GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF RISK MANAGEMENT

Jed Ross
Chief Risk Officer

Public Sector Workers'
Compensation Program

Form A-1 REQUEST FOR AUDIT OR CERTIFICATION OF AWARD

READ INSTRUCTIONS HERE AND ON THE REVERSE SIDE

Please complete "Claimant Information," followed by either Part A or Part B.

Part A: Use Part A to request a calculation of your indemnity benefits. Please submit with this form any necessary attachments, including but not limited to: pay stubs, PeopleSoft records, Personnel Action Forms, et al. This request (excluding attachments) shall not exceed five (5) single-sided pages.

- or -

Part B: Use Part B to request a certification of compensation benefits due pursuant to an Award issued by the Office of Hearings and Appeals (OHA) or the Office of Administrative Hearings (OAH). Part B may only be filed thirty (30) days after an Award issued by the OHA or the OHA has become final and the Program has failed to comply with the final decision within that time period. You must submit with this form a copy of the final Award for which you are requesting the certification.

CLAIMANT INFORMATION

Claimant's Name: _____

Claimant's Full Address (with unit number, zip code):

Claimant's Telephone: _____
Claimant's E-mail: _____
Claim Number: _____
Employing Agency: _____

Representative (if any): _____

Rep.'s Full Address (with unit number, zip code):

Rep.'s Telephone: _____
Rep.'s Fax: _____
Rep.'s E-mail _____
Date of Injury: _____

PART A. YOU MUST ANSWER QUESTIONS 1-4. USE ADDITONAL PAPER IF NECCESARY.
(Attach records, proof, or evidence in support of your position.)

1. **What is your current bi-weekly indemnity compensation rate as calculated by the Program?** _____
2. **Why do you believe that the Program has incorrectly calculated your rate?**

➔ ➔ TURN OVER TO CONTINUE ➔ ➔

3. **How did you arrive at this rate?**

4. **Optional: Is there any additional information you believe the Program should know about as it relates to the calculation of your rate?**

PART B. YOU MUST ANSWER BOTH QUESTIONS AND ATTACH A COPY OF THE FINAL ORDER.

1. **What was the date of the final order entered by the OHA or OAH?** _____
2. **Have you received a Provisional or Final Notice of Benefits?** YES ☐ NO ☐

I have read this Form and I swear or affirm that the contents are true and accurate to the best of my knowledge.

Name _____ Signature _____ Date _____

WHERE TO FILE: Return this form to **ORM/PSWCP by mail, in person, e-mail, or fax**. You may return the form in person, weekdays between 8:30 a.m. and 5:00 p.m. You will need photo identification to enter the building:

Office of Risk Management
One Judiciary Square
441 Fourth Street, NW, Suite 800 South
Washington, D.C. 20001
Phone: (202) 442-HELP (4357)
E-mail: wcsecure@dc.gov
Fax: (202) 535-1130
Please visit http://www.orm.dc.gov for more information.