

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS  
PO BOX 8300 DISTRICT 6 JAC  
LONDON, KY 40742-8300  
Phone: (904) 366-0100

August 13, 2014

Date of Injury:  
Employee:

Dear Mr.

### AWARD OF COMPENSATION

The Office of Workers' Compensation finds that the employee's death is covered under the Federal Employee's Compensation Act (FECA). In accordance with 5 U.S.C. 8133, compensation benefits are approved for the following dependents at the indicated rate.

### PAYMENT OF COMPENSATION

The computation of benefits is based on the employee's pay rate, which is determined to be \$4,391.36 per month. All survivor benefits are paid every 28 days.

<u>Beneficiary</u>	<u>Relation</u>	<u>% of Pay</u>	<u>28 Day Amount</u>
DAVID FAULK	widower	50%	\$,2195.68
Increase by cost-of-living adjustments to:			\$2,196.00
Deduction for health benefits:			\$175.64 (Code 104)
Net 28 Day benefit:			\$2,020.36

Your initial payment, in the amount of \$27,341.56, covers from 09/08/2010 through 02/08/2014.

OWCP sent \$49,268.07 to OPM for repayment of dual coverage period. (OPM's letter of 7/22/2014 is enclosed)

Your continuing payments each 28 days will be in the amount of \$2196.00 (gross)

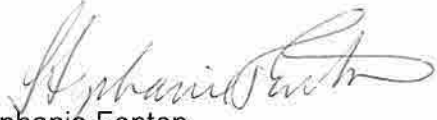
If you disagree with this decision, you should carefully review the attached appeal rights, and pursue whichever avenue is appropriate to your situation.

*If you have a disability (a substantially limiting physical or mental impairment), please contact our office/claims examiner for information about the kinds of help available, such as communication assistance (alternate formats or sign language interpretation), accommodations and modifications.*

File Number:  
daward-O-P

If you have any questions regarding this letter, please contact this Office either by phone or in writing to the address listed above. Automated information regarding compensation payments can be accessed 24-hours per day by phoning 1-866-OWCP IVR (1-866-692-7487).

Sincerely,



Stephanie Fenton  
Senior Claims Examiner

Enclosures: Important Information, Appeals Rights, OPM letter of 07/22/2014

PAUL H FELSER  
ATTORNEY AT LAW  
POST OFFICE BOX 10267  
SAVANNAH, GA 31412



United States  
**Office of  
Personnel Management** Washington, DC 20415-0001

**PRIORITY**

Date: July 22, 2014  
Case Name:  
Claim Number:

**CSF Number:**

Department of Labor  
Office of Worker's Compensation  
P.O Box 8300, District 6  
London, KY 40742

Dear OWCP:

The purpose of this letter is to advise you that the above-named civil service annuitant has elected to receive compensation benefits and has been dropped from our rolls. Therefore, we request recovery of the benefits paid from the Retirement Fund for the period of time which will also be covered by OWCP benefits.

The dual service coverage began on September 8, 2010 and ended on January 30, 2014. The annuity paid for this period totals \$49,268.07 in civil service benefits. Any applicable deductions for health and/or life insurance benefits would have covered this same time period.

Please arrange for the issuance of a check in the amount of \$49,268.07, made payable to the U.S. Office of Personnel Management. Use the annuitant's name and Civil Service Retirement claim number when making remittances so that we may credit the proper account. Forward the check directly to:

**Office of Personnel Management  
Civil Service Retirement System  
P.O. Box 7125  
Washington, D.C. 20044**

If there is some reason that payment is not possible at this time, please contact me at (202) 606-1190. Thank you for your cooperation in this matter.

Sincerely,

Katina Whitley  
Accountant Technician  
Receivables Management Branch

CC:

## IMPORTANT INFORMATION

Please read the following information carefully. Keep this award letter so you can refer to it when necessary. Mail all correspondence to the address shown on the front of this letter.

- **HOW COMPENSATION IS PAID.** Direct deposit is the fastest and most secure way to receive your award payments. **We strongly encourage you to submit a Standard Form 1199A, which will enable us to direct deposit your payment(s) into your bank.** Your first payment will be issued within 30 days.

- **CHANGE OF ADDRESS.** Notify this office immediately of any change of address either for correspondence or for direct deposit. Notification must be in writing, signed by you, and include your file number, old address, and new address.

- **EDUCATIONAL BENEFITS.** Compensation may continue for an unmarried beneficiary child over age 18 who is a full-time "student" as defined by the FECA. Benefits will continue for as long as the beneficiary remains a full-time student, but not after reaching the age of 23 or completing four years of education beyond the high school level.

- **DISABLED DEPENDENTS.** Compensation may continue beyond age 18 for an unmarried child who is incapable of self-support because of a physical or mental disability. If you believe that this applies, provide this office with a statement 90 days before the disabled beneficiary's 18th birthday from the physician describing the nature and extent of the disability.

- **MARRIAGE.** Advise OWCP immediately if a beneficiary marries. Include the file number, the name of the deceased employee, the name of the beneficiary who married and the date of marriage.

A lump sum equal to 24 months of compensation may be paid to a widow or widower who remarries. To claim this lump sum, send OWCP a copy of the public record of the marriage. If a widow or widower remarries after age 55, compensation will continue, but notification of such marriage is still required.

- **DEATH.** Advise OWCP immediately if a beneficiary dies. Include the file number, the name of the deceased employee, the name of the beneficiary who died and the date of death. Mail the notice to the address shown on the front of this letter. Checks received after the date of death should not be cashed. Rather, they should be returned promptly to the Treasury Department.

- **RETIREMENT BENEFITS.** A person who receives survivor compensation benefits under the FECA is not permitted to receive survivor benefits under the Civil Service Retirement System (CSRS) or the Federal Employees' Retirement System (FERS).

**OVERPAYMENTS.** A survivor's entitlement ceases upon death or marriage, except in the case of the remarriage of a spouse after age 55. A child's entitlement ceases at age 18 unless they are a full-time student or disabled. To avoid creating an overpayment of compensation, advise this office immediately and return any uncashed compensation checks if any change occurs which would affect entitlement to benefits.

Case Number:  
Employee:  
Date: August 13, 2014

## FEDERAL EMPLOYEES' COMPENSATION ACT APPEAL RIGHTS

If you disagree with the attached decision, you have the right to request an appeal. If you wish to request an appeal, you should review these appeal rights carefully and decide which appeal to request. There are 3 different types of appeal as outlined below. **YOU MAY ONLY REQUEST ONE TYPE OF APPEAL AT THIS TIME.**

Place an "X" on the attached form indicating which appeal you are requesting. Complete the information requested at the bottom of the form. Place the form on top of any material you are submitting. Then mail the form with attachments to the address listed for the type of appeal that you select. Always write the type of appeal you are requesting on the outside of the envelope ("HEARING REQUEST", "RECONSIDERATION REQUEST", or "ECAB REVIEW").

**NOTE** - If you have a substantially limiting physical or mental impairment, Federal disability nondiscrimination law gives you the right to receive help from DFEC in the form of communication assistance, accommodation and modification to aid you in the FECA claims process. For example, we will provide you with copies of documents in alternate formats, communication services such as sign language interpretation, or other kinds of adjustments or changes to account for the limitations of your disability. Please contact the appropriate office below to ask about this assistance.

**1. HEARING:** If your injury occurred on or after July 4, 1966, and you have not requested reconsideration, as described below, you may request a Hearing. To protect your right to a hearing, any request for a hearing must be made before any request for reconsideration by the District Office (5 U.S.C. 8124(b)(1)). **Any hearing request must also be made in writing, within 30 calendar days after the date of this decision, as determined by the postmark of your letter.** (20 C.F.R. 10.616). There are two forms of hearings, both conducted by a hearing representative. You may request either one or the other, but not both.

a. **Oral Hearing.** An informal oral hearing is conducted at a location near your home or by teleconference/videoconference. You may present oral testimony and written evidence in support of your claim. Any person authorized by you in writing may represent you at an oral hearing. At the discretion of the hearing representative, an oral hearing may be conducted by teleconference or videoconference.

b. **Review of the Written Record.** You may submit additional written evidence, which must be sent with your request for review. You will not be asked to attend or give oral testimony.

**2. RECONSIDERATION:** If you have additional evidence or legal argument that you believe will establish your claim, you may request, in writing, that OWCP reconsider this decision. **The request must be signed, dated and received within one calendar year of the date of the decision.** It must clearly state the grounds upon which reconsideration is being requested, and be accompanied by relevant evidence not previously submitted, such as medical reports, sworn statements, or a legal argument not previously made, which apply directly to the issue addressed by this decision. A person other than those who made this decision will reconsider your case. (20 C.F.R. 10.605-610)

**3. REVIEW BY THE EMPLOYEES' COMPENSATION APPEALS BOARD (ECAB):** If you believe that all available evidence that would establish your claim has already been submitted, you have the right to request review by the ECAB (20 C.F.R. 10.625). The ECAB will review only the evidence received prior to the date of this decision (20 C.F.R. Part 501). **Request for review by the ECAB must be made within 180 days from the date of this decision.** More information on the new Rules is available at [www.dol.gov/ecab](http://www.dol.gov/ecab).

Case Number:  
Employee:  
Date: August 13, 2014  
**APPEAL REQUEST FORM**

If you decide to appeal this decision, read these instructions carefully. You must specify which procedure you request by checking one of the options listed below. Place this form on top of any materials you submit. **Be sure to mail this form, along with any additional materials, to the appropriate address. YOU MAY ONLY REQUEST ONE TYPE OF APPEAL AT THIS TIME.**

**ORAL HEARING**

Depending on your geographical location, the issue involved in your case, the number of hearing requests in your area, and at the discretion of the hearing representative, we may expedite your appeal by providing you a telephone hearing or videoconference. **Please check here if you would prefer a telephone hearing.** \_\_\_\_\_

**REVIEW OF THE WRITTEN RECORD**

For each of these options, you must submit this form within 30 calendar days of the date of the decision. You may also submit additional written evidence with your request. Do not mail this appeal request to the District Office. **You must mail your request to:**

**Branch of Hearings and Review  
Office of Workers' Compensation Programs  
P. O. Box 37117  
Washington, DC 20013-7117**

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**RECONSIDERATION:**

Your request must be signed, dated and received by OWCP within 1 calendar year of the date of the decision. You must state the grounds upon which reconsideration is being requested. Your request must also include relevant new evidence or legal argument not previously made. **Mail your request to:**

**DOL DFEC Central Mailroom  
P. O. Box 8300  
London, KY 40742**

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**ECAB APPEAL:**

Submit this form within 180 calendar days of the date of the decision. No additional evidence after the date of OWCP's decision will be reviewed. To expedite the processing of your ECAB appeal, you may include a completed copy of the AB 1 form used by ECAB to docket appeals available on the Department of Labor Web Site at [www.dol.gov/ecab](http://www.dol.gov/ecab). Do not mail this appeal request to the District Office. **You must mail your request to:**

**Employees' Compensation Appeals Board  
200 Constitution Avenue NW, Room S-5220  
Washington, DC 20210**

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SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_  
PRINTED NAME \_\_\_\_\_ DECISION DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_