

## ACPS DATA DICTIONARY

FIELD NAME	START	END	FIELD TYPE	ACPSREC NAME	DESCRIPTION	GROUP SUBDIVISIONS DEFINITION OF LEGAL VALUES
Roll Type	1	1	CHAR/1	ROLL TYPE	Types of payments	P = Periodic Roll D = Death Roll S = Supplemental Roll
Case number	2	10	CHAR/9	CASE-NO	Unique identifier for each case. Generated from the Case Management File.	
Case Suffix	11	11	CHAR/1	CASE-SUFFIX		Blank
Date Entry	12	19	DATE/8	ENTRY-DATE	Date that the case is entered into the sequent system for payment	YYYYMMDD 00000000 = N/A
Employee Name	20	61	CHAR/42	EMPLOYEE	Claimant's Name	LAST 20 - 34 FIRSTI 40 MID 41 - 49
Date of Birth	62	69	DATE/8	DOB	Date of birth	YYYYMMDD 00000000 = N/A
Social Security NO.	70	78	CHAR/9	SSN	Claimant's Social Security Number	
Payee Name	79	113	CHAR/35	PAYEE	Name of Payee	
<b>PAYEE ADDRESS DEFINE</b>						
Payee Address	114	148	CHAR/35	ADDR1	Payee's mailing address for check	Street number; PO Box
Payee Address	149	183	CHAR/35	ADDR2	Additional Mailing address	
Payee Address	184	192	CHAR/9	ADDR2	Additional Mailing address	
EFT Info	114	148	CHAR/35	ADDR1		Direct Deposit
EFT Info	149	165	CHAR/35	ACCT-NO	Payee's Electronic Funds Transfer (EFT) information	
EFT Info	166	166	CHAR/1	ACCT-TYPE		S=Savings C=Checking
EFT Info	167	183	CHAR/1	FILLER		Blank
EFT Info	184	192	NUM/9	ROUT-NO	Account Routing Number	Used only if Claimant receives payment by EFT
<b>RETURN TO ALL</b>						
Filler	193	216	CHAR/34	FILLER		Blank
City	217	243	CHAR/35	ADDR4	City	

FIELD NAME	START	END	FIELD TYPE	ACPSREC NAME	DESCRIPTION	GROUP SUBDIVISIONS DEFINITION OF LEGAL VALUES
State	237	238	CHAR/2	STATE	State	
Zip	239	243	NUM/5/9	ZIP CODE	Zip Code	
Filler	244	247	CHAR/4			Blank
Payee Relationship Code	248	249	CHAR/2	PAYEE-REL-CODE	Code used primarily to indicate a payee's relationship to a claimant. Is also used to indicate: <ul style="list-style-type: none"> <li>- payment for a CPI adjustment (CI)</li> <li>- payment made to OWCP (CR)</li> <li>- payment to an agency on behalf of a claimant (CP)</li> <li>- Deduction form compensation to repay OWCP (AR)</li> <li>- Miscellaneous Deduction Type Code</li> </ul>	CL = Claimant CI = CPI Adjustment CP = Case Payee, payment to a Beneficiary CR = Cash Receipt, indicates recouping of overpayment AR = Accounts Receivable GR = Guardian W = Widow D = Daughter SO = Son F = Father M = Mother B = Brother SI = Sister GP = Grandparent GC = Grandchild SP = Spouse CO = Case Organization FE = FERS Offset GO = Guardian Organization LB = Leave Buy Back LE = Law Enforcement TP = Third Party TC = Long Term Care OP = OPM/CSRF AR = Accounts Receivable XX = Other Offset OB = Option B Freeze Withholding XD = Other Deduction JF = Dental JG = Vision JH = Combo
Chargeback Code	250	253	CHAR/4	CB	Agency that will be charged for the payee's workmen's compensation costs	Valid Chargeback Agency Code
Date of Injury	254	261	DATE/8	DOI	Date the worker was injured	YYYYMMDD 00000000 = N/A
District Office Number	262	263	CHAR/2	DIST	District Office Code	Boston - 01 New York 02

FIELD NAME	START	END	FIELD TYPE	ACPSREC NAME	DESCRIPTION	GROUP SUBDIVISIONS DEFINITION OF LEGAL VALUES
						Philadelphia 03 Jacksonville 06 Cleveland 09 Chicago 10 Kansas City 11 Denver 12 San Francisco 13 Seattle 14 Dallas 16 Washington 25 National Office 50
Pay Type	264	264	CHAR/1	PAY-TYPE	Payment type	0 = Adjustment 1 = Disability 2 = Leave Buy Back 3 = WEC 4 = Direct Payment 5 = Incarcerated 6 = Termination Expenses 7 = Death 8 = Manual Payment 9 = Scheduled Award A = Death Lump Sum B = Cash Receipt C = FECS Payments Adjustment
Examiner	265	267	CHAR/3	EXAM	Claims Examiner initials	
Certifier	268	270	CHAR/3	CERT	Senior Claims Examiner Initials	
Batch ID	271	276	CHAR/5	BATCH-ID	Keying Batch ID number	DMCS – Cash Receipt Transactions (ALL)
Filler	271	276	CHAR/3	FILLER	Empty for transactions after 01/2005.	Blank
Pay Rate	277	280	NUM/4	PAY-RATE	Pay rate of claimant at the Date of Injury, Date of Recurrence or Start of Disability	0000/Refer to EXPANDED RECORD
Rate Type	281	281	CHAR/1	RATE-TYPE	Indicates whether payment is to be made weekly or monthly	A = Annual W = Weekly M = Monthly
Last Pay Rate	282	285	NUM/4	LAST-PAY-RATE	Previous different pay rate of the current rate.	0000/Refer to EXTENDED RECORD
Compensation Rate	286	288	NUM/4	COMP-RATE	Percent of pay rate that claimant will be compensated for based on number of eligible dependents or beneficiaries.	0000/Refer to EXPANDED RECORD
From Date	289	296	DATE/8	FROM-DATE	Compensation period starting date	YYYYMMDD 00000000 = N/A
To Date	297	304	DATE/8	TO-DATE	Compensation period ending date	YYYYMMDD 00000000 = N/A

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Compensation Amount	305	309	NUM/5	COMP-AMT	Pretax, pre-deduction payment amount. OWCP calculated amount of compensation prior to deductions and authorized additions	00000/Refer to EXPANDED RECORD
DMS Record	310	314	NUM/5	ACCT-PAY-RECV	Repayment amount received from claimant or other source	00000/Refer to EXTENDED RECORD
Net Compensation	315	319	NUM/5	NET-COMP	Payment amount after taxes and deductions	00000/Refer to EXPANDED RECORD
HBI Code	320	322	CHAR/3	HBI-CODE	Valid Health Benefit Insurance Code	N/A = No HBI Benefits applied.
Employee HBI Cost	323	326	NUM/4	EMP-HBI-COST	Deduction form compensation for employee's contribution for Health Benefit Insurance	0000/Refer to EXPANDED RECORD
Agency HBI Cost	327	330	NUM/4	AGY-HBI-COST	Agency contribution for employee's Health Benefit insurance	0000/Refer to EXPANDED RECORD
HBI Date	331	338	DATE/8	HBI-FROM-DATE	Health Benefit Insurance coverage beginning date	YYYYMMDD 00000000 = N/A
HBI Date	339	346	DATE/8	HBI-TO-DATE	Health Benefit Insurance coverage ending date	YYYYMMDD 00000000 = N/A
Optional Life Insurance	347	347	CHAR/1	OI	Indicates the age group (1-7) of the claimant who has selected Optional Life Insurance	N = No A-E
Optional Life Insurance Cost	348	350	NUM/3	OI-COST	Cost to be deducted from compensation to pay for Optional Life Insurance	000/Refer to EXTENDED RECORD
<b>UNIQUE TO TEMPORARY DISABILITY REDEFINE AREA</b>						
Date of Disability	351	358	DATE/8	DOI-DIS-RCR	Date claimant was disabled; pay rate effective date.	YYYYMMDD 00000000 = N/A
Calendar \ Work	359	359	CHAR/1	CALEN-WORK-DAY	Distinguishes if payment corresponds to days of the week(calendar) or number of hours worked(work days)	C=Calendar W=Week Blank
Intermittent	360	360	CHAR/1	INTERMITTENT	Indicates discontinuous periods of disability; Distinguishes if payment is calculated based on weekly or daily basis.	Y=Yes N=No
Hours worked in a day	361	374	CHAR/14	HOURS-IN-DAY-TABLE	Indicates hours worked each day for claimant with irregular work schedule; Corresponds with calendar /work day field. Shows hour and days worked	0=No Hours worked
Time Lost	375	378	CHAR/3	TIME-LOST	Accounting for time lost days	
Time Lost	379	380	CHAR/3	HOURS-LOST	Accounting for time lost hours	
Supplemental	375	378	CHAR/4	SUP-DAY-WHOLE	Conversion of time not at work	

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Supplemental	379	380	CHAR/2	SUP-DAY-FRACTION	Conversion of time not at work	
Filler	381	384	CHAR/4			Blank
Expiration Date	385	392	DATE/8	EXPIRE-DATE	Date compensation will be terminated	YYYYMMDD 00000000 = N/A
Days to go	393	396	CHAR/4	DAYS-TOGO	Days of compensation remaining;	0000/Refer to EXTENDED RECORD
Attendant Rate	397	400	NUM/4	ATTEND-RATE	Rate per week for a health care assistant	0000/Refer to EXTENDED RECORD
Attendant Date	401	408	DATE/8	ATTEND-DATE	Date compensation for health care attendant began	YYYYMMDD 00000000 = N/A
Attendant Allowance	409	412	NUM/4	ATTEND-ALLOW	Amount reimbursed for a health care attendant	0000/Refer to EXTENDED RECORD
WEC Rate	413	416	NUM/4	AE-WEC-RATE	Estimation done by rehabilitation specialist of injured worker's earning capacity; Estimated pay rate based on employee's calculated wage earning capacity.	0000/Refer to EXTENDED RECORD
WEC Date	417	424	DATE/8	AE-WEC-DATE	Effective pay rate date for actual earning or calculated wage earning capacity.	YYYYMMDD 00000000 = N/A
WEC Amount	425	428	NUM/4	AE-WEC	Actual pay rate or calculated pay rate (wage earning capacity)	0000/Refer to EXTENDED RECORD
<b>UNIQUE TO SCHEDULED AWARDS REDEFINE AREA</b>						
Scheduled payment effective date	351	358	DATE/8	SCHE-EFF-DATE	Pay rate effective date	YYYYMMDD 00000000 = N/A
Days of Compensation	359	364	CHAR/4	DAYS-OF-COMP	Number of days paid according to schedule	
Percent of disability	365	367	CHAR/3	DESC-AMT1	Percent of disability	
Member affected	368	381	CHAR/14	DESC-1	Not used	Blank
2 <sup>nd</sup> Disability	382	382	CHAR/1	DESC-2	Not used	Blank
Attendant Rate	383	386	CHAR/4	SCHE-ATTEND-RATE	Weekly rate for a health care assistant	0000/Refer to EXTENDED RECORD
Attendant Date	387	394	DAE/8	SCHE-ATTEND-DATE	Start Date compensation for an attendant; date payment started.	YYYYMMDD 00000000 = N/A
Attendant Allowance	395	398	NUM/4	SCHE-ATTEND-ALLOW	Amount paid for an attendant	0000/Refer to EXTENDED RECORD
FILLER	399	401	CHAR/3			Blank
Supplemental Payment flag	402	402	CHAR/1	SCHE-SUP-FLAG	Indicates payment for a partial payment period; Indicates a supplemental payment for a	Y = Yes N, Blank = No

FIELD NAME	START	END	FIELD TYPE	ACPSREC NAME	DESCRIPTION	GROUP SUBDIVISIONS DEFINITION OF LEGAL VALUES
					schedule award	
Days to go	403	406	CHAR/4	DAYS-TO-GO	Number of days remaining for compensation	0000/Refer to EXTENDED RECORD
Start date	407	414	DATE/8	SCHE-START-DATE	Initiation of schedule award	YYYYMMDD 00000000 = N/A
Award Expiration Date	415	422	DATE/8	SCHE-AWD-EXP-DATE	Termination of schedule award	YYYYMMDD 00000000 = N/A
Compensation Paid	423	427	DATE/6	COMP-PAID-TO-DATE	Total compensation paid	000000
FILLER	428	428	CHAR/1			Blank
<b>UNIQUE TO DEATH REDEFINE AREA</b>						
Date of death	351	358	DATE/8	DOI-DIS-RCR-DOD	Date of reported injury resulting in death	YYYYMMDD 00000000 = N/A
Number of beneficiaries	359	360	CHAR/2	NUM-BENE	Number of beneficiaries receiving benefits	
Beneficiary type	361	364	CHAR/1	WIDOW	Number of Widows entitled to payments.	0-9
Beneficiary type	362	362	CHAR/1	CHILDREN	Number of Children entitled to payments.	0-9
Beneficiary type	363	363	CHAR/1	PARENTS	Number of Parents entitled to payments.	0-9
Beneficiary type	364	364	CHAR/1	SIBLINGS	Number of Siblings entitled to payments.	0-9
Parent's percentage	365	366	NUM/2	PARENT-PERCENT	Percentage of compensation that parent's receive	
Parent whole	367	367	CHAR/1	PARENT-WHOLE	Parent as sole beneficiary	0,1
Sibling(s) whole	368	368	CHAR/1	BROSIS-WHOLE	Sibling as sole beneficiary	0,1
Beneficiary Expiration date	369	376	DATE/8	BENE-EXP-DATE	Date next beneficiary expires	YYYYMMDD 00000000 = N/A
Burial expenses	377	380	NUM/4	BURIAL-EXP	Compensation for burial	0000/Refer to EXTENDED RECORD
Transportation Expenses	381	384	NUM/6	TRANSPORT-EXP	Compensation for transport of body	0000/Refer to EXTENDED RECORD
Termination	385	387	NUM/3	TERMINATION	Compensation for termination of permanent employment status	000/Refer to EXTENDED RECORD
Date of death	388	395	DATE/8	DOD	Employee's Date of Death	YYYYMMDD 00000000 = N/A
Old compensation rate	396	400	NUM//5	OLD-COMP-RATE	Used for recalculated cases	0000/Refer to EXTENDED RECORD

<b>FIELD NAME</b>	<b>START</b>	<b>END</b>	<b>FIELD TYPE</b>	<b>ACPSREC NAME</b>	<b>DESCRIPTION</b>	<b>GROUP SUBDIVISIONS DEFINITION OF LEGAL VALUES</b>
Beneficiary Name	401	419	CHAR/19	BENE-NAME	Not used	Blank
Comp rate at LS	420	422	CHAR/3	COMP-RATE	Percent of pay rate that claimant will be compensated for based on number of eligible dependents or beneficiaries.	000/Refer to EXTENDED RECORD
Comp Pay Rate at LS	423	426	CHAR/4	COMP-PAY-RATE	Compensation pay rate at last serviced	0000/Refer to EXTENDED RECORD
Filler	427	428	CHAR/2			Blank
<b>RETURN TO ALL</b>						
First time flag	429	429	CHAR/1	OI-TEMP	Not used	Blank
Adjustment Indicator	430	430	CHAR/1	ADJ-IND	Not used	Blank
Payment Date	431	438	DATE/8	CHECK-DATE	Date of check that was issued; Payment date	YYYYMMDD 00000000 = N/A
Check Number	439	446	CHAR/8	CHECK-NUM	Sequential number unique to each District Office for a particular check run	
Treasury Check Indicator	447	447	CHAR/1	TRCHECK-IND	Not used	Blank
Activity	448	449	CHAR/2	ACTIVITY	Indicating coverage by FECA or by Fringe Acts	01 = Federal Civilian 02 = Reservists(no mins, no CPI's) 03 = Civil Air Patrol 04 = Reserve Officer Training 05 = Maritime War Risk 06 = Federal Officer Training 07 = War – Connected 08 = Civilian War Benefits 09 = Total Benefits, War Claims 10 = Poverty Programs 11 = Law Enforcement Officers 12 = Coast Guard Aux 13 = Job Corps 14 = Neighborhood youth Enrollees 15 = Military reservist survivors 16 = Members of the woman's army auxiliary corps 17 = Peace corps voluntary leaders 00, Blank = Null
Postal Service HBI beginning date	450	457	DATE/8	HBI-USPS-START-DATE	Start date for Health Benefits Insurance deductions for postal employees.	YYYYMMDD 00000000 = N/A
Postal Service	458	461	NUM/4	HBI-USPS-FUNDING	Additional compensation for Health Benefits	0000/Refer to EXTENDED RECORD

FIELD NAME	START	END	FIELD TYPE	ACPSREC NAME	DESCRIPTION	GROUP SUBDIVISIONS DEFINITION OF LEGAL VALUES
Funding Amount					Insurance made by USPS workers	
Pay Occurrence	462	462	CHAR/1	PAY-OCCURRENCE	Not used	Blank
Expired Benefit Match Code	463	463	CHAR/1	BENE-MATCH-CODE	Not used	Blank
Historical Type Flag	464	464	CHAR/1	HIST-TYPE-FLAG	Flag used to indicate that payment was manual; not system calculated	H = Manual Blank = system
Cancel Check Flag	465	465	CHAR/1	CANCEL-CHECK-FLAG	Indicates that compensation check has been/will be cancelled.	P = Initial Check to be cancelled(earlier check data) Y = Cancellation entry(later check date) U = Original payment has been un-cancelled.
Recalculation Flag	466	466	CHAR/1	DTH-RECALC-FLAG	Not used	Blank
Cash Receipt	467	471	NUM/5	CASH-RECEIPT	Overpayment reimbursed, and other payments made to OWCP, i.e., a third party payment.	00000/Refer to EXTENDED RECORD
Gross Override	472	476	NUM/5	GROSS-OVERRIDE	Override calculated gross amount of compensation, amount that compensation should be	00000/Refer to EXTENDED RECORD
Gross Override Date	477	484	DATE/8	OVERRIDE-DATE	Date of override	YYYYMMDD 00000000 = N/A
Not Historical Type Flag	485	485	CHAR/1	NOT-HIST		A
Health Benefits Transfer flag	486	486	CHAR/1	HBI-TRANSFER-FLAG	Indicates transfer of Health benefits from employing agency to DFEC	Y=Yes N=No Blank = N/A
Optional Life Insurance Class Codes	487	487	CHAR/1	OI-CLASS	Optional Life insurance class codes Only if Optional Life Insurance = Y	Blank = N/A C = Retired Coverage D = Basic life + Std. Option A E = Basic Life + Family Option C F = Basic Life A&C  Basic Life + Additional Option x1 G = x1 H = x1+ Standard Option A I = x1 + Family Option C J = x1 + A&C  Basic Life Additional Option x2 K = x2 only L = x2+ Standard Option A M = x2 + Family Option C N = x2 + A&C  Basic Life + Additional Option x3 O = x3only P = x3 Standard Option A Q = x3+ Family Option C



FIELD NAME	START	END	FIELD TYPE	ACPSREC NAME	DESCRIPTION	GROUP SUBDIVISIONS DEFINITION OF LEGAL VALUES
						R = x3+ A&C  Basic Life Additional Option x4 S = x4 only T = x4+ Standard Option A U = x4 + Family Option C V = x4 + A&C  Basic Life Additional Option x5 W = x5 only X = x5+ Standard Option A Y = x5 + Family Option C Z = x5 + A&C
Optional Life Insurance – Salary	488	491	CHAR/4	SALARY	Not used	0000
Optional Life Insurance – Premium	492	494	CHAR/3	RETIRED-PREM	Not used	000
Optional Life Insurance From Date	495	502	DATE/8	OI-FROM-DATE	Date optional life insurance coverage began	YYYYMMDD 00000000 = N/A
Optional Life Insurance To Date	503	510	DATE/8	OI-TO-DATE	Date optional life insurance coverage ended	YYYYMMDD 00000000 = N/A
Third Party Flag	511	511	CHAR/3	THIRD-PARTY-FLAG	Third Party Payment	Y = Yes Blank = No
Direct Payment	512	512	CHAR/1	DIR-PAYM	Indicates less previously paid, forces system to pay even when payment duplicates or overlaps	Y = Yes Blank = No
Chargeback Adjustment Code	513	513	CHAR/1	CBADJ-CODE	Not used	Blank
Adjustment Code	514	514	CHAR/1	ADJ-CODE	Not used	Blank
Ret OI Code	515	515	CHAR/1	RET-OI-CODE	Code indicates type of optional insurance selected by claimant over 65	C = Claimant accepted PRBLI
Total OI Cost	516	518	CHAR/3	TOT-OI-COST	Total deduction for OI class = cost + retired premium + basic life premium	000/Refer to EXPANDED RECORD
Basic Life Insurance Premium	519	521	CHAR/3	BASIC-LIFE-PREM	Not used	000
Basic Life Total	522	524	CHAR/3	BASIC-LIFE-TOT	Not used	000
District Office Code	525	525	CHAR/1	UNIQUE-DIST	Alphabetic code associated with the district office	A-P

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FILLER	526	532	CHAR/4			Blank
Pay Rate	533	539	NUM/7	EXPANDED-PAY-RATE	Pay rate of claimant at the date of injury, date of recurrence or start of disability.	
Compensation Rate	540	544	NUM/5	EXPANDED-COMP-RATE	Percent of pay rate that claimant will be compensated for based on number of eligible dependents or beneficiaries.	04000 06666 07500 00000
Compensation Amount	545	552	NUM/8	EXPANDED-GROSS	Pretax, pre-deduction payment amount. OWCP calculated amount of compensation prior to deductions and authorized additions.	
Net Comp	553	560	NUM/8	EXPANDED-NET-COMP	Payment amount after taxes and deductions	
Gross Override	561	569	NUM/9	EXPANDED-GROSS-OVERRIDE	Override calculated gross amount of compensation.	
Employee HBI Cost	570	575	NUM/6	EXPANDED-EMP-HBI	Deduction from compensation for employee's contribution for Health Benefit Insurance	
Agency HBI Cost	576	581	NUM/6	EXPANDED-AGY-HBI	Agency contribution for employee's Health Benefit Insurance	
Total OLI	582	586	NUM/5	EXPANDED-TOT-OLI	Total Optional Life Insurance	

**EXTENDED RECORD**

Postal Service Funding Amount	587	592	NUM/6	HBI-USPS-FUNDING	Additional contribution for HBI mad by USPS for postal claimants	
Last Pay Rate	593	599	NUM/7	LAST-PAY-RATE	Previous pay rate of the current rate.	
Pay Received (DMS Record)	600	607	NUM/8	ACCT-PAY-RECV	Payment received from claimant or other source. This is an A/R payment.	
OLI Costs	608	613	NUM/6	OI-COST	Cost to be deducted from compensation to pay for Optional Life Insurance.	
Days To Go	614	620	CHAR/7	DAYS-TOGO	Not used	0000000
Attendant Rate	621	627	NUM/7	ATTEND-RATE	Rate per week for a health care assistant.	
Attendant Allow	628	635	NUM/8	ATTEND-ALLOW	Maximum amount allowed for reimbursement for a Home Health Assistant per month.	
WEC Rate	636	642	NUM/7	AE-WEC-RATE	Estimation done by rehabilitation specialist of injured worker's earnings capacity; Estimated pay rate based on employee's calculated earning capacity	
WEC Amount	643	649	NUM/7	AE-WEC	Actual pay rate or calculated pay rate (wage earning capacity) – Earning Loss	
Days of Compensation	650	656	NUM/7	DAYS-OF-COMP	Number of days paid based on schedule award	
SA Attend Rate	657	663	NUM/7	SCHE-ATTEND-RATE	Rate per week for a health care assistant. Based on a schedule award.	
SA Attend Allow	664	671	NUM/8	SCHE-ATTEND-ALLOW	Maximum amount allowed for reimbursement for a Home Health Aide per month on a schedule award.	
Days To Go	672	678	CHAR/7	DAYS-TO-GO	Number of days remaining for compensation for schedule award.	
Compensation Paid	679	687	NUM/9	COMP-PAID-TO-DATE	Total compensation paid	
Burial Expenses	688	694	NUM/7	BURIAL EXP	Compensation for burial expenses	
Transport Expenses	695	701	NUM/7	TRANSPORT-EXP	Compensation for transport of body	
Terminate Expenses	702	707	NUM/6	TERMINATION	Compensation for termination of permanent employment status	
Old Compensation Rate	708	716	NUM/9	OLD-COMP-RATE	Previous compensation amount (not the current comp amount)	
Comp Rate LS	717	725	NUM/9	COMP-RATE-AT-LS	Percent of pay rate that claimant will be compensated for based on number of eligible dependents or beneficiaries.	
Comp Pay Rate LS	726	732	NUM/7	COMP-PAY-RATE-AT-LS	Compensation pay rate at last service	

Cash Receipt	733	741	NUM/9	CASH-RECEIPT	Amount of payment to OWCP; overpayment reimbursed, or other payments made to OWCP – a third party payment	
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