

Midshipman Medical Claim Documents Checklist

MIDN Name: _____ Unit: _____

Last 4 SSN: _____ Date: _____

Mark each box for a completed, enclosed document to submit as a claim:

1a	DOL Form CA-1 (Injury)	– or –		
1b	DOL Form CA-2 (Illness)			requires MIDN signature
2	DOL Form CA-16 (Page 1 Completed by Unit, signed by MIDN; Page 2 Completed, signed by Treating Physician)			requires MIDN signature requires Physician signature
3	DD FORM 0261 REPORT OF INVESTIGATION - LINE OF DUTY AND MISCONDUCT STATUS			
4	UNIT LTRHD MEMO - Midshipman Medical Claim Statement (Completed by Unit Senior Leader)			
5	DD Form 2870 - Authorization For Disclosure Of Medical Or Dental Information (signed by MIDN)			requires MIDN signature
6	MEMO - Authorization for OWCP/DOL Info release (signed by MIDN)			requires MIDN signature
7	DD Form 689 - Individual Sick Slip (signed by Unit XO & Unit Medical Ofc) OPTIONAL			
8	ANY/ALL related/supporting medical documents			

Please review all documents for accuracy.

Point of Contact:

Kristin Gulling
DOD HRA & DOL Liaison
Kristin.E.Gulling.civ@mail.mil
703-409-8771

Submitted by: _____ Date: _____

Print Name

UNIT USE

Processed by: _____ Date: _____

Print Name

Notes:

SUBMITTED TO DOL BY: _____ Date: _____

CLAIM NUMBER _____ Received: _____

COPY TO NROTC UNIT: _____