



Agreement releasing the National Rural Letter Carriers' Association and/or its representatives from any liability or responsibility regarding the Federal Employees' Compensation Act (FECA-OWCP)

I, _____ recognize that neither the National Rural Letter Carriers' Association (NRLCA) nor any NRLCA representative has any liability or responsibility with respect to any claim that I may have due to a job related injury or illness.

I further recognize that any information or advice given by a representative of the NRLCA is given with the understanding that it is not final and should not be taken as legal advice. The NRLCA is not qualified to give me legal advice and direction concerning my claim. On issues of legal rights I should follow up by contacting my attorney, supervisor, or proper OWCP authority for final rulings.

I will not hold the NRLCA or any NRLCA representative liable or responsible for advice given to me. By signing this form, I am also allowing the NRLCA to contact the US Department of Labor, OWCP on my behalf.

Signature: _____ Date: _____

Name:	
Address:	
Telephone Number:	
OWCP Case File Number:	
Employee ID Number:	

Return Completed Form to:
Devin Cassidy
Director of Workers' Compensation
National Rural Letter Carriers' Association
1630 Duke St.
Alexandria VA 22314
(703) 684-5545
dcassidy@nrlca.org