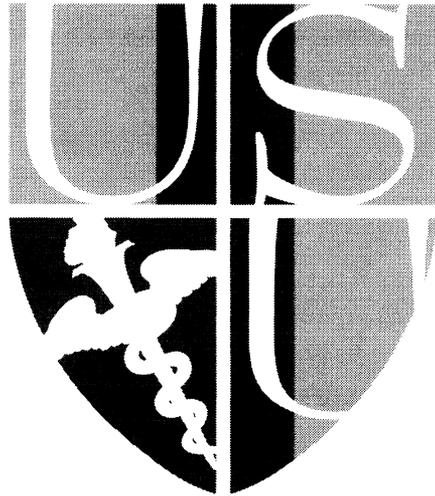


**USUHS
INSTRUCTION
6001**





UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES



SUBJECT: Work Related Injuries and Illnesses Instruction 6001

(CHR)

DATE:

ABSTRACT

AUG 25 1993

This Instruction implements Department of Defense (DoD) requirements for an Injury Compensation Program under the Federal Employees' Compensation Act (FECA). To comply with the Act each agency must provide medical care and assistance, monetary compensation, vocational rehabilitation, and Office of Personnel Management (OPM) retention rights to Federal employees who sustain disabling injuries or occupational diseases as a result of their employment with the Federal Government. Agencies must also provide for the payment of funeral expenses and for compensation benefits to all qualified survivors of the deceased in cases of employment-related deaths.

A. REISSUANCE AND PURPOSE.

This reissues USUHS Instruction 6001^a and implements OPM guidance concerning the FECA^b. Information regarding injury compensation has been expanded and revised to provide comprehensive guidance to USUHS employees and managers.

B. REFERENCES. References used in this Instruction are in Enclosure 1.

C. APPLICABILITY. This instruction applies to all civilian employees at USUHS who are considered to be "in the performance of duty."

D. DEFINITIONS.

1. Continuation of Pay (COP): The continuation of an employee's regular pay with no charge to the employee's

sick or annual leave.

2. Controversion: The process whereby USUHS, as the result of investigation, report, or other documentation associated with an employee's injury, disputes a claim submitted by the employee to the Office of Workers Compensation Programs (OWCP), U.S. Department of Labor, for compensation under the FECA.

3. Occupational Disease/Illness: A condition of the body produced in the work environment over a period longer than a single workday or shift by such factors as systemic infections; continued or repeated stress or strain; exposure to toxins, poisons, fumes, etc.; or other continued or repeated exposure to the conditions of the work environment.

4. Physician: Includes surgeons,

osteopathic practitioners, podiatrists, clinical psychologists, optometrists, and chiropractors within the scope of their practice as defined by state law. Naturopaths, faith healers, and other practitioners of the healing arts are not recognized as physicians within the meaning of the FECA. The term "physician" includes chiropractors only to the extent that their reimbursable services are limited to treatment consisting of manual manipulation of the spine or correct a subluxation as demonstrated by X-ray to exist. A physician whose license to practice medicine has been suspended or revoked by a State licensing or regulatory authority is not a physician within the meaning of FECA during the period of such suspension or revocation.

5. Traumatic Injury: A wound or other condition of the body caused by external force, including stress or strain. The injury must be identifiable by the time and place of occurrence and member or function of the body affected and be caused by a specific event or incident or series of events or incidents within a single day or work shift.

E. POLICY.

1. All job related injuries will be promptly reported in accordance with the references and procedures contained in this Instruction and Instruction 6002° as appropriate.

2. Employees will receive prompt medical attention and assistance in claiming compensation for injuries or illnesses incurred in the performance of duties.

3. Employees who are injured in the performance of duty are considered to be in duty status during the time required for initial examination or emergency treatment by a physician or facility authorized to treat personnel injured on duty.

4. The benefits provided under the FECA constitute the sole remedy against the United States for work-related injury or death.

F. RESPONSIBILITIES.

1. Employees shall:

a. Observe all safety instructions, regulations and procedures, and report immediately all job related injuries or illnesses to their supervisor.

b. Comply with all injury reporting and documentation requirements outlined in this Instruction.

2. Supervisors shall:

a. Provide safe, healthful working conditions (areas and equipment).

b. Ensure that all employees understand their responsibilities for accident prevention and procedures to follow in reporting accidents immediately upon their occurrence.

3. The Director, Civilian Human Resources (CHR) Directorate shall:

a. Provide guidance on matters relating to injury compensation.

b. Ensure that supervisors receive appropriate orientation and training con-

cerning injury compensation and their responsibilities to employees who sustain job-related injuries or suffer occupational disease.

c. Submit any reports required by OWCP, OPM and the DoD.

d. Notify Environmental Health and Occupational Safety division immediately upon learning of injury.

4. Workforce Relations staff of CHR shall:

a. Be familiar with the provisions of FECA as described in Enclosure 2.

b. Provide full advice and assistance to supervisors, injured employees, and the employee's survivors and dependents, in matters related to injury compensation.

c. Maintain current OWCP Claims Forms.

d. Monitor the Compensation Act (CA) forms submitted for completion and accuracy.

e. Submit affidavits, medical documentation, other relevant documents, and evidence statements as proof regarding any particular claims.

f. Serve as liaison with OWCP concerning unusually difficult claims.

g. As applicable, provide employment information, medical records, any other reports, and claims forms required by OWCP.

h. Obtain medical information from the injured employee as often as necessary within the regulations in order to assess the possibility of return to regular or light duty.

i. Manage the claim process to serve as liaison between the employee, USUHS, and OWCP.

j. Maintain the system for record-keeping which will enable the orderly maintenance of copies of claim forms, medical reports, correspondence with OWCP, and other related material for each compensation claim.

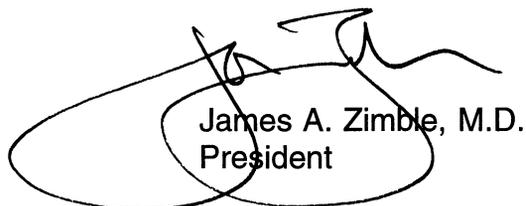
k. At the time of the injury, insure that the facts surrounding each injury are adequately investigated and documented.

l. Review and verify the Department of Labor's fiscal year chargeback list of compensation costs.

G. PROCEDURES. See Enclosure 3.

H. FORMS. See Enclosure 4.

I. EFFECTIVE DATE. This Instruction is effective immediately.



James A. Zimble, M.D.
President

Enclosures

1. References
2. FECA Program Provisions
3. Procedures
4. List of Compensation Act (CA) Forms

REFERENCES

- (a) USUHS Instruction 6001, "Work Related Injuries and Illnesses," June 21, 1983 (hereby canceled)
- (b) Federal Personnel Manual Chapter 810, "Injury Compensation"
- (c) USUHS Instruction 6002, "USUHS Occupational Health and Safety Program, Including Work-Related Injuries, Illnesses and Medical Emergencies Involving University Employees," September 10, 1990
- (d) Section 8101 et seq. of title 5, United States Code

FECA PROGRAM PROVISIONS

A. COVERAGE

Coverage includes injuries that occur while the employee is performing assigned duties or engaged in an activity that is reasonably associated with employment. Such activities include use of facilities for the employee's comfort, health, and convenience as well as eating meals and snacks on the premises. The premises include areas immediately outside the building, such as steps or sidewalks, if these are federally owned or maintained.

1. **Off-premises Injuries:** Coverage is extended to workers such as chauffeurs and messengers who perform service away from the premises. It is also extended to workers who are sent on errands or special missions and workers who perform services at home.

2. **Outside Working Hours:** Coverage is extended to employees who are on the premises for a reasonable time before or after working hours. Employees who are visiting the premises for nonwork-related reasons are not covered.

3. **Parking Facilities:** An employee shall usually be covered if injured in parking facilities that the Department of Defense owns, controls, or manages.

4. **Representational Functions:** Injuries to employees performing representational functions entitling them to official time are covered.

5. **To and From Work:** Employees are not protected by the FECA when injured en route between work and home, except when the agency furnishes transportation to and from work, when the employee is required to travel during a curfew or an emergency.

B. BENEFITS

Federal employees are eligible for four basic types of benefits under the provisions of the FECA program which apply to any disability or death incurred as a result of an employment-related disease or condition, as well as an on-the-job injury. These four types of benefits are as follows:

1. Medical benefits.

a. Compensation for any medical services needed in order to provide treatment to counteract or at least minimize the effects of any disease, condition, or injury determined to be causally related to employment with the Federal Government is provided. No limit is set on the monetary amount for medical expenses paid, nor on the duration of time for which they are paid, as long as the need for such medical treatment can be substantiated and related to the injury or occupational disease sustained on the job.

b. OWCP has a fee schedule that limits medical reimbursements to a certain dollar amount. A medical provider must accept this amount as full payment. Employees may not be billed for any

differences.

c. First aid, medical treatment, hospitalization, and travel expenses to obtain such medical treatment, as well as for any drugs, appliances or other supplies prescribed for use by a qualified physician will be paid for.

d. In a case where an employee trips and falls and his or her glasses are broken, but the employee is not injured and seeks no medical attention, a claim for repair or replacement of the glasses could not be made under FECA. Instead, personal property claims can only be filed under the Military and Civilian Personal Property Act.

e. The original OWCP-1500 and doctor, hospital, and/or related hospital bills should be submitted to OWCP via the Workforce Relations Division for payment. An injured employee is entitled to use a Federal medical facility or physician without losing their right to choosing their initial physician.

2. Disability Benefits.

An employee who suffers from an employment-related disability may be eligible for one or more types of wage loss compensation. These benefits are classified according to the nature and extent of the disability the employee has incurred, and are defined as temporary total, permanent partial, or permanent total.

a. Temporary Total Disability - If an employee sustains a traumatic injury or occupational disease that is employment related and the medical evidence shows

that the employee is totally disabled to perform any type of work for a certain period of time.

Example: Jim Smith, employed as a mail delivery clerk, suffers an employment-related fall/injury and fractures his left leg as a result. The medical evidence indicates that Jim must stay off his leg and will be totally disabled for work for eight weeks.

b. Permanent Partial Disability - A disability that will prevent the employee from performing all or a part of his/her position. Such disabilities will fit one of the following categories:

(1) An injury which prevents an employee from performing the functions of the position held at the time of the injury. However, the injury will not prevent this employee from performing some type of employment consistent with the work limitations imposed by their injury.

Example: Jim Smith, employed as a mail delivery carrier, suffers an employment related fall/injury and fractures his left leg as a result. A year or more has passed since his injury, and Jim is still experiencing difficulty in performing his position. The medical evidence which is submitted indicated that he can no longer perform the duties of a mail delivery carrier but he is able to perform the duties of a general clerk in the office.

(2) The term also applies to an employee who may not be able to return

to the position held at the time of injury, and the employee sustained permanent impairment of a member or function of the body.

Example: As mentioned above, Jim submits medical evidence from his attending physician which proves that the leg has reached its full/maximum medical improvement, and he has suffered 35 percent loss of use of his left leg.

c. Permanent Total Disability - An employee whose employment-related injuries are so severe that they leave the employee permanently and totally disabled for any type of work. Medical evidence must show that the injury is so severe that the employee will never be able to work again.

3. Other Benefits.

Other benefits applicable to disability are as follows:

a. Attendants Allowance - If an employee sustains an injury so severe that the employee is unable to care for his or her physical needs, such as bathing, dressing, or feeding, an attendants allowance may be granted. This allowance is supplemental and is paid for in addition to any lost wages.

b. Schedule Awards - FECA provides for limited term payments in cases where an employee suffers an anatomical loss or the loss of use of a part of the body, or suffers serious disfigurement of the head, face, or neck in addition to providing income maintenance benefits. Under these conditions, benefits are calculated

in the same manner as those paid for total disabilities, but these benefits are paid for a specified period of time which is proportional to the severity of the loss. Where injury-related loss of earning capacity persists after the schedule awards ends, compensation may be continued for loss of earning capacity.

c. Vocational Rehabilitation - When applicable, the FECA provides for the cost of OWCP-directed vocational rehabilitation necessary to counteract the disabling compensable effects of any permanent illness or injury causally related to the employee's Federal employment.

4. Death Benefits.

The FECA provides a full range of benefits for the survivor(s) of Federal employees who meet the same basic requirements and dies as a result of a work-related injury.

C. CONTINUATION OF PAY (COP)

An employee is entitled to continuation of regular pay for the period of disability, not to exceed 45 calendar days. The employee must have filed a CA-1 requesting COP within 30 days of the date of injury to qualify.

1. In counting the days, one must use calendar days and not work days. The days used do not have to be consecutive. The COP must be used within 90 days of the injury regardless if they are used consecutively or intermittently.

2. The injured employees' pay will be continued unless the claim falls under

one of the nine categories listed under controversion.

3. Beginning of Period of Entitlement. If the employee has stopped work due to the disabling effects of a traumatic injury, the period begins with the first full day or shift of the disability, provided that it begins within 90 days of the injury. The employee is kept in a pay status or granted administrative leave for any fraction of a day or shift lost on the date of injury, with no charge to the 45 day period. Only if the injury occurs before the beginning of the work day may the date of injury be charged to COP.

4. Portion of Day. If the employee stops work for a portion of a day or shift other than the day of injury, such day or shift will be counted as one calendar (full) day for purposes of tolling the 45 days. The employee, however, is not entitled to COP for the entire day or shift if work is available for the remaining partial shift.

D. CONTROVERSION

1. The employing supervisor may controvert a claim on the basis of the information submitted by employee or secured on investigation. The supervisor may controvert a claim by completing the indicated portion of Form CA-1 and submitting detailed information in support of the controversion to OWCP. Even though a claim is controverted, the supervisor must continue the employee's regular pay unless at least one of the conditions set forth below is met, in which case COP will not be paid.

a. The disability is a result of an

occupational disease or illness;

b. The claimant's status as an employee is excluded by 5 USC 8101(1)(B) or (E)^d;

c. The employee is neither a citizen nor a resident of the United States or Canada;

d. The injury occurred off the employing agency's premises and the employee was not engaged in official "off-premises" duties;

e. The injury resulted from the employee's willful misconduct, the employee's intention to bring about the injury or death of himself or herself or of another person, or the employee's intoxication by alcohol or illegal drugs, which includes any controlled substances obtained or used without proper medical prescription.

f. The injury was not reported on a form approved by OWCP within 30 days following the injury;

g. Work stoppage first occurred 90 days or more following the injury;

h. The employee initially reported the injury after employment was terminated; or

i. The employee is enrolled in the Civil Air Patrol, Peace Corps, Job Corps, Youth Conservation Corps, a Work Study Program, or a similar group.

2. In all other cases, the supervisor may controvert an employee's right to COP, but the employee's regular pay

shall not be interrupted during the 45 day period unless the controversy is sustained by OWCP and until the supervisor is so notified.

E. BUYING BACK LEAVE

During the period between continuation of regular pay and OWCP approval of an employee's claim for compensation, an injured employee may elect to take annual leave or sick leave, or both, to avoid possible interruption of income. If the employee elects to take leave and the claim is subsequently approved, the employee may buy back the leave used and have it reinstated to his or her leave account. The OWCP compensation would partially cover the buy-back cost; the employee is required to pay any balance due. To buy back leave, the employee must submit a request on Form CA-7 to the CHR through his/her supervisor. The CHR, in conjunction with OWCP, will determine the buy-back cost.

F. STATUTORY TIME LIMITS

1. Notice of Injury. An employee is required to give his or her supervisor written notice of injury within 30 days after an injury in their performance of duty. COP pay may be denied if notice of injury is not given within 30 days. Compensation may be substituted for COP.

2. Claim for Compensation.

a. Claim for Disability Compensation. An injured employee is required to file a written claim for compensation within three years after the injury before compensation may be paid. If, however,

the supervisor had actual knowledge of the injury within 30 days, compensation is allowed regardless of whether a written claim was made within three years after the injury. Actual knowledge must be such as to put the supervisor reasonably on notice of the on-the-job injury.

b. Claim for Death Compensation. If an employee dies, a written claim for compensation by, or on behalf of, any dependents is required before compensation may be paid. This claim is to be filed within 30 days after death or the date the supervisor first became aware of the death, or written notice was given to the supervisor within 30 days of the death.

3. Minors and Incompetents. The time limitations do not apply to:

a. A minor, until attaining the age of 21, or until a legal representative is appointed for the minor.

b. An individual who is mentally incompetent and who has no duly appointed legal representative.

4. The time limitations do not apply in the case of a person whose failure to comply is excused on the ground that the notice could not be given because of exceptional circumstances.

G. CLAIM FOR COMPENSATION FOR OCCUPATIONAL DISEASE OR ILLNESS

1. Notice of Occupational Disease (CA-2). The employee must submit a completed Form CA-2, "Notice of Occupational Disease and Claim for Compensa-

sation" and the appropriate checklist, Form CA-35A-G and current medical report. Narrative statements are required from both the employee and the supervisor. All statements should relate the occupational disease to the employee's work.

2. The employee has the right to elect sick or annual leave or leave without pay pending the adjudication of the claim. COP is not authorized for occupational diseases or illnesses.

3. Medical Treatment (Form CA-16). Only in rare instances is medical care authorized in occupational disease claims. The Workforce Relations Division must contact OWCP before a CA-16 may be issued.

4. Wage Loss/Permanent Impairment (Form CA-7). Form CA-7 is used to file an original claim for compensation because of pay loss resulting from an occupational disease. The claim must be filed within 10 days after pay stops or when the employee returns to work, whichever occurs first.

H. REPORT OF DEATH

1. When an employee dies because of a traumatic injury or an occupational disease sustained while in the performance of duty, immediate notice will be provided to OWCP.

2. As soon thereafter as practicable, the supervisor will execute and submit Form CA-6, "Official Superior's Report of Employee's Death". If it is impractical for the employee's supervisor to report the employee's death, the report may be

made by any person acting on behalf of the deceased employee's survivors.

3. Claim for Compensation for Death. An original claim for death benefits may be filed by a survivor of a deceased employee who died as the result of an employment related injury or disease. The supervisor or the individual designated to administer the injury compensation program will, when practicable, provide Form CA-5, "Claim for Compensation by Widow, Widower, and/or Children" or Form CA-5b, "Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren", as appropriate, with information as to the use of the forms and procedures for filing.

I. OPM RETENTION RIGHTS

An injured employee has the specified rights which are guaranteed by the Office of Personnel Management. These rights include qualification of within-grade increases and the accrual of seniority. Injured employees are also guaranteed reemployment in the same position or its equivalent, provided that the disability is overcome and the employee returns to work within one year from the beginning of compensation benefits. If the employee does not return to work within one year, he or she should request the assistance of OWCP in finding other employment; OPM can place this employee on a preferential hiring list.

J. PENALTIES

A person who makes a false statement to obtain Federal Employee's Compensation or who accepts compensation payments to which he or she is not enti-

tled is subject to a fine of no more than \$10,000, or imprisonment for not more than five years or both. Any person charged with the responsibility for making reports in connection with an injury who willfully fails, neglects, or refuses to do so; advises an injured employee to forego filing a claim; or willfully retains any notice, report, or paper required in connection with an injury, is subject to a fine of no more than \$500 or imprisonment, or both. Employees who are injured in the performance of duty are considered to be in duty status during the time required for initial examination or emergency treatment by a physician or facility authorized to treat personnel injured on duty.

PROCEDURES

A. Upon suffering a work-related injury, an employee will:

1. Provide a written report on Form CA-1, "Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation" (see Enclosure 4 for a description of forms) to the Workforce Relations Division, CHR within 30 days of the injury. The form must show whether the employee wishes to use sick or annual leave or request COP for the period of disability. (The employee's submission of a leave request other than on Form CA-1 or CA-2 cannot be construed as an election of leave for disability resulting from a traumatic injury.)

2. Present the Workforce Relations Division with prima facie evidence of disability within ten workdays after COP is requested or disability begins, whichever is later.

3. Advise the Physician. When the employee is unable to perform the duties of the position due to the injury, and a specific alternative position exists, the employee must furnish a description of the position to the physician and inquire whether and when he or she will be able to perform such duties. In addition, when the employee's work limitations can be accommodated, the employee must so advise the attending physician and ask him or her to specify the limitations imposed by the injury. In both instances the employee must provide the Workforce Relations Division with a copy of the physician's response.

4. Return to work upon notification by the attending physician that he or she is able to perform regular work or light duty and USUHS has advised that suitable work is available. If the employee refuses to do so, the continued absence from work may result in an overpayment. COP may also be terminated if the employee refuses to respond to the agency's offer.

5. Claim Compensation. If medical evidence shows that disability is expected to continue beyond 45 days, the employee should complete Form CA-7, "Claim for Compensation on Account of Traumatic Injury or Occupational Disease" and submit it to the Workforce Relations Division on the 40th day of COP.

B. When an employee suffers an employment-related traumatic injury, his/her supervisor will:

1. Promptly authorize medical care on Form CA-16, "Authorization for Examination and/or Treatment" and provide OWCP-1500, "Federal Employee's Compensation Program Medical Provider's Claim Form", required for billing by the physician, to the claimant. If the supervisor is not certain that the injury occurred in the performance of duty, item 6B on Form CA-16 should be checked.

2. Furnish Form CA-1 to the employee or to someone acting on his or her behalf for completion of the em-

employee's portion of the form and return to the employee the "Receipt of Notice of Injury."

3. Notify the employee of the right to use annual or sick leave if the injury is disabling, and that the leave used counts against the 45 day COP period.

4. Notify the employee of the need to submit prima facie medical evidence of a disabling traumatic injury within ten work days of the date disability begins or pay may be terminated. The supervisor will also supply the employee with copies of Form CA-17, "Duty Status Report" for completion by the physician providing medical care.

5. Inform the employee whether COP will be controverted and, if so, whether pay will be terminated and the basis for such action (the reasons must conform with those indicated in Enclosure 2, Section D). The supervisor will also explain the basis for controversion (if any) on Form CA-1 or by separate narrative report.

6. Submit Form CA-1, fully completed to OWCP via the Workforce Relations Division within two working days following the receipt of the completed form from the employee. In addition, the supervisor will make any additional reports which OWCP requires.

7. Provide Form CA-7 to the employee on the 35th day of COP if disability is expected to exceed 45 days and submit the completed form to OWCP via the Workforce Relations Division with supporting medical evidence.

8. Advise the claimant of his or her obligation to return to work as soon as possible in accordance with the medical evidence.

9. Terminate COP and submit Form CA-3, "Report of Termination of Disability and/or Payment" to OWCP via the Workforce Relations Division when disability ends, the 45 day period expires, or the employee returns to work.

List of Compensation Act (CA) 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 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.	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 3 years after the injury); by supervisor within ♦ 10 ♦ working days following receipt of the form from the employee.	Supervisor, by employee or someone acting on employee's behalf; then to the appropriate OWCP office by the 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 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.	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 3 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 the appropriate OWCP office by the supervisor.

FORM NO.	FORM TITLE	PURPOSE	PREPARED BY	WHEN SUBMITTED	COMPLETED FORMS SENT TO
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.	Supervisor	Immediately upon receiving notice that the employee has suffered a recurrence. When the employee stops work as a 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.	Appropriate OWCP office.
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 the disability or continuation of pay terminates, or the employee returns to work.	Appropriate OWCP office.
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.	Supervisor, by claimant or someone acting on claimant's behalf; then to appropriate OWCP office.

* Form CA-2a was revised in December 1987; earlier versions of the form are obsolete and should not be used. The employee now completes the form and sends it to the supervisor for submission to OWCP. If no longer employed by the Federal Government, the employee should complete Parts A and C of the form and submit it with supporting documentation directly to the OWCP office. The employee and supervisor should refer to the revised Form CA-2a for further instructions. (OWCP Addendum - 4/89)

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 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.	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 employment-related death of an employee.	Supervisor	⚡ Within 10 workdays after ⚡ knowledge by supervisor of the employment-related death of an employee.	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 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 office by the supervisor.

FORM NO.	FORM TITLE	PURPOSE	PREPARED BY	WHEN SUBMITTED	COMPLETED FORMS SENT TO
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 5 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.
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/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 followed 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.
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 the employing agency and copy to appropriate OWCP office.
CA-20	Attending Physicians Report	Provides medical support for claim and is attached to Form CA-7; provides OWCP with medical information.	◆ Attending ◆ physician	Promptly upon completion of examination or most recent treatment.	Appropriate OWCP office.

FORM NO.	FORM TITLE	PURPOSE	PREPARED BY	WHEN SUBMITTED	COMPLETED FORMS SENT TO
CA-20a	Attending Physician's Supplemental Report	Provides OWCP with additional medical information in connection with supplemental claim filed on attached Form CA-8.	♦ Attending ♦ physician	Promptly upon completion of examination or most recent treatment.	Appropriate OWCP office.
OWCP-1500a	Federal Employee's Compensation Program Medical Provider's 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 office.