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This handbook is designed to assist managers, supervisors, and other administrative personnel when an employee dies on the job as a result of an accident/incident or of natural causes. We recommend that you maintain this *Guide* so that you will have a readily available reference if an employee dies on the job. Please note: **Contractors are never covered** under OWCP for injuries or casualty, however, they may be covered under a Worker's Compensation plan through their employing company. **Volunteers are not guaranteed coverage** under OWCP for injuries and/or casualty. Claims may be submitted to the Department of Labor (DOL). DOL then determines if the claim will be accepted or denied.

To facilitate handling a situation in which an employee dies on the job you may request, from your Human Resources Office, a quick reference laminated card for supervisors and team leaders to use. Please carry the card with you at all times while you are on official duty. Your Bureau or State Safety Manager can assist you with accident reporting and investigative requirements.

This handbook does not cover employees who are injured on the job. For information on how to handle employees who are injured on the job, please refer to your Safety Manager or your Human Resources Office for assistance.

The *Guide for Reporting Serious Law Enforcement Incidents* should be used in conjunction with this handbook to determine if the incident should immediately be reported to the Department of the Interior.

INTRODUCTION

PURPOSE

The purpose of this handbook is to provide basic guidance to managers, supervisors, and administrative personnel

when a Bureau of Land Management (BLM) employee dies on the job.

APPLICABILITY

The provisions of this handbook apply to all management and administrative personnel who have some involvement in processing an employee casualty.

DEFINITIONS

The terminology most frequently used in this handbook is defined as follows:

Casualty – Death of a BLM employee as a result of a job-related accident/incident, an illness, or natural causes.

Casualty Log (BLM Form 1400-113) – Contains a record of all specific information and personal contacts made relative to the casualty.

DASHO – Designated Agency Safety & Health Official. The DASHO for BLM is the Chief Human Capital Management Project Director, located in Washington, D.C.

DOL – Department of Labor

EAP – The Employee Assistance Program

Family Liaison – BLM employee who will serve as the BLM's representative to the family. The Family Liaison will be responsible for support functions before, during, and after the funeral. If a law enforcement official is the casualty, a law enforcement officer will be appointed as the family liaison.

Final Salary Clearance Report (Form 1340-2, January 2004) – Completion is required for all separating employees before final salary and lump sum payments are processed.

HRO – Human Resources Office

OSHA – Occupational Safety and Health Administration

Payroll Operations Office – An organizational entity of the Department of Interior National Business Center, located at:

*U.S. Department of the Interior
National Business Center, Payroll Operations Division
P. O. Box 272030, Denver, CO 80227-9030*

Personal Emergency Information Card (Form 1400-71)
– Includes information regarding notification of next of kin. Check with your Support Services Division regarding where these forms are maintained.

RMO – Responsible Management Officials may be one of the following, depending on the supervisor’s organizational location in the BLM:

- State/Associate State Director
- Center Directors
- Assistant Directors, WO
- Field/Center Managers or Assistants
- Special Agent-in-Charge

SAIT – Serious Accident Investigation Team

**ELEMENTS OF
THE HANDBOOK**

This guide consists of the following basic elements:

- A. A description of the responsibilities of each of the involved management and administrative personnel.
- B. Step-by-step procedures which must be followed by management and/or administrative personnel.
- C. A list of the benefits for which the survivor may be eligible.

RESPONSIBILITIES

Responsibilities are designated as follows:

- A. Program Responsibility - The Director, Deputy Director, State/Center Directors, and Assistant Directors retain overall responsibility for the safety of employees.
- B. Program Implementation - Manager/supervisors and other administrative staff are responsible for ensuring that employee casualties are handled in accordance with established procedures.
- C. The Bureau Designated Safety and Health Official (DASHO) is responsible for serious accident investigations in BLM. Investigations will be conducted on accidental, on the job fatalities.

OBJECTIVE

To delineate the responsibility of the official supervisor and/or their designee whenever an employee casualty occurs.

RESPONSIBILITIES

Official Supervisor

The supervisor has overall responsibility for securing the site and locating information on whom to notify of the employee's death.

Leader/Ranking Employee

The leader and/or ranking employee of the work group is responsible for assuming control of the situation when an on-the-job casualty occurs and a supervisor is not present.

PROCEDURES

The following procedures must be followed when an employee casualty occurs:

On-the-Job Accident

- A. In the supervisor's absence, the lead and/or ranking employee must do the following:
 - (1) Account for all employees in the group.
 - (2) Call 911 to activate emergency response services and provide basic first aid, if trained.
 - (3) Secure the casualty site so that evidence is not disturbed and Government and/or personal property are not unlawfully removed.
 - (4) Advise the supervisor of the casualty.
- B. The supervisor must do the following:
 - (1) Accomplish A (1)-(4) above if present at the casualty site.
 - (2) Immediately obtain the specific information regarding the casualty (who, what, when, where, and how) and record it in the casualty log (BLM Form 1400-113, Appendix 1)
 - (3) Using the Personal Emergency Information Card (BLM 1400-71), (Appendix 2), identify the names of individuals who must be notified and record this in the casualty log.

Once completed, the casualty log should be submitted to the RMO for their use in notifying the next-of-kin.

- (4) If a Personal Emergency Information Card is not available, co-workers, neighbors, or close friends may provide names of individuals who should be contacted. The name, telephone number, home address, and relationship to the deceased should be recorded in the casualty log.
- (5) Immediately notify the State Safety Manager of the fatality. The State Safety Manager will initiate other required notifications.
- (6) Notify the second-level supervisor and the RMO of the accident, if they are not one and the same.
- (7) Prepare an Official Superior's Report of Employee's Death, (CA-6), (Appendix 3).
- (8) Prepare a Request for Personnel Action (Standard Form 52) showing date of death.
- (9) Using the automated time and attendance system, annotate the employee's death.
- (10) Ensure that the Final Salary Clearance Report (Form 1340-2), (Appendix 4) is completed.
- (11) Work with the HRO to arrange for EAP to provide counseling to affected employees, if it is determined that a counselor is necessary.
- (12) Critical Incident Stress Debriefing is available to assist employees in coping with the accident and death. CISD can be accessed through Law Enforcement or Safety personnel.

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Death as a Result of Illness or Natural Causes

When an employee dies on the job as a result of illness or natural causes, the following steps should be followed:

- (1) Call 911 to activate emergency response services and provide basic first aid if trained.
- (2) Advise the official supervisor of the casualty.
- (3) Using the Personal Emergency Information Card (BLM 1400-71), identify the names of individuals who must be notified.
- (4) If a Personal Emergency Information Card is not available, co-workers, neighbors or friends may provide names of individuals who should be contacted. The name, telephone number, home address, and relationship to the deceased should be recorded in the casualty log.
- (5) Notify the second-level supervisor and the RMO of the death, if they are not one and the same.
- (6) Prepare a Request for Personnel Action (Standard Form 52) showing date of death.
- (7) Using the automated time and attendance system, annotate the employee's death.
- (8) Ensure that the Final Salary Clearance Report (Form 1340-2) is completed.
- (9) Work with the HRO to arrange for EAP to provide counseling to employees, if it is determined that a counselor is necessary.

A CA-6 should **ONLY** be completed when the employee dies as a result of injury in the performance of his/her duties or because of an employment-related disease.

OBJECTIVE

To delineate the procedures which the RMO must follow when a casualty occurs. The *Guide for Reporting Serious Law Enforcement Incidents* should also be consulted to determine if the incident is a serious law enforcement incident which should immediately be reported to the Department of the Interior. If it is a serious law enforcement incident, the procedures set forth in that guide should also be followed. If the event is the death of a law enforcement employee by on-the-job accident, the serious accident investigation will be managed by the DASHO. This would be reported on form CA-772a (Appendix 5)

PROCEDURES

On-the-Job Casualty

Once the official supervisor has notified the RMO that an employee casualty has occurred, the RMO assumes responsibility and assures that the following steps are accomplished:

- A. Notify the State Safety Manager and Bureau Safety Manager.
- B. Notify the State/Center Director and/or WO AD, who in turn will notify the Director, WO-100.
- C. Ensure that the BLM Special Agent-in-Charge (SAC) has been notified
- D. Notify the Human Resources Office to coordinate efforts to handle processing.
- E. Ensure that the name(s) of the deceased are not released until the next-of-kin have been notified in person.
- F. Ensure positive identification of the deceased and quickly gather as many facts regarding the incident as possible.
- G. Determine who will serve as the Family Liaison should the family decide they would like such a representative. If the casualty is a law enforcement officer or fire employee, it is preferable that the family liaison be assigned from the same program area.

- H. Local law enforcement authorities will notify the next of kin upon request. If making the notification, the RMO should take someone with him/her. The

RMO should provide the next of kin with the name and telephone number of the Family Liaison and the HRO in the event they need assistance in completing paperwork, etc. If the RMO is unable to personally notify the next of kin, it should be done by the highest level manager immediately available in the family's geographic area.

* Question to ask survivors: Are there any cultural considerations that need to be addressed immediately (e.g. The RMO may suggest offering to contact the home tribal leadership for cultural considerations).

- I. Notify the State Safety Manager of the accident as soon as possible. The SSM will notify the Bureau Safety Manager, and a SAIT will be appointed by the Bureau DASHO and Bureau Safety Manager.
- J. Report any fire-related serious accident immediately to the Director, Office of Fire and Aviation.
- K. If an aircraft is involved, notify the Aviation Management Directorate, located in Boise, ID, as soon as possible.
- L. Immediately notify the HRO so that they can notify OWCP. BLM should immediately request an autopsy via the county coroner or medical examiner. In some states, law requires autopsy in the case of an unattended death.
- M. Coordinate with the State Office of Public Affairs regarding the release of information internally and externally about the incident.
- N. If the deceased is an employee of another BLM office, another Federal agency, or a non-Federal organization, establish and maintain communication with that office/organization to ensure the accurate and timely flow of information.
- O. Ensure staff assistants are instructed to route all incoming calls and visitors to the authorized spokesperson.

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- P. Record all contacts and actions you have taken in the casualty log.

- Q. Ensure that any on-the-job accident is entered into DOI's Safety Management Information System (SMIS) at www.smis.doi.gov.

**Death as a Result of Illness
or Natural Causes**

If an employee dies on the job as a result of illness/natural causes, the RMO should:

- A. Obtain the specific information regarding the casualty (who, when, where, what, and how).
- B. Notify the State/Center Director and/or WO AD, the Servicing Human Resources Office, State Safety Manager, and law enforcement officer.
- C. Appoint a Family Liaison. If the casualty is a law enforcement officer or a fire fighter, it is preferable that the Family Liaison be assigned from the same program area.
- D. Using the Personal Emergency Information Card, identify the names of individuals who must be contacted and notify the next-of-kin. If possible, the notification should be made in person by at least two people, one of whom knows the deceased or a family member. If the family members live outside of the area, make arrangements for in-person notification by the local office representative.

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SAFETY OFFICE

OBJECTIVE

To ensure that every casualty is investigated to establish

direct and indirect cause(s) and other contributing factors. To develop findings and recommendations intended to manage risk and prevent future accidents from occurring.

RESPONSIBILITIES

Normally the State/Center Safety Manager will be notified by the RMO. However, if the RMO notifies a designated representative in the field, that individual will have the following responsibilities:

- A. Advise the official supervisor to secure the scene for an accurate investigation and instruct witnesses not to discuss the details of the incident with one another until they have been debriefed.
- B. Immediately notify the State Safety Manager. In addition, obtain copies of the casualty log to transmit to him/her.

Note: The Field representative does **not** initiate the investigation.

PROCEDURES

The State/Center Safety Manager will:

- A. Advise the official supervisor to ensure the accident scene is secure in accordance with Appendix 1.
- B. Immediately notify the Bureau Safety Manager. Provide assistance as needed.
- C. Report the casualty within eight (8) hours to the nearest OSHA office.
- D. If the responsibility is assigned to the State Safety Office, immediately notify the Department of Labor (DOL) Office of Worker's Compensation Program either by telephone, fax or electronic mail. Submit to OWCP the Official Superior's Report of Employee Death (CA-6) completed by the supervisor, along with a death certificate and a newspaper article if available. *The death certificate must be sent as soon as it is available.

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- E. Immediately notify the appropriate DOI Solicitor's Office.

Note: State/Center Safety Manager does not initiate the investigation. It is initiated by the Bureau Safety Manager.

The Bureau Safety Manager will:

- A. Advise the State/Center Safety Manager to ensure that the accident scene is secure.
- B. Advise the State/Center Safety Managers and the local manager that witnesses should be separated and statements should be written immediately. Remind local manager that Critical Incident Stress Debriefing (CISD) should not be completed until all witness statements and interviews (by Serious Accident Investigation Team) are completed.
- C. Assemble a Serious Accident Investigation Team (SAIT) in accordance with DM 485.7. Remain in contact with the investigation team to provide support as necessary.
- D. Notify the BLM and the Department DASHO, along with the DOI Office of Occupational Health and Safety (OHS).

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LAW ENFORCEMENT OFFICE

OBJECTIVE

To assist in the investigation of accidents/incidents. If a

BLM Ranger or Special Agent is killed via criminal act (i.e., gunfire), the RMO will immediately notify the Special Agent-in-Charge, who will conduct the investigation in accordance with Law Enforcement's General Orders. Accidental death of a ranger or special agent will be investigated by a SAIT with delegation from the BLM DASHO.

PROCEDURES

The Law Enforcement Office will ensure that the following is accomplished:

- A. If the casualty is a law enforcement officer killed via a criminal act:
 - (1) Have the law enforcement staff serve as the lead in investigating the incident.
 - (2) Appoint a law enforcement officer to the SAIT if the death is by on-the-job accident.
 - (3) Notify the Chief, Law Enforcement, of the casualty and keep that office apprised of the status of the investigation of the incident, pursuant to *A Guide for Reporting Serious Law Enforcement Incidents*.
 - (4) Coordinate with the Office of Public Affairs on the release of information about the incident.
 - (5) Assist in the notification of next-of-kin and in providing support and assistance to family members.
 - (6) Arrange for counseling services for employees who are affected by the accident/incident.

For casualties that do not involve law enforcement personnel, one or more law enforcement officials may be designated to serve on the accident investigation team, as requested by the appropriate Bureau Safety Manager.

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FAMILY LIAISON

OBJECTIVE

To establish and maintain open lines of communication

between the BLM and the next-of-kin/survivors.

RESPONSIBILITIES

The RMO is responsible for the following:

- A. When an employee casualty occurs, a Family Liaison must be appointed by the RMO to provide assistance to the survivor, beneficiary, or next-of-kin. Be aware of “non-traditional” family situations.
- B. When the casualty involves a fire or a law enforcement official, the family liaison should be from the same program area.

PROCEDURES

The following specific procedures should be accomplished by the Family Liaison if requested by the next-of-kin/survivors and/or the RMO:

- A. Maintain a log of all contacts with the next of kin.
- B. Provide assistance with completing the paperwork needed to obtain benefits if requested or provide the name and telephone number of the contact in the Human Resources Office who can assist the next-of-kin in completing the paperwork.
- C. Gather the deceased employee’s personal effects from the desk/work area. These personal effects should not be removed until any investigations are completed.
- D. Provide information to the workforce regarding funeral arrangements, memorial services, needs of the family, etc.
- E. Represent BLM at the funeral or memorial service, if possible.

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HUMAN RESOURCES OFFICE

OBJECTIVE

To assist management in ensuring that the employee’s beneficiaries are advised of the benefits to which they are entitled.

PROCEDURES

The following are procedures which must be completed by either the Field Support Services staff or the Human Resources Office, depending on where the responsibility is delegated.

- A. Review the Official Personnel Folder (OPF) to determine who the survivors are, who is entitled to benefits, what the specific benefits are, and how benefits may be obtained. The Family Liaison should be the primary local agency contact in assisting next-of-kin/survivors.
- B. Immediately notify the Department of Labor (DOL) Office of Worker's Compensation Programs of the casualty by telephone, fax or electronic mail. Submit to OWCP the Official Superior's Report of Employee Death (Form CA-6) completed by the supervisor, along with a death certificate and a newspaper article, if available. The death certificate must be sent as soon as it is available.
- C. Prepare a letter of condolence for State/Center Director or WO AD signature. Refer to the sample provided in Appendix 6.
- D. Contact the Payroll Operations Office to obtain an estimate of unpaid compensation due to the survivor/beneficiary/next-of-kin.
- E. Provide assistance to the survivors, beneficiaries, or next-of-kin, through the Family Liaison, in completing claims for benefits if necessary. The Human Resources Office will review all forms for completeness prior to submitting them to appropriate Federal offices.
- F. Obtain from the next-of-kin/beneficiary sufficient certified copies (with raised seal) of the death certificate to accompany benefit claims. Copies are required for the following agencies, as applicable to the situation:

- (2) Office of Personnel Management (OPM) to claim survivor benefits under the retirement system or the refund of retirement funds.
- (3) Office of Federal Employees Group Life Insurance.
- (4) Thrift Savings Plan.
- (5) Department of Defense (if employee was retired military).
- (6) Payroll Operations Office.
- (7) Department of Justice (if employee was performing law enforcement or firefighting duties and died in the line of duty).
- (8) Two or three additional copies for other life insurance policies, such as the Social Security Administration and the Veterans Administration if employee was a veteran.

G. When and if appropriate, arrange for an Employee Assistance Program Counselor to come on-site to counsel employees. It is generally recommended that a counselor (peer, Critical Incident Stress Officer (CISO), EAP) be made available one or two days after the casualty occurrence, depending on the level of trauma involved. CISD will be conducted *only* after the SAIT completes witness statements and/or interviews.

H. Provide to the deceased employee's survivor, beneficiary, or next-of-kin the "employee" copy of the Notification of Personnel Action, Standard Form 50 (SF-50), along with a letter explaining that the SF-50 may be needed when submitting claims for benefits (Appendix 7).

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I. Establish and maintain a case file of all relevant correspondence and information. At a minimum, the

case file should include:

- (1) Copies of all OWCP claim forms, if appropriate.
- (2) Copies of all benefit claim forms.
- (3) A copy of the death certificate.
- (4) A copy of the SF-50.
- (5) Copies of HRO correspondence to and from the survivors/next-of-kin/beneficiaries.

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OFFICE OF PUBLIC AFFAIRS

OBJECTIVE

To work closely with the supervisor/manager to disseminate

accurate and timely information to the public, press, media, etc., and to coordinate the release of information to all internal and external entities.

RESPONSIBILITIES

The following are some of the responsibilities of the Public Affairs office if an employee casualty occurs. However, this list is not all inclusive. Steps will vary according to circumstances.

- A. Assist the RMO in developing a "prepared statement" of the facts surrounding the casualty for release to the media.
- B. Ensure that the name(s) of deceased are not released until next of kin are notified.
- C. Issue regular internal and external information updates.
- D. Coordinate with the appropriate BLM Special Agent-in-Charge on the release of information in cases where the deceased is in a BLM law enforcement position.
- E. Submit an early alert of the casualty situation to the WO BLM Office of Public Affairs and provide them with periodic updates.

Benefits vs. Type of Appointment

The purpose of this section is to list the benefits that **may** be payable to qualified survivors upon the death of a BLM employee. Benefits will vary according to the type of appointment held and whether the death was work related or resulted from natural causes that occurred on the job. The type of employment status and the benefits that may be payable for each are outlined below. Details of these benefits may be obtained from the employee's Human Resources Office:

Career/Career Seasonal/Career Conditional/Term/SCEP Employees: Employees whose work schedule may be full-time, part-time, or when actually employed (WAE).

- Bank of America (BOA) government credit card benefits
- Civil Service Retirement System (CSRS) benefits
- Federal Employees Retirement System (FERS) benefits
- Federal Employees Group Life Insurance (FEGLI) benefits
- Federal Employees Health Benefits (FEHB)
- Office of Worker's Compensation Program (OWCP) benefits
- Public Safety Officers (PSO) benefits
- Social Security (Old-Age, Survivors and Disability Insurance (OASDI)) benefits
- Thrift Savings Plan benefits
- Unpaid Compensation (leave, travel, last paycheck)
- Veteran's benefits

STEP Employees: Federal Employee's Health Benefits (FEHB) after one year of employment.

Temporary Employees: Non permanent employees who normally work less than twelve (12) months at a time on a full-time, part-time, seasonal, or intermittent basis:

- | | |
|--------------------------------------|----------------------|
| -BOA government credit card benefits | -PSO benefits |
| -Death Gratuity | -Unpaid Compensation |
| -OASDI benefits | -Veteran's benefits |
| -OWCP benefits | |

Contractors: *Federal OWCP coverage is **not** extended to contractors.* Contractors should be advised to contact their employing company to obtain details about potential coverage through the employing agency.

Volunteers: Persons who formally apply for and are accepted to work without compensation. A volunteer may work part-time or full-time, or on a one-time service project.

- BOA government credit card benefits
- PSO benefits
- Veteran's benefits
- OWCP benefits*

**Volunteers are not automatically covered by OWCP. In most cases volunteers are covered, however, the Department of Labor needs to adjudicate each claim on a case-by-case basis.*

APPENDICES

Form 1400-113
(June 2000)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
CASUALTY LOG

Appendix 1

Record all information/action taken in relation to this casualty.

Personal Information:

Full Name: _____ Date/Time occurred: ___/___/___ ___:___ am pm
Age: _____ Home address: _____
Duty location: _____ Relationship: _____
Next-of-kin: _____ Contact number: () _____ - _____

Incident/Accident Information:

What happened:

Where:

Site secured: Yes ___ No ___ Date ___/___/___ Responsible Party _____

List of personnel contacted: - Do Not call employees's spouse or next-of-kin - this is done by RMO					
	Name	Yes	No	Date	Responsible Party
Field Manager					
Safety					
Law Enforcement					
Fire					
Public Affairs Office					
Human Resources Office					

Was next-of-kin notified: Yes ___ No ___ Date/Time ___/___/___ ___:___ am pm
Responsible Party _____

Family Liaison appointed: _____
(Continued on reverse)

Additional contacts/actions:

PERSONAL EMERGENCY INFORMATION CARD

Employee Name (<i>last, first, middle Initial</i>)	Home Address (<i>include zip code</i>)	Home Phone*
NAME	RELATION	ADDRESS (<i>include zip code</i>)
1.		
2.		
3.		

FAMILY DOCTOR(S)

NAME	ADDRESS (<i>include zip code</i>)	OFFICE PHONE*
1.		
2.		
3.		

(Continued on reverse)

**Include area code*

Are you covered under a health benefit plan? Yes No If yes, name of the plan:

Enrollment code:	Hospital preference:
Blood type:	Allergies:
Handicap(s):	

Medication(s) you are required to take daily:

Medical Alert Conditions which should be known in an emergency:

Special Instructions:

NOTICE

This information is being collected pursuant to Title 5 U.S.C. Section 7901, which provides for the establishment of procedures to deal with emergency situations. The information in this record card will be used only in an emergency to speed the provision of medical care and/or to notify a relative(s) or other person(s). Specified of an accident or injury. This record card will not be used for any other purposes. The disclosure of this information is strictly voluntary and there will not be any adverse effects on your employment status if you do not complete this record card.

*U.S. Government Printing Office: 1993 – 774-017/67087

1. Name of Deceased Employee (Last, first, middle)		2. Date of Birth (Mo., day, year)		3. Male Female	4. Social Security No.
5. Department or Agency			6. OWCP Agency Code		7. OSHA Site Code
8. Name and Address of Reporting Office			Name and Office Phone Number of Employee's Official Superior		
10. Date and Hour of Injury (Mo., day, year) AM PM		11. Date and Hour of Death (Mo., day, year) AM PM		12. Date and Hour Employee's Pay Stopped (Mo., day, year) AM PM	
13. Describe how injury occurred			14. Was employee in performance of duty when injury occurred? Yes 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)	
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 eleven months immediately prior to the injury? yes no			20. If answer to 19 is no, would position have afforded employment for eleven months except for the injury? yes no		
21. Did employee receive leave pay for any part of period from time pay stopped to date of death? (Give inclusive dates) From To			22. a. Occupation code		
			b. Type code	c. Source code	
OWCP use – NOI code					
23. Did employee receive continuation of pay (COP) during period prior to death?			24. If employee was enrolled in Health Benefit Plan for self and family, show HBS Code Number		
a. Pay rate used for COP per		b. Inclusive dates of COP From TO			
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.	
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 recover, if any \$	
31. If employee was a member of the Armed Services in 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? Yes No		
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)

FINAL SALARY CLEARANCE REPORT

Instructions: **This form should be completed 72 hours in advance of your termination date.** Since you are separating from the BLM, you must return all of the items listed below which are in your possession before separation. Please hand carry this form to the offices listed below with the exception of the Finance Office. Turn in the office materials, equipment, property etc. which have been assigned to you. Please ensure that the responsible official in each office signs the form in the appropriate spot. All blocks must be initialed as either "OK" meaning the items have been cleared or "N/A" as Not applicable. **THE COMPLETED FORM WILL BE FILED AT THE BLM-BC, BC-620.**

Name of employee	Social Security Number	Office Code
------------------	------------------------	-------------

Last Day of Active Duty	Indicate one of the following actions: <input type="checkbox"/> Resigning <input type="checkbox"/> Retiring <input type="checkbox"/> Other, Within DOI <input type="checkbox"/> BLM Transfer (specify BLM Office) <input type="checkbox"/> Other, Outside DOI <input type="checkbox"/> Other
-------------------------	---

Item	Immediate Office/Supervisor	Initial OK N/A	Item	Information Technology	Initial OK N/A
1	Accountable Property Returned with completed DI-105		28	Electronic Mail Cleared/ Lotus Notes Updated	
2	Non-Accountable Property Returned, i.e. field gear		29	Electronic Files Transferred	
3	Desk Keys		30	Telecommunications- Calling Card, Cellular Phone, Pager, and Two-Way Radio	
4	Outstanding Travel Vouchers/Bills		31	Voice Mail Password	
5	Time/Attendance Report Input and Submitted		32	Government Emergency Telecommunications Service Cards	
6	Charge Card Balance Reviewed in Coordination With Local A/OPC		33	IT Security- Login Access Request	
7	Travel/Purchase Charge Card Statement on file for three (3) years		34	Other	
8	Official Passports/Visas		Signature, IT Security _____ Date _____		
9	Secretarial I.D. Cards				
10	Federal Emergency Management I.D. Card				
11	Security Clearance Debriefing Form				
12	Removed from PayCheck System at End of Pay Period				
13	Other				

Signature, Employee's Supervisor _____ Date _____	Signature, Librarian _____ Date _____
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Item	Office Services	Initial OK N/A	Item	Charge Card Coordinator (A/OPC)	Initial OK N/A
14	BLM Issued Identification Card		37	Charge Card Destroyed/Cancelled	
15	Office Keys		38	Account Transferred to Receiving BLM Office	
16	Parking Permit		39	Uniform Draw Down Card, Returned and Canceled	
17	Government Driver's License		40	Other	
18	Building Access Cards		Signature, Charge Card Coordinator _____ Date _____		
19	Other				

Signature, Admin Support Officer _____ Date _____	Signature, Finance Officer _____ Date _____
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Item	Human Resources Office	Initial OK N/A	Item	Finance Office (BLM-BC)	Initial OK N/A
20	SF-52 Signed/ Dated with Forwarding Address		41	Travel Advances	
21	Leave/Final Salary		42	Outstanding Bills (BC-621)	
22	FEHB/FEGLI		43	FFS	
23	Retirement/TSP			IDEAS	
24	Exit Interview			CBS	
25	FPPS		44	Other	
26	Transit Benefit Program		Signature, Finance Officer _____ Date _____		
27	Other				

These items have been discussed with the employee. Information has been provided as appropriate.

Notes: See # _____ Above: _____

See # _____ Above: _____

Signature, Human Resources Representative _____ Date _____	
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EMPLOYEE'S IMMEDIATE SUPERVISOR. The Final Salary Clearance Form is required for all separating employees before final salary and/or lump sum payments are processed. The Employee's immediate supervisor is responsible for ensuring that the employee processes out prior to leaving the BLM. In addition, if the employee is charged with lost property or equipment subject to monetary deductions, a copy of the Board of Survey report or action should be attached. If the Board's report is not available at the time of the employee's separation, its unavailability and the date by which the report will be provided should be annotated on the Salary Clearance Sheet. Once the employee has cleared, the Final Salary Clearance Sheet will be returned to the BLM Business Center's Accounting Operations Division (BC-620).

ALL OTHER ACCOUNTABLE OFFICES (Property, Human Resources, Finance, Information Technology). When the separating employee clears with your office, please obtain the property or materials for which you are responsible, initial each item, and for your section, date and sign your name certifying that the employee has cleared with your area.

Notice of Law Enforcement Officer's Death

U.S. Department of Labor
 Employment Standards Administration
 Office of Workers' Compensation Programs



Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

OMB No. 1216-0116
 Expires: 08-31-2007

EMPLOYING ORGANIZATION'S REPORT

1. Name and Mailing Address, Including ZIP Code of Employing Organization	2. Name of Deceased Officer's Immediate Superior	
	3. Name and Telephone Number of Person to Contact	

4. Last, First, Middle Name of Deceased Officer	5. Officer's Birth Date (month, day, year)	6. Social Security Number
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7. Officer's Last Mailing Address, Including ZIP Code

8. Date and Hour of Injury am/ pm <input type="checkbox"/>	9. Date of Death	10. Date and Hour Pay Stopped am/ pm <input type="checkbox"/>
---	------------------	--

11. Rate of Pay on Date of Injury	12. List and Show Value of Other Pay Increments on Date of Injury	
Base \$ Per	\$	Per
Subsistence, if Extra \$ Per	\$	Per
Quarters, if Extra \$ Per	\$	Per

13. On Day of Injury Officer's Shift →	a. Began am/ pm <input type="checkbox"/>	b. Ended am/ pm <input type="checkbox"/>	14. Number of Hours Worked Per Day (exclusive of overtime)	15. Circle Days Normally Worked Per Week (exclusive of overtime) SU MO TU WE TH FR SA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
---	---	---	--	--

16. Did Officer Work for the Organization a Full 11 Months Immediately Prior to Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. If No, Would His Job Have Afforded Employment For 11 Months Except For the Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

18. Describe Nature of Injury Which Caused Death

19. Describe Fully How the Officer's Death Occurred While Enforcing the Laws of the United States. If possible, give the U.S. Code Citation.

20. Was Officer Performing Regular Duties When Injured? If No, Give Full Explanation Yes No

21. Was the Injury Caused By:

a. Officer's Willful Misconduct? Yes No

b. Officer's Intoxication? Yes No

c. Officer's Intent to Bring About Injury to Self or Another (other than normally required in performance of duty)? Yes No

Attach Detailed Explanation for Any "Yes" Answers

22. If Known, Give Name and Address of Suspect(s) or Witness(es) With Whom Officer Was Involved When Injured

23. Has Application Been Made for Compensation, Annuity, or Other Benefits as a Result of This Death Under Any Compensation Law, Police Death or Survivor's Benefit Fund, or Other Such Fund? Yes No

If Yes, Give Name and Address of Organization With Which Application Was Filed.

24. Define, Explain, or Identify the Circumstances of This Injury Resulting in Death Which Involves the United States (see the first paragraph of the instruction sheet attached to this form).

We hereby certify that the officer, whose death is reported above, was injured while in performance of duty under 5 U.S.C. §101 et seq., as extended by 5 U.S.C. §191. All statements made in this report are true to the best of our knowledge and belief.	25. Signature	26. Date Signed
	27. Title	

IMPORTANT: Please attach a copy of any investigation report of this injury and death. If no report was made, a statement from each witness should be attached reporting what he saw, heard, or knows about the incident leading to injury and death.

ATTENDING PHYSICIAN'S MEDICAL REPORT

1. Last, First, Middle Name of Deceased Officer	2. Date of Death (month, day, year)
3. History of Injury	
4. If Death Was Not Instantaneous, Describe Treatment Provided	5. Inclusive Dates on Which Treatment Was Given
6. Direct Cause of Death	
7. Contributory Cause of Death	
8. In Your Opinion, Was Death of the Officer Due to the Injury as Reported in Item 3? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, State Your Reasons For Believing Death Resulted From Other Causes.	
9. Was a Biopsy or Autopsy Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No If So, By Whom?	

10. I certify that the answers to the above questions are true to the best of my knowledge and belief. I am licensed to practice medicine and surgery in the state of _____	11. Signature	12. Date Signed
	13. Mailing Address Including ZIP Code	

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 90 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workers' Compensation Programs, Room S3229, 200 Constitution Avenue, N.W., Washington, DC, 20210. **DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.**

INSTRUCTIONS FOR COMPLETING THIS FORM

(Please do not detach)

1. **GENERAL.** This form is used to report a death sustained by a non-Federal law enforcement officer under circumstances involving a crime against the United States. Specifically, section 8191 of title 5, United States Code, provides Federal workmen's compensation benefits for a person determined to have been on any given occasion -

(1) a law enforcement officer and to have been engaged on that occasion in the apprehension or attempted apprehension of any person

(A) for the commission of a crime against the United States, or

(B) who at that time was sought by a law enforcement authority of the United States for the commission of a crime against the United States, or

(C) who at that time was sought as a material witness in a criminal proceeding instituted by the United States; or

(2) a law enforcement officer and to have been engaged on that occasion in protecting or guarding a person held for the commission of a crime against the United States or as a material witness in connection with such a crime; or

(3) a law enforcement officer and to have been engaged on that occasion in the lawful prevention of, or lawful attempt to prevent, the commission of a crime against the United States;

and to have sustained a personal injury (including disease) resulting in death, related to that occasion. Federal law enforcement officers are excluded from section 8191.

If one of the above conditions is met, this form should be filed with the Office of Workers' Compensation Programs if there are survivors eligible for benefits or if there are any unpaid medical, funeral, or transportation bills. The form is designed so that if there are no eligible survivors who wish to file claim, then their portion of the form may be detached.

If additional space is needed for any answer, attach a separate sheet of paper and write, "see separate sheet," in the appropriate box of this form. Please place the name of the deceased officer (and case file number if known) to OWCP within 5 years from the date of death. If there are no survivors, it is suggested that their portion of this form be completed before the former employing organization and the physician complete their portion.

2. **EMPLOYING ORGANIZATION'S REPORT.** This report must be completed in every instance by the deceased officer's former employing organization. Wage information, duty hours, and like information should be obtained from the organization's records. If the organization disagrees with one or more of the statements made by the survivors, it should submit a detailed explanation giving the reasons for its disagreement.

3. **ATTENDING PHYSICIAN'S MEDICAL REPORT.** This report is to be completed by a physician who examined or treated the deceased officer. It is not necessary if a copy of a more complete medical report is being submitted.

4. **CLAIM ON BEHALF OF WIDOW, WIDOWER, OR CHILDREN.** This is a formal claim for death benefits on behalf of all those listed in the claim; it may be submitted by -

(1) any survivor of the deceased officer;

(2) any guardian, personal representative, or other person legally authorized to act on behalf of the officer's estate or any of his survivors; or

(3) any association of law enforcement officers acting on behalf of the officer's survivors.

Items 8 through 11 on this claim pertain to the surviving spouse and should not be completed if no claim is being made on his or her behalf, or if there is no surviving spouse. Item 12 asks for names of surviving children. If there are more children than room to enter their names, attach a separate sheet. This is very important. In the last line of item 12 write, "see attached sheet for names of additional children."

In item 14 list anyone else for whom the officer was furnishing some support at the time of his/her death. Include minor children from his/her prior marriages even though the officer was not supporting them prior to his/her death. Again, if more room is needed attach a separate sheet.

The form and the attachments (please read paragraph 6 below) should be sent to the officer's former employing organization.

5. **CLAIM ON BEHALF OF DEPENDENT OTHER THAN WIDOW, WIDOWER, OR CHILDREN.** This is a formal claim for death benefits on behalf of one person. If more than one person listed below was dependent on the deceased officer, write to the Office of Workers' Compensation Programs for extra forms. This claim may be submitted by -

(1) any survivor of the deceased officer;

(2) any authorized to act on behalf of the officer's estate or any of his survivors; or

(3) any association of law enforcement officers acting on behalf of the officer's survivors. These dependents other than the widow, widower, and children who may be eligible for benefits include dependent parents, dependent grandparents, dependent brothers, dependent sisters, and dependent grandchildren of the officer. There is no provision in the law for other relatives.

The form and the attachments (please read paragraph 6 below) should be sent to the officer's former employing organization.

6. ATTACHMENT. There are several documents that must be submitted in support of most claims. Sometimes they will not be readily available. To avoid delays in processing this form, make up a list of those documents that will be sent at a later date. Then as documents are received send them directly to the Office of Workers' Compensation Programs.

Needed are:

- (1) Officer's death certificate (all cases);
- (2) Birth certificates of all children claiming compensation; for adopted children furnish orders of adoption instead of birth certificates.
- (3) Marriage certificate of spouse claiming compensation;
- (4) Documents showing dissolution of prior marriages of officer and of spouse, such as final divorce decrees, death certificates (needed only if spouse is claiming compensation);
- (5) Officer's birth certificate (needed only if claim is being made by parent, grandparent, brother, or sister of officer);

(6) Dependent's birth certificate (needed only if claim is being made by brother, sister, or grandchild of officer);

(7) As proof of relationship to the officer a grandparent claiming compensation must provide the birth certificate of the officer's mother or father, as appropriate; a grandchild claiming compensation must provide the birth certificate of the officer's son or daughter, as appropriate;

(8) A recent medical report describing disability for unmarried dependants over age 18 who are basing their claim on mental or physical disability (needed only if claim is being made by widower, child, brother, sister, or grandchild); if this person is committed to a public institution merely state the name and address of the institution.

Except for (8), all documents must bear the signature and seal (imprint) of the public official having custody of such records. All documents or records originating in a court of law must bear the signature and seal (imprint) of the proper court official. Photostat copies are not acceptable unless they bear the actual signature and seal of the public official, not just a copy.

7. SUBMITTING THIS FORM. This form and available attachments should be turned over to the officer's former employing organization. The organization will have any remaining parts completed. Afterwards, it should review the form and attachments for completeness and to see that all signatures appear. If a report of investigation of any type was made on the death or the incident leading to death, a copy should be attached. When the form and any statements and attachments are ready for transmission, this instruction page should be removed. Only one copy of this form (the original) need be submitted.

Privacy Act

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 522a), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended and extended (5 U.S.C. 8101, et seq.) (FECA) 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 retention, rehires, or other relevant matters. (4) Information may also be given to other Federal agencies, other government entities, and to private-sector agencies and/or employers as part of rehabilitative and other return-to-work programs and services. (5) Information may be disclosed to physicians and other health care providers for use in providing treatment or medical/vocational rehabilitation, making evaluations for the Office, and for other purposes related to the medical management of the claim. (6) 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. (7) Disclosure of claimant's social security number (SSN) or tax identifying number (TIN) on this form is mandatory. 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. (8) 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.

Note: This notice applies to all forms requesting information that you might receive from the Office in connection with the processing and adjudication of the claim you filed under the FECA.

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workers' Compensation Programs, Room S3222, 200 Constitution Avenue, N.W., Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.**

All completed forms, documents, and inquiries should be sent to
Office of Workers' Compensation Programs
Washington, D.C. 20211

Claim on Behalf of Widow, Widower, or Children

1. Last, First, Middle Name of Deceased Officer	2. Date of Death (month, day, year)
3. Mailing Address, Including ZIP Code of Surviving Spouse or Guardian	4. Nature of Injury Which Caused Death
5. Name of Officer's Former Employing Organization	

CLAIM OF SURVIVING SPOUSE	6. Date of Marriage to Officer	7. Was Spouse Living With Officer at Time of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Number of Children Now Living Who Are the Issue of This Marriage
	9. Was Spouse Married at Any Time to Anyone Other Than Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Was the Officer Married at Any Time to Anyone Else? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Date of Birth of Surviving Spouse

If answer to either items 9 or 10 is yes, submit documents to show dissolution of prior marriages, such as death certificates, divorce decrees.

12. List all Children of the Officer for Whom Claim is Being Made (those living at the time of his death and who were under 18, or who were over 18 and a student or incapable of self-support)

Name	Date of Birth	Living at Address Shown in Item 3?	If Not, Show Mailing Address
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____

13. Has a Legal Guardian Been Appointed for Any of the Above-Named Children? Yes No If Yes, Give Name and Mailing Address of Guardian of Each Child and Attach a Certified Copy of Appointment Documents

14. List Any Other Relatives Who May Be Entitled to Compensation

Name	Date of Birth	Mailing Address	Relationship to Officer
_____	_____	_____	_____
_____	_____	_____	_____

15. Has Application Been Made for Compensation, Annuity, or Other Benefits as a Result of This Death Under Any Compensation Law, Police Death or Survivor's Benefit Fund, or Other Such Fund? Yes No If Yes, Give Name and Address of Organization With Which Application Was Filed.

16. Was Officer Ever in the Armed Forces of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Furnish →	A. Service Number	B. Branch of Service	C. Period of Service From Through
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17. If Question 16 is Answered "Yes," Has Application Ever Been Made for Compensation or Pension on Account of Such Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Furnish →	A. Claim Number	B. Name and Address of Office Where Claim is Filed
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18. Has Application Ever Been Made for Any Annuity on Account of Officer's Civilian Service With the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Furnish →	A. Type of Annuity (e.g., civil service retirement)	B. Claim Number
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19. I hereby make claim for compensation for the spouse and/or children listed above, under 5 U.S.C. §101 et seq., as extended by 5 U.S.C. §191, as a result of the death of the above-named officer, who sustained fatal injury while in the performance of duty. Every statement set forth above is true to the best of my knowledge and belief.

(Signature of Claimant)

(Date)

Claim on Behalf of Dependent Other Than Widow, Dependent Widower, or Children

1. Last, First, Middle Name of Deceased Officer		2. Date of Death (month, day, year)	
3. Name of Officer's Former Employing Organization		4. Nature of Injury Which Caused Death	
5. Last, First, Middle Name of Dependent			
6. Dependent's Mailing Address including ZIP Code			
		7. Dependent's Birth Date	
8. Dependent's Social Security Number	9. Relationship to Officer	10. Dependency on Officer <input type="checkbox"/> Total <input type="checkbox"/> Partial	
11. Amount Contributed by Officer Toward Dependent's Support During the 12 Months Immediately Prior to Death	12. Did Officer Live With Dependent During the 12 Months Immediately Prior to Officer's Death? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Furnish →	A. Amount Paid by Officer to Dependent in Money or Service for Room and Board in Addition to Contribution Shown in Item 11.	B. If No Fixed Amount Was Paid for Room and Board, What is the Fair Value of Such Room and Board?
13. Was Dependent Employed During the 12 Months Immediately Prior to Officer's Death? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Furnish →	A. Occupation (s)	B. Period Employed	C. Monthly Rate of Pay
14. In Addition to Employment, State Other Income From All Sources During the 12 Months Prior to Officer's Death.			
Investments \$	Pensions \$	From People Other Than Officer \$	All Other Sources \$
15. At Time of Officer's Death Was Dependent Married? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Furnish →	A. Birth Date	B. Occupation	C. Total Income From All Sources For 12 Months Prior to Officer's Death
16. List All Property Owned by Dependent and/or Spouse (omit clothing, furniture). Give Approximate Market Value of Each Item and Date Acquired			
17. List Name and Relationship of Persons Dependent Upon This Dependent.			
18. Has Application Been Made for Compensation, Annuity, or Other Benefits as a Result of This Death Under Any Compensation Law, Police Death or Survivor's Benefit Fund, or Other Such Fund? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Give Name and Address of Organization With Which Application Was Filed.			
19. Was Officer Ever in the Armed Forces of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Furnish →	A. Service Number	B. Branch of Service	C. Period of Service From Through
20. Has Application Ever Been Made for Any Annuity on Account of Officer's Civilian Service With the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Furnish →	A. Type of Annuity (e.g., civil service retirement)		B. Claim Number
21. I hereby make claim for compensation under 5 U.S.C. §101 et seq., as extended by 5 U.S.C. §191, as a result of the death of the above-named officer, who sustained fatal injury while in performance of duty. Every statement set forth above is true to the best of my knowledge and belief.			
_____		_____	
(Signature of Claimant)		(Date)	

SAMPLE LETTER OF CONDOLENCE

Addressed to Survivor/Beneficiary

Dear *name*:

I wish to express my sympathy concerning the loss of your (husband/wife/father, etc.). (*Name*) was a valued employee while working for (*name of division*) with the Bureau of Land Management. (*Enter a short description describing the deceased individual's accomplishments or if appropriate, description of a particularly noteworthy occasion. This information should come from, and be provided by the deceased employee's supervisor.*)

(*First name*) will be missed by (*his/her*) co-workers, supervisors, and managers within the Bureau of Land Management, both personally and professionally.

I have asked _____ to be available should you be in need of assistance or have any questions that you would like to ask with regard to your (*husband's/wife's/son's/etc.*) benefits. (*His/her*) telephone number is _____.

With Sympathy,

State Director

SAMPLE LETTER EXPLAINING SF-50

Addressed to Survivor/Beneficiary

Dear *name*:

Please accept our condolences for the loss of your *describe relationship, i.e., spouse.*

Enclosed is a copy of the "Notification of Personnel Action," Standard Form 50, (SF-50). This document may be needed when you apply for the various benefits to which you are entitled. We recommend that you retain a copy of this document in your files as you may need it at some future date.

If you have questions with regard to this document or are in need of assistance, please call _____ at _____.

Sincerely,

Human Resources Officer

1 Enclosure

1 - Notification of Personnel Action (SF-50)

LISTING OF POTENTIALLY INVOLVED FEDERAL AGENCIES

Bureau of Land Management

Bureau Safety Manager

Office: (202) 501-2664

Cell: (202) 557-4466

*In the event the Bureau Safety Manager is not available, call the BLM Safety Manager's Staff Assistant

Office: (202) 501-2622

Public Safety Officer's Benefits Program

Public service employee death benefits administered by the Department of Justice

Office: 1-888-744-6513

Web address: http://www.ojp.usdoj.gov/BJA/grant/psob/psob_main.html

Address: PSOB

Bureau of Justice Assistance

810 7th Street, NW

Washington, DC 20531

Aviation Management Directorate (AMD)

AMD Aviation & Safety and Evaluation Division

Office: (208) 433-5070

After hours 24-hour Mishap Reporting Hotline: 1-888-4MISHAP (1-888-464-7427)

Address: 300 East Mallard Drive, Suite 200

Boise, Idaho 83706-3991

Occupational Safety and Health Administration (OSHA)

To report a fatality call 1-800-321-OSHA (6742) as soon as possible and no later than eight hours after the death. Ref. OSHA 29 CFR 1960.70.

Web address: <http://www.osha.gov/>

Social Security Administration

Information about claims: 1-800-772-1213

Web address: <http://www.socialsecurity.gov>

Employee Assistance Program Public Health Service

Toll free EAP telephone number: 1-800-222-0364

Local EAP telephone number: _____

District Office 1 – Boston

(Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont)

Office: (617) 624-6600

Fax: (617) 624-6618

Address: U.S. Department of Labor, OWCP
JFK Federal Building, Room E-260
Boston, MA 02203

District Office 2 – New York

(New Jersey, New York, Puerto Rico, and the Virgin Islands)

Office: (646) 264-3000

Fax: (646) 264-3006

Address: U.S. Department of Labor, OWCP
201 Varick Street, Room 740
New York, NY 10014

District Office 3 – Philadelphia

(Delaware, Pennsylvania, and West Virginia; Maryland when the claimant's residence has a zip code beginning 21*)**

Office: (215) 861-5481

Fax: (215) 861-5453

Address: U.S. Department of Labor, OWCP
Curtis Center, Suite 715 East
170 S. Independence Mall West
Philadelphia, PA 19106-3308

District Office 6 – Jacksonville

(Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee)

Office: (904) 357-4777

Fax: (904) 357-4773

Address: U.S. Department of Labor, OWCP
400 West Bay Street, Room 826
Jacksonville, FL 32202

District Office 9 – Cleveland

(Indiana, Michigan, and Ohio; all special claims and all areas outside the U.S., its possessions, territories and trust territories)

Office: (216) 357-5100

Fax: (216) 357-5378

Address: U.S. Department of Labor, OWCP
1240 East 9th Street, Room 851
Cleveland, OH 44199

District Office 10 – Chicago

(Illinois, Minnesota, and Wisconsin)

Office: (312) 596-7157

Fax: (312) 596-7145

Address: U.S. Department of Labor, OWCP
230 South Dearborn Street, 8th Floor
Chicago, IL 60604

District Office 11 – Kansas City

(Iowa, Kansas, Missouri, and Nebraska; all employees of the Department of Labor, except Job Corps enrollees, and their relatives)

Office: (816) 502-0301

Fax: (816) 502-0304

Address: U.S. Department of Labor, OWCP
1100 Main Street, Suite 750
Kansas City, MO 64105

District Office 12 – Denver

(Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming)

Office: (720) 264-3000

Fax: (720) 264-3124

Address: U.S. Department of Labor, OWCP
1999 Broadway, Suite 600
Denver, CO 80202

District Office 13 – San Francisco

(Arizona, California, Hawaii, and Nevada)

Office: (415) 848-67001

Fax: (415) 848-6936

Address: U.S. Dept. Of Labor, OWCP
71 Stevenson Street, Suite 305
San Francisco, CA 94105

Or write to:

P.O. Box 193769
San Francisco, CA 94119-3769

District Office 14 – Seattle

(Alaska, Idaho, Oregon, and Washington)

Office: (206) 398-8100

Fax: (206) 398-8151

Address: U.S. Dept. Of Labor, OWCP
1111 Third Avenue, Suite 650
Seattle, WA 98101-3212

District Office 16 – Dallas

(Arkansas, Louisiana, New Mexico, Oklahoma, and Texas)

Office: (972) 850-2300

Fax: (972) 850-2301

Address: U.S. Department Of Labor, OWCP
525 South Griffin Street, Room 100
Dallas, TX 75202

District Office 25 – Washington, D.C.

(District of Columbia, and Virginia; Maryland when the claimant's residence has a zip code beginning other than 21*)**

Office: (202) 513-6800

Fax: (202) 513-6806

Address: U.S. Dept. Of Labor, OWCP
800 N. Capitol Street, NW, Room 800
Washington, D.C. 20211