

IF  
INJURED  
AT WORK:  
WHAT  
TO DO

*Ready reference guide for  
reporting on the job injuries  
and securing benefits provided  
by the Federal Employees'  
Compensation Act.*

**AMERICAN POSTAL WORKERS UNION, AFL-CIO**

WILLIAM BURRUS, PRESIDENT

# **IF INJURED AT WORK: WHAT TO DO**

*In order to better inform our members of their rights under the Federal Employees' Compensation Act (FECA) and to better prepare them to file their injury compensation claims properly, we have prepared this booklet as a guide to reporting injuries and securing benefits. We hope that no one ever has an injury, but if someone does get injured at work, we believe that this information will be useful to them.*

*Susan M. Carney  
Human Relations Director*

## **WHO DECIDES YOUR CLAIM**

If the work that you are performing at the USPS causes injury or illness, you are covered under the Federal Employees' Compensation Act which is administered by the Department of Labor, Employment Standards Administration, Office of Workers' Compensation Program (OWCP). Your Shop Steward, Local APWU office and/or post office has the address of the OWCP District Office that is responsible for making decisions regarding your injury compensation claim.

## **HOW DO YOU FILE YOUR CLAIM**

The USPS is required to provide the Compensation Act (CA) Forms that you need. Each form includes instructions for the completion of that form and for the submission of all of the information and evidence that is necessary for a timely adjudication of your claim. It is very important that you provide all of the data that is requested by OWCP.

## **WHAT OWCP BENEFITS ARE AVAILABLE**

As a general rule, three years is the outside time limit for initially filing a claim for OWCP benefits. However, it is to your advantage to file a claim as soon as possible after you have knowledge of a medical condition that was caused by work.

OWCP, not the USPS, makes the decision as to whether you have a compensable injury and what benefits you are entitled to under FECA. If your claim is approved by OWCP they will notify you in writing of

their acceptance of a specific medical condition. When your medical condition is accepted OWCP should then tell you how to claim the benefits to which you are entitled. (See Appendix A for additional information on benefits.)

- ◆ **MEDICAL CARE** is provided, and you may initially select a local physician of your choice (within 25 miles). The term “physician” includes surgeons, osteopathic practitioners, podiatrists, dentists, clinical psychologists, optometrists and chiropractors within the scope of their practice as defined by state law. Payment for chiropractic services is limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist.
- ◆ **CONTINUATION OF PAY (COP)** is payable for traumatic injuries for up to 45 calendar days of medically supported disability. It is paid by the USPS and is the same as your regular check.
- ◆ **WAGE LOSS COMPENSATION (not COP)** is paid by OWCP, Department of Labor after a 3 day waiting period. However, the waiting period doesn't apply if the disability is permanent, or if the period of wage loss exceeds 14 days. The check comes from OWCP, not the USPS.

**TOTAL DISABILITY** wage loss is paid when you have no capacity to earn wages because you are unable to perform any work due to your accepted workplace injury. It is paid at a rate of two-thirds (2/3) of your earnings at the time of injury or three-fourths (3/4) if there are one or more dependents. It is tax free.

**PARTIAL DISABILITY** wage loss is paid at a reduced rate because you are able to perform some work and only have a partial loss of wage earning capacity.

- ◆ **SCHEDULE AWARDS** are paid if after maximum medical improvement there is a permanent impairment of the injured part or function of the body such as loss of use of an eye, arm, or removal of a lung. A schedule award can also be paid for serious disfigurement of the head, face, or neck. The law does not permit payment of schedule awards for back, neck, or brain injuries unless such an injury physically impairs another element of the body. Claim for a schedule award may be filed using Form CA-7. You cannot receive a schedule award and total wage loss compensation at the same time.

- ◆ **COST OF LIVING ALLOWANCES (COLA)** are provided on a yearly basis to injured workers who have been receiving wage loss compensation for the preceding year.
- ◆ **DEATH** benefits may be paid to the survivors if the death was a direct result of the work environment or previous work injury. Form CA-5 or 5b is the appropriate form to file.

## **WHAT TO DO IF YOU HAVE A TRAUMATIC INJURY**

A traumatic injury is defined as a wound or other condition of the body that is caused by external force, including stress or strain, identifiable in time and place, and that is the result of an incident, or a series of incidents, that occur during a single workday (see Appendix B for additional OWCP definitions).

You or someone on your behalf should:

- ◆ Promptly notify your supervisor.
- ◆ Receive and complete **Form CA-1, "Notice of Traumatic Injury and Claim for COP."**

It should be filled out completely and accurately and submitted if possible within 2 days of the injury.

- ◆ **Select Continuation of Pay (COP)** unless there is some unusual reason to cause you to use your own leave. COP is defined as an employee's regular pay. It is paid by the USPS, will be the same as your regular check, and it may be continued up to 45 calendar days. COP is paid only for traumatic injuries, not for occupational illnesses or injuries.

If you have chosen COP on the Form CA-1 and you have provided the required medical documentation within 10 days, then the USPS cannot refuse to pay COP unless one of the reasons for termination of COP found in Section 545.51 of the Employee and Labor Relations Manual (ELM) applies.

To be eligible for COP the Form CA-1 must be submitted within 30 days of your traumatic injury. If COP is denied because you did not file within 30 days, you may still claim compensation for wage loss from OWCP on **Form CA-7, "Claim for Compensation."**

You are responsible for providing to the USPS within 10 working days after claiming COP *prima facie* medical evi-

dence that states that you have been totally disabled as a direct result of your workplace injury. If this is not done the USPS may stop your COP until they receive the medical evidence (ELM 543.33).

- ◆ **Receive Form CA-16, "Authorization for Examination and Treatment," and/or Form CA-17, "Duty Status Report" as appropriate.**

An employee is entitled to the initial selection of a physician for treatment of an injury. USPS management may not interfere with your right to choose a treating physician. They may contact your physician by telephone to determine if the physician is able to see you, or write to your physician in order to obtain additional information about your duty status or medical progress. (ELM 543).

- ◆ **Insist that you be fully informed of your FECA rights if you receive any medical treatment including first aid.**

If you need emergency treatment, a supervisor may accompany you to the doctor's office or hospital in order to make certain that you receive prompt treatment (ELM 543.142).

If it is **not** a medical emergency, then the USPS may require that you be examined (not treated) by a USPS medical provider prior to your obtaining medical treatment from your physician of choice. However, such required examination must be performed promptly and must in no way interfere with your right to receive prompt attention from the physician that you have chosen (ELM 543.11).

✓ Remember, if it is not an emergency, a supervisor is **not** authorized to go with you to a medical facility (ELM 543.223).

- ◆ **Request Form CA-7, "Claim for Compensation," if your treating physician believes that your disability (either total or partial) is going to continue beyond the 45 calendar days of COP. Complete it and submit it to the USPS at least 5 working days prior to the end of your 45 days of COP. Attached to the Form CA-7 is a **Form CA-20, "Attending Physician Report,"** which must be completed fully and accurately by your physician (see Appendix C for additional information regarding the preparation of medical reports).**

# WHAT TO DO IF YOU HAVE AN OCCUPATIONAL ILLNESS OR INJURY

An occupational illness or injury is defined as 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 workshift.

You, or someone acting on your behalf, should:

- ◆ Notify your supervisor using **Form CA-2, Notice of Occupational Disease**, within 30 calendar days from the date on which you were first aware of a possible connection between the illness or injury and your job at the USPS. If for some reason it is impractical for Form CA-2 to be provided to your supervisor, then written notice should be given to any USPS official, or you can notify OWCP directly.
- ◆ It is very important for you to follow all of the instructions on the Form CA-2, especially relating to your narrative statement and to the physician's medical report.
- ◆ COP is not authorized for an occupational injury/illness claim. Also, Form CA-16, "Authorization for Examination and/or Treatment" is rarely provided for occupational claims. Authorization for treatment will be issued only with the approval of OWCP, Department of Labor.

# WHAT TO DO IF YOU HAVE A RECURRENCE

Recurrences are claimed by filing a **Form CA-2A, "Notice of Recurrence of Disability."** **Recurrence of disability** means an inability to continue working after returning to work because of a **spontaneous** change in the medical condition which was previously accepted as work related, and not by a change in medical condition caused by new or additional work place factors. Recurrence can **also** mean an inability to work as a result of a limited duty assignment being withdrawn (except when such withdrawal occurs for reasons of misconduct, non-performance of job duties or a reduction-in-force); or when the physical requirements of such an assignment are altered so that they exceed the claimant's established physical restrictions.

**Recurrence of medical condition** means that a claimant has a

documented need for further medical treatment **after being released** from treatment for the accepted conditions or injury, but the claimant is still able to continue working.

- ◆ If the return of symptoms is not spontaneous, but is caused by an event or series of events at work that occur **on a single workshift**, then it would be considered a “new” traumatic injury by OWCP and a new Form CA-1 would be filed. You would also be entitled to a full 45 days of COP.
  - ◆ If the return of symptoms is caused by a series of events that occur **over more than one workshift**, then it would be considered a “new” occupational injury and a new CA-2 would be filed.
  - ◆ It is possible that OWCP will combine, or “double,” your new claim with your previously accepted claim. If they do this they will notify you of this fact and tell you which file number to use.
  - ◆ If you have an accepted claim, but no OWCP benefits are claimed or paid during a six-month period, then your claim may be administratively closed by OWCP. This does not mean that your claim has been denied. If after your claim has been closed due to 6 months or more of inactivity, then Form CA-2A would be used to re-open your claim. You would note on the form that you are filing the CA-2A for medical benefits so that a medical bill, prescription drug bill, or whatever OWCP benefit you are seeking, can be paid.
- ✓ The fact that OWCP may have administratively closed your claim should not by itself automatically terminate your USPS limited duty or rehabilitation job.

## RETURNING TO WORK

FECA requires injured employees to inform their treating physicians that the USPS may be able to provide them with work that accommodates any medical limitations imposed by their injury or illness. If this work related medical limitation is **temporary** then you would be placed in a **limited duty** job. If your condition is **permanent**, then the USPS may place you in a medically suitable **rehabilitation/reemployment** position (ELM 546).

- ◆ Form CA-17, “Duty Status Report” is the designated form to be used by the USPS in order to have your attending physician indicate any work limitations or restrictions that

you may have as a result of your work related injury. The USPS may contact your physician in regards to such limitations or restrictions. If there are any changes as a result of this contact, then a new Form CA-17 must be prepared and provided to your physician, to you, and to OWCP (ELM 545.6)

- ◆ If the USPS refuses to reemploy a former employee who has suffered a compensable injury, then that employee should be notified in writing by the USPS of their right to appeal to the Merit Systems Protection Board (MSPB) (ELM 546.4 and 546.65).

## WHAT TO DO IF YOUR CLAIM IS DENIED: HEARING, APPEALS BOARD OR RECONSIDERATION

The filing of CA-1 or CA-2 will normally result in a formal OWCP decision. You have **30** days from the date of an OWCP District Office denial to request an **oral hearing** from OWCP's Branch of Hearings and Review in Washington, DC, or you may request instead that they perform a **review of the written record** with no oral testimony.

You have **90** days from the date of any formal OWCP merit decision to appeal to the Employees' Compensation Appeals Board (ECAB), extended to one year for good reason.

You may also, within **one year** of any OWCP or Appeals Board decision made after June 1, 1987, request reconsideration (review) from the OWCP District Office. In order to secure District Office reconsideration, new and detailed relevant evidence (usually medical) must be submitted.

✓ You cannot have a Branch of Hearings and Review oral hearing or review of the written record if you have already received an OWCP reconsideration decision.

OWCP decisions will provide details regarding your hearing, reconsideration, and appeal rights and give you the address of the Branch of Hearings and Review and of the Appeals Board.

- ◆ OWCP's policy is to provide a decision on a request for **reconsideration** within 90 days.
- ◆ It is the policy of the Branch of Hearings and Review to provide a decision regarding a **review of the written record** within 120 days. However, it may take six months to a year



or longer after your request for an **oral hearing** to get a decision. The length of the delay depends primarily on how soon a hearing representative from Washington, DC is available to be assigned to your geographic area to hold hearings.

- ◆ If your appeal is to ECAB it could be approximately one and one-half years or longer before you get a decision. This is due to the large number of cases backlogged at the Appeals Board.

(See Appendix D for additional appeal rights information.)

## **Appendix A: FECA Benefits As Explained By OWCP**

### **U.S. Department of Labor Employment Standards Administration Office of Workers' Compensation**

NOW THAT YOUR CLAIM HAS BEEN ACCEPTED you should be aware of certain information concerning payment of bills and compensation, authorization for surgery, return to duty, dual benefits, and rehabilitation services.

**BILLS.** You are entitled to medical treatment and expenses related to treatment for your injury. All medical bills, except those from hospitals and pharmacies, must be signed or stamped by the physician and submitted on Form OWCP-1500. Also known as Form HCFA-1500, this form can be obtained from your agency if your physician is unfamiliar with it. If any medical bills related to this injury were previously returned because your case had not been accepted, they may be re-submitted to this Office for consideration of payment. Travel expenses should be submitted on Form SF-1012.

Bills for medical treatment may not be paid if submitted more than one year beyond the calendar year in which you received the treatment or the calendar year in which the claim was first accepted as compensable by the Office, whichever is later. Therefore, all bills for payment or reimbursement, including travel vouchers, should be submitted as promptly as possible after you incur the expense. You may ask your physician to submit bills directly to the district office, or you may pay the doctor and submit the paid bill for reimbursement.

Your acceptance letter states the medical condition(s) which OWCP has accepted as work-related. Treatment for those conditions only should be billed to OWCP.

**COMPENSATION.** If you lose (or expect to lose) pay because of your injury, you should obtain Form CA-7, Claim for Compensation on Account of Traumatic Injury or Occupational Disease, from your employing agency. Complete Part A of the form and submit to your employer for completion of Part B. In box 6, you may claim the period your doctor estimates that you will be disabled for work, or until your next medical appointment, but not more than 30 days of wage loss. In order to minimize any possible income interruption, your employing agency should submit the completed Form CA-7 to this Office on the 40th day of COP, and should include any medical evidence in its possession concerning the injury.

Any claim for compensation must be supported by medical evidence of injury-related disability for the period you are claiming. Form CA-20, Attending Physician's Report, is attached to Form CA-7 for this purpose. In any report, your physician should specifically state the periods during which you are unable to perform (1) full duty and (2) restricted duty. It is your responsibility to arrange for the submission of supporting medical evidence.

If you continue to lose pay because of work-related disability after the dates claimed on the initial Form CA-7, you should submit an additional Form CA-7s, Claim for Compensation, through your employer for additional compensation. Form CA-20, Attending Physician's Report, should accompany Form CA-7, unless medical evidence supporting disability for the period claimed has already been submitted. If disability continues you should submit through your employer additional Forms CA-7 (and CA-20 if needed) for each period claimed, unless otherwise informed by this Office.

Your employer should submit additional Form CA-7 to OWCP approximately five days before the end of the period claimed in the previous Form CA-7.

**SURGERY.** You must obtain approval in advance from this Office for any surgical procedure other than emergency surgery in order to insure payment by OWCP. A second opinion medical examination may be required before surgery is authorized. If other than emergency surgery was performed on account of the claimed injury before the claim was approved, you should arrange for submission of a report from your doctor stating the reason why the surgery was necessary. You should also arrange for submission of a copy of the operative report.

Concerning any surgery planned for the future, you should contact this Office at least 30 days before the doctor plans to schedule the procedure authorization. You should arrange for the doctors to submit a medical report stating the need for the surgery and the expected results. You will be notified whether the surgery is authorized at the expense of this office.

**RETURN TO DUTY:** If you obtain or return to any employment, you should notify this Office immediately. You are not permitted to receive payments for temporary total disability while employed. If you receive any compensation checks with include payment for any period you have worked, you should return them to us immediately to prevent any overpayment. The employing agency should also notify this Office as soon as you have returned to duty by calling the telephone number shown above and filing Form CA-3, Report of Termination of Disability and/or Payment.

**DUAL BENEFITS.** Claimants are prohibited from receiving compensation for wage loss and Federal retirement benefits at the same time. Compensation for wage loss includes payments for temporary total disability and for loss of wage-earning capacity. Claimants may, however, receive compensation for schedule awards and a retirement annuity at the same time.

**REHABILITATION.** You are responsible for asking your doctor whether you can perform some work, and for notifying your agency when your doctor says you are able to perform some work. If you are indefinitely disabled for your usual job, and your agency has not provided light duty, you are eligible for vocational rehabilitation services. We will attempt to arrange work with your employing agency or a private employer.

Continued pay or compensation may be terminated if you refuse work which is within your medical restrictions without good cause, and benefits may be reduced if you fail to cooperate with rehabilitation and placement efforts.

**PENALTY.** Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which he or she is not entitled is subject to felony criminal prosecution and may, under appropriate U.S. Criminal Code provisions, be punished by a fine of not more than \$10,000 or imprisonment for not more than five years, or both.

If you have any questions concerning your case, please write or call this district office.

***(The above information is from an OWCP Document.)***

# Appendix B:

## OWCP Terminology

**Causal Relationship:** To a physician, "cause" ordinarily means only the direct or principal medical cause. However, under workers' compensation law the physician must establish the contributing **employment** causes. Under the FECA a medical condition or disability is compensable only when it is proximately caused or materially aggravated by the conditions of employment. A **proximate** cause is that workplace factor which in a natural and continuing sequence (unbroken by any other cause) produces the medical condition or disability and without which the problem would not have occurred. However, simply the natural progression of a disease while a person is working does not constitute a causal relationship. Before conditions of employment can be considered as "causal" in regards to an underlying or pre-existing medical condition the employment factors must **aggravate, accelerate, or precipitate** that underlying medical condition. These terms are defined as follows:

**Aggravation:** A documented medical process by which a single employment incident, or series of incidents, can be shown to have worsened or intensified the severity of the physical or mental condition which pre-existed the employment incident. There are two kinds of aggravation:

**Temporary:** A worsening or increase in severity of the pre-existing condition for a specific period of time with no residual alteration of the underlying condition, and without leaving any impairment or disability continuing beyond the time of the temporary aggravation. The employee ultimately returns to his or her previous medical status.

**Permanent:** A continuing and irreversible change in the underlying condition adversely altering the medical course of the physical or mental problem. The employee's condition does not return to its previous medical status.

**Acceleration:** A documented medical process by which a single employment incident, or series of incidents, can be shown to have increased the expected speed of the progression of a pre-existing condition established as progressive in nature. Such medical progression carries no limit on its duration or severity.

**Precipitation:** A documented medical process by which a single incident, or series of incidents, can be shown to have hastened the occurrence of a condition; or caused it to happen or come to crisis suddenly, unexpectedly, or sooner than normally would have been ex-

pected. Such medical precipitation could be either temporary in nature or could have no time limit on duration.

**Medical Rationale:** A logical and thorough explanation of the physician's underlying medical opinions including the physician's clearly stated reasons and beliefs concerning causal relationship. To the degree possible the statement of causality should be expressed as a medical certainty and not simply expressed as a "possibility" or supposition.

**Consequential Injury:** This type of medical condition occurs because of a weakness or impairment that has been caused by an accepted work-related injury or illness. It can involve the same part of the body as the original injury, or it can be to an entirely different part of the body. This type of injury does not have to occur at work to be compensable. For example, if you have an accepted foot condition which requires the use of crutches, and the crutches cause a shoulder condition, then the shoulder condition could be claimed as a consequential injury. No special CA Form is required. Just submit a full medical report from the physician that explains the connection.

## **Appendix C: Guidelines for Proving your Claim with Medical Evidence**

### **MEDICAL EVIDENCE AND THE OWCP PRINCIPLE OF "PERFORMANCE OF DUTY"**

If you are seeking benefits under OWCP you have the burden of proving the essential elements of your claim. One of those essential elements that you must prove to OWCP is that your injury or illness was sustained in the **performance of your duties** with the USPS. In order to establish that your claim meets the performance of duty principle you must provide the following documentation:

- ◆ Medical evidence that clearly establishes the existence of the medical condition for which you are claiming compensation.
- ◆ A factual statement that identifies the work factors or incidents that you believe have **caused** or contributed to your medical condition.
- ◆ Medical evidence that states clearly and to a medical certainty that the job factors or incidents that you have identi-

fied are indeed the proximate **cause** of your claimed medical condition.

- ◆ Stated in another way, you must provide to OWCP medical evidence that establishes clearly and to a medical certainty that the diagnosed medical condition is **causally related** to (caused by ) the job factors or incidents that you have identified.
- ◆ All medical evidence must be thorough and **rationalized**. Rationalized medical evidence means that your physician must provide in writing logical explanations regarding his/her opinions, reasons, and beliefs concerning the **causal relationship** between the diagnosed medical condition and the job factors or incidents that you have identified as having caused your injury or illness.
- ◆ Medical statements must be written in a manner that demonstrates that your physician's opinion is based on your complete factual and medical background and is supported by a full understanding of the workplace factors that directly **caused** your claimed medical condition.

An employee who files a claim has the **burden of proof** and **MUST** furnish essential medical evidence to substantiate an employment-related medical condition and/or disability. The best kind of evidence is a medical report that includes:

- ✓ Dates of examination and treatment.
- ✓ Relevant medical history.
- ✓ Description of the work that was being performed when this injury occurred.
- ✓ Detailed description of physical findings, results of all diagnostic tests, and course of treatment.
- ✓ Diagnosis with full medical terminology.
- ✓ Physician's opinion and supporting medical rationale as to the relationship of the disability or disease to the work injury or factors of employment believed to be the cause. The physician should explain the physiological mechanism by which the condition has resulted and give the specific circumstances and objective evidence which support **causal relationship**.
- ✓ Medical opinion with documentation regarding the precise extent and duration of total or partial disability, and prognosis for recovery.

NOTE: A narrative report with the employee's history and the physician's opinion with medical rationale are essential. A mere check of "yes" on a form in answer to a question about causal relationship does not normally constitute sufficient medical evidence for a claim to be accepted by OWCP. Also, if hospitalized, the employee should contact the medical record department of the hospital and arrange for the hospital record to be sent to the OWCP. These records should include: consultant reports; x-rays and laboratory studies; surgical report; and discharge summary.

### **INFORMATION WHICH YOUR PHYSICIAN SHOULD INCLUDE IN A FULL NARRATIVE MEDICAL REPORT ESPECIALLY IF IT IS IN SUPPORT OF A MORE COMPLEX OWCP CLAIM**

- ✓ Patient's name and address and OWCP file number
- ✓ Reference to the injury and to the employment conditions involved (brief description of both the patient's medical and employment history)
- ✓ Definitive diagnosis (no impressions), prognosis and future medical care
- ✓ Date of latest examination and/or treatment
- ✓ Nature and type of treatment since last medical report
- ✓ Statement describing any apparent concurrent medical conditions even if unrelated to the work injury or occupational disease
- ✓ Nature of disability and the extent of disability, that is, specify whether the disability was total or partial. If partial describe the specific work limitations (medical restrictions).

The work limitations should describe the limitations on walking, standing, sitting, lifting, etc. and include the number of hours allowed for each day (refer to Form CA-17, "Duty Status Report").

The limitations should also include any disability from an apparent concurrent medical condition unrelated to the work injury or occupational disease.

- ✓ Expected duration of the period of disability
- ✓ If the medical condition causing disability was an underlying or pre-existing (non-work-related) condition aggravated by the work incident, is the aggravation continuing and is it a permanent or temporary aggravation? Provide clear medical rationale.

- ✓ Statement concerning whether maximum medical improvement (MMI) has been reached. If the patient is at MMI, are there permanent medical restrictions?
- ✓ Signature of physician (show specialty / Board certification, and date).

## Appendix D: Federal Employees' Compensation Act Appeal Rights

Read this information carefully. You must specify clearly which procedure you wish to request: **hearing** (written or oral); **reconsideration**; or Employee's Compensation Appeals Board (ECAB) You may not request two forms of appeal at the same time. Be sure to send your request to the right address. The time limits for appeal begin to run on the date of decision. The date of your appeal is determined by the postmark of your appeal letter.

**HEARING:** If your injury occurred on or after July 4, 1966 **and you have not previously requested reconsideration** as described below, you may request an oral hearing before a hearing representative. Such a request must be made in writing and within **30 days** after the date of OWCP's decision. At an oral hearing you will be given the opportunity to present oral testimony and written evidence in further support of your claim. The hearing will be informal and will be held at a location in your area by a hearing representative from Washington, D.C. You may represent yourself or be represented at the hearing by any person authorized by you in writing.

If your injury occurred on or after July 4, 1966, **and you have not previously requested reconsideration**, instead of an oral hearing you may request an **examination of the written record** by a hearing representative in Washington, D.C. This examination must be requested within **30 days** of the date of OWCP's decision. You will not be asked to attend or give oral testimony, but you may submit additional written evidence. You will have this review **instead of** an oral hearing. Any additional written evidence you want to submit should be sent with your request for review of the written record.

To implement your right to a hearing the request for oral hearing or review of the written record must be sent within 30 days to:

Branch of Hearings and Review  
Office of Workers' Compensation Programs  
P.O. Box 37117  
Washington, D.C. 20013-7117



**You cannot request a hearing (written or oral) if you have previously requested reconsideration by the OWCP District Office.** However, you will have the right to either request reconsideration of the hearing representative's decision or appeal it to ECAB, if you disagree.

**RECONSIDERATION:** If you have additional evidence which you believe is pertinent, you may request in writing that OWCP reconsider their decision. Such a request must be made within **one year** of the date of the decision, clearly state the grounds upon which reconsideration is being requested, and be accompanied by relevant evidence not previously submitted, such as medical reports or affidavits, or a legal argument not previously made. Your request for reconsideration and the **new evidence** that you are submitting should be sent to the District Office that adjudicated your claim. In order to ensure that you receive an independent evaluation of the evidence, your case will be reconsidered by a claims examiner other than the one who made the original decision.

**APPEAL:** If you believe that all available evidence has been submitted, you have the right to appeal within **90 days** to:

Employees' Compensation Appeals Board  
200 Constitution Avenue, N.W., Room N-2609  
Washington, D.C. 20210

If you should request a hearing or reconsideration as indicated above, the 90 day period within which you may request review by the Appeals Board will run from the date of any later decision by OWCP. For good cause shown, the Appeals Board may waive the failure to file within 90 days if application for their review is made within one year from the date of the decision that you are appealing.

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