Figure SC810.F65. FECA Monthly Statements with Explanation

OFFICE OF WORKERS' COMPENSATION 01/02/96
FECA-MONTHLY STATEMENT - DECEMBER 95

TABLE #2, ALL CASES DEPARTMENT BY CASE NUMBER

DEPARTMENT OF DEFENSE,EXCPT MIL. BRANCHES 3001-3099

INIT DST	CASE	NAME OF INJURED	AGE	SEX	SOCIAL SECURITY NUMBER	MO/DA/YR OF INJURY	OCC	NAT OF INJ	TYPE OF INJ	SOURCE OF INJURY	ANA LOC	EXT INJ	DEPT	AL	INJURY ZIP	OSHA SITE
25			30	M		11/21/95	G0083	TB	999	9999	BL	L	3006	YH	20301	
25			39	M		11/28/95	Z9999	TC	999	9999	MS	L	3006	YH	20301	
25			53	F		11/22/95	Z9999	TF	999	9999	MS	N	3006	YH	20301	

UNDEF	FIRST AID	NLT	LT	FATAL	TI
0	0	1	2	0	
0	0	2	2	0	

EXPLANATION OF FECA MONTHLY STATEMENT COLUMNS

1. INST DST (ID). OWCP District Office where the claim was initially filed. This code will always be part of the unique case number.

2. CASE. Injury claim case number of the case. The ID number plus serial number makes the unique case number. Example 03-0501111 or A3-0501111.

3. NAME OF INJURED. Last name of injured employee.

4. First initial of injured employee.

5. AGE. Age of the employee on the date of injury.

6. SEX. Self-explanatory.

7. SOCIAL SECURITY NUMBER. If the SSN column contains 1s, 2s, 9s, or zeros, the SSN is not available at OWCP. Obtain the employee's correct SSN and notify OWCP.

8. MO/DA/YR of Injury. Date of Injury (DOI).

9. OCC. The employee's occupation on DOI.

10. NAT OF INJ. Nature of Injury. See Figure SC810.F67. to determine the extent of injury. Example: T9 = Traumatic Injury Unclassified.

11. TYPE OF INJ and SOURCE OF INJURY. The type code stands for an action and the source code for an object or substance. Together, they form a brief description of how the incident occurred. (See OSHA publication 2014.)

12. ANA LOC. Anatomical Location of Injury. See Figure SC810.F68. to determine part of body that was injured. Example: 5K = Single knee.

13. EXTENT OF INJURY. See Figure SC810.F69. to determine the extent of injury. Example: X = Nonfatal lost time.

14. DEPT. Code representing the Agency that will be billed back for any expenses incurred.

15. AL. Two letter alpha codes designates the employee's servicing civilian personnel office or Agency reporting office.

16. UNDEF. Undefined.

17. FIRST AID. No lost time or medical expense.

18. NLT. No lost time.

19. LT. Lost time.

20. FA. Fatal.

NOTES:

1. Where appropriate, copies of the Table #2 statements should be provided to the activity Safety Office. Each case listed represents a "Case Create" and data contained thereon is needed to determine local injury rates.

2. Identification and quick correction of chargeback code errors will prevent erroneous charges from appearing on DOL chargeback bill.