The Federal Employee's Compensation Act (FECA) provides monetary compensation, medical care and assistance, vocational rehabilitation, and OPM retention rights to Federal employees who sustain disabling injuries including occupational disease as a result of their employment with the Federal Government. The U.S. Department of Labor (DOL), Office of Workers Compensation Programs (OWCP) administers the FECA program. The Act also provides for the payment of funeral expenses and for compensation benefits to qualified survivors of the decedent in cases of employment-related death.

To qualify for benefits, the employee or his/her survivors must establish that the injury or employee's death was causally related to his/her employment, or that a pre-existing injury or illness was accelerated or aggravated as a result of employment. In addition, the employee or survivor must submit a claim within the time limits established by the Act. The act requires claims to be received by DOL within 14 calendar days from the date of injury. For the employee to be eligible for Continuation of Pay (COP), the claim must be for a traumatic injury and must be filed within 30 days from the date of injury. The Act requires that claims for disability or deaths suffered because of an on-the-job injury must be submitted within three years of occurrence.

Federal employees are eligible for four basic types of benefits under the provisions of the Federal Employees Compensation Act program which apply to any disability or death incurred as a result of an employment-related disease or condition, as well as on-the-job injuries. The four types of benefits are as follows:

1. Medical benefits including
   a. Hospital bills
   b. Doctor bills
   c. Prescription bills

2. Compensation benefits
   a. Temporary total
   b. Permanent total
   C. Permanent partial

3. Other related benefits
   a. Vocational Rehabilitation
   b. Scheduled Award
   c. Attendant’s allowance

4. Death benefits including
   a. Funeral expenses
   b. Transportation of the body
   c. Survivor's compensation

MEDICAL BENEFITS
The FECA provides compensation for any medical services needed to provide treatment to counteract or minimize the effects of any condition, disease, or injury determined to be causally related to employment with the Federal Government. Currently, there is no limit on the monetary 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.

**DISABILITY BENEFITS**

Disability benefits are classified on the basis of the nature and extent of disability incurred and are defined as:

1. Temporary total - An employee sustains an employment-related traumatic injury or occupational disease and medical evidence shows that the employee is totally disabled to perform any type of work for a certain period of time.

2. Permanent total - An employee whose employment-related injuries are so severe that they leave the employee permanently and totally disabled for any type of work.

3. Permanent Partial - An injury that prevents the employee from performing the job held at the time of injury. However, the injury does not prevent the employee from performing some type of employment consistent with the work limitations imposed by the injury.

The distinction made in a disability between "traumatic" injuries and "occupational disease" is difficult to explain. According to the Act they are both called "injuries". Perhaps a quick look at the definition for these two injuries will help explain their basic differences.

1. Traumatic injury - is defined as a wound or other condition caused by external forces including physical stress and strain. The injury should be identifiable as to time and place of occurrence and a member or function of the body affected. It must be caused by a specific event or incident or series of events or incidents within a single work shift.

2. Occupational disease/illness - is defined as being produced by systemic infections, continued or repeated stress or strain, exposure to toxins, poison fumes, noise, etc., in the work environment over a longer period of time. In order to qualify as a disease, the injury must be caused by exposure or activities on at least two days.

If an employee suffers a job-related traumatic injury, he or she is entitled to a continuation of regular pay for the period in which the employee is disabled, not to exceed 45 days. If the disability exceeds 45 days, the employee is entitled to file for compensation for wage loss.

If an employee is unable to work as a result of an occupational disease, employment-related illness or condition, the employee is not entitled to continuation of pay. The employee is entitled to the same compensation benefits as the employee who sustains a traumatic injury and can file for compensation for wage loss.

**CONTINUATION OF PAY**
Continuation of pay (COP) is defined as the continuation of an employee's regular pay by the employing agency with no charge to sick or annual leave. It is only given in traumatic injury cases and is given for a maximum of 45 calendar days. In order to qualify for COP, the employee must file a written notice of the claim on a CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, within 30 days of the date of injury. The first day of COP is the day following the date of injury (DOI) when there is immediate time loss. If there is immediate time loss on the day of injury and if the employee is injured during the official work day, the DOI is considered to be administrative leave.

In cases where there is no immediate time loss, the first time loss following the DOI which is due to the injury is the first day of COP. Once an employee begins taking COP, he/she is entitled to a maximum of 45 days as long as the COP begins within the 45 calendar days. In counting COP days, we use calendar days and not work days. This includes holidays, weekends, and days off. Two things are important to remember when counting COP days: (1) only days are counted (if only one hour is used to see a physician and the other seven hours are worked, it is still counted as one day of COP), and (2) the time loss must be certified by a physician as being a result of the job related injury.

The law allows 45 calendar days from the date of injury to begin using any balance of the full 45 days. COP days used must be continuous if COP goes beyond the 45 days. If an employee elects to use sick or annual leave instead of Continuation of Pay, the leave taken is counted against COP days. The employee can change his/her mind and elect to use COP with the consent of the employing agency.

**COMPENSATION**

In cases where disability extends beyond the 45 days of COP, an employee is eligible for compensation for wage loss. Compensation for wage loss can be claimed for both traumatic injuries as well as occupational disease. In order to claim compensation for wage loss an employee must be on leave without pay.

An employee who has no dependents is entitled to compensation at the rate of 66 2/3% of their regular pay following a three day waiting period. The employee who has one or more dependents and/or a spouse who resides in the same household is entitled to compensation at the rate of 75% of their regular pay following a three day waiting period. If disability extends more than 14 days, compensation will be paid for the three day waiting period.

When establishing the wage rate for compensation purposes, the regulations recognize certain additional amounts which may be included in salary, such as premium pay, night and Sunday differential, dirty work pay and hazardous duty pay.

**OTHER BENEFITS RELATED TO DISABILITY**
1. **Schedule Award.** The Act provides for limited term payments in cases where an employee suffers serious disfigurement of the head, face or neck, or for the loss of a body part or loss of the use of a body part. Benefits are calculated in the same manner as those paid for permanent total disability. They are paid for a specific period of time which is proportional to the severity of the loss. Schedule awards are not payable as an additional benefit and an employee may not receive wage loss compensation and schedule award benefits concurrently for the same injury.

2. **Vocational Rehabilitation.** The Act provides for the cost of vocational rehabilitation necessary to counteract the disabling effects of any permanent illness or injury causally related to Federal employment. When a claimant completes his rehabilitation program he is expected to actively seek employment. Further, since he has been retrained, his wage-earning capacity for compensation purposes would be based on his newly acquired skill. In many cases, even if a claimant is unable to find work, his new wage-earning capacity would be high enough so that he would no longer be eligible for FECA compensation awarded on the basis of wage-earning capacity.

3. **Death.** The Act provides a full range of benefits for the survivors of Federal employees who suffer a job-related death. Benefits are based on eligibility of the survivors and include wage loss compensation equal to 50 percent of the deceased employee's regular pay and up to 75% with two or more dependent children. It pays funeral expenses up to $800.

### FILING A CLAIM FOR COMPENSATION

An employee is required to report any on-the-job injury to his supervisor as soon as possible, regardless of how minor the injury may seem. The first form filed in connection with a traumatic injury is the CA-1, Federal Employee's Notice of Traumatic Injury. This form should be filed with the employing agency within two working days after the injury. Each supervisor should have a supply of blank CA-1 forms on hand for employee use.

If there is need for medical care, the supervisor will advise the employee of his/her option to treatment by the servicing Federal medical activity or a qualified physician of his/her choice. The supervisor will authorize treatment by completing the CA-16, Request For Examination and/or Treatment, and will give this form to the employee to take to the selected physician for completion. The CA-16 can only be issued within 48 hours of the traumatic injury. It is not valid for occupational disease or illness claims that are filed on a CA-2. The CA-16 will be completed by the treating physician and should be returned to the employing agency for submission to OWCP with the CA-1. Only one CA-16 will be issued per injury and only originals or copies with original signatures will be accepted.

As soon as medical reports indicate that an employee may be disabled beyond the 45 days authorized for Continuation of Pay, the supervisor should advise the employee of his/her entitlements to elect use of sick or annual leave or to elect leave without pay and file for compensation. To elect leave without pay, the employee should request in writing to his/her supervisor that he/she be placed in a leave without pay status due to a job-related injury. The supervisor will prepare an SF 52, Request for Personnel Action, and forward it to Civilian Personnel for processing. To file for compensation in traumatic injury cases, a CA-7, Claim For Compensation On Account of Traumatic Injury, should be completed by the employee and supervisor. A CA-20, Attending Physician's Report, must accompany the form. After submission of the CA-7, every two weeks the employee
and supervisor must complete and submit a CA-8, Claim For Continuing Compensation On Account of Disability. A CA-20, Attending Physician's Supplemental Report, must accompany the form.

The first form used in connection with occupational disease claims is the CA-2, Federal Employee's Notice of Occupational Disease and Claim For Compensation. The employee needs to submit a completed CA-2 and a narrative relating the occupational disease to the employee's work. The claimant must specify the work factors that contributed to his condition. In addition, the supervisor must provide a statement to verify that these factors were present in the work environment. A medical report must accompany the claim and must show causal relationship between the disease and the work factors of the claimant's employment.

Continuation of pay is not authorized for occupational disease claims. An employee whose medical report indicates disability may elect use of sick or annual leave or elect to take leave without pay and file for compensation. To file for compensation, a CA-7, Claim for Compensation should be completed by the employee and supervisor; a CA-20 completed and signed by the treating physician must accompany the form.

RECURRANCE

A recurrence of an injury (either traumatic or occupational disease) is defined as occurring when the same injury causes additional time loss from the job. There is no single event, action, or apparent reason for the pain except the previous injury. A Form CA-2a, Notice of Employee's Recurrence of Disability And Claim For Pay/Compensation, should be completed by the supervisor with the employee completing Part A, Item 29. A doctor's statement is needed to verify the recurrence. If the recurrence happened six months or more after the employee returned to duty following the original injury, a statement from the employee must accompany the CA-2a. The statement should describe the employee's duties upon his/her return to work, state whether he/she had any other injuries or illness and give a general description of his/her physical condition during the intervening period. The employee should explain why he/she believes the present condition is related to the original injury.

If the 45 days of COP have been exhausted the employee may claim wage loss on the Form CA-7.

If the recurrence happens less than six months following the most recent prior medical treatment received by the employee, the supervisor shall authorize required medical care by use of the CA-16. If the recurrence happens more than six months after the most recent prior medical care, authorization for further medical care must be obtained from OWCP. For an occupational disease or illness, approval for issuing authorization to use the CA-16 must be approved by OWCP.

The Office of Workers' Compensation Programs (OWCP) makes the determination of approval or disapproval on all claims for compensation. Accuracy and timely submission will expedite the claims process.

In all claims the "burden of proof" is the responsibility of the employee.