

**Employing Agency Guidelines
DFEC Consolidated Case Create Facility
(updated as of 1-12-12)**

Effective October 1, 2011, the Office of Workers' Compensation Programs (OWCP), Division of Federal Employees' Compensation (DFEC) is consolidating its case create functions and data entry operations.

Filing Claim Forms (with attachments)

Claim forms will no longer be sent to the individual district offices. Instead ALL claim forms (with the corresponding attachments) will be sent to the address listed here. General mail should still be sent to the London, KY address (see General/All Other Mail section below).

US Department of Labor – OWCP/DFEC
400 West Bay Street
Room 827
Jacksonville, FL 32202

This includes all claims for new cases, claims for compensation and CA-16s.

CA-1 (Notice of Traumatic Injury)
CA-2 (Notice of Occupational Disease)
CA-5 (Claim for Compensation by Widow, Widower, and/or Children)
CA-6 (Official Supervisor's Report of Employee's Death)
CA-7 (Claim for Compensation)
CA-7a (Time Analysis Form)
CA-7b (Leave Buy Back (LBB) Worksheet/Certification)
CA-16 (Authorization for Examination and/or Treatment)
CA-2a (Notice of Recurrence)

All forms listed can also be faxed (with the corresponding attachments) to (202) 343-5570. Note that all form submissions via fax should be for individual case numbers. Do not submit faxes containing forms for multiple injured workers or forms for multiple cases for the same injured worker as this will delay the processing of those forms.

EDI and AQS

If a form is submitted via EDI or AQS, you should **NOT** send a copy of the form to this facility. The electronic submission is sufficient. There are no changes in this process. However, if there is a non-EDI form accompanying a claim form (such as a CA-16), that will need to go to the Case Create Facility, NOT the central mailroom in London, KY.

General/All Other Mail -

Only the forms listed above (with the corresponding attachments) should be sent to the Case Create Facility.

- General mail should still be sent to our Central Mail address at PO Box 8300, London, KY 40742-8300.
- Investigative Memoranda, physical evidence, and letters to the District Director should still be sent to the usual District Office addresses.
- Death Gratuity Claims should still be sent to the Cleveland District Office for creation.

Receipt of Case Numbers

- New cases should be created within 2 business days of receipt, e.g. if a new claim is received on Tuesday, it should be created by Thursday.
- When a case is created, the injured worker will receive a postcard notification that a case has been created. The case number itself will not appear on the postcard. He/she will be directed to contact the Employing Agency for the case number and will also be provided with a website to obtain general information about OWCP.
- If a case is created based on the submission of a paper form, a postcard will also be sent to the Employing Agency. This postcard will include the new case number.
- The quickest way, however, to verify creation of a new case is to check the Agency Query System (AQS). The new case will show up in AQS the day AFTER it is created. Contact AQS-Help@dol.gov or go to <http://www.dol.gov/owcp/dfec/regs/compliance/aqspage.htm> for information on obtaining access to AQS if you do not currently use this system.
- If a case has not been created within that timeframe, you can contact your individual District Office for assistance, not the Case Create facility.
- Even though the Case Create facility is located in close proximity to the Jacksonville District office, they are separate and distinct; therefore, do not call the Jacksonville District Office for information pertaining to the creation of cases. The Jacksonville District office has no access to the documentation received by the Case Create facility.
- Do not submit forms multiple times (e.g. once by fax and once by mail). This may result in creation of multiple cases for the same injury.

Timeliness

- Any form received, by mail or by fax, in the Case Create facility by 9pm EST will be considered received on that day.
- Any form received, by mail or by fax, in the Case Create facility after 9pm EST will be considered received on the NEXT business day.
- If a form is received on a holiday or a weekend, the "received date" will be the next business day.
- If a form is received in the District Office, it will be sent to the Case Create facility by the District Office. The form, however, will not be considered "received" by OWCP until it is received by the Case Create facility in Jacksonville, FL.
- The "received date" for a form will not be altered due to submission of the form to an individual District Office.

Required Information and Error Reporting

- OWCP can most effectively process claims if ALL fields on the forms are completed; therefore, completion of the entire form prior to submission is expected. Please ensure paper form submissions are legible.
- While completion of every field is preferred, various pieces of information are **required** in order to create a case or process a claim for compensation. If a form is received without one of the required elements, it will be returned to the Employing Agency with a letter addressing the missing element(s). The Case Create facility will not call the Employing Agency to obtain the missing elements.
- When the form is then returned to the Case Create facility, the "received date" will be the date the form is submitted properly completed. The original "received date" will not be used since the form submitted on that date was incomplete.
- For new claims, the DUTY STATION is more important than ever. This is the main element that determines case jurisdiction among the 12 district offices.
- Refer to the form specific charts for the required elements for each form.
- If a case is created with incorrect data (e.g., claimant name, SSN, DOB, address, chargeback code, etc.), the Employing Agency should contact the District Office with jurisdiction of the case for data correction.

District Office Contact

- If you encounter an emergency situation where creation of a case is critical for the claimant's care and the CA-16 form itself is insufficient to cover the necessary treatment, contact the individual District Office for assistance. This should be done in true emergency situations only, e.g. a catastrophic motor vehicle accident where the injured worker's condition is life threatening.
- If there is one incident/exposure that involves multiple injured employees, contact the District Office to alert that office of the situation so that the District Office can monitor the creation of those cases. When submitting the claim forms to the Case Create Facility, however, submit them individually so that each claim is appropriately created.

Required Information for Case Creation

CA-1 (Notice of Traumatic Injury)

CA-2 (Notice of Occupational Disease)

Required Elements	CA-1	CA-2
Claimant's Name	Section 1	Section 1
Social Security Number	Section 2	Section 2
Date of Birth	Section 3	Section 3
Claimant's Complete Address	Section 7	Section 7
Place of Injury	Section 9	Section 10
Date of Injury	Section 10	Section 12
Cause of Injury	Section 13	Section 13
Nature of Injury	Section 14	Section 14
Claimant Signature/Date	Section 15	Section 18
Name and Address of the Employing Agency	Section 17	Section 19
OWCP Agency Code	Section 17	Section 19
Claimant's Duty Station Address	Section 18	Section 20
Date Notice Received	Section 23	n/a
Employing Agency Signature/Date	Section 38	Section 35
Filing Instructions	Section 39	n/a

- Note – For every Address, be sure to include the Street/PO Box, City, State and Zip Code. If the country is other than the USA, the country should be included. If a piece of the address is missing, the form will be returned for completion.
- For new claims, the **DUTY STATION** is more important than ever. This is the main element that determines case jurisdiction among the 12 district offices.
- CA-1 and CA-2 forms should be submitted no more than ten working days after receipt from the employee.

Required Information for Claims for Compensation

CA-7 (Claim for Compensation)

Required Elements	CA-7
Claimant's Name	Section 1a
Claimant's Complete Address (including zip code)	Section 1b
OWCP File Number	Section 1c
Compensation Claim Type	Section 2
Employee Signature/Date	Section 7
Employing Agency Signature/Date	Section 15

- Form CA-7a (Time Analysis Form) and Form CA-7b (Leave Buy Back (LBB) Worksheet/Certification) should be sent to the Case Create Facility with the corresponding Form CA-7.
- If a CA-7 form for wage loss or leave buy back is received directly from the claimant, without submission through the Employing Agency, it will be returned to the claimant (to the address on the CA-7) advising the claimant to submit the form through the Employing Agency.
- If a CA-7 form for schedule award is received directly from the claimant, without submission through the Employing Agency, it will be created in the system and placed into the case file for the Claims Examiner's review (since submission through the Employing Agency is not required if a CA-7 is already on file).
- Initial Claims for Compensation After COP - As outlined in 20 CFR 10.111, if the employee is receiving COP, the Employing Agency should give Form CA-7 to the employee by the 30th day of the COP period and submit the form to OWCP by the 40th day of the COP period.
- Subsequent Claims for Compensation - Consistent with the DFEC's regulations at 20 CFR 10.102, Form CA-7 should be submitted each two weeks, which is usually commensurate with the Employing Agency pay period, as long as disability continues or until the employee is otherwise instructed by our office. Note - DFEC cannot pay subsequent claims for compensation without verification of the work/leave status of that employee for the dates claimed, and this verification cannot be provided for future dates. It is recommended that CA-7 forms be submitted to DFEC at the end of each pay period so that work/leave status can be verified for the entire two week period.
- If a subsequent CA-7 is received and the "from" date for the period claimed is a future date, the form will be returned since there is no way to verify future leave status and none of the claimed period would be payable.
- CA-7 forms should be submitted no more than five working days after receipt from the employee.

Required Information for Claims for a Recurrence

CA-2a (Notice of Recurrence)

Required Elements	CA-2a
Claimant's Name	Section 1
Claimant's Complete Address (including zip code)	Section 7
OWCP File Number	Section 3
Claimant Signature/Date	Sections 23 and 24

- If a CA-2a claim for a recurrence form is received directly from the claimant, without submission through the Employing Agency, it will be created in the system and placed into the case file for the Claims Examiner's review.

Required Information for Creation of a New Death Claim

CA-5 (Claim for Compensation by Widow, Widower, and/or Children)

CA-6 (Official Supervisor's Report of Employee's Death)

Required Elements	CA-5	CA-6
Deceased's Name	Section 1	Section 1
Deceased's Social Security Number	Section 5	Section 4
Deceased's Date of Birth	Section 2	Section 2
Date of Death	Section 4	Section 11
Claimant's Complete Address	Section 8	Section 33
Claimant Signature/Date	Sections 23 and 25	n/a
OWCP Agency Code	n/a	Section 6
Employing Agency Signature/Date	n/a	Sections 34 and 36

- When submitting a claim due to a death, it is extremely important to annotate the claim form regarding whether the death is being claimed as a result of a prior work injury, for which a case already exists. If this is the case, note clearly the existing case number directly on the CA-5 or CA-6.