

Filing for Death Benefits



Death Claims Defined

Survivors of a federal employee whose death is work related are entitled to these benefits:

- Compensation payments - wage replacement
- \$800.00 burial
- \$200.00 administrative fees
- Transportation - if the employee died away from home, charges for returning the body and the sealed casket may be paid over and above the \$800 burial allowance.

Death Claims Defined

- A Traumatic Death is due to a single incident/work shift.
 - For example, a letter carrier dies in a motor vehicle accident in the postal vehicle while delivering mail.
- An Occupational Death is caused by work factors over a longer period of time than one day.
 - For example, a pipefitter worked for the Department of the Navy and was exposed to asbestos for 20 years. He/she dies of mesothelioma (form of lung cancer).
- A Consequential Death is the result of an accepted work injury.
 - For example, a claimant with an accepted herniated disc dies from an infection associated with back surgery.

Filing for Death Benefits

Agency Responsibilities

- The Federal Employees' Compensation Act (FECA) requires the employing agency (EA) to report to the Office of Workers' Compensation Programs (OWCP) any injury resulting in death, and to provide such supplementary reports as OWCP may require.
- EA should assist in compiling and submitting evidence required from the claimant and witnesses.
- An exception is made when the adjudication occurs long after the decedent has been removed from EA's rolls, and EA no longer retains records of the decedent's employment.



Filing for Death Benefits

Agency Responsibilities

- The supervisor or authorized EA representative should immediately notify the district office of a work related death by telephone or facsimile message.
- The supervisor should also contact any survivors, provide them with claim forms (Forms CA-5 or CA-5b) and help them prepare the claim.
- Forms CA-5 and CA-6 should be submitted to OWCP, even if a disability claim was previously filed and benefits were paid.



Filing for Death Benefits

Agency Responsibilities

- When submitting a claim due to a death, it is extremely important to annotate the claim form regarding whether the death is being claimed as a result of a prior work injury, for which a case already exists.
- If this is the case, note clearly the existing case number directly on the Form CA-5 or Form CA-6.
- Continuation of benefits is not automatic on an existing OWCP case. Medical evidence must show that the work related condition contributed to the death.

Filing for Death Benefits

OWCP Responsibilities

- OWCP is responsible for advising claimants and EAs how to process a death claim, including furnishing claim forms and instructions on obtaining evidence.
- If evidence is in the custody of a Federal establishment and is more readily available to OWCP rather than to a claimant, it is OWCP's obligation to secure such evidence.
- OWCP must render a decision on each case as soon as possible to avoid delay in payment of benefits or exercise of appeal rights.

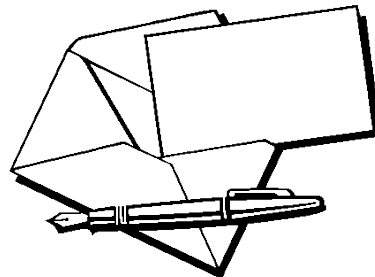


Filing for Death Benefits

OWCP Responsibilities

OWCP's specific responsibilities for providing notice to survivors of their right to claim compensation include the following:

- If EA advises OWCP of a work related death, but the survivors have not submitted a Form CA-5, OWCP is responsible for notifying the survivors in writing of their right to claim compensation.
- A letter will be sent to the surviving spouse. If no reply to this letter is received, a second notice will be sent 60 days later. In cases where there is no other parent, OWCP must send at least two notices to the guardian of minor children. A survivor other than a spouse or child will receive only one notice.
- Generally, cases will be closed after 60 days if no claim is received.



Filing for Death Benefits

Survivor Responsibilities

- Survivor is responsible for giving timely notice of death (5 U.S.C. Sec. 8119)
 - within three years after the death, or within three years of the date the survivor was aware, or reasonably should have been aware, that the death was due to a work related disease, or the immediate supervisor had actual knowledge of the death within 30 days, provided notice of an work related death was given.
- Survivor must provide appropriate documentation to establish the relationship to the decedent. (e.g. birth, marriage, etc.)
- Survivor is responsible for presenting medical evidence relating the death to the injury.
 - The medical evidence must prove the relationship between an employee's death and factors of federal employment, except where the relationship between the death and the employment is obvious.



Form CA-5

Reset Print

Claim for Compensation by Widow, Widower, and/or Children

U.S. Department of Labor
Office of Workers' Compensation Programs



OMB No. 1240-0013
Expires: 07-31-2013

1. Name of deceased employee (Last, first, middle)	2. Date of Birth (Mo., day, year)	3. Date of Injury (Mo., day, year)	4. Date of Death (Mo., day, year)	5. Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Name and address of employing agency (Include ZIP Code)	7. Nature of injury which caused death
<input type="text"/>	<input type="text"/>

Claim of Surviving Husband or Wife (Items 8 through 13)

8. Name and address (Include ZIP Code)	9. Your Date of Birth (Mo., day, year)	10. Date of Marriage to Employee (Mo., day, year)
<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Were you living with the employee at time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Were you ever married to anyone other than the employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Was employee ever married to anyone other than yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No
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14. List all of employee's children from this marriage who may be entitled to compensation (See attached information sheet for definition of children)

Name	Relationship	Date of Birth	Address (Include ZIP Code)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

14a. List all of employee's children from prior marriages who may be entitled to compensation:

Name	Relationship	Date of Birth	Address (Include ZIP Code)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

15. If a legal guardian has been appointed for any child named above, give name of child, name and address of the guardian.

Child	Guardian	Guardian's Address (Include ZIP Code)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

16. List other relatives who were fully or partially dependent on employee:

Name	Relationship	Date of Birth	Address (Include ZIP Code)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

17. If application has been made for any other Federal Retirement or Disability Law because of employee's death, give:

Retirement System CSRS FERS SSA Other

Claim Number for each claim:

a.
b.

Date each benefit began:

a.
b.

Amount of each benefit paid per month: \$

a.
b.

18. If application has been made for Veterans Administration (VA) benefits because of employee's death, give:

Service number: VA Claim number:

Address of VA office where claim is filed:

19. If a claim has been made against a third party because of employee's death, give:

Amount of recovery: \$

Name and address of third party:

20. Total burial expense \$ <input type="text"/>	21. Amount of burial expense paid or payable by VA \$ <input type="text"/>	22. Name and address of party (other than VA) whose funds were used to pay burial expense and amount paid: <input type="text"/> \$ <input type="text"/>
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I hereby certify that each and every statement made above is true to the best of my knowledge.

23. Signature of person filing claim <input type="text"/>	24. Address (Include ZIP Code) <input type="text"/>	25. Date (Mo., day, year) <input type="text"/>
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Form CA-5 Instructions

CA-5 Claim for Compensation by Widow/Widower and/or Child(ren)

- Form CA-5 should be completed and filed by the widow/widower for self and any surviving children. If there is no surviving widow/widower, the child(ren)'s guardian completes the form.
- Claim should be filed within 30 days, if possible, but no later than three years after the date of death, unless the decedent's immediate superior had actual knowledge of an on-the-job injury or death within 30 days, or written notice of the injury or death was given within 30 days.
- The timely filing of a disability claim will satisfy the time requirements for a death claim based on the same injury. Must give written notice within 30 days of the date of death.

Form CA-5 Instructions

CA-5 Claim for Compensation by Widow/Widower and/or Child(ren)

All items on Form CA-5 should be completed. If an item does not apply, indicate by showing N/A. This form covers several different categories of beneficiaries:

- Items 1-7 require information about the deceased.
- Items 8-13 pertain to the surviving widow/widower.
- Items 14-14a require information about any surviving child(ren).
- Item 15 requires information about any guardian of child(ren), if applicable.

Form CA-5 Instructions

CA-5 Claim for Compensation by Widow/Widower and/or Child(ren)

Documentation Required:

- Marriage certificate(s) for a widow/widower
- Death certificate for decedent if not previously submitted
- Birth certificate or adoption documents for each child, or a Letter of Guardianship, if applicable
- Legal documents showing dissolution of any prior marriage
- Copies of certificates or documents are acceptable only if they are certified by the person having official custody of such records. Certificates should be attached to the claim form when filed.
- Copies of funeral and burial bills



Form CA-5b

Reset Print

Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren

U.S. Department of Labor
Office of Workers' Compensation Programs



OMB No. 1240-0013
Expires: 07-31-2013

1. Name of deceased employee (Last, first, middle)		2. Date of Birth (Mo., day, year)		3. Date of Injury (Mo., day, year)		4. Date of Death (Mo., day, year)		5. Social Security Number	
6. Name and address of employing agency (Include ZIP Code)					7. Nature of injury which caused death				
8. Name of dependent (Last, first, middle)			9. Dependent's address (Include ZIP Code)			10. Dependent's birth date (Mo., day, year)			
11. Dependent's Occupation		12. Dependent's Social Security Number		13. Dependent's relationship to employee		14. Extent of dependency on employee <input type="checkbox"/> Total <input type="checkbox"/> Partial			
15. Total amount employee contributed to dependent's support during 12 months immediately prior to death. \$ _____		16. Did employee live with dependent during the 12 months immediately prior to death? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Complete 17 & 18.		17. Total amount employee paid dependent in money or service for room and board in addition to amount shown in 15. \$ _____ Per _____		18. If no fixed amount was paid for room and board, what is the fair value of such room and board? \$ _____ Per _____			
19. If dependent was employed during 12 month period prior to employee's death, give: Type of work performed: Period of employment: Monthly pay rate: Name and address of employer:					20. Show dependent's income from all sources other than employment during 12 month period prior to employee's death: Investments \$ _____ Pensions _____ Persons other than employee _____ Other _____ Total \$ _____				

Information about dependent's husband or wife (Items 21 through 25)

21. Birth Date (Mo., day, year)		22. Occupation		23. Monthly pay rate \$ _____		24. Total income from all sources for 12 months prior to employee's death. \$ _____			
25. List all property owned by dependent and husband or wife (omit clothing, furniture, personal items).									
Description					Date Acquired			Value	

26. If an application has been made for U.S. Civil Service Annuity or any other Federal Retirement or Disability Law because of employee's death, give: Retirement System: <input type="checkbox"/> CSRS <input type="checkbox"/> FERS <input type="checkbox"/> SSA <input type="checkbox"/> Other Claim number for each claim: a. _____ b. _____ Date each benefit began: a. _____ b. _____ Amount of each benefit paid per month: \$ a. _____ b. _____					27. If an application has been made for Veterans Administration (VA) benefits because of employee's death, give: Service number: _____ VA Claim number: _____ Address of VA office where claim is filed: _____				
28. If a claim has been made against a third party because of employee's death, give: Amount of recovery: \$ _____ Name and address of third party: _____									
29. Total burial expense \$ _____		30. Amount of burial expense paid or payable by VA \$ _____		31. Name and address of party (other than VA) whose funds were used to pay burial expense and amount paid: _____ \$ _____					

Thereby certify that each and every statement made above is true to the best of my knowledge. Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment, or both.

32. Signature of person filing claim			33. Address (Include ZIP Code)			34. Date (Mo., day, year)		
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Form CA-5b Instructions

CA-5b Claim for Compensation by Parent(s), Brother(s), Sister(s), Grandparent(s) or Grandchild(ren)

- Form CA-5b should be completed and filed by the deceased employee's parent(s), grandparent(s) or representative (custodian or guardian) of minor brother(s), sister(s) or grandchild(ren).
- Form CA-5b may be filed by family member(s) who is/are wholly or partially dependent on the deceased.
- A separate form is required for each person claiming benefits.
- The timely filing requirements are the same as for Form CA-5.
- Completion is same as Form CA-5, except items 8-20 apply to the dependent (s) and items 21-25 apply to the dependent's husband/wife, if married at the time of employee's death.
- The relationship of the survivor to the deceased is determined as of the date the death occurred.

Form CA-5b Instructions

CA-5b Claim for Compensation by Parent(s), Brother(s), Sister(s), Grandparent(s) or Grandchild(ren)

Documentation Required:

- Birth certificate of the deceased employee
- Death certificate if not previously submitted
- Birth certificate(s) for minor brother(s), sister(s) or grandchild(ren)
 - If a claim is made on behalf of a grandparent, birth certificate of decedent's mother/father as appropriate
 - If a claim is made on behalf of a grandchild, birth certificate of decedent's son/daughter as appropriate
- Submission of copies of certificate(s)/document(s) is the same as Form CA-5; acceptable only if certified by the person having official custody of such record(s).
- Copies of funeral and burial bills

Form CA-5 Attending Physician's Report

Attending Physician's Report

1. Name of deceased employee (Last, first, middle)		2. Date of death (Mo., day, year)	
3. What history of injury or employment related disease was given to you?		4. If treated for disease, give diagnosis.	
5. If death was not instantaneous, describe the treatment you provided.		6. Show dates on which treatment was given.	
7. What was the direct cause of death?			
8. What were the contributory causes of death, if any?			
9. In your opinion, was the death of the employee due to the injury as reported in item 3 above? <input type="checkbox"/> Yes <input type="checkbox"/> No Give the medical reasons for your opinion, unless causal relationship is obvious.			
10. Was a biopsy or an autopsy performed? Arrange for a copy of the report to be submitted. <input type="checkbox"/> Yes <input type="checkbox"/> No			
11. Name and address (Please type - include ZIP Code)			
I certify that all statements in response to the questions asked above are true, complete and correct to the best of my knowledge. Further, I understand that any knowingly false or misleading statement or concealment of material fact may subject me to felony criminal prosecution.			
12. Signature		13. Date signed (Mo., day, year)	

Form CA-5 Attending Physician's Report Instructions

- The Attending Physician's Report on the reverse of Form CA-5 may be submitted by the claimant(s) directly to OWCP.
- A medical report from the attending physician is required to consider the issue of causal relationship. This report should include the physician's diagnosis of the condition which caused the death, and an opinion concerning the relationship, if any, between the condition which caused the death and the injury/factors of employment claimed.
- The opinion may appear in Form CA-5 or 5b, or in other medical forms or narrative reports.



Form CA-6 Instructions

CA-6 Official Superior's Report of Employee's Death

When a federal employee dies as a result of injury in performance of duty or because of a work related disease, the death should be reported on Form CA-6.

- Form CA-6:
 - eliminates the need to complete and file the official superior's report on Form CA-1 or CA-2.
 - is to be completed by the deceased employee's official superior or other EA authorized official.
 - should be accompanied by a certified copy of the death certificate when submitted to OWCP.
 - should be sent to OWCP no more than 10 work days after notification of the death.

Initial Processing by Agency

- The notice of death (Form CA-5) and/or Official Superior's Report of Employee's Death (Form CA-6) will be filed with the district office with jurisdiction over the location of EA.
 - After adjudication, the claim may be transferred to the district office with jurisdiction over the location of the employee's residence, if different.
- When possible, these forms should be accompanied by supporting documents such as medical reports and statements from the employee, the supervisor, and any witnesses.
- Submittal of claim forms should not be delayed pending receipt of the supporting documents.

Initial Processing by OWCP

- In accordance with 5 U.S.C. 8119, an eligible beneficiary specified in 5 U.S.C. 8133 or someone acting in his/her behalf, must give notice of death on Form CA-5 or Form CA-5b.
- A death case will be created upon receipt of any such message, or Forms CA-5, CA-5b, or CA-6.
- An OWCP Claims Examiner (CE) or Supervisory Claims Examiner (SCE) will telephone any surviving spouse or other close family member with an offer of assistance.
- OWCP will advise the survivor(s) to expect a post card with the claim number and District Office information, and then a letter to request information needed.
- EA receives notice of any new case numbers either through electronic transmission or by postcard notification.

Initial Processing by OWCP

OWCP can most effectively process claims if ALL fields on the forms are completed; therefore, completion of the entire form prior to submission is expected. Please ensure paper form submissions are legible. If a form is received without one of the required elements, it will be returned to EA with a letter addressing the missing element(s). The Central Case Create facility will not call EA to obtain the missing elements.

Required Elements

Deceased's Name

Deceased's Social Security Number

Deceased's Date of Birth

Date of Death

Claimant's Complete Address

Claimant Signature/Date

OWCP Agency Code

Employing Agency Signature/Date

CA-5

Section 1

Section 5

Section 2

Section 4

Section 8

Sections 23 and 25

n/a

n/a

CA-6

Section 1

Section 4

Section 2

Section 11

Section 33

n/a

Section 6

Sections 34 and 36

Initial Processing by OWCP

- OWCP will review the death claim to determine if there is third party potential.
- If the federal employee's death places legal liability on a person or organization other than the federal government, the person or organization is referred to as a "third party."
 - For example, the claim of a letter carrier killed in an car accident in which the other driver is at fault has third party potential.
- When a "third party action" or lawsuit is indicated, OWCP will provide further instructions.



Form CA-6

CA-6 Official Superior's Report of Employee's Death

FORM REVIEW

Official Superior's Report of
Employee's Death

U.S. Department of Labor
Office of Workers' Compensation Programs



1. Name of Deceased Employee (Last, first, middle)	2. Date of Birth (Mo., day, year)	3. <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Social Security No.,
5. Department or Agency	6. OWCP Agency Code	7. OSHA Site Code	
8. Name and Address of Reporting Office		9. Name and Office Phone Number of Employee's Official Superior	

- # 1-4 Decedent information – the full name of the employee , date of birth, sex, and social security number are essential in creating a death claim.
- # 5 Federal Agency
- # 6 OWCP Agency Code -a four digit (or four digit plus two letter) code used by OWCP to identify the employing agency. The code may be obtained from your personnel or compensation office, or by contacting OWCP.
- # 7 OSHA site code
- # 8 Reporting Office- this location is determined by the "Agency name and address of reporting office." If an employee is working for an agency located in District 2, and is injured while on temporary duty (TDY) outside the geographic area of District 2, the case is adjudicated by District 2, with the exception of overseas injuries, which are adjudicated by District 9.
- # 9 Official Supervisor- Name and Work Phone number- Essential for OWCP if additional information is needed, for example, about survivors.

10. Date and Hour of Injury (Mo., day, year) <input type="checkbox"/> AM or <input type="checkbox"/> PM	11. Date and Hour of Death (Mo., day, year) <input type="checkbox"/> AM <input type="checkbox"/> PM	12. Date and Hour Employee's Pay Stopped (Mo., day, year) <input type="checkbox"/> AM <input type="checkbox"/> PM
13. Describe how injury occurred	14. Was employee in performance of duty when injury occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, explain) :	
15. Location where Injury occurred	16. Location where death occurred	17. Immediate cause of death (Attach medical and autopsy report if available)

- #10-12 Date and Hour of Injury, Death and Date Pay Stopped: If date of injury and date of death are different, this information helps OWCP to determine effective pay date**
- #13,14 Provides vital information as to the circumstances of the death, and whether it was the result of the decedent's federal employment.**
- #15,16 The location where the injury/death occurred helps OWCP determine whether the employee's death occurred in the performance of duty.**
- #17 The cause of death and any medical/autopsy information is important in determining causal relationship.**

18. Employee's pay rate as of	a. Base pay	b. Subsistence	c. Quarters	d. Other
A. Date of injury	\$ per	\$ per	\$ per	\$ per
B. Date pay stopped	\$ per	\$ per	\$ per	\$ per
19. Did employee work in position held at time of injury for a full eleven months immediately prior to the injury? yes <input type="checkbox"/> No		20. If answer to 19 is no, would position have afforded employment for eleven months except for the injury? Yes No		

18 Date of injury means date of death, unless the death was related to an existing OWCP case, or death occurred subsequent to a traumatic injury. Report base pay and any other type of additional pay the decedent was receiving, other than overtime. In addition to subsistence and quarters, other pay types may include night differential, Sunday premium pay, Holiday pay, dirty work, hazard pay, etc.

#19,20 If the decedent not worked in the position for at least 11 months prior to the date of death, a yes or no answer as to whether you would have afforded employment for 11 months but for the injury, helps to determine employment status for pay purposes.

21. Did employee receive leave pay for any part of period from time pay stopped to date of death? (Give inclusive dates)		22. a. Occupation code	
From	To	b. Type code	c. Source code
23. Did employee receive continuation of pay (COP) during period prior to death?		OWCP use - NOI code	
a. Pay rate used for COP	b. Inclusive dates of cop	24. If employee was enrolled in Health Benefit Plan for self and family, show HBS Code Number:	
\$	per	From	To

#21,23 If decedent received COP or leave following an injury, prior to death, pay status information prevents overpayment.

#22 a. Occupation Code; b. Type Code; c. She Code. OSHA requires all employing agencies to complete these items when reporting an injury. The proper codes may be found in OSHA booklet 2014, Recordkeeping and Reporting Guidelines.

#24 Enter FEHB code here, if decedent was enrolled prior to death.

25. Show date through which HBS deductions were last made (Mo., day, year)

26. Identify employee's Federal Retirement Plan:

CSBS FERS Other _____

27. If employee received medical care prior to death, give name and address of attending physician

- #25** Enrollment in a health benefit plan may continue for the surviving family members if the deceased employee was enrolled for Self and Family at time of death and at least one covered family member receives compensation as a surviving beneficiary under the FECA.
- #26** Retirement information is important for determining dual benefits - there may be an offset to the FECA death benefit.
- #27** Contact information is essential if OWCP needs to correspond with the doctor.

28. If injury was caused by a third party, give name and address of third party	29. Give name and address of the attorney representing the survivors if legal action is instituted against the third party	30. Show amount of third party recovery, if any \$
31. If employee was a member of the Armed Services the United States show: Branch of Service: Serial No. (If known)	32. Has claim for survivor's benefits been filed with the Office of Personnel Management? <input type="checkbox"/> Yes <input type="checkbox"/> No	
33. Name and address of employee's spouse or next of kin (Show relationship if other than spouse)		

- #28-30 Third party information will enable OWCP to reduce compensation costs.**
- #31 Receipt of both Veterans and FECA benefits where the death resulted from the same service connected injury and the injury sustained in civilian employment by the United States, is a dual benefit and is prohibited.**
- #32 OPM information is necessary because death benefits under FECA and OPM may not be received concurrently. An election is required.**

33. Name and address of employee's spouse or next of kin (Show relationship, if other than spouse)

34. Signature of Official Superior

35. Title

36. Date (Mo., day, year)

Form CA-6
Rev. Jan. 1997

- # 33** The completion of this section is crucial so that OWCP can contact survivors regarding entitlement to death benefits. Please provide complete contact information.

- # 34** The signature and title of the Official Supervisor is essential. OWCP cannot create a claim if this item is missing.

Compensation

Determining Eligibility of Survivors,
Compensation Rate, &
Dual Benefits

Compensation

The survivors of a federal employee whose death is work related are entitled to benefits in the form of compensation payments, funeral expenses, transportation expenses for the remains, if necessary, and payment for termination of the deceased's status as a federal employee.



Determining Eligibility Widow/Widower

- If neither the decedent nor the surviving spouse was previously married, a copy of the marriage certificate will establish that the survivor is an eligible beneficiary.
- If either was married previously, the surviving spouse must also submit copies of the divorce or annulment decree showing dissolution of the previous marriage, or death certificate showing the demise of the former spouse, as the case may be.

Determining Eligibility Child(ren)

- **5 U.S.C. 8101(9)** defines a "child" as one who is under 18 years old, or incapable of self-support, or a full-time student under age 23. Included are stepchildren and children who are legally adopted prior to the parent's death.
- Illegitimate children and posthumous children of the deceased are also entitled to compensation (a posthumous child is entitled to benefits effective the date of birth). [Married children and foster children are excluded.]
- Compensation payable to, or on behalf of, a child is continued until the child dies, marries, or becomes 18, or, if over 18 and incapable of self-support, becomes capable of self-support.

Determining Eligibility Subsidiary Dependent(s)

- The relationship on the date of death and the degree of financial dependence determines entitlement to benefits for parent(s), sibling(s), grandparent(s), and grandchild(ren).
- The person claiming compensation, or someone acting on this person's behalf, must complete Form CA-5b. “Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren.”



Compensation Rate Widow/Widower

- A surviving spouse with no eligible child(ren) is entitled to compensation at the rate of 50% of the deceased employee's salary. Benefits are paid to the spouse until death or remarriage, if he/she is under age 55.
- If a spouse under age 55 remarries, OWCP makes a lump-sum payment equal to 24 times the monthly compensation at the time of remarriage. Remarriage after the age of 55 does not affect benefits.

Compensation Rate Widow/Widower with Children

- A surviving spouse who has eligible children is entitled to compensation at the rate of 45% of the deceased employee's salary.
- If an eligible spouse has children, an additional 15% is payable for each child, to a maximum of 75% of the salary. The children's portion is paid on a share-and-share-alike basis.

Compensation Rate Child or Children Only

- If the deceased employee leaves no spouse, the first child is entitled to 40% and each additional child is entitled to 15% of the deceased employee's salary, to a maximum of 75%.
- Benefits for children are payable on a share-and-share-alike basis.



Compensation Rate Subsidiary Dependent(s)

- The FECA provides that a spouse and/or children have the first right to compensation, which means that other classes of dependents may be excluded if necessary.
- The subsidiary dependent(s) (i.e., parent(s), sibling(s), grandparent(s), and grandchild(ren)) may receive compensation only after the entitlement(s) of the spouse and/or children have been satisfied fully.

Compensation Rate Parent(s)

The amount of entitlement for eligible parent(s) is stated at 5 U.S.C. 8133(a)(4) as follows:

To the parents, if there is no widow, widower, or child, as follows -

- (A) 25 percent if one parent was wholly dependent on the employee at the time of death and the other was not dependent to any extent;
- (B) 20 percent to each if both were wholly dependent; or
- (C) a proportionate amount in the discretion of the Secretary of Labor if one or both were partly dependent.

If there is a widow, widower, or child, so much of the percentages are payable as, when added to the total percentages payable to the widow, widower, and children, will not exceed a total of 75 percent.

Compensation Rate

Sibling(s), Grandparent(s), and Grandchild(ren)

- 5 U.S.C. 8133(a)(5)(C) allows 10% to a partly dependent sibling, grandparent, or grandchild rather than the "proportionate amount" allowed to parent(s) by 5 U.S.C. 8133(a)(4).
- The percentages payable are as follows, in accordance with 5 U.S.C. 8133(a)(5):
 - (A) 20 percent if one was wholly dependent on the employee at the time of death;
 - (B) 30 percent if more than one was wholly dependent, divided among the dependents share and share alike; or
 - (C) 10 percent if no one is wholly dependent but one or more is partly dependent, divided among the dependents share and share alike.

If there is a widow, widower, child, or dependent parent, so much of the percentages are payable as, when added to the total percentages payable to the widow, widower, children and dependent parents, will not exceed a total of 75 percent.

Dual Benefits

Office of Personnel Management (OPM)

Veterans Administration (VA)

Social Security Administration (SSA)

Dual Benefits

- The FECA prohibits payment of compensation and certain other federal benefits at the same time. This prohibition does not, however, prevent an individual from filing for benefits from more than one government program at a time. For instance, a claimant for death benefits may file for a death annuity while his/her claim with OWCP is pending.
- Only if both benefits are approved, then the rules governing dual benefits will be invoked.

OPM

Survivor's Annuity

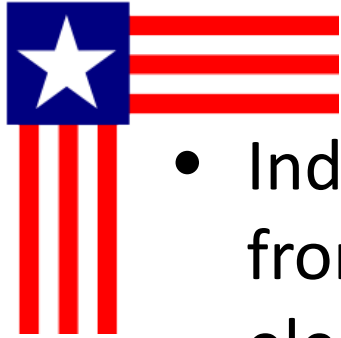
- A person may not receive death benefits from OWCP concurrently with a survivor's annuity [Civil Service Retirement System (CSRS) or Federal Employees Retirement System (FERS)]. Therefore, a beneficiary entitled to both benefits must elect between them.
- Either OWCP or OPM may offer the election, depending on which agency determined entitlement first. The beneficiary may change his/her election based on the more advantageous benefit.

Lump Sum Death Benefits

- The lump sum death benefit available to a survivor of an employee covered under FERS is considered a dual benefit. The lump sum death benefit must be repaid by the survivor or absorbed by OWCP benefits.



VA



- Individuals entitled to receive both compensation from OWCP and veterans' benefits may need to elect between the two. Such an election is required when the death resulted from an injury sustained in civilian federal employment and the VA has held that it was caused by military service.
- OWCP may not duplicate any payment made by the VA for funeral or burial expenses, and the total payable by both agencies may not exceed \$800.

SSA

OWCP will offset any SSA death benefits which are attributable to the employee's federal service, and paid to an employee or his/her survivors.



Burial Expenses

Funeral and Burial Expenses
Transportation and Medical Costs
Termination of Employee Status

Funeral and Burial Expenses

- According to 5 U.S.C. Sec. 8134, up to \$800 will be paid for funeral and burial expenses.
- For consideration of these expenses, the itemized funeral bills and receipts of payment should be sent to OWCP. If the funeral bill is unpaid or a balance exists, direct payment is made to the funeral home.
- If another federal agency pays any part of the burial expense for the deceased employee, OWCP's payment shall not exceed the difference between the amount paid by the other agency and \$800.
- If there is no eligible survivor, the burial cost amount and termination fee may be paid to the administrator of the estate.

Transportation and Medical Costs

- If the employee died away from home, charges for returning the body and the sealed casket may be paid over and above the \$800 allowance.
- In cases where related medical and transportation expenses were incurred prior to death, the expenses will be paid.

Termination of Employee Status

- A \$200 allowance will be paid in consideration of the expense of terminating the deceased's status as a federal employee.
- This \$200 allowance is paid to the decedent's personal representative or surviving spouse. If no spouse survives, the payment will be made to the administrator of the estate.

Death Gratuities

Employing Agency Death Gratuity

FECA Death Gratuity

Employing Agency Death Gratuity

- Survivors of employees who died in the line of duty on or after August 2, 1990 are entitled to a death gratuity not to exceed \$10,000, less burial and administrative expenses paid by OWCP.
- Death gratuity payments that are made by EAs do not constitute dual benefits, and no election between them and OWCP death benefits is required.
- However, any death gratuity payment that is made by an EA must be reported to OWCP when a claim for the FECA death gratuity is made. Any burial and administrative expenses paid by the OWCP are deducted from the entitlement.

FECA Death Gratuity (5 U.S.C. 8102a)

- Under an amendment to the FECA effective January 28, 2008, up to \$100,00 may be paid by OWCP to survivors of "an employee who dies of injuries incurred in connection with the employee's service with an Armed Force in a contingency operation." The \$100,000 amount must by law be reduced and offset by any other federally-provided death gratuity.
- An overview of the FECA death gratuity can be found on the DOL website at <http://www.dol.gov/owcp/dfec/DeathGratuity.htm>
- For information regarding detailed aspects of the FECA death gratuity, please see Subpart J of the current regulations at http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=31125e0d9dbc9edf2fd1eebff9c2e0b6&tpl=/ecfrbrowse/Title20/20cfr10_main_02.tpl.

FECA Death Gratuity (5 U.S.C. 8102a)

- This one-time death gratuity is disbursed to the survivor(s) in a specific order of precedence set forth in the statute. These beneficiary stipulations are unique to this new statutory provision, and no previously existing DOL rules or guidelines cover these circumstances.
- On December 31, 2011, Congress amended 5 U.S.C. 8102a. Pursuant to that amendment, federal employees may now designate the entire FECA death gratuity to an alternate beneficiary (previously, this designation was limited to 50% of the FECA death gratuity).

FECA Death Gratuity (5 U.S.C. 8102a)

No designation is necessary if an employee wishes the death gratuity to be distributed in accordance with the order of precedence set out in 5 U.S.C. 8102a. Although the statutory order of precedence is extensive:

- The legal spouse of an employee at the time of death will receive 100% of the benefit payable unless an alternate beneficiary is designated on Form CA-40.
- If the employee has no legal spouse and Form CA-40 is not completed, the employee's child(ren) share the available benefit. The statutory order of precedence thereafter is to other specified family members.

FECA Death Gratuity (5 U.S.C. 8102a)

- Designation of beneficiaries outside of the specific order of precedence must be made in writing, signed and dated by the employee and an EA official.
- OWCP has created a designation form (Form CA-40) which may be used to specify the desired distribution of the death gratuity.
- Form CA-40 should be completed and retained by EA any time an employee is assigned to provide service to an armed force in a contingency operation.
- Employees already so assigned should also be given this opportunity.

FECA Death Gratuity Agency Responsibilities

EA is required to notify the federal employee's spouse, if one exists, if that employee designates a person other than the spouse to receive all or a portion of the FECA death gratuity. These changes took effect on December 31, 2011.

FECA Death Gratuity Agency Responsibilities

- EA must notify OWCP immediately upon learning of an employee's death that may be eligible for benefits under this subpart, by submitting Form CA-42 to OWCP's Cleveland district office.
- EA must also submit to OWCP any designation forms completed by the employee, and EA must provide as much information as possible about any living survivors or alternate beneficiaries of which EA is aware.
- If a claimant submits a claim for the death gratuity to an EA, EA must promptly transmit the claim to OWCP. This includes Form CA-41 and any other claim or paper submitted which appears to claim compensation on account of the employee's death.

FECA Death Gratuity Agency Responsibilities

It is helpful if EA also submits:

- any internal reports or investigations regarding the incident or exposure that led to the death of the employee, and
- marriage, divorce, birth and records in EA's possession that help to establish any survivor's relationship with the deceased employee.

FECA Death Gratuity OWCP Responsibilities

- Upon receipt of Form CA-42, OWCP will then contact any living survivor(s) or alternate beneficiary(ies) able to be identified.
- OWCP will furnish Form CA-41 to any identified survivor(s) or alternate beneficiary(ies), and OWCP will provide information to them explaining how to file a claim for the death gratuity.

FECA Death Gratuity Forms

All forms may be found on OWCP's Division of Federal Employees' Compensation (DFEC) website at:

<http://www.dol.gov/owcp/dfec/regs/compliance/forms.htm>

- Form CA-40 “Designation of a Recipient of the Federal Employees’ Compensation Act Death Gratuity Payment under 5 U.S.C. 8102a”
- Form CA-41 “Claim for Survivor Benefits Under the Federal Employees’ Compensation Act 8102a Death Gratuity”
- Form CA-42 “Official Notice of Employees’ Death for Purposes of FECA 8102a Death Gratuity”

Form CA-40

Print Reset

U.S. DEPARTMENT OF LABOR
Office of Workers' Compensation Programs
Division of Federal Employees' Compensation



OMB Number: 1240-0017
Expiration Date: June 30, 2013

CA-40 Designation of a Recipient of the Federal Employees' Compensation Act Death Gratuity Payment under 5 U.S.C. § 8102a

A. Identifying Information about the Federal Employee

Name (Last, First, Middle)	Date of Birth	Social Security Number
Department or Agency in which presently employed (include Bureau, Division, and phone number)		Location (City, State, and ZIP code)

B. Designating an Alternate Order of Precedence

If you have no surviving spouse or child eligible to receive the death gratuity, and you wish to designate any one or more of your parents or brothers or sisters to receive specific shares (%) of the gratuity, please fill in the required boxes below. If you designate more than one individual and do not indicate a share for each individual, the death gratuity will be paid to those individuals in equal shares. **An individual designated below must be living at the time of payment to receive any or all of your death gratuity.**

First Name, middle initial, and last name of each designee	Address (including ZIP code) of each designee	Relationship to you (must be parent, brother, or sister)	Share to be provided to each designee

Note: Effective December 31, 2011, employing agencies are required to notify your spouse if you have designated all or a portion of the death gratuity to someone other than your spouse. Section 1121 of Public Law 112-81.

Form CA-40

C. Additional Alternate Beneficiary Designation Provision

In addition to or instead of the above, you may designate another person or persons to receive all or a portion of your death gratuity. If you do not designate anyone in this section, 100% of the death gratuity will be disbursed according to the order of precedence provided by statute and described in the instructions. Under this provision, you may designate up to 100% of the death gratuity in 10% increments. If you utilize this designation provision, the undesignated portion of the death gratuity will be disbursed as specified in the order of precedence. **An individual designated below must be living at the time of payment to receive any or all of your death gratuity.**

First Name, middle initial, and last name of each designee	Address (including Zip Code) of each designee	Share to be provided to each designee (must be in 10% increments)

D. Statement of Federal Employee Completing this Form

I understand that this Designation is not valid unless delivered to an official of the employing establishment prior to the death of the employee and that it will stay in effect unless it is cancelled.

I understand that if this Designation is invalid for any reason, the death gratuity will be paid according to the next most recent valid designation. In the event no valid designation has been made, the death gratuity will be paid according to the order of precedence in as described in the instructions (5 U.S.C. § 8102a).

I am canceling any and all previous Designations of the death gratuity payment under 5 U.S.C. § 8102a and am now designating the recipients named above. **NOTE: If this notice is completed by the employee, it must be sent to the employing agency, signed by the employee's supervisor and retained by the employing agency in order to be valid.**

Signature of the Federal Employee. **This form is not valid unless the employee signs in this box and enters a date in the box to the right.**

Date (mm/dd/yyyy)

Form CA-40

E. Signature of the Employing Establishment Official Receiving this Form

I have received this form from the federal employee who has signed above. To the best of my knowledge and belief, the employee has filled out this form completely in accordance with the instructions on the form.

Signature of the Employing Establishment Official. This form is not valid unless, prior to the death of the employee, the official signs in this box and enters a date in the box to the right.	Date (mm/dd/yyyy) <input type="text"/>
Printed Name, Title, Address and phone and fax numbers of the Employing Establishment Official.	
NAME: <input type="text"/>	
TITLE: <input type="text"/>	
ADDRESS: <input type="text"/>	
PHONE NUMBER: <input type="text"/>	
FAX NUMBER: <input type="text"/>	

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Federal Employees' Compensation Act (FECA), as amended and extended (5 U.S.C. 8101, et seq.) including the amendment to the Federal Employees' Compensation Act, 5 U.S.C. § 8102a – Death Gratuity is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for and the amount of benefits payable under the FECA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agency which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider issues relating to entitlement to benefits or other relevant matters. (4) Information may be given to Federal, state and local agencies for law enforcement purposes, to obtain information relevant to a decision under the FECA, to determine whether benefits are being paid properly, including whether prohibited dual payments are being made, and, where appropriate, to pursue salary/administrative offset and debt collection actions required or permitted by the FECA and/or the Debt Collection Act. (5) Disclosure of the claimant's social Security number (SSN) or tax identifying number (TIN) on this form is mandatory (Executive Order 9397, dated November 22, 1943). The SSN (and/or TIN), and other information maintained by the Office, may be used for identification, to support debt collection efforts carried on by the Federal government, and for other purposes required or authorized by law. (6) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits.

PUBLIC BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary (5 U.S.C. 8102a). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room S3624, 200 Constitution Avenue, N.W., Washington, D.C. 20210, and reference the OMB Control Number 1240-0017. Note: **Do not submit the completed claim form to this address.**

Form CA-40 Instructions

Form CA-40 “Designation of a Recipient of the Federal Employees’ Compensation Act Death Gratuity Payment Under 5 U.S.C. 8102a”

Section A. Identifying Information about the Federal Employee: Must be completely filled out with the full name, date of birth, Social Security Number, and EA contact information.

Section B. Designating an Order of Precedence: If the employee does not have a surviving spouse or child eligible to receive the death gratuity, and he/she wishes to designate his/her parent(s), brother(s) and/or sister(s) to receive a percentage of the gratuity, he/she should complete this section with the individual(s) full name, complete address, their relationship to the employee, and the share (%) of the gratuity to be provided to each individual.

Section C. Additional Alternate Beneficiary Designation Provision: In addition to or instead of the above, the employee may designate another person or persons to receive all or a portion of the death gratuity (in 10% increments).

Section D. Statement of Federal Employee Completing this Form: The employee must sign and date the form. **NOTE: In order to be valid, once the form is signed by the employee - it must be sent to the EA, signed by the employee’s supervisor and retained by the EA.**

Section E. Signature of the Employing Establishment Official Receiving this Form: This form is not valid unless, prior to the death of the employee, the EA official signs and dates the form. The complete printed name, title, address, telephone and fax of the Employing Establishment Official must be provided.

Form CA-41

Print

Reset

U.S. DEPARTMENT OF LABOR
Office of Workers' Compensation Programs
Division of Federal Employees' Compensation



OMB Number: 1240-0017
Expiration Date: June 30, 2013

Claim for Survivor Benefits Under the Federal Employees' Compensation Act Section 8102a Death Gratuity (CA-41)

Deceased Employee Information

1. Name (Last, First, Middle):
2. Sex: Male Female 3. Social Security Number:
4. Date of Birth (DOB): 5. Date of Death (DOD):
6. Employer on date of death:

Survivor Information

7. Name (Last, First, Middle):
8. Sex: Male Female 9. Social Security Number:
10. DOB:
11. Relationship to decedent (check boxes)
 Spouse Child Step-Child
 Parent Sibling
 Other: Please describe
12. Address:
13. Telephone Numbers:

Injury/Occupational Illness Information

14. FECA Claim Number: 15. Date of Injury:
16. Position held on date of injury:
17. Employer at time of injury:

Form CA-41

18. Armed Force conducting the contingency operation in the region:

Army Navy Air Force Marine Corps Coast Guard

19. Place where injury/exposure occurred:

20. Description of injury/exposure which led to the employee's death:

Other Death Gratuity Benefits Paid

21. Were any death gratuity benefits paid under any other law of the United States for this death? Yes No

If yes, please provide the following information:

a. Administering agency:

Contact: Phone:

Address:

Claim #: Amount paid:

b. Administering agency:

Contact: Phone:

Address:

Claim #: Amount paid:

c. Administering agency:

Contact: Phone:

Address:

Claim #: Amount paid:

Form CA-41

Other Potential Survivors

22. To your knowledge, did the employee complete a Designation of a Recipient of the Death Gratuity Payment (CA-40)? Yes No

If yes, please provide a copy of the designation form with this application.

23. Are you aware of any other person(s) who might also qualify as a survivor of the employee?

Yes No

If yes, please provide the following information:

Name	Relationship to decedent	Address	Phone Number(s)

Survivor Declaration

I hereby certify that each and every statement made above is true and accurate to the best of my knowledge. Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided by 5 U.S. C. 8102a or who knowingly accepts compensation to which that person is not entitled is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Claimant signature: _____ Date: _____

Form CA-41 Instructions

Form CA-41 “Claim for Survivor Benefits Under the Federal Employees’ Compensation Act 8102a”

Form CA-41 is to be completed by the employee’s survivor(s) who wish to claim all or a portion of the death gratuity. Each individual survivor must complete a separate claim. Form(s) should be submitted to OWCP’s Cleveland district office.

Deceased Employee Information This section must be completely filled out with the full name, sex, social security number, date of birth, date of death and employer on date of death of the deceased employee.

Survivor Information The individual survivor claiming any or all of the death gratuity must completely fill out this section with his/her full name, sex, social security number, date of birth, relationship to the decedent, complete address and telephone number.

Injury/Occupational Illness Information If there was a claim filed for injury prior to the date of the employee’s death , the claim number and employer information should be completed. The survivor should identify the armed force conducting the contingency operation, the place where the injury or exposure occurred, and a description of the injury /exposure which led to the employee’s death.

Other Death Gratuity Benefits Paid The survivor must list any death gratuity benefits already paid under any other law of the United States for this death. The information should identify the agency that paid the gratuity, complete address, telephone number, claim number and the amount paid.

Other Potential Survivors In this section, the applicant should indicate whether, to his/her knowledge, the employee completed a CA-40 prior to death , and if so provide a copy of the form. Especially important, he/she must also indicate whether there are any other persons that may qualify as survivors.

Survivor Declaration The claimant must sign and date the form.

Form CA-42

Print

Reset

U.S. DEPARTMENT OF LABOR
Office of Workers' Compensation Programs
Division of Federal Employees' Compensation



OMB Number: 1240-0017
Expiration Date: June 30, 2013

Official Notice of Employees' Death for Purposes of FECA Section 8102a Death Gratuity (CA-42)

Instructions on Completing Form CA-42. Complete each item as completely as possible and include a copy of the death certificate and a copy of the most recent CA-40 beneficiary designation. Please sign and date the form noted on page 4 and forward it to Office of Workers' Compensation Programs' Division of Federal Employees' Compensation.

Deceased Employee Information

1. Name (Last, First, Middle):
2. Sex: Male Female
3. Social Security Number:
4. Date of Birth (DOB):
5. Date of Death (DOD):
6. Employing Agency:
7. Employee's position with the agency:

Circumstances of the Employees' Injury/Death

8. Date and hour of injury:
9. Location where the injury occurred:
10. Date that the employee's immediate supervisor first had knowledge of the injury:
11. Describe how the injury occurred:
12. Was the employee in the performance of duty when the injury occurred? Yes No
13. What were the employee's assigned duties at the time of death?

Form CA-42

Circumstances of the Employees' Injury/Death (Cont'd)

14. Were the employee's duties being performed in connection with an Armed Force contingency operation? Yes No

If yes, please indicate which Armed Force and what operation.

Include a copy of the employee's death certificate with this form.

Survivor Information

15. Did the employee complete a Designation of a Recipient of the Death Gratuity Payment (CA-40) or otherwise indicate, in writing, a designation? Yes No

If yes, provide a copy of the form CA-40 or other pertinent written documentation.

Include any completed CA-41 forms the employee's agency received from survivors or alternate beneficiaries.

16. Did the employee have any living survivors or alternate beneficiaries? Yes No
Please list all potential beneficiaries.

Name	Relationship to decedent	Address	Phone Number(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Form CA-42

Other Death Gratuity Benefits Paid

17. Were any death gratuity benefits paid under any other law of the United States for this death? Yes No

If yes, please provide the following information:

- a. Administering agency:
Contact: Phone:
Address:
Claim #: Amount paid:
- b. Administering agency:
Contact: Phone:
Address:
Claim #: Amount paid:
- c. Administering agency:
Contact: Phone:
Address:
Claim #: Amount paid:

Employing Agency Certification

As a representative of the employing agency, I hereby certify that the information provided above concerning coverage of the employee under section 8102a of the Federal Employees' Compensation Act is true and accurate to the best of my knowledge and belief.

Signature of Agency Official: _____ Date:
Official Name:
Official Title:
Address:
Phone:

Form CA-42 Instructions

Form CA-42 “Official Notice of Employees’ Death for Purposes of FECA 8102a Death Gratuity ”

Form CA-42 is to be completed by the decedent’s EA. Along with completed Form CA-42, a copy of the death certificate and the most recent Form CA-40 beneficiary designation should be submitted to OWCP’s Cleveland district office, along with any Form CA-41 completed by the employee’s survivor(s).

Deceased Employee Information Must be completely filled out with the full name, sex, social security number, date of birth, and date of death of the deceased employee. Also required is the name of EA and the decedent’s position with EA.

Circumstances of the Employee’s Injury/Death EA official completing Form CA-42 should provide the details of the incident or exposure that led to the employee’s death, including the date and hour of the injury, the location where the injury occurred (city, country and any other pertinent details), the date the supervisor became aware of the injury, how the injury occurred, whether the employee was in the performance of duty at the time of the injury, a description of the employee's assigned duties at the time of death, whether the assigned duties being performed were in connection with an armed force contingency operation, and if so, what armed force and what operation.

Form CA-42 Instructions

Survivor Information In this section, EA official should indicate whether the employee completed a Form CA-40 , prior to death , and if so, provide a copy of this form. Especially important, he/she must also indicate whether there are any other persons that may qualify as survivors and provide relationship, complete address and telephone number. The accurate completion of this section assists the district office in the timely payment of the claim.

Other Death Gratuity Benefits Paid EA must list any death gratuity benefits already paid under any other law of the United States for this death. The information should identify the agency that paid the gratuity, complete address, telephone number, claim number and amount paid.

EA Certification The EA's representative must sign and date the form, provide printed name, title, complete address and telephone number.

Questions

A death claim can be the result of a traumatic injury, an occupational disease, or a consequence of an accepted work injury.

- a) True
- b) False

Questions

The employing agency has many responsibilities when helping process and file a death claim. All of the choices below represent an agency responsibility regarding this except:

- a) Report to OWCP any injury resulting in death
- b) The authorized supervisor or employing agency should contact any survivors and provide them with claim Forms CA5 or CA-5b
- c) Submit Forms CA-5 and CA-6 to OWCP even if a disability claim was previously filed and benefits were paid
- d) Advise the survivors that there is nothing the agency can do to assist
- e) Annotate the claim form regarding whether the death is being claimed as a result or a prior work injury for which a case already exists

Questions

Who is responsible for presenting medical evidence relating the death to the injury.

- a) The Office of Workers' Compensation Programs
- b) The employing agency
- c) The survivor

Questions

When an employing agency receives a completed Form CA-5 and/or Form CA-6, they should delay submission of these forms pending receipt of support documentation such as medical reports and statements.

- a) True
- b) False

Questions

The survivors of a Federal employee whose death is work related are entitled to the following benefits except:

- a) Funeral expenses
- b) Transportation expenses for the remains
- c) Compensation payments
- d) A donation to the charity of their choice
- e) Payment for termination of the deceased's status as a Federal employee

Take Away Tips

- 1) Survivors of a federal employee whose death is work related are entitled to compensation benefits, burial expenses, transportation expenses for the remains, and/or payment for termination of the deceased's status as a Federal employee.
- 2) A death claim can be the result of a traumatic injury, an occupational disease, or a consequence of an accepted work injury.
- 3) The FECA requires the employing agency (EA) to report to OWCP any injury resulting in death and to provide such supplementary reports as OWCP may require. The supervisor or authorized EA representative should immediately notify the district office of a work related death by telephone or facsimile message.

Take Away Tips

- 4) The Survivor is responsible for giving timely notice of death, providing appropriate documentation to establish the relationship to the decedent, and responsible for presenting medical evidence relating the death to the injury.
- 5) Eligible survivors in a death claim may include the widow, children, parents, siblings, grandparents, and/or grandchildren.
- 6) A person may not receive death benefits from OWCP concurrently with a survivor's annuity from OPM. Therefore, a beneficiary entitled to both benefits must elect between them.

Take Away Tips

- 7) According to 5 U.S.C. Sec. 8134, up to \$800 will be paid for funeral and burial expenses. If the employee died away from home, charges for returning the body and the sealed casket may be paid over and above the \$800 allowance.
- 8) A \$200 allowance will be paid in consideration of the expense of terminating the deceased's status as a federal employee.
- 9) Under an amendment to the FECA effective January 28, 2008, up to \$100,00 may be paid by OWCP to survivors of "an employee who dies of injuries incurred in connection with the employee's service with an Armed Force in a contingency operation."