

Managers' Guide to Appendix D and the Advisory Board on Compensation Claims
(ABCC):
Claims for service-incurred injury, illness or death

1. Appendix D to the Staff Rules (Appendix D) sets forth the rules which govern compensation in the event of injury or illness or death which is found to be attributable to the performance of official duties on behalf of the United Nations (service-incurred).

2. This is an overview for filing a claim under Appendix D. It is provided to assist managers in recognizing the type of incidents that may be considered as service-incurred; and to guide managers in being a source of information for their staff and/or their dependents in the claims process, as they will frequently be the first point of contact in handling situations involving service-incurred injury, illness or death. The ABCC secretariat is of course also available to support managers and their staff.

Role of managers

3. Managers may be required to take the following actions and to provide the information/documentation listed below:

- coordinate the submission of claims to the ABCC secretariat by the Administrative or Human Resources Officer
- provide a statement regarding the circumstances of an incident
- obtain statements from witnesses
- provide full information on claims to the ABCC secretariat
- advise claimants of the requirement to submit complete medical documentation
- advise all staff members handling a claim that medical information is highly confidential
- if a case entails exhaustion of sick leave, request the Administrative or Human Resources Officer to ensure that the claimant's sick leave records are up-to-date
- advise staff members of the availability of other types of compensation or coverage, (e.g., sick leave, death benefits, the Malicious Acts Insurance Policy and disability benefits awarded by the United Nations Joint Staff Pension Fund)

Where claims should be sent

4. Claims arising in peacekeeping missions must be submitted to the mission Administrative Office, which will then forward the claim and the supporting documentation to the Field Personnel Operations Service of the Department of Field Support (DFS).

5. Claims arising from agencies and funds must be submitted through their respective administrative or human resources focal points.

6. Claims arising at headquarters duty stations must be submitted through the duty station focal point, Administrative Officer or Executive Office.

7. These focal points submit claims to the Secretary, Advisory Board on Compensation Claims (ABCC), 304 East 45th Street, Room FF-362, NY, NY 10017. The ABCC secretariat is located in the Insurance and Disbursement Service (IDS), Accounts Division, Office of Programme Planning and Budget.

Deadline for submission

8. The claim form (P.290) (Annex 1) and supporting documentation must be submitted to the ABCC secretariat, within one year of the date of injury, illness or death.

9. Exceptions to the deadline will be made only for medical incapacity, such incapacity to be determined by the Medical Services Division.

Who is eligible

- all staff members of the United Nations common system
- all staff members of UNDP, UNFPA, UNICEF, UNOPS and UNHCR
- consultants and contractors, if the terms of their contract specifically include Appendix D coverage

Who is ineligible

- interns
- daily workers
- United Nations Volunteers (however, staff members of the UNV are covered)

Members of commissions and committees:

10. ST/SGB/103/Rev.1 provides Appendix D coverage to all members of commissions, committees or similar bodies whose service is recognized by payment of annual remuneration or daily subsistence allowance by the Organization.

Available compensation

- reimbursement of medical expenses (as certified by the Medical Services Division)

- a one-time lump-sum payment for a permanent loss of function or impairment
- total disability benefit
- special sick leave credit for sick leave taken as a direct result of a service-incurred injury or illness (only when sick leave entitlement has been exhausted)
- compensation to surviving spouses and dependent children in cases of death
- certain funeral expenses

Not compensable

- legal fees and associated expenses
- transportation
- other non-medical expenses
- consequential damages
- pain and suffering

Incidents/accidents generally considered service-incurred

- injury, illness or death that occurs while engaged in an activity and at a place required for the performance of official duties
- those that occur during official travel
- commuting accidents that occur if the claimant was travelling to and from the office via the most direct route with no deviations and via reasonable means of transportation

Specific documentation that is required in the event of a commuting accident includes police report, emergency room report, and a map or sketch showing the claimant's residence in relation to the office and the location where the accident occurred.

- injury, illness or death that was directly due to presence, in accordance with an assignment by the United Nations, in an area involving special hazards identified by UN security, and occurred as a result of such hazards

Exclusions

- misconduct, recklessness, gross negligence, willful intent

- disregard of security requirements, or failure to use safety devices or medical prophylaxis
- physical confrontation or violence
- pre-existing medical condition
- telecommuting

Documenting claims

11. The documentation set out below is required to substantiate claims submitted under Appendix D. As claims are reviewed on a case-by-case basis, additional documentation may be required. Documentation, including medical reports and expenses, must be provided in French or English (the official working languages of the United Nations), or translations into English or French.

Documentation required for injury or illness claims

Provided by claimant:

- completed, signed claim form (P.290)
- medical reports relating to the injury or illness being claimed (If the illness being claimed is a psychiatric condition, a report from a psychiatrist (not a psychologist) is required.)
- Documentation for medical expenses: If the payment or reimbursement of medical expenses is being requested, originals or clear copies of the following must be submitted: (i) an itemized list of the medical expenses being claimed, including the name of the medical practitioner, the date of service and the currency and amount of the bills, using the medical expense claim form (Annex 2) and (ii) originals or clear copies of the bills and proof of payment. If claimants submitted medical expenses for a service-incurred injury or illness to their medical insurer, then, in addition to the bills, the relevant explanations of benefits (EOBs) from their insurer must also be submitted. If the claim has been handled through the Medical Insurance Plan (MIP), then the MIP envelope must be provided.

The Medical Services Division (MSD) determines whether a medical expense is (i) directly related to the service-incurred injury/illness, (ii) a reasonable treatment for the service-incurred injury/illness and (iii) at a reasonable cost for the treatment or service.

If the claimant's physician has recommended an ongoing or periodic non-emergency treatment (such as physical therapy or psychotherapy), pre-approval from MSD may be requested. The claimant must provide the ABCC with a medical report which details the claimant's medical condition, provides a brief description of the proposed treatment, specifies the frequency and duration of the

proposed therapy, and sets out its cost. The ABCC secretariat will forward the request to MSD for review and will then advise the claimant whether reimbursement for the treatments has been approved.

In certain instances and, upon the recommendation of MSD and the ABCC, the Secretary-General may require the claimant to undergo an independent medical examination by a physician chosen by MSD. The cost of such an examination will be borne by the Organization.

- any other documentation, information or data requested which is relevant to assessing the claim

Provided by Administrative / Executive Office:

- personnel action form which includes index number, functional title, duty station, type of appointment, grade level, EOD, date of birth, marital status, recognized dependants and whether the staff member is enrolled in the UNJSPF
- if the claimant is a contractor or consultant, a complete copy of contract
- official accident/investigation/security report which describes the circumstances of the accident/incident and which states whether the claimant was on official duty at the time of the accident/incident
- signed and dated statement from the claimant's direct supervisor as to whether the accident/incident occurred during the performance of official duties
- signed and dated witness statements
- travel authorization
- Documentation for special sick leave credit: The granting of special sick leave credit can be requested only if the staff member has exhausted entitlements to sick leave at full pay and requires additional sick leave (i) for a non-service-incurred illness or (ii) to bridge to separation under a Pension Fund disability. The dates of sick leave must be directly related to the injury or illness that is being claimed under Appendix D. The following information is required: the dates of sick leave; the exact date on which the entitlement to sick leave at full pay and, if applicable, at half-pay, is exhausted; and whether any days of annual leave were charged in order to remain on full-pay status.
- Documentation for cases of harassment/abuse of authority: As it is not within the purview of the ABCC to verify an allegation of harassment or abuse of authority and as the Organization has established legislation, procedures and recourse for such allegations, claims based on such allegations are receivable by the ABCC only when the Organization has made a definitive finding of whether there has been harassment or an abuse of authority in a specific case. This finding may be in the form of a conclusion in an OIOS or BOA report, an independent investigation report, a UNDT or UNAT opinion or UN Ethics Office report. In the absence of such a definitive finding, claims based on allegations of harassment or abuse of authority are not receivable.

- Documentation for cases of “burnout”: Claims based on allegations of burnout are receivable by the ABCC only when they meet both a medical and administrative burden of proof. Medically, claimants must provide a report from a psychiatrist that gives a summary of the illness, including a diagnosis, treatment to date, any proposed treatment and prognosis. Administratively, claimants must provide evidence that (i) their workload was in excess of that outlined in the job description and inconsistent with their position or grade; (ii) they raised the issue of the excess workload and its impact on health through appropriate channels, and that their supervisor(s) were aware of the claim that their workload was affecting their health; and (iii) having raised the issue, their requests were not reasonably addressed and/or there was inadequate organizational support provided to mitigate the impacts on their health that they raised. MSD will review the documentation submitted and determine whether the case is receivable.

Documentation required for death claims

Provided by surviving spouse or the Administrative / Executive Office on behalf of dependent child(ren):

- completed claim form (P.290) or a letter in which compensation is being requested for the death of the staff member/consultant/contractor
- death certificate
- autopsy report (Autopsies should be performed in all cases of sudden death or where the cause of death cannot be readily determined.)
- marriage certificate(s)
- birth certificates of dependent children
- banking information for direct bank deposit of any benefit (form F.249 “Funds Transfer Request Form”) (Annex 3)
- itemized invoices and receipts for funeral expenses

Provided by Administrative / Executive Office:

- personnel action form which includes index number, functional title, duty station, type of appointment, grade level, EOD, date of birth, marital status, recognized dependants and whether the staff member was enrolled in the UNJSPF
- if the deceased was a contractor or consultant, a complete copy of contract

- official accident/investigation/security report which describes the circumstances of the death and which states whether the staff member/consultant/contractor was on official duty at the time of the accident/incident
- signed and dated statement from the direct supervisor of the staff member/consultant/contractor as to whether the death occurred during the performance of official duties
- signed and dated witness statements
- travel authorization

Confidentiality

12. All medical information is considered highly confidential and will be shared by the ABCC secretariat only with MSD and the members of the ABCC, as required.

Claims process

13. Claims will be reviewed by the secretariat of the ABCC, who will contact claimants and/or their Administrative / Executive Office if additional documentation or clarifications are required.

14. MSD will then review the claim and will provide guidance to the ABCC regarding the injury/illness/death. MSD will review medical expenses to determine whether they are directly related to the injury/illness being claimed and reasonable for the treatments/services provided. In determining the degree of permanent loss of function, MSD will base its calculation on the AMA Guidelines for the Evaluation of Permanent Impairment.

15. The claim will then be considered by the ABCC, which is a joint staff and management board (with three representatives each of staff and of management).

16. The recommendations of the ABCC must be approved by the Controller, who has been delegated the authority to approve or deny compensation claims on behalf of the Secretary-General.

17. Upon approval of the ABCC's recommendation by the Controller, a signed decision of the Secretary-General will be forwarded to the claimant and/or to his/her Administrative / Executive Office for the appropriate action.

Appeals

Management Evaluation Unit (MEU): Claimants may request the MEU to review decisions of the ABCC (but not medical determinations by MSD).

Medical board: Solely for medical determinations by MSD, claimants may request review by a medical board pursuant to relevant Organizational rules. Such a board will entail

payment of costs by a claimant if the claimant does not prevail; and the claimant will be required to so agree in writing before the convening of a medical board.

Additional information: For the ABCC to reconsider a decision, claimants must submit new, material information.

United Nations Dispute Tribunal: Judicial appeal of ABCC decisions is to the UNDT.
Other coverage

Malicious Acts Insurance Policy: Cases involving injury, illness or death may also be covered under the Malicious Acts Insurance Policy (MAIP), which is a commercial insurance policy and provides compensation for injury, illness or death caused directly or indirectly by war or a malicious act. MAIP coverage for death or permanent disability is in addition to any compensation that may be payable under Appendix D, and claims under MAIP must be submitted separately. The Department of Safety and Security, in conjunction with the Organization's MAIP underwriters, determines if a particular event is eligible for MAIP coverage.

United Nations Joint Staff Pension Fund (UNJSPF): Cases of injury or illness which have resulted in a total disability (whether or not service-incurred) must be submitted separately to the UNJSPF. If the same injury or illness appears to be service-incurred, then a claim under Appendix D may also be submitted. Compensation under Appendix D is a supplement to benefits awarded by the UNJSPF.

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