

National Air Traffic Controllers Association

NWP OWCP Guide



For Facility Representatives

INTRODUCTION

This guide has been developed to assist NATCA Facility Representatives in helping members of their bargaining unit who have sustained a work related injury and/or occupational disease or illness. Because of the complex nature of an OWCP claim, this guide cannot be all-inclusive. Facility Representative should obtain the information contained in appendix 1. That information, in conjunction with this guide, will help you understand what is required when filing an OWCP claim.

Most importantly as a Fac Rep you need to ensure either yourself or the claimant contacts your regional OWCP Rep immediately to ensure your claim is properly handled.

The following Article is provided from the Agency's Imposed Work Rules. It is included in this guide for reference. This is what you can expect from the Agency.

ARTICLE 75

INJURY COMPENSATION

Section 1. The Agency agrees to comply with the provisions of the Federal Employees Compensation Act (FECA) and other pertinent regulations promulgated by the Office of Worker's Compensation Programs (OWCP) when an employee suffers an occupational disease or traumatic injury in the performance of his/her assigned duties.

Section 2. Once annually, the Agency shall brief all employees on existing requirements and proper procedures for reporting such injuries on Agency forms such as FAA Form 8500-8.

Section 3. The Union at the national level will designate one (1) OWCP Claims Representative who, absent an emergency or other special circumstance, will be granted twenty-four (24) hours of official time each year to attend an OWCP class sponsored by the Department of Labor. Participation in OWCP classes is for the purpose of maintaining a current working knowledge of OWCP regulations and requirements. The Union's OWCP Claims Representative shall be afforded a bank of one-hundred and four (104) hours of official time per year, not to exceed eight (8) hours per pay period, to perform OWCP Representational functions. Absent an emergency or other special circumstance, the grant of this time shall be approved upon request.

Section 4. The Agency shall maintain an inventory of Federal Employees Compensation Act (FECA) claim forms at all air traffic facilities. Copies of current OWCP regulations, directives and guides, if available, shall be made accessible to employees. The Agency shall assist employees in completing all forms necessary to ensure proper and prompt adjudication of their claim.

Section 5. If the employee incurs medical expense or loses time from work beyond the date of injury, including time lost obtaining examination and/or treatment from the employing agency medical facility, the Agency shall submit Form CA-1 to the OWCP District Office as soon as possible but no later than ten (10) working days from the date of the receipt of the CA-1 from the employee. In the case of occupational disease, the completed CA-2 shall be submitted to the OWCP District Office within ten

(10) working days from the date of receipt from the employee. CA-1 and CA-2 forms shall not be held for receipt of supporting documentation.

Section 6. If, through no fault of the employee, the Agency has failed to submit the CA-1 form in a timely manner which has resulted in lost leave and/or wages for the employee, the Agency shall restore the lost leave and/or wages if the following conditions are met:

a. The Agency has failed to submit the completed CA-1 form to OWCP District Office within ten (10) working days as defined by 20 CFR 10.110; and

b. The employee has lost leave and/or wages as a result of the Agency's delay. This Section does not apply to employees whose OWCP claim has been denied by the Department of Labor.

Section 7. The employee is entitled to select the physician or medical facility of his/her choice, which is to provide treatment following an on-the-job injury or occupational disease. The Agency may make its own facilities available for examination and treatment of injured employees. However, use of its facilities shall not be mandated to the exclusion of the employee's choice. The Agency may examine the employee at its own facility in accordance with 20 CFR 10.324, but the employee's choice of physician for treatment shall be honored, and treatment by the employee's physician shall not be delayed. The employee will not be required to submit to an examination by the Agency until after treatment by the employee's choice of physician or medical facility.

Section 8. Injured employees are entitled to civil service retention rights in accordance with 5 USC 8151.

Section 9. The Agency may only controvert claims for Continuation of Pay (COP) in accordance with 20 CFR 10.220. When requested, copies of the completed Form CA-1 showing controversion and all accompanying detailed information the Agency submits in support of the controversion shall be provided to the employee.

“TRAUMATIC INJURY”

Defined as a wound or other condition of the body caused by external force, including stress or strain. The injury must be identifiable as to time and place of occurrence and 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 day or work shift.

To report a traumatic injury, an employee must complete Form CA-1, “Federal Employee’s Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation.”

The injured employee will be assigned a file number and a claims examiner from the Department of Labor District Office.

WHAT DO YOU DO?

To protect entitlements the injured employee must file a CA-1 form within 30 days after sustaining an injury. Another person, including the Facrep, acting on behalf of an injured employee may complete this form. However, The employee has only 10 days to get medical attention after filing the CA-1. This is an important time frame and must be emphasized. Note: By statutory right, the employee does have up to three years to file an injury claim -- This is accomplished by utilizing CA-7 form.

Ensure that the employee receives Form CA-16, "Authorization for Examination and/or Treatment." The employee's supervisor should complete the front of this form within four hours of the request. In an emergency, the agency may authorize medical treatment by telephone and then forward the completed CA-16 to the medical facility.

Ensure Form OWCP 1500, (also called HCFA-1500) "American Medical Association Standard Health Insurance Claim Form," accompanies Form CA-16. If not available, the medical facility most likely will have this form.

The injured employees absence from work is to be charged as TRAUMA LEAVE. Unless he/she elects, the bargaining unit member is not to be charged with annual or sick leave.

The injured employee is entitled to forty five (45) calendar days of Continuation of Pay (COP) provided the claim has been initiated within the 30-day time requirement. The FAA continues to compensate the employee the same if he/she were still available for duty. However, pursuant the FAA Appropriations Act of 1996, the employee is not entitled to Sunday pay. Also, overtime pay is usually excluded by FECA.

If it appears that the employee will go beyond the 45 days Continuation of Pay, Form CA-7, "Claim for Compensation on Account of Traumatic Injury or Occupational Disease," must be completed and submitted to the OWCP district office no later than the 40th calendar day of COP.

The agency will request the employee's complete medical history. Advise the employee to authorize (in writing) release of medical information that PERTAINS ONLY to the situation that caused his/her injury. Also, a reasonable time limit should be placed on the authorization, e.g., "Authorization for release of this medical information is valid ONLY for six months from the date of signature."

Gather as much evidence as possible to support the facts, e.g., witness statements, copy of audiotapes, list of witnesses, etc. All are useful in the appeal process or if the filing of a grievance becomes necessary. Strongly recommend to the member to keep a diary of all telephone calls including dates, name of person to whom he/she spoke with, subject of discussion, and commitments made. Additionally, copies of all documents should be retained.

Provide a copy of Appendix 2 to the member prior to completing the CA-1 form.

"OCCUPATIONAL DISEASE OR ILLNESS"

Defined as a condition produced in the work environment over a period longer than one workday or shift. It may result from systemic infection, repeated stress or strain exposure to toxins, poisons, fumes or other continuing conditions of the work environment.

To a report an occupational disease or illness, an employee must complete Form CA-2, "Federal Employee's Notice of Occupational Disease and Claim for Compensation."

The Department of Labor District Office will assign the injured employee a file number and a claims examiner.

WHAT DO YOU DO?

Ensure the employee files a CA-2 form within 30 days from the date the he/she realized the disease or illness was caused or aggravated by employment. If in doubt, the employee should file! Another person, including the Facrep, acting on behalf of an injured employee may complete this form. Note: By statutory right, the employee does have up to three years to file an injury claim -- This should be accomplished by utilizing Form CA-7.

Advise the bargaining unit member to seek medical attention from a physician who has experience with the Office of Workman's Compensation Program. It is recommended that the physician be "board certified."

Advise the employee of the importance of selecting the right physician. If after the initial choice, the employee wishes to change physicians, he/she must contact OWCP in writing for approval and include the reasons for requesting the change.

Ensure the employee files Form CA-7 at the appropriate time. According to OWCP literature, this form should be submitted as soon as pay stops. The employee can best ascertain when to file this form by contacting his/her OWCP claims examiner.

Form CA-16 is not given in a occupational disease or illness claim. In order for the employer to authorize medical treatment, they must first receive OWCP approval. Also, COP is not authorized in connection with an occupational disease or illness.

The employee has the right to use annual leave, sick leave, or leave without pay, pending adjudication of the claim. Once the claim has been approved, leave taken can be restored. The employee should make his/her request for "leave buy back" by submitting Form CA-7 to OWCP.

The agency will most likely ask for the employee's complete medical history. Advise the employee to authorize (in writing) release of medical information that PERTAINS ONLY to the situation that caused his/her injury. A reasonable time limit should be placed on the authorization, e.g., "Authorization for release of this medical information is valid ONLY for six months from the date of signature."

Gather as much evidence as possible to support the facts, e.g., witness statements, copy of audiotapes, list of witnesses, etc. All are useful in the appeal process if the claim is denied or if the filing of a grievance becomes necessary. Strongly recommend to the bargaining unit member to keep a diary of all telephone calls including dates, name of person to whom he/she spoke with, subject of discussion, and commitments made. Additionally, copies of all documents should be retained.

Provide the member with a copy of Appendix 3 prior to completing the CA-2 from.

ADDRESS & TELEPHONE NUMBERS

For NATCA Assistance

Western Pacific Regional Vice President

Hamid Ghaffari

550 W Vista Way
Suite 405
Vista, CA 92083-5714

760-208-1601/1602 -- NATCA/NWP Office
760-477-6080 -- NATCA/NWP Fax
800-266-0895 -- Pager PIN 19001
E-Mail: hghaffari@natca.com

NATCA Western Pacific OWCP Rep

Steve Hefley

Northern California Tracon
916-366-4001 -- Work
209-612-0760 -- Cell
800-266-0895 -- Pager PIN 19628
E-Mail: Steve_hefley@sbcglobal.net

Remember: Follow-up to ensure that the rights of the bargaining unit member are protected. Keep in mind time limits for the proper filing of grievances.

For assistance, do not hesitate to contact the NATCA OWCP Representatives listed above.

OWCP District Office Jurisdiction

District Office 13 – San Francisco

<http://www.dol.gov/esa/owcp/contacts/sfc/9sffe.htm>

(state coverage)

Arizona, California, Hawaii, and Nevada

Andy Tharp, District Director
415-625-7500

U.S. Dept. of Labor, OWCP
90 Seventh St., Suite 15300
San Francisco, CA 94103

415-625-7500
Fax: 415-625-7450

Note: In the event the employee encounters problems with the District OWCP office, or the facility, the option to file a complaint with the District Senior Claims Examiner or the District OWCP Administrator should be considered.

* Each employee should ascertain his/her Claims Examiner's FAX number.

APPENDIX 1

Pursuant to Article 75 Section 4, the FAA shall make accessible the following information:

[OWCP Pamphlet CA-550](#) -- Federal Injury Compensation Questions and Answers.

[OWCP Publication CA-810](#) -- Injury Compensation for Federal Employees. (This handbook "will probably provide answers to 90% of questions you or the injured employee may have.")

Federal Register -- Part II DOL Office of Workers' Compensation Programs 20 CFR Parts 10 and 25.

CA-700 -- Federal Employees' Compensation Act as Amended.

Note: It is recommended that you contact the Department of Labor District Office to obtain the information for your Local. Please become familiar with the material.

These forms are available on both the NATCA OWCP website and the DOL OWCP website.

For Help on the WEB:

OWCP Home Page:

<http://www.dol.gov/esa/regs/compliance/owcp/fecacont.htm>

OWCP Forms Page:

<http://www.dol.gov/esa/regs/compliance/owcp/forms.htm>

Research source:

<http://www.fedworkerscomp.net/>

Pursuant to Article 75 Section 4, the FAA shall maintain an inventory of FECA claim forms at all air traffic control facilities.

[CA-1](#) -- Federal Employee's notice of Traumatic Injury and Claim for Continuation of Pay/Compensation.

[CA-2](#) -- Notice of Occupational Disease and Claim for Compensation.

[CA-2A](#) -- Federal Employee's Notice of Recurrence of Disability and Claim for COP/Compensation.

[CA-5](#) -- Claim for Compensation by Widow, Widower and/or Children.

[CA-7](#) -- Claim for Compensation on Account of Traumatic Injury or Occupational Disease.

[CA7a](#) -- Time Analysis Form, used for claiming compensation, including repurchase of paid leave.

[CA7b](#) -- Leave Buy Back (LBB) Worksheet/Certification and Election

[CA10](#) -- What A Federal Employee Should Do When Injured At Work

[CA11](#) -- When Injured at Work Information Guide for Federal Employees

[CA-16](#) -- Authorization of Examination and/or Treatment. (sample for example)

[CA-17](#) -- Duty Status Report.

[CA-20](#) -- Attending Physician's Report.

[CA-35a-h](#) -- Occupational Disease Checklists. Available in Appendix "C" of Publication CA-810.

[OWCP-1500](#) -- Health Insurance Claim Form.

APPENDIX 2

FILLING OUT THE CA-1

If you are injured at work SEEK APPROPRIATE MEDICAL ATTENTION. Do not let pressure force you into filling out the CA-1 form until you are ready and capable. You have thirty (30) days to file the CA-1. Also, you do not have to fill it out. Someone else, your FACREP, can complete it and file on your behalf. I would advise against allowing your supervisor or manager to complete it for you. If management tells you they need the CA-1 in order to give you a CA-16 (Authorization for Examination and Treatment) they are mistaken. Authorization to examine and treat can be provided prior to completing the CA-1. If necessary authorization can be given over the phone with management to follow-up with the CA-16 later.

Fill in the appropriate parts of the form:

- a. Blocks 1-8 are self explanatory
- b. Block 9 is your facility and the place within the facility that the injury occurred (i.e. Podunk ATCT, Tower Cab or USA TRACON, IFR Room).
- c. Block 10 & 11 are self explanatory
- d. Block 12 your occupation is AT-2152 Air Traffic Control Specialist
- e. Block 13 Describe the incident that caused the injury (i. e. While walking down the tower stairs, I tripped and fell). In case of a traumatic stress claim put the following verbiage on the CA-1: Out of and in the course of my Federal employment as an Air Traffic Control Specialist, I suffered a traumatic emotional condition when two aircraft (or other similar specifics) under my control came in a close proximity to each other forcing me to take action
- f. Block 14 Describe the injury in detail (i.e. Fracture to my right forearm). In case of a traumatic stress claim put the following verbiage on the CA-1: Severe emotional and psychological distress.
- g. Block 15 Indicate whether you are requesting COP or Leave and the type of leave you are requesting.
- h. Block 16 give the CA-1 to anyone who witnessed the injury or the result of the injury. The individual did not have to see you fall; they can be a witness to your broken arm. In case of a traumatic stress claim the individual should state what your reaction was to the event (i.e. Mr. Controller was shaking, pale and very upset. He appeared slow to respond and almost incoherent.)

Have the supervisor/manager complete and sign their portion, then have the employee sign and copy the form. This way you will have a completed copy of what the OWCP Claims Examiner has. If the supervisor/manager is unwilling to do that, copy the form and submit it. Within nine (9) calendar days of filing the CA-1 request, in writing, a copy of the entire form when it is completed by the Agency (Article 75 Section 9).

Within four (4) hours of submitting the CA-1 the supervisor/manager should give you a CA-16 and an OPM-1500. This will give authorization to your medical professional to treat and examine you. You are required to provide the name and address of your chosen medical professional prior to receiving the CA-16 unless there is an emergency or unusual situation.

You have 10 days after filing the CA-1 to receive an examination and receive treatment.

There are 9 reasons that allow the Agency to refuse deny COP; they are:

1. The disability is a result of an occupational disease or illness
2. The employee comes within the exclusions of 5USC 8101 (1) (B) or (E) -this does not apply to ATCS
3. The employee is not a citizen or resident of the USA
4. The injury occurred off the employing agency's premises and the employee was not engaged in official "off-premises" duties
5. The employee caused the injury by his/her willful misconduct, or the employee intended to bring about his or her injury or death or that of another person, or the employee's intoxication was the proximate cause of the injury
6. The injury was not reported on a form approved by OWCP (usually Form CA-1) within 30 days of the injury
7. Work stoppage first occurred more than 45 days after the injury
8. The employee first reported the injury after employment was terminated
9. The employee is enrolled in the Civil Air Patrol, Peace Corps, Job Corps, Youth Conservation Corps, work-study program, or other group covered by special legislation.

OWCP approves/denies claims, NOT the FAA. Some Supervisors do not understand this fact and will try to refuse COP on grounds other than the 9 reasons listed above. The agency may controvert for any reason. However, they can only deny/refuse COP for the above 9 reasons.

The most common **wrong** reason is lack of witnesses.

Sample Letter

Name
Address
City, State Zip Code

Name, Manager
ATCT/TRACON/ARTCC
Address
City, State Zip Code

Date

Dear Manager:

In accordance with Article 75, Section 9, I request a completed copy, to include the supervisor's report, of the CA-1 (Federal Employees notice of Traumatic Injury and Claim of Pay/Compensation) that I filed on (date). I need and expect to receive this information no later than seven (7) calendar days from today.

Thank you in advance.

Sincerely,
Injured worker

Signature

Date Received

Two (2) copies need to be given to the manager. He signs and dates one and returns it to you. This is important to protect the timelines they are required to meet.

APPENDIX 3

FILLING OUT THE CA-2

You have thirty (30) days after you first realize that your disease or illness was caused by or aggravated by your employment to file a CA-2 form (Notice of Occupational Disease and claim for Compensation. Another person, including the FACREP, acting on behalf of an injured employee, may complete this form. Note: By statutory right, the employee does have up to three years to file an injury claim--this should be accomplished by utilizing Form CA-7. I would advise against allowing your supervisor or manager to complete it for you. A CA-16 form is not given to you from the Supervisor/Manager. Authorization for examination and/or treatment can only be given by OWCP. Continuation of Pay (COP) is not allowed when filing a CA-2 form.

Fill in the appropriate parts of the form:

- a. Blocks 1-8 are self explanatory
- b. Block 9 is AT-2152 Air Traffic Control Specialist
- c. Block 10-12 are self explanatory
- d. Block 13 be very specific about the details.
- e. Block 14 what the doctor said
- f. Block 15 is only to be completed if you miss the 30 day timeframe
- g. Block 16 is only to be completed if you do not give the needed statement
- h. Block 17 is only completed if you do not attach the required medical reports.

It is important that you read and complete the form and all supporting documentation is provided. Including your statement and the medical reports. Address each issue in the "Employee's statement". If you have never experienced a similar condition, you must say so. You need to provide a Medical report with the CA-2. The report must address all items in the "Medical report" section. Copies of your medical records may suffice, but will usually result in a request for more information. Do not miss the 30 day timeframe waiting for reports.

Have the supervisor/manager complete and sign their portion, then have the employee sign and copy the form. This way you will have a completed copy of what the OWCP Claims Examiner has. If the supervisor/manager is unwilling to do that, copy the form and submit it. Within nine (9) calendar days of filing the CA-2 request, in writing, a copy of the entire form when it is completed by the Agency (Article 75 Section 9).

OWCP approves/denies claims and authorizes treatment, NOT the FAA.

Sample Letter

Name
Address
City, State Zip Code

Name, Manager
ATCT/TRACON/ARTCC
Address
City, State Zip Code

Date

Dear Manager:

In accordance with Article 75, Section 9, I request a completed copy, to include the supervisor's report, of the CA-2 (Notice of Occupational Disease and Claim for Compensation) that I filed on (date). I need and expect to receive this information no later than seven (7) calendar days from today.

Thank you in advance.

Sincerely,
Injured worker

Signature

Date Received

Two (2) copies need to be given to the manager. He signs and dates one and returns it to you. This is important to protect the timelines they are required to meet.