



Stress Claim

When filing an OWCP stress claim, use **Form CA-2** for Occupational Disease claims, as stress typically develops over time rather than from a specific event.

It's advisable to seek assistance from your local union for additional support.

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<https://www.ecomp.dol.gov/#/>

Usually, stress cases are challenging to get approved. When filing the claim, the injured employee must still be employed by their agency at the time of filing. The injured worker will need to submit a claim along with their evidence through the ECOMP system to the Department of Labor (DOL). The evidence must be reliable, probative, substantial, and clearly demonstrate that work-related events caused the condition. The burden of proof lies with the employee, who may need to provide additional evidence if requested by OWCP.

The injured employee must meet all five Federal Employee Compensation Act (FECA) eligibility criteria (listed below) and follow the guidelines in CA-35G for emotional/psychiatric illness claims. Use the CA-35G checklist to ensure all required elements are met for approval.

Note that the treating doctor must be a psychiatrist or clinical psychologist, as other practitioners are not accepted.

Tips when preparing your case:

- Save all relevant emails that contribute to the stress. Ensure these emails are dated and include the sender's and recipient's information.
- Provide detailed descriptions of how each email has impacted your mental health and work performance. Highlight any rude, demanding, or unreasonable content.
- Identify patterns in the emails that show consistent stress-inducing behavior, such as frequent use of all caps, derogatory remarks, or unrealistic deadlines.
- Fear of losing your job or being demoted, even if not explicitly stated.
- Not knowing what is expected in your role or having conflicting responsibilities.
- If possible, gather statements from colleagues who have witnessed the impact of the emails on your behavior and performance.
- Obtain a diagnosis from a qualified healthcare professional, such as a psychiatrist or clinical psychologist, linking your stress to the emails.
- Keep records of all treatments, including therapy sessions and medications prescribed due to the stress caused by the emails.
- Have your healthcare provider write a statement explaining how the emails have contributed to your stress and any resulting conditions like anxiety or depression.

These requirements, which the employee must establish to meet his or her burden of proof, are as follows:

- (a) The claim was filed within the time limits specified by the FECA;
- (b) The injured person was, at the time of injury, an employee of the United States as defined in [5 U.S.C. 8101\(1\)](#) and [§ 10.5\(h\) of this part](#);
- (c) The fact that an injury, disease or death occurred;
- (d) The injury, disease or death occurred while the employee was in the performance of duty; and
- (e) The medical condition for which compensation or medical benefits is claimed is causally related to the claimed injury, disease or death. Neither the fact that the condition manifests itself during a period of Federal employment, nor the belief of the claimant that factors of employment caused or aggravated the condition, is sufficient in itself to establish causal relationship.

Evidence Required in Support of a Claim
for Work-Related Psychiatric Illness

U.S. Department of Labor

Office of Workers' Compensation Programs



IF YOU ARE FILING A CLAIM FOR A PSYCHIATRIC CONDITION, THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	✓	FROM EMPLOYING AGENCY	✓
1. Give a detailed chronological description of particular employment factors which you believe caused your condition. Please identify dates, periods, events, people involved, etc.		7. Review and comment on the employee's statements provided in response to questions 1-5. Submit statements from witnesses, if appropriate.	
2. Describe the progress and development of the work-related condition from its beginning.		8. Provide a detailed statement describing the duties of the employee and the manner in which the duties were performed. If the work was different or more stressful than that performed by other employees, this should be explained.	
3. Have you previously suffered from this or a similar condition? If so, give details of symptoms, disability and treatment records from all physicians and hospitals where you were treated.		9. Document any personnel actions described in the employee's statement, such as changes in assignment, grievances filed by the employee, and other adverse personnel actions.	
4. Give a brief description of your personal activities, hobbies, and any other employment.		10. Give the number of hours worked per day, days per week and the extent of overtime duty worked.	
5. Describe changes or other sources of stress in your personal life occurring in the same time frame.		11. Provide a day-by-day listing of leave and leave without pay used due to this condition.	
6. Attach or forward a medical report as described on the reverse.		12. Attach copies of the employee's: a. SF-171, Application for Employment. b. Position description with physical requirements. c. Preemployment medical examination. d. All other pertinent medical reports available. e. Most recent SF-50, Notification of Personnel Action.	

MEDICAL REPORT FOR PSYCHIATRIC CLAIM

You should submit a medical report from your physician which includes:

- a. History of onset of illness.
- b. Social and family history.
- c. Detailed description of your work situation and identification of the specific work factors contributing to your emotional or psychiatric condition.
- d. Review of any non-industrial stress situations.
- e. Mental status examination, with pertinent findings.
- f. Results of psychological and personality testing.
- g. Diagnosis according to DSM III.
- h. Clinical course of treatment followed.
- i. Prognosis with estimate of when you will be able to return to work.
- j. Physician's opinion, with reasons for such opinion, as to whether, how and which factors of your employment caused, aggravated, precipitated, or accelerated your disability.
- k. An assessment of your current condition, with specific details on how you can or cannot function in daily activities, including a discussion of any limitations you may have in your ability to give or take supervision, cooperate with others, work under deadlines, or any other pertinent factors which may effect your work capacity.

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

Diseases and illnesses which occur during or after Federal employment are not automatically covered by the Federal Employees' Compensation Act. You must provide factual and medical evidence to establish that conditions of employment caused or aggravated the disease or illness.

The Office of Workers' Compensation Programs (OWCP) understands that gathering the necessary evidence requires substantial effort. The attached checklist is designed to help you. Form CA-2 ("Federal Employees' Notice of Occupational Disease and Claim for Compensation"), your statements in response to the checklist, and a report from your treating physician should all be given to your agency Compensation Specialist at the same time. Please return the checklist with your statements. Check off each item as it is completed or let us know when we can expect the information. Your supervisor and the Compensation Specialist will compile the additional information required and forward a complete and organized package to OWCP. If your Agency has no Compensation Specialist or other person designated to forward information to OWCP, give the information directly to your supervisor.

Upon receipt of your claim, OWCP will create a case and assign it to a claims examiner for processing. You will receive a post card advising you of the case number. Use this number on all future correspondence about your claim.

If you are eligible for Civil Service retirement, you may apply for both retirement benefits from the Office of Personnel Management (OPM) and workers' compensation benefits from OWCP. However, in most cases, you cannot receive both benefits for the same period of time.

HINTS: Are your statements legible? Would your statements make sense to someone who has never done your job? Do your statements answer the questions? Are your statements complete and accurate? A NARRATIVE REPORT FROM YOUR PHYSICIAN IS REQUIRED. Reports on medical forms, such as Form CA-20, are rarely adequate in occupational disease cases.

NOTICE TO COMPENSATION SPECIALISTS AND SUPERVISORS

OWCP needs your help to improve the timeliness of adjudication of occupational disease cases. We have developed checklists to help you and the employee submit a claim in an organized and complete manner. The checklists will help the claims examiner identify what information has been submitted and what is still outstanding.

Whenever an employee wants to file a claim for occupational disease or illness, please give him or her:

1. Form CA-2, Federal Employees' Notice of Occupational Disease and Claim for Compensation, and
2. Two copies of the checklist describing evidence required in support of the claim. One checklist is for the employee to mark and return with the completed package. The second checklist is for the employee to take to the physician.

In addition, to describing the evidence required from the employee, the checklists describe the information to be submitted by the employing agency. When Form CA-2 and the employee's statements are returned, you are required by instructions on the CA-2 to forward them to OWCP within ten working days. Statements and documents required from the agency should be submitted with the CA-2 whenever possible. Please use the checklist to note what information from the employing agency is enclosed, unavailable or pending. If pending, please give the anticipated mailing date. Agency comments, statements and documentation are essential for the examiner to get a well rounded picture of the employment conditions.

We appreciate your cooperation in this effort.