

FORM	TITLE	USE	EMPLOYEE TIMELINE	AGENCY TIMELINE
CA-1	Notice of Traumatic Injury and Claim for Continuation of Pay / Compensation	Traumatic injury, occurs within one work shift	Within 30 days of injury to get COP; within 3 years for eligibility	Submit to OWCP within 10 days of receipt from employee
CA-2	Notice of Occupational Illness / Disease and Claim for Compensation	long-term or chronic illness or disease	3 years from date first aware of nexus to employment	Submit to OWCP within 10 days of receipt from employee
CA-2a	Notice Employee's Recurrence of Disability and Claim for Pay/ Compensation	After returning to work, the employee needs to stop work due to injury / illness	As soon as possible*	Submit to OWCP within 10 days of receipt from employee
CA-7	Claim for Compensation	Request compensation for wage loss (not COP)	In traumatic injury cases, submit 10 days before end of COP; otherwise, as soon as pay stops (tied to pay periods)	Submit to OWCP within 5 days of receipt from employee
CA-7a	Time Analysis	Claiming intermittent compensation, partial days, or repurchase of leave	Submit 10 days before end of COP; otherwise, as soon as pay stops (tied to pay periods)	Submit to OWCP within 5 days of receipt from employee
CA-7b	Leave Buy Back	Claiming repurchase of accrued leave used due to injury / illness*	Submit 10 days before end of COP; otherwise, as soon as pay stops (tied to pay periods)	Submit to OWCP within 5 days of receipt from employee
CA-16	Authorization for Examination and/or Treatment	Guarantees payment of medical care after a traumatic injury	Obtain ASAP, within 4 hours; NLT 7 days from DOI; MD submits to OWCP	Issue within 4 hours of injury; 48 hours if verbal authorization given
CA-20	Attending Physician's Report	Provides medical support for claim	Submit to OWCP ASAP following examination(s)	N/A
CA-35 a-h	Occupational Disease Checklist	Provides medical support for specific conditions	Upon completion , should be submitted directly to OWCP	N/A
OWCP 915	Claim for Medical Reimbursement	Claim reimbursement for out of pocket expenses (co-pay, medication, DMEs)	Date of service +12 months*	N/A
OWCP 95	Medical Travel Refund Request	Claim for reimbursable travel r/t treatment	12 months from date of service	N/A
OWCP-1500 (HCFA-1500)	Health Insurance Claim Form	Standard billing form	Physician submits; DOS +12 months*	N/A

