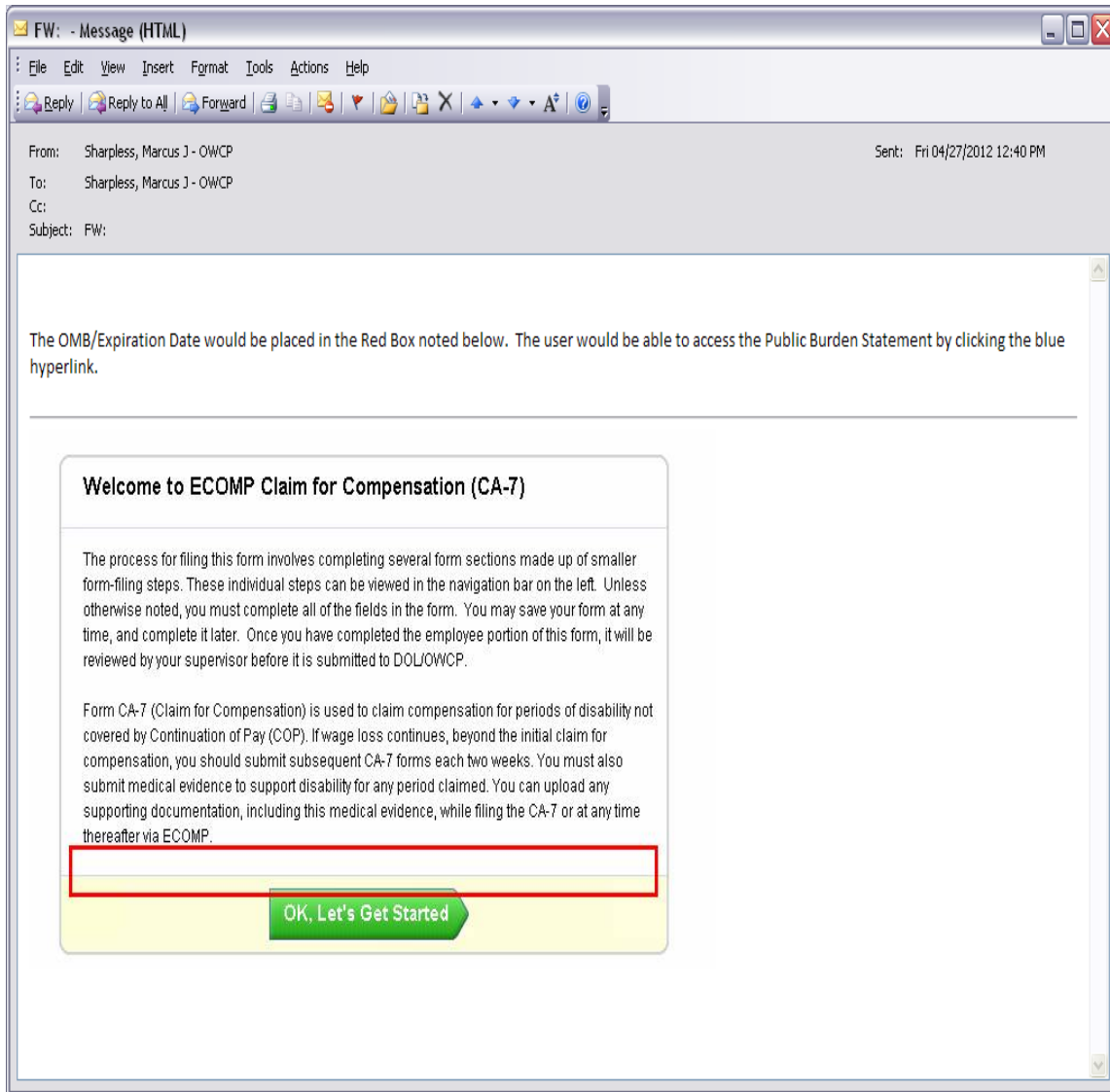


This screen shot represents the first page the user will see to complete a CA-7.

The OMB/Expiration Date will be identified in the red box below, followed by a hyperlink in which the user will click to view the Privacy Act and Public Burden Statements.

OMB No. 1240-0046 (Expires: 10-31-2014) [Privacy Act and Public Burden Statements](#)



Step 2A Claimant Basics (Section 1)

Please fill out the basic information below. Some of the fields have been filled in for you from the information already contained in your OWCP case file. If corrections are needed, please update the appropriate fields.

1a Employee name (first, middle, last) Barton Reginald Smith

1b Mailing address 123 Euclid Ave Non-US address
City Pleasantville State CO - Colorado Zip code 80302

1c OWCP File Number XYZ106050

1d Date of injury 10/03/2011

1e Social security number *****1111

1f Telephone number 2227123422 International

Back Continue

Step 2B Compensation Claimed (Section 2)

Compensation is claimed for:

Leave without pay
From [] To [] Intermittent Go to the next section (Section 3)

Leave buy back
From [] To [] Intermittent Go to the next section (Section 3), and Complete Form CA-7b

Other wage loss (Specify type such as downgrade, loss of night differential, etc.)
Type []
From [] To [] Intermittent Go to the next section (Section 3)

Schedule award Go to the Section 4

* If intermittent time is claimed, complete Form CA-7a, Time Analysis Sheet.

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Step 2C Non-Federal Employment (Section 3)

You must report all earnings from employment (outside your federal job); include any employment for which you received a salary, wages, income, sales commissions, piecework, or payment of any kind during the period(s) claimed in Section 2. Include self-employment, involvement in business enterprises, as well as service with the military forces. Fraudulent concealment of employment or failure to report income may result in forfeiture of compensation benefits and/or criminal prosecution.

3 Have you worked outside your federal job for period(s) claimed in Section 2? Yes No

Name of business	<input type="text"/>		
Address	<input type="text" value="Example: 123 Pleasant Lane, apt. A"/>	<input type="checkbox"/> Non-US address	
City	<input type="text" value="Pleasantville"/>	State	<input type="text" value=""/>
		Zip code	<input type="text" value=""/>
Dates worked	From <input type="text" value=""/>	To <input type="text" value=""/>	
Type of work	<input type="text"/>		

Back Continue

Step 2D First Claim for Injury (Section 4)

4 Is this the first CA-7 claim for compensation that you have file for this injury? Yes No
If yes, complete Sections 5 through 7 and a Form SF-1199A, "Direct Deposit Sign-up"

Has there been any change in your dependents, or has your direct deposit information changed, or has there been a claim filed with U.S. Civil Service Retirement, another federal retirement or disability law, or with the Department of Veterans Affairs since your last CA-7 claim?

If yes, complete Sections 5 through 7 or a From SF-1199A to reflect change(s). If no, complete Section 7 Yes No

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Step 2E Dependents (Section 5)

List your dependents (including spouse)

1 Name of dependent #1
Social Security # Repeat SSN
Date of birth Relationship
Is this dependent living with you? Yes No

2 Name of dependent #2
Social Security # Repeat SSN
Date of birth Relationship
Is this dependent living with you? Yes No

3 Name of dependent #3
Social Security # Repeat SSN
Date of birth Relationship
Is this dependent living with you? Yes No

5a Are you making support payments for a dependent shown above? Yes No

If yes, support payments are made to:

Name
Address Non-US address
City State Zip code

5b Were support payments ordered by a court? Yes No If yes, include a copy of court order in step 3.

Step 2F Other Claims & Benefits (Section 6)

6a Was/Will there be a claim made against a third party? Yes No

6b Have you ever applied for or received benefits from the Department of Veteran's Affairs? Yes No

Claim number

Full Address of VA Office Where Claim Filed Non-US address


City State Zip code

Nature of disability

Amount of monthly payment

6c Have you ever applied for or received payment under any Federal Retirement or Disability Law? Yes No

Claim number

Date annuity began 

Amount of monthly payment

Retirement system CSRS FERS SSA Other

(THIS STEP IS NOT PART OF ACTUAL CA-7, BUT THIS ALLOWS CLAIMANT TO SUBMIT ADDITIONAL DOCUMENTAION WITH THE CLAIM, i.e. A MEDICAL REPORT OR ONE OF THE DOCS MENTIONED IN PREVIOUS STEPS. IF THEY DON'T WANT TO UPLOAD IT HERE, THEY CAN SUBMIT LATER VIA THE ECOMP SYSTEM ,OR VIA MAIL/FAX LIKE USUAL.)


ECOMP Claim for Compensation (CA-7) Case XYZ106050 | New Form CA-7 Draft


Step 3 **Attachments**

★ You can attach supporting documents here. This includes a Form SF-1199A (Direct Deposit Form) as noted in Section 4 or a court order for any dependent listed in Section 5. If you don't have the documents now, you submit them later.

0 documents uploaded so far

? Limit file size to 5 MB.
Supported formats: jpg, jpeg, gif, png, tif, txt, rtf, pdf, doc, docx.

 Attach New Document...

 Delete selected attachment

[Click to attach a new document](#)

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(NOT PART OF ACTUAL CA-7, BUT THIS STEP ALLOWS CLAIMANT TO REVIEW INFORMATION ENTERED AND MAKE ANY CHANGES NEEDED.)

ECOMP Claim for Compensation (CA-7)		Case XYZ106050 New Form	CA-7		
Step 4 Review					
Review this information carefully before continuing.					
<i>Employee name (first, middle, last)</i>					
<i>Employee email</i>	eric+c4@twintechs.com				
<i>Government organization</i>	PEACE CORPS PEACE CORPS-STAFF OFFICE OF MEDICAL SERVICES 1111 20TH STREET NW 5TH FLOOR WASHINGTON, DC 20526				
<i>Reviewer</i>	eric+s4@twintechs.com				
<hr/>					
<i>Home mailing address</i>	123 Euclid Ave. Pleasantville CO 80302				
<i>OWCP File Number</i>	106050				
<i>Date of injury</i>	10/03/2011				
<i>Social security number</i>	*****1111				
<i>Home telephone</i>	2227123422				
<hr/>					
<i>Compensation claim</i>					
<i>Non-federal employment?</i>	No				
<i>First-time claim?</i>	Yes				
<i>Changes to dependents?</i>	Yes				
<hr/>					
<i>Dependent #1</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>				
<i>Dependent #2</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>				
<i>Dependent #3</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Does not live with claimant.				
<i>Are you making support payments for a dependent shown above?</i>	No				
<hr/>					
<i>Third party claim</i>	No, there will not be a claim made against a 3rd party.				

ECOMP Claim for Compensation (CA-7) Case XYZ106050 | New Form CA-7 Draft

Step 5 Sign & File Form (Section 7)

Submitting this form is considered the same as signing it.

7 I hereby make claim for compensation because of the injury sustained by me while in the performance of my duty for the United States. I certify that the information provided above is true and accurate to the best of my knowledge and belief.

Back Sign & File Form

And then the clmt clicks on I Agree to finalize form.

ECOMP Claim for Compensation (CA-7) Case XYZ106050 | New Form CA-7 Draft

Step 5 Sign & File Form (Section 7)

Submitting this form is considered the same as signing it.

7 I hereby make claim for compensation because of the injury sustained by me while in the performance of my duty for the United States. I certify that the information provided above is true and accurate to the best of my knowledge and belief.

I understand that any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both. In addition, a felony conviction will result in termination of all current and future FECA benefits.

I Agree Cancel Sign & File Form

After this step, all of the information is input into a **regular CA-7 form** that is submitted. The form is the **EXACT same CA-7**. The claimant can print this form also.