



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 it 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 30, I am also allowing the NRLCA to contact the US Department of Labor, OWCP on my behalf.

Signature: _____ Date: _____

Print/Type Name & Address: _____

Telephone _____

OWCP Case File Number: _____

Social Security Number: _____

Return completed Form 30 to: Megan Lew, OWCP/Retirement Specialist
National Rural Letter Carriers' Association
1630 Duke Street, 4th Floor
Alexandria, VA 22314-3465
Telephone: (703) 684-5545
Fax: (703) 548-8735