

APPENDIX E
OWCP FORMS AND PROCESSING INSTRUCTIONS

OWCP FORMS PROCESSING INSTRUCTIONS				
Form #/Title	Purpose	Prepared By	When Submitted	Completed Forms Sent To
<p>CA-1</p> <p>Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation</p> <p>Note: Job Corps students are not eligible for continuation of pay.</p>	<p>Notifies supervisor of a traumatic injury and serves as the report to OWCP when (1) the employee¹ has sustained a traumatic injury that is likely to result in a medical charge against the compensation fund; (2) the employee loses time from work on any day following 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.</p>	<p>Student Injury Recordkeeper</p>	<p>Within 7 calendar days of supervisor notification</p>	<p>Electronically submitted via SHIMS to the appropriate OWCP office by the student injury recordkeeper and a signed copy filed in the student's health folder</p>
<p>CA-2</p> <p>Federal Employee's Notice of Occupational Disease and Claim for Compensation</p>	<p>Notifies supervisor of an occupational disease and serves as the report to OWCP when (1) the disease is likely to result in medical charge against the compensation fund; (2) the employee loses time from work on any day because of the disease, whether the time is charged to leave or the employee chooses to claim 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.</p>	<p>Student Injury Recordkeeper only upon consultation with National Office of Job Corps</p>	<p>Within 7 calendar days of supervisor notification</p>	<p>Electronically submitted via SHIMS to the appropriate OWCP office by the student injury recordkeeper and a signed copy filed in the student's health folder</p>
<p>CA-2a</p> <p>Notice of Recurrence</p>	<p>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.</p>	<p>Employee or someone acting on employees behalf</p>	<p>Immediately upon receiving notice that the employee has suffered a recurrence. When the employee stops work as result of recurring disability, the employee shall advise the supervisor whether he/she wishes to continue to receive regular pay provided qualifications are met or charge the absence to sick or annual leave.</p>	<p>Supervisor, by employee or someone acting on employee's behalf, then to the appropriate OWCP office by the supervisor. If no longer employed by the federal government, the employee should complete Parts A and B and submit all materials directly to the appropriate OWCP office.</p>

¹ For purposes of OWCP, Job Corps students are considered as Federal employees.

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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 not later than 3 years after death. If the death resulted from an injury for which a disability claim was timely filed, the time requirements for filing death claim have been met.	To appropriate OWCP district office by claimant or someone acting on claimant's behalf.
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 3 years after death. If the death resulted from an injury for which an disability claim was timely filed, the time requirements for filing death claim have been met.	To appropriate OWCP district office by claimant or someone acting on claimant's behalf.
CA-6 Official Superior's Report of Employee's Death	Notifies OWCP of the employment-related death of an employee.	Center Director	Within 10 work days after knowledge by supervisor of the employment-related death of an employee.	Appropriate OWCP district 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 center operating procedures 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 case of traumatic injury, the form must be completed and filed with OWCP not more than 5 working days before the termination of the 45 days. In case of occupational disease, this form should be submitted as soon as pay stops.	Supervisor, by employee or someone acting on employee's behalf; then to the appropriate OWCP district office by the supervisor

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CA-16 Authorization for Examination and/or Treatment	May be used for initial medical report. 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 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 only if prior permission is obtained from OWCP. The employee may initially select the medical provider of his/her choice but must request any change from OWCP.	Part A – Supervisor Part B – Attending Physician	Part A – By supervisor, in duplicate, within 48 hours, of 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 district office
CA-20 Attending Physician's Report	Provides OWCP with medical information and support for the claim. May be used for initial and subsequent reports.	Attending physician	Promptly upon completion of examination or most recent treatment.	Appropriate OWCP district office
OWCP-1500 Health Insurance Claim Form	Provides OWCP with standard billing form to facilitate payment of medical bills. The form should accompany the CA-16 when employee is referred to a physician.	Attending physician; employee must sign in item 12	Promptly upon completion of examination or treatment; physician may submit in usual billing cycle.	Appropriate OWCP district office