

## Division of Federal Employees' Compensation – Forms

<u>Form Number</u>	<u>OWCP's Form Title / Description</u>
<a href="#">CA-1</a>	Federal Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (electronically available under the EDI system; see training slides)
<a href="#">CA-2</a>	Notice of Occupational Disease and Claim for Compensation (electronically available under the EDI system; see training slides)
<a href="#">CA-2a</a>	Notice of Recurrence
<a href="#">CA-3</a>	Report of Termination of Disability and/or Payment
<a href="#">CA-5</a>	Claim for Compensation by Widow, Widower, and/or Children
<a href="#">CA-5b</a>	Claim for Compensation by Parents, Brothers, Sisters, Grandparents, and or Grandchildren
<a href="#">CA-6</a>	Official Supervisor's Report of Employee's Death
<a href="#">CA-7</a>	Claim for Compensation
<a href="#">CA-7a</a>	Time Analysis Form, used for claiming compensation, including repurchase of paid leave
<a href="#">CA-7b</a>	Leave Buy Back (LBB) Worksheet/Certification and Election
<a href="#">CA-17</a>	Duty Status Report
<a href="#">CA-20</a>	Attending Physician's Report
<a href="#">CA-35a</a>	Evidence Required in Support of a Claim for Occupational Disease
<a href="#">OWCP-915</a>	Claimant Medical Reimbursement
<a href="#">HCFA-1500</a>	Health Insurance Claim Form
<a href="#">OWCP-1500</a>	Health Insurance Claim Form