

NOTICE TO REVIEWER

Date: May 4, 2023

Request Type: Non-substantive Change

Employing Agency: Office of Workers' Compensation Programs/Division of Federal Employees' , Longshore and Harbor Workers' Compensation (DFELHWC)

Form Number/Name: CA-1032, Request for Information on Earnings, Dual Benefits, Dependents and Third-Party Settlements

OMB Control Number/Expiration Date: 1240-0016, November 30, 2023

Justification: The Government Paperwork Elimination Act (GPEA) requires that federal agencies provide the public the option of submitting, maintaining, and disclosing required information electronically, instead of on paper. DFELHWC is seeking approval for the electronic version of the CA-1032 (see attached sample print screen shots) for electronic filing and submission via the Employee Compensation Operations and Management Portal, known as ECOMP. This new interface will allow a claimant to complete the form electronically via ECOMP.

Currently, this form is generated by OWCP in paper format and sent to a claimant for completion. The options available for return of the completed form is via mail or uploading in the ECOMP.

The CA-1032 that is currently OMB approved has not changed.