

## Office of Workers' Compensation Program (OWCP)

### If Injured at Work

- I. **Immediately report** any work-related injury to your supervisor and file the appropriate claim. **Attain treatment authorization for traumatic injuries** with your employer prior to seeking further medical treatment. **If required, obtain emergency medical care first.**
- II. **Document your claim.** You are required to provide the following: proof that you filed for worker's compensation benefits in a timely manner; that you are a civil employee; that the injury occurred as reported and in the performance of duty; and that your condition or disability is related to the injury or factors of your Federal employment. Failure to do so may result in benefit delay or denial.
- III. **It is crucial that employees file the correct form and completely fill out the claim.** Be sure to provide all documentation requested and complete all required forms in a timely manner. You can help OWCP assist you in this process by remaining informed and communicating questions and concerns.
- IV. **Remember:** Coordinate closely with your compensator coordinator, supervisor, and safety officer to make certain all forms and paper work are submitted correctly and in a timely manner to ensure you receive care and understand your rights.

## Federal Employees' Compensation Act (FECA)

FECA provides benefits for civilian employees of the United States suffering from work related injuries or occupational diseases. FECA is administered by the Office of Workers' Compensation Program (OWCP), U.S. Department of Labor, which administers four major disability compensation programs that provide wage replacement benefits, medical treatment, vocational rehabilitation and other benefits to certain workers or their dependents who experience a work-related injury or occupational disease.

**Medical Benefits:** If an employee requires medical treatment because of a work-related occupational injury or illness, he or she should obtain care directly from a physician. **If OWCP approves the claim,** it will pay for medical treatment required by the accepted condition or conditions, including treatment received before the approved claim. **Note:** Some treatments may require preauthorization from OWCP and in such cases is the responsibility of the employee.

**Compensation Benefits:** Compensation payments must be supported by a medical report from a physician documenting that the employee is disabled from work during the compensation claim period. An employee may receive compensation payments provided the medical evidence shows that total or partial disability exists and is related to the accepted injury or condition. Employees are responsible for arranging the submittal of medical reports.

## **Important Forms**

To receive benefits, the following forms must be completed and submitted electronically to the OWCP.

### **CA-1, Federal Employees Notice of Traumatic Injury -**

Employees use this form to document on the job injuries and to file a claim for compensation for injuries sustained in the performance of work. A traumatic injury is defined as a wound, or other condition of the body caused by external force, including stress or strain, in one specific event or incident, or by a series of events or incidents, **that occur during a calendar day or one work shift**. Identify what, when, where, how, and why the injury happened in the report. This form must be filled out and submitted within three days after the incident.

### **CA-2, Notice of Occupational Disease and Claim for**

**Compensation** -Employees file this form to document an on the job illness or disease and to file a claim for a work related occupational disease or illness. Occupational disease is defined as an illness, disease, or condition that **develops over a period longer than one work day or shift**. Processing of this form is similar to CA-1. **Note:** The employee must submit factual and medical evidence of a diagnosed diseases prior to the claim being accepted by OWCP. To help facilitate this process, the appropriate check list, CA-35a-h, should be complete by the employee and supervisor.

**CA-16, Authorization for Examination and/or Treatment** - This form, **when signed by a supervisor or compensation coordinator**, authorizes medical treatment for an injured employee. The Form CA-16 **covers up to 60 days** of payment for initial care and, except in rare circumstances, should only be issued for traumatic injuries.

**Do Not Delay Reporting of an Injury or Illness** – The OWCP will question your claim if you do not report it promptly and will investigate your claim if you wait 30 days before obtaining a diagnosis. You, your supervisor, and your doctor may have to provide additional documentation to support the claim. **You will be responsible for medical treatment costs until OWCP accepts the claim.**

## **Please Note:**

Payment for medical expenses is neither automatic nor open-ended. Only a designated compensation coordinator or supervisor may issue the Form CA-16. In emergencies, your supervisor may give verbal authorization for medical treatment. Initial authorization does not, however, guarantee claim approval