

Injured on the Job?



Got Questions?



We've Got the Answers!



**ALL YOU NEED TO KNOW ABOUT YOUR
NAF WORKERS' COMPENSATION BENEFITS!**

MWR WORKERS' COMPENSATION GUIDELINES

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NAVPERSCOM NAF WORKERS' COMPENSATION PROGRAM OPERATION

1. In this time of cost concern, NAFIs shall make every effort to control workers' compensation cost. This can only be effective if it starts at the top and is communicated down the chain of command.

2. The head of the NAFI shall:

a. Designate an activity coordinator to monitor and administer the workers' compensation program. PERS-653 will send reports from the Third Party Administrator (TPA) to this individual on a quarterly basis. This person should ensure time frames are met on reporting injuries and that data requested by the TPA including employee earnings are obtained and returned promptly.

b. Establish and operate an effective and proactive safety program that identifies and corrects hazards to prevent accidents, investigates accidents and offers safety training and education.

c. Establish and maintain a positive management attitude toward safety, accident prevention and disability management. This will result in:

- (1) Shortened disability times and reduced workers' compensation costs.
- (2) Employees who are productive while they are recovering from job related injuries.
- (3) An enhanced ability to achieve quality and production goals.
- (4) Employees who feel positive about themselves and their ability to contribute.

d. Establish and operate an effective orientation and training program for employees and supervisors concerning workers' compensation. A sample that may be used is **Exhibit 1**. There should also be regular and recurring sessions with employees on workers' compensation and safety.

3. Timely and effective claims processing are a necessity should an injury occur. The method in which a claim is handled can affect the progress and resolution of a disability case as well as the severity of dollar loss. Well-established and timely claim procedures are of prime importance. The following claim procedures will be implemented and utilized:

a. The employee reports an injury to their supervisor or personnel office. The supervisor or personnel specialist explains the documentation required for medical appointments or treatment and lost work time and gives **Exhibit 2**.

b. Forms LS-1, LS202, LS210, Choice of Doctor. Statement (if going to the Dr.) are completed. For lost time claims, employees will receive workers' compensation benefits for lost time in accordance with DOL guidelines. Leave will not be used during a workers' compensation claim. Instructions for filling out the forms are on **Exhibit 3**. The function-coding sheet needed for item 18 of the LS 202 is at **Exhibit 4**. These required forms are completed and sent to the activity workers' compensation coordinator and the TPA immediately upon knowledge of the occurrence of an injury. If the employee notification to the supervisor is more than 10 days after the occurrence, an explanation as to the delay will be included. Activity coordinators should also obtain explanations from supervisors if they do not submit the forms in the required timeframe after employee notification. If there are any questions about the validity of the claim, these will be documented and sent with the claim to the TPA.

c. The employee receives medical treatment. An employee can go to the Doctor of his or her own choosing but the activity should have a list of Doctors available for the employee to consider. The activity will have in place a procedure for providing emergency care. This will include a list of the facilities available to provide emergency care and their location and phone number. Consideration should be given to sending injured employees to emergency care facilities instead of hospital emergency rooms if the nature of the injury permits.

d. The medical provider documents treatment and reports recommendations to the Third Party Administrator. Communication with medical provider is through the Form LS 202 and LS 1 that are sent with employee or telephone contact with the Third Party Administrator. If the employee returns to work without restrictions or limitations, the employee must bring a Full Duty Release from their physician and give it to their supervisor indicating they can resume their regular duties. A copy should also be sent to the TPA.

e. The TPA will contact the employee and employer within 24 hours of receipt of the claim and send **Exhibit 5** to the employee.

f. In the event the employee is not released to full duty within three workdays, the following shall occur.

(1) The supervisor and activity coordinator will complete a physical analysis of the position utilizing **Exhibit 6**.

(2) **Exhibit 7** will be completed at the activity. The head of the NAFI shall sign all forms that are indicating light duty is not available or that no work is available for an employee.

(3) **Exhibits 6 and 7** will be faxed to the TPA. If light duty is not being made available, these will also be faxed to PERS-653. The TPA will send a letter to the physician (**Exhibit 8**) and inform the attending physician of the physical requirements of the job and the willingness to try to accommodate the employee's medical restrictions.

(4) The TPA will work with the local coordinator and the supervisor on returning the employee to work.

(5) A sequential approach will be used in identifying where the employee will be returned to work. A Return-to-Work program is intended to return employees to productive work as quickly as possible without risk to the employee's health. Some change in the job may be required in returning the injured employee to work. This may involve simple changes to the physical characteristics of the original job; temporarily reassigning the employee to

non-demeaning, productive alternate duties or providing adaptive devices (such as lifting equipment) to reduce the physical demands of the job.

(a) The first priority should be to return the employee to the same job, if medically advisable. Building on existing work experience and working relationships avoids adding stresses of adjusting to new tasks and surroundings.

(b) Return the employee to accustomed, but modified work in the same department. Job or work site modifications may include a temporarily reduced work schedule, changed duties, trading heavier parts of the job with co-workers, altering the way duties are performed, physical changes in the work station and specialized tools or adaptive devices.

(c) Return the employee to work with the same employer, but in a different position. Capitalize on transferable employment skills or provide on-the-job training. In some instances, it may be necessary to reassign the injured employee to a different area of the activity.

f. Communications is maintained with the employee. Studies have shown that regular positive contact with supervisor's rate higher with employees than many other types of incentives. Supervisors have a major influence on the attitude of the employee in this situation.

(1) If an employee is out of work, as prescribed by a physician, the manager or supervisor should contact the employee within 24 hours of the occurrence of the injury to check on the employee's condition, the extent of the injury and the work status. The manager or supervisor should make weekly or biweekly calls to the employee in on-going cases for at least the first three months. These calls should be made quarterly thereafter. These calls are to see how the employee is doing and to identify further action. Conversations should be documented on the "telephone log" form found **Exhibit 9**. The intent of these calls is to show genuine concern for the employee's welfare.

(2) The supervisor should consider sending a get-well card and inviting the employee to organization social events in long term cases.

4. Almost every study and publication on workers' compensation indicates that one of the most effective ways to show employees that management cares and to control cost is to have an aggressive return to work program.
5. When an injury occurs on a parking lot or if there is a question as to whether the injury occurred in activity owned and controlled space the activity coordinator will obtain the information in **Exhibit 10** (Parking lot injury checklist) and submit to the TPA with the LS forms.
6. **Exhibit 11** shall be used to make formal continuing job offers. A copy shall also be faxed to PERS-653.
7. Program information is **Exhibit 12**
8. LS Forms to be completed by CCSI **Exhibit 13**
9. The Glossary of terms is **Exhibit 14**
10. Points of Contact are **Exhibit 15**
11. Reference publications are listed in **Exhibit 16**
12. Department of Labor region addresses are **Exhibit 17**
13. The DOL National Average Weekly Wages (NAWW) minimum and maximum compensation rates for 2004 is **Exhibit 18**.
14. Fund Number Listing is **Exhibit 19**

Exhibit 1

EMPLOYEE ORIENTATION

I. Greeting and Introduction

"Good morning (afternoon, etc.). My name is _____ and I work in _____. We are going to talk a little today about doing our jobs safely. To get us thinking, let's do a little exercise. (Put phone pad overhead on and pass out papers with overhead printed on them.). This is a telephone pad - your task is to fill out the telephone keys correctly with all the correct symbols, numbers and letters. Not as easy as it sounds? (Give a couple of minutes to complete). Let's see how you did. (Show completed pad on overhead) How many got it totally correct? (usually a couple, but no more) This is something we all use every day. It's easy to get in a rut and not really "see" things we have contact with daily. The same thing happens in our jobs. It's easy to get complacent about the things we do daily and not really see any hazards associated with them."

II. Safety Statement

"All of us here at _____ are concerned with safety. Not only are we committed to providing employees a safe workplace, but you, as employees, also have the responsibility to conduct your work in a safe and healthful manner. Ten general safety rules are being passed out. (Pass out Mission: Safe Work Habits) This is only the tip of the iceberg. Your work area will have its' own proper work procedures and safety rules. Your supervisor will go over items specific to your areas in your groups' safety meetings."

III. If You Are Injured

"What if you follow all the safety rules and still get injured? **If you suffer a work related injury, you must notify your supervisor immediately.** If you fail to make this report within 30 days, your claim to benefits could be adversely affected. Your supervisor will want to get the details of the accident from you to complete their reports. These reports are important to determine the cause of your accident and in eliminating future losses. Your supervisor will then forward the paperwork to our Third Party Administrator or TPA. Our TPA is Contract Claims Services, Inc. in Dallas, TX. You will also hear them referred to as CCSI. They are the ones that will handle your injury claim. The Department of Labor (DOL) protects your interest and advises you of your legal rights under the law. If your claim is controverted, or denied, DOL will advise you of your right to appeal the decision. When your benefits are terminated, or you are displeased with the handling of your claim, you may contact the DOL which services your geographical region. A list of these locations is available from your personnel office."

Exhibit 1 cont.

"If medical treatment is necessary, take an LS-1 form with you to your doctor. (Show overhead of form) This form is available from your supervisor and specifies your choice of physician. Remember, if you want to change doctors after your initial treatment, this must be authorized by Contract Claims Services. You will also fill out a "choice of treating doctor" form for CCSI, in addition to a release of medical records form. (Show overheads of forms.) In an emergency situation, you will be treated at the most appropriate location, whether at a military facility or the nearest hospital."

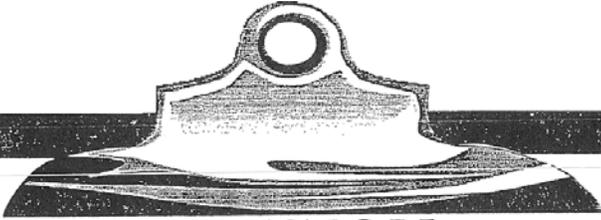
"Now, let's talk about when you are able to come back to work. **To return to" work in any capacity, light or full duty, you must bring a medical release from the doctor back to your supervisor.** Some injuries are not severe and the doctor will release you immediately to return to your regular job. In some cases, the doctor will prescribe a number of days off work, and/or a follow-up visit before releasing you to go back to work. Any time lost from work must be documented with a doctor's note. Many times, the doctor will release you to return to work in a "light" or "modified" work status. The doctor will list his restrictions and the duration (such as no lifting over 15 pounds for 5 days) in your release. Each one of you is a valued employee and you are all participants in our new Return to Work program. With this program, we can accommodate most work restrictions. After receiving your restrictions, we may either temporarily modify your position to meet them or in some cases, you may be temporarily assigned to another job which meets your doctor's recommendations. You will be required to report to work in one of these capacities. In any case, we want to help you get through this time as easily as possible - being injured is no fun!"

"You will also need to keep in touch with your supervisor about the progress of your recovery. Tell them if there have been any changes in your job restrictions or medical condition since you last talked with them. We want to be sure we keep you in an appropriate job to match your limitations. **Remember, modified or light duty is limited to the time for which it is medically necessary."**

Exhibit 1 cont.

"A brochure is being passed out with some common questions about Workers' Compensation. (Hand out ""The Most Frequently Asked Questions". ..brochure.) Does anyone have any questions that come to mind now?" (Allow time for Question and Answer period.)

"Thank you for your time and attention. If you have questions in the future, please feel free to contact _____ in the Personnel Office. Their door is always open for you."



MISSION: **SAFE WORK HABITS**

- ✓ LEARN the safe way to do your job - before you start.
- ✓ THINK about safety and act safely at all times.
- ✓ OBEY all safety rules and regulations. They are here for your protection.
- ✓ WEAR proper clothing and protective equipment.
- ✓ CONDUCT yourself properly at all times. Horseplay is prohibited.
- ✓ OPERATE only the equipment you are authorized to use.
- ✓ INSPECT your tools and equipment to be sure they are safe before use.
- ✓ ADVISE your supervisor promptly of any unsafe conditions.
- ✓ REPORT any injury immediately to your supervisor.
- ✓ SUPPORT your safety program and take an active part in safety activities.

Exhibit 2

Your activity workers' compensation coordinator is_____. He/She is located _____ and their phone number is_____. If you have questions, contact this person or your supervisor.

You may go to a Doctor of your own choosing. However, once you go to a Doctor, you will need our approval to change. In case you do not have a doctor, following is a list of some doctors in the area.

Please remember for lost time claims, employees will receive workers' compensation benefits for lost time if they qualify. But the employee is not allowed to use leave as a means of payment during a workers' compensation claim.

Following is a list of some of the emergency care facilities in the area:

(list emergency care first and then emergency rooms)

Exhibit 3

HOW TO FILL OUT FORM LS-202

- This is a required form which is submitted by the employer to report an injury or occupational illness when the employer becomes aware of such injury or illness &/or the injured worker loses one or more shifts or work due to the injury/illness. It is a reporting tool, not an admission of liability.
- This form may be found at www.dol.gov, look under the “Find it” column. Click on Form, then click on Forms by form number, the next screen scroll down, until you see the Form No. you are looking for. Click on it & it will bring you to the form, you may fill out the form before printing if you prefer.

Sections (1-2) Leave blank

Section (3) Fill in date & Time of Accident

Section (4) Fill in First, Middle, & last name & telephone no.

Section (5) Fill in Employee’s address

Section (6) Mark Box C

Section (7) This will only be filled in when marking the box for Longshore Harbor Workers’ Compensation Act Box.

Sections (8 – 17) Complete information according ly.

Section (18 –19) Fill in the Department that the employee normally works in & their occupation. Include the two (2) digit department code (from Exhibit 4) in box 18. List Employee’s pay plan, series, grade & title in Box 19 as well as whether the employee is Regular or Flex.

Section (20) Enter the date (mm/dd/yyyy) and time the injured employee’s pay stopped. If it did not stop, then write by the entry, “Did not Stop” (Note: If the employee chooses Option I on the Leave Option Form and elects to receive advanced payment of temporary disability benefit via sick leave, then pay is not considered to have stopped.)

Section (21) Check which days usually worked per week

Section (22) Enter the date the employer was first informed the illness or injury was work-related. (Does not necessarily have to match the date in box #3. Sometimes employers are aware of employee’s illnesses or injuries, but were not informed that it was work-related.)

Exhibit 3 cont.

Section (23) Fill in each subsection a,b,c, & d as applicable. However, if typing in on computer..it will only allow you to fill in one option. In that case, type in the hourly rate.

Section (24) Complete with address of activity or facility where accident occurred.

Section (25) Tell how the employer or supervisor became aware of the work-related injury, i.e. "employee's verbal report, employee's written notice, or by employee's agent.

Section (26) Completely describe how "the employee says" the accident happened.

Tell what the employee says he/she was doing at the time of the accident, what happened, & how it happened. Name any objects or substances involved and explain how they were involved.

Section (27) Enter the type of injury, naming the part of the body affected, e.g ., fractured leg, cut right thumb, or bruised left hand. If a part of the body was lost, describe fully.

Section (28) Complete

Section (29) Enter the date (mo/day/yr) that the employer authorized medical care.

Only when the LS-1 was completed and provided to the employee.

Section (30) Complete

Section (31) By completing & forwarding this form to the third party administrator who has been contracted to process the workers' compensation claims, the answer should be "Yes"

Section (32) Enter the name & address of the doctor who treated the employee.

Section (33) Enter the name & address of the treating facility.

Section (34) Enter the address of the current third party administrator which has been contracted to process the workers' compensation claims. Provided in the point of contact listing.

Section (35) Enter the name and full correct mailing address of the employing NAFL. (Include the activity fund number after the name)

Exhibit 3 cont.

Section (36) Enter "Nonappropriated Funds," to describe type of employer's business

Section (37) To be signed by the person authorized to sign for the employer.

Section (38) Enter the official title of the person who signed in box 37 & phone bo.

Section (39) Enter the date the report was signed.

ADDITIONAL INFORMATION

The following information is requested to be put on all LS-202 's to expedite the processing of the claim;

Please enter the employee's date of hire on the line above Box #1

Please enter a point of contact name & telephone no., if different than the supervisor, on the line above box #2.

If the employer doubts the validity of the claim, then a written statement may be attached to the LS- 202.

MAIL the original LS-202 to the current TPA & a copy to MWR Headquarters. A copy must also be sent to the DOL if more than one (1) full shift of lost time .

Exhibit 3 cont.

HOW TO FILL OUT FORM LS-1

- This form is given to the injured worker by the employer/insurance carrier to authorize the injured worker to select and be treated by a physician of the injured worker's choice. It is a two-sided form; the employer/insurance carrier completes the first page & the selected attending physician completes the second page.
- This form may be found at www.dol.gov, look under the "Find it" column. Click on Form & Scroll down, until you see the Form No. you are looking for. Click on it & it will bring you to the form, you may fill out the form before printing if you prefer.

[First Page]

Section (1) Check box "C" only

Section (2) Enter the name & address of the doctor treating the employee.

Sections (3 – 5) Complete.

Section (6) Completely describe how "the employee says" the accident happened; i.e., tell that the employee says he/she was doing at the time of the accident, what happened, and how it happened.

Name objects or substances involved and tell how they were involved.

Section (7) Complete.

Section (8) To be completed by the person authorized to sign for the employer & the title of that person.

Section (9) Enter the full name and mailing address of the employing activity. (Include activity number after the name.)

Section (10) Enter the telephone number of the employing activity.

Section (11) Enter the date the Form LS-1 was signed.

Section (12) Address for the Department of Labor office cognizant of your activity is provided in Points of Contact Listening.

Section (13) Enter the name and address of the current third party administrator which has been contracted to process the worker's compensation claims. Provided in the Points of Contacting Listing.

- Provide the original LS-1 to the employee to present to the treating physician or facility, so that they can complete the second page.
- **MAIL** a copy of the LS-1 to the current Third Party Administrator & a copy to BUPERS MWR Headquarters.

Exhibit 3 cont.

HOW TO FILL OUT FORM LS-210

- The employer uses this form to notify the Department of Labor of changes to the initial injury report (LS-202) filed.
- Below are instructions for the preparation of FORM LS-210 for all NAFIs. Prepare FORM LS-210 according to the instructions on the form and the following:

Sections (1 & 2) For DOL use ONLY (leave blank)

Sections (3-5) Complete.

Section (6) Enter the name & address for the current third party administrator which has been contracted to process the workers' compensation claims.

Section (7) a, b, & c – enter the time period that the employee lost time because of the work-related injury.

Section (8) For each following pay period of lost time an LS-210 is filed until the employee returns to work. You may copy the original LS-210 & add each following pay period in the lines under 8a & 8b.

Section (9) When “YES” – list names & addresses of treating physicians & hospitals. When “NO” – explain why employee did not receive medical treatment.

Sections (10 & 11) Complete.

Section (12) Complete with full name of employer. (Include activity number)

Section (13) Complete with full address of employer.

Sections (14- 16) Complete.

CHOICE OF DOCTOR STATEMENT

This may form may also be requested by our Third Party Administrator, Contract Claims Services, Inc., if one has not been completed at the time of injury. The injured worker fills out this form once they decide upon their treating doctor.

After the injured party completes all sections of the form, please mail to the Following address:

Contract Claims Services, Inc.
P.O. Box 541328
Dallas, TX 75354-1328

(U.S. Navy Personnel Command/MWR)

CHOICE OF DOCTOR STATEMENT

_____ DATE COMPLETED	_____ DATE OF INJURY/ILLNESS
-------------------------	---------------------------------

EMPLOYEE NAME

I choose as my physician (Emergency Room Physician excluded)

DOCTOR'S NAME _____

OFFICE NAME (if applicable) _____

ADDRESS _____

CITY, STATE, ZIP _____

SPECIALTY (IF KNOWN) _____

SIGNATURE OF ASSOCIATE/CLAIMANT

ADDRESS

CITY/STATE/ZIP

TELEPHONE NUMBER

Exhibit 4

ACTIVITIES

- 01 All Hands Club
- 02 O Club
- 03 CPO Club
- 05 E Club
- 06 Fast Food
- 08 Picnic/Park Areas
- 09 RV Parks w/hookups cat C (only w/depts. 00-08, 10, 12,-16 &19)
- 10 Beaches/Lakes
- 11 Campsites
- 12 Cabins/Cottages
- 13 Outdoor Recreation
- 14 Special Community Events
- 15 Fleet Recreation
- 16 Rec Center
- 17 Single Sailor Program
- 18 Community Center
- 19 Community Activities
- 20 youth Activities
- 21 School Age Care
- 22 Child Development Center
- 23 Family Child Care
- 24 Animal Care / Veterinary Service
- 26 Boarding Stables
- 27 Libraries
- 28 Cat C Recreation Equipment Rental
- 30 Vehicle Storage
- 31 Carwash
- 32 Auto Skills Shop
- 33 Marina Services Cat B (only w/depts 00, 10, 12, 16, & 17)
- 34 Marina Services-, Cat C(only w/depts 00, 02, 03, 05, 17, 25, 26, 27 & 28)
- 39 Skeet/Trap Range
- 40 Golf Course
- 41 Fisher House
- 43 Large Bowling Center
- 44 Recreation Rooms
- 46 Audio/Visual
- 49 Arts/Crafts/Hobbies
- 50 Commercial Theaters
- 51 Recreation Theaters
- 53 CNRSW Travel (CLOSED)
- 54 Leisure Travel Cat C (only w/depts 00, 10, 16, 20, 22 & 23)
- 55 Recreation Information, Entertainment Tickets and Tours
Cat B (only w/depts 00, 03, 10, 14, 15, 16, 20, 21, 22, & 24-95)
- 56 Amusement Wending Machines
- 57 Cat A Swimming Pools
- 58 Bingo (CLOSED)
- 59 Recycling
- 60 Cat B Swimming Pools
- 61 Sports/Athletics
- 62 Fitness Center
- 63 Intramural Sports
- 64 Sports Programs Above Intramural
- 67 Cat B Other Recreation
- 68 Skating
- 70 Cat C Other Recreation
- 74 CPS (only w/depts 03, 04, & 00)
- 77 Specialty Food & Bev Operations 1
- 78 Specialty Food & Bev Operations 2
- 79 Specialty Food & Bev Operations 3
- 80 Small Bowling Center
- 81 Open House Events
- 82 Parcheezi's
- 83 Cactus Cantina
- 84 Contract Food and Beverage
- 85 VQ Multiple Occupancy
- 86 VQ Single Occupancy
- 87 VQ Suites
- 88 Distinguished Visiting Quarters
- 89 VQ Conference Center
- 94 MWR Regional Support (only w/depts 00)
- 98 Cat B General (only w/dept 00, 90, 93, 94 & 95)
- 99 Cat C General (only w/dept 00, 90, 93, 94, 95)
- 00 General Fund

Activity Use:

MWR - All but 85-89 (00 only w/depts 90-95 & 00)

CIV - All but 27, 74, 85-89 (00 only w/dept 00)

MWR ECHELON -only 70 & 00

CBQ ECHELON -only 85 & 00

Exhibit 5

July 26, 1996

Greg Peterson
214 Thistle Court
San Diego, CA 96151

Dear Greg,

This letter and enclosed brochure provide information about your employer's Return-to- Work program. You are a valued employee of (Activity Name) and they miss you when you are disabled.

(Activity Name)'s program is to make every effort to provide you with modified or alternative work, meeting your doctor's recommendations, as quickly as possible. This will enable you to return to work in a productive capacity. This modified or alternative work is limited to the time period it is medically necessary.

One of your responsibilities as an injured employee include your cooperation in your recovery and the Return-to-Work program. You must also keep your employer fully informed of your medical restrictions and any medical changes in your condition resulting from your injury.

We wish you a speedy recovery from your injury. Please feel free to contact me at 800- 743-2231 if you have any questions.

Sincerely,

(Claims Examiner)
Contract Claims Services, Inc.

cc: Department of Labor
(Denote which office)

Exhibit 6

ESSENTIAL FUNCTIONS WORKSHEET

Date: _____

Department: _____

Position Title: _____

Location where work to be Performed: _____

**MACHINES, TOOLS, EQUIPMENT, ELECTRONIC DEVICES,
COMMUNICATION DEVICES, SOFTWARE**

Please make a list of those that the incumbent must know how to use in order to carry out the tasks of this position.

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

Exhibit 6 cont.

PHYSICAL REQUIREMENTS

Indicate the percentage of time during atypical work day that each of the following strength requirements would be required.

Activity	Not Required	Less than 25%	25 to 49%	50 to 74%	75% or more
Sedentary Work: Exerting up to 10 pounds of force occasionally* and/or a negligible amount of force frequently**.					
Light Work: Exerting up to 20 pounds of force occasionally* and/or up to 10 pounds of force frequently**.					
Medium Work: Exerting 20-50 pounds of force occasionally* and/or 10-25 pounds of force frequently**.					
Heavy Work: Exerting 50-100 pounds of force occasionally* and/or 25-50 pounds of force frequently**.					
Very Heavy Work: Exerting in excess of 100 pounds of force occasionally* and/or in excess of 50 pounds of force frequently**.					

* occasionally – activity or conditions exist up to 1/3 of the time.

** frequently – activity or conditions exist from 1/3 to 2/3 of the time.

Exhibit 6 cont.

PHYSICAL ACTIVITY

Indicate the percentage of time during a typical work day that each of the following physical activities are performed.

Activity	Not required	Less than 25%	25 to 49%	50 to 74%	75% or more
Bending at Waist: Bending body downward and forward by bending the spine at the waist.					
Kneeling: Bending the legs at the knee to come to rest on the knee or knees.					
Crouching: Bending the body downward and forward by bending the legs and spine.					
Crawling: Moving about on the hands and knees or hands and feet.					
Climbing: Ascending or descending ladders, stairs, ramps, and the like, using the feet and legs and/or hands and arms.					
Balancing: Maintaining body equilibrium to prevent falling when walking, standing, crouching on narrow, slippery, or erratically moving surfaces. This factor exceeds that needed for ordinary maintenance of body equilibrium.					
Lifting: Raising or lowering an object from one level to another.					
Carrying: Transporting an object, usually holding it in the hands or arms or on the shoulder.					
Pushing: Using upper extremities to press against with steady force in order to thrust forward, downward or outward.					
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.					
Reaching: Extending the hands and arms in any direction.					
Handling: Seizing, holding, grasping, turning, or otherwise working with the hand or hands.					

Fingering: Picking, pinching, or otherwise working with finger primarily.					
Sitting: (Particularly for long periods of time.)					
Standing: (Particularly for long periods of time.)					
Talking: Expressing or exchanging ideas by means of the spoken word.					
Hearing: Perceiving the nature of sounds by the ear with or without correction.					
<p>* Seeing: Obtaining impressions through the eyes of the shape, size, distance, motion, color, or other characteristics of objects.</p> <p>* Check any one of the following that apply: <input type="checkbox"/> clarity of vision at 20 feet or more <input type="checkbox"/> clarity of vision at 20 inches or less <input type="checkbox"/> the ability to identify and distinguish colors</p>					
Walking: Moving about on foot.					

Exhibit 6 cont.

PHYSICAL SURROUNDINGS AND HAZARDS

Check all of the following that apply to conditions the worker will be subject to in the position.

- spends approximately 75% or more of time indoors
- spends approximately 75% or more of time outdoors
- activities occur inside or outside in approximately equal amounts
- extreme cold – temperatures below 32 degrees for periods of more than one hour.
- extreme heat – temperatures above 100 degrees for periods of more
- sufficient noise to cause the worker to shout in order to be heard
- exposure to vibrating movements of the extremities or whole body
- hazards – definite risk of bodily injury, such as proximity to moving current, etc.
- conditions that affect the respiratory system or the skin, such as fumes or odors

Exhibit 6 cont.

OTHER KNOWLEDGE

Is a driver's license required to perform the essential duties of this position?

Yes___ No___ Type of license _____

Can the work hours be adjusted? Yes___ No___

Comments:

Is regular attendance required for this position? Yes___ No___

Comments:

This position normally reports to:

Worksheet completed by: _____ Date: _____

Reviewed by: _____ Date: _____

Exhibit 7

Light Duty Advisory

To: CONTRACT CLAIMS SERVICES, INC./P&FRD

From: _____ Location/NAFI # _____

Date: _____ Marine Corps Navy

Subject: Availability of Work

Our employee, _____, was injured on _____

Mark one:

- Light or modified duty IS AVAILABLE
- Light or modified duty IS NOT AVAILABLE

Mark one:

- The duty will be provided in the employee's regular job position.
- The duty will be provided in an alternate job position.

Printed Name/Position of Person Completing Form

Phone Number

Signature of Person Completing Form

Date Signed

FAX A COPY OF THIS FORM TO CCSI AT 1-800-743-2231

Exhibit 7 cont.

LIGHT DUTY ADVISORY

This form advises CCSI, our Third Party Administrator, if the activity or Command will provide light or modified duty for their injured employees.

This form will need to be filled out when an employee has a lost time Injury.

When the form is completed, please FAX to each of the following:

Contract Claims Services, Inc.
1-800-743-2231

Pers 653
901-874-6844
or DSN 882-6844

Exhibit 8

July 26, 1996

Dr. Paul Marlow
800 W. Kahle Rd.
San Diego, CA 96151

Dear Dr. Marlow,

Thank you for your recent medical treatment to John Doe, one of our injured employees. **We have an active Return-to-Work program at {Activity Name) and want to do whatever we can to get John back to work within your restrictions.**

The following out lines are some of the key points of our program.

- To help us understand and comply with John's restrictions, we are enclosing one of our "Physician's Progress Report" forms for your convenience.

- We will be happy to provide you with a job task analysis for John. If necessary we will also arrange an on-site visit or video of the job so you can have a clear picture of John's job tasks.

- We at Contract Claims Services, Inc. are the team leader of (Activity's Name) Return to Work team. If you have any questions or concerns, please don't hesitate to contact me at 972-554-1141. I am the team member who is administering John's claim. I will be in close communication with your office during John's recovery process.

We look forward to working with you to get John safely on the road to recovery and back to work.

Sincerely,

XXXXX
Contract Claims Services, Inc.

Exhibit 8 cont.

Physician's Progress Report and Employee Work Status White Copy –Employee
Yellow Copy – TPA
Pink Copy – File

Patient's Name	Date of injury	Job Title/Work Location

Sponsor's name and Social Security Number (MTF's only) _____

Diagnosis _____

Related to the Industrial Injury? Explain: _____

Previous Injuries/Diseases/Surgeries contributing to the Condition _____

Objective Medical Findings _____

Treatment Plan _____

Prescribed? With Whom? Fequency? _____ PT Discontinued

Prescription(s) _____ Meds May Be Used While Working

Is Treatment complete? Yes No Date of Next Appointment _____

MMI Reached? Yes No If NO, projected date? _____

Released to FULL DUTY/No Restriction on (Date) _____

Released to RESTRICTED/Modified Duty on (Date) _____

Duration of Restrictions _____

Residual permanent disability expected after restrictions are lifted? Yes No

- | | | | |
|--|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> No Bending at Waist | <input type="checkbox"/> No Pulling | <input type="checkbox"/> No Pushing | <input type="checkbox"/> No Sitting |
| <input type="checkbox"/> No Lifting | <input type="checkbox"/> No Stooping | <input type="checkbox"/> No Carrying | <input type="checkbox"/> No Climbing |
| <input type="checkbox"/> No Standing | <input type="checkbox"/> No Walking | <input type="checkbox"/> No Reaching Above Shoulders | |
| <input type="checkbox"/> Lifting Restricted to _____ Lbs | | <input type="checkbox"/> Other _____ | |

Date of this Exam _____ Physician's Signature _____

Physician's Name & Address _____

Exhibit 9

TELEPHONE LOG

Name of Employee

Date of Injury

Time/Date of Phone Call

Called by

Comments

TELEPHONE LOG

Name of Employee

Date of Injury

Time/Date of Phone Call

Called by

Comments

TELEPHONE LOG

Name of Employee

Date of Injury

Time/Date of Phone Call

Called by

Comments

Exhibit 10

PARKING LOT INJURY CHECKLIST

TASK	DATE COMPLETED
HRO Obtains written statement from associate	
A “map” of the accident scene is obtained from the associate	
QUESTIONS	ANSWER
Was the claimant on a work-related errand?	
Did MWR provide the transportation?	
Does the associate’s position with MWR require travel? And, if so, was he/she in the course and scope of employment At the time of the incident?	
Could the weather have contributed to the incident? If so, what was the weather?	
What time did the incident occur?	
Was the associate coming into work or leaving work?	
Is the associate required to enter/exit the workplace through an “employee only” Entrance? If so, how far from the entrance/exit was the associate at the time of The accident?	
Did the associate park in a designated parking area (an “employee lot”)?	
Was the associate on lunch, break, or a personal errand?	
What time does the associate “clock-in” and “clock-out”?	
Was the associate working just prior to the incident (for example, work overtime and was leaving the job site, or coming in earlier than usual)?	
Who maintains the area where the incident occurred (MWR or the military installation)? If MWR, what responsibility does MWR have regarding the maintenance of the area, i.e., snow/ice removal, sweeping, etc.	
Who owns the area where the incident occurred (MWR or the military Installation)?	

THIS IS TO BE COMPLETED BY THE HUMAN RESOURCES OFFICE

Completed by: _____ Date: _____

Exhibit 11

John Doe
555 W. Ave
San Diego, CA
REQUESTED

June 10, 1996 ,
CERTIFIED MAIL
RETURN RECEIPT

Dear Mr. Doe,

The limitations resulting from your on-the-job injury do not make it possible for you to return to your former job duties. Upon reviewing your restrictions recommended by your doctor, we find we can bring you back to work in the position described below.

- | | |
|------------------|----------------------------------|
| 1. Job Title: | 4. Duty Hours: |
| 2. Duty Station: | 5. Expected Return to Work Date: |
| 3. Pay & Grade: | |
- *If this is a change from your pre-injury average weekly wager benefits will be adjusted.*

DUTIES AND RESPONSIBILITIES:

The following is a brief outline of the duties you will be assigned:

1. Checking identification cards
2. Occasional cash register duties
3. Providing customers with information and/or direction

SCHEDULE FOR 6124/96 TO 715196

This is providing you advance notice of the following schedule:

- Monday - 6/24/96 - 1015 to 1415
Tuesday - 6/25/96 - 1615 to 2015

Please complete the bottom portion of this letter and return to this office within ten

Calendar days from the date of this letter. **Please be advised that “no response” by the above date will be considered a refusal of this offer.**

I ACCEPT THIS JOB OFFER

I REJECT THIS JOB OFFER

Signature

Signature

Date

Date

Cc: PERS-653, HQMC

PROGRAM INFORMATION

NONAPPROPRIATED FUND INSTRUMENTALITIES ACT (NAFIA).

The NAFIA effective 18 November 1958 (now 5 USC 8171-8173), extended the provisions of the Longshore & Harbor Workers' Compensation Act (LHWCA) (33 USC 901 et seq.) to NAF employees.

WHO DOES THIS PROGRAM APPLY TO?

- Provisions of the LHWCA apply to benefits for disability or death resulting from a job- related injury or occupational disease to:
- Employees of NAFI's within the U.S.
- Citizens or permanent residents of the U.S. or a territory, employed by NAFI's outside the U.S.
- Active Duty military members, including those employed during their off-duty hours, are NOT eligible for NAF workers' compensation. They are covered with military care.
- Contractors are not covered, They must have their own coverage.
- Foreign National employees & third party national employees overseas are not covered. This coverage must be provided for under SOFA or Contract.

COVERAGE

- Compensation will be paid under the LHWCA for the disability or death of an employee arising out of & in the course of employment.
- Compensation may be denied if the injury was due solely to intoxication or resulted from a willful intent to injure or kill oneself or herself or another person.
- In broad terms, LHWCA covers employees:
 1. From the time they report for duty until the time they leave at the end of their working hours.
 2. While traveling away under orders of temporary duty or while traveling locally at the direction of their employer unless the employee deviates from the scope of employment.
- LHWCA does not normally cover an employee while they are going to or from work.

LIABILITY

NAFI's must compensate their employees as stated in the LHWCA.

- Compensation for employees will be provided under a self-insured Workers' Compensation Program managed at the by NAVPERCOM (PERS-653)
 - A contract for claims adjudication will be procured by PERS-653 to manage worker's compensation claims for eligible employees.
 - The third party administrator (TPA) will pay employees, as required by the LHWCA from funds provided by the PERS -653.

Exhibit 12 cont.

COMPENSATION

- Compensation is not provided for the first three days of disability.
- This is the waiting period. If the injury is disabling for more than 14 days, there is no waiting period.
- Employees should not take paid leave for disability periods.
The exception to this can be when the disability does not last 14 days, you can retroactively go back and permit the employee to take paid leave for the first three days of the absence.
- Employees on approved workers' compensation disability will be carried on the rolls in a LWOP status (timekeeping system does not provide a receiving workers' compensation status) . Supervisors will ensure employee is providing proper documentation on a continuing basis to remain in this status. An employee receiving workers' compensation cannot be separated for at least one year for not being able to work. If an employee is separated after one year, they will continue to be paid their compensation and the activity will have very little if any ability to end the cost.

BENEFITS AUTHORIZED

Medical Care

- NAF employees eligible for benefits are entitled to medical services, medicines & supplies, subject to the provisions of the LHWCA.
- An employee has the right to choose an attending physician authorized to provide medical care under the LHWCA.
- An employee **may not** change physicians after the initial choice unless TPA has given prior consent for the change.
 1. When prompt treatment is needed & the employee is unable to choose a doctor, the NAFI will select one.
 2. The treating physician will, within 10 days after treatment, send a medical report (Form LS-1) to the Deputy Commissioner of the local Department of Labor (DOL) & the TPA, & the employer. Then the doctor will send supplemental reports at regular intervals on Form LS-204.

- **Disability**

1. Total : Employees permanently or temporarily totally disabled because of an on-the-job injury or occupational disease may receive 66 2/3 percent of their Average Weekly Wage (AWW)

- The minimum & maximum weekly compensation rates change annually and are published by the DOL each year.

2. Partial: Compensation for temporary or permanent partial disability is 2/3 of the difference between AWW before injury & the wage-earning capacity after the injury.

Employees whose lose parts of the body (fingers, toes, hands, feet, arms, legs & eyes) may also be entitled to scheduled awards.

3. Death Benefits: Benefits are payable if an injury results in qualifying work-related death.

WILLFUL FALSE STATEMENTS

- Any claimant or claimant's representative who knowingly & willfully makes a false statement to obtain benefits under the Act is guilty of a felony & may be **fin**ed or **imprisoned** or **both**.
- Any person who knowingly & willfully makes a false statement for the purpose of reducing, denying, or terminating benefits to an injured employee may be **fin**ed or **imprisoned** or **both**.

FEES TO REPRESENTATIVES

- All notice of representation must be approved by the DOL. The Secretary of Labor will not approve payment of a fee to a claimant's Representative who has been disqualified from representing claimants under the LHWCA.

POSTING NOTICE OF COVERAGE

- Each NAFI will post a notice in a place where it can be seen easily [DOL Form LS-242 (NF)]. It states that the NAFI has workers's compensation coverage under the LHWCA.

USE OF MILITARY MEDICAL FACILITIES

- Use of Military medical facilities by NAFI employees is normally limited to **initial or emergency treatment only**.
- The first (or emergency) treatment when required is free.
- In non-emergency cases, & all other treatment, employees must select their own civilian doctor and medical facility.
- In **overseas areas** or in **remote areas** of the United States where there are **no** adequate civilian medical facilities for NAFI employees, follow up treatments or hospitalization in military facilities is authorized.

Exhibit 12 cont.

EMPLOYMENT STATUS

1. Misrepresentation

- The LHWCA includes the following categories of misrepresentation as well as the penalties applicable.
 1. Claimant – A claimant who knowingly & willfully makes a false statement or representation for the purpose of obtaining benefits or payment under the Act will be guilty of a felony & upon conviction will be punished by either a **fine not to exceed \$10,000.00**, or by **imprisonment not to exceed 5 years**, or in some cases **both** may be applicable.
 2. Claimant's Attorney or Other Representative – A claimant's attorney or other representative who knowingly & willfully makes a false statement or representation for the purpose of obtaining a benefit or payment under the Act will be guilty of a felony & upon conviction will be punished by either a **fine not to exceed \$10,000.00** or **by imprisonment not to exceed 5 years**, or in some cases **both** may be applicable.
 3. Employer, His Agent or Employee of Insurance Carrier – The employer, his agent, or an employee of an insurance carrier who knowingly & willfully makes a false statement or representation for the purpose of reducing, denying, or terminating benefits to an injured employee, or his dependents when the injury results in death, will be punished by either a **fine not to exceed \$10,000.00** or **by imprisonment not to exceed 5 years**, or in some cases **both** may be applicable.

PENALTIES & FINES

- *Three different penalties & fines may be assessed against the NAFI for failure to file timely reports or pay compensation on time:*
 1. **10% Penalty** – Assessed for failure to pay compensation on time. Compensation must be paid within **14 days after it becomes due** or the penalty is assessed on the unpaid monies. Although seldom done, the DOL may excuse late payment when compelling reasons are shown for the delay. This expense is paid to the employee by the TPA, **however, it is not a covered expense under the Workers' Compensation Program & the cost will be passed back to the employing NAFI.**
 2. **Interest Penalty** – Interest is assessed on all monies due, but not paid regardless of the filing of a controversy. Interest will be calculated on the basis of a rate determined by the Secretary of the Treasury and published by the DOL. This expense is paid to the employee by the TPA, **however, it is**

not a covered expense under the Workers' Compensation Program & the cost will be passes back to the employing NAFI.

3. **\$10,000 Fine** – The employer/carrier will be assessed a fine not to exceed \$10,000.00 for knowingly & willfully failing or refusing to file a form LS-202 within 10 days from the date of injury, or from the date the employer had knowledge of the injury or death.
 - When the report is timely filed & both the employer/carrier knowingly & willfully makes a false statement or representation on the report, the same fine will be assessed. **This money will be paid to the DOL by the NAFI & is not a covered expense under the Workers' Compensation Program.**

Exhibit 12 cont.

11 Steps – For YOU the EMPLOYEE !
(What To Do When YOU Are Injured on the Job)

Step #1: NOTICE

If you are injured on the job you, The EMPLOYEE, must notify your supervisor

IMMEDIATELY

Failure to notify your EMPLOYER **immediately** could adversely effect your claim.

Step #2: FORMS

If necessary, get medical treatment authorized by form LS-1.
Also complete & sign other required DOL forms.

Step #3: MEDICAL

* Any Change in Physician's after initial treatment MUST be Authorized by
YOUR EMPLOYER *

Step #4: LOST TIME

All lost time must be sustained by a Doctor's Report.

Step # 5: Contact with Employer

If you are disabled or have work restrictions, keep in contact with your employer regarding your recovery progress & work status.

Step #6: Communication with TPA

Maintain communication with Third Party Administrator. They may schedule doctor's evaluations for you that are important to attend.

Step #7: Return to Work Program

Participate in the Return-to-Work program.

Step #8: INCOME REPORTING

Your Employer & Third Party Administrator can require any disabled employee receiving compensation to report earnings He/She is receiving from any type of employment.

Step #9: RIGHTS

The Department of Labor will protect your interest & advise you of your legal rights under law.

Step #10: CONTROVERSION

When your claim is controverted, the DOL will advise you to your appeal of Rights.

Step #11: AVENUE FOR RELIEF

When your benefits terminate or you are displeased with the handling of your claim, you may contact the servicing Department of Labor Office. (Telephone numbers & addresses are located in Section 1 of this Handbook)

Exhibit 12 cont.

6 Steps- For YOU the EMPLOYER!
(Requirements For YOU the EMPLOYER)

Step #1: LS-1 Form-
Request for Examination & or Treatment

When an employee is injured and medical treatment is necessary, the employer must arrange for prompt medical treatment at a military facility (emergency cases only), or by a civilian doctor. (The employee has a choice of which Doctor they would like to receive initial treatment from.)

Step #2: LS-202 Form-
Employer's First Report of Injury or Occupational Illness

In cases of severe injury or death, you the employer must notify MWR Headquarters by telephone or fax within 24 hours.

PHONE: (901) 874-6704 or DSN 882-6704

FAX : (901) 874-6844 or DSN 882-6844

In all cases the LS-202 – Must be fully completed by YOU the Employer & **must be filed with DOD within ten (10) days** from the date of injury or from the date you the employer first had knowledge of such an injury. Conduct an investigation to completely fill out information on forms.

Step #3: LS-210 Form-
Employer's Supplemental Report of Accident or Occupational Illness

The LS-210 is filed when an employee is **disabled in excess of three (3) days**, & every pay period thereafter until the employee returns to work & or subsequently is disabled again for the same injury.

Exhibit 12 cont.

Step #4: Maintain communication with TPA through the Workers' Compensation Coordinator

On any employee's claim with the coordination through the NAF personnel office send all items such as bills, reports & letters received from the injured worker, medical facility Doctor or agent of the employee to the Third Party administrator with the coordination of the NAF personnel Office. The required forms that need to be filled out are on pages 10-21 (instructions included).

You will find:

- Instructions on how to complete forms LS-1, LS-202, & LS-210.
- Instructions on how to complete Leave Option Statement.
- Copies of Choice of Doctor Statement.
- Employee's Consent & Authorization to Release Medical & or Dental Records.
- Employee's Wage Earning Statement.

Step#5: Return-to- Work Program

If employee is disabled or has job restrictions, follow & promote the policies in our "Return-to-Work" program. Complete the "Light Duty Advisory" form & fax to MWRSPACT & our Third Party Administrator.

Step#6: Maintain contact with injured Employee

Maintain contact with the injured employee. Complete telephone log for telephone contacts.

Exhibit 13

LS FORMS
TO BE
COMPLETED
BY CCSI

FILING REQUIREMENTS FOR THIRD PARTY ADMINISTRATOR

Contract Claims Services, Inc.
P.O. Box 541328
Dallas, TX 75354-1328
1-800-743-2231

LS-200 REPORT OF EARNINGS

The Third Party Administrator or the Department of Labor will forward this form, "Report of Earnings" to the disabled employee not more than twice a year with instructions that he/she complete and return it within thirty (30) days. The disabled employee will be instructed to complete the LS-200 even if they have no earnings to report.

FILING REQUIREMENTS FOR THIRD PARTY ADMINISTRATOR

Contract Claims Services, Inc.
P.O. Box 541328
Dallas, TX 75354-1328
1-800-743-2231

LS-204 ATTENDING PHYSICIAN'S SUPPLEMENTARY REPORT

The supplementary medical report is required and requested by the Third Party Administrator, CCSI, from the authorized treating physician.

FILING REQUIREMENTS FOR THIRD PARTY ADMINISTRATOR

Contract Claims Services, Inc.
P.O. Box 541328
Dallas, TX 75354-1328
1-800-743-2231

LS -206 PAYMENT OF COMPENSATION WITHOUT AWARD

The first payment of compensation is due on the fourteenth (14th) day from the day of disability or fourteen days after the employer has knowledge of the injury. This form is completed by the Third Party Administrator, CCSI, and sent to the Department of Labor, the NAFI and the employee. Amended copies of the form can be sent when adjustments are made to the employee's average weekly wage or benefit entitlement.

FILING REQUIREMENTS FOR THIRD PARTY ADMINISTRATOR

Contract Claims Services, Inc.
P.O. Box 541328
Dallas, TX 75354-1328
1-800-743-2231

LS-207 NOTICE OF CONTROVERSION OF RIGHT TO COMPENSATION

When the employer and Third Party Administrator controverts the employee's right to compensation for any reason and terminates payment, LS-207 must be filled out by the Third Party Administrator within fourteen (14) days, stating the reasons for such controversion. The form is sent to the Department of Labor, the NAFI and the injured employee.

Failure to file this form within fourteen (14) days from the date the employer and the Third Party Administrator became aware of the injury or death of the employee or from the date a controversy in the claim arises, will result in the assessment of a ten percent (10%) penalty on all compensation due but unpaid from the date the controversy arose until the date the controversion is filed with the DOL or first Informal Conference is held, whichever is earlier.

FILING REQUIREMENTS FOR THIRD PARTY ADMINISTRATOR

Contract Claims Services, Inc.
P.O. Box 541328
Dallas, TX 75354-1328
1-800-743-2231

LS-208 NOTICE OF FINAL PAYMENT OR SUSPENSION OF COMPENSATION PAYMENTS

When the employee's compensation is terminated for any reason, this form is completed by the Third Party Administrator, (CCSI), and sent within sixteen (16) days after final payment has been made to the Department of Labor, the NAFI and the employee.

**EMPLOYEE'S CONSENT AND AUTHORIZATION TO RELEASE MEDICAL
AND/OR DENTAL RECORDS**

This form authorizes CCSI, our Third Party Administrator, to obtain all medical and dental records of the claimant.

The injured worker needs to fill out and sign this form. Please have someone witness their signature.

When the form is completed, please mail to the following address:

Contract Claims Services, Inc.
P.O. Box 541328
Dallas, TX 75354-1328
1-800-743-2231

EMPLOYEE'S WAGE EARNING STATEMENT

This form also helps CCSI expedite claims efficiently by ensuring the employee is paid the correct compensation rate.

Workers' Compensation Benefits are based on an employee's Average Weekly Wage (AWW). The earnings of the employee from the last 52 weeks before, and up to the date of injury or illness are entered on the form by pay periods. The bottom section of the form is the completed to determine the AWW and signed by the supervisor.

Upon completion of the form, please mail to the following address:

Contract Claims Services, Inc.
P.O. Box 541328
Dallas, TX 75354-1328
1-800-743-2231

EMPLOYEE'S WAGE EARNING STATEMENT

Employee's Name: _____ SSN: _____

Location Name: _____ Location No.: _____

Date of Injury: _____

NO.	Pay Period Ending			Hours Paid			Gross Wages	Remarks
	Month	Day	Year	Regular	Vacation	Sick		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
TOTAL								

On Date of Injury, employee earned \$ _____ per hour

Total Wages \$ _____ divided by 52 = AWW \$ _____

I have examined the payroll records of the above-named employee, this table shows the weeks worked and the wages earned by the above-named employee during the periods stated therein.

Signed by: _____

Date: _____

Return this form to:

Contract Claims Services, Inc., P.O. Box 541328, Dallas, TX 75354-1328

Exhibit 14

GLOSSARY

ADMINISTRATIVE LAW JUDGES- See DOL

AGGRAVATION OF PRE-EXISTING CONDITION- If the employment aggravates, accelerates or combines with a disease or infirmity to produce death or disability for which compensation is sought, the employer may be responsible for the entire disability.

AMERICAN MEDICAL ASSOCIATION (AMA) GUIDES- Physicians use these guidelines in determining the extent of disability.

AROSE OUT OF EMPLOYMENT-The injury was caused by the employment. The general rule is that there must be a casual connection between the conditions of work & the accident.

ATTORNEYS- Employees who obtain legal counsel are responsible for attorney fees. The employer is responsible for attorney fees only after a dispute arises & the attorney successfully obtains additional benefits for his client.

AUTHORIZED TREATMENT- Medical Treatment authorized by the employer. An employee must request medical care from the employer. When the employee is injured on the job, the employer must furnish the employee with Form LS-1, Request for Examination and/or Treatment, authorizing the employee to seek medical treatment of his choice.

AVERAGE WEEKLY WAGE- The weekly wage of the employee at the time of the injury. The average weekly wage is computed on the wages earned in the 52 week period prior to the date of injury.

AWARDS- The level of payments made to an employee according to the disability rating the employee received. Payments are made in installments over a period of time as approved by the DOL.

BENEFITS REVIEW BOARD- See DOL

CHANGE OF PHYSICIAN- See MEDICAL CARE

CHIROPRACTIC TREATMENT- Chiropractors are authorized to provide treatment only to correct subluxation shown by X-rays or clinical findings. The reimbursable cost for treatments are limited to manual manipulation of the spine.

Exhibit 14 cont.

CHANGE OF PHYSICIAN- Only the TPA can authorize the change of physician upon the request of the employee. The change is made if the TPA determine that the medical care which the employee received is inadequate or inappropriate, or that the employee's medical condition requires the attention of a specialist.

CHOICE OF PHYSICIAN- It is the employee's right to freely choose the physician from which they wish to receive initial medical treatment. When the nature of the injury prevents the employee from making a choice, the employer may act in his/ her behalf ; however, the employee may later exercise his right of free choice.

IMPARTIAL MEDICAL EXAMINER (IME OR AME)- DOL, upon request of an interested party or on their own initiative, can appoint an Impartial Medical Examiner (IME) to examine the employee & determine the condition and/or need for further medical care. Agreed Medical Examinations (AME) decision is reached between the DOL and the employer to obtain additional medical evidence as a result of an examination from a physician that they mutually agree upon.

MEDICAL FEES CHARGED- Must conform to community standards.

MEDICAL REPORTS-Reports on the employees medical condition as it relates to the injury. The reports must follow the AMA guidelines.

PAYMENT OF MEDICAL CARE-The employer is obligated to provide & pay for medical care for employees injured in accidents arising out of the course & scope of their employment.

SPECIAL EXAMINATIONS / INDEPENDENT MEDICAL EXAMINATIONS- The employer may request a special examination of the employee by a physician of its choice at reasonable intervals for which the employee must be available. Failure to attend a special examination may result in suspension of compensation.

UNAUTHORIZED / SELF-PROCURED MEDICAL BY THE EMPLOYEE- When an employee receives medical care without authorization or the knowledge of the employer and employer has no knowledge of the injury, it is considered self-procured & the sole responsibility of the employee.

UNREASONABLE REFUSAL TO ACCEPT MEDICAL CARE- When an employee refuses to submit either to a special examination requested by the employer or the DOL or surgical intervention which the treating physician considers reasonable, DOL may issue an order suspending further compensation & medical treatment until such time as the employee becomes available for examination or surgical intervention.

Exhibit 14 cont.

NATURE & EXTENT OF THE DISABILITY- Relates to the severity & permanence of the disability caused by work related injury or illness.

CLAIMS EXAMINERS-Are those individuals that are responsible as examiners or adjusters of the workers' compensation claims handled by each of the regional DOL district offices.

FORMAL HEARINGS- The second stage in the appeal process presided by an Administrative Law Judge.

INFORMAL HEARINGS / CONFERENCES-The first stage in the appeal process with regard to the resolution of a dispute. Conferences are informal, minutes are not taken, & only the employee and/or employee's representative & a representative of the employer, and/or the TPA need to be present. Witnesses will not be presented at these conferences. Issues are presented in order to resolve disputes at an informal stage. The DOL recommendations are advisory and not binding. If not resolved at this level, the case will be referred to Formal Hearing.

LITIGATION- The legal process of appeal.

DISABILITY- The incapacity, because of injury, to earn the wages which the employee was receiving at the time of injury in the same or other employment.

EMPLOYEE-Individuals who receive wages which are paid to them by the employer as compensation for their work performed for or on behalf of the employer. For purposes of the Act, this excludes workers' who neither receive any kind of pay for their services.

EMPLOYER'S LIABILITY FOR COMPENSATION-The employer is only obligated by the NAFI Act to pay benefits as stated under the LHWCA. Workers compensation benefits are the only remedy available to the employee. Under the LHWCA the employee cannot seek remedy under a tort claim.

EMPLOYMENT- Under the LHWCA all NAF employees are covered regardless of their employment classifications (full-time, part-time, & flexible).

EXTENT OF DISABILITY-Based on the medical information which requires a determination of how the physical impairment will effect the claimant's ability to earn wages.

Exhibit 14 cont.

FUNERAL EXPENSES- A total of \$ 3,000 is paid upon receipt of a certified statement for service.

INJURY- An accidental injury or death arising out of an in the course of employment.

Exhibit 14 cont.

COMPENSATION- Benefits based upon the average weekly wage paid by the employer to the employee, in consideration for the work, done by the employee. Compensation is based upon the disability. An employee disabled in excess of the three waiting period receives compensation within 14 days after the employer has knowledge of the injury. At the time of the first payment , from LS-206, PAYMENT OF COMPENSATION WITHOUT AWARD, is sent to DOL with a copy accompanying the payment to the employee. Compensation payments should be made every two weeks.

COMPENSATION BENEFITS- Provided for the following categories disability:

Temporary Total- The inability to earn any wages for a temporary period of time.

Temporary Partial-The partial reduction in wage earning capacity for a temporary period of time.

Permanent Total- The inability to earn any wages until there is an Improvement in the medical impairment, or until alternative Employment can be found.

Permanent Partial- The compensation paid for loss of, or loss of the Use of a scheduled member.

- Once the employee has shown his/her ability to earn wages, the burden shifts to the employer to prove the injured employee can:
 - (1) Perform alternative employment
 - (2) Train for employment within the limitations of the medical impairment.

CONTROVERSION- An action taken by the TPA on behalf of the employer to deny benefits or the payment of benefits to the employee.

COURSE & SCOPE OF EMPLOYMENT-An injury arises in the course of employment if it occurs within the time & space boundries or in the course of an activity whose purpoe is related to the employment.

Exhibit 14 cont.

DATE OF INJURY- The date the claimant is injured, or the date on which employee or claimant becomes aware of the relationship between the employment & disability.

DEATH BENEFITS- Death Benefits are considered as “new” claims. They are separate & distinct from the right to disability benefits & does not arise until death occurs.

Exhibit 14 cont.

DEPARTMENT OF LABOR (DOL)- The agency authorized by Congress to administer the LHWCA and the NAFI Act.

Administrative Law Judge (ALJ)- See FORMAL HEARINGS

Benefits Review Board (BRB)- Third stage in the appeal process which presides over cases appealed from the ALJ/ Formal Hearing Level..

INTOXICATION OF EMPLOYEE- No coverage under the Act for this type of employee claim. Claim for benefits will be controverted.

JOB MARKET SURVEY- When an employer cannot or will not offer the claimant his former job or light duty work, he must alternatively perform a job market survey to prove employability. The job market survey identifies specific jobs available to the claimant within the local community. The employer does not have to find a job for the employee only prove that there is employment available that he can do. The cost of the job market surveys are borne by the employer.

LAST RESPONSIBLE EMPLOYER- This rule applies exclusively to occupational disease claims. The last employer to expose the employee to the harmful substance or environment is liable.

LIEN (EMPLOYER'S) ON THIRD PARTY RECOVERY- When there is a third party involved in the injury the employer has a right to seek reimbursement for their payment of benefits to an employee who is compensated from a third party. This is permitted under the LHWCA by the employer's filing a lien against any damages awarded by the third party. The employer is reimbursed for any monies spent before the employee is paid.

LONGSHORE & HARBOR WORKERS' COMPENSATION ACT (LHWCA)- A law enacted in 1927 that sanctions workers' compensation benefits to maritime workers. The NAFIA enacted in 1952 extended benefits under Longshore to all NAF employees.

LOSS OF WAGE EARNING CAPACITY- When an employee, due to the work related injury is unable to earn the same pre-injury wages.

MINIMUM & MAXIMUM WEEKLY COMPENSATION RATES- See TABLE OF COMPENSATION RATES. Section 18.

MAXIMUM MEDICAL IMPROVEMENT (MMI)- When a condition reaches the point where no further treatment is anticipated.

MEDICAL CARE:

Authorized Physicians-This includes doctors of medicine (MD), Surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors & osteopathic practitioners. Faith healers, Naturopaths, & other practitioners of healing arts are not included.

Exhibit 14 cont.

NOTICE- The employee or agent shall give notice to the employer within 30 days after the date of injury or death, or within 30 days after the employee is aware, of a relationship between the injury or death & the employment. In the case of an occupational disease which does not immediately result in disability or death, such notice shall be given within one year after the employee or claimant becomes aware of the relationship between the employment, the disease, & the death or disability.

NOTICE OF HEARINGS- Sent from DOL to advise all parties of hearing. Forward (or fax) copies of all notices to the Workers' Compensation Program Manager.

OCCUPATIONAL DISEASE CLAIMS-Claims which are the result of an employee contracting a disease as a result of exposure to harmful conditions on the job. It does not include the ordinary diseases of life.

PENALTIES- Fine assessed by DOL for knowingly & willfully failing or refusing to file an LS-202 within ten (10) days from the injury or from date of knowledge of injury, which causes loss of more than three (3) days of work. Fine will not exceed \$10,000.

PENALTY INTEREST- Interest paid by the employer as a result of late payment.

PRE-EXISTING CONDITION- A medical condition that the employee had prior to the date of injury.

PRODUCT LIABILITY- Incidents or mishaps involving the failure of equipment which results in employee injuries should be reported to the Workers' Compensation Program Manager.

REHABILITATION- A voluntary program. The employer or the employee may refuse to participate. DOL has indicated that a claimant must reasonably cooperate with an employer's rehabilitation specialist &, where he fails to do so, may affect the determination of the claimant's suitability for alternate employment. The claimant must show reasonable diligence in attempting to secure some type of alternate employment which the employer could demonstrate was reasonably obtainable & available to them.

SICK LEAVE/ ADVANCE PAYMENT- The employer is entitled to reimbursement of compensation paid to the employee when the employee chooses to use their sick leave as advance payment compensation. See the Leave Option Form, SECTION C.

Exhibit 14 cont.

SETTLEMENTS- Paid by the employer in final settlement of a disability claim. Settlements may be negotiated by the parties after the claimant has reached the point of maximum medical improvement (MMI). There is no requirement to settle a claim.

SOCIAL SECURITY- Social Security disability benefits are offset by the amount paid of workers' compensation.

TERMINATION OF COMPENSATION BENEFITS TO THE EMPLOYEE-

Can be based on one of the following reasons:

- The employee returns to work.
- The treating physician finds the employee may return to work.
- The employee fails to attend a special examination, to help ascertain the employee's medical condition.
- The employee & employer agree on a settlement with DOL approval.
- Investigation of the claim reveals the claim is not valid.

TERMINATION OF THE EMPLOYEE- Workers' Compensation injuries cannot be a cause for termination of employment.

THIRD PARTY ADMINISTRATOR (TPA)- A contractor acting on behalf of the employer. This is not an insurance company. All funds paid by the TPA are NAF dollars advanced by the employer.

THIRD PARTY SETTLEMENTS- Written approval from the employer is required before settlement is agreed upon.

VOLUNTEER- A volunteer is a gratuitous worker who performs a task for an employer other than his own. A volunteer is one who neither receives nor expects to receive any kind of pay for their services. Volunteers are not covered under the LHWCA.

WAITING PERIOD- No compensation shall be allowed for the three (3) day waiting period commencing on the first day of disability. When the employee is disabled for more than 14 days, the three (3) day waiting period will be paid.

WAIVER OF BENEFITS- The LHWCA prohibits the assignment of the employee's benefits or reduction of their entitlement, and any agreement to waive the right to compensation by the employee is invalid.

WILLFUL INTENTION BY THE EMPLOYEE TO INJURE OR KILL HIMSELF OR ANOTHER – This is excluded under the LHWCA.

WORKERS' COMPENSATION PROGRAM MANAGER- Located at the Morale, Welfare & Recreation Headquarter (PERS-653) Millington, TN
SEE Section 15 for Points of Contact.

Exhibit 15

POINTS OF CONTACT

P653@persnet.navy.mil

DSN 882-6715
Commercial 901-874-6715

P653c@persnet.navy.mil

DSN 882-6712
Commercial 901-874-6712

P653e2@persnet.navy.mil

DSN 882-6714
Commercial 901-874-6714

P653d1@persnet.navy.mil

DSN 882-6707
Commercial 901-874-6707

Headquarters Fax No:

DSN 882-6844
Commercial 901-874-6844

Mailing Addresses:

MWR Headquarters:

(Mail Only)

Naval Personnel Command
MWR Department Pers 653
5720 Integrity Drive
Millington, TN 38055 - 6530

OR

MWR Headquarters:

(UPS, FEDEX, AIRBORNE or Local Delivery Companies)

MWR Department Pers653
7736 Kittyhawk Ave Bldg 457
Millington, TN 38055-6530

CCSI:

Contract Claims Services, Inc.(CCSI)
P.O. Box 541328
Dallas, TX 75354-1328

E-mail Addresses

Department of Labor website Forms www.dol.gov

CCSI website Forms www.ccsholdings.com

Exhibit 15 cont.

THIRD PARTY ADMINISTRATOR Points of Contact

As of 1 January 1997, the third party administrator for workers' compensation claims for the Personal & Family Readiness Division, HQMC, & the Bureau of Naval Personnel (BUPERS) is:

Mailing Address: Contract Claims Services, Inc. (CCSI)
P.O. Box 541328
Dallas, TX 75354-1328

Street Address: Contract Claims Services, Inc. (CCSI)
6301 E. Campus Circle
Irving, TX 75063

Phone: (800)743-2231
(972) 554-1141

Fax: (800) 743-3293
(800) 616-1389
(972) 721-0442

President & Chief Operating Officer
Lisa McManus

Litigation Manager & Program Director
Rita Carroll

Assistant Manager
Allison Dazet

Exhibit 16

References

OPNAVINST 5100.23 (series),
(NAVOSH) Navy Occupational & Health Program Manual

OPNAVINST 5100.25 (series),
II. Navy Recreation, Athletics & Home Safety Program

OPNAVINST 5102.1 (series),
III. Mishap Investigation & Reporting

BUPERSINST 1710.11 (series),
IV. Operation of Morale, Welfare & Recreation MWR Programs

BUPERSINST 5300.10 (series),
Bureau of Naval Personnel Non-Appropriated Fund Personnel Manual for
Nonappropriated Fund Instrumentality (NAFI) Employees.

BUPERSINST 5890.1 (series),
Bureau of Naval Personnel Risk Management Manual for Navy Moral Welfare
& Recreation Nonappropriated Fund Activities.

Exhibit 17

Points of Contact
for District Offices of the
Department of Labor

U.S. Department of Labor

Employment Standards Administration
Office of Workers' Compensation Programs
Division of Longshore &
Harbor Workers' Compensation
Washington, D.C. 20210

DLHWC

National & District Offices

National Office

Michael Niss, Director,
Division of Longshore and Harbor Workers' Compensation

Jack Martone, Chief
Branch of Financial Management, Insurance, & Assessment

Miranda Chiu, Chief
Branch of Operational Policies, Regulations, & Procedures

U.S. Department of Labor
ESA/OWCP/DLHWC
Frances Perkins Building, Room C4315
200 Constitution Ave NW
Washington DC 20210
Phone No: (202) 693-0038
Fax No: (202) 693-1380

District 1

Richard V. Robilotti, Actin Dist. Director
U.S. Department of Labor
OWCP/Longshore Program
JFK Federal Building, Room E-260
Boston, MA 02203
Phone No: (617) 624-6750
Fax No: (617) 624-6603

Jurisdiction:

LHWCA - Connecticut, Maine, Massachusetts, New Hampshire,
Rhode Island, Vermont
DBA - Canada east of 75 degrees west longitude, Greenland,
New Foundland
NFIA - Same as LHWCA & DBA

District 2

Richard V. Robilotti, Actin Dist. Director Robilotti.Richard@dol.gov
U.S. Department of Labor
OWCP/Longshore Program
P.O. Box 249
New York, NY 10014-0249
Website: <http://www.dol.gov/esa/contacts/owcp/ny/2do~1.htm>
Phone No: (646)264-3010
Fax No: (646)264-3002

Jurisdiction:

LHWCA - New Jersey, New York
DBA - Mexico, Central & South America (including coastal islands),
 areas esat of the continents of North & South America to 60 degrees
 east longitude (including Iran) and any other areas not covered
 under any other district office.
NFIA - Same as LHWCA & DBA

District 4

Emma L. Riley, District Director
U.S. Department of Labor
OWCP/Longshore Program
31 Hopkins Place, Room 410-B
Baltimore, MD 21201
Phone No: (410) 962-3677
Fax No: (410) 962-2796

Jurisdiction:

LHWCA - District of Columbia, Maryland, Delaware, Pennsylvania,
 West Virginia
DBA - Transfers Only
NFIA - Same as LHWCA

District 5

Basil Voutsides, District Director
U.S. Department of Labor
OWCP/Longshore Program
Federal Building, Room 212
200 Granby Mall
Norfolk, VA 23510
Phone No: (757) 441-3071
Fax No: (757) 441-6909

Jurisdiction:

LHWCA - Virginia
DBA - Transfers Only
NFIA - Same as LHWCA

District 6

Charles D. Lee, District Director
U.S. Department of Labor
OWCP/Longshore Program
214 North Hogan Street, Suite 905
Jacksonville, FL 32202
Phone No: (904) 357-4788
Fax No: (904) 357-4787

Jurisdiction:

LHWCA – Alabama, Florida, Georgia, Kentucky, North Carolina,
South Carolina, Tennessee
DBA - Transfers Only
NFIA - Same as LHWCA

District 7

David A. Duhon, District Director
U.S. Department of Labor
OWCP/Longshore Program
701 Loyola Avenue, Room 13032
New Orleans, LA 70113
Phone No: (504) 589-2671
Fax No: (504) 589-3969

Jurisdiction:

LHWCA – Arkansas, Louisiana, Mississippi
DBA - Transfers Only
NFIA - Same as LHWCA

District 8

Chris J. Gleasman, District Director
U.S. Department of Labor
OWCP/Longshore Program
8866 Gulf Freeway, Suite 140
Houston, TX 77017
Phone No: (713) 943-1605
Fax No: (713) 943-1827

Jurisdiction:

LHWCA – New Mexico, Oklahoma, Texas
DBA - Transfers Only
NFIA - Same as LHWCA

District 10

Chris J. Gleasman, District Director
U.S. Department of Labor
OWCP/Longshore Program
230 South Dearborn Street, Room 872
Chicago, IL 60604
Phone No: (312) 596-7153
Fax No: (312) 596-7155

Jurisdiction:

LHWCA – Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri,
Nebraska, Ohio, Wisconsin
NFIA - Same as LHWCA

District 13

Phillip Williams, District Director
U.S. Department of Labor
OWCP/Longshore Program
71 Stevenson Street, Suite 1705
P.O. Box 3770
San Francisco, CA 94119-3770
Phone No: (415) 848-6675
Fax No: (415) 848-6670

Jurisdiction:

LHWCA – Arizona, Nevada & that part of the State of California north of the
Northern boundaries of the counties of San Luis Obispo, Kern &
San Bernardino
DBA - Transfers Only
NFIA - Same as LHWCA

District 14

Karen P. Staats, District Director
U.S. Department of Labor
OWCP/Longshore Program
1111 Third Avenue, Suite 620
Seattle, WA 98101-3212
Phone No: (206) 398-8255
Fax No: (206) 398-8211

Jurisdiction:

LHWCA – Alaska, Colorado, Idaho, Montana, North Dakota,
South Dakota, Oregon, Utah, Washington, Wyoming
DBA - all areas in the Pacific Ocean north of 45 degrees north
Latitude and Canada west of 110 degrees west longitude.
NFIA - Same as LHWCA & DBA

District 15

U.S. Department of Labor
OWCP/Longshore Program
300 Ala Moana Blvd Room5-135
P.O. Box 50209
Honolulu, HI 96850
Phone No: (808) 541-1983
Fax No: (808) 541-1758

Jurisdiction:

LHWCA - Hawaii
DBA - all areas west of the continents of North & South America
(excluding coastal islands) to 60 degrees east longitude
(excluding Iran)
NFIA - Same as LHWCA & DBA

District 18

Eric Richardson, District Director
U.S. Department of Labor
OWCP/Longshore Program
401 E. Ocean Blvd. Suite 720
Long Beach, CA 90802
Phone No: (562) 980-3577
Fax No: (562) 980-3587

Jurisdiction:

LHWCA - California south of the northern boundaries of the counties of
San Luis Obispo, Kern, & San Bernardino
DBA - Transfers Only
NFIA - Same as LHWCA

Exhibit 18
(October 2003)

Division of Longshore and Harbor Workers' Compensation (DLHWC)

National Average Weekly Wages (NAWW), Minimum and Maximum Compensation Rates, and Annual October Increases (Section 10(f))

PERIOD	NAWW	MAX	MIN	PERCENT INCREASE
10/01/2003 - 09/30/2004	\$515.39	\$1,030.78	\$257.70	3.44%

¹Maximum became applicable in death cases (for any death after September 28, 1984) pursuant to LHWCA Amendments of 1984. Section 9(e)(1) provides that the total weekly death benefits shall not exceed the lesser of the average weekly wages of the deceased or the benefit which the deceased would have been eligible to receive under Section 6(b)(1). The maximum death benefit provision took effect on the day after the 1984 amendments were enacted. Therefore, for the two day period of September 29 and 30, 1984, the maximum rate of \$548.34 is applicable, provided it is less than the average weekly wage of the deceased.

²Limited to a maximum of 5 percent under the provisions of Section 10(f) as amended by the LHWCA Amendments of 1984.

Please Note:

This table change each fiscal year

You may find it on the DOL website: www.dol.gov/esa/owcp/dlhwc.NAWWinfo.htm

Exhibit 19

POINT OF

CONTACT LISTING

