Part C Dependents



HOME / 1032



CA-1032

- Employment
- Volunteer Work
- Dependents

OPM Benefits

Social Security Administration Benefits

VA Benefits

Other Federal Benefits or Payments

Third Party Settlement

Fraud Offenses

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MY DASHBOARD

NEW CLAIM

DOCUMENTS

HELP

USER NAME

DEPENDENTS

File Number: 4567874 OMB Number: 3440-099-098

A claimant who has no eligible dependents is paid compensation at 66 2/3% of the applicable pay rate. A claimant who has one or more eligible dependents is paid compensation at 75% of the applicable pay rate. You must answer the questions below to ensure your compensation is paid at the correct rate.

You may claim augmented compensation for a dependent if you have one or more of the following: (a) a spouse (including a same sex spouse) who lives with you; (b) an unmarried child, including an adopted child or stepchild, who lives with you and is under 18 years of age; (c) an unmarried child who is 18 or over, but who cannot support himself or herself because of mental or physical disability; (d) an unmarried child under 23 years of age who is a full-time student and has not completed four years of school beyond the high school level; (e) a parent who totally depends upon you for support.

You may also claim compensation for a spouse (including a same sex spouse) or dependent who does not live with you if a Court has ordered you to pay support to that person. Finally, you may claim compensation for

(a) a spouse,

(b) an unmarried child under 18, or

(c) an unmarried child between 18 and 23 who is a full-time student even if that person does not live with you if you make regular payments for his or her support.

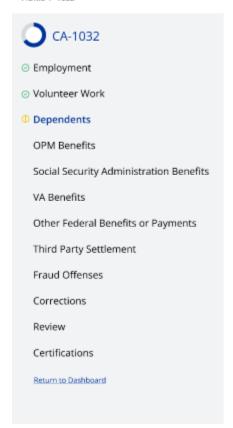
YOU MAY NOT CLAIM OR RECEIVE AUGMENTED COMPENSATION FOR AN EX-SPOUSE EVEN IF YOU HAVE BEEN ORDERED TO PROVIDE SUPPORT IN THE FORM OF ALIMONY.



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DEPENDENTS
File Number: 4567874 OMB Number: 3440-099-098

Are you married?

Yes

No

No

NEXT

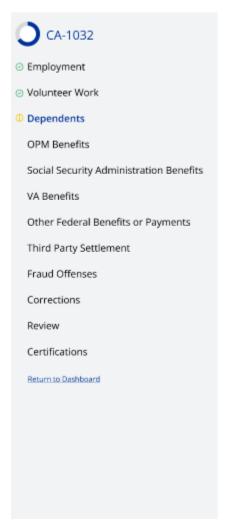
DOCUMENTS

HELP

USER NAME

NEW CLAIM





DEPENDENTS
File Number: 4567874 OMB Number: 3440-099-098

Does your spouse live with you?

Yes

No

DOCUMENTS

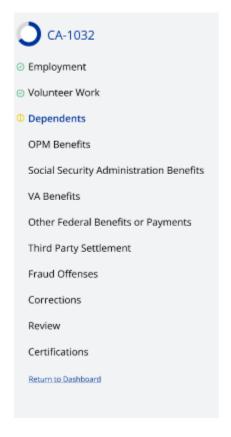
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USER NAME

NEW CLAIM

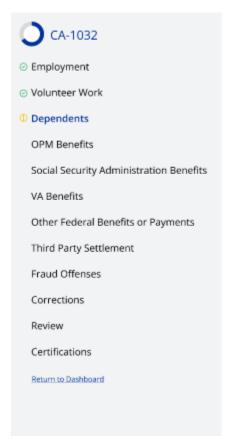




MY DASHBOARD NEW CLAIM DOCUMENTS HELP USER NAME

DEPENDENTS File Number: 4567874 OMB Numb	per; 3440-099-098
Please provide the date yo you:	ur spouse no longer resided with
Select Date:	
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DEPENDENTS
File Number: 4567874 OMB Number: 3440-099-098

Do you make regular payments for his or her support?

Yes
No

DOCUMENTS

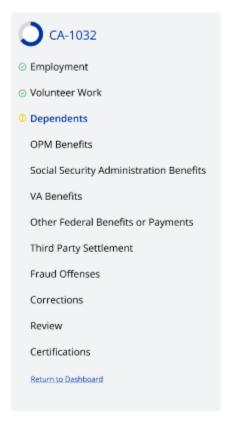
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USER NAME

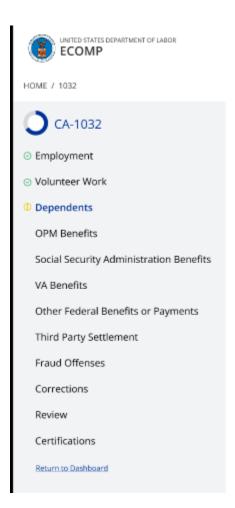
NEW CLAIM





MY DASHBOARD	NEW CLAIM	DOCUMENTS	HELP	USER NAME

DEPENDENTS File Number: 4567874 OMB Number: 3440	0-099-098	
Describe the support provided:		
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DEPENDENTS
File Number: 4567874 OMB Number: 3440-099-098

Does your spouse live with you?

Yes

No

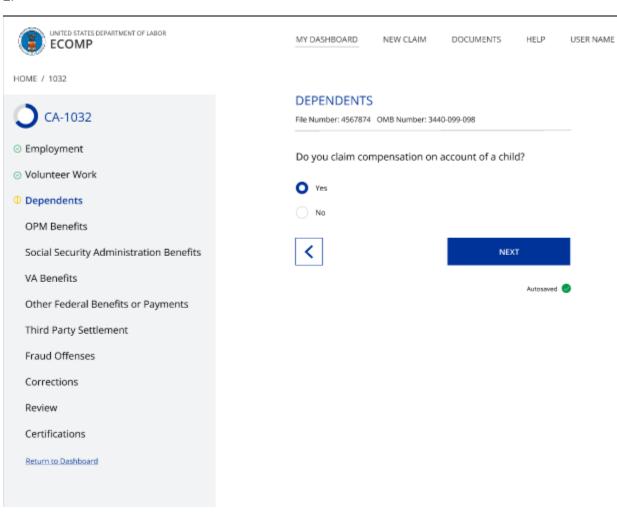
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DOCUMENTS

HELP

USER NAME

NEW CLAIM





O CA-1032
⊙ Employment
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① Dependents
OPM Benefits
Social Security Administration Benefits
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Third Party Settlement
Fraud Offenses
Corrections
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DEPENDENTS
File Number: 4567874 OMB Number: 3440-099-098

Complete the following for each child:

DEPENDENT 1

Full Name

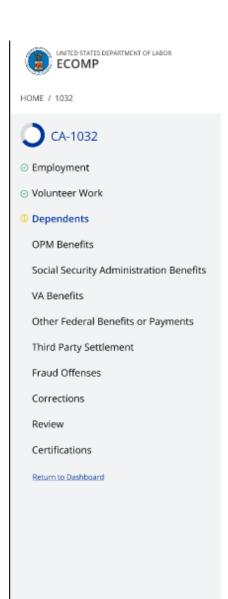
Date of Birth

Outdoor00000

Student status if over 18 and under 23

+ ADD ANOTHER DEPENDENT

NEXT



DEPENDENTS
File Number: 4567874 OMB Number: 3440-099-098

Do you claim compensation on account of a child?

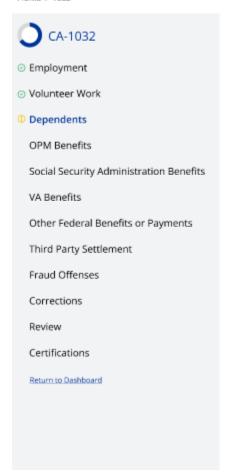
Yes

No

No

Next





DEPENDENTS
File Number: 4567874 OMB Number: 3440-099-098

Do you claim compensation based on other non-child dependents?

Yes

DOCUMENTS

NEW CLAIM



MY DASHBOARD

NEXT

HELP

USER NAME

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DEPENDENTS
File Number: 4567874 OMB Number: 3440-099-098

Complete the following for each non-child dependent:

DEPENDENT 1

Relationship to You:

Resides with you?

Yes

No

No

NEW CLAIM

DOCUMENTS

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USER NAME

MY DASHBOARD

NEW CLAIM

DOCUMENTS

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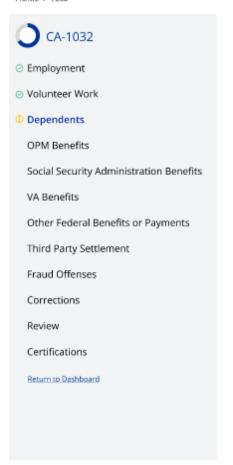
USER NAME

^	DEPENDENTS
CA-1032	File Number: 4567874 OMB Number: 3440-099-098
⊙ Employment	Complete the following for each non-child dependent:
O Volunteer Work	
Dependents	
OPM Benefits	DEPENDENT 1
Social Security Administration Benefits	Relationship to You:
VA Benefits	
Other Federal Benefits or Payments	Resides with you?
Third Party Settlement	○ Yes
Fraud Offenses	O No
Corrections	If this dependent does not live with you, do you make regular payments for
Review	his or her support?
Certifications	No Yes
Return to Dashboard	140
	Describe the support provided
	+ADD ANOTHER DEPENDENT
	✓ NEXT
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O CA-1032
⊘ Employment
⊙ Volunteer Work
① Dependents
OPM Benefits
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DEPENDENTS
File Number: 4567874 OMB Number: 3440-099-098
Complete the following for each non-child dependent:
DEPENDENT 1
Relationship to You:
Resides with you? Yes
O No
If this dependent does not live with you, do you make regular payments for his or her support?
Yes
O No
+ADD ANOTHER DEPENDENT
< NEXT
Autosawed





MY DASHBOARD	NEW CLAIM	DOCUMENTS	HELP	USER NAM
DEPENDENTS File Number: 4567874		40-099-098		
You are required soon as those ch compensation fo to receive that co	anges occur. If r a dependent	you are receivin and are no long	g	
Date the person stopp	ed being a depend	dent		
Describe the support	provided:			
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