



## Which form should I use and where do I get it?

**W**hat forms are needed to process your claim under the Federal Employee Compensation Act (FECA), and where can you obtain a copy of that form? The Code of Federal Regulations (CFR) requires that notice of injury, claims and certain specified reports be made on forms prescribed by the Office of Workers' Compensation (OWCP). The Form CA-1 is used for traumatic injuries and the Form CA-2 is used for occupational illnesses.

The CFR also states that employing agencies shall not modify the OWCP claim forms or use substitute forms, and agencies also are expected to maintain an adequate supply of the basic forms needed for the proper recording and reporting of injuries.<sup>1</sup> That supply of forms must include CA-1 and CA-2 forms.

**Management has recently begun using a web-based accident reporting program known as EHS (Employee Health and Safety).** The program is accessed by supervisors and managers through the USPS Blue Page. EHS walks the manager through a series of questions about the work-related accident or illness. Based on information the manager inputs, the EHS program determines which accident forms are needed and then pre-populates those forms.

The EHS program is used to report all work-related accidents and work-related illnesses. The program is also designed to pre-populate PDF versions of the Form CA-1 and Form CA-2 as appropriate. The pre-populated injury claim form is printed and provided to the injured worker for approval and signature.

One concern with this new accident reporting program is that important details may get lost in the process. For example, if you "tripped on a loose board, tumbled and rolled down 10 steps, striking your head on the concrete landing," then that is how the "cause of injury" should read on the CA-1. It should not be paraphrased to read, "tripped on step." The same holds true when describing the "nature of the injury" on the CA-1—"a concussion and stitches to the forehead" should not be described as a "bump on the noggin." Such paraphrasing on a claim form could cause unnecessary delays or the denial of a claim if the medical diagnosis does not appear to corre-

spond with the reported cause or nature of injury.

The Form CA-1 also requires the injured worker to select continuation of pay (COP) or sick leave and/or annual leave. A wrong selection there, while it is correctable within one year of the leave, can unnecessarily deplete leave balances.

To avoid any such problems, injured carriers should request a blank CA-1 or CA-2 form from their supervisor. Blank CA-1s and CA-2s also can be printed from the Department of Labor website at [dol.gov/dol/esa/owcp.htm](http://dol.gov/dol/esa/owcp.htm). Injured carriers should always provide a complete and accurate description of the injury or illness before signing any claim form.

**If you choose to use a CA-1 or CA-2 claim form that has been pre-populated by management, you should understand that you have the right to make any needed additions or corrections to your portion of the form before you sign it.** The injured worker has the ultimate responsibility for the content of his or her portion of the claim form.

There have been some isolated reports that management has informed carriers that they must use management's pre-populated CA-1 or CA-2 forms because they are being electronically submitted to OWCP. That is not accurate and such incidents should be grieved. OWCP still requires an original signature from the person giving notice of the injury<sup>2</sup> and there is currently no method in place for the electronic filing of CA-1 and CA-2 claim forms by USPS employees.

**Management's obligations to provide blank OWCP claim forms have not changed.** The agency must continue to maintain a supply of forms and must provide a claim form when requested.<sup>3</sup> The agency must also complete the Receipt of Notice and provide it to the injured employee,<sup>4</sup> transmit the claim form to OWCP<sup>5</sup> in a timely manner, and must not wrongfully impede the filing of a claim.<sup>6</sup> ✉

1. 20 CFR 10.7, ELM 541.3, CA

2. CA-810.2-2.a

3. ELM 544.111.b

4. 20 CFR 10.110.a, ELM 544.111.c

5. 20 CFR 10.110.b, ELM 544.212

6. 20 CFR 10.16