Official Superior's Report of Employee's Death

U.S. Department of LaborEmployment Standards Administration
Office of Workers' Compensation Programs

1. Name of Deceased Employee (Last, first. mi	2. Date of	2. Date of Birth (Mo., day, ye			Male 4. Female	4. Social Security No,			
5. Department or Agency			6. OWCP Agency Code 7. OSHA Site Code						
8. Name and Address of Reporting Office	9. Name and Office Phone Number of Employee's Official Superior								
10. Date and Hour of Injury (Mo., day, year) AM cI PM 13. Describe how injury occurred		te and Hour of o., day, year)	☐ AN	1	12. Date and Hour Employee's Pay Stopped (Mo., day, year) AM PM performance of duty when injury occurred?				
			Yes		No (if N	lo, explain) :			
15. Location where Injury occurred		cation where	death occurred	eath occurred		17. Immediate cause of death (Attach m and autopsy report if available)		`	
18. Employee's pay rate as of	a. Base p	ay	b. Subsistence		c. Quarters		d. Other		
A. Date of injury B. Date pay stopped	\$ \$	per per	•	per per	S S	per per	\$ S	per per	
 Did employee work in positron held at time for a full eleven months immediately prior 		,	20. If answe	er to 19		ould position have for the injury?		·	
yes No				,	es ·	No			
21. Did employee receive leave pay for any particular date of death? (Give inclusive dates)	art of period	from time pay	y stopped to		22. a.	Occupation co	ode		
From To					b. Type code c. Source code				
Did employee receive continuation of pay a. Pay rate used for COP \$ per	i	o. Inclusive dates of cop				OWCP use - NOI code 24. If employee was enrolled in Health Benefit Plan for self and family, show HBS Code Number:			
25. Show date through which HBS deductions were last made (Mo., day, year) 26. Identify employee's Federal Re CSBS FERS Other					to death, give name and address of				
28. If injury was caused by a third party, give name and address of third party		address of the attorney representing the action is instituted against the third party			30. Show amount of third party recovery, if any				
31. If employee was a member of the Armed S	how:	32 Ha	e claim f	for survivor's be	\$ anefits been	filed with the			
Branch of Service: Serial No. (If known)		Office of Personnel Management? ———————————————————————————————————							
33. Name and address of employee's spouse of	r next of kir	n (Show relation	onship, if other	than spo	use)				
34. Signature of Official Superior			35. Title		36	6. Date (Mo.	day, year)		
						111		Form CA-6	

Instructions for Completing Form CA-6

When a Federal employee dies as a result of injury in performance of duty or because of an employment related disease, the death should be reported on this form. This form eliminates the need to complete and file the official superior's report on Form CA-I, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation or Form CA-2, Federal Employee's Notice of Occupational Disease and Claim for Compensation.

The form is to be completed by the deceased employee's official superior or other authorized official of the employing agency. It should be accompanied by a certified copy of the death certificate. when submitted to OWCP.

Form CA-5 or CA-5b should be supplied to the employee's spouse or next of kin.

If additional space is required, attach separate sheets and number the answers to correspond with the items on the form.

For additional information about death benefits, see 20 CFR 1.1 and/or Chapter 810, Injury Compensation, Federal Personnel Manual.

Box 22a (Occupation Code), Box 22b (Type Code), Box 22c (Source Code), OSHA She Code

The Occupational Safety and Health Administration (OSHA) requires all employing agencies to complete these items when reporting an injury. The proper codes may be found in OSHA Booklet 2014, Recordkeeping and Reporting Guidelines.

OWCP Agency Code

This is a four digit (or four digit plus two letter) code used by OWCP to identify the employing agency. The proper code may be obtained from your personnel or compensation office, or by contacting OWCP.