



# National Association of Letter Carriers

**William H. Young**  
President

100 Indiana Ave., NW  
Washington, DC  
20001-2144  
202.393.4695  
www.nalc.org

Doug A. Tulino  
Vice President  
Labor Relations  
U.S. Postal Service  
475 L'Enfant Plaza  
Washington, D.C. 20260

RE: Q01N-4Q-C 07201183  
Class Action  
Washington, D.C.

Certified letter: 7000 1530 0002 6315 0797

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Dear Mr. Tulino:

Pursuant to receipt of your letter dated September 12, 2007 withdrawing proposed P.S. Form 2497, Election of Medical Care the above cited case is withdrawn without prejudice to the position of either party.

Sincerely,

William H. Young  
President  
National Association of Letter  
Carriers, AFL-CIO

Date: 1-30-08

LABOR RELATIONS



2868

RECEIVED

SEP 13 2007

REC. VICE PRESIDENT'S OFFICE  
N.A.L.C. HDQTRS, WASHINGTON, D.C.

RECEIVED  
SEP 14 2007  
OFFICE of the PRESIDENT  
N.A.L.C. HDQTRS, WASHINGTON, D.C.

mw  
LT

September 12, 2007

Mr. William Young  
President  
National Association of Letter Carriers  
AFL-CIO  
100 Indiana Avenue, NW  
Washington, DC 20001-2144

Dear Bill:

This is in reference to our March 13 correspondence concerning proposal of a new form, PS Form 2497, *Election of Medical Care*.

The Postal Service has decided to withdraw the proposed PS Form 2497.

If you have any questions concerning the foregoing, please contact Anthony Waters at (202) 268-3832.

Sincerely,

*for*   
Alan S. Moore  
Manager  
Labor Relations Policy and Programs

\_\_\_\_ WHY  
\_\_\_\_ FR  
\_\_\_\_ GHM  
\_\_\_\_ JEB  
\_\_\_\_ GM  
\_\_\_\_ DH  
\_\_\_\_ BEH  
 MW  
\_\_\_\_ TCO  
\_\_\_\_ EK

\_\_\_\_ LG  
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\_\_\_\_ AA  
\_\_\_\_ BW  
 KES  
\_\_\_\_ MS  
\_\_\_\_ AP  
 LT



**UNITED STATES  
POSTAL SERVICE**

### Election of Medical Care

Instructions: An employee completes this form for all injuries, regardless of the severity. The injured employee's supervisor sends the completed original form to the Injury Compensation Control Office. Provide a copy of this form to the employee.

1. Employee Name		2. Employee ID	
3. Date of Injury		4. Facility Name	
5. Select one of the following:			
<input type="checkbox"/> I elect not to receive medical care at this time, and I elect not to file an OWCP Form CA-1, Notice of Traumatic Injury, at this time. However, I am not waiving my right to file a claim at a later date.			
<input type="checkbox"/> I elect not to receive medical care at this time, and I elect to file an OWCP Form CA-1, Notice of Traumatic Injury, at this time.			
<input type="checkbox"/> I elect to receive medical care at this time, and I understand that I must immediately file an OWCP Form CA-1, Notice of Traumatic Injury, to submit a claim for benefits.			
<p>In accordance with 20 CFR 10.300(d), I understand that I have the right to an initial choice of physician to treat my injury, which I claim was sustained while in the performance of my Postal Service<sup>SM</sup> duties. The physician of my choice is named below.</p> <p>In accordance with the Employee and Labor Relations Manual (ELM) 545.44, the control point (supervisor/manager) will contact my physician to make an appointment.</p>			
6. Physician's Name		9. Physician's Address (No., PO box, apt. no., street)	
7. Physician's Telephone Number (include area code)		10. City	11. State
8. Physician's Fax Number (include area code)		12. ZIP + 4 <sup>th</sup>	
13. Employee's Signature		14. Date Signed	
15. Supervisor's Remarks		16. Supervisor's Signature	
		17. Date Signed	

PS Form 2497, November 2006

Ensure that management is not using the above form (proposed PS Form 2497—Election of Medical Care). The above form was proposed, but never finally authorized by the Postal Service. After the Service proposed the above form, NALC filed a national level grievance. On September 12, 2007, the Service notified NALC of its decision to withdraw the proposed form.