

NOTICE TO REVIEWER

Date: May 9, 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: 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.