

Filing a Claim on Behalf of an Employee

The button File a Claim at the bottom of the AR Dashboard may be used by an AR to file a claim form on behalf of an employee. This option may be used if an employee is incapacitated or otherwise unable to initiate a claim. Note that if the agency uses ECOMP to file form OSHA 301, this form must be filed before a CA-1 or CA-2 may be completed. You may initiate an OSHA 301 by clicking the link on the left hand bar titled File a Form. Please note that the process for filing an OSHA 301 form on behalf of an employee is described in the OSHA Record Keeper user guide within ECOMP.

For this example, we will proceed to file a CA-1 without completing an OSHA-301.

First, you must select the organization and duty station where the employee worked at the time of injury or illness. The chargeback code for the claim will be assigned based on the duty location which has been entered. The selections in the drop down lists are limited to the organizations to which you have been assigned as an AR. After selecting the correct organization and duty station, ECOMP will display which forms may be filed via ECOMP, based on settings assigned by the Agency Maintenance User. Note that employment status defaults to Federal Employee and may not be changed, as claims may not be filed by contractors. To proceed with filing a CA-1, click File a CA-1 or CA-2.

Information about the filing process will be displayed. Click File a CA-1 or CA-2 to continue.

Next, choose whether you want to file a CA-1 for a traumatic injury or a CA-2 for an occupational disease. To file a CA-1, click Select CA-1 & Continue.

First, enter basic information about the injured employee: name; social security number; date of birth; sex; home telephone; grade and step as of date of injury; home mailing address; dependent information. You may elect to either review the form, or send the form to the employee's supervisor, in which case the email address must be entered. If you elect to review the form, you will be required to complete the supervisor portion of the form as well as the employee portion.

Next, enter the location of the injury, the date and time of injury, the employee's occupation, the cause of injury and nature of injury.

Next, you may enter information on any witness to the injury. This step is optional.

You may then upload any supporting documents to be attached for submission with the claim, such as statements or medical documents. This step is optional.

You must now review a summary of information completed for the CA-1 form. As the cursor hovers over each field in the summary, a "Go to Field" button is displayed. If changes are needed to any information, this button may be used to return to the field needing changes.

Finally, check the box to indicate whether Continuation of Pay or sick or annual leave is elected by the employee. When the form is ready for submission to OWCP, click "Sign and File Form," and agree with the displayed statement.

A message is then displayed confirming submission of the claim, along with the ECN number assigned to the claim and a summary of basic information. A PDF version of the CA-1 may be viewed using the "Preview" button, or generated for saving or printing using the "Get PDF" button.

If you elected to send the form to the employee's supervisor for review, an email will now be sent to the supervisor as notification that the claim requires review. You may click "Done" to return to the AR Dashboard.

If you elected to review the CA-1, rather than sending it to the employee's supervisor, the "Continue to Review this Form" button may be clicked to proceed to the supervisor portion of the CA-1. To complete this step at a later time, you may click "Done." The form will then appear in the "Awaiting My Review" tab in your AR Dashboard with status "Pending Review by FECA AR", where it may be selected to proceed with completion of the supervisor portion of the form.

First, a summary of information pertaining to the claim is displayed, along with a list of any attachments that have been uploaded. You have the option of uploading additional attachments at this time.

Next, a summary of information provided in the employee portion of the CA-1 form is displayed. As the cursor hovers over each field in the summary, a "Go to Field" button is displayed. You may click this button to view the information entered for that field in the employee portion of the form, but changes may not be made.

Next, enter the employee's supervisor's name and phone number, as well as the agency name and address of the employee's reporting office. If the OSHA site code is available it should be entered, however this is optional.

Next, Select the employee's occupation code, type code and source code using the drop down lists. Also indicate the employee's retirement coverage. If the employee works a regular schedule, work hours and days must be provided. If not, this information is not needed. The remaining fields should also be completed, but are optional: Regular work schedule; Date stopped work, Date pay stopped, Date 45 day period began and Date returned to work. Date of Injury is pre-populated based on the date entered when the claim was initiated. Date notice received is also pre-populated based on the date the AR initiated the claim in ECOMP. This date will be used to determine timeliness of submission of the claim to OWCP.

Next, indicate whether the employee was injured in the performance of duty; whether the injury was caused by the employee's willful misconduct, intoxication or intent to injure self or others, and whether the injury was caused by a third party. If any questions are answered affirmatively, explanation must be provided. The anatomical location of injury, nature of injury and cause of injury must also be selected from the drop down lists. Also select the extent of injury from the drop down list. Note that if No Lost Time or First Aid are selected the claim will not be submitted to OWCP for creation of a case.

Next, indicate whether medical reports show the employee is disabled for work, and whether agency knowledge of the facts about this injury agree with statements of the employee and/or witnesses. If not, an explanation must be provided. You should also

enter information on medical care received, whether the agency controverts Continuation of Pay, and the employee's pay rate, however these fields are optional.

You may then upload any additional attachments for submission with the claim.

Next, a summary of information entered for the supervisor portion of the CA-1 form is displayed. As the cursor hovers over each field in the summary, a "Go to Field" button is displayed. If changes are needed to any information, this button may be used to return to the field needing changes.

To complete the supervisor review process, select Sign & Forward or File. You must also indicate whether the claim is related to any of the special events listed in the drop down list. When ready to complete the supervisor review process, click the Sign & Forward button, and agree with the displayed statement.

Confirmation of form submission along with a summary of information pertaining to the claim is then displayed. A PDF version of the CA-1 may be viewed by clicking the "Preview" button or generated for printing or saving by clicking the "Get PDF" button.

To proceed to the final step in the filing process, the AR review of the claim, click the Continue to Review this Form button. You will then be prompted to review the claim as described in the section "Completing AR Review of a Claim." To perform this step at a later time, you may click "Done," and the claim will then appear in the "Awaiting My Review" tab of your AR Dashboard with the status of "Pending Final Review by FECA AR."

If you wishes to withdraw a claim which you have filed on behalf of a claimant prior to submission to OWCP, the claim may be selected from the list of claims pending review and the "Withdraw Form" button clicked at the bottom of the Dashboard.