

## CERTIFICATIONS

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

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I know that anyone who fraudulently conceals or fails to report income or other information which would have an effect on benefits, or who makes a false statement or misrepresentation of a material fact in claiming a payment or benefit under the Federal Employees' Compensation Act may be subject to criminal prosecution, from which a fine or imprisonment, or both, may result. I know that fraudulently concealing or failing to report income or other information in claiming payment or benefit under FECA may result in the forfeiture of compensation for the period covered by this form and may also result in a civil action against me for damages under the False Claims Act or other applicable laws.

I understand that I must immediately report to OWCP any employment or employment activity, any change in the status of claimed dependents, any third party settlement, and any monies or income or change in monies or income from Federally assisted disability or benefit programs.

I certify that all the statements made in response to the questions on this form are true, complete and correct to the best of my knowledge and belief. I have placed "Not Applicable" (N/A) or "None" next to those questions that do not apply to me or my claim.

**Address:** 

42 Wallaby Way

**City:**

Sydney

**State:**      **Zip Code:**

ND              15788

**Country:**

United States of America

**Phone Number:**

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Country:


United States of America

Phone Number:

(234) 555 5555



Autosaved 

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## Attention

Submitting this form is considered the same as signing it.

Once you hit Submit, no changes can be made to the form via this workflow. It will be submitted to OWCP after you click Submit.

SUBMIT

CANCEL

