocket expense and NO need to file for reimbursement. Refer to the information sheet and temporary card that will be provided to you by your supervisor.
- You should complete a Form OWCP-915, Claimant Reimbursement Form, when you are requesting reimbursement for physician appointments, prescription bills, co-pays and other services paid directly by you.

Transportation Expenses:

- You are entitled to reimbursement of reasonable and necessary transportation expenses in obtaining authorized medical services and treatment by submitting a completed Form OWCP 957 to the OWCP. Generally 25 miles from the worksite, place of residence or place of injury is considered reasonable.

ADDITIONAL INFORMATION

- Any person who files a false report to obtain FECA benefits is subject to criminal prosecution
 - A fine up to \$10,000.00, imprisonment for not more than five years, or both.
 - Disciplinary action by the U.S. Postal Service may be taken irrespective of any criminal prosecution.
- You are not entitled to receive compensation after you return to work. Upon your return to work, you must contact OWCP immediately to avoid an overpayment of compensation benefits. It is recommended you contact the OWCP by phone and notify your HRM Control Office.
 - If you do receive a compensation payment from OWCP after returning to work, return the check immediately to OWCP through the HRM Control Office, or write a personal check to the OWCP if the payment was direct-deposited into your account.

A copy of this document has been provided to the injured employee.

Supervisor's Printed Name

Supervisor's Signature

Date