Request for Information on Earnings, Dual Benefits, Dependents and Third Party Settlement
OWCP Form: CA-1032
OMB Control Number: 1240-0016
OMB Expiration Date: November 30, 2026

SUPPORTING STATEMENT FOR

Request for Information on Earnings, Dual Benefits, Dependents and Third Party Settlement (Form CA-1032) OMB 1240-0016

This Information Collection Request seeks to revise this information collection.

A. Justification

1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collections. Attach a copy of the appropriate section of each statute and of each regulation mandating or authorizing the collection of information.

The information requested on the CA-1032 is obtained from each claimant receiving continuing compensation on the periodic disability roll. The form requests information on the claimant's earnings, dependents, third party settlements, and other Federal benefits received. The Office of Workers' Compensation Programs (OWCP) sends this form out each year to every claimant on the disability roll. This information is necessary because the Federal Employees' Compensation Act (FECA) states:

1) Compensation must be adjusted to reflect a claimant's earnings while in receipt of benefits (5 USC 8106).

2) Compensation is payable at the augmented rate of 75 percent only if the claimant has one or more dependents as defined by the FECA (5 USC 8110).

3) Compensation may not be paid concurrently with certain benefits from other Federal Agencies, such as the Office of Personnel Management, Social Security, and the Veterans Administration (5 USC 8116). At times, benefits may be reduced.

4) Compensation must be adjusted to reflect any settlement from a third party responsible for the injury for which the claimant is being paid compensation (5 USC 8132).

5) An individual convicted of any violation related to fraud in the application for, or receipt of, any compensation benefit, forfeits (as of the date of such conviction) any entitlement to such benefits, for any injury occurring on or before the date of

conviction (5 USC 8148 (a)).

6) No Federal compensation benefit can be paid to any individual for any period during which such individual is incarcerated for any felony conviction (5 USC 8148 (b)(1)).

In accordance with 20 CFR 10.528, OWCP periodically requires each employee who is receiving compensation benefits to complete an affidavit as to any work, or activity indicating an ability to work, which the employee has performed for the prior 15 months. If an employee, who is required to file such a report fails to do so within 30 days of the date of the request, his or her right to compensation for wage loss under 5 USC 8105 or 8106 is suspended until OWCP receives the requested report. At that time, OWCP will reinstate compensation retroactive to the date of suspension if the employee remains entitled to compensation.

See: https://www.dol.gov/owcp/dfec/regs/statutes/feca.htm

2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.

The information collected through the CA-1032 is used to see that compensation being paid on the periodic roll is correct. The claimant is providing information about earnings, status of dependents, advice regarding any third party settlement, and details of any other Federal benefits that they are receiving. Without this information, claimants might receive compensation to which they are not entitled, resulting in an overpayment of compensation.

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology (e.g., permitting electronic submission of responses) and the basis for the decision to adopt this means of collection. Also, describe any consideration of using information technology to reduce burden.

Each year, during a claimant's birth month, OWCP sends a paper version of the CA-1032 for the claimant to complete. The claimant must complete and submit the CA-1032 within the program's established timeframe to avoid suspension of benefits. Claimants have three options to return the CA-1032: (1) mail the completed form to OWCP; (2) complete the form and upload into their individual case record via a web-based application, Employee Compensation Operations and Management Portal (ECOMP); or (3) electronically file the CA-1032 via ECOMP (a new option that OMB approved in May 2023). This electronic feature is internet based and there is no cost to the claimant.

4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item A.2 above.

This information is not duplicated anywhere else in the FEC program or Federal sector. While the Internal Revenue Service and the Social Security Administration have some earnings information, their information is not sufficiently current or complete for determining a claimant's entitlement to ongoing compensation. In addition, information from the IRS is not available without the claimant's written authorization, which OWCP cannot require.

5. If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.

This information collection does not have a significant economic impact on a substantial number of small entities.

6. Describe the consequence to federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.

Please refer to No. 1 and No. 2. If this information collection was less frequent, erroneous compensation payments may be made, resulting in overpayments. Experience shows that once an overpayment occurs, it is very difficult and costly to recover the overpaid funds.

7. Explain any special circumstances that would cause an information collection to be conducted in a manner:

- **requiring respondents to report information to the agency more often than quarterly;**
- **requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;**
- **requiring respondents to submit more than an original and two copies of any document;**
- **requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;**

- **in connection with a statistical survey, that is not designed to produce valid and reliable results that can be generalized to the universe of study;**

- **requiring the use of statistical data classification that has not been reviewed and approved by OMB;**

- **that includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or**

- **requiring respondents to submit proprietary, trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.**

There are no special circumstances for conducting this information collection.

8. If applicable, provide a copy and identify the date and page number of publication in the *Federal Register* of the agency's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments. Specifically address comments received on cost and hour burden.

Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.

Consultation with representatives of those from whom information is to be obtained or those who must compile records should occur at least once every 3 years -- even if the collection-of-information activity is the same as in prior periods. There may be circumstances that may preclude consultation in a specific situation. These circumstances should be explained.

OWCP has been evaluating the information requested on the CA-1032 regarding benefits and earnings and has had sufficient experience to maximize its utility. OWCP has not received any complaints about the manner in which the form has been used. To comply with M-22-10, the individuals/organizations consulted about the information collection are listed in the table below. We have redacted their names and contact information.

Contact	Organization	Email	Phone
Ryan XXXXX	DHS	XXX	XXX
Heather XXXXX	VA	XXX	XXX
Debbie XXXXX	USPS	XXX	XXX

We reached out to the DHS, USPS, and VA requesting feedback on this collection. We did not receive comments from DHS. We received the following comments from the USPS and VA in response to our outreach concerning this collection.

The USPS raised concerns/recommendations with the CA-1032 as follows:

Page 3: **Note: Please do not return the completed Request for Information of Earnings, Dual Benefits, Dependents, and Third Party Settlements to this address.**

DO NOT SEND THE COMPLETED FORM TO THIS OFFICE
Above the Privacy Act Statement, commented that "*OWCP should consider adding instruction on uploading the response to eCOMP."* instead of what is currently written

Part A- Employment Page 4
First paragraph second sentence: Report ALL employment for which you received a salary, wages, income, sales commissions, piecework, or payment of any kind. –
Commented: While the form includes broad language regarding "any employer" and "any work," it does not explicitly prompt claimants to indicate whether they lived or worked outside the United States. We believe clearer direction in this area could help ensure more complete and consistent reporting.

Second paragraph first sentence: Report ALL self-employment or involvement in business enterprises. – Commented: Some recent fraud cases we have seen involve work such as collecting rent on an income property. That is not covered in any of the examples provided.
Second paragraph last sentence: **Even if your activities were part-time or intermittent, you must report them**. – Commented: We generally see people not report activities or self-employment when they have held that job prior to the injury. A more detailed explanation of the requirement to report it would be helpful.

Third paragraph: **Report as your "rate of pay" what you were paid.** Comment: Provide guidance on how to estimate non-monetary earnings such as meals, clothing, expenses.

Part A – Employment Page 5
Question 3. **If you answered "No" to both questions 1 and 2,** state whether you were unemployed for all periods during the past 15 months: Yes or No. Comment: This question is

confusing to our employees. If I already said no to outside employment and no to self employment, it kind of presupposes unemployment. It is not clear on what the intent of this question is.

Part B – Volunteer Work
First paragraph page 5. **During the past 15 months, did you perform any volunteer work including volunteer work for which ANY FORM of monetary or in-kind compensation was received?** Comment: Suggest that they provide some examples of what "In kind compensation" might cover.

First paragraph page 5 second sentence**. If yes, state the kind of work you did and include a description of that work.** Comment: They should also provide the name of the volunteer group. Some of these groups can use volunteers for functions that might be paid and we could use this information for wage earning capacity determinations.

Part E – Third – Party Settlement
Question 1. **In the past 15 months, did you or an attorney acting on your behalf file a suit or any type of claim (insurance, legal or otherwise) against a third party in connection with an injury or illness for which you receive compensation?** Comment: Some claimants have more than one claim. Do we want to capture the claim number for which the third party recovery was made?

Question 3. **In the past 15 months, did you receive any settlement or award from a claim or suit against a third party in connection with an injury or illness for which you receive compensation?**
Comments: Same comment as above. Capture the claim number for which the recovery was made

The VA raised concerns/recommendations with the CA-1032 as follows:

Cover Letter
Paragraph 4, Line 1. *If you need more space to fully answer any of the questions, use another sheet of paper….*
Comment: "***If your full responses require additional pages, each sheet must be include your name, claim number, signature and date.***"
Cover Letter Page, 1 Paragraph 5. ***WARNING***
Comment: Consider Claimant Signature Block under Warning or moving the warning to Part H - Certification.
Cover Letter Page 2: **This statement covers the 15 months prior to the date you complete and sign the form.**

Comments: Change to "….*sign the **OWCP Form EN-1032.*** "
Page 3 **Public Burden Statement and Privacy Act Statement**
Comment: Move Public Burden Statement and Privacy Act Statement to the end of the form to be consistent with other federal forms.
Page 3 Paragraph 4, Line 4. Currently notes Anjie's email addy. suggs.anjanette@dol.gov
Comment: Recommend including an organizational email instead of a personal email which is subject to change.

Page 3 Paragraph 5, Note. **Note: Please do not return the completed Request for Information of Earnings, Dual Benefits, Dependents, and Third Party Settlements to this address.**
Comment: *Although this is the formal title for the EN-1032, it doesn't appear anywhere on the form.* Recommend changing to *"OWCP Form EN-1032, Request for for Information of Earnings, Dual Benefits, Dependents, and Third Party Settlements*" or alternatively just "*OWCP Form EN-1032"*.

Page 3 Paragraph 5, Note, Line 2. *"Please do not return the completed Request for Information of Earnings, Dual Benefits, Dependents, and Third Party Settlements to this address."*
Comment: Change to *"Please return the completed Request for Information of Earnings, Dual Benefits, Dependents, and Third Party Settlements the return address on the cover letter, not this address."*

Part A – Employment

Paragraph 1, Line 2. **"….income, sales commissions, …"**
Comments: Change to *"...income, **provision of stocks or partial ownership interest**, sales commission,..."*
Paragraph 1, Line 3. **"…or payment of any kind"**
Comment: Change to ""…*or payment of any kind, **including any type of non-monetary compensation***."
Paragraph 2, Lines 2-3. **"…any online work/business"**
Comment: Change to "…*any online work **or business including but not limited to self-employment of any kind, multi-level marketing marketing, remote sales or support, online administrative work, academic teaching or support, or social media influencing***."
Paragraph 2, Line 3. "The kinds of services which you must report…"
Comments: *There is a list before this and the list is not all inclusive.* Recommend: "***Some additional examples of self-employment that** you must report...*"
Paragraph 2, Line 5. "Report activities such as keeping books or records…."
Comments: Change to, *"bookkeeping or recordkeeping"*
Paragraph 2, Line 5-6. "*"Report activities such as keeping books and records, **XXX,** or managing and/or overseeing..."*

Comments: Recommend addition of additional common types"...*records,* ***consulting, active stock trading, performing any type of gig work,*** *or..."*
Paragraph 2, Line 6. *"Report activities such as keeping books and records, or managing and/or overseeing a business of any kind, including a family business"*
Comments: Since the goal is to determine work capacity, recommend: *"****working****, managing or overseeing a business of any kind, including a family business , **with or without wages or other compensation**."*
Paragraph 3, Line 1. **"Report as your rate of pay what you were paid."**
Comment: Change to *"Report as your "rate of pay" your wages **and any type of non-monetary compensation**."* or alternatively, add "***In addition to wages****, include…*" to the next sentence.
Paragraph 4, Line 5. *"You need not list ownership or passive investment in any publicly traded businesses."*
Comment: The word ownership here is not clear. Does it mean: "*ownership **in a business that you do not participate in*** " OR "***stock*** *ownership*"
Question 1 between 1a and 1b
Comment: Recommend adding: *"Position or role held:"* to help determine what type(s) of work they may be capable of performing.
Question 1b**. If yes, state for each employer:**
Comment: Recommend "**If yes,**" bolded here (and in other places on the form, as this is often overlooked by claimants.)
Question 1.b. (after the last line).
Comment: Recommend adding: "*Please provide W-2 forms received from all employment."* This will avoid CEs having to seek this documentation later.
Question 2b**. If yes, state:**
Comment: Recommend "**If yes,**" bolded here.
Part B – Volunteer Work
Paragraph 1, Lines 1-2. *"* **During the past 15 months, did you perform any volunteer work *including volunteer work for which ANY FORM of monetary or in-kind compensation was received?"***
Comment: Recommend, "including any volunteer work **whether it was unpaid, paid, or performed for any form of non-monetary or in-kind compensation?**"
Part C – Dependents
Paragraph 2, Line 2. (a) a spouse (including a same sex spouse) who lives with you;
Comment: Recommend "*(a) a **current** spouse, including a same sex spouse, who lives with you."*
Paragraph 2, Line 3-4. "(c) an unmarried child who is 18 or over, but…"
Comment: Change to *"(c) an unmarried child who is **over age 18,** but"* to match the wording of the previous line
Paragraph 2, Line 4. "(c) an unmarried child who is 18 or over, but who cannot support himself or herself because of"
Comment: Change to Recommend, "***has been deemed incapable of self-support due to based***

on" a significant difference between a parent's personal opinion that a child cannot work and a documented inability.

Paragraph 3, Line 1. "You may also claim compensation for a spouse (including a same sex spouse)…"
Comment: Recommend *"claim compensation for a **current** spouse…"*
Page 3, Line 1. "…(a) spouse…"
Comment: Change to *(a) a **current** spouse*
Page 3, Line 2. *"a full-time student even if that person does not live with you if you"*
Comment. Needs punctuation for clarity, *"a full-time student, even if that person does not live with you, if you"*
Page 3, Question 2, Line 1-4. *"Do you claim compensation on account of a child? Yes or No: __"*
Comment: This section has frequent issues which need rework to correct missing DOB for children under 18and additional fields to capture other relevant information (student status, inability to self support, etc). Recommend:
"Do you claim OWCP compensation for an unmarried child or children under age 18?"
"If yes, please provide the full name and date of birth for each child under age 18."
"Do you claim OWCP compensation for an unmarried child or children over age 18 who has been deemed incapable of self-support."
"If yes, please provide the full name and date of birth for each child over age 18 who has been deemed incapable of self-support."
"Do you claim OWCP compensation for an unmarried child age 18-23, who is a full-time student, and for whom you make regular payments to support?"
"If yes, please the full name and date of birth for each unmarried child age 18-23, who is a full-time student, and for whom you make regular payments to support. "If yes, also provide the name of the current school or university and dates of full-time attendance."
Page 3, Question 2, Line 5-10. "Do you claim compensation based on any other non-child dependents?"
Comments: As the only eligible "non-child dependent "is a parent who is wholly dependent on and supported by the employee, recommend, *"Do you claim compensation based on a parent who is wholly dependent on and supported by you?" "If yes, please indicate your parent's full name, current address, and date of birth."*
Page 3, Question 2, Line 5-10 *"Reason the person stopped being a dependent"*
Comment: Needs to additional fields before this question:
"Which individual stopped being a qualifying dependent?"
"Date the person stopped being a qualifying dependent?"
*"Reason the person stopped being a **qualifying** dependent?"*

Part D – Other Federal Benefits

Title Page 4 and Page 5. "*Part D – Other Federal Benefits or Payments*"
Comment: Since the section also talks about state benefits, recommend: *"PART D--OTHER FEDERAL **AND STATE** BENEFITS OR PAYMENTS*"

Line 3. "*Do not report benefits received under the FECA*."
Comment: Claimants genuinely don't know what FECA means and haven't seen it since line 2 of the cover letter. Recommend: *"Do not report OWCP benefits received under the FECA."* or *"OWCP FECA"*
Question 1, Line 1. "*Report any disability or retirement benefits you receive from the OPM*."
Comment: The government has disability retirement and voluntary retirement. Recommend: *"Report any disability **retirement** or **voluntary** retirement benefits you receive from the OPM."*
Question 1.a. *CSA Number*
Comment: The note explaining a CSA number is too far from this question. Recommend moving note, adding asterisk, or indicating the note.*"CSA Number**"* or *" CSA Number (see note)*"
Question 1, after all question:
Comment: Add New Field Monthly Payment Amount
Question 1, Note. *"Note: When OPM receives your retirement application, they assign a CSA number…"*
Comment: Place this information by Question 1.a or asterisk it.
Question 1, Note. *"Note: When OPM receives…..…will be included on all correspondences from OPM."*
Comment: Change to *"will be included on all **correspondence** from OPM."*
Question 2.b. _____ *Retirement Benefits*
_____ *Disability Benefits*
Comments: This is missing SSI, should it be included? Recommend correction of spacing and moving blanks for responses to the end of the question for consistency with the rest of the form, and adding familiar acronyms. Recommend:
Retirement (RBI) _____
*Disability **(SSDI)*** _____
Supplemental Income (SSI) _____
Question 2.c.
_____ *Your Age*
_____ *Your Federal Retirement Coverage (CSRS, FERS, CSRS Offset, Other) If other, explain.* _____
_____ *Your Monthly Benefit if your retirement is not CSRS.*

Comment: Recommend moving blanks for responses to the end of the question for consistency with the rest of the form and including "Social Security" as the form discusses many types of benefits. Recommend:

Your Age: _____
Your Federal Retirement Coverage (CSRS, FERS, CSRS Offset, Other): _____
If other, please explain: _____
*Your Monthly **Social Security** Benefit amount: $_____*
Question 2. Note, Line 1. *"FECA Benefits"*
Comment: Recommend: *"OWCP FECA benefits"*
Question 3a, Line 1. *"Do you receive benefits from the VA on account of…"*
Comment: Recommend change to *"Do you receive benefits from the VA based on…"*
Question 3b, Line 1. *"If yes, state your file number:"*
Comment: Recommend change to *If yes, state your **DVA f**ile number:*
Question 3b, Line 2*"Also state the kind of disability…"*
Comment: Recommend change to *State all body part(s) for which the award was made:*
Question 3c. *"Has the percentage of your VA award increased since the injury for which you are receiving benefits under the FECA?"*
Comment: Veterans can have multiple increases (which may or may not be related) so it is important to understand the body parts which caused an increase. Recommend: *Since the date of injury, has there been any increase(s) to your VA disability award for any body part(s) which is included on your OWCP FECA claim.*
Question 3c., Line 3. Yes or No.
Comment: Move the yes/no response to the previous line (after the question).
Question 3c, Line 3. *"If yes, give date of increase."*
Comment: Recommend Change to …. increase(s).
Question 3c, after the questions.
Comment: Recommend new field for "Dollar amount, percentage, and date of each increase(s):"
Question 3c, after the questions.
Comment: Recommend New Note. "Please attach a copy of the VA disability award letter which shows any increase(s)."
Question 4, Line 3. *"… benefits such as state workers…"*
Comment: Recommend change to "… workers'…"
Question 4, Line 2 *"If you have received any state benefits such as state workers compensation benefits or Unemployment Compensation during the period covered by this form, please also list such benefits below, as such benefits may be offset or reduced for FECA benefits received."*
Comments: *Recommend: "If you have received any state benefits**,** such as state workers' compensation benefits or Unemployment Compensation, for the period covered by this form, please list them below - as they may be offset or reduced by any FECA benefits received.*
Question 4, Line 4. "…please also list such benefits…"
Comments: Recommend change to "…list **all** benefits…".
Question 4a, Line 1. *"...Have you received any other Federally funded or assisted benefits or other state benefits such as describe above?"*
Comments: Recommend change to *"…federally funded, **federally** assisted, or state **benefits as***

described above?"
Question 4a, Line 2. *"benefits such as described above"*
Comments: Recommend change to "…as described above"
Question 4b, Line 1: *"…for each such benefit or payment"*
Comments: Recommend change to *"for each benefit or payment received"*
Question 4b, Line 2. *"Type of Claim/Award/Benefit:"*
Comments: Recommend change to *"Type of Claim, Award, or Benefit:"*
Question 4b, Line 7. "...receive these benefits regularly?"
Comment: Recommend change to "...receive these benefits?"

Part E – Third Party Settlements
Question 1, Line 2. *"in connection with an injury or"*
Comments: Recommend change to *"in connection with **any** injury or"*
Question 1, Line 3. *"…for which you receive compensation"*
Comments: Recommend change to *"for which you are receiving OWCP compensation"*
Question 2, Before Line 2.
Comments: Recommend add a New Field. *"The individual or entity that the suit or claim was filed against:"*
Question 2, Line 3. *"…phone number.."*
Comments: Recommend change to "..telephone number.."
Question 3, Line 1. *"…claim or suit…"*
Comments: Recommend change to *"…suit or claim…" (*for consistency with the rest of this section).
Question 3, Line 2. *"…an injury or illness for which you receive compensation?"*
Comments: Recommend change to ***"…any** injury or illness for which your **are receiving OWCP** compensation."* The form discusses many kinds of potential compensation.
Question 4, Line 7. *"…phone number…"*
Comments: Recommend change to *"telephone number"*

Part F – Fraud Offenses
Question 1, Line 1. *"…fraud – related…"*
Comments: Recommend change the spacing to "fraud-related"
Question 2, Line 1. *"…for any felony offense…"*
Comments: Recommend -- The section is about fraud and the question is to determine if there should be a suspension based on incarceration. Recommend combining: *"…any fraud-related of any other felony offense..."*

Part G – Corrections
Claimant data entry fields. *"Name, Address, File number, or Date of injury"*
Comments: By the time a claimant is on the periodic rolls, the file number and date of injury are

correct. Recommend only keeping Name and Address fields, as either could change.

Part G – Certification
Paragraph 1, Line 1. *"I know that anyone…"*
Comment :Recommend change to *"I acknowledge that an individua…l"*
Paragraph 1, Line 1. *"…income or other information which would…"*
Comment: Recommend change to *"…income or **any** other information which could"*
Paragraph 1, Line 3*"…payment or benefit…"*
Comment: Recommended change to *"payment or any other benefit"*
Paragraph 1, Line 4. *"…from which a fine or imprisonment, or both, may may result"*
Comment: Recommended change to *"which may result in a fine, imprisonment, or both."*
Paragraph 1, Line 6. *"...forfeiture of compensation for the period covered by this form and may also result in a civil action…"*
Comment: Recommended change to *"...forfeiture of compensation for the period covered by this form, **forfeiture of future benefits,** and may also result in a civil action…"*
Paragraph 2, Line 1. "...any employment or employment activity…"
Comment Recommended change to "…and employment or **volunteer** activity…"
Paragraph 2, Line 3. "…from Federally assisted disability or benefit programs"
Comment: Recommended change to "federally funded, federally assisted, or state benefit programs"
To the right of the City, State and Zip field.
Comment: Recommended New Field. : "Claimant Email Address"

Attention Document – Page 11
Full Form font.
Comment: Recommend change to font consistent with either the Cover letter or the form.
Line 3. "**OR**"
Comment: Recommend change to "**or**"
Line 2. *"…to the address at the top of this letter…"*
Comment: There are two addresses on the letter. Recommend: *"to the return address on the cover letter.*"
Paragraph 3. "*You may use this electronic document submission option for any written…"*
Comment: Remove this paragraph. It is not related to the form or submission of the form - which is confusing without additional information.
Paragraph 4. *"If you would like to complete an anonymous customer service survey,…"*
Comment: Remove this paragraph (see comments above).
Paragraph 5. *"When you access our website, look for this link:…"*
Comment: Remove this paragraph (see comments above).

OWCP response:

We considered all the comments/recommendations received regarding the form CA-1032. The agencies were primarily concerned with: the phrasing of the questions posed in Part A - Employment regarding claimants' reporting employment and earnings of any type from any source of income; the phrasing of the questions posed in Part B – Volunteer work to capture all types of paid, unpaid, or in-kind compensation for volunteer work performed; consistency in the location of the Public Burden Statement and Privacy Act Statement (at the end of the forms instead of in the beginning of the forms); the phrasing of the questions relating to Third Party Settlements received; clarity with where the completed form should be submitted to include that the form may be uploaded into the file through ECOMP; clarity with the dependent(s) claimed on the form and their relationship to the claimant (i.e. child under 18 years old, spouse, child over 18 years old); the phrasing of questions posed regarding Other Federal Benefits or Payment received; the phrasing of the questions regarding Fraud-related offenses; and the phrasing of the questions posed in the Certification section of the form regarding changes to claimants' name and contact information.

In general, we agreed with the comments received. While OWCP could not address every single concern, the proposed changes to the form addressed most of the agencies' concerns/comments. The proposed form changes include an Instruction page that further clarifies what is being asked in Part A Employment and Part B Dependents. The recommendation of including state benefits or payments to the Other Benefits section of the form was not added because only other federal benefits or payments are relevant under the FECA. The recommendation of rephrasing benefits received under the FECA in the Other Federal Benefits section to OWCP benefits was not changed. FECA benefits is the statutory entitlement to benefits and is more appropriately referenced as such benefits. The recommendation for changing the point of contact from a specific person to general agency contact was reviewed but not changed. The point of contact referenced on the form is the appropriate contact relating to the Public Burden.

A Federal Register notice inviting public comment was published on May 18, 2026 (91 FR 28621). One comment was received from Varritech Inc. Their comment appears to be a solicitation for work or business with DOL-OWCP as they are an AI technology company and stated their AI can do the direct mapping to OWCP's information collection. Their comment is not a specific comment regarding the CA-1032 form. At this time, OWCP is not actively engaged in any solicitation for these services.

9. Explain any decision to provide any payments or gifts to respondents, other than remuneration of contractors or grantees.

No payment or gifts are provided to respondents.

10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.

All information contained in FECA claim files is fully protected under the Privacy Act of 1974, the system of records known as DOL/GOVT-1 (Office of Workers' Compensation Programs, Federal Employees' Compensation Act File). The claim forms that are used by an injured employee when initiating a compensation claim contain a statement advising the claimant of the provisions of the Privacy Act. The applicable Privacy Act system of records is DOL/GOV-1 at website:

Reference: https://www.dol.gov/sol/privacy/dol-govt-1.htm

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

While the information collected from beneficiaries may be considered sensitive, it is all necessary to ensure they receive proper payments, as explained in item 1 of this supporting statement. The information collection cover letter explains the need to the claimant who is asked to provide the information.

12. Provide estimates of the hour burden of the collection of information. The statement should:

- **Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. Unless directed to do so, agencies should not conduct special surveys to obtain information on which to base hour burden estimates. Consultation with a sample (fewer than 10) of potential respondents is desirable. If the hour burden on respondents is expected to vary widely because of differences in activity, size, or complexity, show the range of estimated hour burden, and explain the reasons for the variance. Generally, estimates should not include burden hours for customary and usual business practices.** [1]

- **If this request for approval covers more than one form, provide separate hour burden estimates for each form.**

[1] The FECA retention period for claims is 15 years as noted in the FECA's record schedule DAA-0271-2017-0003.

- **Provide estimates of annualized cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead, this cost should be included in Item 14.**

Estimated Annualized Respondent Cost and Hour Burden

Activity	Number of Respondents	Frequency	Total Annual Responses	Time Per Response	Total Annual Burden Hours (rounded)	Hourly Rate	Monetized Value of Respondent Time (rounded)
CA-1032	42,219	1	42,219	0.333	14,059	$32.03	$450,310.00

Burden Hours: The burden hour estimates are derived from estimated actual respondent usage of this form. Each estimate represents an average amount of time it takes one respondent to complete one form/letter. It is estimated that it will take approximately 0.33 burden hours to prepare each form which is calculated as follows:

The hours are calculated at 42,219 x 0.333 response time = 14,058.93 hours or 14,059 rounded

Monetized Value of Respondent Times: Because the wage category of most of the respondents is not known, we have estimated the cost of the burden hours using the National Average Hourly Wage for non-supervisory workers on private non-agriculture payrolls as computed by BLS, or $32.03 per hour.[2] The respondent time is 14,059 hours for a cost of $450,310.00 rounded (hourly rate of $32.03 x burden hours 14,059).

See: https://www.bls.gov/news.release/empsit.t24.htm

13. Provide an estimate of the total annual cost burden to respondents or recordkeepers resulting from the collection of information. (Do not include the cost of any hour burden shown in Items 12 and 14).

- **The cost estimate should be split into two components: (a) a total capital and start up cost component (annualized over its expected useful life); and (b) a total**

[2] This average hourly wage is based on the most recent non-preliminary data, February 2026.

operation and maintenance and purchase of service component. The estimates should take into account costs associated with generating, maintaining, and disclosing or providing the information. Include descriptions of methods used to estimate major cost factors including system and technology acquisition, expected useful life of capital equipment, the discount rate(s), and the time period over which costs will be incurred. Capital and start-up costs include, among other items, preparations for collecting information such as purchasing computers and software; monitoring, sampling, drilling and testing equipment; and record storage facilities.

- **If cost estimates are expected to vary widely, agencies should present ranges of cost burdens and explain the reasons for the variance. The cost of purchasing or contracting out information collection services should be a part of this cost burden estimate. In developing cost burden estimates, agencies may consult with a sample of respondents (fewer than 10), utilize the 60-day pre-OMB submission public comment process and use existing economic or regulatory impact analysis associated with the rulemaking containing the information collection, as appropriate.**

- **Generally, estimates should not include purchases of equipment or services, or portions thereof, made: (1) prior to October 1, 1995, (2) to achieve regulatory compliance with**
  requirements not associated with the information collection, (3) for reasons other than to provide information or keep records for the government, or (4) as part of customary and usual business or private practices.

There are no start-up costs. Operation and maintenance costs consist solely of mailing costs. Thirty-one percent of the responses are expected to come in via an electronic portal, ECOMP. These respondents are not expected to incur any costs under this item. The remaining percentage, 69%, will file their documents via mail and incur associated costs for a total respondent cost of $24,179.00.

Total responses = 42,219
Total mailed responses = 29,131.11 (42,219 x 69%) = 29,131 rounded
Total electronic responses = 13,087.89 (42,219 x 31%) = 13,088 rounded

A total of 29,131 responses at $0.83 ($0.78 postage + $0.05 envelope) per response = $24,178.73 or $24,179.00 rounded.

14. Provide estimates of the annualized cost to the Federal Government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operational expenses (such as equipment, overhead, printing, and support staff), any other expense that would not have been incurred without this collection of information. Agencies also may aggregate cost estimates from Items 12, 13, and 14 into a single table.

The only costs to the Federal government associated with this collection are the Review Costs, mailing costs, and ECOMP costs.

The average hourly wage for the reviewer is that of a GS-12/6, $50.04 per hour (Federal Salary Table for Rest of US, 2026). These respondents reflect those who submitted documents via mail or via the OWCP-DFEC web link electronically as noted in item 3.

See: SALARY TABLE 2026-RUS

Time to review each form is 0.25 hours or 15 min.

Total Review Cost: 42,219 x 0.25 hours x $50.04 = $528,159.69 or $528,160.00 rounded

Postage cost: It is estimated that approximately 42,219 forms are mailed each year.

42,219 x $0.83 ($0.78 postage + $0.05 envelope) = $35,041.77 or $35,042.00 rounded

Total Federal Cost: $571,345.00 ($528,160.00 review cost + $35,042.00 mailing costs + $8,143.00 ECOMP Contracting Pricing Hosting)

Description	**Cost ($)**
Review Cost	$528,160.00
Mailing Costs	$ 35,042.00
Annual ECOMP Contract Pricing Hosting	$ 8,143.00[3]
TOTAL	$571,345.00

[3]The ECOMP cost is $335,000.00 for FY 2025. There are 35 forms which require OMB approval which can be downloaded through ECOMP. These forms are CA-2a, CA-5, CA-5b, CA-7, CA-12, CA-15, CA-16, CA-17, CA-20, CA-40, CA-41, CA-42, CA-155, CA-278, CA-721, CA-722, CA-1027, CA-1031, CA-1032, CA-1074, CA-1087,CA-1090, CA-1108, CA-1122, CA-1143, CA-1305, CA-1331, CA-2231, OWCP-5a, OWCP-5b, OWCP-5c, OWCP-16, OWCP-17, OWCP-20, and OWCP-44. The ECOMP figure used was based on the average cost for each of those collections, or 1/35 of $285,000.00, which is $8,142.86, or $8,143.00 rounded.

15. Explain the reasons for any program changes or adjustments

Respondents: The number of respondents increased from 33,372 to 42,219. This increase in respondents was due to an increase in the number of claimants receiving compensation on the periodic roll. This resulted in an increase in the total number of responses, burden hours, and cost to the respondents.

Responses: The number of responses increased from 33,372 to 42,219. This increase in respondents was due to more forms being received.

Burden Hours: The total number of burden hours increased from 11,013 hours to 14,059 due to the increase in the number of responses for the CA-1032.

Costs to Respondents or Recordkeepers: Item 13 costs for this submission increased from $15,889.00 to $24,179.00 due to an increase in the cost of postal mailing costs, the increase in the number of forms received, and the hourly rate increase(s) from $28.82 to $32.03.

16. For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection information, completion of report, publication dates, and other actions.

There are no plans to publish data collected by this form.

17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.

OWCP is not seeking an exemption to display the expiration date on the forms

18. Explain each exception to the certification statement identified in ROCIS.

There are no exceptions to the certification statement.

B. Collections of Information Employing Statistical Methods

This information collection does not employ statistical methods.