

# WORKERS COMPENSATION

## Tips for Completing Forms

The agency must ensure that the completed CA-1 is submitted to OWCP within 10 working days. The agency should not wait for the submission of supporting evidence before sending the CA-1 to OWCP. If an employee requires medical treatment, a form CA-16 should be issued. Inform the employee of the right to elect continuation of pay (COP) or sick/annual leave. Advise the employee whether COP will be controverted, and if so, whether pay will be terminated. Advise employee of his/ her responsibility to submit prima facie medical evidence of disability within 10 calendar days or risk termination of COP.

## Tips for Completing CA-1

### **Employee Portion**

- The front page is to be completed by the employee, but if the employee is incapacitated, the supervisor can complete it on their behalf.
- Check to make sure that the employee uses their home address in Block 7 and not the agency work address.
- The employee must put a specific date for the date of injury and date of notice. If the employee puts a date range down for the date of injury, it is likely an occupational claim.
- Check to make sure the employee signs and dates the form

### **Agency Portion**

- OWCP Agency Code must be entered.

- The date of injury in Block 22 should match the date on the employee portion (Block 10).
- If you answer “No” to the question regarding your knowledge of the injury in Block 35, you must submit evidence to refute the claimed injury. Lack of direct knowledge of the injury does not constitute probative evidence.
- If you are controverting Continuation of Pay (COP) in Block 36, you must state the reason. Controverting COP is different from challenging the claim.
- The Supervisor must sign and date the claim and submit it to the local District Office.
- The Federal Regulations, §10.110, require a Federal employer to complete and transmit Forms CA-1 and CA-2 to OWCP within 10 working days after receipt of notice from the employee

### Tips for Completing CA-7 Claiming Compensation for Loss of Wages

- In order to claim loss of wages, leave repurchase, loss of premium pay or Schedule Award for an accepted work injury, the injured worker will need to complete a Form CA-7 and submit it to the agency for completion and submission to the OWCP District Office.
- The form should be submitted to OWCP within 7 calendar days following completion by injured employee.
- For Schedule Awards, the CA-7 may also be submitted when the employee reaches maximum medical improvement and has sustained a permanent partial impairment as a result of the work injury.

### **Agency Portion**

- Be sure to correctly enter the pay rate information in Section 8. It is important to include any premiums pay that the injured employee was earning at the time of injury and/or disability.

Premium pay includes, but is not limited to: night and Sunday differential, dirty work pay, holiday pay, administratively uncontrollable overtime (AUO), quarters allowance, National Guard Service, locality and hazardous duty pay

- Regular overtime should not be included in the pay rate
- Be sure to accurately represent the employees work schedule in Section 9.
- Report any health benefits, life insurance, or optional life insurance deductions and retirement system of the employee in Section 10 along with the last date of deduction.
- Please provide a contact name and phone number in Section 16 in case the claims examiner needs additional information.

## **Leave Repurchase**

When an employee elects to use sick or annual leave during the period of disability, he or she may later, with the concurrence of the employing agency, claim compensation for the period of disability and "buy back" the leave used. Form CA-7b is required as an attachment to Form CA-7 to request Leave Buy Back (LBB). Form CA-7a is an optional form for use when leave is used intermittently.

The employee is responsible for making payment to the agency for the difference between the amount paid by OWCP to the agency and the amount paid for the leave.