

**US ARMY NONAPPROPRIATED FUND**

**WORKERS' COMPENSATION CLAIM BENEFIT OPTIONS**

Workers' compensation benefits are provided to injured employees in accordance with Army Regulation 215-1, Chapter 19, Section XV.

Employees entitled to receive workers' compensation benefits for illness or injury may elect to accept one of the following options in accordance with AR 215-3, Chapter 5.

**OPTION I.** Receive workers' compensation disability benefits from the claims administration service contractor supplemented with accrued sick and/or annual leave up to an amount not exceeding your basic salary. This is accomplished by the payment of full leave benefits to the employee, with partial reimbursement (about 2/3) of the leave used through the employee's assignment of all workers' compensation temporary disability benefits.

I ELECT TO RECEIVE FULL LEAVE BENEFITS AND HEREBY REQUEST THAT ALL WORKERS' COMPENSATION TEMPORARY DISABILITY BENEFITS BE MAILED TO ME AT:

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**NAF CIVILIAN PERSONNEL OFFICE ADDRESS**

I UNDERSTAND THAT MY LEAVE BALANCE WILL BE CREDITED WITH THE APPROPRIATE NUMBER OF HOURS BASED ON THE AMOUNT OF MY WORKERS' COMPENSATION TEMPORARY DISABILITY BENEFITS CHECK. I WILL ENDORSE THE CHECKS RECEIVED FROM THE CLAIMS SERVICE CONTRACTOR.

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**EMPLOYEE'S SIGNATURE**

**DATE**

**OPTION II.** Receive only workers' compensation temporary disability benefits from the claims service contractor.

I ELECT TO BE PLACED ON LEAVE WITHOUT PAY FOR THE ENTIRE PERIOD OF ABSENCE DUE TO INJURY.

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**EMPLOYEE'S SIGNATURE**

**DATE**