

Army Regulation }
 No. 690-800 }

HEADQUARTERS
 DEPARTMENT OF THE ARMY
 WASHINGTON, DC, 15 August 1988

Civilian Personnel
INSURANCE AND ANNUITIES

Effective upon receipt

This is a complete revision of AR 690-800, 15 December 1983. Chapter 810 is revised to align the text with FPM chapter 810. Chapter 850 is revised to assign to the Civilian Personnel Office the responsibility for processing Standard Form 8 (Notice to Federal Employee About Unemployment Insurance) and Form ES-931 and to emphasize the need to meet the 4-workday processing time set by the Office of Personnel Management. In addition, this revision removes obsolete, unnecessary, and redundant material and completes the conversion of CPR 800 to AR 690-800.

EXECUTIVE SUMMARY

1. Purpose. This regulation supplements corresponding material in the "800" series of chapters in the Federal Personnel Manual (FPM) and must be used in conjunction with the FPM.

2. Applicability. This regulation applies to Department of the Army civilian employees and to U.S. Army Reserve (USAR) technicians except when such policies and procedures are modified by AR 140-315. It does not apply to Army National Guard technicians employed under the provisions of 32 USC 709, unless specifically made applicable by the Chief, National Guard Bureau.

3. Filing instructions.

a. Remove old pages and insert new pages as indicated below. The new pages are to be interfiled with the chapter of the FPM to which they relate.

<i>Chapter</i>	<i>Remove pages</i>	<i>Insert pages</i>
810	.....	i
810	1-1	1-1
810	2-1	.....
810	3-1	.....
810	4-1 through 4-3	4-1 through 4-2
810	5-1	.....
810	.....	6-1
810	A-1	.....
810	B-1	.....
810	C-1	.....
810	Form CA-5 (Nov 74)	Form CA-5 (Dec 86)
810	Form CA-5b (Sep 75)	Form CA-5b (Sep 86)
850	.....	i
850.1	1 CPR, C 1)	1-1
850.2	1 and 2 (CPR, C 1)	2-1 through 2-3
850.3	1 (CPR, C 1)	3-1
850.A	1 through 5 (CPR, C 1)	.....

*This regulation supersedes AR 690-800, 15 December 1983, and CPR 800, 27 January 1965.

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b. File this transmittal sheet immediately in front of the "800" series of chapters in the basic FPM.

4. The following pages were declared obsolete by DA Circular 690-88-1 dated 1 April 1988:

<i>Chapter</i>	<i>Page</i>
831	1 (CPR, C 8)
870	1 (CPR, C 10)
890	1 (CPR, C 10)

5. The latest installment to the basic FPM at the time this change was forwarded for publication was number 345 dated 22 June 1988.

6. Army regulations in the 690 series that are interfiled with the FPM use the following mechanical aids to assist readers:

a. A row of asterisks (*) is used to alert the reader that, at that point, there is material in the FPM that HQDA is not supplementing.

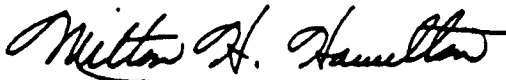
b. A double dagger (‡) appearing before a major division (i.e., chapter, subchapter, paragraph, or subparagraph) means there is no corresponding division in the FPM.

The proponent agency of this regulation is the Office of the Deputy Chief of Staff for Personnel. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQDA(DAPE-CP), WASH, DC 20310-0300.

By Order of the Secretary of the Army:

CARL E. VUONO
General, United States Army
Chief of Staff

Official:



MILTON H. HAMILTON
Administrative Assistant to the
Secretary of the Army

DISTRIBUTION:

Active Army, USAR, ARNG: To be distributed in accordance with DA Form 12-4, requirements for Federal Personnel Manual.

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Chapter 810

Chapter 810
Injury Compensation
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Subchapter 1. Overview

1-1. PURPOSE

Army's main objective in the administration of the Federal Employee's Compensation Act (FECA) is to provide, as promptly as possible, all the benefits to which an injured employee is entitled. Claims for compensation will, therefore, be processed promptly. HQDA is also concerned with the return to work of employees who have recovered from their injuries, either partially or completely. All Army installations will develop a light-duty program to temporarily employ persons while they recover from injuries and a program to reemploy long-term disabled employees on a permanent basis. Installations

will controvert continuation of pay claims when the facts show that the claimant may not be entitled to continuation of pay.

* * * * *

1-7. FORMS

Except for Form CA-5, Form CA-5b, and Forms CA-35a through CA-35h, the forms listed in the FPM are available through normal Army publications channels. Form CA-5 and Form CA-5b will be locally reproduced on 8½- by 11-inch white paper. A copy of each of these forms for local reproduction purposes is at the back of this chapter. Forms CA-35a through CA-35h may be locally reproduced using the copies in appendix C of FPM chapter 810.

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Subchapter 4. Processing of claims

4-1. ADMINISTRATIVE MATTERS

a. Initial handling

‡(1) Within DA, the CPO is the central point for sending OWCP papers related to a compensation claim. All papers must be sent through the CPO except for medical forms CA-16, CA-17, CA-20, CA-20a, and OWCP-1500a. Form CA-1 should reach OWCP within 14 calendar days of the date of the injury.

‡(2) The supervisor plays a key role in administering FECA, since the supervisor's statements concerning the job relatedness of a given injury or illness usually constitute the official Army position. Once reported as job related, a change is very difficult, even though added facts may tend to prove that the injury was not job related. The supervisor must also report injuries and complete needed forms promptly, even when there is strong disagreement with the employee's position. Unreasonable delay may be grounds for legal or disciplinary action. The first thing the supervisor must do is obtain medical treatment for the employee and report the injury. Next, the supervisor should keep abreast of the disabled employee's status and work closely with the FECA Program Administrator and Selective Placement Coordinator to restore the employee to duty in a full or limited capacity, depending on the degree of recovery. To help accomplish the above and other related actions, the supervisor's responsibilities may be summarized as follows:

(a) To obtain or to ensure that employees receive adequate medical treatment.

(b) If possible, to complete DD Form 689 (Individual Sick Slip) and forward it to the medical facilities for completion (AR 385-40).

(c) To complete the supervisor's portion of forms in relation to the type of injury and forward these forms to the FECA Program Administrator.

(d) To provide payroll documentation certifying sick or annual leave, continuation of pay, leave without pay, or absence without leave.

(e) To tell the FECA Program Administrator and the Safety Manager about the injury as soon as possible, but no later than 24 hours after becoming aware of the injury.

(f) To tell the FECA Program Administrator the day the employee returns to duty and

process DOL Form CA-3 (Report of Termination of Disability and/or Payment).

(g) To get as many facts as possible about each case; to controvert traumatic injury claims, when appropriate; to advise the employee of actions being taken, including reasons for controversion where applicable; to discuss the matter with witnesses, higher level supervisors, medical and safety officials, and the FECA Program Administrator before completing Form CA-1 or CA-2.

(h) To try to restore fully recovered and partially recovered employees to duty, considering job restructuring to permit light-duty placement.

(i) To attend training on FECA program administration, including update training.

(j) To advise the FECA Program Administrator of cases involving suspected fraud.

‡(3) Commanders at all levels will make sure that—

(a) Employees are provided work sites that are safe and healthful.

(b) Duties and responsibilities assigned by this chapter are properly carried out.

(c) Employee injury and illness claims receive prompt, responsive attention.

(d) Every effort is made to restore fully recovered and partially recovered employees to duty.

‡(4) The CPO will—

(a) Name a personnel specialist within the CPO as the FECA Program Administrator.

(b) Ensure that all CPO branches cooperate with the FECA Program Administrator.

‡(5) The FECA Program Administrator will—

(a) Coordinate the various aspects of FECA program administration at the local level. He or she will—

1. Work closely with others who have program responsibility.

2. Advise the commander on the status of the program, including major problems and reasons for such problems.

3. Write procedures for obtaining the medical care referenced in FPM chapter 810, paragraph 6-1.

(b) Publicize the program throughout the service area so both employees and management are aware of their rights, benefits, and responsibilities.

(c) Advise each supervisor and claimant

To be filed with basic FPM Chapter 810

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of required actions and of benefits that may pertain to the case.

(d) Assist with claims.

(e) Incorporate supervisory training on FECA in the regular training program.

(f) Review all completed forms and forward them to OWCP.

(g) Maintain the compensation file on all forms and information about the injured employee.

(h) Maintain data to respond to reports required by MACOMs or DA.

(i) See that actions are taken to meet the time requirement in FPM chapter 810, subchapter 2, for reporting injury and illness.

(j) Make sure that job requirements and environmental conditions are made known to the doctor who examines or treats the employee.

(k) Refer suspected fraud cases to the proper authority.

(l) Keep the selective placement coordinator, supervisors, managers, and commander informed of cases pending so efforts may be made

to return injured employees to duty as soon as possible. Placement actions may include temporary assignment to light duty, job restructuring, reassignment, and placement assistance outside Army.

(m) Coordinate with the legal office on claims that appear to involve third-party liability.

(n) Advise the Safety office of a job-related injury.

(o) Make sure that an ample supply of required forms is available to employees and supervisor.

(p) Serve on the installation Occupational Safety and Health Advisory Council.

‡(6) The U.S. Army Finance and Accounting Center (USAFAC) will submit the reports on continuation of pay required by 20 CFR 10.206. Each finance and accounting office will provide input for those reports as required by USAFAC.

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Subchapter 6. Medical Benefits and Care

6-1. ENTITLEMENT

When a job related injury occurs, the supervisor's primary duty is to see that adequate medical attention is provided to the employee as soon as possible. If an Army dispensary, clinic, hospital, emergency room or local facility under contract with Army is available at the activity, locally prescribed procedures will require that the injured employee be initially referred to that medical treatment facility (MTF) for evaluation consistent with the nature and extent of the injury, and the capabilities of the MTF. Managers and officials in Corps of Engineers activities which are collocated with General Services Administration/Health and Human Services Health Units may refer injured employees to the health unit for emergency care. Injured employees referred to the MTF must be given prompt attention.

* * * * *

6-3. CHOICE OF PHYSICIAN

a. **Initial choice.** The right to initial choice of physician for treatment will be fully explained to the employee prior to referral, and the employee must be allowed to make the choice independently. If the local MTF has the capability of providing the necessary treatment, employees will be treated at the local MTF (without personal expense) unless they exercise their right to refuse MTF care and to be treated by medical care of choice.

* * * * *

d. **Transfer of medical care.** The nature and extent of the injury (e.g., emergency situation), or the capabilities of the MTF, may dictate that the supervisor refer the injured employee directly to civilian sources of care. The local medical authority will provide guidance regarding situations in which ill or injured employees should be referred directly to a civilian medical facility. In these cases, the supervi-

sor will assure that Form CA-1 is completed and will issue Form CA-16 to the injured employee.

†e. **Designated authorizing official.** Persons most likely to be involved in an emergency involving possible referral of an employee to a civilian source of care will be designated to act as authorizing official. They will receive training in completion of Part A, Form CA-16, advising employees of medical providers excluded from payment under FECA, and issuance of the form to the injured employee. The list of designees would be expected to include FECA clerks, physicians and nurses assigned to the MTF, and supervisors. Where other than an employee's supervisor authorizes referral, the action should be coordinated with the supervisor. Coordination may be by telephone. If the emergency occurs during other than normal duty hours, e.g., second or third shift or weekend, the supervisor will be notified at the earliest possible time.

* * * * *

†6-7. BENEFITS FOR ALIEN EMPLOYEES

While non-United States citizen employees of the United States serving outside the United States, its territories, or Canada are subject to the FECA, the amount and extent of payment may be adjusted by OWCP per local laws, regulations, or customs. See part 25, title 20, Code of Federal Regulations (20 CFR Part 25). Claims submitted from OCONUS, which involve documents written or printed in a foreign language, will be accompanied by a translation of the documents rendered in the foreign language. In all cases, the translator's name and position or title will be included with the submission, in the event questions arise or additional information is needed. The commander or head of the claimant's employing activity, or of the military organization to which the claimant is assigned, or a designee of the commander, will be responsible for providing the translation.

Claim for Compensation by Widow,
Widower, and/or Children

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



OMB No. 1215-0155
Expires: 03-31-89

1. Name of deceased employee (Last, first, middle)	2. Date of Birth (Mo., day, year)	3. Date of Injury (Mo., day, year)	4. Date of Death (Mo., day, year)	5. Social Security Number _____|_____|_____
6. Name and address of employing agency (Include zip code)		7. Nature of injury which caused death		

Claim of Surviving Husband or Wife (Items 8 through 13)

8. Name and address (Include Zip Code)	9. Your Date of Birth (Mo., day, year)	10. Date of Marriage to Employee (Mo., day, year)
11. Were you living with the employee at time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Were you ever married to anyone other than the employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Was employee ever married to anyone other than yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No

14. List all of employee's children from this marriage who may be entitled to compensation (See attached information sheet for definition of children):

Name	Relationship	Date of Birth	Address (Include Zip Code)

14a. List all of employee's children from prior marriages who may be entitled to compensation:

Name	Relationship	Date of Birth	Address (Include Zip Code)

15. If a legal guardian has been appointed for any child named above, give name of child, name and address of the guardian.

Child	Guardian	Guardian's Address (Include Zip Code)

16. List other relatives who were fully or partially dependent on employee:

Name	Relationship	Date of Birth	Address (Include Zip Code)

17. If employee was ever in the Armed Forces of the United States, give: Service number: Branch of service: Period of service:	18. If application has been made for Veterans Administration (VA) benefits because of employee's death, give: VA Claim number: Address of VA office where claim is filed:
19. If application has been made for U.S. Civil Service Annuity because of employee's death, give: CSF Claim Number: Date Annuity began: Amount paid per month: \$ _____	20. If a claim has been made against a third party because of employee's death, give: Amount of recovery: \$ _____ Name and address of third party:

21. Total burial expense \$ _____	22. Amount of burial expense paid or payable by VA \$ _____	23. Name and address of party (other than VA) whose funds were used to pay burial expense and amount paid: \$ _____
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I hereby certify that each and every statement made above is true to the best of my knowledge.

24. Signature of person filing claim	25. Address (Include Zip code)	26. Date (Mo., day, year)
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Attending Physician's Report

1. Name of deceased employee (Last, first, middle) 2. Date of death (Mo., day, year)

3. What history of injury or employment related disease was given to you? 4. If treated for disease, give diagnosis.

5. If death was not instantaneous, describe the treatment you provided. 6. Show dates on which treatment was given.

7. What was the direct cause of death?

8. What were the contributory causes of death, if any?

9. In your opinion, was the death of the employee due to the injury as reported in item 3 above?
Give the medical reasons for your opinion, unless causal relationship is obvious. Yes No

10. Was a biopsy or an autopsy performed? Yes No
If yes, give name and address of physician and arrange for a copy of the report to be submitted.

11. Name and address (Please type - include Zip Code) 12. Signature 13. Date signed (Mo., day, year)

**INSTRUCTIONS FOR COMPLETING FORM CA-5, CLAIM FOR COMPENSATION
BY WIDOW, WIDOWER, AND/OR CHILDREN**

- | | |
|--|---|
| Who Should
File Claim | <ul style="list-style-type: none">● This claim form should be completed and filed by the widow or widower for self and surviving children. If there is no surviving widow or widower, the children's guardian completes the claim. |
| When Should
Claim Be Filed | <ul style="list-style-type: none">● Claim must be filed within three years following date of death, unless the decedent's immediate superior had actual knowledge of an on-the-job injury or death within 30 days; or written notice of the injury or death was given within 30 days. The timely filing of a disability claim will satisfy the time requirements for a death claim based on the same injury. |
| What Documents
Are Required | <ul style="list-style-type: none">● The marriage certificate(s) for a widow or widower; death certificate for decedent if not previously submitted; birth certificate or adoption documents for each child. Also, if appropriate, Letter of Guardianship. If either the decedent or the surviving spouse was previously married, legal documents showing dissolution of such prior marriage(s). Copies of certificates or documents are acceptable only if they are certified by the person having official custody of such records. They should then be attached to the claim form when it is filed. |
| How to
Complete Claim | <ul style="list-style-type: none">● All items should be completed. If an item is not applicable, indicate by showing "NA". Note that the form requests information about several different categories of persons, i.e., items 1-7 make inquiry about the decedent; 8-13 the surviving widow or widower; 14-14a, surviving children; and 15, the children's guardian. The attending physician's report on the reverse of the claim must also be completed before the form is submitted to the OWCP. |
| Funeral/Burial
Allowance | <ul style="list-style-type: none">● Submit original itemized funeral and burial bills. If paid, so indicate and give name and address of person making payment. If an Administrator or Executor has been appointed, give such person's name and address and attach a copy of the appointment document. |

See the reverse of this page for a definition of dependents and a description of benefits.

**DEATH BENEFITS FOR SURVIVING WIDOW, WIDOWER AND/OR CHILDREN
UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT (FECA)**

- Widow or
Widower:
- To qualify for benefits, a widow or widower must have been living with the employee or separated for reasonable cause prior to the time of death. Payments continue for life or until remarriage. Upon remarriage, a widow or widower will receive a lump sum equal to 24 times his or her monthly compensation. If the remarriage occurs at age 60 or later, no lump sum is paid. Instead, payments continue for life.
- Children
- Eligible children include natural, adopted, step and posthumous children unmarried and under 18 years of age. Payments continue beyond 18 if the child is incapable of self-support because of mental or physical incapacity. Payments also continue on behalf of children over 18 if they are full-time students. Student benefits terminate on: marriage, completion of four years of education beyond high school level, or at age 23, whichever occurs first.
- Compensation
Rates
- For widows or widowers - 50% of the employee's monthly pay if there are no surviving eligible children - 45% if there are eligible children.
- Children - 15% each, not to exceed a total of 30%, shared equally if there is a widow or widower; if there is no widow or widower, 40% for one child plus 15% for each additional child, shared equally. Monthly payments for all beneficiaries cannot exceed 75% of the employee's monthly pay rate, or 75% of the top step of GS-15 of the General Schedule.
- Funeral/Burial
Allowance
- Funeral and burial expenses up to a maximum of \$800 may be paid. Amount paid by the VA will be deducted. If death occurs away from the employee's duty station, transportation costs may be paid to return the deceased employee to his home or last place of residence. In addition to any funeral or burial expenses, a sum of \$200 may be paid for reimbursement of the costs of termination of the decedent's status as an employee of the United States.
- Third Party
Action
- If the injury or death results from activity of a person or party other than the Federal Government, a "third party action" or lawsuit may be indicated. In such instances the Department of Labor will provide further instructions.

If additional information is needed, it may be obtained from the Office of Workers' Compensation Programs.

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402

Stock No.

Form CA-5
Rev. Dec. 1986

Claim for Compensation by Parents,
Brothers, Sisters, Grandparents, or
Grandchildren

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



OMB No. 1215-0155
Expires: 03-31-89

1. Name of deceased employee (Last, first, middle)		2. Date of Birth (Mo., day, year)	3. Date of Injury (Mo., day, year)	4. Date of Death (Mo., day, year)	5. Social Security Number _____
6. Name and address of employing agency (include zip code)			7. Nature of injury which caused death		
8. Name of dependent (Last, first, middle)		9. Dependent's address (include zip code)		10. Dependent's birth date (Mo., day, year)	
11. Dependent's Occupation	12. Dependent's Social Security Number	13. Dependent's relationship to employee		14. Extent of dependency on employee <input type="checkbox"/> Total <input type="checkbox"/> Partial	
15. Total amount employee contributed to dependent's support during 12 months immediately prior to death. \$ _____	16. Did employee live with dependent during the 12 months immediately prior to death? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Complete 17 & 18.	17. Total amount employee paid dependent in money or service for room and board in addition to amount shown in 15. \$ _____ Per _____		18. If no fixed amount was paid for room and board, what is the fair value of such room and board? \$ _____ Per _____	
19. If dependent was employed during 12 month period prior to employee's death, give: Type of work performed: Period of employment: Monthly pay rate: Name and address of employer:		20. Show dependent's income from all sources other than employment during 12 month period prior to employee's death: Investments \$ _____ Pensions _____ Persons other than employee _____ Other _____ Total \$ _____			
Information about dependent's husband or wife (Items 21 through 25)					
21. Birth Date (Mo., day, year)	22. Occupation	23. Monthly pay rate \$ _____	24. Total income from all sources for 12 months prior to employee's death. \$ _____		
25. List all property owned by dependent and husband or wife (omit clothing, furniture, personal items).					
Description		Date Acquired		Value	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
26. If employee was ever in the Armed Forces of the United States, give: Service number: Branch of service: Period of service:		27. If an application has been made for Veterans Administration (VA) benefits because of employee's death, give: VA Claim number: Address of VA office where claim is filed:			
28. If an application has been made for U.S. Civil Service Annuity because of employee's death, give: CSF Claim Number: Date Annuity began: Amount paid per month: \$ _____		29. If a claim has been made against a third party because of employee's death, give: Amount of recovery: \$ _____ Name and address of third party:			
30. Total burial expense \$ _____	31. Amount of burial expense paid or payable by VA \$ _____	32. Name and address of party (other than VA) whose funds were used to pay burial expense and amount paid: \$ _____			
I hereby certify that each and every statement made above is true to the best of my knowledge. 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 that person is not entitled is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment, or both.					
33. Signature of person filing claim			34. Address (include Zip code)		35. Date (Mo., day, year)

Attending Physician's Report

1. Name of deceased employee (Last, first, middle) _____ 2. Date of death (Mo., day, year) _____

3. What history of injury or employment related disease was given to you? _____ 4. If treated for disease, give diagnosis. _____

5. If death was not instantaneous, describe the treatment you provided. _____ 6. Show dates on which treatment was given. _____

7. What was the direct cause of death? _____

8. What were the contributory causes of death, if any? _____

9. In your opinion, was the death of the employee due to the injury as reported in item 3 above? Yes No
Give the medical reasons for your opinion, unless causal relationship is obvious. _____

10. Was a biopsy or an autopsy performed? Yes No
Arrange for a copy of the report to be submitted. _____

11. Name and address (Please type - include Zip Code) _____

I certify that all statements in response to the questions asked above are true, complete and correct to the best of my knowledge. Further, I understand that any knowingly false or misleading statement or concealment of material fact may subject me to felony criminal prosecution.

12. Signature _____ 13. Date signed (Mo., day, year) _____

**INSTRUCTIONS FOR COMPLETING FORM CA-5b, CLAIM FOR COMPENSATION
BY PARENTS, BROTHERS, SISTERS, GRANDPARENTS OR GRANDCHILDREN**

Who Should File Claim	This claim form should be completed and filed by the deceased employee's parents, grandparents or representative (custodian or guardian) of minor brothers, sisters or grandchildren. A separate form is required for each person claiming benefits.
When Should Claim Be Filed	Claim must be filed within three years following date of death, unless the decedent's immediate superior had actual knowledge of an on-the-job injury or death within 30 days; or written notice of the injury or death was given within 30 days. The timely filing of a disability claim will satisfy the time requirements for a death claim based on the same injury.
What Documents Are Required	The birth certificate of the deceased employee; also a death certificate if not previously submitted; birth certificates for minor brothers, sisters and grandchildren. If claim is made on behalf of a grandparent, birth certificate of decedent's mother or father, as appropriate. If claim is made on behalf of a grandchild, birth certificate of decedent's son or daughter as appropriate. Copies of certificates or documents are acceptable only if they are certified by the person having official custody of such records. They should then be attached to the claim form when it is filed.
How to Complete Claim	All items on the claim form should be completed. If an item is not applicable, indicate by showing "NA". Note that the claim form requests information about several categories of persons, i.e., items 1-7 make inquiry about the decedent; 8-20 the dependent; 21-25 the dependent's husband or wife, if married at the time of employee's death. The attending physician's report on the reverse of the form must also be completed before the form is submitted to the OWCP.
Funeral/Burial Allowance	Submit original itemized funeral and burial bills. If paid, so indicate and give name and address of person making payment. If an Administrator or Executor has been appointed, give such person's name and address and attach a copy of the appointment document.

See the reverse of this page for a definition of dependents and a description of benefits.

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402 - Price

Stock Number

Cat. No. L 7, Form CA-5b.

**DEATH BENEFITS FOR PARENTS, BROTHERS, SISTERS, GRANDPARENTS
AND GRANDCHILDREN UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT (FECA)**

- | | |
|--------------------------|---|
| Eligible Dependents | ● Benefits are payable on behalf of partially or totally dependent parents, brothers, sisters, grandparents and grandchildren. |
| Period Of Entitlement | ● Parents and grandparents: Payments continue until death, remarriage or termination of dependency.

Minor brothers, sisters and grandchildren: Payments continue until death, marriage or attainment of 18 years of age. Payments may continue beyond 18 if the child is mentally or physically incapable of self-support or is a "full-time" student. Student benefits terminate on: marriage, completion of 4 years of education beyond high school level, or at age 23, whichever occurs first. |
| Compensation Rates | ● For parent - 25% of the employee's monthly pay, if one is wholly dependent and the other is not dependent at all. If both are wholly dependent - 20% each. A proportionate amount is paid if either or both are partially dependent.

Brothers, sisters, grandparents, and grandchildren - 20% if only one is wholly dependent. If more than one is wholly dependent - 30% shared equally. If one or more is partially dependent - 10% shared equally if more than one. |
| Payment Priorities | ● Monthly payments for all beneficiaries cannot exceed 75% of the employee's monthly salary or 75% of the top step of GS-15 of the General Schedule. The surviving widow or widower and children have first priority. Other eligible dependents may receive payment only if the widow or widower and children's percentages are less than 75%. |
| Funeral/Burial Allowance | ● Funeral and burial expense up to a maximum of \$800 may be paid. Amount paid by the VA will be deducted. If death occurs away from the employee's duty station, transportation costs may be paid to return the deceased employee to his home or last place of residence. In addition to any funeral or burial expenses, a sum of \$200 may be paid for reimbursement of the costs of termination of the decedent's status as an employee of the United States. |
| Third Party Action | ● If the employee's death was caused by a person or party other than the Federal Government, a "third party action" or lawsuit may be indicated. In such instances the Department of Labor will provide further instructions. |

PRIVACY ACT

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended (5 U.S.C. 8101, et seq.) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor. In accordance with this responsibility, the Office receives and maintains personal information on claimants and their immediate families. (2) The information will be used to determine eligibility for and the amount of benefits payable under the Act. (3) The information may be used by other agencies or persons in handling matters relating, directly or indirectly, to the subject matter of the claim, so long as such agencies or persons have received the consent of the individual claimant, or have complied with the provisions of 20 CFR 10. (4) Furnishing all requested information will facilitate the claims adjudication process; and the effects of not providing all or any part of the requested information may delay the process, or result in an unfavorable decision or a reduced level of benefits (disclosure of a social security number is voluntary; the failure to disclose such number will not result in the denial of any right, benefit or privilege to which an individual may be entitled).

THIS NOTICE SHOULD BE RETAINED FOR YOUR INFORMATION.

If additional information is needed, it may be obtained from the Office of Workers' Compensation Programs.

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Chapter 850
Unemployment Benefits

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Subchapter 1. Overview

1-1. PURPOSE

Army's main objective in the administration of the Federal Employee's Compensation Act (FECA) is to provide, as promptly as possible, all the benefits to which an injured employee is entitled. Claims for compensation will, therefore, be processed promptly. HQDA is also concerned with the return to work of employees who have recovered from their injuries, either partially or completely. All Army installations will develop a light-duty program to temporarily employ persons while they recover from injuries and a program to reemploy long-term disabled employees on a permanent basis. Installations

will controvert continuation of pay claims when the facts show that the claimant may not be entitled to continuation of pay.

* * * * *

1-7. FORMS

Except for Form CA-5, Form CA-5b, and Forms CA-35a through CA-35h, the forms listed in the FPM are available through normal Army publications channels. Form CA-5 and Form CA-5b will be locally reproduced on 8½- by 11-inch white paper. A copy of each of these forms for local reproduction purposes is at the back of this chapter. Forms CA-35a through CA-35h may be locally reproduced using the copies in appendix C of FPM chapter 810.

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Subchapter 4. Processing of claims

4-1. ADMINISTRATIVE MATTERS

a. Initial handling

‡(1) Within DA, the CPO is the central point for sending OWCP papers related to a compensation claim. All papers must be sent through the CPO except for medical forms CA-16, CA-17, CA-20, CA-20a, and OWCP-1500a. Form CA-1 should reach OWCP within 14 calendar days of the date of the injury.

‡(2) The supervisor plays a key role in administering FECA, since the supervisor's statements concerning the job relatedness of a given injury or illness usually constitute the official Army position. Once reported as job related, a change is very difficult, even though added facts may tend to prove that the injury was not job related. The supervisor must also report injuries and complete needed forms promptly, even when there is strong disagreement with the employee's position. Unreasonable delay may be grounds for legal or disciplinary action. The first thing the supervisor must do is obtain medical treatment for the employee and report the injury. Next, the supervisor should keep abreast of the disabled employee's status and work closely with the FECA Program Administrator and Selective Placement Coordinator to restore the employee to duty in a full or limited capacity, depending on the degree of recovery. To help accomplish the above and other related actions, the supervisor's responsibilities may be summarized as follows:

(a) To obtain or to ensure that employees receive adequate medical treatment.

(b) If possible, to complete DD Form 689 (Individual Sick Slip) and forward it to the medical facilities for completion (AR 385-40).

(c) To complete the supervisor's portion of forms in relation to the type of injury and forward these forms to the FECA Program Administrator.

(d) To provide payroll documentation certifying sick or annual leave, continuation of pay, leave without pay, or absence without leave.

(e) To tell the FECA Program Administrator and the Safety Manager about the injury as soon as possible, but no later than 24 hours after becoming aware of the injury.

(f) To tell the FECA Program Administrator the day the employee returns to duty and

process DOL Form CA-3 (Report of Termination of Disability and/or Payment).

(g) To get as many facts as possible about each case; to controvert traumatic injury claims, when appropriate; to advise the employee of actions being taken, including reasons for controversion where applicable; to discuss the matter with witnesses, higher level supervisors, medical and safety officials, and the FECA Program Administrator before completing Form CA-1 or CA-2.

(h) To try to restore fully recovered and partially recovered employees to duty, considering job restructuring to permit light-duty placement.

(i) To attend training on FECA program administration, including update training.

(j) To advise the FECA Program Administrator of cases involving suspected fraud.

‡(3) Commanders at all levels will make sure that—

(a) Employees are provided work sites that are safe and healthful.

(b) Duties and responsibilities assigned by this chapter are properly carried out.

(c) Employee injury and illness claims receive prompt, responsive attention.

(d) Every effort is made to restore fully recovered and partially recovered employees to duty.

‡(4) The CPO will—

(a) Name a personnel specialist within the CPO as the FECA Program Administrator.

(b) Ensure that all CPO branches cooperate with the FECA Program Administrator.

‡(5) The FECA Program Administrator will—

(a) Coordinate the various aspects of FECA program administration at the local level. He or she will—

1. Work closely with others who have program responsibility.

2. Advise the commander on the status of the program, including major problems and reasons for such problems.

3. Write procedures for obtaining the medical care referenced in FPM chapter 810, paragraph 6-1.

(b) Publicize the program throughout the service area so both employees and management are aware of their rights, benefits, and responsibilities.

(c) Advise each supervisor and claimant

of required actions and of benefits that may pertain to the case.

(d) Assist with claims.

(e) Incorporate supervisory training on FECA in the regular training program.

(f) Review all completed forms and forward them to OWCP.

(g) Maintain the compensation file on all forms and information about the injured employee.

(h) Maintain data to respond to reports required by MACOMs or DA.

(i) See that actions are taken to meet the time requirement in FPM chapter 810, subchapter 2, for reporting injury and illness.

(j) Make sure that job requirements and environmental conditions are made known to the doctor who examines or treats the employee.

(k) Refer suspected fraud cases to the proper authority.

(l) Keep the selective placement coordinator, supervisors, managers, and commander informed of cases pending so efforts may be made

to return injured employees to duty as soon as possible. Placement actions may include temporary assignment to light duty, job restructuring, reassignment, and placement assistance outside Army.

(m) Coordinate with the legal office on claims that appear to involve third-party liability.

(n) Advise the Safety office of a job-related injury.

(o) Make sure that an ample supply of required forms is available to employees and supervisor.

(p) Serve on the installation Occupational Safety and Health Advisory Council.

‡(6) The U.S. Army Finance and Accounting Center (USAFAC) will submit the reports on continuation of pay required by 20 CFR 10.206. Each finance and accounting office will provide input for those reports as required by USAFAC.

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FEDERAL AGENCY will insert in the box:

1st line—Parent Federal Agency Name and 3 digit code number

2nd line—Major Component (if any)

3rd and 4th line—complete address to which all forms pertaining to a claim should be sent (ES-931, 931A, 934, 936, and notices of appeal, hearings, and determinations)

3 Digit Identification FEDERAL AGENCY

ARMY

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

CODE NO.
422

To be completed by the Federal Agency:

Contact Name/Office
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Telephone No. (include area code)
(xxx) xxx-xxxx

commercial phone number

POI DSSN
xxxx/xxxx

KEEP THIS FORM and TAKE IT WITH YOU if you file a UCFFE/UI claim for unemployed Federal workers provided by Federal law (U.S. CODE, Title 5, Chapter 85). For more information about UCFFE/UI, read the REVERSE SIDE of this form.

NSN 7540-00-634-3864

STANDARD FORM 8 (Rev. 6-67)
Prescribed by Dept. of Labor
20 CFR 609

6-108

Figure 2-1. Information to be entered on Standard Form 8

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Subchapter 3. Reconsiderations and Appeals

3-1. RECONSIDERATION OF FEDERAL FINDINGS

All available information which would help a State properly apply the UCFE rules is to be furnished. (However, detailed information with respect to reasons for separation under Public Law 733, Government Employees, Suspension to Protect National Security, August 26, 1950, 81st Congress, may not be furnished to the State agency by the installation.) If the claimant shows his letter of charges and/or the decision on his case to personnel of the State agency, the State may request confirmation of the contents of the documents. The installation's reply need only confirm or deny that the copy of the documents or the statement submitted over the claimant's signature correctly reflects the charges and/or the decision on his case.

