

US DEPT OF LABOR: OFFICE OF WORKER'S COMPENSATION PROGRAMS (OWCP)-INJURY

**Appendix A. Basic Forms**

Form No.	Form Title	Purpose	Prepared By	When Submitted	Completed Forms Sent to
CA-1	Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation	Notifies supervisor of a traumatic injury and serves as the report to OWCP when (1) the employee has sustained a traumatic injury which is likely to result in a medical charge against the compensation fund; (2) the employee loses time from work on any day after the injury date, whether the time is charged to leave or to continuation of pay; (3) disability for work may subsequently occur; (4) permanent impairment appears likely; or (5) serious disfigurement of the face, head, or neck is likely to result	Employee or someone acting in employee's behalf; witness (if any); supervisor	By employee within 30 days (but will meet statutory time requirements if filed no later than three years after the injury); by supervisor within 10 work days following receipt of the form from the employee	Supervisor, by employee or someone acting on employ- ee's behalf; then to appropriate OWCP office by supervisor
CA-2	Federal Employee's Notice of Occupational Disease and Claim for Compensation	Notifies supervisor of an occupational disease and serves as the report to OWCP when (1) the disease is likely to result in a medical charge against the compensation fund; (2) the employee loses time from work because of the disease, whether the time is charged to leave or the employee claims injury compensation; (3) disability for work may subsequently occur; (4) permanent impairment appears likely; or (5) serious disfigurement of the face, head, or neck is likely to result	Employee or someone acting on employee's behalf; witness (if any); supervisor	By employee within 30 days (but will meet statutory time requirements if filed no later than three years after the injury); by supervisor within 10 work days after receipt of the form from the employee	Supervisor, by employee or someone acting on employee's behalf; then to appropriate OWCP office by supervisor

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CA-2a	Notice of Employee's Recurrence of Disability and Claim for Pay/Compensation	Notifies OWCP that an employee, after returning to work, is again disabled due to a prior injury or occupational disease. It also serves as a claim for continuation of pay or for compensation based on the recurrence of a previously reported disability	Employee	Immediately upon receiving notice that the employee has suffered a recurrence. An employee who stops work as a result of recurring disability shall advise the supervisor whether he or she wishes to continue receiving regular pay (if eligible) or charge the absence to sick or annual leave	Supervisor, by employee or someone acting on employee's behalf, then to appropriate OWCP office. An employee no longer employed by the Federal government should complete Parts A and C and submit all materials directly to appropriate OWCP office
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CA-3	Report of Termination of Disability and/or Payment	Notifies OWCP that disability from injury has terminated and/or that continuation of pay has terminated and/or that employee has returned to work	Supervisor	Immediately after disability or continuation of pay terminates, or the employee returns to work	Appropriate OWCP office
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CA-5	Claim for Compensation by Widow, Widower and/or Children	Claims compensation on behalf of these dependents when injury results in death	Person claiming compensation (for self or on behalf of children) and attending physician	Within 30 days, if possible, but no later than three years after death. If the death resulted from an injury for which a disability claim was timely filed, the time requirements for filing the death claim have been met	Supervisor, by claimant or someone acting on claimant's behalf; then to appropriate OWCP office
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Form No.	Form Title	Purpose	Prepared By	When Submitted	Completed Forms Sent to
CA-5b	Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren	Claims compensation for these dependents when injury results in death	Person claiming compensation (or guardian on behalf of children) and attending physician	Within 30 days, if possible, but not later than three years after death. If the death resulted from an injury for which a disability claim was timely filed, the time requirements for filing the death claim have been met	Supervisor, by claimant or someone acting on claimant's behalf; then to appropriate OWCP office

CA-6	Official Superior's Report of Employee's Death	Notifies OWCP of the work-related death of an employee	Supervisor	Within 10 work days after knowledge by supervisor of an employee's work-related death	Appropriate OWCP office
CA-7	Claim for Compensation on Account of Traumatic Injury or Occupational Disease	Claims compensation if (1) medical evidence shows disability is expected (and is not covered by COP in traumatic cases); (2) the injury has resulted in permanent impairment involving the total or partial loss, or loss of use, of certain parts of the body or serious disfigurement of the face, head or neck; (3) loss of wage-earning capacity has resulted	Employee or someone acting on employee's behalf; supervisor, and attending physician (on attached Form CA-20)	In traumatic injury cases, the form must be completed and filed with OWCP not more than five work days before the termination of the 45 days of COP, or within 10 days following termination of pay. In occupational disease cases, the form should be submitted as soon as pay stops	Supervisor, by employee or someone acting on employee's behalf; then to appropriate OWCP office by the supervisor

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CA-8	Claim for Continuing Compensation on Account of Disability	Claims compensation when loss of pay continues beyond the time covered by the claim on Form CA-7	Employee or someone acting on employee's behalf; supervisor, and attending physician (on attached Form CA-20a)	At least five days before the end of the period claimed on Form CA-7 or CA-8 for the period of disability supported by medical evidence	Supervisor, by employee or someone acting on employee's behalf; then to the appropriate OWCP office by the supervisor
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CA-16	Authorization for Examination and/or Treatment	Authorizes an injured employee to obtain examination and/or treatment for up to 60 days and provides OWCP with initial medical report. Treatment may be obtained from a local hospital or physician (who may be a surgeon, osteopath, podiatrist, dentist, clinical psychologist, optometrist, or, under certain circumstances, a chiropractor), or from a U. S. medical facility, if available. May also be used for illness or disease if prior approval is obtained from OWCP. The employee may initially select the medical provider of his or her choice but must request any	Part A-- Supervisor  Part B-- Attending Physician	Part A--By supervisor, in duplicate, within 48 hours following first examination and/or treatment  Part B--By attending physician or medical facility as promptly as possible after initial examination	Part A-- Physician or medical facility  Part B-- Appropriate OWCP office
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CA-17	Duty Status Report	In traumatic injury cases, provides supervisor and OWCP with interim medical report containing information as to employee's ability to return to any type of work	Supervisor and attending physician	Promptly upon completion of examination or most recent treatment	Original to employing agency, which should send copy to appropriate OWCP office
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