



## Welcome to your ECOMP Dashboard

To file a new injury/illness claim, click on the "New Claim" link above.

If you are filing a claim for COVID-19, use FORM CA-1 COVID-19.

Documents upload and management may be accessed in the "Documents" link above.

Each existing injury/illness claim you have initiated can be found in the Cases tab of the table below. If you have any forms in Draft Status, they will be listed in the Draft Forms tab of the table. The Action Required tab shows if additional information is required in order to process your claim. This includes returned claim forms. If you do not respond, your entitlement to benefits may be delayed or suspended. If your Action Required tab is empty there is nothing required of you at this time.

By clicking anywhere in the row of an injury/illness claim in the table below, you will be taken to its Case Review page where you can:

- Finish filing any injury/illness claims that are in Draft status.
- View case details including the injury claim information; forms associated with the case; claim status; compensation payment tracking; compensation payment history; and from within the payment period details you may also access the compensation amount, health benefit and life insurance details, payee information, and the formula for compensation. You can also access additional billing information through the "Bill Pay Inquiry" link. Pharmacy information is available through the "Pharmacy Benefit" link.
- File associated claim forms, such as a CA-7 Claim for Compensation, using the "New Case Form" drop down button within the Forms tab of the Case Review page.
- Review and respond to case letters and requests for information. If OWCP needs information to process your claim, the request letter will appear in the Response Required tab. If the request is overdue it will appear in the Overdue Request tab. If you do not respond to these items, your entitlement to benefits may be delayed or suspended. Letters that are informative and require no response appear in the Informational Letters tab.

① Mandatory Annual Benefit Verification (CA-1032) is available for filing. Click [here](#) to begin  
**Due in 29 days**

① If you have already completed and submitted a paper CA-1032 form to OWCP, you do **not** have to complete the form in ECOMP. Click [here](#) to mark the request as complete



HOME / CASE REVIEW

[Return to Dashboard](#)

## CASE 155422

**Agency:** 1126-AM - DEPARTMENT OF LABOR, MINE SAFETY & HEALTH  
 ADMINISTRATION - ADMINISTRATION & MANAGEMENT

**Adjudication Status:** AB - 01/12/2020

**Current Case Status:** CD - 02/21/2013

**Conditions Accepted:** ICD9 - 7883 - Unimplemented: 7883 - L ...

[View More ±](#)

**Name:** Test User  
**Master:**  
**SSN:** ●●●●-●●●●

[Pharmacy Benefits](#)

[Bill Pay Inquiry](#)

[Get My Prescription Card](#)

**Representation** [Select](#)

Do you have a Representative?

CASE HISTORY	FORMS	<b>LETTERS</b>	CASE IMAGING	CASE ESCALATION
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Overdue Response(2)	<b>Response Required (2)</b>	Completed Response (2)	Informational Letters
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Request Type	Date of Injury	Organization	Response Due Date	Requested Created
Mandatory Annual Benefit Verification	04/02/2012	1139-AL-ALBANY AREA OFFICE	10/07/2022	09/07/2022
<a href="#">Mark as Read</a> <a href="#">FILE CA-1032</a> <a href="#">VIEW</a> <a href="#">SAVE PDF</a> <a href="#">MARK AS COMPLETED</a>				
Memorandum of Conference	04/02/2012	1139-AL-ALBANY AREA OFFICE	10/07/2022	09/07/2022



## About Form CA-1032

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### WHEN SHOULD I FILE?

- If you have an OWCP case number and your case file reflects that you are being paid in 28-day intervals on the periodic roll, you will be required to complete Form CA-1032 once a year as a declaration in support of your ongoing entitlement to FECA benefits. Form CA-1032 encompasses the previous 15-month period leading up to its issuance and will require you to report any earnings you have received; volunteer work you may have performed; status of any dependents claimed; receipt of any other Federal benefits; an update on the status of any third-party settlement related to your claim; and a confirmation of any fraud convictions over the period covered. Failure to respond to this requirement in a timely fashion may result in a suspension of your benefits until a complete and appropriate response is received.
- OWCP may also require the completion of this form following a re-instatement of any previously denied or suspended benefits where a significant period of time has passed and no such declaration has been received.

### WHAT DO I NEED?

- You only need an OWCP case number in order to file a **CA-1032**.
- If you filed your initial claim (**CA-1** or **CA-2**) through ECOMP, you will receive an alert that **CA-1032** has been uploaded onto your Employee Dashboard in ECOMP and requires your response. You may complete this form as a verified user.
- If you did not file your initial claim through ECOMP, you will receive **CA-1032** in the mail for completion. You can then locate an existing case from your Employee Dashboard by choosing the option to "start a new **CA-1032** based on a case not listed here." You may then complete this form in ECOMP as a verified user.
- Note - Medical evidence is required to support ongoing entitlement to disability compensation. You can upload any supporting documentation, including this medical evidence, while filing the **CA-1032** or at any time thereafter via ECOMP

### Is Other Documentation Needed

- No other OWCP form is necessary to complete your CA-1032 requirement.
- An updated medical report from a recent examination performed by your treating physician will also be required to support your ongoing disability.
- Additional documentation may be required by the OWCP upon review of your completed form.

**How Do I File the Form**

The process for filing a form involves completing several form sections made up of smaller form-filing steps. These individual steps can be viewed in the progress bar at the top of the page. The form may be saved at any time and completed later. Once the form has been submitted, it will be reviewed by the employee's Agency Reviewer before submission to OWCP.

OMB No. 1240-0016 (Expires: 11-30-2023) Privacy Act Statement and Public Burden Statement.

**PUBLIC BURDEN STATEMENT**

The OMB control number for this collection is 1240-0016 and expires on 11-30-2023.

According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless such collection displays a valid OMB control number.

Collection of this information is authorized by (20 C.F.R. 10. 528). The obligation to respond to this collection is mandatory/ required to obtain or retain benefit. We estimate it takes about 20 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the collection of information.

Please send comments regarding the burden estimate or any other aspect of this collection of information to the U.S. Department of Labor, Office of Workers' Compensation Programs, 200 Constitution Avenue, NW, Room S-3229, Washington, DC 20210, or email [suggs.anjanette@dol.gov](mailto:suggs.anjanette@dol.gov), and reference OMB control number 1240-0016.

**PUBLIC BURDEN STATEMENT**

The OMB control number for this collection is 1240-0016 and expires on XX/XX/XXXX.

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**DO NOT SEND THE COMPLETED FORM TO THIS OFFICE**

**PRIVACY ACT STATEMENT**

The Privacy Act of 1974 as amended, (5 U.S.C. 552a), and the Federal Employees' Compensation Act, as amended and extended (5 U.S.C 8101, et. seq) authorizes collection of this information. The information will be used to determine continuing entitlement to benefits. Furnishing the requested information is required for a claimant to obtain or retain a benefit. Failure to provide the information may result in the delay of a claim or payment of benefits, or may result in an unfavorable in a delay of a claim or payment of benefits, or result in an unfavorable decision or reduced levels of benefits. Additional disclosures of this information may be to: (1) to determine eligibility for and the amount of benefits payable under the FECA, and may be verified through computer matches or other appropriate means. (2) to the Federal agency which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider issues relating to retention, rehire, or other relevant matters.(3) to other Federal agencies, other government entities, and to private-sector agencies and/or employers as part of rehabilitative and other return-to-work programs and services. (4) to physicians and other healthcare providers for use in providing treatment or medical/vocational rehabilitation, making evaluations for the Office, and for other purposes related to the medical management of the claim. (5) to Federal, state and local agencies for law enforcement purposes, to obtain information relevant to a decision under the FECA, to determine whether benefits are being paid properly, including whether prohibited dual payments are being made, and, where appropriate, to pursue salary/ administrative offset and debt collection actions required or permitted by the FECA and/or the Debt Collection Act.

FILE CA-1032