

Claimant's Name

NAFI #

DOI

LEAVE OPTION STATEMENT  
FOR NONAPPROPRIATED FUND INSTRUMENTALITIES (NAFI)  
WORKERS' COMPENSATION CLAIM BENEFITS

Workers' compensation benefits are provided to injured employees in accordance with the Longshore and Harbor Workers' Compensation Act. Employees who are eligible for sick or annual leave benefits and are entitled to receive workers' compensation benefits for illness or injury, may elect to accept **ONE** of the following options according to DoD 1401.1-M Chap. IV, par. B.2.c.(7).

OPTION I

Receive workers' compensation disability benefits from Third Party Administrator TPA supplemented with accrued sick or annual leave up to an amount not exceeding the employee's basic salary. This is accomplished by the payment of full sick or annual leave benefits to the employee, ***in lieu of compensation***, with partial reimbursement of the sick or annual leave used through the employee's assignment of all workers' compensation temporary disability benefits paid by the TPA. ***This constitutes advance payment of compensation under the Act.***

Sick Leave

I elect to receive full sick or annual leave benefits and request that all workers' compensation temporary disability benefits be mailed to me at:

\_\_\_\_\_  
Nonappropriated Fund Personnel Office Address

Annual Leave

I understand that my sick or annual leave balance will be credited with the appropriate number of hours based on the amount of my workers' compensation temporary disability benefits. **I will endorse the checks received from the TPA.**

\_\_\_\_\_  
Injured Employee's Signature Date

OPTION II

Receive only workers' compensation temporary disability benefits from TPA.

I elect to be place on leave without pay for the entire period of absence due to injury. I understand that if compensation is denied, I may be paid on the basis of sick or annual leave accrued to me.

\_\_\_\_\_  
Injured Employee's Signature Date