



Emergency Workers Compensation Packet

The Federal Employee's Compensation Act (FECA) provides workers' compensation benefits to employees for disability or death sustained as a result of injury or disease while in the performance of their duties. Workers' compensation benefits include: medical compensation/reimbursements, wage loss, medical supplies and equipment, rehabilitation and compensation based on permanent impairment.

FECA is administered by the U.S. Department of Labor, Office of Workers' Compensation Programs (OWCP). The program is divided into district offices across the country. The Architect of the Capitol (AOC) falls under the jurisdiction of District 25, which is responsible for adjudicating cases in Maryland, District of Columbia and Virginia. The telephone number is 202.513.6800.

The AOC has prepared the following packet to be provided to employees (or their dependant(s)/representative) if an injury, disease or death occurs as a result of a major disaster. Supervisors and/or managers are to assist their employees by completing form CA-1* (Notice of Traumatic Injury) or CA-2* (Claim for Occupational Disease) as applicable using the Employee Compensation Operations and Management Portal (ECOMP).

If the injured employee requires emergency medical treatment you may authorize medical treatment by completing a form CA-16, Authorization for examination and/or treatment. You should also provide a form CA-17, Duty Status Report and a CA-20, Attending Physician's Report. The following forms below should be used as needed.

<u>Form</u>	<u>Title</u>
<u>CA-1</u>	Notice of Traumatic Injury
<u>CA-2</u>	Notice of Occupational Disease Claim
<u>CA-2a</u>	Notice of Recurrence
<u>CA-5</u>	Claim for Compensation by Widow/Widower and or Children
<u>CA-5b</u>	Claim for Compensation by Parents, Brother, Sisters, Grandparents or Grandchildren
<u>CA-6</u>	Official Superior's Report of Employee's Death
<u>CA-7</u>	Claim for Compensation
<u>CA-17</u>	Duty Status Report

CA-20

Attending Physician's Report

OWCP-915

Claim for Medical Reimbursement

OWCP-1500

Health Insurance Claim Form (aka HCFA 1500)

All forms should be submitted to and/or processed through the AOC's Workers' Compensation Program Unit. Points of contact for this unit are Eleanor Shields and Dominic Powell. They can be reached at 202.226.2548.

**Traumatic Injury – When the exact time and date of an injury can be identified.*

**Occupational Disease – When an injury/condition happens over a period of time.*

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