

Filing a Covid Claim on ECOMP

HOW TO FILE A CA-1 FOR A POSITIVE COVID-19 DIAGNOSIS

A solid orange horizontal bar spanning the width of the slide, located at the bottom.

Register on ECOMP

Visit: <https://www.ecomp.dol.gov/#/> or scan QR code



You must have a positive PCR or antigen test to file a claim

You must have worked within 21 days prior of when you took your positive test

Claimants already registered on ECOMP can go directly to NEW CLAIM on the Home Page and click on **FILE CA-1 COVID-19**

Once you are logged in,
complete the EMPLOYMENT
STATUS section.

Use the “Filter by State” to autofill the
Agency Group tab. When selecting an
Agency use the ZIP code of your
employing office to determine your
district.

California 1: 940-944, 949, 954-961

California 2: 945-948, 950-952

California 3: 913-916, 930-937, 939, 953

California 4: 910-912, 917-918, 926-928

California 5: 900-908


California 6: 919-925


Hawaii: 967-969

Nevada: 890-891, 893-895, 897-898

1/6/22, 12:23 PM

ECOMP - U.S. Department of Labor

 UNITED STATES DEPARTMENT OF LABOR
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[HOME](#) / [FILE FORM](#)

Which Forms Can I File?

Each agency determines which forms are available for filing through ECOMP. The way you report an incident or file a claim depends on your employment status and your employing agency. To learn which forms you can file, fill out the information below.

EMPLOYMENT STATUS


Professional Employee


Contractor

GOVERNMENT ORGANIZATION


What part of the government were you working for at the time of your injury?

Select Department


UNITED STATES POSTAL SERVICE 

Filter by State (optional) 

Select Agency Group

WESTPAC AREA 

Select Agency

CALIFORNIA 6 

https://www.ecomp.dol.gov/#/file_form

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After Government Agency portion
is completed, click on:

FILE CA-1 COVID-19

A solid orange horizontal bar spanning the width of the slide, located at the bottom.

Section 1 - BASICS

Complete the personal information section

Grade and Step can be found on your paystub or by using the NALC Letter Carrier Pay Schedule found on the NALC.org website.

Newly hired CCAs are Grade 1, Step BB

After first break in service, CCAs are Step AA



WHO SHOULD REVIEW THIS FORM?

If you do not know your supervisor's email address, just enter a current supervisor's first name and then select "@usps.gov" in the Email Domain drop down menu. That should be enough to get the claim processed.

8 DEPENDENTS ?

☐

Wife, Husband

☐

Children Under 18 Years

☐

Other

☒

None

WHO SHOULD REVIEW THIS FORM? ?

Immediate Supervisor's Email

PostalPerson

Select Email Domain

@usps.gov



Section 2 - INJURY

DATE: #10 – The last day you worked prior to taking your positive Covid test and a time of day you were still on the clock.

OCCUPATION: #12 – Type the word “carrier” and choose from the drop down menu, “Carrier City, Carrier Technician or City Carrier Assistant”

CAUSE OF INJURY: #13 – Type this:

Frequent high-risk exposure to coworkers and the public for 8+ hours a day, 5/days a week while sorting and delivering mail.

(If you are under light duty; change the number of hours and days you actually work).


NATURE OF INJURY: #14 – Positive COVID-19 test on (date of lab test), with symptoms, if any.

ecomp.dol.gov


DATE

Enter the last date that you worked and were exposed to other people in the work setting, prior to the onset of COVID-19 symptoms or a positive COVID-19 test result. Other people may include patients, members of the public or co-workers.

10 Date Injury Occurred (Date worked prior to COVID-19)

(mm) (dd) (yyyy) 

Time Injury Occurred (Time worked prior to COVID-19)



11 Date of this Notice


If you submit this form today, it will be filed on 12/30/2021.

12 Employee's Occupation

INJURY

Explain who you were exposed to in the work setting and the frequency and nature of those interactions. Include patients, members of the public or co-workers, etc. Do not include interactions while teleworking.

Cause of Injury - Exposure to COVID-19


13  14

(510 characters remaining)

Explain why you are filing this claim.

- Have you experienced symptoms you believe are attributed to COVID-19? If so, describe those symptoms and provide the date they began.
- Have you received a positive COVID-19 test result? If so what is the date of that test?
- If you have communicated with or seen a medical professional, describe that contact.

Nature of Injury - Explain why you are filing this claim

14  15

(250 characters remaining)

SECTION 3 - WITNESS

This section does not need to be filled out.

Section 4 - ATTACHMENTS

You can scan a pdf or take a picture (jpeg) of your positive Covid-19 lab results and upload it on this page.

Make sure the image is readable by clicking on it.

Write down and save the Document Control Number (DCN), in case the image gets lost.

If a DCN does not appear after your upload or disappears, upload it again.

Note: Uploading as “medical” may not always generate a DCN, if so, upload as “non-medical to get a DCN.

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HOME / EMPLOYEE HOME / CA-1-COVID-19

BASICS INJURY WITNESS ATTACHMENTS REVIEW SIGN

CA-1 COVID-19 Claim

CA-1 filing help

Use this form only if you are filing a claim for COVID-19. Do not use this form if your claim is for a reaction to a COVID-19 vaccination. If your claim is for a reaction to a COVID-19 vaccination, use the standard Form CA-1.

ECN 10794556 Draft

Upload a copy of a positive COVID-19 test result and any documentation from contact with a medical professional. If not available at the time of filing, upload within ten days of filing. Failure to do so may affect your entitlement to benefits, including Continuation of Pay (COP).

NOTE: Do not upload OWCP forms or medical bills here; they will not be processed. Medical bills should be submitted using OWCP's Central Bill Processing Center and OWCP forms should be submitted through your agency's established procedures (either electronically or in paper format). Forms or bills submitted as uploads will not be processed.

ATTACHMENTS (optional) ⓘ

Max file size is 5MB

Limit number of pages to 20 per document

Allow 4 hours for processing

Upload one document at a time. Each upload is assigned a Document Control Number (DCN). Uploads will be converted to black-and-white.

Accepted file formats: jpeg, jpg, gif, png, txt, tif, tiff, rtf, pdf, doc, docx

CHOOSE A FILE

Autosaved

https://www.ecomp.dol.gov/#/ca_1step4 1/2

SECTION 5 – Review

Always review the information carefully. Simple mistakes, for example; the wrong injury date or date of birth can hinder the process.

Missing or incomplete information will be highlighted in red. Go back to the appropriate section to complete the missing information.

Section 6 - SIGN

Choose “A” Continuation of Regular Pay (COP)

And Click on “SIGN AND FILE” to complete your claim.

Note: By clicking on the “SIGN AND FILE” tab, a wet signature is not required for filing a claim.

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HOME / EMPLOYEE HOME / CA-1 COVID-19

BASICS INJURY WITNESS ATTACHMENTS REVIEW SIGN

CA-1 COVID-19 Claim CA-1 filing help

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ECN 10794556 Draft

SIGN & FILE FORM

17 I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication.

I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:

☐ A. Continuation of Regular Pay (COP) ②
not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.

☐ B. Sick and/or Annual Leave

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official

https://www.ecomp.dol.gov/eca_1step6 1/2

Your CA-1 claim for Covid-19 has been filed!

Download a copy of the CA-1 to keep for your records

Save your login information and password somewhere secure

Check your email for verification

Check your ECOMP dashboard **DAILY** to track the status of your claim

The Department of Labor (DOL) will assign you a File # (Claim #) in a day or two after filing

Always put your File # on all documents uploaded to ECOMP

This form has been forwarded for review.

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CA-1 COVID-19 Claim

CA-1 filing help

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ECN [REDACTED] Pending Review by Supervisor

FORM LOCKED	ECN [REDACTED] CA-1 COVID-19	Pending Review by Supervisor
	Employee [REDACTED] Organization PUERTO RICO	Date of Event Initiated 12/20/2021 12/30/2021
	View	Upload Attachments Get PDF

- An email has been sent to your supervisor's email account at [REDACTED]@usps.gov
- You will receive email updates each time the status of this form changes.
- Make sure to save/print a copy for your records and note the ECN (ECOMP Control Number).

Next Steps

- After your claim is reviewed by your supervisor and is received by DFEC, you will receive an email providing a Case Number.
- You can use that case number to file a CA-7, claim for compensation.
- If you want to check on the status of your claim, visit your dashboard.

How would you rate the ease of your form filing experience?
(1 star very difficult; 5 stars very easy)

How could we improve the form filing experience?

(2000 characters remaining)

SUBMIT FEEDBACK

VIDEO TUTORIAL

If you would like to view a video tutorial on how to file a Covid-19 claim on ECOMP:


Visit the ECOMP website at: ecomp.dol.gov/#/

Click on “HELP” on the upper right hand corner

Click on “FECA Claimant”

In the Search term bar, type in “Covid”

Click on “CA-1 Covid-19” to start the video.



If you have problems with your claim or your claim is denied, call Branch 1100.



Roxann Gonzalez
Director Safety & Injury
Comp

NALC Branch 1100

714-748-1100

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