



**Welcome to ECOMP**

The Employees' Compensation Operations & Management Portal

# **EMPLOYEES' COMPENSATION OPERATIONS AND MANAGEMENT PORTAL (ECOMP)**

**BRANCH OF TECHNICAL ASSISTANCE  
FEDERAL EMPLOYEES' COMPENSATION PROGRAM  
DIVISION OF FEDERAL EMPLOYEES', LONGSHORE AND HARBOR WORKERS' COMPENSATION  
(DFELHWC)  
OFFICE OF WORKERS' COMPENSATION PROGRAMS (OWCP)  
U.S. DEPARTMENT OF LABOR (DOL)**

**STEVEN LIVOTE, YEO YOON**

**AUGUST 2024**

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# ECOMP USER ROLES

## ECOMP User Roles



**FECA Claimant**  
Injured Worker



**Agency  
Maintenance  
User**  
AMU



**Agency  
Reviewer**  
AR



**OSHA Record  
Keeper**  
ORK



**Supervisor**

# ECOMP USER ROLES

## **Injured Employee (Claimant)**

- Self-register in ECOMP
- File Forms CA-1, 2, and 7
- Case Review (Case Imaging, CE-LinQ, Escalation)
- Maintain their accounts: update name, SSN, email, phone number, or password

## **Agency Maintenance User (AMU)**

- ECOMP Power User at the Agency
- Created by Administrator (Admin) at OWCP
- Maintain the agency structure and manage AR and ORK accounts
- Run reports (OSHA 300 Log, Time Lag, Injury Trends, CE-LinQ)
- Access to Agency Query System (AQS) in ECOMP



# ECOMP USER ROLES

## **Agency Reviewer (AR)**

- Created by AMU
- Process claim forms; last stop before submission to OWCP
- View case file documents
- Access to various reports (Time Lag, Injury Trends, CE-LinQ)
- Access to Case Management (Case Imaging, CE-LinQ, DMI)

## **OSHA Record Keeper (ORK)**

- Created by AMU
- Process OSHA Form-301
- Run OSHA reports

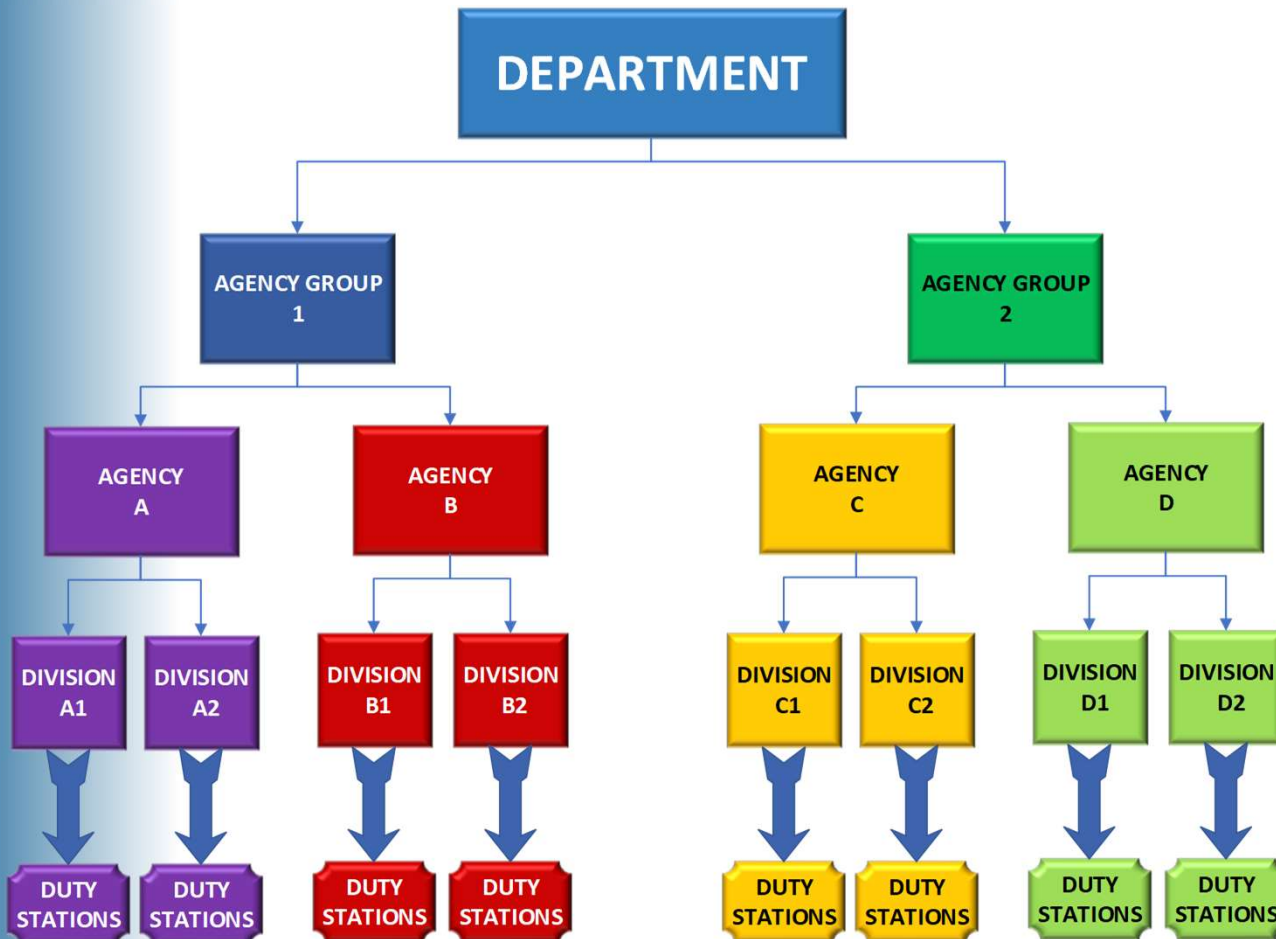
## **Supervisor**

- Receives email with a link to the claim form
- No ECOMP account needed; No User ID or password to create or maintain

# EMPLOYING AGENCY STRUCTURE

## **Employing Agency Structure**

# EMPLOYING AGENCY STRUCTURE



- ❖ **Agency Groups** are created to manage sub-organizations with similar needs
- ❖ Structure will vary depending on size of department/agency
- ❖ A small department might only have one agency group, one agency, and one division

# EMPLOYING AGENCY STRUCTURE AGENCY GROUPS

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

MY DASHBOARD    REPORTS    HELP    AARON TESTA

HOME / ORGANIZATIONS

Legend of Icons

XX ECOMP TEST (DO NOT USE)  
⚠ 2 Agency Groups in this Dept

Search    SET PROPERTY    NEW GROUP

<input type="checkbox"/>	⚠ Do NOT use for form filing [OK to edit] (3)	>>
<input type="checkbox"/>	⊗ OWCP TEST AGENCY PM	>>

>>

# EMPLOYING AGENCY STRUCTURE AGENCIES

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

MY DASHBOARD    REPORTS    HELP    AARON TESTA

HOME / ORGANIZATIONS

Legend of Icons

XX ECOMP TEST (DO NOT USE)  
⚠ 2 Agency Groups in this Dept

Do NOT use for form filing [OK to edit]  
(3) Agency Group  
*10 Agencies in the Agency Group.*

Search    SET PROPERTY    MOVE AGENCIES

<input type="checkbox"/>	⚠	0000 - OFFICE OF ECOMP TESTING 16.2	»
<input type="checkbox"/>	⚠	0010 - Test Automation 0010 (Cypress)	»
<input type="checkbox"/>	⚠	0011 - Test Automation 0011 (Cypress)	»
<input type="checkbox"/>	⚠	0012 - OWCP TEST ONLY Priti	»
<input type="checkbox"/>	⚠	0020 - OWCP TEST ONLY	»
<input type="checkbox"/>	⚠	0021 - OWCP TEST ONLY	»
<input type="checkbox"/>	⚠	0022 - OWCP TEST ONLY	»
<input type="checkbox"/>	✖	0030 - OWCP TEST ONLY	»
<input type="checkbox"/>	✓	0031 - OWCP TEST ONLY 29.0	»
<input type="checkbox"/>	⚠	0032 - 32 OWCP TEST ONLY	»

# EMPLOYING AGENCY STRUCTURE DIVISIONS

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

MY DASHBOARD    REPORTS    HELP    AARON TESTA

HOME / ORGANIZATIONS

Legend of Icons

XX ECOMP TEST (DO NOT USE)  
⚠ 2 Agency Groups in this Dept

Do NOT use for form filing [OK to edit]  
(3) Agency Group  
10 Agencies in the Agency Group.

**OFFICE OF ECOMP TESTING 16.2**  
Agency  
10 Divisions in the Agency.

Search    SET PROPERTY

<input type="checkbox"/>	⚠ 0000-X1 - Enabled forms: OSHA, CA1/2, CA7 << NEVER EDIT THIS ORG>>	»
<input type="checkbox"/>	⚠ 0000-X2 - Enabled forms: CA1/2, CA7 << NEVER EDIT THIS ORG>>	»
<input type="checkbox"/>	⚠ 0000-X3 - Enabled forms: OSHA, CA1/2 << NEVER EDIT THIS ORG>>	»
<input type="checkbox"/>	⚠ 0000-X4 - Enabled forms: CA7 << NEVER EDIT THIS ORG>>	»
<input type="checkbox"/>	⚠ 0000-X5 - Enabled forms: CA1/2 << NEVER EDIT THIS ORG>>	»
<input type="checkbox"/>	⚠ 0000-X6 - X6 - OWCP TEST AGENCY	»
<input type="checkbox"/>	⚠ 0000-X7 - X7 - OWCP TEST AGENCY	»
<input type="checkbox"/>	⚠ 0000-X8 - X8 - OWCP TEST AGENCY	»
<input type="checkbox"/>	⚠ 0000-X9 - X9 - OWCP TEST AGENCY	»
<input type="checkbox"/>	⚠ 0000-XX - XX - OWCP TEST AGENCY	»

# EMPLOYING AGENCY STRUCTURE DUTY STATIONS



UNITED STATES DEPARTMENT OF LABOR

ECOMP

MY DASHBOARD

REPORTS

HELP

AARON TESTA

HOME / ORGANIZATIONS

XX ECOMP TEST (DO NOT USE)

⚠ 2 Agency Groups in this Dept.

Do NOT use for form filing [OK to edit]  
(3) Agency Group

10 Agencies in the Agency Group.

OFFICE OF ECOMP TESTING 16.2  
Agency

10 Divisions in the Agency.

Enabled forms: OSHA, CA1/2, CA7 <<  
NEVER EDIT THIS ORG>> Duty Station

1 Duty Stations in this Division

Legend of Icons

Search

NEW STATION

⚠ 0000-X1 - Enabled forms: OSHA, CA1/2, CA7 << NEVER EDIT THIS ORG>>, Arman, 4801 Kenmore Ave, Alexandria , VA 22311

# AGENCY MAINTENANCE USER (AMU)

## **Agency Maintenance User (AMU)**



# AGENCY MAINTENANCE USER (AMU)

## Initial actions to be completed by AMU:

- Verify their identity in ECOMP
- Create AR and ORK (if applicable) accounts under the **USERS** option
- Set up organizational structure under the **ORGANIZATIONS** option
- **IMPORTANT**: **Assign** each AR or ORK to at least one **Division**

## Need assistance with setting up organizations?

- Watch the AMU user guides available at: <https://www.ecomp.dol.gov/#/help>
- Contact Branch of Technical Assistance at: [OWCP-DFEC-NO-FECA-TA-CHIEF@dol.gov](mailto:OWCP-DFEC-NO-FECA-TA-CHIEF@dol.gov)

# AMU – FORM NOTIFICATION SETTINGS

- Under **FORMS** section in **ORGANIZATIONS** settings, the AMU sets the time frames for automatic email warnings for delayed claim submissions.
- The AMU specifies the number of calendar days after which the delayed claim submission email warnings are sent to the supervisor and the AR

Send notification when:

Form remains with Supervisor for more than:

CA-1 & 2 <input type="text" value="3"/> days	OSHA-301 <input type="text" value="3"/> days	CA-7 <input type="text" value="3"/> days
---	---	---

Form remains with Reviewer for more than:

CA-1 & 2 <input type="text" value="1"/> days	OSHA-301 <input type="text" value="1"/> days	CA-7 <input type="text" value="1"/> days
---	---	---

Overall age since filling exceeds:

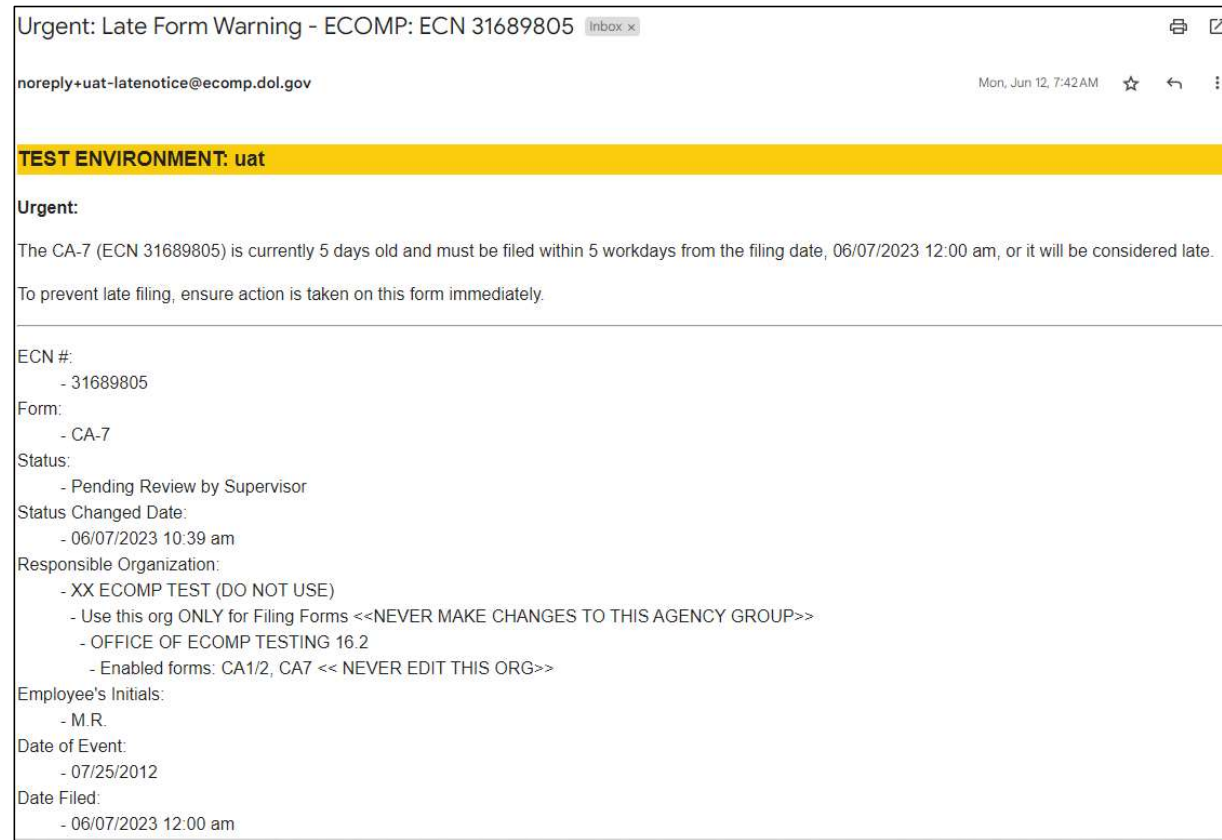
CA-1 & 2 <input type="text" value="5"/> days	OSHA-301 <input type="text" value="5"/> days	CA-7 <input type="text" value="5"/> days
---	---	---

Send notifications when form changes status?

[?](#)

# AMU – FORM NOTIFICATION SETTINGS

- If the overall age of the claim form exceeds the time limit set by the AMU, the supervisor and/or the AR will receive a late form filing warning message urging them to complete their review of the claim form immediately.
- The late form filing warning messages come from [noreply-latenotice@ecomp.dol.gov](mailto:noreply-latenotice@ecomp.dol.gov)



# AMU – ASSIGN AR/ORK

The screenshot displays the ECOMP system interface. At the top left is the United States Department of Labor logo and the text "UNITED STATES DEPARTMENT OF LABOR ECOMP". The top right navigation bar includes "MY DASHBOARD" (circled in red), "REPORTS", "HELP", and the user name "AARON TESTA". A dropdown menu is open under "MY DASHBOARD", showing "USERS", "ORGANIZATIONS" (circled in red), and "AQS". A "Legend of Icons" box is visible to the right of the dropdown. Below the navigation is a breadcrumb "HOME / ORGANIZATIONS". The main content area features a search bar, a "SET PROPERTY" button, and a "NEW GROUP" button. A table lists agency groups with checkboxes and status icons:

Agency Group	Status	Action
XX ECOMP TEST (DO NOT USE)	Warning (triangle)	
2 Agency Groups in this Dept		
<input type="checkbox"/> Do NOT use for form filing [OK to edit] (3)	Warning (triangle)	>> (circled in red)
<input type="checkbox"/> OWCP TEST AGENCY PM	Error (cross)	>>

# AMU – ASSIGN AR/ORK TO ORG.

For an AR or ORK to see their DASHBOARD:

Optional in first two levels but ***must be in 3rd level (Divisions)***

The screenshot shows a web interface for organizational management. At the top left, there is a breadcrumb trail: [HOME](#) / [ORGANIZATIONS](#). Below this, there are three yellow arrows pointing down to the first two organizational levels. A green arrow points down to the third level, which is highlighted with a red box. This level is labeled "OFFICE OF ECOMP TESTING 16.2 Agency" and contains "10 Divisions in the Agency:". Below the organizational chart, there is a search bar and a "SET PROPERTY" button. A table lists organizational units with checkboxes and warning icons. The first row is "0000-X1 - Enabled forms: OSHA, CA1/2, CA7 << NEVER EDIT THIS ORG>>". The "EDIT" button for this row is highlighted with a red box. Below the table, there are two more rows: "0000-X2 - Enabled forms: CA1/2, CA7 << NEVER EDIT THIS ORG>>" and "0000-X3 - Enabled forms: OSHA, CA1/2 << NEVER EDIT THIS ORG>>".

HOME / ORGANIZATIONS

Legend of Icons

XX ECOMP TEST (DO NOT USE)  
⚠ 2 Agency Groups in this Dept

Do NOT use for form filing [OK to edit]  
(3) Agency Group  
10 Agencies in the Agency Group.

OFFICE OF ECOMP TESTING 16.2  
Agency  
10 Divisions in the Agency:

Search SET PROPERTY

<input type="checkbox"/>	⚠ 0000-X1 - Enabled forms: OSHA, CA1/2, CA7 << NEVER EDIT THIS ORG>>	»»
<input type="checkbox"/>	⚠ 0000-X2 - Enabled forms: CA1/2, CA7 << NEVER EDIT THIS ORG>>	»»
<input type="checkbox"/>	⚠ 0000-X3 - Enabled forms: OSHA, CA1/2 << NEVER EDIT THIS ORG>>	»»

EDIT

# AMU – ASSIGN AR/ORK TO ORG.

## REVIEWERS & RECIPIENTS OF FORM NOTIFICATIONS

Inherit Settings

Reviewers

You must specify at least one email domain, one Agency Reviewer, and one OSHA Record Keeper.

CANCEL

SAVE CHANGES

# AMU – OPT OUT OF HARD COPY MAIL

## COMMUNICATIONS

Opt out of hard copy mail

### Warning



You and anyone assigned to you will no longer receive paper mail from OWCP. Please confirm you want to proceed.

CONFIRM

CANCEL

CANCEL

SAVE CHANGES

# AGENCY REVIEWER (AR)

## **Agency Reviewer (AR): Injury Compensation Specialist**



# AGENCY REVIEWER DASHBOARD

The summary box at the top of the Dashboard shows the number of CA-1, CA-2, and CA-7 forms in each status for the agency:

The screenshot displays the ECOMP Agency Reviewer Dashboard. At the top left is the United States Department of Labor logo and the text "UNITED STATES DEPARTMENT OF LABOR ECOMP". Navigation links include "MY DASHBOARD", "FORMS", "DOCUMENTS", "REPORTS", "HELP", and "FIRST LAST". The breadcrumb "HOME / REVIEWER DASHBOARD" is visible. On the left, there are filters for "XX ECOMP TEST (DO NOT USE)", "FORM TYPE", and "SHOW LAST 6 MONTHS". A search bar is on the right. A table, highlighted with a red box, shows the following data:

CA-1&2	CA-7	OSHA 301	STATUS
8	1	1	Draft
22	14	0	Pending Review by Supervisor
0	1	0	Returned by FECA Agency Reviewer to...
30	5	0	Pending Review by FECA Agency Reviewer to...

Below the table are summary tabs: "Awaiting My Review (81)", "All Forms (285)", "Filed by Me (19)", "Supervisor (39)", "No Lost Time (3)", "Done (157)", and "Rejected (5)". At the bottom is a table header with columns: ECN #, Case #, Organization, Type, Status, Employee, Date of Injury, Filed Date, and Age.

# AGENCY REVIEWER DASHBOARD

- If assigned to multiple Agency Groups or organizations, use drop-down filter to view claims for a specific organization.
- Increase the date range to access older claims.

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

MY DASHBOARD | FORMS | DOCUMENTS | REPORTS | HELP | FIRST LAST

HOME / REVIEWER DASHBOARD

Search

XX ECOMP TEST (DO NOT USE) | FORM TYPE

SHOW LAST 6 MONTHS

ALL FORMS XLS EXPORT

CA-1&2	CA-7	OSHA 301	STATUS
8	1	1	Draft
22	14	0	Pending Review by Supervisor
0	1	0	Returned by FECA Agency Reviewer to...
30	5	0	Pending Review by FECA Agency Reviewer...

**Awaiting My Review (81)** | All Forms (285) | Filed by Me (19) | Supervisor (39) | No Lost Time (3) | Done (157) | Rejected (5)

ECN # | Case # | Organization | Type | Status | Employee | Date of Injury | Filed Date | Age

# AGENCY REVIEWER DASHBOARD

**No Lost Time** tab shows claims filed as *No Lost Time and No Medical Expense* or *First Aid Injury*. This type of claim is not submitted to OWCP, but rather held by the agency. If future developments occur related to the injury (lost time or medical expense), the AR may reactivate the claim and submit it to OWCP for case creation.

UNITED STATES DEPARTMENT OF LABOR  
ECOMP

MY DASHBOARD FORMS DOCUMENTS REPORTS HELP FIRST LAST

HOME / REVIEWER DASHBOARD

XX ECOMP TEST (DO NOT USE) FORM TYPE

SHOW LAST 6 MONTHS

ALL FORMS XLS EXPORT

CA-1&2	CA-7	OSHA 301	STATUS
8	1	1	Draft
22	14	0	Pending Review by Supervisor
0	1	0	Returned by FECA Agency Reviewer to...
30	5	0	Pending Review by FECA Agency Reviewer to...

Awaiting My Review (81) All Forms (285) Filed by Me (19) Supervisor (39) **No Lost Time (3)** Done (157) Rejected (5)

ECN #	Case #	Organization	Type	Status	Employee	Date of Injury	Filed Date	Age
-------	--------	--------------	------	--------	----------	----------------	------------	-----

# AGENCY REVIEWER DASHBOARD

**No Lost Time** tab continued...

To reactivate a claim, select it from the list and click REACTIVATE. Enter the reason for reactivation of the form. The claim is then submitted to OWCP for case creation.

Awaiting My Review (81)		All Forms (285)		Filed by Me (19)		Supervisor (39)		<b>No Lost Time (3)</b>		Done (157)		Rejected (5)	
ECN #	Case #	Organization	Type	Status	Employee	Date of Injury	Filed Date	Age					
31690062		0000-X2 OFFICE OF EC...	CA-1	No Lost Time/First Aid...	Twin UAT	01/02/2023	06/28/2023	16					

REACTIVATESAVE PDFVIEWCHANGE ORGANIZATION

## Reactivate Form

Reason for reactivation:

CANCEL **REACTIVATE FORM**

# AGENCY REVIEWER DASHBOARD

**Rejected** tab shows claims that were submitted to OWCP for case creation but rejected for problems such as duplicate claim filing, or employees who incorrectly register for ECOMP as a foreign national and do not provide a social security number.

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

MY DASHBOARD FORMS DOCUMENTS REPORTS HELP FIRST LAST

HOME / REVIEWER DASHBOARD

XX ECOMP TEST (DO NOT USE) FORM TYPE

SHOW LAST 6 MONTHS

ALL FORMS XLS EXPORT

CA-18&2	CA-7	OSHA 301	STATUS
8	1	1	Draft
22	14	0	Pending Review by Supervisor
0	1	0	Returned by FECA Agency Reviewer to...
30	5	0	Pending Review by FECA Agency Reviewer to...

Awaiting My Review (81) All Forms (285) Filed by Me (19) Supervisor (39) No Lost Time (3) Done (157) **Rejected (5)**

ECN # Case # Organization Type Status Employee Date of Injury Filed Date Age

# CLAIMANT REGISTRATION

## Claimant Registration

# CLAIMANT REGISTRATION

- Visit the ECOMP home page to register:  
<https://www.ecomp.dol.gov>
- First-Time claimant needs to register, confirm email address, and then verify their identity.
- If the claimant is unable to verify their identity:
  - 1) Check account information and correct any errors.
  - 2) If unable to verify ID after checking for any errors, call TransUnion Credit Freeze Number (888-909-8872) to temporarily remove freeze on their credit.
  - 3) If still unable to verify ID after calling TransUnion, contact Branch of Technical Assistance at 202-693-0040.

# CLAIMANT REGISTRATION

## ACCOUNT BASICS

First Name

Middle Name (optional)

Last Name

Mobile Telephone <sup>?</sup>

International

Email Address <sup>?</sup>

**i** When deciding whether to use your personal or work email address when registering, remember that if you change federal employers or leave federal service, **you may not always have access to your government email account.**

- **Mobile Phone Number:** used for text messages. *Leave blank if no mobile phone number.*
- **Email Address:** personal email address is strongly recommended. *May lose access to government email account.*



# CLAIMANT ACCOUNT INFORMATION

If the claimant must only use mobile phone provided by the EA while on duty, the claimant may enter a second mobile phone number for Multi-Factor Authentication (MFA):

UNITED STATES DEPARTMENT OF LABOR  
ECOMP

MY DASHBOARD NEW CLAIM DOCUMENTS HELP **FIRST LAST**

HOME / ACCOUNT

**ACCOUNT**  
SIGN OUT

**Account Information**

ACCOUNT BASICS [Change Account Basics](#)

Change name, phone number or email address

SOCIAL SECURITY NUMBER [Change Social Security Number](#)

VOLUNTARY DEMOGRAPHIC INFORMATION [Change Voluntary Demographic Information](#)

PASSWORD [Change Password](#)

### Account Information

ACCOUNT BASICS [Close](#)

① Multifactor Authentication is required to update your **phone number** or **email address**. Submission will require a security code.

Employee First Name Middle Name (optional) Last Name

First Last

Mobile Telephone [?](#)

(111) 111-1111  International

**Optional 2nd Mobile Telephone**  International

Date of Birth [?](#)

01/01/1990 X

Address

1 St

City State

new york NY - New York

ZIP code Country

10014 UNITED STATES OF AMERICA

Email Address [?](#)

owcpsy10014@gmail.com

**Optional 2nd Email Address**

# IDENTITY VERIFICATION



## YOU'RE ALMOST DONE

An email has been sent to this email address:  
**owcpny10014+21@gmail.com**  
**Check your email and follow the instructions inside.**

If you do not receive your confirmation email in 10 minutes, it may have been lost.

1. Check your spam folder.
2. Ensure that your emails service is not blocking emails from @www.ecomp.dol.gov
3. Make sure that the email you gave us is your correct address (if not please re-register).

## Identity Verification

### Instructions

In an effort to further secure this system we need to verify your identity. In order to complete this process we will request confirmation of your personal information. Below please review your account information. If needed, you may also update the existing information. This information is necessary to validate your identity with a nationally accredited bureau. Once you have confirmed your personal information you will be asked a series of personal history questions to confirm your identity. All information you share with us is secure and private. Please review and fill in your current account information below.

Claimant Name	First Last
Date of Birth	01/01/1990
Social Security Number	•••-••••••••
Address	1, 1, NY, 10014

Is this information correct?

Yes

No

NEXT

# IDENTITY VERIFICATION

Identity verification unsuccessful. Please review your personal information and try again.



UNITED STATES DEPARTMENT OF LABOR  
ECOMP

[HOME](#) / IDENTITY VERIFICATION

## Identity Verification

### Instructions

In an effort to further secure this system we need to verify your identity. In order to complete this process we will request confirmation of your personal information. Below please review your account information. If needed, you may also update the existing information. This information is necessary to validate your identity with a nationally accredited bureau. Once you have confirmed your personal information you will be asked a series of personal history questions to confirm your identity. All information you share with us is secure and private. Please review and fill in your current account information below.

Claimant Name	First Last
Date of Birth	01/01/1990
Social Security Number	••••••••
Address	1, 1, NY, 10014

Is this information correct?

Yes

No

NEXT

➤ **After the 1<sup>st</sup> and 2<sup>nd</sup> failed attempts**

# IDENTITY VERIFICATION

## ATTENTION ×

In order to verify your identity, we cross check the information you enter with information on file with TransUnion. The information you have entered does not match. This was attempt number 3. Please carefully review your information.

Claimant Name	First Last
Date of Birth	01/01/1990
Social Security Number	●●●-●●-●●●○
Address	1, 1, NY, 10014

You must confirm your information before submitting again.

**NEXT**

- **Alert message after failing identity verification 3 times**
- **Email sent from [noreply@ecomp.dol.gov](mailto:noreply@ecomp.dol.gov) to alert the claimant about the failed attempts**

# IDENTITY VERIFICATION

ECOMP: Identity Verification Alert Inbox x



noreply@ecomp.dol.gov  
to owcpny10014+22

9:39 AM (0 minutes ago) ☆ ↶ ⋮

Did you recently attempt to verify your identity in your ECOMP account? Please review the details of the attempt below. If this was not an attempt by you, please [click here](#) to report this issue to the security team.

Browser:

Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/114.0.0.0  
Safari/537.36 Edg/114.0.1823.67

Time stamp:

2023/07/25 09:39:52

Recent Screen History:

Identity Verification

If you're having trouble resolving this issue, [try visiting our FAQ](#).

<https://www.ecomp.dol.gov/>

[Message ID: lkicg4xy.JRS2XXqtAsgy]

- **After the 3<sup>rd</sup> and 4<sup>th</sup> failed attempts**
- **Email sent from [noreply@ecomp.dol.gov](mailto:noreply@ecomp.dol.gov) to alert the claimant about the failed attempts**

# IDENTITY VERIFICATION

Identity verification unsuccessful. You will have limited ECOMP access. For full ECOMP access, you need to verify your identity successfully. Try again



MY DASHBOARD **FORMS** DOCUMENTS HELP FIRST LAST

HOME / MY DASHBOARD

## Welcome to your ECOMP Dashboard

Because your identity has not yet been verified, your dashboard has limited information and functionality. To access your full dashboard, [click here](#) (if available) and complete your identity verification.

If you are filling a claim for COVID-19, use FORM [CA-1 COVID-19](#).

Each injury/illness claim you have initiated can be found in the table below. To file a new injury/illness claim or a CA-7 claim for compensation on an existing injury/illness claim, click on the "Form" link above. Document upload may be accessed in the "Documents" link above.

You have 0 injury/illness claim(s) in Draft status in the table below; by clicking anywhere in the row, you will be taken to its form page where you can continue finalizing it.

The Action Required tab shows if any actions are needed of you to continue your claims process. This will include returned forms. If your Action Required tab is empty there is nothing required of you at this time.

Search

Forms (0)

Action Required (0)

Date of Injury Agency

Status

Actions

No results found

0 Results Jump to page: 1 GO

Once you verify your identity, you will be able to access the Case Review page for all injury/illness claims where you can:

- View case details including the injury claim information; claim status; compensation payment tracking; compensation payment history; and from within the payment period details you may also access employee data, compensation information, health benefits, life insurance, payee information, and compensation formula information. You can also access additional billing information through the "Bill Pay Inquiry" link. Pharmacy information is available through the "Pharmacy Benefit" link.
- File associated case forms such as a CA-7 Claim for Compensation using the new case claim drop down button.

➤ **After 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> failed attempts**

➤ **Limited Dashboard:  
May file CA-1, CA-2, or CA-7**

➤ **No access to any case information**

# IDENTITY VERIFICATION

## Identity Verification

### Instructions

In an effort to further secure this system we need to verify your identity. In order to complete this process we will request confirmation of your personal information. Below please review your account information. If needed, you may also update the existing information. This information is necessary to validate your identity with a nationally accredited bureau. Once you have confirmed your personal information you will be asked a series of personal history questions to confirm your identity. All information you share with us is secure and private. Please review and fill in your current account information below.

First Name	Middle Name (optional)	Last Name
<input type="text" value="First"/>	<input type="text"/>	<input type="text" value="Last"/>

Social Security Number	Confirm SSN <sup>?</sup>
<input type="text"/>	<input type="text"/>

I do **NOT** have a Social Security Number and I am **NOT** a US Citizen. <sup>?</sup>

Date of Birth

- **After the 6<sup>th</sup> failed attempt**
- **Must enter the SSN again**

# IDENTITY VERIFICATION

## Identity Verification

### Instructions

In an effort to further secure this system we need to verify your identity. In order to complete this process we will request confirmation of your personal information. Below please review your account information. If needed, you may also update the existing information. This information is necessary to validate your identity with a nationally accredited bureau. Once you have confirmed your personal information you will be asked a series of personal history questions to confirm your identity. All information you share with us is secure and private. Please review and fill in your current account information below.

First Name	Middle Name (optional)	Last Name
<input type="text" value="First"/>	<input type="text"/>	<input type="text" value="Last"/>
Social Security Number	Confirm SSN <sup>?</sup>	
<input type="text" value="●●●-●●-●●●"/>	<input type="text" value="●●●-●●-●●●"/>	
<input type="checkbox"/>	I do <b>NOT</b> have a Social Security Number and I am <b>NOT</b> a US Citizen. <sup>?</sup>	
Date of Birth		
<input type="text" value="01/01/1990"/>		

- **After the 8<sup>th</sup> failed attempt**
- ***No option to indicate the information is correct***



# IDENTITY VERIFICATION

Your identity is unverified. You will have no ECOMP access. For full ECOMP access, you will need to successfully verify your identity. [Try again.](#) ✕



UNITED STATES DEPARTMENT OF LABOR  
ECOMP

MY DASHBOARD

FORMS

DOCUMENTS

HELP

AARON TESTA

[HOME](#) / [ACCOUNT](#)

## Account Information

YOU'RE SIGNED IN AS A CLAIMANT

ACCOUNT

SIGN OUT

VERIFY ID

### ACCOUNT BASICS

Change name, phone number or email address

[Change Account Basics](#)

### SOCIAL SECURITY NUMBER ?

[Change Social Security Number](#)

### VOLUNTARY DEMOGRAPHIC INFORMATION

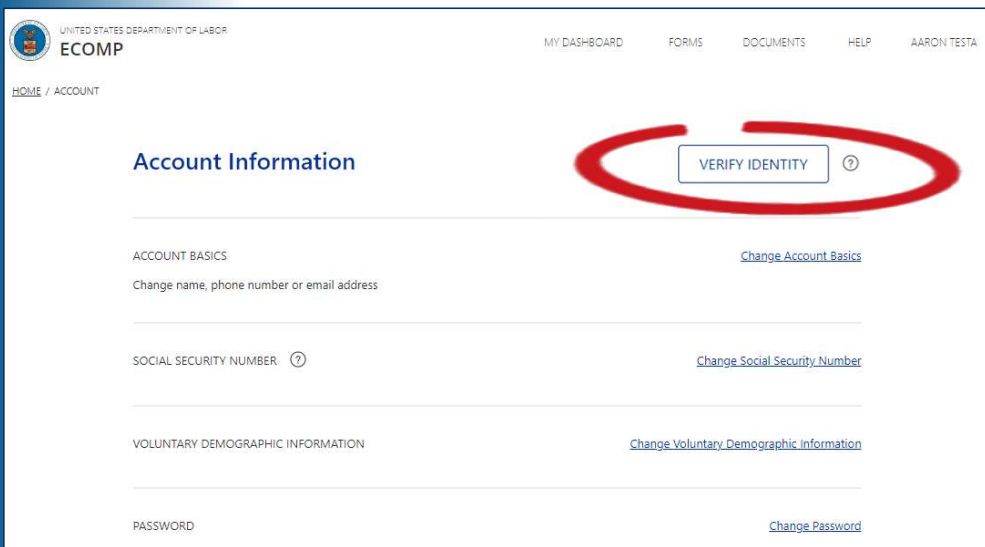
[Change Voluntary Demographic Information](#)

### PASSWORD

[Change Password](#)

➤ **May attempt identity verification again via the link on the Limited Dashboard or the ACCOUNT option, but only 9 attempts allotted every 30 days**

# IDENTITY VERIFICATION



The screenshot shows the ECOMP account information page. At the top, there is a navigation bar with 'MY DASHBOARD', 'FORMS', 'DOCUMENTS', 'HELP', and 'AARON TESTA'. Below this is the 'Account Information' section. A red circle highlights the 'VERIFY IDENTITY' button, which has a question mark icon next to it. Below the button are four sections: 'ACCOUNT BASICS' with a link 'Change Account Basics', 'SOCIAL SECURITY NUMBER' with a link 'Change Social Security Number', 'VOLUNTARY DEMOGRAPHIC INFORMATION' with a link 'Change Voluntary Demographic Information', and 'PASSWORD' with a link 'Change Password'.

- Contact Branch of Technical Assistance (BTA) at 202-693-0040 to reset identity verification attempts
- BTA informs claimant of any alerts from TransUnion
- Claimant must contact TransUnion at 800-916-8800 to clear **all alerts** prior to attempting identity verification again in ECOMP
- If there is a **CONSUMER ALERT** from TransUnion, claimant should call TransUnion Credit Freeze Number (888-909-8872) to temporarily **remove freeze** on their credit.

# IDENTITY VERIFICATION

Your identity verification attempts have expired. Further attempts will be enabled 30 days after your last attempt.



UNITED STATES DEPARTMENT OF LABOR  
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MY DASHBOARD

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## Account Information

ACCOUNT BASICS

Change name, phone number or email address

[Change Account Basics](#)

SOCIAL SECURITY NUMBER

[Change Social Security Number](#)

VOLUNTARY DEMOGRAPHIC INFORMATION

[Change Voluntary Demographic Information](#)

PASSWORD

[Change Password](#)

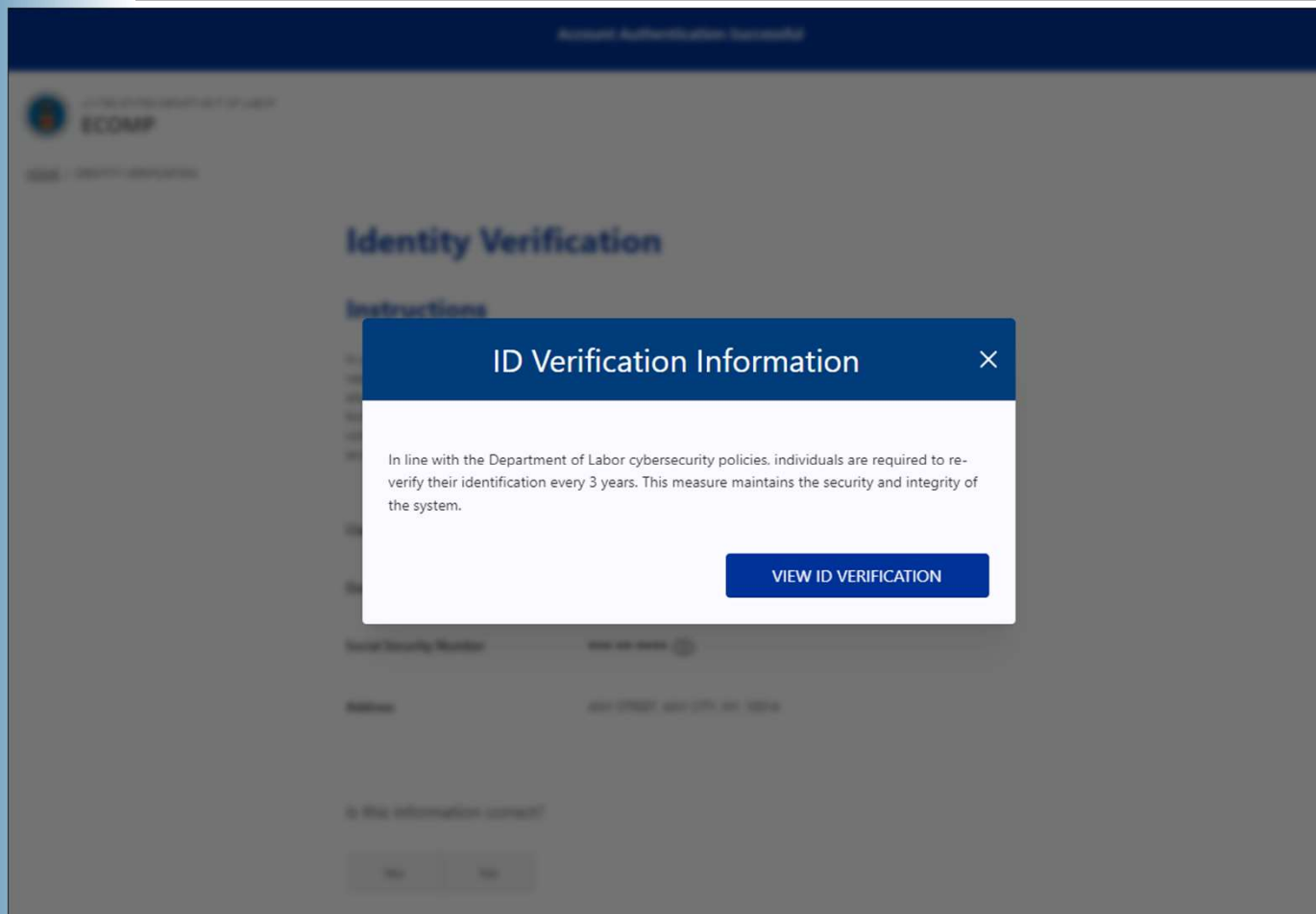
YOU'RE SIGNED IN AS A CLAIMANT

[ACCOUNT](#)

[SIGN OUT](#)

- **After failing 9 times**
- ***Resetting verification attempts will not work***
- ***Must wait 30 days to attempt identity verification again***

# IDENTITY VERIFICATION



- ECOMP users who must verify their identity (claimants and AMUs) must reverify their identity **every 3 years**.

# CLAIM FILING PROCESS

## Claim Filing Process

# CLAIM FILING PROCESS

- Federal employee or contractor files OSHA-301 (if enabled in ECOMP) to report injury/illness
  - Form routed to supervisor and then to OSHA Record Keeper (ORK)
  
- Federal employee may then file CA-1, CA-2, or CA-7 to claim FECA benefits
  - Form routed to supervisor and then to Agency Reviewer (AR)
  
- AR or ORK may also initiate forms on behalf of **incapacitated** injured employees

# FILING OSHA-301

## Filing OSHA-301

# Filing OSHA-301

UNITED STATES DEPARTMENT OF LABOR  
ECOMP

MY DASHBOARD **NEW CLAIM** DOCUMENTS HELP FIRST LAST

HOME / FILE FORM

## Which Forms Can I File?

Each agency determines which forms are available for filing through ECOMP. The way you report an incident or file a claim depends on your employment status and your employing agency. To learn which forms you can file, fill out the information below.

### Employment Status <sup>?</sup>

Federal Employee  Contractor

### Government Organization <sup>?</sup>

What part of the government were you working for at the time of your injury?

Select Department  
XX ECOMP TEST (DO NOT USE)

Agency Group  
Do NOT use for form filing [OK to edit] (3)

Select Agency  
OFFICE OF ECOMP TESTING 16.2

To file a form for injury or illness:

- 1 Report the incident in ECOMP using **OSHA Form 301 (Injury and Illness Incident Report)**.  
**FILE OSHA-301**
- 2 Claim benefits using either form **CA-1 (for Traumatic Injury)** or form **CA-2 (for Occupational Disease)**. You must file an **OSHA-301** first. Pending review of your claim, you may receive a FECA Case Number.



# FILING OSHA-301: EMPLOYEE'S PORTION

## OSHA-301 Form

OSHA-301 filing help [↗](#)

ECN 31690356 | Draft

Next, enter the employee's address; date of birth; date hired; sex; and job title. You may also enter the name of the physician who treated the injury or illness. This field is optional.

### EMPLOYEE BASICS

① Employee First Name Middle Name (optional) Last Name  
First [ ] [ ] Last [ ]

② Home Mailing Address/Street [ ]

City [ ] State [ ]

ZIP code [ ] Country UNITED STATES OF AMERICA [ ]

③ Date of Birth [ Select Date ]

④ Date Hired [ Select Date ]

⑤ Sex Male Female

⑥ Job Title [ ]

PHYSICIAN (optional) [?](#)

⑥ First Name Middle Name (optional) Last Name  
[ ] [ ] [ ]

WHO SHOULD REVIEW THIS FORM? [?](#)

Immediate Supervisor's Email [ ] Select Email Domain [ ]

Autosaved [✔](#)

EXIT [➤](#)

# FILING OSHA-301: EMPLOYEE'S PORTION

## OSHA-301 Form

[OSHA-301 filing help](#)

ECN 31690356 | Pending Review by Supervisor

 FORM LOCKED	ECN 31690356   OSHA-301		Pending Review by Supervisor	
	Employee	First Last	Date of Event	07/02/2023
	Organization	OFFICE OF ECOMP TESTING 16.2	Initiated	07/14/2023
			<a href="#">View</a>	<a href="#">Get PDF</a>

- An email has been sent to your supervisor's email account at [owcpny10014@gmail.com](mailto:owcpny10014@gmail.com)
- A digital copy of this form will be kept by ECOMP for 5 years. (Public Law 91-596 and 29 CFR 1904)
- You will receive email updates each time the status of this form changes.
- Make sure to save / print a copy for your records and note the ECN (ECOMP Control Number).
- Because you are a Federal employee, now that you have filed a **OSHA-301**, you can file a claim for injury or illness using either form **CA-1** or **CA-2**. If your injury occurred during one workday or work shift, you must file your traumatic injury claim for FECA benefits on an OWCP-approved form (i.e., CA-1) within 30 days of the date of injury to meet the timely filing requirements for continuation of pay (COP).
- Because you are a Federal employee, now that you have filed a **OSHA-301**, you can file a claim.
- You can file a claim for injury (**CA-1**), illness (**CA-2**) or **COVID-19 claim**.

### SELECT THE APPROPRIATE OPTION:

Based on this OSHA-301, you may file a CA-1 or CA-2. You could also file a Covid-19 claim.

[FILE CA-1 OR CA-2](#)

[FILE A COVID-19 CLAIM](#)

# FILING CA-1/CA-2

## **Filing CA-1/CA-2: Claimant's Portion**

# FILING CA-1/2: EMPLOYEE'S PORTION

1 BASICS 2 INJURY 3 WITNESS 4 ATTACHMENTS 5 REVIEW 6 SIGN

## CA-1 Traumatic Injury Claim

CA-1 filing help [↗](#)

ECN 31690357 | Draft

Welcome to CA-1. The steps in this form are listed in the navigator above. Unless otherwise noted, you must complete all fields. Start by filling out your basic information below.

### EMPLOYEE BASICS

1 Employee First Name Middle Name (optional) Last Name

First   Last

1a Employee Email

owcpny10014@gmail.com

2 Social Security Number Confirm SSN

3 Date of Birth

## CA-1 Traumatic Injury Claim

CA-1 filing help [↗](#)

ECN 31665183 | Draft

\* **This step is optional.** You can attach supporting documents to this claim now, or submit them at a later date through ECOMP once a claim number has been assigned. Examples of supporting documents include witness statements, job descriptions, and medical documentation.

**NOTE: Do not upload OWCP forms or medical bills here; they will not be processed.** Medical bills should be submitted using OWCP's Central Bill Processing Center and OWCP forms should be submitted through your agency's established procedures (either electronically or in paper format). Forms or bills submitted as uploads will not be processed.

### ATTACHMENTS (optional) [?](#)

Max file size is 5MB

Limit number of pages to 20 per document

Allow 4 hours for processing

Upload one document at a time. Each upload is assigned a Document Control Number (DCN). Uploads will be converted to black-and-white.

Accepted file formats: jpeg, jpg, gif, png, txt, tif, tiff, rtf, pdf, doc, docx



CHOOSE A FILE

# FILING CA-1/2: EMPLOYEE'S PORTION

## SIGN & FILE FORM

17 I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication.

I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:

A. Continuation of Regular Pay (COP) ?

not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.

B. Sick and/or Annual Leave

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Submitting this form is considered the same as signing it.



EXIT

SIGN AND FILE

## Equity Survey



### Be Counted or Be Invisible Provide Feedback on Your Experience

The FECA program is committed to identifying any barriers that exist for federal workers who have been injured on the job and need to file a claim for workers' compensation.

To help us achieve this goal, click "Take Survey" to answer a short 2 question survey. Click "Skip Survey" if you do not wish to provide feedback.

SKIP SURVEY

TAKE SURVEY

# FILING CA-1/2: EMPLOYEE'S PORTION

## CA-1 Traumatic Injury Claim

CA-1 filing help [↗](#)

ECN 31665183 | Pending Review by Supervisor

 FORM LOCKED	<b>ECN 31665183</b>   CA-1	<b>Pending Review by Supervisor</b>	
	Employee First Last Organization OFFICE OF ECOMP TESTING 16.2	Date of Event 06/24/2022 Initiated 06/27/2022	<a href="#">View</a> <a href="#">Upload Attachments</a> <a href="#">Get PDF</a>

- An email has been sent to your supervisor's email account at **dolowcp1@gmail.com**
- You will receive email updates each time the status of this form changes.
- Make sure to *save/print a copy for your records and note the ECN (ECOMP Control Number).*

### Next Steps

- After your claim is reviewed by your supervisor and is received by DFEC, you will receive an email providing a Case Number.
- You can use that case number to file a CA-7, claim for compensation.
- If you want to check on the status of your claim, visit your dashboard.

# FILING CA-1/2: EMPLOYEE'S PORTION

← → ↻ ecomp.dol.gov/#/ 🔍 📄 ☆

## Have you been hurt on the job?

If you are a Federal Employee or a Contractor and have sustained a work-related injury or illness, use ECOMP to report the incident to your supervisor.

If you are a Federal Employee you may also file a claim for benefits under the Federal Employees' Compensation Act (FECA). Depending upon your agency, start by filing OSHA's Form 301, then file a claim using either form CA-1 (for traumatic injury) or form CA-2 (for occupational disease). After you have received an official FECA case number, you may also file form CA-7 (Claim for Compensation).

## Need to upload a document?

Stakeholders and interested parties can use ECOMP to upload documents to active FECA cases. You can upload letters, medical reports and other supporting documentation. You will need the official FECA Case Number and other identifying information to use this feature.

⚠️ Do not upload Medical or Travel reimbursement forms (OWCP-915, OWCP-957). Doing so will unnecessarily delay the processing of your reimbursement claim. Medical or Travel reimbursement forms must be mailed to OWCP/DFELHWC-FECA, P.O. Box 8300, London, KY 40742-8300.

[UPLOAD DOCUMENTS](#)

## Medical Providers:

- Only medical reports can be submitted in ECOMP.
- ⚠️ Do not upload bills in ECOMP as they will not be processed.
- Easily submit medical bills and reports in one electronic transaction using our **free** Direct Data Entry or Secure FTP. Refer to this [Quick Guide](#) for detailed steps. Learn all your options by clicking [here](#).

## Looking for a Pharmacy?

Click [here](#) to locate an in-network pharmacy in your area.

## Need to file a form?

Register for an account or sign in to get started!

### Sign In

Email or Username

Password

[SIGN IN](#)

[Forgot password?](#)

[Need an account? Register](#)

### Track form or status of document

Enter ECN or DCN [TRACK STATUS](#)

# FILING CA-1/2: EMPLOYEE'S PORTION

## Track Status

Status for ECN (ECOMP Control Number) #31690207

**ECN 31690207**

***Pending Review by Supervisor***

Are you the claimant or employee for this form? If so, it will be listed on your account home page. [Sign in here.](#)

Track form or status of document

31690207

**TRACK STATUS**



# FILING CA-1/CA-2

## **Filing CA-1/CA-2: Supervisor's Portion**

# FILING CA-1/2: EMAIL TO SUPERVISOR

ECOMP: ECN 31690357 requires your review Inbox x

noreplyuat@ecomp.dol.gov  
to me

4:39 PM (6 minutes ago) ☆ ↶ ⋮

**TEST ENVIRONMENT: uat**

An employee of the US government has identified you as his/her supervisor, and has requested that you review and complete an official government form. To access this form, click on this link:

<https://www.training.ecomp.dol.gov/#id=rm0vdmnyo>

---

ECN #:  
- 31690357

Form:  
- CA-1

Status:  
- Pending Review by Supervisor

Status Changed Date:  
- 07/14/2023 04:38 pm

Responsible Organization:  
- XX ECOMP TEST (DO NOT USE)  
- Do NOT use for form filing [OK to edit] (3)  
- OFFICE OF ECOMP TESTING 16.2  
- Enabled forms: CA1/2, CA7 << NEVER EDIT THIS ORG>>

Employee's Initials:  
- F.L.

Date of Event:  
- 07/02/2023

Date Filed:  
- 07/14/2023 04:38 pm

# FILING CA-1/2: SUPERVISOR'S PORTION

## Supervisor Review

You have been named by an employee of the US government to review this form. You're being asked to fill this out as an employee's supervisor so it may reference you throughout as 'The Supervisor.'

ECN 31690357   CA-1		Pending Review by Supervisor	
Employee	First Last	Date of Event	07/02/2023
Organization	OFFICE OF ECOMP TESTING 16.2	Initiated	07/14/2023

You should review this form if both of these are true:

Your email is owcpny10014@gmail.com

You work as a supervisor at the XX ECOMP TEST (DO NOT USE) for the employee named above.

NO, I CANNOT REVIEW THIS FORM

YES, I WILL REVIEW THIS FORM

# FILING CA-1/2: RETURNING FORM

Superv

YOU HAVE BE  
BEING ASKE  
THROUGHOU

ECN 3166

Employee  
Organizati

YOU SHOULD  
Your ema  
You work

MA, YOU'RE  
DU

4/2022  
7/2022

ed above.

Return Reason

If you do not review this form, it will be returned to the person who filed it.

Why are you unable to review this form? ▾

1 EMPLOYEE NOT UNDER MY SUPERVISION

2 INCORRECT EMPLOYING AGENCY

3 RETURN OF FORM REQUESTED BY EMPLOYEE

CANCEL

NO, I CANNOT REVIEW THIS FORM

YES, I WILL REVIEW THIS FORM

- Returning claims should be **rare**.
- **Reason 2:** *If the Department is correct, do not return the form;* the Agency Reviewer (AR) may reroute the claim to the correct agency after supervisor's review.
- **Duplicate claim:** submit the claim and let OWCP determine whether it's truly a duplicate claim.
- If the form must be returned, contact the claimant to explain the exact reason.

# FILING CA-1/2: SUPERVISOR'S PORTION

✓ 1 SUMMARY    ✓ 2 REVIEW CA-1    3 SUPERVISOR    4 BASICS    5 INJURY    6 PHYSICIAN & WITNESSES    7 ATTACHMENTS    8 REVIEW    9 SIGN

## CA-1 Traumatic Injury Claim

ECN 31690357 | Pending Review by Supervisor

---

### SUPERVISOR INFORMATION

38 Agency Official First Name    Middle Name (optional)    Last Name

Agency Official Title

Office Telephone     International

    International

# FILING CA-1/2: SUPERVISOR'S PORTION

## CA-1 Traumatic Injury Claim

ECN 31690357 | Pending Review by Supervisor

### SIGN

Actions to Take

Sign & Forward or File

Request Resubmission

### EVENT (optional)



You must select COV for any claim resulting from a reaction to the COVID-19 vaccine.

Is this form related to one of these events? (optional)

AHI - Anomalous Health Injury (Havana Syndrome)

AHI - Anomalous Health Injury (Havana Syndrome)

ATX - Anthrax Exposure

C19 - COVID-19

CLJ - Camp Lejeune Water Contamination

COV - Covid Vaccine

## Event Confirmation



You have selected to file this claim as a Covid Vaccine claim. If that is correct, please click YES to confirm and file this form. If that is incorrect and this is not a Covid Vaccine claim, please select NO and change your selection.

Please note: a special indicator is not required in most cases and filing a case with an incorrect special indicator may delay the processing.

NO

YES

# FILING CA-1: SUPERVISOR'S PORTION

## CA-1 Traumatic Injury Claim

ECN 31690357 | Pending Final Review by FECA Agency Reviewer

 FORM LOCKED	ECN 31690357   CA-1	Pending Final Review by FECA Agency Reviewer
	Employee First Last Organization OFFICE OF ECOMP TESTING 16.2	Date of Event 07/02/2023 Initiated 07/14/2023

- You can print a copy of this form using the 'Get PDF' button above.
- A digital copy of this form will be kept by ECOMP for 5 years. (Public Law 91-596 and 29 CFR 1904)

Autosaved 

ISSUE CA-16

DONE

### Authorization for Examination And/Or Treatment

U.S. Department of Labor  
Office of Workers' Compensation Programs



The following request for information is required under (5 USC 8101 et. seq.). Benefits and/or medical services expenses may not be paid or may be subject to suspension under this program unless this report is completed and filed as requested. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and OMB Cir. No. 130. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. NOTE: THIS FORM IS NOT TO BE REPRODUCED OR DUPLICATED (See Instructions). IF INSTRUCTIONS ARE SEPARATED FROM THIS FORM, REFER TO FORM INFORMATION <https://www.dhs.gov/govinfo>.

OMB No.: 1240-0046  
Expires: 05-31-2024

#### PART A - AUTHORIZATION

- Name and Address of the Medical Facility or Physician Authorized to Provide the Medical Service within the meaning of FECA (See Instructions for definition of a qualified physician):
- Employee's Identification (last, first, middle, SSN)
- Date of Injury (mo. day, yr.)
- Occupation
- Description of Injury or Disease:
- You are authorized to provide medical care for the employee for a period of up to sixty days from the date shown in item 3, subject to the condition stated in item A, and to the condition indicated in either 1 or 2, item B.
  - Your signature in item 35 of Part B certifies your agreement that all fees for services shall not exceed the maximum allowable fee established by OWCP and that payment by OWCP will be accepted as payment in full for such services. PLEASE NOTE THIS AUTHORIZATION DOES NOT INCLUDE PRESCRIPTIONS FOR COMPOUND MEDICATIONS OR PHYSICIAN DISPENSED MEDICATION. SEE INSTRUCTIONS FOR ADDITIONAL MEDICAL INFORMATION.
  1. Furnish office and/or hospital treatment as medically necessary for the effects of this injury. Any surgery other than emergency must have prior OWCP approval.
   
 2. There is doubt whether the employee's condition is caused by an injury sustained in the performance of duty, or is otherwise related to the employment. You are authorized to examine the employee using indicated non-surgical diagnostic studies, and promptly advise the undersigned whether you believe the condition is due to the alleged injury or to any circumstances of the employment. Pending further advice you may provide necessary curative treatment if you believe the condition may be to the injury or to the employment.
- If a Disease or Illness is Involved, OWCP Approval for Issuance of Authorization was Obtained from (Type Name and Title of OWCP Official)
- Name and Address of Employee's Place of Employment
 

Department or Agency:

Bureau or Office:

Local Address (Including Zip Code):
- Local Employing Agency Telephone Number (Including Area Code):
- Name and Title of Authorized Official (Type or Print Clearly): (See Instructions)
- Send one copy of your report to:
 

U.S. DEPARTMENT OF LABOR  
DFEC CENTRAL MAILROOM  
P.O. BOX 8300  
LONDON, KY 40742-8300
- I certify that I am the individual authorized by my employing agency to issue this form concerning medical treatment. I further certify that the information provided above is true and accurate to the best of my knowledge and belief. I realize that any person who knowingly makes any false statement or misrepresentation to obtain FECA compensation is subject to civil or administrative remedies as well as criminal prosecution.
- Remarks (See Instructions under Authorized Official):

Signature of Authorizing Official/Date (Month, Day/Year)

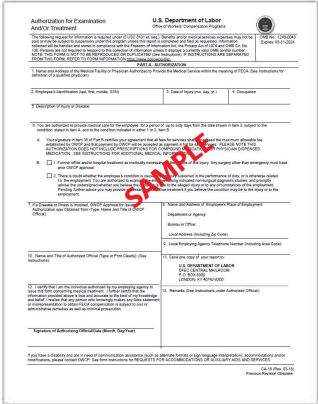
If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodations and/or modifications, please contact OWCP. See form instructions for REQUESTS FOR ACCOMMODATIONS OR AUXILIARY AIDS AND SERVICES.

CA-16 (Rev. 03-18)  
Previous Revision Obsolete

# FILING CA-1: SUPERVISOR'S PORTION

- Provide a copy of the completed Form CA-16 to the claimant
- **After the case file number is created**, the AR should upload the completed Form CA-16 to the case file in ECOMP

UPLOAD A NEW DOCUMENT ?



① Filename  
TEST.docx

② Document Type  
CA-16 Form (Completed and Signed)

③ Authored Date  
07/21/2023

CHANGE FILE

UPLOAD

CANCEL

Please ensure documents are oriented correctly to view.



# FILING CA-1/CA-2

## **Filing CA-1/CA-2: AR's Final Review**

# FILING CA-1/2: AR REVIEW

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

**MY DASHBOARD** FORMS DOCUMENTS REPORTS HELP FIRST LAST

HOME / REVIEWER DASHBOARD

XX ECOMP TEST (DO NOT USE) FORM TYPE

SHOW LAST 6 MONTHS

ALL FORMS XLS EXPORT

Search

CA-1&2	CA-7	OSHA 301	STATUS
8	1	1	Draft
22	14	0	Pending Review by Supervisor
0	1	0	Returned by FECA Agency Reviewer to...
30	5	0	Pending Review by FECA Agency Reviewer to...

**Awaiting My Review (82)** All Forms (286) Filed by Me (19) Supervisor (39) No Lost Time (3) Done (157) Rejected (5)

ECN #	Case #	Organization	Type	Status	Employee	Date of Injury	Filed Date	Age
31690357		0000-X2 OFFICE OF E...	CA-1	Pending Final Review ...	First Last	07/02/2023	07/14/2023	

REVIEW/EDIT SAVE PDF VIEW CHANGE ORGANIZATION

# FILING CA-1/2: AR REVIEW

**CA-1 Traumatic Injury Claim**

ECN 31690357 | Pending Final Review by FECA Agency Reviewer

I understand that an employing agency official who knowingly certifies to any false statement, misrepresentation, or concealment of fact with respect to this claim may be subject to appropriate felony criminal prosecution.

**SIGN**

Action to Take


Extent of Injury [Edit](#)

X - LT covered by COP or leave

Filing Instructions

XL - LT covered by LWOP or COP

**EVENT (optional)**

 You must select COV for any claim resulting from a reaction to the COVID-19 vaccine.

Is this form related to one of these events? (optional)

- **“Request Resubmission”** option *should not be used routinely.*
- Filing a claim with an incorrect Special Indicator may delay claim processing.

# FILING CA-1/2: AR REVIEW

## CA-1 Traumatic Injury Claim

ECN 31690357 | Submitted to DFEC

 FORM LOCKED	ECN 31690357   CA-1		Submitted to DFEC	
	Employee	First Last	Date of Event	07/02/2023
Organization	OFFICE OF ECOMP TESTING 16.2		Initiated	07/14/2023
				<a href="#">View</a> <a href="#">Get PDF</a>

SAVE PDF

Autosaved 

ISSUE CA-16

DONE

# FILING CA-1/2: FORM RETENTION

## **FECA Circular Number 22-09 (June 9, 2022):**

- With Multi-Factor Authentication (MFA), a claimant's electronic signature through ECOMP is as valid as a wet signature.
- No longer necessary for agencies to retain paper copies with wet signatures of the electronic forms.
- Use the above link to access the Circular.

# FILING CA-1/CA-2

## **AR Filing CA-1/CA-2 on behalf of Claimant**

# AR FILING CA-1/2 ON BEHALF OF IW

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

MY DASHBOARD **FORMS** DOCUMENTS REPORTS HELP AARON TESTA

HOME / FILE FORM

**FILE NEW FORM**  
FILE CA-3 FORM  
FILE CA-7 FORM

## Which Forms Can I File?

Each agency determines which forms are available for filing through ECOMP. The way you report an incident or file a claim depends on your employment status and your employing agency. To learn which forms you can file, fill out the information below.

### GOVERNMENT ORGANIZATION ?

What part of the government were you working for at the time of your injury?

Department  
XX ECOMP TEST (DO NOT USE)

Select Agency Group

Filter by State (optional) ▼ Use this org ONLY for Filing Forms <<NEVER MAKE CH... ▼

Agency  
OFFICE OF ECOMP TESTING 16.2

Select Duty Station  
Enabled forms: CA1/2, CA7 <<NEVER EDIT THIS ORG>>, 203 UNION STREET, WASHINGTON, DC 20210 ▼

You can file forms CA-1, CA-2, CA-3, CA-6, CA-7, CA-7a, CA-16 for this organization through ECOMP ?

# AR FILING CA-1/2 ON BEHALF OF IW

## To file a form for injury or illness:


- 1 Report the incident in ECOMP using **OSHA Form 301 (Injury and Illness Incident Report)**.

FILE OSHA-301

- 2 Claim benefits using either form **CA-1 (for Traumatic Injury)** or form **CA-2 (for Occupational Disease)**. You must file an **OSHA-301** first. Pending review of your claim, you may receive a FECA Case Number.

- 3 If you wish to claim compensation and you've received an official FECA Case Number, you can file form **CA-7 (Claim for Compensation)**.

FILE CA-7

 You must have a FECA Case number to file a CA-7 or CA-9.

- 4 For Agency Reviewers only: Report an Employee's Death

FILE CA-6

- 5 For Agency Reviewers only: Report of Work Status

FILE CA-3

- 6 For Agency Reviewers only: Download Authorization for Examination And/Or Treatment

DOWNLOAD CA-16

- For CA-1, provide a copy of the completed Form CA-16 to the claimant
- **After the case file number is created**, the AR should upload the completed Form CA-16 to the case file in ECOMP



# FILING CA-1/2, CA-7: RETURNING FORM

## **Filing CA-1/2, CA-7: Returning Form**

# FILING CA-1/2, CA-7: RETURNING FORM

**CA-1 Traumatic Injury Claim**


ECN 31690357 | Pending Final Review by FECA Agency Reviewer

I understand that an employing agency official who knowingly certifies to any false statement, misrepresentation, or concealment of fact with respect to this claim may be subject to appropriate felony criminal prosecution.

SIGN

Action to Take

Sign & Forward or File      Request Resubmission

 This form will not be submitted and will be returned to the filer, who will be advised of the return reason.

Why?

1 - Employee not under my supervision

1 - Employee not under my supervision

2 - Incorrect Employing Agency

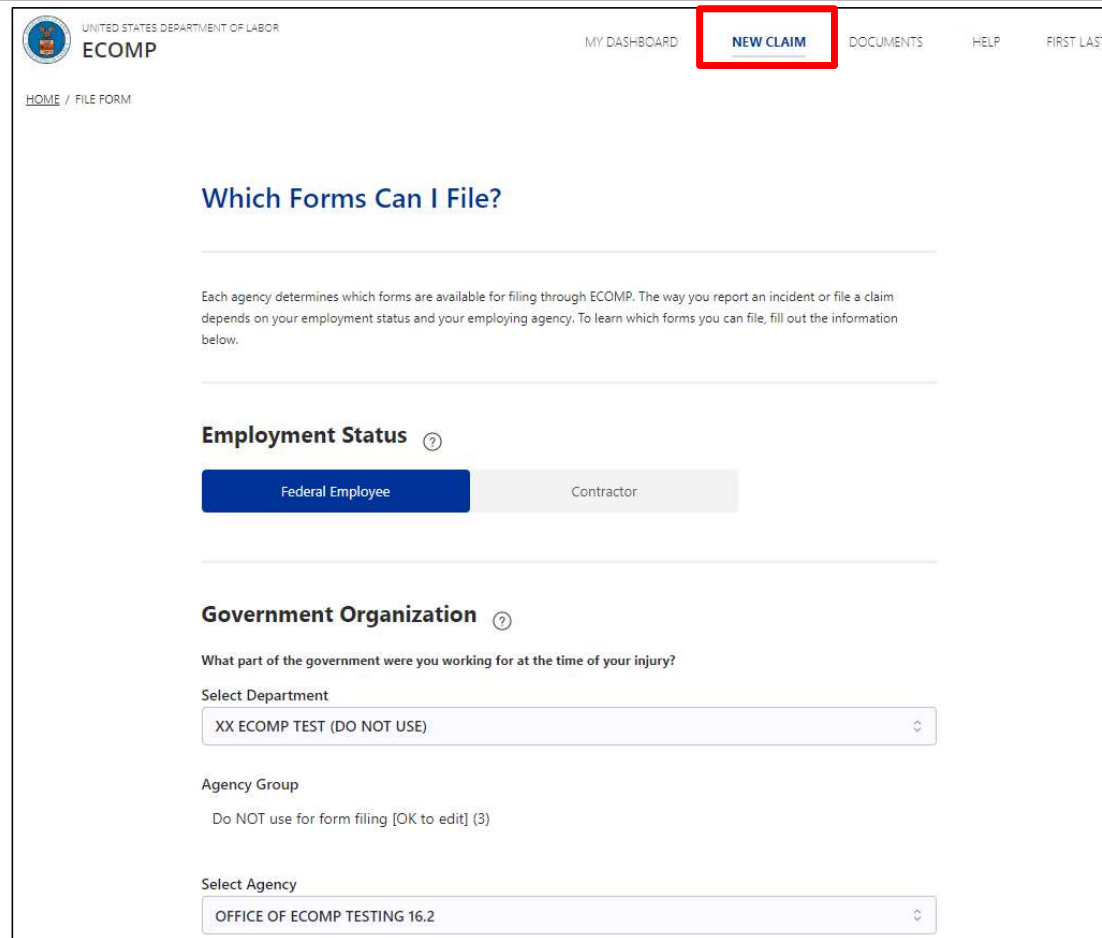
3 - Return of form requested by employee

- Returning claims should be **rare**: aim for return rate of *less than 2%*.
- **Reason 2:** *If the Department is correct, do not return the form*; the Agency Reviewer (AR) may reroute the claim to the correct agency after supervisor's review.
- **Duplicate claim:** submit the claim and *let OWCP determine whether it's truly a duplicate claim*.
- If the form must be returned, contact the claimant to explain the exact reason.

# FILING CA-7

## **Filing CA-7: Claimant's Portion**

# FILING CA-7: EMPLOYEE'S PORTION



UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

MY DASHBOARD **NEW CLAIM** DOCUMENTS HELP FIRST LAST

[HOME](#) / [FILE FORM](#)

## Which Forms Can I File?

Each agency determines which forms are available for filing through ECOMP. The way you report an incident or file a claim depends on your employment status and your employing agency. To learn which forms you can file, fill out the information below.

### Employment Status <sup>?</sup>

Federal Employee  Contractor

### Government Organization <sup>?</sup>

What part of the government were you working for at the time of your injury?

Select Department

Agency Group  
Do NOT use for form filing [OK to edit] (3)

Select Agency

# FILING CA-7: EMPLOYEE'S PORTION

## To file a form for injury or illness:

- 1 Report the incident in ECOMP using **OSHA Form 301 (Injury and Illness Incident Report)**.

FILE OSHA-301

- 2 Claim benefits using either form **CA-1 (for Traumatic Injury)** or form **CA-2 (for Occupational Disease)**. You must file an **OSHA-301** first. Pending review of your claim, you may receive a FECA Case Number.

- 3 If you wish to claim compensation and you've received an official FECA Case Number, you can file form **CA-7** (Claim for Compensation).

FILE CA-7

# FILING CA-7: EMPLOYEE'S PORTION

## Locate Case Upon Which to Base Claim for Compensation

You will need an existing case to continue.

You may have received your existing case number via email, as the result of filing an ECOMP claim for Injury or Illness. You may also reference a claim that was filed and created outside of ECOMP.

### ACCESS CASE

Case Number

Last Name

Date of Birth

Date of Injury

## Base Claim for Compensation upon Existing Case Number

Your CA-7 will be based upon this case.

CASE [REDACTED]			
Employee	[REDACTED]	Date of Birth	[REDACTED]
Organization	XX ECOMP TEST (DO NOT USE) - OFFICE OF ECOMP TESTING 16.2	Date of Injury	[REDACTED]

Not the right case? [Locate a different Case](#)

EXIT

NEXT

# FILING CA-7: EMPLOYEE'S PORTION

- **If the option is available, file CA-7s via the CASE REVIEW page to skip entering case-identifying information:**

CASE [REDACTED]

Agency:  
Adjudication Status:  
Current Case Status:  
Conditions Accepted:

Name: [REDACTED]  
Master:  
SSN: [REDACTED]


[Pharmacy Benefits](#)  
[Bill Pay Inquiry](#)  
[Get My Prescription Card](#)


Representation **Assigned**  
TA NYC NY 10014  
DAVID TESTD  
Full Visibility  
[Review Representation settings](#)

[View More +](#)

CASE HISTORY **FORMS** LETTERS CASE IMAGING CASE ESCALATION

[Upload a Document](#)


 FORM LOCKED	CASE [REDACTED]   ECN 174855   CA-7	<b>Received by DFEC</b>	
	Employee [REDACTED] Organization 0000-X4 OFFICE OF ECOMP TESTING 16.2	Date of Event 06/01/2014 Initiated 01/03/2023	<a href="#">View</a> <a href="#">Get PDF</a> <a href="#">Next Steps</a> ▾

 You can file a claim for wage loss compensation on **(CA-7)** for this case.

# FILING CA-7: EMPLOYEE'S PORTION

## CA-7 Compensation Claim

CASE [REDACTED] | ECN 31690363 | Pending Review by Supervisor

 FORM LOCKED	CASE [REDACTED]   ECN 31690363   CA-7	<i>Pending Review by Supervisor</i>	
	Employee FIRST LAST Organization OFFICE OF ECOMP TESTING 16.2	Date of Event 01/24/2023 Initiated 07/14/2023	<a href="#">View</a> <a href="#">Upload Attachments</a> <a href="#">Get PDF</a>

- An email has been sent to your supervisor's email account at [REDACTED]
- You will receive email updates each time the status of this form changes.
- Make sure to save/print a copy for your records and note the ECN (ECOMP Control Number).
- Be sure that you submit medical documentation to support the period claimed on this Form CA-7. You can upload that documentation through ECOMP now, or at a later date – OWCP will however, require this information to adjudicate your CA-7 claim.
- If you claimed intermittent days/hours on this Form CA-7, you must submit a Form CA-7a (Time Analysis Form).
- If you claimed leave buy back, your employing agency must complete and submit Form CA-7b (Leave Buy Back Worksheet/Certification and Election).
- Once your employing agency has completed its portion of your CA-7 form, your agency will print the form and contact you to obtain your signature. The form with your original signature will be maintained by your agency.



**NOTE**—If you claimed leave buy back, your employing agency must complete and submit Form 7b (Leave Buy Back Worksheet/Certification and Election). Form CA-7b is not available in ECOMP, but you can find the 7b on [DFEC's website](#). Once completed, the document can be uploaded to your OWCP case through [ECOMP's electronic document submission feature](#). Upon receipt, OWCP will associate the **CA-7b** with the **CA-7** submitted through ECOMP.






# FILING CA-7

## **Filing CA-7: Supervisor's Portion**

# FILING CA-7: EMAIL TO SUPERVISOR

ECOMP: ECN 31690361 requires your review Inbox x  

noreplyuat@ecomp.dol.gov 5:58 PM (30 minutes ago)   

to me ▾

**TEST ENVIRONMENT: uat**

An employee of the US government has identified you as his/her supervisor, and has requested that you review and complete an official government form. To access this form, click on this link:

[https://www.training\\_ecomp.dol.gov/#id=5gqplontm](https://www.training_ecomp.dol.gov/#id=5gqplontm)

---

ECN #:  
- 31690361

Form:  
- CA-7

Status:  
- Pending Review by Supervisor

Status Changed Date:  
- 07/14/2023 05:58 pm

Responsible Organization:  
- XX ECOMP TEST (DO NOT USE)  
- Do NOT use for form filing [OK to edit] (3)  
- OFFICE OF ECOMP TESTING 16.2  
- Enabled forms: CA7 << NEVER EDIT THIS ORG>>

Employee's Initials:  
- P.M.T.

Date of Event:  
- 06/14/2014

Date Filed:  
- 07/14/2023 05:58 pm

# FILING CA-7: SUPERVISOR'S REVIEW

## Supervisor Review

You have been named by an employee of the US government to review this form. You're being asked to fill this out as an employee's supervisor so it may reference you throughout as 'The Supervisor.'

CASE [REDACTED]   ECN 31690361   CA-7	Pending Review by Supervisor
Employee [REDACTED]	Date of Event [REDACTED]
Organization OFFICE OF ECOMP TESTING 16.2	Initiated 07/14/2023

You should review this form if both of these are true:

Your email is owcpny10014@gmail.com

You work as a supervisor at the XX ECOMP TEST (DO NOT USE) for the employee named above.

NO, I CANNOT REVIEW THIS FORM

YES, I WILL REVIEW THIS FORM



## Return Reason



If you do not review this form, it will be returned to the person who filed it.

Why are you unable to review this form?

1 EMPLOYEE NOT UNDER MY SUPERVISION

1 EMPLOYEE NOT UNDER MY SUPERVISION

3 RETURN OF FORM REQUESTED BY EMPLOYEE

CANCEL

# FILING CA-7: SUPERVISOR'S REVIEW

- **Initial CA-7:**  
Must provide pay rate information

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

HOME FORMS DOCUMENTS HELP

HOME / CA-7

SUMMARY REVIEW CLAIMANT PAY RATE WORK SCHEDULE BENEFITS & COP PAY & RETURN TO WORK ATTACHMENTS REVIEW SIGN & FILE

## CA-7 Compensation Claim

CASE [REDACTED] | ECN 31690381 | Pending Review by Supervisor

### PAY RATE


Has a CA-7 been filed for this claim before?  
No


### PAY RATE AS OF DATE OF INJURY (06/14/2022)

Grade as of Date of Injury  Step as of Date of Injury

Base Pay Amount  Time Period

# FILING CA-7: SUPERVISOR'S REVIEW

Please correct the errors. 

 UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

HOME FORMS DOCUMENTS HELP

HOME / CA-7

SUMMARY REVIEW CLAIMANT **PAY RATE** WORK SCHEDULE BENEFITS & COP PAY & RETURN TO WORK ATTACHMENTS REVIEW SIGN & FILE

## CA-7 Compensation Claim

CASE XXXXXXXXXX | ECN 31690381 | Pending Review by Supervisor

### PAY RATE

Has a CA-7 been filed for this claim before?

No

#### PAY RATE AS OF DATE OF INJURY (06/14/2022)

<b>Grade as of Date of Injury</b> <input type="text"/> <small>Grade as of Date of Injury is required</small>	<b>Step as of Date of Injury</b> <input type="text"/> <small>Step as of Date of Injury is required</small>
<b>Base Pay Amount</b> <input type="text"/> <small>Base Pay Amount is required</small>	<b>Time Period</b> Year <input type="text"/>

# FILING CA-7: SUPERVISOR'S REVIEW

## ➤ Subsequent CA-7:

- Prepopulated pay rate information
- May revise or update the pay rate information

### CA-7 Compensation Claim

CASE [REDACTED] | ECN 31690361 | Pending Review by Supervisor

---

#### PAY RATE

Has a CA-7 been filed for this claim before?

Yes

Do you have updated pay information about this claimant?

Yes No

### Information

Since this is a subsequent CA-7, the PAY RATE, WORK SCHEDULE and BENEFITS & COP sections have been prepopulated with the responses you provided on the last CA-7 submitted in this case. If any of these elements have changed, please edit the responses accordingly.

OK

# FILING CA-7: SUPERVISOR'S REVIEW

**CA-7 Compensation Claim**


CASE [REDACTED] | ECN 31690361 | Pending Review by Supervisor

---

**SIGN**

Action to Take

[Sign & Forward or File](#) [Request Resubmission](#)

 This form will not be submitted and will be returned to the filer, who will be advised of the return reason.

Why?


[1 - Return of form requested by employee](#)

[<](#) [EXIT](#) [REQUEST RESUBMISSION](#)


# FILING CA-7: SUPERVISOR'S REVIEW

## CA-7 Compensation Claim

CASE [REDACTED] | ECN 31690361 | Pending Final Review by FECA Agency Reviewer

 FORM LOCKED	CASE [REDACTED]   ECN 31690361   CA-7	Pending Final Review by FECA Agency Reviewer	
	Employee [REDACTED] Organization OFFICE OF ECOMP TESTING 16.2	Date of Event 06/14/2014 Initiated 07/14/2023	<a href="#">View</a> <a href="#">Get PDF</a>

- A digital copy of this form will be kept by ECOMP for 5 years. (Public Law 91-596 and 29 CFR 1904)

Autosaved 

**DONE**



# FILING CA-7

## **Filing CA-7: AR's Final Review**

# FILED CA-7: AR'S REVIEW

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

MY DASHBOARD   FORMS   DOCUMENTS   REPORTS   HELP   FIRST LAST

HOME / REVIEWER DASHBOARD

XX ECOMP TEST (DO NOT USE)   FORM TYPE   Search

SHOW LAST 6 MONTHS   ?

ALL FORMS XLS EXPORT

CA-182	CA-7	OSHA 301	STATUS
8	1	1	Draft
22	15	0	Pending Review by Supervisor
0	1	0	Returned by FECA Agency Reviewer to...
30	5	0	Pending Review by FECA Agency Reviewer to...

Awaiting My Review (82)   All Forms (288)   Filed by Me (19)   Supervisor (40)   No Lost Time (3)   Done (158)   Rejected (5)

ECN #	Case #	Organization	Type	Status	Employee	Date of Injury	Filed Date	Age
31690361	[REDACTED]	0000-X4 OFFICE OF E...	CA-7	Pending Final Review ...	[REDACTED]	06/14/2014	07/14/2023	

FILE A CA-3   FILE A CA-7   **REVIEW/EDIT**   MORE ACTIONS ▾

# FILING CA-7: AR'S REVIEW



## CA-7 Compensation Claim

CASE [REDACTED] | ECN 31690400 | Pending Final Review by FECA Agency Reviewer

I understand that an employing agency official who knowingly certifies to any false statement, misrepresentation, or concealment of fact, with respect to this claim may be subject to appropriate felony criminal prosecution.

### Action to Take

Sign & Forward or File

Request Resubmission

This form will not be submitted and will be returned to the filer, who will be advised of the return reason.

### Why?

1 - Return of form requested by employee

1 - Return of form requested by employee

- Returning claims should be **rare**.
- **Duplicate claim:** submit the claim and let OWCP determine whether it's truly a duplicate claim.
- If the form must be returned, contact the claimant to explain the exact reason.

# FILING CA-7: AR'S REVIEW

## Information



Since a CA-7 has now been filed in this case, please upload a copy of this employee's official position description. This will assist the FECA program with its medical and disability management activities. Thank you for your cooperation.

OK

- **When the initial CA-7 is filed,** upload DOI position description *with physical requirements*
- Position description assists OWCP with:
  - preparing Statement of Accepted Facts (SOAF)
  - determining whether claimant can perform DOI job based on work tolerances

# FILING CA-7

## **AR Filing CA-7 on behalf of Claimant**

# FILE A CA-7 ON BEHALF OF IW

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

MY DASHBOARD   FORMS   DOCUMENTS   REPORTS   HELP   FIRST LAST

HOME / REVIEWER DASHBOARD

XX ECOMP TEST (DO NOT USE)   FORM TYPE

SHOW LAST 6 MONTHS

ALL FORMS XLS EXPORT

CA-182	CA-7	OSHA 301	STATUS
8	1	1	Draft
22	15	0	Pending Review by Supervisor
0	1	0	Returned by FECA Agency Reviewer to...
30	5	0	Pending Review by FECA Agency Revi...

Awaiting My Review (82)	All Forms (288)	Filed by Me (19)	Supervisor (40)	No Lost Time (3)	Done (158)	Rejected (5)		
ECN #	Case #	Organization	Type	Status	Employee	Date of Injury	Filed Date	Age
31688081		0000-X2 OFFICE OF E...	CA-7	Received by DFEC	First Last	06/24/2022	05/05/2023	70

FILE A CA-3   **FILE A CA-7**   SAVE PDF   VIEW

## Base Claim for Compensation upon Existing Case Number

Your CA-7 will be based upon this case.

CASE	ECN 31688081	CA-7	Received by DFEC
Employee	First Last	Date of Event	06/24/2022
Organization	OFFICE OF ECOMP TESTING 16.2	Initiated	05/05/2023

Not the right case? [Locate a different Case](#)

EXIT   NEXT

# FILING CA-7 ON BEHALF OF IW

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

MY DASHBOARD **FORMS** DOCUMENTS REPORTS HELP

HOME / REVIEWER DASHBOARD

XX ECOMP TEST (DO NOT USE) FORM TYPE

SHOW LAST 6 MONTHS

ALL FORMS XLS EXPORT

FILE NEW FORM  
FILE CA-3 FORM  
**FILE CA-7 FORM**

CA-7	OSHA 301	STATUS	
5	1	0	Pending Review by Supervisor
2	0	0	Pending Final Review by FECA Agency ...
0	2	0	Received by DFEC

Awaiting My Review (2)		All Forms (12)	Filed by Me (0)	Supervisor (6)	No Lost Time (0)	Done (4)	Rejected (0)	
ECN #	Case #	Organization	Type	Status	Employee	Date of Injury	Filed Date	Age
16477668		0000-XX OWCP TEST ...	CA-1	Pending Final Review ...	Ryan Sheldon	05/01/2023	05/15/2023	67
16477773		0000-XX OWCP TEST ...	CA-2	Pending Final Review ...	t t test	05/01/2023	05/15/2023	67

## Locate Case Upon Which to Base Claim for Compensation

You will need an existing case to continue.

You may have received your existing case number via email, as the result of filing an ECOMP claim for injury or illness. You may also reference a claim that was filed and created outside of ECOMP.

### ACCESS CASE

Case Number

Last Name

Date of Birth  
(mm) (dd) (yyyy)

Date of Injury  
(mm) (dd) (yyyy)

# FILING CA-7a

## **Filing CA-7a: Claimant**



# FILING CA-7a: EMPLOYEE'S PORTION

## CASE [REDACTED]

Agency: 0000-X4 - XX E...      Name: [REDACTED]  
 Adjudication Status: AD - 01/03/2023      Master:  
 Current Case Status: DR - 10/14/202...      SSN: [REDACTED]

Conditions Accepted:  
[View More +](#)

[Pharmacy Benefits](#)

[Bill Pay Inquiry](#)

[Get My Prescription Card](#)

**Representation** **Assigned**

TA NYC NY 10014  
 DAVID TESTD >  
 Full Visibility  
[Review Representation settings](#)

CASE HISTORY

**FORMS**

LETTERS

CASE IMAGING

CASE ESCALATION

[Upload a Document](#)



CASE [REDACTED] | ECN 174855 | CA-7

*Received by DFEC*

Employee [REDACTED]  
 Organization 0000-X4 OFFICE OF ECOMP TESTING 16.2

Date of Event 06/01/2014  
 Initiated 01/03/2023

[View](#)   [Get PDF](#)   **Next Steps**

[File a new CA-7](#)



You can file a claim for wage loss compensation ([CA-7](#)) or a schedule award ([CA-9](#)) for this case.

**[File a new CA-7a](#)**

# FILING CA-3

## Filing CA-3

# FILING CA-3 VIA AR DASHBOARD

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

MY DASHBOARD   FORMS   DOCUMENTS   REPORTS   HELP   FIRST LAST

HOME / REVIEWER DASHBOARD

XX ECOMP TEST (DO NOT USE)   FORM TYPE

SHOW LAST 6 MONTHS

ALL FORMS XLS EXPORT

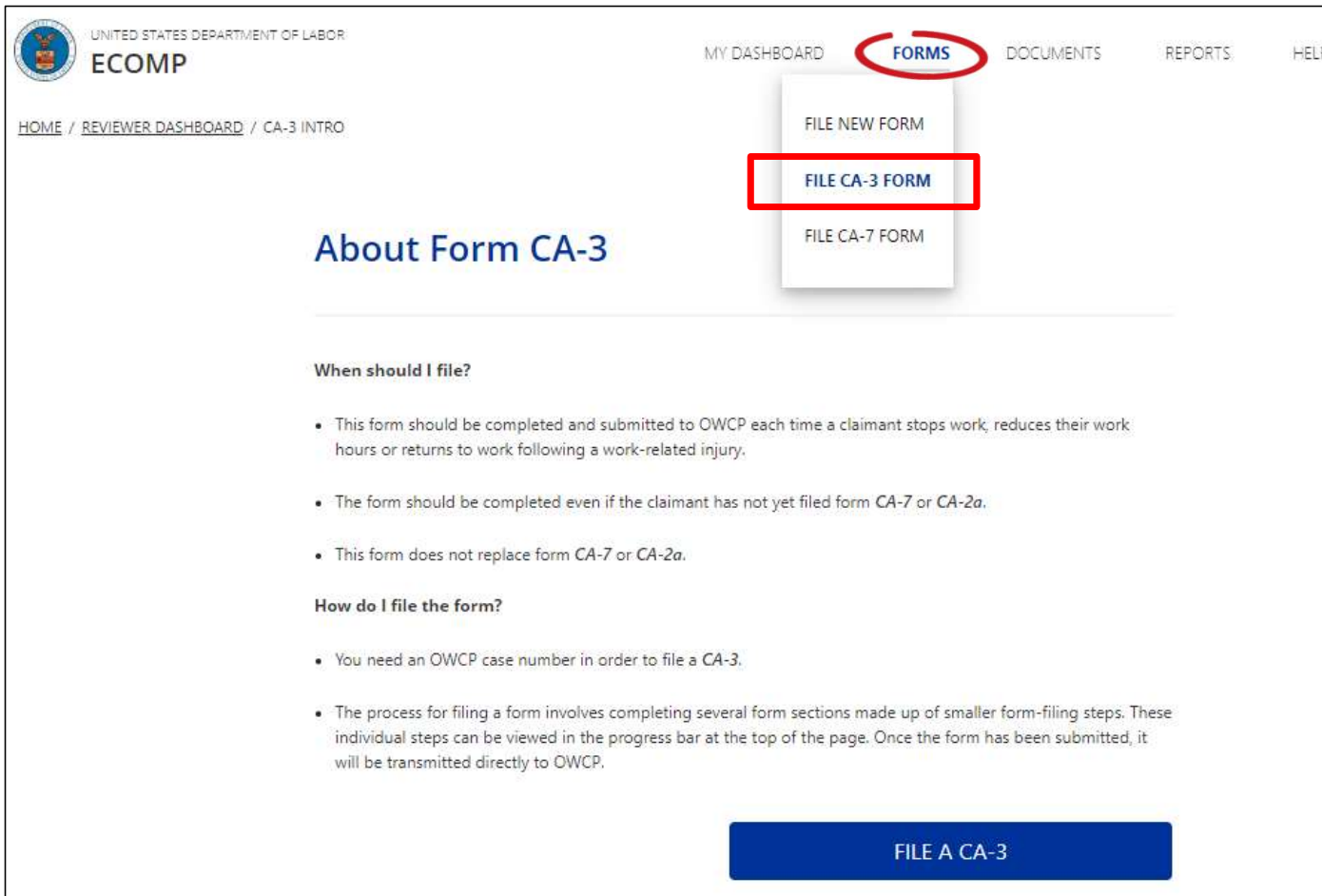
Search

CA-1&2	CA-7	OSHA 301	STATUS
8	1	1	Draft
22	15	0	Pending Review by Supervisor
0	1	0	Returned by FECA Agency Reviewer to...
30	5	0	Pending Review by FECA Agency Reviewer to...

Awaiting My Review (82)		All Forms (289)		Filed by Me (19)		Supervisor (41)		No Lost Time (3)		Done (158)		Rejected (5)	
ECN #	Case #	Organization	Type	Status	Employee	Date of Injury	Filed Date	Age					
31688081		0000-X2 OFFICE OF E...	CA-7	Received by DFEC	First Last	06/24/2022	05/05/2023	70					

FILE A CA-3   FILE A CA-7   SAVE PDF   VIEW

# FILING CA-3 VIA FORMS OPTION



The screenshot displays the ECOMP (Electronic Complaints and Petitions) interface. At the top left is the United States Department of Labor logo and the text 'UNITED STATES DEPARTMENT OF LABOR ECOMP'. The navigation bar includes 'MY DASHBOARD', 'FORMS' (circled in red), 'DOCUMENTS', 'REPORTS', and 'HELP'. Below the navigation bar, a breadcrumb trail reads 'HOME / REVIEWER DASHBOARD / CA-3 INTRO'. A dropdown menu is open under 'FORMS', with 'FILE CA-3 FORM' highlighted by a red box. The main content area is titled 'About Form CA-3' and contains two sections: 'When should I file?' and 'How do I file the form?'. The 'When should I file?' section includes three bullet points: 'This form should be completed and submitted to OWCP each time a claimant stops work, reduces their work hours or returns to work following a work-related injury.', 'The form should be completed even if the claimant has not yet filed form CA-7 or CA-2a.', and 'This form does not replace form CA-7 or CA-2a.'. The 'How do I file the form?' section includes two bullet points: 'You need an OWCP case number in order to file a CA-3.' and 'The process for filing a form involves completing several form sections made up of smaller form-filing steps. These individual steps can be viewed in the progress bar at the top of the page. Once the form has been submitted, it will be transmitted directly to OWCP.'. At the bottom right, there is a blue button labeled 'FILE A CA-3'.

UNITED STATES DEPARTMENT OF LABOR  
ECOMP

MY DASHBOARD **FORMS** DOCUMENTS REPORTS HELP

HOME / REVIEWER DASHBOARD / CA-3 INTRO

FILE NEW FORM  
**FILE CA-3 FORM**  
FILE CA-7 FORM

## About Form CA-3

**When should I file?**

- This form should be completed and submitted to OWCP each time a claimant stops work, reduces their work hours or returns to work following a work-related injury.
- The form should be completed even if the claimant has not yet filed form CA-7 or CA-2a.
- This form does not replace form CA-7 or CA-2a.

**How do I file the form?**

- You need an OWCP case number in order to file a CA-3.
- The process for filing a form involves completing several form sections made up of smaller form-filing steps. These individual steps can be viewed in the progress bar at the top of the page. Once the form has been submitted, it will be transmitted directly to OWCP.

**FILE A CA-3**

# FILING CA-3 VIA FORMS OPTION

## Locate Case Upon Which to Base Claim for Compensation

---

You will need an existing case to continue.

You may have received your existing case number via email, as the result of filing an ECOMP claim for Injury or Illness. You may also reference a claim that was filed and created outside of ECOMP.

---

### ACCESS CASE

Case Number	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text" value="Select Date"/>
Date of Injury	<input type="text" value="Select Date"/>

# ECOMP REPORTS

## **ECOMP Reports**

# E-COMP Case Reporting

## **ECOMP provides some basic reporting capabilities:**

- **CA-1 / CA-2 Time Lag Report:** time lag reports for CA-1 and CA-2 filings.
- **CA-7 Time Lag Report:** time lag reports for CA-7 filings.
- **Injury and Occupational Disease Trends:** obtain case counts and other general data related to occupation, source, and type of injury for cases using chargeback codes.
- **OSHA 300-300A Log Report:** summary data needed for OSHA reporting.
- **OSHA BLS Report:** This report will be formatted to submit safety data to BLS based on OSHA 301 forms filed in ECOMP.
- **CE-LinQ Performance Report:** time lag report for CE-LinQ responses

# AR Report: CA-1/CA-2 Timeliness

CA-1 / CA-2 Time Lag Report

Page 1 of 2

US Department of Labor / ECOMP

## CA-1 / CA-2 TIME LAG REPORT - SUMMARY

Created by: Agency Reviewer  
 Created date: 04/11/2019  
 Date range: 05/01/2018 - 04/30/2019

Department: XX ECOMP TEST (DO NOT USE)  
 Organizations: (Multiple) - 2 Agency-Groups  
 Sorted by: Case Number (Ascending)

Code	Organization Name	Total Claims	Over 10 Work Days	Percent Timely
3853	ECOMP Testing Only	27	0	100.0%
268	Other Agencies	0	0	0.0%
<b>TOTAL FOR ALL AGENCY-GROUPS</b>		<b>27</b>	<b>0</b>	<b>100.0%</b>

CA-1 / CA-2 Time Lag Report

Page 2 of 2

US Department of Labor / ECOMP

## CA-1 / CA-2 Time Lag Report - Detail

Code	Organization Name	Case Number	Date of Injury	EA Received Date	OWCP Received Date	Days	Case Created Date
3853	ECOMP Testing Only			2018-09-24	2018-09-25	1	2018-09-25
3853	ECOMP Testing Only			2019-03-09	2019-03-09	0	2019-03-09
3853	ECOMP Testing Only			2018-09-24	2018-09-25	1	2018-09-25
3853	ECOMP Testing Only			2018-12-05	2018-12-06	1	2018-12-06
3853	ECOMP Testing Only			2018-12-14	2018-12-14	0	2018-12-14
3853	ECOMP Testing Only			2019-03-04	2019-03-04	0	2019-03-09
3853	ECOMP Testing Only			2019-03-29	2019-04-02	2	2019-04-08
3853	ECOMP Testing Only			2018-09-24	2018-09-25	1	2018-09-25
3853	ECOMP Testing Only			2018-12-13	2018-12-13	0	2018-12-13
3853	ECOMP Testing Only			2019-03-12	2019-03-15	3	2019-03-17
3853	ECOMP Testing Only			2018-12-20	2018-12-20	0	2018-12-20
3853	ECOMP Testing Only			2018-12-20	2018-12-20	0	2018-12-20
3853	ECOMP Testing Only			2019-03-04	2019-03-07	3	2019-03-09
3853	ECOMP Testing Only			2018-12-13	2018-12-14	1	2018-12-14
3853	ECOMP Testing Only			2018-12-14	2018-12-14	0	2018-12-14
3853	ECOMP Testing Only			2018-12-14	2018-12-14	0	2018-12-14
3853	ECOMP Testing Only			2018-12-14	2018-12-20	4	2018-12-28
3853	ECOMP Testing Only			2018-06-29	2018-06-29	0	2018-06-29
3853	ECOMP Testing Only			2019-03-09	2019-03-09	0	2019-03-09
3853	ECOMP Testing Only			2019-03-10	2019-03-10	0	2019-03-13
3853	ECOMP Testing Only			2019-03-07	2019-03-11	2	2019-03-13
3853	ECOMP Testing Only			2019-03-11	2019-03-11	0	2019-03-13
3853	ECOMP Testing Only			2019-03-12	2019-03-12	0	2019-03-13
3853	ECOMP Testing Only			2019-03-13	2019-03-13	0	2019-03-17
3853	ECOMP Testing Only			2019-03-15	2019-03-15	0	2019-03-17
3853	ECOMP Testing Only			2019-04-02	2019-04-05	3	2019-04-08
3853	ECOMP Testing Only			2019-04-05	2019-04-05	0	2019-04-08
<b>Subtotal for 3853</b>		<b>Total Claims: 27</b>		<b>Over 10 Work Days: 0</b>		<b>% Timeliness: 100.0%</b>	
<b>TOTAL FOR ALL AGENCY-GROUPS</b>		<b>Total Claims: 27</b>				<b>% Timeliness: 100.0%</b>	



# CASE MANAGEMENT

## **CASE MANAGEMENT: Agency Reviewer**

# CASE MANAGEMENT

UNITED STATES DEPARTMENT OF LABOR  
ECOMP

HOME / CASE MANAGEMENT

MY DASHBOARD FORMS DOCUMENTS REPORTS HELP AARON TESTA

REVIEW FORMS  
CASE MANAGEMENT  
CASE REMINDERS  
CE-LinQ

## Case Management for Injured Worker Cases

Welcome to the Case Management System dashboard provided by the United States Department of Labor, Office of Workers Compensation Programs. Here, authorized agency users may select from a number of query options to access data for injury worker cases on file.

Case Management dashboard displays detailed information on Division of Federal Employees Program compensation cases for injured workers from your agency. Includes demographic data, up to date status information, and links to Compensation payment history, CA-7/Compensation tracking, bill payment history summary/detail, and bills-in-process summary/detail, Disability Management Interface, and case imaging (for Agency Reviewers who have been granted access to ARI). ?

RECENT CASES +

QUERY CASE BY NAME +

QUERY CASE BY SSN +

QUERY CASE BY CASE # +

QUERY CASE BY STATUS +

# CASE IMAGING

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

MY DASHBOARD   FORMS   DOCUMENTS   REPORTS   HELP   AARON TESTA

HOME / CASE MANAGEMENT / CASE REVIEW

**CASE** [REDACTED]

Agency: 0000-X3 - XX ECOMP TEST (DO NOT USE), OFFICE OF ECOMP TESTING 16.2 - Enabled forms: ...    Name: FIRST LAST  
 Adjudication Status: 00    Master:  
 Current Case Status: UN - 06/09/2022 - Unreviewed    SSN: [REDACTED]

Conditions Accepted: [View More +](#)

[Exit Case](#)

[Pharmacy Benefits](#)

[Bill Pay Inquiry](#)

[Get My Prescription Card](#)

CASE DATA

COMP. PAY HISTORY

CE-LINQ LETTERS

CASE IMAGING

**CASE DOCUMENTS**

Authored Date    Received Date

Filter By Date: Start

Filter By Date: End

[Clear Date Filter](#)

Favorites Only (0)

**DECISION (0)**

[Clear Favorites](#)   [Clear Export Queue](#)   [Add all to Export Queue](#)

**UPLOAD DOCUMENT**   **SET REMINDER**   **DISABILITY MANAGEMENT** ▾   **EXPORT QUEUE**

Export	Fav	Subject	Category	Authored	Received
<input type="checkbox"/>		None	MEDICAL AND SOAF	06/15/2022	06/16/2022
<input checked="" type="checkbox"/>		7	FORMS	06/16/2022	06/16/2022
<input type="checkbox"/>		None	MEDICAL AND SOAF	06/13/2022	06/16/2022
<input type="checkbox"/>		None	MEDICAL AND SOAF	06/16/2022	06/16/2022
<input type="checkbox"/>		7	FORMS	06/10/2022	06/10/2022
<input type="checkbox"/>		Memos to File	MISC	06/09/2022	06/09/2022

# CASE IMAGING

The screenshot displays a document viewer interface. At the top, a status bar shows "Authored Received" and dates "2022-06-15" and "2022-06-16". To the right of the status bar are two buttons: "Favorite Document" (with a star icon) and "Add to Export Queue" (with a printer icon). The main content area is a white rectangle containing four lines of text, each reading "TEST DOCUMENT". To the right of the main content area is a dark grey vertical bar with a white right-pointing arrow. At the bottom, a navigation bar contains several elements: a "Favorite Page" button (with a star icon), a "Page 1 of 1" indicator, a "Download" button, and a set of navigation icons including a refresh icon, a left arrow, a right arrow, a double left arrow, a double right arrow, a plus sign, and a minus sign.

# UPLOADING DOCUMENTS

The screenshot shows the ECOMP case management interface. At the top, there is a navigation bar with 'MY DASHBOARD', 'FORMS', 'DOCUMENTS', 'REPORTS', 'HELP', and 'AARON TESTA'. Below this, the breadcrumb trail reads 'HOME / CASE MANAGEMENT / CASE REVIEW'. The main content area is divided into several sections. On the left, there is a 'CASE' summary box with fields for Agency, Adjudication Status, Current Case Status, and Conditions Accepted. On the right, there are links for 'Exit Case', 'Pharmacy Benefits', 'Bill Pay Inquiry', and 'Get My Prescription Card'. Below the summary box, there are tabs for 'CASE DATA', 'COMP. PAY HISTORY', 'CE-LINQ LETTERS', and 'CASE IMAGING'. The 'CASE IMAGING' tab is highlighted with a red box. Below the tabs, there are buttons for 'UPLOAD DOCUMENT', 'SET REMINDER', 'DISABILITY MANAGEMENT', and 'EXPORT QUEUE'. The 'UPLOAD DOCUMENT' button is also highlighted with a red box. Below the buttons, there is a table of case documents with columns for Export, Fav, Subject, Category, Authored, and Received. The table contains several rows of data, including 'MEDICAL AND SOAF', 'FORMS', and 'MISC' categories. On the left side of the table, there are filters for 'Filter By Date: Start' and 'Filter By Date: End', and a 'Clear Date Filter' button. At the bottom left, there is a 'Favorites Only (0)' checkbox and a '+ DECISION (0)' button.

UNITED STATES DEPARTMENT OF LABOR  
ECOMP

MY DASHBOARD FORMS DOCUMENTS REPORTS HELP AARON TESTA

HOME / CASE MANAGEMENT / CASE REVIEW

CASE [REDACTED]

Agency: 0000-X3 - XX ECOMP TEST (DO NOT USE), OFFICE OF ECOMP TESTING 16.2 - Enabled forms: ... Name: FIRST LAST  
Adjudication Status: 00 Master: [REDACTED]  
Current Case Status: UN - 06/09/2022 - Unreviewed SSN: [REDACTED]  
Conditions Accepted: [REDACTED] [View More +](#)

[Exit Case](#)  
[Pharmacy Benefits](#)  
[Bill Pay Inquiry](#)  
[Get My Prescription Card](#)

CASE DATA COMP. PAY HISTORY CE-LINQ LETTERS **CASE IMAGING**

CASE DOCUMENTS **UPLOAD DOCUMENT** SET REMINDER DISABILITY MANAGEMENT EXPORT QUEUE

Authored Date  Received Date

Filter By Date: Start  
(mm) (dd) (yyyy) [Calendar Icon]

Filter By Date: End  
(mm) (dd) (yyyy) [Calendar Icon]

[Clear Date Filter](#)

Favorites Only (0)

+  DECISION (0)

Export	Fav	Subject	Category	Authored	Received
<input type="checkbox"/>	☆	None	MEDICAL AND SOAF	06/15/2022	06/16/2022
<input checked="" type="checkbox"/>	☆	7	FORMS	06/16/2022	06/16/2022
<input type="checkbox"/>	☆	None	MEDICAL AND SOAF	06/13/2022	06/16/2022
<input type="checkbox"/>	☆	None	MEDICAL AND SOAF	06/16/2022	06/16/2022
<input type="checkbox"/>	☆	7	FORMS	06/10/2022	06/10/2022
<input type="checkbox"/>	☆	Memos to File	MISC	06/09/2022	06/09/2022

- Use the **UPLOAD DOCUMENT** button under **CASE IMAGING** to upload documents to the case file without entering the case identifying information.

# DISABILITY MANAGEMENT INTERFACE (DMI)

DMI will allow an AR to request the following disability management actions via the ARI case review screen:

- Report that the injured worker did not return to work after a 15-day suitability letter was issued by DFEC
- Report that the injured worker did not return to work after the job was found suitable (after reporting job offer refusal via DMI)
- Report refusal of a permanent job offer and request a suitability determination
- Request updated medical evidence (case must be in PN, PR, or OP status)

# DISABILITY MANAGEMENT INTERFACE (DMI)

Use DMI to report No Return to Work after 15-Day Letter, No Return to Work after Job Found Suitable, or Job Offer Refusal, or to Request Updated Medical Evidence.

[Exit Case](#)

**CASE** ██████████

Agency: 0000-XX - XX ECOMP TEST (DO NOT USE), OWCP TEST ONLY - OWCP TEST AG...    Name: NOT A CLAIM

Adjudication Status: AP - 06/07/2022 - Accepted - Periodic Roll Payment    Master:

Current Case Status: PR - 06/07/2022 - Payment on Periodic Roll    SSN: ██████████

Conditions Accepted: ICD10 - S8391XA - Sprain of unspecified site of right knee, initial encounte

[View More +](#)

[Pharmacy Benefits](#)

[Bill Pay Inquiry](#)

[Get My Prescription Card](#)

CASE HISTORY

COMP. PAY HISTORY

CE-LINQ LETTERS

CASE IMAGING

**CASE DOCUMENTS**

Authored Date    Received Date

Filter By Date: Start

(mm) (dd) (yyyy)

Filter By Date: End

(mm) (dd) (yyyy)

[Clear Date Filter](#)

Favorites Only (0)

DECISION (2)

FISCAL (0)

[UPLOAD DOCUMENT](#)   [SET REMINDER](#)   [DISABILITY MANAGEMENT](#) ▾

[EXPORT QUEUE](#)

[Clear Export Queue](#)   [Add all to Export Queue](#)

Export	Fav	Subject	Category	Authored	Received
<input type="checkbox"/>	☆	Prescription Auth	OUTGOING CO	06/09/2022	06/09/2022
<input type="checkbox"/>	☆	Second Opinion	MEDICAL AND SC	02/05/2021	06/07/2022
<input type="checkbox"/>	☆	Other	MISC	11/09/2020	05/26/2022
<input type="checkbox"/>	☆	SOAF	MEDICAL AND SOAF	11/09/2020	05/26/2022
<input type="checkbox"/>	☆	Memos to File	MISC	10/15/2020	05/26/2022
<input type="checkbox"/>	☆	Reports-Field Nurse	NURSE	07/31/2020	05/26/2022
<input type="checkbox"/>	☆	Reports-Field Nurse	NURSE	06/30/2020	05/26/2022

**DISABILITY MANAGEMENT**

- NO RTW AFTER 15 DAY LETTER
- NO RTW AFTER JOB FOUND SUITABLE
- REPORT JOB OFFER REFUSAL
- REQUEST UPDATED MEDICAL EVIDENCE

# DISABILITY MANAGEMENT INTERFACE (DMI)

REPORT NO RTW AFTER 15 DAYS

**SET REMINDER**

The injured worker has not responded to the 15 day letter. Please take the appropriate action.

---

Contact Name

Contact Phone Number   International

**CANCEL** **SEND TO OWCP**



# CASE DATA

[Exit Case](#)

**CASE** [REDACTED]

Agency: 0000-X3 - XX ECOMP TEST (DO NOT USE), OFFICE OF ECOMP TESTING 16.2 - Enabled forms: ...	Name: FIRST LAST
Adjudication Status: 00	Master:
Current Case Status: UN - 06/09/2022 - Unreviewed	SSN: [REDACTED]
Conditions Accepted:	<a href="#">View More +</a>

<b>CASE DATA</b>	COMP. PAY HISTORY	CE-LINQ LETTERS	CASE IMAGING
------------------	-------------------	-----------------	--------------

CA-7 Compensation Payment Tracking +

---

Case History Information +

---

COP Nurse Information +

---

Injury Information +

---

Authorized CA-16s +

<a href="#">Pharmacy Benefits</a>	+
<a href="#">Bill Pay Inquiry</a>	+
<a href="#">Get My Prescription Card</a>	

# COMPENSATION PAYMENT HISTORY

[Exit Case](#)

**CASE** [REDACTED]

Agency: 0000-X3 - XX ECOMP TEST (DO ...

Adjudication Status: 00

Current Case Status: UN - 06/09/2022 - Unreviewed

Conditions Accepted:

Name: FIRST LAST

Master: [REDACTED]

SSN: [REDACTED]

[View More +](#)

CASE DATA
COMP. PAY HISTORY
CE-LINQ LETTERS
CASE IMAGING

[Pharmacy Benefits](#)

[Bill Pay Inquiry](#)

[Get My Prescription Card](#)

## Compensation Payment History

To display case details, click on a row.

Compensation Period ▲	Rel Code	Roll Type	Payment M...	Payment A...	Payment Date	Payment T...	Sequence ...	Cancelled
04/24/2022 - 05/21/2022	CL	P	E	1944.64	05/21/2022	1	10542	N
03/27/2022 - 04/23/2022	CL	P	E	1944.64	04/23/2022	1	10587	N
02/27/2022 - 03/26/2022	CL	P	E	1933.78	03/26/2022	1	10573	N
01/30/2022 - 02/26/2022	CL	P	E	1792.64	02/26/2022	1	10544	N
01/02/2022 - 01/29/2022	CL	P	E	1792.64	01/29/2022	1	10596	N
12/05/2021 - 01/01/2022	CL	P	E	1795.80	01/01/2022	1	10713	N
11/07/2021 - 12/04/2021	CL	P	E	1795.80	12/04/2021	1	10692	N
10/10/2021 - 11/06/2021	CL	P	E	1795.80	11/06/2021	1	10704	N
09/12/2021 - 10/09/2021	CL	P	E	1795.80	10/09/2021	1	10733	N
08/15/2021 - 09/11/2021	CL	P	E	1795.80	09/11/2021	1	10775	N
07/18/2021 - 08/14/2021	CI	P	F	1795.80	08/14/2021	1	10913	N

# CE-LINQ

## Responding to Claims Examiner's Inquiries:

- Claims Examiner's inquiries will reach Agency Reviewers immediately.
- Responses will be transmitted to the Claims Examiner in near real time.
- View your responses under either Case Imaging or CE-LinQ Letters
- Not necessary to reply to letters categorized as "No Response Required": *those letters will disappear after two weeks.*

# CE-LINQ: Claim Task

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

MY DASHBOARD   FORMS   DOCUMENTS   REPORTS   HELP   FIRST LAST

HOME / CE-LINQ TASK DASHBOARD

## CE-LinQ Task Dashboard

XX ECOMP TEST (DO NOT USE)

REVIEW FORMS  
CASE MANAGEMENT  
CASE REMINDERS  
**CE-LinQ**


Search

My Tasks (2)	Available Tasks (2)	All Tasks (30)	Overdue Tasks (28) ⚠	No Response Required (3)			
Case #	Claimant	Task Type	Division	Task Due Date	Task Created	Claimed By	Primary Recipient
<input type="checkbox"/>	[REDACTED]	Initial Development	0000-X4-Enabled f...	06/21/2022 ⚠	05/22/2022		Agency
<a href="#">Mark As Read</a>							
				<input type="button" value="SAVE PDF"/>	<input type="button" value="VIEW"/>	<input type="button" value="CLAIM TASK"/>	
<input type="checkbox"/>	[REDACTED]	Payrate/Payment	0000-X4-Enabled f...	10/16/2021 ⚠	10/09/2021		Agency

# CE-LINQ: Respond to Task

**CE-LinQ Task Dashboard** Search

XX ECOMP TEST (DO NOT USE)

**My Tasks (2)**   Available Tasks (2)   All Tasks (30)   Overdue Tasks (28)    No Response Required (3)

Case #	Claimant	Task Type	Division	Task Due Date	Task Created	Claimed By	Primary Recipient
<input type="checkbox"/>	[REDACTED]	Initial Development	0000-X4-Enabled for...	08/11/2023	07/12/2023	Last, First	Agency
						<a href="#">Mark As Unread</a>	
						<input type="button" value="SAVE PDF"/> <input type="button" value="VIEW"/> <input data-bbox="1491 1031 1837 1274" type="button" value="COMPLETE ACTION"/>	
						<input type="button" value="RESPOND TO TASK"/> <input type="button" value="SET REMINDER"/> <input type="button" value="RELINQUISH TASK"/>	
<input type="checkbox"/>	[REDACTED]	Payrate/Payment	0000-X4-Enabled f...	07/19/2023	07/12/2023	Last, F	

2 Results            Jump to page:

# CE-LinQ: Respond to Task

**Respond to Task for Case** [REDACTED]

Organization: Enabled forms: CA7 << NEVER EDIT THIS ORG>>      Date of Birth: [REDACTED]

Last Name: [REDACTED]      Date of Injury: 06/14/2014

[SET REMINDER](#)

Task claimed 07/14/2023 by First Last

---

**Quick Answer** ⊖

Enter case response notes

---

Enter contact phone number      Extension

---

**Document Upload** ⊖


Max file size is 5MB

Limit number of pages to 20 per document

Allow 4 hours for processing

Upload one document at a time. Each upload is assigned a Document Control Number (DCN). Uploads will be converted to black-and-white.

Accepted file formats: jpeg, jpg, gif, png, txt, tiff, rtf, pdf, doc, docx



[CHOOSE A FILE](#)

---

[VIEW TASK MATERIALS](#)      [OPEN TASK MATERIALS IN NEW TAB](#)

# CE-LinQ: Respond to Task

Respond to Task for Case [REDACTED]

Organization: Enabled forms: CA7 << NEVER EDIT THIS ORG>> Date of Birth: [REDACTED]  
Last Name: [REDACTED] Date of Injury: 06/14/2014

[SET REMINDER](#)

Task claimed 07/25/2023 by First Last

Quick Answer [+](#)

Document Upload [+](#)

Enter contact phone number Extension  
[REDACTED] (555) 555-5555 01234

[VIEW TASK MATERIALS](#) [OPEN TASK MATERIALS IN NEW TAB](#)

A response is optional for CE-LinQ tasks without a due date. You may complete the task after reviewing the task materials to close without response.

[SAVE & RETURN](#) [COMPLETE TASK](#)

- Not necessary to reply to inquiries categorized as “No Response Required”: *those inquiries will disappear after two weeks.*
- If you still claim a “No Response Required” letter, you may complete the task without adding a quick answer or uploading a document

# PHARMACY BENEFITS

CASE [REDACTED]

Agency: 0000-X4 - XX ECOMP TEST (DO ... Name: [REDACTED]  
Adjudication Status: AP - 03/13/2000 - Accepted - P... Master:  
Current Case Status: PR - 03/13/2000 - Payment on ... SSN: [REDACTED]  
Conditions Accepted:

[View More +](#)

[Exit Case](#)

[Pharmacy Benefits](#) 

[Bill Pay Inquiry](#) 

[Get My Prescription Card](#)

CASE DATA


COMP. PAY HISTORY

CE-LINQ LETTERS

CASE IMAGING



# PHARMACY BENEFITS



OFFICE OF WORKERS' COMPENSATION PROGRAMS FEDERAL EMPLOYEES' PROGRAM

## Claimant Portal






[Español](#) [Logout](#)

Hello [REDACTED]

### Claimant Details

Claim Name: [REDACTED] Claim/Case Number: [REDACTED] Diagnosis: [REDACTED]  
Date of Birth: [REDACTED] Date of Injury: [REDACTED]

### Quick Links

-  [My Prescription History](#)
-  [Check Prescription Coverage](#)
-  [Get My Prescription Card](#)
-  [Find a Pharmacy](#)
-  [Claim Documents](#)

### Prescription History

[Dispensed Prescriptions](#) [Prescription Authorization History](#)

#### Search By Date Range

Rx Date From (Required)  
MM/DD/YYYY

Rx Date To (Required)  
MM/DD/YYYY

**10 Medication(s) found** Sort By

Entries per page    Displaying Page: 1 of 1

> Medication: [REDACTED]	Prescriber: [REDACTED]	Rx Date: 10/22/2021
> Medication: [REDACTED]	Prescriber: [REDACTED]	Rx Date: 10/15/2021
> Medication: [REDACTED]	Prescriber: [REDACTED]	Rx Date: 10/01/2021
> Medication: 325MG	Prescriber: [REDACTED]	Rx Date: 10/01/2021

[Refine Results](#)

# BILL PAY INQUIRY

CASE [REDACTED]

Agency: 0000-X4 - XX ECOMP TEST (DO ... Name: [REDACTED]  
Adjudication Status: AP - 03/13/2000 - Accepted - P... Master:  
Current Case Status: PR - 03/13/2000 - Payment on ... SSN: ●●●-●●-●●●○  
Conditions Accepted: [View More +](#)

[Exit Case](#)

[Pharmacy Benefits](#) 

[Bill Pay Inquiry](#) 

[Get My Prescription Card](#)

CASE DATA

COMP. PAY HISTORY

CE-LINQ LETTERS

CASE IMAGING

# BILL PAY INQUIRY

CLIENTPORTAL User, AQS-CQS Profile: Client Portal External Links Help

Home > Claimant Bill Inquiry List

Close

Case Number: [REDACTED] Date of Birth: [REDACTED] Date of Injury: [REDACTED]

Claimant Bill Inquiry List

Filter By : [ ] And [ ] And [ ] Bill Status

All [Go] [Clear Filter] [Save Filter] [My Filters]

<input type="checkbox"/>	TCN ▲▼	From Date ▲▼	To Date ▲▼	Bill Status ▲▼	Bill Charged Amount ▲▼	Bill Payment Amount ▲▼	Provider Name ▲▼	Provider ID ▲▼
<input type="checkbox"/>	0123 [REDACTED]	11/29/2012	11/29/2012	Paid	\$200.00	\$146.26	[REDACTED]	[REDACTED]
<input type="checkbox"/>	0130 [REDACTED]	01/18/2013	01/18/2013	Paid	\$200.00	\$146.26	[REDACTED]	[REDACTED]
<input type="checkbox"/>	0130 [REDACTED]	01/18/2013	01/18/2013	Paid	\$600.00	\$369.75	[REDACTED]	[REDACTED]
<input type="checkbox"/>	0130 [REDACTED]	03/08/2013	03/08/2013	Paid	\$600.00	\$369.75	[REDACTED]	[REDACTED]
<input type="checkbox"/>	0131 [REDACTED]	03/08/2013	03/08/2013	Paid	\$200.00	\$146.26	[REDACTED]	[REDACTED]
<input type="checkbox"/>	0131 [REDACTED]	04/19/2013	04/19/2013	Paid	\$600.00	\$369.75	[REDACTED]	[REDACTED]
<input type="checkbox"/>	0131 [REDACTED]	04/19/2013	04/19/2013	Paid	\$200.00	\$146.26	[REDACTED]	[REDACTED]
<input type="checkbox"/>	0131 [REDACTED]	06/19/2012	06/19/2012	Paid	\$500.00	\$75.00	[REDACTED]	[REDACTED]
<input type="checkbox"/>	0131 [REDACTED]	06/14/2013	06/14/2013	Paid	\$600.00	\$369.75	[REDACTED]	[REDACTED]
<input type="checkbox"/>	0131 [REDACTED]	06/14/2013	06/14/2013	Paid	\$200.00	\$146.26	[REDACTED]	[REDACTED]

View Page: 2 [Go] + Page Count [SaveToCSV] Viewing Page: 1 [First] [Prev] [Next] [Last]

# CLAIMANT'S CASE REVIEW PAGE

## CLAIMANT'S CASE REVIEW PAGE

# CLAIMANT'S CASE REVIEW PAGE

CASE [REDACTED]

Agency: [REDACTED] Name: [REDACTED]  
Adjudication Status: AP - [REDACTED] Master: [REDACTED]  
Current Case Status: PN - [REDACTED] - Periodic Roll with ... SSN: [REDACTED] [REDACTED]  
Conditions Accepted: [REDACTED]

[View More +](#)

[Return to Dashboard](#)

[Pharmacy Benefits](#) [external]

[Bill Pay Inquiry](#) [external]

[Get My Prescription Card](#)

Representation Select

[Do you have a Representative?](#)



CASE HISTORY

FORMS

**LETTERS**

CASE IMAGING

CASE ESCALATION

**Overdue Response (1)**

Response Required (0)

Completed Response (20)

Informational Letters (0)

Request Type	Date of Injury	Organization	Response Due Date	Request Created
Request for Information - Compe...	03/13/2000	0000-X4-Enabled forms: CA7 << NE...	03/22/2023	03/15/2023

1 Results

< 1 >

Jump to page:

1 GO

# PRESCRIPTION CARD (Claimant)

CASE [REDACTED]

Agency: [REDACTED] Name: [REDACTED]  
Adjudication Status: AP - [REDACTED] Master: [REDACTED]  
Current Case Status: PN - [REDACTED] - Periodic Roll with ... SSN: [REDACTED] [Eye Icon]  
Conditions Accepted: [REDACTED]

[View More +](#)

[Return to Dashboard](#)

[Pharmacy Benefits](#) [External Link Icon]

[Bill Pay Inquiry](#) [External Link Icon]

[Get My Prescription Card](#)

Representation Select

[Do you have a Representative?](#)





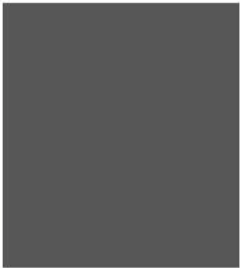

- CASE HISTORY
- FORMS
- LETTERS**
- CASE IMAGING
- CASE ESCALATION

- Overdue Response (1)**
- Response Required (0)
- Completed Response (20)
- Informational Letters (0)

Request Type	Date of Injury	Organization	Response Due Date	Request Created
Request for Information - Compe...	03/13/2000	0000-X4-Enabled forms: CA7 << NE...	03/22/2023	03/15/2023

1 Results < 1 > Jump to page: 1 GO

# PRESCRIPTION CARD (Claimant)

		
<b>BIN</b>		<b>Questions?</b> <b>1-833-FECA-PBM</b> 1-833-332-2726
<b>PCN</b>		
<b>Issuer (80840)</b>		
<b>Injury Date</b>		
<b>ID Number</b>		
<b>Case Number</b>		
<b>Name</b>		
<b>Employing Agency</b>		
<b>OWCP/FECA WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM</b>		

**This Optum/FECA Pharmacy Benefit Card must be presented each time pharmacy services are requested.**

**CARDHOLDER:** This pharmacy benefit card is TO BE USED FOR MEDICATIONS PRESCRIBED ONLY FOR YOUR ACCEPTED WORK-RELATED INJURY / CASE NUMBER REFERENCED ON THE FRONT OF THIS CARD. For convenient scheduling and delivery of durable medical equipment, medical supplies, and ancillary services, please call **1-833-FECA-PBM** (1-833-332-2726).

In using this card, you acknowledge and accept financial responsibility for any prescriptions filled under this card that are later found by Optum to be unrelated to your injury.


This card is non-transferable and may be used only by the person whose name appears on the face of this card. WILLFUL MISUSE of this card to obtain pharmacy benefits is considered fraud. OWCP DFELHWC reserves the right to terminate or modify benefits provided by this card at any time.



If you have questions, please contact Optum at **1-833-FECA-PBM** (1-833-332-2726).

**DOL** This card is for Pharmacy Benefits Administered by Optum for its affiliated companies

# DESIGNATING A REPRESENTATIVE (Claimant)

**CASE** [REDACTED]

Agency: 0000-...    Name: [REDACTED]  
Adjudication Status: AP - 0...    Master:  
Current Case Status: MC - ...    SSN: [REDACTED]   
Conditions Accepted: ICD10  
[View More +](#)






[Pharmacy Benefits](#)   
[Bill Pay Inquiry](#)   
[Get My Prescription Card](#)

Representation **Select**

[Do you have a Representative?](#) >

CASE HISTORY    FORMS    **LETTERS**    CASE IMAGING    CASE ESCALATION

Overdue Response (0)    **Response Required (0)**    Completed Response (1)    Informational Letters (0)

Request Type     Date of Injury     Organization     Response Due Date     Request Created 

No Tasks Found



# DESIGNATING A REPRESENTATIVE (Claimant)

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

MY DASHBOARD NEW CLAIM DOCUMENTS HELP FIRST LAST

HOME / CASE REVIEW / DESIGNATE REPRESENTATION

1 2 3 4  
DESIGNATE REPRESENTATION REPRESENTATION PRIMARY CONTACT CASE VISIBILITY REPRESENTATION CONFIRMATION

## Designate Representative

[Return to Case](#)

Search

**FILTERS**

Representation Type

State

City

[Clear Selection](#) 154 RESULTS

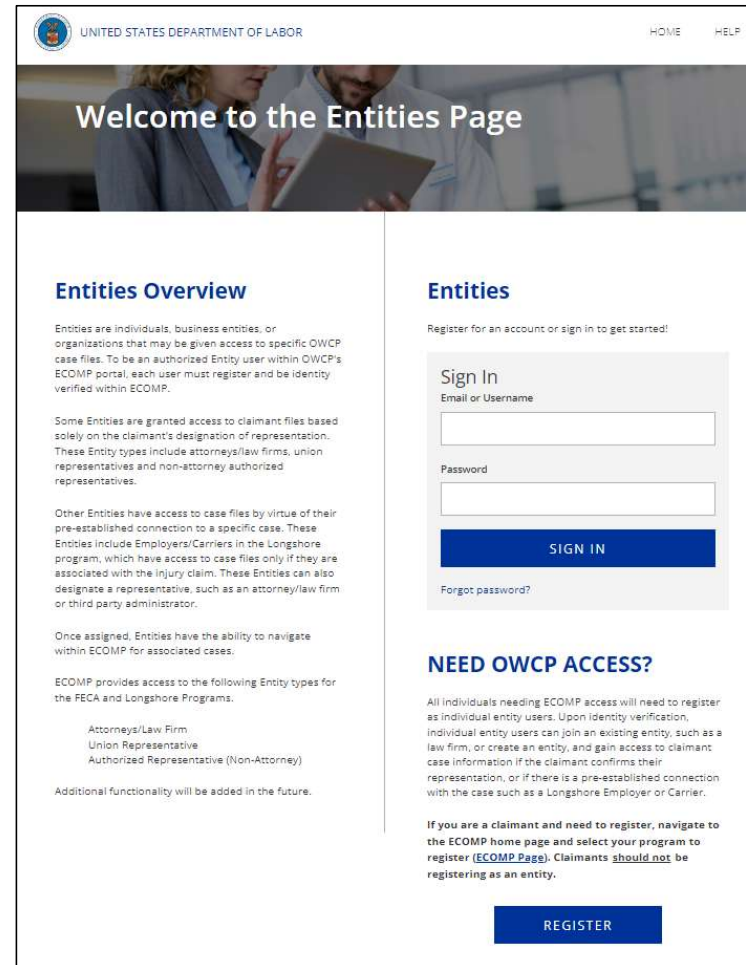
**DESIGNATE REPRESENTATIVE**

Sort by: Organization Name - Ascending

(rc) FECA Test Attorney Office 1234 Main St Dallas, TX 75202 Law Firm/Attorney	<a href="#">Designate Representative</a> >
17.3 LawFirm Entity ORG 12345 Law Firm Way Washington, DC 20060 Law Firm/Attorney	<a href="#">Designate Representative</a> >
17.3 Union Org Entity 12345 Union Org Entity Way Washington, DC 20060 Union	<a href="#">Designate Representative</a> >
ABCLawXYZ 144 Greenwood Ave Ambler, PA 19002 Law Firm/Attorney	<a href="#">Designate Representative</a> >

# DESIGNATING A REPRESENTATIVE (Entity)

- The Entity Management System allows designated representatives, such as law firms, union representatives, individual attorneys, or relatives to access case data and case file documents electronically.
- Representatives may register for an ECOMP Entity User account at [owcp.industrypartners.dol.gov](http://owcp.industrypartners.dol.gov)



UNITED STATES DEPARTMENT OF LABOR HOME HELP

## Welcome to the Entities Page

### Entities Overview

Entities are individuals, business entities, or organizations that may be given access to specific OWCP case files. To be an authorized Entity user within OWCP's ECOMP portal, each user must register and be identity verified within ECOMP.

Some Entities are granted access to claimant files based solely on the claimant's designation of representation. These Entity types include attorneys/law firms, union representatives and non-attorney authorized representatives.

Other Entities have access to case files by virtue of their pre-established connection to a specific case. These Entities include Employers/Carriers in the Longshore program, which have access to case files only if they are associated with the injury claim. These Entities can also designate a representative, such as an attorney/law firm or third party administrator.

Once assigned, Entities have the ability to navigate within ECOMP for associated cases.

ECOMP provides access to the following Entity types for the FECA and Longshore Programs:

- Attorneys/Law Firm
- Union Representative
- Authorized Representative (Non-Attorney)

Additional functionality will be added in the future.

### Entities

Register for an account or sign in to get started!

Sign In

Email or Username

Password

**SIGN IN**

Forgot password?

### NEED OWCP ACCESS?

All individuals needing ECOMP access will need to register as individual entity users. Upon identity verification, individual entity users can join an existing entity, such as a law firm, or create an entity, and gain access to claimant case information if the claimant confirms their representation, or if there is a pre-established connection with the case such as a Longshore Employer or Carrier.

If you are a claimant and need to register, navigate to the ECOMP home page and select your program to register (ECOMP Page). Claimants **should not** be registering as an entity.

**REGISTER**

# ECOMP ESCALATION

## **ECOMP ESCALATION: Claimants and Representatives**



# ECOMP ESCALATION

**Inquiry Expiration Dates:** Inquiries at each level will remain active for a total of 7 calendar days so that you can escalate the issue if you do not receive a response. After 7 days have passed, the inquiry is inactive and cannot be escalated. You will need to submit a new inquiry.

**Multiple Inquiries for the Same Issue:** You are unable to submit multiple inquiries under the same inquiry type/category. For example, you may only initiate one Disability Payment inquiry at a time. You cannot submit another Disability Payment inquiry until your pending Disability Payment request has expired or reached maximum escalation.

**Reminder:** Please be sure to select the correct issue so that your inquiry can be routed to the appropriate staff member. Selecting an incorrect issue may delay the processing of your request. If your issue is not listed below, please contact our office by phone or upload your inquiry from your case page using the "Upload Document" link.

- Overpayment**  
This request will be sent to the Overpayment Examiner (OPS)
- Health Benefits or Life Insurance Issue**  
This request will be sent to a Fiscal Benefit Specialist (FBS)
- Requesting Authorization for Medication**  
This request will be sent to the Prescription Adjudicator (PA)
- Requesting Authorization for Medical Procedure/Treatment**  
This request will be sent to the Medical Treatment Adjudicator (MTA)
- Problems with Medical Bill Payment**  
This request will be sent to the Medical Treatment Adjudicator (MTA)
- Disability Payment and Recurrence Claim Issues**  
This request will be sent to the Claims Examiner (CE)

# ECOMP ESCALATION - Overpayment

## Overpayment

This request will be sent to the Overpayment Examiner (OPS)

**Note: Please ensure that you have uploaded any requested evidence or documentation regarding your overpayment.**

Please provide the following:

*An asterisk (\*) indicates a required field*

**A Date of Overpayment Letter/Decision \***

 Select Date

**B Debt #**

**C Describe the issue and dates \***

A brief description of the issue, the dates(s) of any letters or decisions about which you have questions

(500 characters remaining)

**Best Callback Number for You \***



(555) 555-5555

**Extension**

01234

# ECOMP ESCALATION – HB/LI

## Health Benefits or Life Insurance Issue

This request will be sent to a Fiscal Benefit Specialist (FBS)

**Note: Please ensure that all pertinent documents have been uploaded to your case file.**

Please provide the following:

*An asterisk (\*) indicates a required field*

**A This claim is regarding \***

Specify if this is regarding health benefits, life insurance, or both


**B Name of insurance carrier**

**C Describe the issue and dates \***

A brief description of the issue and dates

(500 characters remaining)

**Best Callback Number for You \***

 (555) 555-5555

**Extension**

01234

# ECOMP ESCALATION - Medication

## Requesting Authorization for Medication

This request will be sent to the Prescription Adjudicator (PA)

**Note: If you have tried to fill your prescription and it was denied, please direct your physician to our Pharmacy Benefit Manager (PBM) Prescriber Portal at <https://feca-pharmacy.dol.gov>, to determine if additional documentation is needed. If additional documentation is needed, no action can be taken until that documentation is received.**

Please provide the following:

*An asterisk (\*) indicates a required field*

A Name of Medical Provider who wrote the prescription \*

B Name of medication \*

C Days supply prescribed

D Dosage prescribed

E National Drug Code (NDC) of the prescription (If Available)

F Is this a new medication? \*

Yes  No

G Date of Fill (or attempted fill)

H Describe the issue and provide any other relevant information:

(500 characters remaining)

DELETE

SAVE

+ ADD REQUEST OF AUTHORIZATION FOR MEDICATION

Best Callback Number for You \*

Extension



# ECOMP ESCALATION – Medical Auth

## Requesting Authorization for Medical Procedure/Treatment

This request will be sent to the Medical Treatment Adjudicator (MTA)

**Note: If your medical provider has not yet submitted an authorization request online, please have them access our medical authorization request website (<https://owcpmed.dol.gov/>) and submit the request using that portal. No action can be taken until the authorization request has been submitted by the medical provider.**


**\*\*\* If you provide a phone number for your medical provider, we will attempt to call that provider and resolve the issue. If you would prefer us to call you instead, please note this in the text box below.**

Please provide the following:

An asterisk (\*) indicates a required field

**A Name of medical provider requesting treatment \***

**B Phone Number of Medical Provider**

 (555) 555-5555

**C Date of Service**

 Select Date

**D Type of Medical Procedure/Treatment requested \***

e.g. physical therapy, knee surgery, epidural injection, etc.

**E Current Procedural Terminology (CPT) Codes (If Available)**

The procedure(s), services or supplies requested

**F Common Procedure Coding System (HCPCS) (If Available)**

The procedure(s), services or supplies requested

**G Describe the issue and provide any other relevant information:**


(500 characters remaining)

DELETE

SAVE

+ ADD REQUEST AUTHORIZATION FOR MEDICAL PROCEDURE/TREATMENT

**Best Callback Number for You \***

 (555) 555-5555

**Extension**

01234

# ECOMP ESCALATION – Bill Pay Issue

## Problems with Medical Bill Payment

This request will be sent to the Medical Treatment Adjudicator (MTA)

Please provide the following information for the medical bill(s) in question. If you are inquiring about multiple bills, please provide the following data points separately for each bill:

\*\*\* If you provide a phone number for your medical provider, we will attempt to call that provider and resolve the issue. If you would prefer us to call you instead, please note this in the text box below.

*An asterisk (\*) indicates a required field*

**A Date of Service \***

**B Billed amount for the Date of Service**

**C Name of Medical Provider \***

**D Phone Number of Medical Provider**

**E Describe the service performed**  
e.g. office visit, physical therapy, knee surgery, etc.

(500 characters remaining)

**F Describe the issue and provide any other relevant information**

(500 characters remaining)

**Best Callback Number for You \*** **Extension**

# ECOMP ESCALATION – CA-7

**Disability Payment and Recurrence Claim Issues**  
 This request will be sent to the Claims Examiner (CE)

Select Option \*

CA-7 (Compensation Payment)

This table shows the CA-7s received in your case during the past 6 months. The table lists the period claimed on the CA-7, the date OWCP received it, and the status. Please select a submitted CA-7 to inquire about.

- It can take up to 2 weeks to process your claim, and 1 additional week to receive payment. You will be unable to submit an inquiry for a CA-7 that is still within this 2-week processing timeframe. Once payment is authorized, the status of the form will show as Paid and you will see the payment record in your case (check Case Imaging).
- If you do not see the CA-7 in this list, OWCP has not received the form. You are not able to submit an inquiry on a CA-7 that we have not received. If you have not yet submitted a CA-7, please do so now. If you have already submitted a CA-7 but you don't see it in this table, please contact your Supervisor or Workers' Compensation Administrator. the payment record in your case (check Case Imaging).
- Please also note that if your initial injury claim has not been decided (UN/UD/UE case status), you will be unable to submit an inquiry on a CA-7. OWCP must make an initial determination on your injury claim before considering payment of a CA-7.

Please select a submitted CA-7 to escalate for a Disability Payment Request for Work Loss. ( Limit 5 )

LEGEND

Select	Comp Payment Period: From - To	Received Date for Form CA-7 ↑	Decision Date ↓	Decision Description ↓
<input checked="" type="checkbox"/>	05/01/2024 - 05/14/2024	05/14/2024	06/26/2024	Undecided - LWOP

Describe the issue with the selected CA-7s \*

(500 characters remaining)

Best Callback Number for You \*



(555) 555-5555

Extension

01234

# ECOMP ESCALATION – RECURRENCE

## Disability Payment and Recurrence Claim Issues

This request will be sent to the Claims Examiner (CE)

Select Option \*

Pending Recurrence Claim

This table shows the Recurrence Claims (Form CA-2a) received in your case during the past 6 months. The table lists the Date of Recurrence, the date OWCP received the Recurrence Claim, and the status. Please select a submitted Recurrence Claim to inquire about.

- It can take up to 90 days to adjudicate your claim, but if your claim cannot be accepted you should receive a development letter from OWCP within 30 days. You will be unable to submit an inquiry for a Recurrence Claim during this first 30 day review period. Once a decision is made, the status of the claim will update, and you will see the notice of decision in your case (check Case Imaging).
- If you do not see the Recurrence Claim on this list, OWCP has not received the form. You are not able to submit an inquiry on a Recurrence Claim that we have not received. If you have not yet submitted the Recurrence Claim form (CA-2a), please do so now. You may download the form from <https://www.dol.gov/agencies/owcp/FECA/regs/compliance/forms> and once completed, you can submit via your agency, by mail or upload in ECOMP. If you have already submitted a CA-2a but you don't see it in this table, please contact your Supervisor or Workers' Compensation Administrator.


Please select a submitted Recurrence Claim to escalate. ( Limit 5 )

Select	Received Date ↑	Recurrence Date ↓	Current Status ↓	Current Status Date ↓
<input checked="" type="checkbox"/>	05/20/2024	05/01/2024	Undecided	06/26/2024

Describe the issue with the selected Recurrence Claims \*

(500 characters remaining)

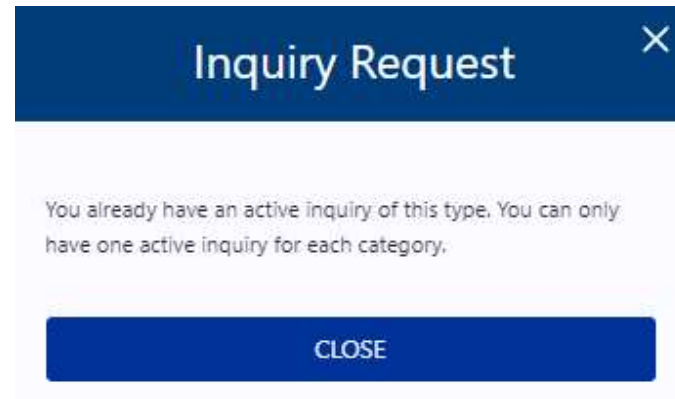
Best Callback Number for You \*

 (555) 555-5555

Extension

01234

# ECOMP ESCALATION – Duplicate Requests



It appears that you have requested an inquiry for this issue **0** business days ago. We allow a standard response time of **2** business days for new inquiries to be submitted as well as allowing to escalate to the next level. You can review the documents in your case file from the Case Imaging tab to confirm if your issues have been addressed. If your issue remains unresolved or hasn't been responded to after **2** business days have passed, you may elevate to the next level for an existing inquiry.

# ECOMP ESCALATION - History

## Review or Escalate Inquiries

The grid below provides the details for each request you have submitted. The "Request #" indicates the number of times each request has been submitted. If multiple requests have been submitted, you can click on the row to see the detail for the prior requests.

This grid will only show that you have submitted a request. The resolution to your issue will not display. Records of all phone calls and letters/decisions issued by OWCP can be viewed in the case file, which is available on the Case Imaging tab.

Please select from the type of inquiry column below to **Escalate** an existing inquiry or to **Review** the submitted information.

**Note:** You can only have one active inquiry for each category. Inquiries become inactive 7 days after submission. Please either escalate the active inquiry to the next level if that issue remains unresolved or wait until it expires before attempting to submit a new request. If you have an urgent matter, please contact our office by phone.

Notified Legend

Search



Type of Inquiry	Submitted By	Notified	Date Submitted	Request #	Expiration Date
Disability Payment Request for Work Loss	Last, First	CE	06/29/2023	1st	07/07/2023
Overpayment	Last, First	OPS	06/29/2023	1st	07/07/2023

# ELECTRONIC CA-1032

## **ELECTRONIC CA-1032: Claimants**



# ELECTRONIC CA-1032

## Welcome to your ECOMP Dashboard

To file a new injury/illness claim, click on the "New Claim" link above.


Documents upload and management may be accessed in the "Documents" link above.

Each existing injury/illness claim you have initiated can be found in the Cases tab of the table below. If you have any forms in Draft Status, they will be listed in the Draft Forms tab of the table. The Action Required tab shows if additional information is required in order to process your claim. This includes returned claim forms. If you do not respond, your entitlement to benefits may be delayed or suspended. If your Action Required tab is empty there is nothing required of you at this time.

By clicking anywhere in the row of an injury/illness claim in the table below, you will be taken to its Case Review page where you can:

- Finish filing any injury/illness claims that are in Draft status.
- View case details including the injury claim information; forms associated with the case; claim status; compensation payment tracking; compensation payment history; and from within the payment period details you may also access the compensation amount, health benefit and life insurance details, payee information, and the formula for compensation. You can also access additional billing information through the "Bill Pay Inquiry" link. Pharmacy information is available through the "Pharmacy Benefit" link.
- File associated claim forms, such as a CA-7 Claim for Compensation, using the "New Case Form" drop down button within the Forms tab of the Case Review page.
- Review and respond to case letters and requests for information. If OWCP needs information to process your claim, the request letter will appear in the Response Required tab. If the request is overdue it will appear in the Overdue Request tab. If you do not respond to these items, your entitlement to benefits may be delayed or suspended. Letters that are informative and require no response appear in the informational Letters tab.

 Mandatory Annual Benefit Verification (CA-1032) is available for filing. Click [here](#) to begin.  
**Due in 6 days.**

 If you have already completed and submitted a paper CA-1032 form to OWCP, you do **not** have to complete the form in ECOMP. Click [here](#) to mark the request as complete.



# ELECTRONIC CA-1032

HOME / 1032



- Employment
- Volunteer Work
- Dependents
- OPM Benefits
- Social Security Administration Benefits
- VA Benefits
- Other Federal Benefits or Payments
- Third Party Settlement
- Fraud Offenses
- Corrections
- Review
- Certifications

[Return to Dashboard](#)

## EMPLOYMENT

File Number: 550132822 OMB Number: 1240-0016

Read this section completely before answering the questions below and on the next page. **Report ALL employment for which you received a salary, wages, income, sales commissions, piecework, or payment of any kind.** Such employment includes service with the military forces of the United States, including the National Guard, Reserve component, or other affiliates. Please note that you must report any employment held at the time of injury if you have worked at that employment during any period covered by this form.

**Report ALL self-employment or involvement in business enterprises.** These include but are not limited to: farming; sales work; operating a business, including a store or a restaurant; any online work/business; and providing services in exchange for money, goods, or other services. The kinds of services which you must report include such activities as carpentry, mechanical work, painting, contracting, child care, odd jobs, etc. Report activities such as keeping books and records, or managing and/or overseeing a business of any kind, including a family business. Even if your activities were part-time or intermittent, you must report them.

**Report as your "rate of pay" what you were paid.** Include the value of such things as housing, meals, clothing, and reimbursed expenses, if they were received as part of your employment.

**Report ANY work or ownership interest in any business enterprise,** even if the business lost money or if profits or income were reinvested or paid to others. If you performed any duties in any business enterprise for which you were not paid, you must show as "rate of pay" what it would have cost the employer or organization to hire someone to perform the work or duties you did, even if your work was for yourself or a family member or relative. You need not list ownership or passive investment in any publicly traded businesses. You need not list stocks or bank accounts.

**If you have questions about whether something is material or relevant and should be included, please list that information. Under 5 U.S.C. 8106 (b), an employee who fails to make a report when required or knowingly omits or understates earnings for the period covered by the form forfeits the right to compensation for the period covered by this form. CRIMINAL, CIVIL AND ADMINISTRATIVE PENALTIES MAY BE APPLIED FOR FAILURE TO REPORT ALL WORK ACTIVITIES THOROUGHLY AND COMPLETELY**



# ELECTRONIC CA-1032

## PART H—CERTIFICATION

I know that anyone who fraudulently conceals or fails to report income or other information which would have an effect on benefits, or who makes a false statement or misrepresentation of a material fact in claiming a payment or benefit under the Federal Employees' Compensation Act may be subject to criminal prosecution, from which a fine or imprisonment, or both, may result. I know that fraudulently concealing or failing to report income or other information in claiming payment or benefit under FECA may result in the forfeiture of compensation for the period covered by this form and may also result in a civil action against me for damages under the False Claims Act or other applicable laws.

I understand that I must immediately report to OWCP any employment or employment activity, any change in the status of claimed dependents, any third party settlement, and any monies or income or change in monies or income from Federally assisted disability or benefit programs.

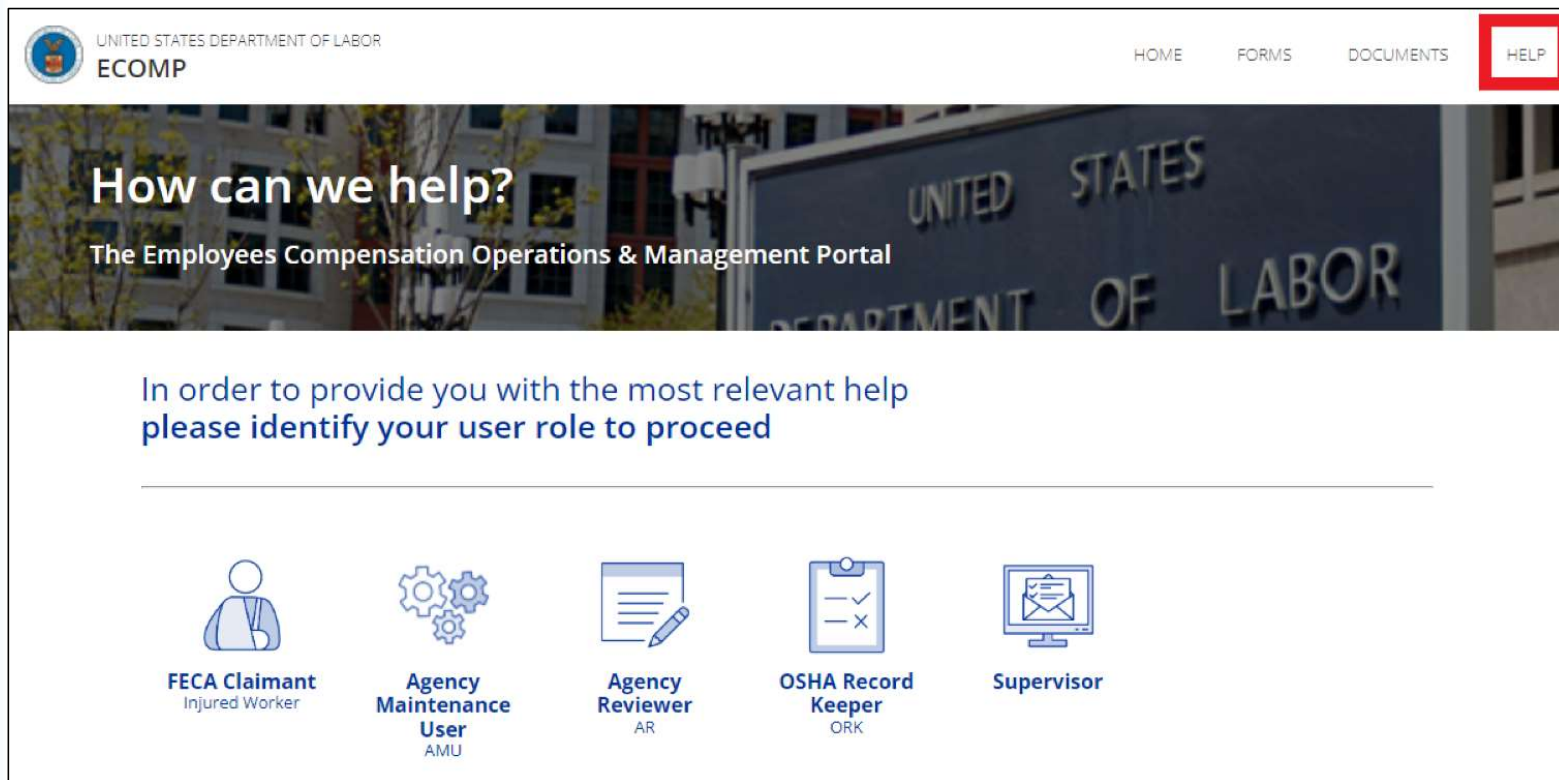
I certify that all the statements made in response to the questions on this form are true, complete and correct to the best of my knowledge and belief. I have placed "Not Applicable" (N/A) or "None" next to those questions that do not apply to me or my claim.

_____ Signature	06-30-2023 Date
_____ Street Address	_____ Telephone
OAKLAND,CA,94605 City, State and Zip	

Electronically signed by \_\_\_\_\_ on 06-30-2023 at  
14:45:47.741218

# ECOMP User Guide Videos

<https://www.ecomp.dol.gov/#/help>



The screenshot shows the top navigation bar of the ECOMP website. On the left is the United States Department of Labor logo and the text "UNITED STATES DEPARTMENT OF LABOR ECOMP". On the right are links for "HOME", "FORMS", "DOCUMENTS", and "HELP" (the "HELP" link is highlighted with a red border). Below the navigation bar is a banner image of a building with the text "UNITED STATES DEPARTMENT OF LABOR". Overlaid on the banner is the text "How can we help?" and "The Employees Compensation Operations & Management Portal". Below the banner is a message: "In order to provide you with the most relevant help please identify your user role to proceed". At the bottom, there are five user role icons with their respective labels: "FECA Claimant Injured Worker", "Agency Maintenance User AMU", "Agency Reviewer AR", "OSHA Record Keeper ORK", and "Supervisor".






UNITED STATES DEPARTMENT OF LABOR  
ECOMP

HOME FORMS DOCUMENTS HELP

## How can we help?

The Employees Compensation Operations & Management Portal

In order to provide you with the most relevant help  
please identify your user role to proceed

-   
**FECA Claimant**  
Injured Worker
-   
**Agency Maintenance User**  
AMU
-   
**Agency Reviewer**  
AR
-   
**OSHA Record Keeper**  
ORK
-   
**Supervisor**



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**THANK YOU!**

**FEDERAL EMPLOYEES' COMPENSATION PROGRAM**