



UNITED STATES MARINE CORPS
MARINE CORPS INSTALLATIONS EAST
PSC BOX 20005
CAMP LEJEUNE NC 28542-0005

MCIEASTO 12810.1
G-1/CHRO
22 Mar 11

MARINE CORPS INSTALLATIONS EAST ORDER 12810.1

From: Commanding General
To: Distribution List

Subj: FEDERAL EMPLOYEES' COMPENSATION PROGRAM

Ref: (a) 5 U.S.C. § 8101, et seq., "The Federal Employees'
Compensation Act (FECA)"
(b) 20 CFR Part 10
(c) The Federal (FECA) Procedure Manual (undated)
(d) DoD Directive 1400.25 of 25 November 1996

Encl: (1) Compensation Program Requirements and
Responsibilities
(2) Occupational Health Permit

1. Situation. There is a requirement within Marine Corps Installations East (MCIEAST) to ensure responsibilities and procedures are followed when a Federal employee is injured while in the performance of duty, and seeks damages or compensation for such injuries.

2. Cancellation. CG Policy Letter 002-05 of 14 Nov 05.

3. Mission. To disseminate information concerning benefits and procedures of the Federal Employees' Compensation Act (FECA) as administered by the U.S. Department of Labor, Office of Workers' Compensation Programs (OWCP), and to establish responsibility and procedures for the implementation of the Program for the installations under MCIEAST as specified in this Order. References (a) through (d) apply.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. A Federal employee who is injured while in the performance of duty shall attempt to

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distribution is unlimited.

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recover damages for the effects from the injury through the FECA.

(2) Concept of Operations

(a) Reference (a) is the source of entitlement to compensation benefits for Federal workers. Reference (b) fully describes the provisions of the law, and it contains additional information about the administration of the program. Reference (c) describes in detail the procedures which the OWCP personnel use to process claims. Reference (d), subchapter 810, guides and instructs the Injury Compensation Program Administrators (ICPAs) in the performance of their duties and the requirements of the program.

(b) FECA provides compensation and medical care for all civil officers and employees of all branches of the Government of the United States (U.S.) (including instrumentalities of the U.S. wholly owned by the U.S.) for disability due to personal injuries sustained while in the performance of duty. The term "injury" includes, in addition to injury by accident, a disease proximately caused by the employment. The law also provides for the payment of funeral and burial expenses and compensation for the dependents if the injury or disease causes the employee's death. The FECA is also applicable to Federal employees while serving as Federal petitioner or grand jurors; volunteer civilian members of the Civil Air Patrol; members of the Reserve Officer Training Corps; Peace Corps volunteers; Job Corps; Neighborhood Youth Corps, Youth Conservation Corps enrollees and certain other groups.

(c) Enclosure (1) provides Federal Employees Compensation Program rights, requirements, and responsibilities of all parties involved in the program. Enclosure (2) is provided in support of Supervisor reporting requirements.

(d) Penalties. Any person who makes a false statement to obtain Federal Employees' Compensation, or who accepts compensation payment to which he or she is not entitled, is subject to a fine of no more than \$10,000 or imprisonment for no more than five years, or both. Any person charged with the responsibility for making reports in connection with an injury who willfully fails, neglects, or refuses to do so; knowingly files a false report; induces, compels, or directs an injured employee to forego filing a claim; or willfully retains any

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notice, report, or paper required in connection with an injury, is subject to a fine of no more than \$10,000 or imprisonment for no more than 10 years, or both.

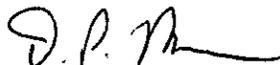
b. Coordinating Instructions. All ICPAs for the installations under the Region will ensure all supervisors are thoroughly familiar with the contents of this Order, and that the Order is made available to employees upon request.

5. Administration and Logistics. Additional information or assistance in any aspect of this Order may be obtained by contacting the Region FECA Program Manager, G-1, MCIEAST, at commercial (910) 451-8848.

6. Command and Signal

a. Command. This Order is applicable to MCIEAST.

b. Signal. This Order is effective the date signed.



D. P. THOMAS
Chief of Staff

DISTRIBUTION: A

COMPENSATION PROGRAM REQUIREMENTS AND RESPONSIBILITIES

1. Exclusiveness of Remedy. A Federal employee who is injured while in the performance of duty has no right to recover damages from the United States for the effects from the injury except through the FECA. The benefits provided by the Act constitute the exclusive.

2. Definitions and Explanation of Terms

a. Traumatic Injury is 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; and be caused by a specific event or incident, or series of events or incidents within a single day or work shift. Traumatic injuries also include damage or destruction to prosthetic devices or appliances, exclusive of eyeglasses and hearing aids, unless the eyeglasses and hearing aids were damaged incidental to a personal injury requiring medical services.

b. Occupational diseases or illnesses are produced by systemic infection; continued or repeated stress or strain; exposure to toxins, poisons, fumes, etc., or other continued and repeated exposure to conditions of the work environment over a longer period of time.

c. Continuation of Pay (COP) is regular pay authorized for an employee who sustains a disabling, traumatic work injury. COP may be paid to an employee for a period of up to 45 calendar days of medically demonstrated disability.

d. Duly Qualified Local Physician. The term includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners. However, reimbursable services of a chiropractor are limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist. The term does not include medical care rendered by any other than the type of practitioners listed above. The word "local" generally means within 25 miles from the place of injury, the employing agency, or the employee's home.

3. Time Requirements

a. Notice of Injury/Occupational Disease/Illness. Per reference (b), an employee is required to give his or her supervisor written notice of injury within 30 days after injury in the performance of duty. To avoid delay in processing and possible loss of benefits, the employee or someone acting on his or her behalf should make written report of the injury on Form CA-1, Federal Employees Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, within two working days following the injury. Compensation may be denied if notice of injury is not given within 30 days, or if the supervisor does not have actual knowledge of the injury. A traumatic injury claim must be filed within three years of the injury. Occupational Disease/Illness within three years of the onset of the disease or, in cases of latent conditions, three years from the time the employee became aware or should have been reasonably aware of the causal relationship between the condition and employment. If the claim is not filed within three years, compensation may still be allowed if notice of injury was given within 30 days of the employer having actual knowledge of the injury or death within 30 days of the occurrence.

b. Claim for Compensation

(1) Claim for Disability Compensation. An injured employee is required to file a written claim for compensation within three years after the injury. If however, the supervisor had actual knowledge of the injury within 30 days, or if written notice was given within 30 days, compensation is allowed regardless of whether a written claim was made within three years after the injury. Actual knowledge must be as such to put the supervisor reasonably on notice of an on-the-job injury or death.

(2) Claim for Death Compensation. If the employee dies, a written claim for compensation by or on behalf of the dependent(s) is required before compensation may be paid. This claim is to be filed within three years after the death, unless within 30 days the supervisor had actual knowledge of the death, or written notice was given to the supervisor within 30 days. Also, the timely filing of a disability claim because of an on-

the-job injury will satisfy the same requirements for a death claim based on the same injury.

(3) Exceptions to Time Limitations. The time limitations outlined in paragraphs 3(a) and 3(b) above do not apply to:

(a) A minor until attaining the age of 21 or a legal representative is appointed.

(b) An incompetent during the period of incompetency and there is no duly appointed legal representative.

(c) A person whose failure to comply is excused on the grounds that the notice could not be given because of exceptional circumstances.

4. Responsibilities

a. The OWCP, Employment Standards Administration, U.S. Department of Labor, is responsible for the Administration of the FECA. The OWCP district offices normally adjudicate the claims arising within their respective areas of jurisdiction.

b. The ICPAs are assigned the responsibility of assuring that FECA obligations are promptly and efficiently discharged for those activities serviced. This includes gathering all pertinent facts and material on employee injuries incurred while performing duties, promptly submitting reports to OWCP, and following up and submitting all subsequent reports. All supervisors will fax CA-1s and CA-2s along with all supporting documentation, medical, and otherwise, to Civilian HRO, Camp Lejeune to (910) 451-4273. Supervisors will complete and forward the forms to HRO within a maximum of three business days following receipt of the form from the employee. The ICPA will complete quarterly reports tracking the receipts of the CA-1s and CA-2s from the supervisors and submit to the Region for review and distribution. Traumatic injury and occupational disease/illness claims will be submitted to OWCP via the Department of Defense Electronic Data Interchange (EDI) application.

c. The processing of forms in connection with injuries will be accomplished by those aforementioned.

d. Privacy Act requirements protect individual case files, and only the employee, his or her representative, if any, and agency personnel may routinely have access to any given file. Employees and their representatives may have access to records (including medical reports), which OWCP has released to the Agency. The records must be safeguarded in the same manner as other personnel material, and the Agency must determine whether such information may properly be released in accordance with regulations contained in 29 Code of Federal Civilian Regulation (CFR), parts 70 and 71.

5. Benefits

a. Medical Care. An injured employee is entitled to first aid and medical care for an injury, to include hospital care when needed. The medical care is to be provided by a duly qualified local private physician or hospital of the employee's choice within an area of 25 miles of the employing establishment or employee's home. When travel is necessary to receive medical care, the injured employee may be furnished transportation and may be reimbursed for travel and incidental expenses.

b. COP for Traumatic Injury. An employee who sustains a disabling, job-related traumatic injury may use sick or annual leave, or request continuation of regular pay by utilizing the Standard Form-71 "Request for Leave or Approved Absence" annotating "COP for on-the-job injury of (date)" in the remarks section for a period not to exceed 45 calendar days. The employee will provide supporting medical documentation within 10 calendar days of the start of the period of disability or the date ended, whichever was later per reference (b). The employee will provide supporting medical documentation for all subsequent requests for COP. For periods of disability, the documentation will contain, as a minimum, the diagnosed condition, reason for the disability from work, and date of the next examination (if applicable). The documentation must be signed by a physician. If the employee chooses to use annual leave or sick leave in lieu of COP, those days will be counted against the 45 calendar day entitlement of COP. The employee will have one year from the date the leave was taken to request the leave be converted to COP. This will be accomplished via signed memorandum from the employee to the supervisor and forwarded to the ICPA. The employee will need to meet the medical documentation requirements before the leave is converted per reference (b). The ICPA will, on the basis of the information submitted by the

employee, or obtained on investigation, controvert (challenge) and terminate the employee's pay, if the claim falls into one or more of the following listed categories. In all other cases, the supervisor may controvert; however, the employee's regular pay will not be interrupted during the 45-day period unless the controversion is sustained by OWCP. The ICPA will be responsible for controverting and terminating pay only if:

(1) The disability is a result of an occupational disease or illness; or

(2) The employee is one who renders personal services similar to regular employees, but who works without pay or for only nominal pay. These persons generally are not carried in a regular, continuing pay status and frequently serve as consultants, volunteers, or contract employees; or

(3) The employee is neither a citizen nor resident of the United States or Canada (i.e., a foreign national employed outside of the United States or Canada); or

(4) The injury occurred off the employing agency's premises and the employee was not involved in official "off premises" duties; or

(5) The injury was caused by the employee's willful misconduct; the employee intended to bring about the injury or death of himself, herself, or another person; or the employee's intoxication was the proximate cause of the injury; or

(6) The injury was not reported on Form CA-1, within 30 days following the injury; or

(7) Work stoppage first occurred 45 days or more following the injury; or

(8) The employee initially reported the injury after his or her employment has terminated; or

(9) The employee is enrolled in the Civil Air Patrol, Peace Corps, Job Corps, Youth Conservation Corps, Work Study Programs, or other similar groups. In those instances where COP has been controverted and terminated by the Agency, it is the supervisor's responsibility to notify the employee that lost

time from work will not be covered under COP, and discuss leave or leave without pay options. The ICPAs will be responsible for submitting biweekly reports to the FECA Program Manager that include the COP used in the last two weeks as well as cumulative amounts for each injury. The reports will also indicate any light duty assignments, location of the light duty, duties being performed, the commencement date of the light duty and subsequently, the termination of assignment/return to full duty date. The reports are required for each installation under MCIEAST. This report may be submitted via electronic mail to the Region Program Manager.

c. Other Pay. The employee's regular pay will not be interrupted during the 45-day calendar period unless the controversion is sustained by OWCP. When pay is continued after the employee stops work because of disabling injury, it must not be interrupted until:

(1) Receipt of medical information from the attending physician to the effect that the employee is no longer disabled and the employee is able to return to duty; or

(2) Receipt of notification from OWCP that pay should be terminated; or

(3) The expiration of 45 calendar days. The ICPA is required to track all COP and forward to the Region a cumulative lost time report on a weekly basis.

d. Compensation. A sum based on loss of wages is payable by the U.S. Department of Labor, subject to the appropriate waiting period after the 45th day in case of traumatic injuries or from the beginning of pay loss in all other types of injuries. When an injured employee loses pay due to temporary total disability resulting from an injury, compensation is payable at the rate of 66 and 2/3rds percent of the pay rate established for compensation purposes. The compensation rate is increased to 75 percent when there are one or more dependents. Compensation begins on the fourth day after pay stops. Compensation may not be paid while an injured employee receives pay for leave. The employee has the right to elect whether to receive pay for leave or to be placed in a leave without pay status and receive compensation from OWCP. Employees so disabled may receive additional compensation, not to exceed \$500

per month, when the services of an attendant are needed constantly because of the disability. If an employee is enrolled in a health benefit plan or has an optional group life insurance plan in effect on the date of injury, deductions will be made by OWCP from compensation payments due the employee. No other deductions will be made; i.e., charity deductions, union dues, thrift safety plan, etc. In cases of permanent total disability, an injured employee is entitled to compensation until death unless the employee is medically or vocationally rehabilitated. An injured employee may receive compensation computed on loss of wage-earning capacity when unable to return to his/her usual employment because of partial disability as a result of the injury. The compensation will be paid as long as there is a loss of wage earnings.

e. Buy-back of Leave. An employee may elect to take sick or annual leave, or both, to avoid possible interruption of income. If the employee uses leave and the claim for compensation is later approved, he or she may arrange with the ICPA and Payroll Office to buy back the leave used and have it reinstated to the employee's account. The amount of compensation approved would pay a part of the buy-back cost and the employee would have to pay the difference. The employee's share of the cost will depend on several factors such as the length of the period of disability and the amount of Federal Income Tax, which is withheld from leave pay. No compensation payment may be paid while the employee remains in a leave status. The Payroll Office will arrange to have compensation paid directly to them for the part of the buy-back cost covered. Per Department of Defense Financial Management Regulations, employees may buy back leave for a period of one year from the date the leave was taken or the claim is approved, whichever is later. If the employee does not complete their obligation within one year, the leave buy back is considered rescinded and the funds are returned to OWCP. If the employee begins the process to buy back leave and then cancels that buy back, the declination is irrevocable. In addition, only active employees are eligible to buy back leave.

f. Scheduled Awards. Compensation is provided for specified periods of time for the permanent loss, or loss of use of each of certain members' organs, and bodily functions. Compensation for proportionate periods of time is payable for partial loss, or loss of use of each member's organ, or

function. The compensation for scheduled awards will equal 66 and 2/3rd percent of the employee's pay, or 75 percent of the employee's pay when there is a dependent. Proper and equitable compensation, not to exceed \$3,500 may be paid for serious disfigurement of the face, head, or neck if of a nature likely to handicap a person in securing or maintaining employment. Compensation for loss of wage-earning capacity may be paid after the schedule expires. It is the employee's responsibility to furnish medical information supporting continued disability. A scheduled award may be paid concurrently with other pay.

g. Dual Benefits. As a general rule, a person may not concurrently receive compensation from OWCP and a retirement, or survivor annuity from the Office of Personnel Management. Such a person may elect to receive the more advantageous benefit. An employee may receive compensation concurrently with military retired pay, retirement pay, retainer pay, or equivalent pay for service in the Armed Forces or other uniformed services, subject to the reduction of such pay in accordance with Federal Law (5 U.S.C. 5532(b)).

h. Death Benefits

(1) Burial. A sum not to exceed \$800 may be paid for funeral and burial expenses. An additional sum of \$200 is paid to the personal representative of the decedent for reimbursement of the costs of termination of the decedent's status as an employee of the United States.

(2) Dependent(s)

(a) When there are no children entitled to compensation, the employee's widow or widower may receive compensation equal to 50 percent of the employee's pay until death or remarriage. Upon remarriage, a widow or widower will be paid a lump sum equal to 24 times the monthly compensation being paid on his or her behalf, except that if such remarriage occurs on or after age 60, the lump-sum payment will not be made and compensation will continue until the beneficiary's death.

(b) When there is a child entitled to compensation, the compensation for the widow or widower will equal 45 percent of the employee's pay plus 15 percent for each child, but no more than 75 percent of the employee's pay. A child is entitled

to compensation until he or she dies, marries, or reaches 18 years of age, or is over age 18 and incapable of self-support. If an unmarried child is a student when reaching 18 years of age, compensation may be continued. It may not however, be continued beyond the end of the semester or enrollment period after the child reaches 23 years of age, has completed four years of school beyond the high school level, or marries.

i. Restoration Rights. A fully or partially recovered employee is entitled to certain restoration rights as follows:

(1) An employee who fully recovers within one year of the date he or she began receiving compensation is entitled to immediate and unconditional restoration to the position left or an equivalent position.

(2) An employee who takes longer than one year to recover after he or she began receiving compensation is entitled to priority placement consideration to the position left or an equivalent position.

(3) Every effort will be made to restore a partially recovered employee or former employee, according to the circumstances in each case, who is able to return to limited duty. All job placements will be handled by the Region Program Manager with the assistance of the Civilian HROs.

6. Limited Duty Work Assignment. It is imperative under MCIEAST, that each Commanding Officer accept the responsibility to implement the necessary steps to reduce their workers compensation costs. As a result, light duty within non-permanent medical restrictions for injured employees, except in rare instances where such imposes a legitimate undue hardship on the work unit, must be offered and implemented. This is mandatory and any exceptions must be forwarded to the Region Program Manager for possible reconsideration. Light duty must be coordinated with the ICPA or Program Manager at Camp Lejeune and documented in writing.

7. Representation. A claimant may be represented by a person of his or her choice on any matter pertaining to an injury or death occurring in performance of duty. This representation should be authorized in writing by the claimant. No claim for

legal services or for other services rendered in a case, claim, or award of compensation shall be valid unless approved by OWCP.

8. Hearing. A claimant who is not satisfied with an OWCP decision may ask for a hearing before an OWCP representative. The request for a hearing must be made to the Director of OWCP within 30 days after the decision. At the hearing, which will be held at a location convenient to both the claimant and OWCP, the claimant may present evidence in further support of the claim. After the hearing, OWCP will issue a new decision.

9. Reconsideration. A claimant may ask OWCP to reconsider any determination made by one of its offices. No special form is required to request this reconsideration, but the request must be addressed to the Director of OWCP in writing and must state clearly the grounds upon which it is based. It must also be accompanied by evidence not previously submitted, such as new medical reports or new statements and affidavits. A request for reconsideration must be made within one year of the date of the decision.

10. Appeals. A claimant may ask the Employees' Compensation Appeals Board to review final decisions by OWCP. To file an appeal the claimant should write to the Employees' Compensation Appeals Board, 200 Constitution Avenue, N.W., Room N2609, Washington, D.C. 20210.

OCCUPATIONAL HEALTH PERMIT

PRIVACY ACT STATEMENT			
<p>Information contained on this form is maintained under the systems of records notice OPM/GOVT-2, Employee Performance File System Records (June 19, 2006, 71 FR 35347). AUTHORITY: Sections 1104, 3321, 4305, and 5405 of title 5, U. S. Code, and Executive Order 12107. PRINCIPLE: Written recommendations for awards, removals, demotions, denials of within-grade increases, reassignments, training, pay increases, cash bonuses, or other performance-based actions (e. g., nominations of SES employees for Meritorious or Distinguished Executive), including supporting documentation. PURPOSE: These records are maintained to ensure that all appropriate records on an employee's performance are retained and are available (1) To agency officials having a need for the information; (2) to employees; (3) to support actions based on the records; (4) for use by the Office in connection with its personnel management evaluation role in the executive branch; and (5) to identify individuals for personnel research. ROUTINE USE: To consider and select employees for incentive awards, quality-step increases, merit increases and performance awards, or other pay bonuses, and other honors and to publicize those granted. This may include disclosure to public and private organizations, including news media, which grant or publicize employee awards or honors. DISCLOSURE: Mandatory for processing awards in the system.</p>			
<p>INSTRUCTIONS: 1. Complete in Triplicate 2. Return Original to Supervisor; 1 Copy to Civilian Personnel; 1 Copy to Safety Manager 3. If an Occupational Injury, Form CA-17 with Completed Part "A" MUST also be submitted.</p>			
THIS SECTION TO BE COMPLETED BY SUPERVISOR			
TO: OCCUPATIONAL HEALTH NURSE			
FROM: (Title of Supervisor, Shop or Office, and Location)			
NAME OF EMPLOYEE: (First, Middle, Last)		PAYROLL NO:	SSN:
JOB TITLE:		TIME LEFT JOB:	TIME RETURNED:
<p>REASON FOR REFERRAL: <input type="checkbox"/> INJURY <input type="checkbox"/> ILLNESS <input type="checkbox"/> EMPLOYEES REQUEST <input type="checkbox"/> OTHER (SPECIFY BELOW)</p>			
DATE OF INJURY:	TIME OF INJURY:	DATE REFERRED TO CLINIC:	<p>OCCUPATIONAL: <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> QUESTIONABLE</p>
REMARKS:			
NAME OF SUPERVISOR:		SIGNATURE:	PHONE NUMBER DATE:
THIS SECTION TO BE COMPLETED BY MEDICAL OFFICER			
TIME REPORTED:		TIME RELEASED:	<p>OCCUPATIONAL: <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> QUESTIONABLE</p>
<p>DEGREE OF INJURY: <input type="checkbox"/> FIRST AID <input type="checkbox"/> DISPENSARY <input type="checkbox"/> HOSPITAL <input type="checkbox"/> PERSONAL PHYSICIAN <input type="checkbox"/> SENT HOME <input type="checkbox"/> OTHER</p>			
DISPOSITION OF EMPLOYEE			
<p><input type="checkbox"/> RETURN FOR FURTHER TREATMENT: TIME: _____ DATE: _____</p>			
<input type="checkbox"/> RETURN TO WORK			
<input type="checkbox"/> DISCHARGED, TREATMENT COMPLETED			
<input type="checkbox"/> RETURN TO LIMITED DUTY AS INDICATED BELOW			
<input type="checkbox"/> NO LIFTING, PULLING OR CARRYING IN EXCESS OF _____ LBS		<input type="checkbox"/> DESK JOB ONLY	
<input type="checkbox"/> NO EXCESSIVE WALKING, STANDING OR BENDING		<input type="checkbox"/> NO DRIVING GOVERNMENT VEHICLE	
<input type="checkbox"/> NO EXPOSURE TO SOLVENTS, GREASES, OILS, DETERGENTS, ETC		<input type="checkbox"/> NO WORKING AROUND MOVING MACHINERY	
<input type="checkbox"/> NO WALKING ON UNEVEN OR SLIPPERY SURFACES		<input type="checkbox"/> NO WORKING ON LADDERS, SCAFFOLDING, ETC	
<input type="checkbox"/> NO EXPOSURE TO EXTREME TEMPERATURE OR HUMIDITY		<input type="checkbox"/> ONE HAND JOB ONLY	
<input type="checkbox"/> OTHER: (EXPLAIN IN REMARKS)			
REMARKS:			
NAME OF MEDICAL OFFICER:		SIGNATURE OF MEDICAL OFFICER:	DATE: (DD MMM YY)