

Local Grievance # _____

Issue Statement (Block 15 on PS Form 8190):

Did management violate Articles 19 and 21.4 of the National Agreement by failing provide Letter Carrier **[Name]** with a quarterly Health Benefit Refund?

Union Facts and Contentions (Block 17 on PS Form 8190):

Facts:

1. Letter Carrier **[Name]** submitted a written request for their quarterly Health Benefit Refund to **[Name of Postmaster]** on **[date]**. A copy of the request is included in the case file.
2. Management failed to meet their contractual obligation to process the Health Benefit Refund request.
3. Article 21 of the JCAM states:

21.4 Section 4. Injury Compensation

Employees covered by this Agreement shall be covered by Subchapter I of Chapter 81 of Title 5, and any amendments thereto, relating to compensation for work injuries. The Employer will promulgate appropriate regulations which comply with applicable regulations of the Office of Workers' Compensation Programs and any amendments thereto.

Workers' Compensation. Letter carriers who sustain occupational injury or disease are entitled to workers' compensation benefits under the Federal Employees' Compensation Act (FECA), administered by the U.S. Department of Labor's Office of Workers' Compensation Programs (OWCP).

Sources of information concerning federal workers' compensation benefits are:

- *ELM Chapter 540—USPS regulations governing workers' compensation;*
- *USPS Handbook EL-505, Injury Compensation (December 1995);*
- *Title 5 United States Code Section 8101 (5 U.S.C. 8101)—the Federal Employees' Compensation Act (FECA);*

- *Title 20 Code of Federal Regulations Section Chapter 1 (20 C.F.R. 1) —regulations of the Office of Workers' Compensation Programs;*
- *Title 5 Code of Federal Regulations Part 353 (5 C.F.R. 353)— regulations concerning the restoration to duty of employees who sustain compensable injuries.*

4. The following language is found in Employee and Labor Relations Manual:

525.132 Health Benefits Refund Program

The following provisions apply:

- a. *Explanation. This program is designed to reimburse injured employees for an overdeduction of health benefits premiums by the OWCP. For the first year of compensable disability, OWCP deducts health benefits premiums at the Postal Service rate. Thereafter, the deduction is made at the standard rate applied by the OPM for federal employees. The OPM premium rate is higher than the Postal Service rate. Therefore, Postal Service employees enrolled in a health benefits plan who are in an LWOP status for over 1 year and who are also receiving OWCP compensation may be due a refund for overdeduction of health benefits premiums.*
- b. *Eligibility for Refund. In order to be eligible for a health benefits refund, all of the following criteria must be met for the period of compensable disability:*
 1. *Employee must be in an LWOP/injury on duty status. Employees who are separated from the Postal Service are not eligible.*
 2. *Employee must receive OWCP compensation payments with health benefits premiums deducted at the OPM rate.*
 3. *A period of a least 1 year must have elapsed since the employee was initially placed on OWCP compensation.*
- c. *Verification of Eligibility. The Injury Compensation Performance Analysis System Health Benefits Report is to be used to verify information found on PS Form 202, Health Benefits Refund Payment Authorization.*
- d. *Refunds. After verifying an employee's eligibility, health and resource management personnel must take the following steps to process the refund:*
 1. *Initiate PS Form 202, Health Benefits Refund Payment Authorization, on a quarterly basis. In calculating the amount of refund to be paid, subtract the difference between the OPM health benefits premium rate and the Postal Service rate of the health benefits plan chosen by the employee.*

2. Upon completion of PS Form 202, obtain approval of the district manager or designee.
3. Complete PS Form 8230, Authorization for Payment, and submit it for payment, with the refund authorization as support, to the Scanning and Imaging Center, using General Ledger Account (GLA) 51209, H.B. Premiums — Workers Comp Claimants.
4. File the original PS Form 202 in the employee's injury compensation file and send one copy to the employee.

Eagan Accounting Services will forward the refund to the employee.

Contentions:

1. Management violated Article 21, Section 4 of the National Agreement at the **[Installation/Office]** by failing to process the Health Benefit Refund request.
2. Management's failure in this regard has caused significant monetary harm to Letter Carrier **[name]**. Letter Carrier **[name]** has, through no fault of their own, been overcharged via payroll deduction for their health benefit premiums for a period of **[dates]**.

Remedy (Block 19 on PS Form 8190):

1. That management cease and desist violating of Article 21, Section 4 of the National Agreement in the **[Installation/Post Office]** in the future.
2. That management immediately provide the Grievant with their quarterly Health Benefit Refund.
3. That all payments associated with this case be made as soon as administratively possible, but no later than 30 days from the date of settlement.
4. That proof of payment be provided to **[NALC Official]** upon payment, and/or any other remedy the Step B team or an arbitrator deems appropriate.

Add the following issue statement, facts, contentions, and remedy request if we can prove the violation is repetitive:

Issue Statement:

Did management violate Article 15.3.A of the National Agreement along with policy letter M-01517 by failing to comply with the prior Step B decisions or local grievance settlements in the case file, and if so, what should the remedy be?

Facts:

1. Article 15.3.A of the National Agreement states in relevant part:

The parties expect that good faith observance, by their respective representatives, of the principles and procedures set forth above will result in resolution of substantially all grievances initiated hereunder at the lowest possible step and recognize their obligation to achieve that end.

2. M-01517 states in part:

Compliance with arbitration awards and grievance settlements is not optional. No manager or supervisor has the authority to ignore or override an arbitrator's award or a signed grievance settlement. Steps to comply with arbitration awards and grievance settlements should be taken in a timely manner to avoid the perception of non-compliance, and those steps should be documented.

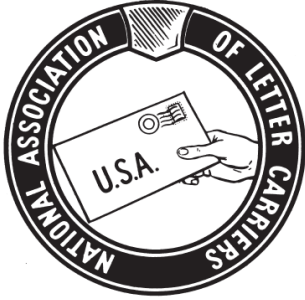
3. Included in the case file are **[Arbitration Awards/Step B decisions/local grievance settlements, etc.]** in which management was instructed/agreed to cease and desist failing to provide Health Benefit Refund refunds in accordance with the National Agreement.

Contentions:

1. Management violated Article 15.3.A of the National Agreement and M-01517 by failing to abide by the previous Step B decisions/local grievance settlements in the case file. When management violates contractual provisions despite being instructed/agreeing to cease and desist these violations, they have failed to bargain in good faith.
2. The Union contends that Management has had prior cease and desist directives to stop failing to provide Health Benefit Refund refunds in accordance with the National Agreement. The Union has included past decisions/settlements in the case file to support this point.

Remedy:

1. That management cease and desist violating Article 15 of the National Agreement.
2. That Letter Carrier(s) **[Name], [Name], and [Name]** each be paid a lump sum of \$100.00 to serve as an incentive for future compliance.



National Association of Letter Carriers Request for Information

To: _____
(Manager/Supervisor)

Date _____

(Station/Post Office)

Manager/Supervisor _____,

Pursuant to Articles 17 and 31 of the National Agreement, I am requesting the following information to investigate a grievance concerning a violation of Article 15:

1. A copy of Letter Carrier **[name]** request for a quarterly health benefit refund.

In addition, I am also requesting time to interview the following individuals:

1. **[Name]**
2. **[Name]**
3. **[Name]**

Your cooperation in this matter will be greatly appreciated. If you have any questions concerning this request, or if I may be of assistance to you in some other way, please feel free to contact me.

Sincerely,

_____ Request received by: _____

Shop Steward
NALC

Date: _____



National Association of Letter Carriers Request for Steward Time

To: _____ Date _____
(Manager/Supervisor)

(Station/Post Office)

Manager/Supervisor _____,

Pursuant to Article 17 of the National Agreement, I am requesting the following steward time to investigate a grievance. I anticipate needing approximately _____ (hours/minutes) of steward time, which needs to be scheduled no later than _____ in order to ensure the timelines established in Article 15 are met. In the event more steward time is needed, I will inform you as soon as possible.

Your cooperation in this matter will be greatly appreciated. If you have any questions concerning this request, or if I may be of assistance to you in some other way, please feel free to contact me.

Sincerely,

Request received by: _____

Shop Steward
NALC

Date: _____