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

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From: Sharpless, Marcus J - OWCP To: Sharpless, Marcus J - OWCP Cc: Subject: Subject: FW:	M
The OMB/Expiration Date would be placed in the Red Box noted below. The user would be able to access the Public Burden Statement by clicking the hyperlink.	blue
Welcome to ECOMP Claim for Compensation (CA-7)	
The process for filing this form involves completing several form sections made up of smaller form-filing steps. These individual steps can be viewed in the navigation bar on the left. Unless otherwise noted, you must complete all of the fields in the form. You may save your form at any time, and complete it later. Once you have completed the employee portion of this form, it will be reviewed by your supervisor before it is submitted to DOL/OWCP.	
Form CA-7 (Claim for Compensation) is used to claim compensation for periods of disability not covered by Continuation of Pay (COP). If wage loss continues, beyond the initial claim for compensation, you should submit subsequent CA-7 forms each two weeks. You must also submit medical evidence to support disability for any period claimed. You can upload any supporting documentation, including this medical evidence, while filing the CA-7 or at any time thereafter via ECOMP.	
OK, Let's Get Started	

		-	· ·
ECOMP Claim for Compens	ation (CA-7)	Case XYZ106050	ECN 106176 CA-7 × Pending review by Supervisor
Step 2A Claimant Basic	s (Section 1)		
Please fill out the basic information I OWCP case file. If corrections are no	elow. Some of the fields have been fil eded, please update the appropriate t	led in for you from the infor fields.	mation already contained in your
(1a) Employee name (first, middle, last)	Barton Reginald	Smith	
(b) Mailing address	123 Euclid Ave.		Non-US address
	City Pleasantville State	CO - Colorado 🛛 🔻 Zip	o code 80302
1c OWCP File Number	XYZ106050		
1d Date of injury	10/03/2011		
1e Social security number	*****1111		
1 Telephone number	2227123422 Internatio	onal	
		Back	Continue
/			
ECOMP Claim for Compens	ation (CA-7)	Case XYZ1060	50 New Form CA-7 ×
Step 2B Compensation	Claimed (Section 2)		

From	To	Intermittent Go to the next section (Section 3
Leave buy back		
From	То	Intermittent Go to the next section (Section 3), and Complete Form CA
From	То	Intermittent Go to the next section (Section 3
Schedule award	Go to the Section 4	
f intermittent time is	s claimed, complete Form	n CA.7a. Tima Analysis Shaat
rinternitterit unie is	s claimed, completer on	i oA-ra, Time Analysis Sheet.

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 Mame of business Example: 123 Pleasant Lane, apt. A Non-US address City Pleasant/ville State Zip code Dates worked From To To Type of work To To To	ECOMP Claim for Co	npensation (CA-7)			
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 Mame of business Example: 123 Pleasant Lane, apt. A Non-US address City Pleasantville State Zip code Dates worked From To Image: To	Step 2C Non-Fede	al Employment (Section 3)			
 3 Have you worked outside your federal job for period(s) claimed in Section 2? Yes No Name of business Address Example: 123 Fleasant Lane, apt. A Non-US address City Pleasantville State Zip code Dates worked From To 	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.				
Address Example: 123 Fleasant Lane, apt. A Non-US address City Pleasantville State Zip code Dates worked From To Type of work Image: Constraint of the state Image: Constraint of the state	3 Have you worked outsid	e your federal job for period(s) claimed in Section 2? • Yes No			
City Pleasantville State Zip code Dates worked From To To	Address	Example: 123 Fleasant Lane, apt. A Non-US address			
Dates worked From To To					
Type of work		City Pleasantville State V Zip code			
	Dates worked	City Pleasantville State V Zip code			
	Dates worked Type of work	City Pleasantville State V Zip code			
Back Continue	Dates worked Type of work	City Pleasantville State V Zip code			

ECOMP	Claim for Compensation (C	A-7)	Gase XYZ106050	New Form CA-7	X Nort
					Diait
Step 2D	First Claim for Injury ((Section 4)			
4 Has fileo sino If ye	Is this the first CA-7 claim for compens If yes, complete Sections 5 through 7 a there been any change in your depende with U.S. Civil Service Retirement, anot se your last CA-7 claim? s, complete Sections 5 through 7 or a Fre	sation that you have file for this ind a Form SF-1199A, "Direct D ents, or has your direct deposit ther federal retirement or disab om SF-1199A to reflect change	injury? eposit Sign-up" information changed, or has t ility law, or with the Departmen (s). If no, complete Section 7	Yes No	
			Back	Continue	

p2E Dependents (Section 5) st your dependents (including spouse) Name of dependent #1 First name Social Security # Repeat SSN Date of birth Image: Security # Is this dependent living with you? Yes Name of dependent #2 First name Social Security # Repeat SSN Date of birth Image: Social Security # Social Security # Repeat SSN Date of birth Image: Social Security # Social Security # Repeat SSN Date of birth Image: Social Security # Social Security # Repeat SSN Date of birth Image: Social Security # Social Security # Repeat SSN Date of birth Image: Social Security # Social Security # Repeat SSN Date of birth Image: Social Security # Social Security # Repeat SSN Date of birth Image: Social Security # Is this dependent living with you? Yes No Yes No Is this dependent living with you? Yes No If yees antiving support payments are made to:) 2E						D
st your dependents (including spouse) Name of dependent #1 First name Last name Social Security # Repeat SSN Date of birth Image: Social Security # Relationship Name of dependent #2 First name Last name Social Security # Repeat SSN Image: Social Security # Date of birth Image: Social Security # Repeat SSN Date of birth Image: Social Security # Repeat SSN Name of dependent #3 First name Last name Social Security # Repeat SSN Image: Social Security # Date of birth Image: Social Security # Repeat SSN Jate of birth Image: Social Security # Repeat SSN Jate of birth Image: Social Security # Repeat SSN Jate of birth Image: Social Security # Repeat SSN Jate of birth Image: Social Security # Repeat SSN Jate of birth Image: Social Security # Repeat SSN Jate of birth Image: Social Security # Repeat SSN Jate of birth Image: Social Security # Repeat SSN Jate of birth Image: Social Security # Nono		Dependents	(Section 5)				
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Name of dependent #3 Prist name Last name Social Security # Date of birth Is this dependent #2 First name Last name Social Security # Repeat SSN Date of birth Is this dependent #2 First name Last name Social Security # Repeat SSN Date of birth Is this dependent #3 First name Last name Social Security # Repeat SSN Date of birth Is this dependent #3 First name Last name Social Security # Repeat SSN Date of birth Is this dependent #3 First name Last name Social Security # Repeat SSN Date of birth Is this dependent #3 First name Last name Social Security # Repeat SSN Date of birth Is this dependent #3 First name Are you making support payments for a dependent shown above? Yes Name First name Mddle name Last name Address Example: 123 Pleasant Lane, apt A City Pleasantville State Vers No Use support payments ordered by a court? Yes No Use support pa	Na	me of dependent #1	First name	Lastname			
1 Date of birth Is this dependent living with you? Yes Name of dependent #2 Social Security # Repeat SSN 2 Date of birth Is this dependent living with you? Yes Name of dependent #3 First name Last name Social Security # Repeat SSN Date of birth Is this dependent living with you? Yes Name of dependent #3 First name Social Security # Repeat SSN Date of birth Is this dependent living with you? Yes Name Are you making support payments for a dependent shown above? Yes Name First name Middle name Last name Address Example: 123 Pleasant Lane, apt A City Pleasantville State Zip code Were support payments ordered by a court? Yes No If yes, include a copy of court order in step 3.	So	cial Security #	Repeat SS	N			
Is this dependent living with you? Yes Is this dependent living with you? Yes Name of dependent #2 First name Social Security # Repeat SSN Date of birth Image: Constraint of the second sec	Da	te of birth				Relationship	
Name of dependent #2 First name Social Security # Repeat SSN Date of birth Image: Social Security # Is this dependent living with you? Yes Name of dependent #3 First name Social Security # Repeat SSN Date of birth Image: Social Security # Social Security # Repeat SSN Date of birth Image: Social Security # Is this dependent #3 First name Joate of birth Image: Social Security # Is this dependent living with you? Yes Yes No Are you making support payments for a dependent shown above? Yes No types, support payments are made to: Name First name Address Example: 123 Pleasant Lane, apt A City Pleasantville State Zip code Were support payments ordered by a court? Yes No If yes, include a copy of court order in step 3.	Ist	this dependent living w	vith you? Yes No				
Social Security # Repeat SSN Date of birth Relationship Is this dependent living with you? Yes Name of dependent #3 First name Social Security # Repeat SSN Bate of birth Repeat SSN Bate of birth Repeat SSN Bate of birth Repeat SSN Cate of birth Repeat SSN Bate of birth Repeat SSN Bate of birth Repeat SSN Cate of birth Repeat SSN Bate of birth Repeat SSN Are you making support payments for a dependent shown above? Yes Name First name Address Example: 123 Pleasant Lane, apt. A City Pleasantville State Zip code State <td>Na</td> <td>ime of dependent #2</td> <td>First name</td> <td>Last name</td> <td></td> <td></td> <td></td>	Na	ime of dependent #2	First name	Last name			
Date of birth Image: Relationship Is this dependent living with you? Yes Name of dependent #3 First name Social Security # Repeat SSN Date of birth Image: Repeat SSN Is this dependent living with you? Yes Yes No Are you making support payments for a dependent shown above? Yes No Yes No Ives, support payments are made to: Name First name Middle name Last name Address Example: 123 Pleasant Lane, apt. A City Pleasantville State Zip code Were support payments ordered by a cout? Yes No If yes, include a copy of court order in step 3.	So	cial Security#	Repeat SSI	N			
Is this dependent living with you? Yes No Name of dependent #3 First name Last name Social Security # Repeat SSN Date of bith Is this dependent living with you? Yes No Are you making support payments for a dependent shown above? Yes No Yes, support payments are made to: Name First name Middle name Last name Address Example: 123 Pleasant Lane, apt A City Pleasantville State Yip code Were support payments ordered by a court? Yes No	Da	te of birth				Relationship	▼]
Name of dependent #3 First name Social Security # Repeat SSN Date of birth Image: Constraint of the second	ls t	this dependent living w	rith you? 🔷 Yes 🔷 No				
3 Social Security # Repeat SSN 3 Date of birth Relationship Is this dependent living with you? Yes No Are you making support payments for a dependent shown above? Yes No fyes, support payments are made to: Name First name Middle name Last name Address Example: 123 Pleasant Lane, apt. A Non-US address City Pleasantville State Zip code 5b Were support payments ordered by a court? Yes No If yes, include a copy of court order in step 3.	Na	ime of dependent #3	First name	Last name			
Date of birth Relationship Is this dependent living with you? Yes Yes No Are you making support payments for a dependent shown above? Yes No fyes, support payments are made to: Name First name Middle name Last name Address Example: 123 Pleasant Lane, apt. A City Pleasantville State Zip code State Were support payments ordered by a court? Yes No If yes, include a copy of court order in step 3.	So	cial Security#	Repeat SSI	N			
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Are you making support payments for a dependent shown above? Yes No fyes, support payments are made to: Name First name Address Example: 123 Pleasant Lane, apt. A City Pleasantville State Zip code So Were support payments ordered by a court? Yes No If yes, include a copy of court order in step 3.	ls t	this dependent living w	/ith you? 🔵 Yes 💿 No				
f yes, support payments are made to: Name First name Address Example: 123 Pleasant Lane, apt. A City Pleasantville State Zip code Sb Were support payments ordered by a court?	> Are y	ou making support pa	yments for a dependent shown	above? 💽 Ye	es 🔾 No		
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City Pleasantville State Zip code 5b Were support payments ordered by a court? • Yes No If yes, include a copy of court order in step 3.	Ac	ddress Exar	nple: 123 Pleasant Lane, apt. A			Non-US address	3
b Were support payments ordered by a court? • Yes No	Ci	ity Plea	santville State	•	Zip code		
	њ) We	ere support payments	ordered by a court? • Yes	O No If	yes, include a	copy of court order in	step 3.

ECOMP Claim for Compensation (CA	-7)	Case XYZ106050 Ne	W Form CA-7 ×
Step 2F Other Claims & Benefits	(Section 6)		
 (6a) Was/Will there be a claim made against a third (6b) Have you ever applied for or received benefits fit 	party? Yes No	ran's Affairs? 💿 Yes 🔵 No	
Claim number			
Full Address of VA Office Where Claim Filed	Example: 123 Pleasant La	ane, apt. A	Non-US address
Nature of disability Amount of monthly payment			
60 Have you ever applied for or received payment	under any Federal Retireme	ent or Disability Law? 💽 Yes	⊖ No
Claim number Date annuity began Amount of monthly payment			
Retirement system O CSRS O FERS (SSA O Other		
		Back	ontinue

(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 ×			
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.				
Click to attach a new document Click to attach a new document Click to attach a new document Delete selected attachment				
	Back Continue			

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

COMP	Claim for Compense	ation (CA-7)	Case XYZ106050 New For	m CA-7 D
tep 4	Review			
Review thi	is information carefully befo	re continuing.		
Employ	ee name (first, middle, last)			
Employ	ree email	eric+c4@twintechs.com		
Govern	ment organization	PEACE CORPS PEACE CORPS-STAFF OFFICE OF MEDICAL SERVICES 1111 20TH STREET NW 5TH FLOOR WASHINGTON, DC 20526		
Review	er	eric+s4@twintechs.com		
Home mailing address		123 Euclid Ave. Pleasantville CO 8	0302	
OWCP File Number		106050		
Date of injury		10/03/2011		
Social s	security number	*****1111		
Home t	elephone	2227123422		
Compe	nsation claim			
Non-fea	deral employment?	No		
First-tim	ne claim?	Yes		
Change	es to dependents?	Yes		
Depend	dent #1			
Depend	dent #2			
Depend	dent #3			
Are you for a de	making support payments pendent shown above?	Does not live with claimant. No		

Third party claim

L

No, there will not be a claim made against a 3rd party.

ECOMP	Claim for Compensation (CA-7)	Case XYZ106050 New Form	CA-7 ×
Step 5	Sign & File Form (Section 7)		
Submittin	g this form is considered the same as signing it.		
T In St.	ereby make claim for compensation because of the injury sustained b ates. I certify that the information provided above is true and accurate t	y me while in the performance of my duty for o the best of my knowledge and belief.	the United
		Back In-Sign & File F	orm

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

ECOMP	Claim for Compensation (CA-7)	ew Form OA-7 × Draft				
Step 5	Sign & File Form (Section 7)					
Submitting this form is considered the same as signing it.						
7 I he Sta	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.	ny duty for the United ief.				
	I Agree Cancel	k 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.