

U.S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
OFFICE OF FEDERAL EMPLOYEES' COMPENSATION

CLAIM FOR REIMBURSEMENT OF BENEFIT
PAYMENTS AND CLAIMS EXPENSE
WAR HAZARDS COMPENSATION ACT

Employee's Name

OFEC File No.

Beneficiary's Name (if fatal case)

Address (employee or beneficiary)

CLAIM

Claim is made by (name and address of insurance carrier or self insured)

for reimbursement of benefit payments and claims expense, as authorized by section 104(a) of Public Law 784, 77th Congress. Such claim is made only of amounts paid in discharge of the liability of the insurance carrier or self insured herein arising under applicable workmen's compensation law, or pursuant to the terms of an applicable agreement or contract, and reasonable and necessary claims expense with respect thereto and that this claim does not contain, nor will the insurance carrier or self insured, demand or claim an additional charge or loading for war-risk hazard, as defined in section 201, Title II, Public Law No. 784, approved December 2, 1942.

(See instructions on the reverse side)

BENEFITS PAID AND AMOUNT CLAIMED AS CLAIMS EXPENSE

1. Periodic payments	\$ _____	6. Claims expense	\$ _____
2. Medical payments	\$ _____	Period covered	_____
3. Burial payments	\$ _____	(inclusive dates)	_____
4. Other (specify)	\$ _____	(Attach receipts, cancelled checks or other supports)	_____
5. Total claimed	\$ _____		_____

AGREEMENTS

The insurance carrier or self-insured agrees; (1) to abide by the rules and regulations of the Office of Federal Employees' Compensation (OFEC), (2) to permit examination of the insurance records and furnish other information that may be requested by OFEC, (3) to reimburse OFEC to the extent the employee recovers damages in a third party suit, and (4) disclaims and waives any right to claim or demand, from anyone, the reimbursement of which is claimed herein and allowed by OFEC.

Authorized signature for Insurance carrier or self-insured

Date

1. Submit one copy of claim to Office of Federal Employees' Compensation, Employment Standards Administration, U.S. Department of Labor, Washington, D.C. 20211.
2. File a separate claim for each employee.
3. Complete every item on claim form.
4. Attach all supporting documents (i.e., receipts and copies of drafts in payment thereof; or in lieu thereof a certified listing of payments made, which includes (1) payee, (2) services rendered, (3) amount paid, (4) date paid, (5) check or draft number, and (5) signature of certifier).
5. List all expenses incurred to date of this claim. Supplemental claims should be made on separate claim forms.
6. Indicate whether claims are for detention, disability, death, etc., and state basis for claim (i.e., nature of war-risk hazard).
7. Mark each receipt or other attachment with:
 - (a) case number appearing in claim
 - (b) employee's name, and
 - (c) "EXHIBIT" to case to which applicable.
8. Attach papers in support of each case, such as copy of compensation award, copy of applicable contract (or sufficient excerpt), and copy of applicable insurance policy, marking supporting papers as case exhibits to respective cases