



# **TSA Employees:** **YOU HAVE A RIGHT TO** **WORKERS' COMP** **for job related injuries and illnesses**



## **All Federal Employees are Entitled to Workers' Compensation**

The Federal Employees Compensation Act (FECA) sets forth the right of federal employees to workers' compensation. FECA provides workers' compensation benefits for federal employees who suffer disabling injuries and illnesses in the course of performing employment-related duties. It is administered by the Office of Workers' Comp of the Department of Labor.

**Benefits include:**

- Medical care for injured or ill workers
- Loss of wages for an employee who cannot work because of a work-related disability or occupational disease
- Schedule awards for loss of, or loss of use of, a body part or function
- Vocational rehabilitation
- Death benefits for survivors
- Burial allowances.

The amount of a federal employee's workers' compensation benefits is based on his/her monthly pay at the time of his/her injury or the onset of his/her illness. The basic disability formula provides 66.7% of monthly pay for claimants without dependents and 75.0% of monthly pay for claimants with dependents.

If an employee's injury or illness results in partial rather than total disability, benefits are paid based on the employee's loss of wage-earning capacity. FECA also pays for all necessary medical care resulting from the work-related injury or illness. Workers' comp benefits are payable under FECA as long as medical evidence shows that disability is work related.

Your claim must show that (1) you filed for benefits in a timely manner; (2) you are a civil employee; (3) the injury occurred as reported and in the performance of duty; and (4) your condition or disability is related to the injury.

**Protect Your Rights! Make sure you know  
if you suffer a work-related injury or illness.**

**WHAT TO DO**

## WHAT TO DO

# Traumatic Injury

DAY 1

- Tell your supervisor immediately.
- If you need medical treatment, ask your supervisor to authorize medical treatment on Form CA-16. Your supervisor should complete the front of Form CA-16 within 4 hours of the request. In an emergency, where there is no time to complete a Form CA-16, the agency may authorize medical treatment by telephone and then forward the completed form to the medical facility within 48 hours.
- Go to the doctor and take Form CA-16 and OWCP-1500 (the health insurance claim form ) with you. Submit medical bills promptly to OWCP.

DAY 2

- Fill out and submit Form CA-1 to your supervisor. You have 30 days from date of injury to submit the CA-1. However, every day you wait may be one day of lost pay. If you cannot fill out the form yourself, have someone else fill it out and submit it to the supervisor.
- Continuation of Pay (COP) should be authorized and lasts for up to 45 calendar days from the date of your injury after filing a CA-1.

DAY 12

- Furnish the supervisor with medical evidence of a disabling traumatic injury within 10 workdays of submitting the CA-1. No particular form is required. However, you may want to use CA-20. If you have a claim number, then include it on the medical evidence. A doctor must sign the medical report.
- Check to make sure that your employer completed the agency portion of Form CA-1 and transmitted the form to OWCP. Your employer has no more than 10 working days after receiving CA-1 to fill out the agency portion, complete the Receipt of Notice, and give you a copy of (1) the Receipt of Notice, and (2) both sides of Form CA-1.

DAY 30

- On the 30th calendar day of your COP, your employer is supposed to give you Form CA-7 (claim for compensation). You must attach CA-20 (attending physicians report), completed fully and accurately by you physician. These are due to OWCP by the 40th day.

DAY 45

- If it is believed that you will be unable to work for more than 3 days beyond the 45 calendar days of COP due to the injury, complete Form CA-7 and submit it to the appropriate OWCP district office at least ten days before your COP ends.
- If you turn in CA-7 to your employer and not OWCP directly, the employer has no more than five working days after receipt to submit it to OWCP.

DAY 46

- Change your duty status to leave without pay (LWOP).

### Important Terms

**Traumatic Injury:** Bodily harm caused by external force, identifiable in time and place and that is the result of an incident, or series of incidents, that occur during a single work day.

**Occupational Disease or Illness:** A medical condition produced by continued and repeated exposure to conditions at work, including stress or strain, that occurs over a longer period of time than a single work-shift.

**Recurrence:** A work stoppage or a need for further medical treatment, after you have returned to work following an absence due to a compensable traumatic injury or occupational disease or illness.

## WHAT TO DO

# Occupational Disease

- As soon as you realize you have an occupational disease, tell your supervisor.
- Fill out and submit Form CA-2 to your supervisor. If you cannot fill out the form yourself, have someone else fill it out and submit it to the supervisor.
- Check to make sure that your employer completed the agency portion of Form CA-2 and transmitted the form to OWCP. Your employer has no more than 10 working days after receiving CA-2 to fill out the agency portion, complete the Receipt of Notice, and give you a copy of (1) the Receipt of Notice, and (2) both sides of Form CA-2.
- Your employer is supposed to give you copies of the checklist for the disease claimed (Form CA-35a-h).
- No CA-16 is issued in occupation disease claims. If you get medical treatment before the claim is adjudicated, your doctor will have to submit medical bills to OWCP. If you have your provider yourself, then OWCP will reimburse you. Once your claim is accepted, medical bills can go directly to OWCP.
- Continuation of Pay (COP) is not authorized for occupational illness.
- File a CA-7 within 10 days after your pay stops.
- Change your duty status to leave without pay (LWOP).
- If you used sick leave or annual leave while the claim was being adjudicated, you can buy back your leave.

### Workers' Comp Forms

<b>CA-1</b>	Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation
<b>CA-2</b>	Notice of Occupational Disease and Claim for Compensation
<b>CA-2a</b>	Notice of Recurrence
<b>CA-7</b>	Claim for Compensation
<b>CA-7a</b>	Time Analysis Form, used for claiming compensation, including repurchase of paid leave
<b>CA-7b</b>	Leave Buy Back (LBB) Worksheet/Certification and Election
<b>CA-16</b>	Authorization for Examination and/or Treatment
<b>CA-20</b>	Attending Physician's Report
<b>CA-35 a-h</b>	Evidence Required in Support of a Claim for Occupational Disease
<b>OWCP-1500</b>	Health Insurance Claim Form (also called HCFA-1500)

All of these forms can be found on the Dept. of Labor Web site: <http://www.dol.gov/esa/regs/compliance/owcp/forms.htm>

## WHAT HAPPENS

# *After Submission of the CA-7*

For both traumatic injury and occupational disease

**CLAIM IS ACCEPTED:** You will be notified if your claim is accepted by OWCP. If you continue to need workers' compensation after the period of compensation claimed on your first Form CA-7, submit a new CA-7 and accompanying CA-20. Compensation lasts as long as the medical evidence shows there is disability or illness as a result of a work-related incident.

**CLAIM IS DENIED:** If your claim is denied, you can request an oral hearing or a review of the written record.

**RETURN TO WORK:** You may return to work as soon as your doctor allows. If your agency is willing to provide light duty, you must ask your doctor to specify your work restrictions. OWCP may provide assistance in arranging for reassignment to lighter duties in cooperation with the employing agency. If the compensable disability has been overcome within one year, you have the right to be reinstated to your original position or a similar one.

**RECURRENCE:** A recurrence should be reported on Form CA-2a if it causes you to lose time from work and incur a wage loss, or if you experience a renewed need for treatment after previously being released from care. You have the burden of establishing that the recurrence of disability is causally related to the original injury.

**DEATH:** If you die due to a work-related traumatic injury or occupational disease, (1) your employer is obligated to notify OWCP and submit Form CA-6 within 10 days to OWCP, (2) your employer shall furnish Form CA-5 or CA-5b to your family/dependents who may be entitled to compensation, and (3) your family/dependents should follow up to learn about compensation to which they may be entitled.

## WHAT TO DO

# *If Your Supervisor is Uncooperative*

**KNOW** that your supervisor and agency do not have the authority to approve or disallow a claim!

**TELL** your supervisor about 20 CFR 10.23(c), which provides that "Any person charged with the responsibility of making reports in connection with an injury who willfully fails, neglects, or refuses to do so; induces, compels, or directs an injured employee to forego filing a claim; or willfully retains any notice, report, or paper required in connection with an injury, is subject to a fine of not more than \$500 or imprisonment for not more than one year, or both."

**TAKE ACTION!** If the supervisor is uncooperative, you can submit the form directly to OWCP with an explanation. OWCP then starts the process and gets the employer to do its part.



### AFGE TSA Can Help!

If you have questions about your workers' compensation rights or your situation, talk to a local union representative or call AFGE at 1.866.392.6832 or email [tsa@afge.org](mailto:tsa@afge.org).