



Injury Compensation Program - Notice of Potential Third Party Claim

1. Date

A. Employee Information

2. Name	3. Home Address (Include Apt. No & ZIP + 4)
4. Social Security Number	
5. Title	6. Home Phone (Include Area Code)
7. Office of Employment	8. Contact Point at Employing Office (Name & Phone No.)

B. Injury Information

1. Date & Location of Injury	2. OWCP File No.
3. Brief Description of Injury	

4. Name & Address of Attending Physician (Include Suite No.)

5. Name & Address of Attorney Representing Employee (Include Suite No.)

6. Wage records, medical records, and other pertinent information may be released to my attorney.

Yes No

C. Third Party Information

1. Name	2. Address (Include Apt. No. & ZIP + 4)
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3. Does the Employee or Beneficiary(ies) intend to take action against the third Party. (If "No", Explain Why Not)

Yes No

4. Name & Address of Insurance Co. (Include Suite No.)

5. Name & Address of Law Enforcement Agency Notified

Prepared By (Printed Name & Signature)

Date Signed

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1. Complete this form whenever a third party (individual) is involved in an incident where a postal employee has applied for compensation benefits.
 2. A third party may be involved directly, as in a vehicle accident, or indirectly, as in designing or manufacturing an unsafe or defective machine.
 3. The employee or employee's beneficiaries are encouraged to seek recovery from a third party that they believe is responsible for the employee's work related injury. An injured employee or employee's beneficiaries who, when required by OWCP, fail to take action against a third party may become ineligible for injury compensation.
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The Federal Employees' Compensation Act, as amended (5 USC 8101, et seq.), is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor. In accordance with this responsibility, the office collects and maintains personal information on claimants and their immediate families. The information will be used to determine eligibility for and the amount of benefits payable under the Act. The information may be used by other agencies or persons in handling matters relating, directly or indirectly, to the subject matter of the claim, so long as such agencies or persons have received the consent of the individual claimant, or have complied with the provisions of 20 CFR 10. In addition, this information may be disclosed to an appropriate law enforcement agency for investigative or prosecutive purposes, to a congressional office at your request, to OMB for review of private relief legislation, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Failure to provide the information requested may delay the adjudication process, or result in an unfavorable decision or a reduced level of benefits (disclosure of your social security number is voluntary; the failure to disclose such number will not result in the denial of any right, benefit or privilege to which you may be entitled).