# Filing a Covid Claim on ECOMP

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

#### 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

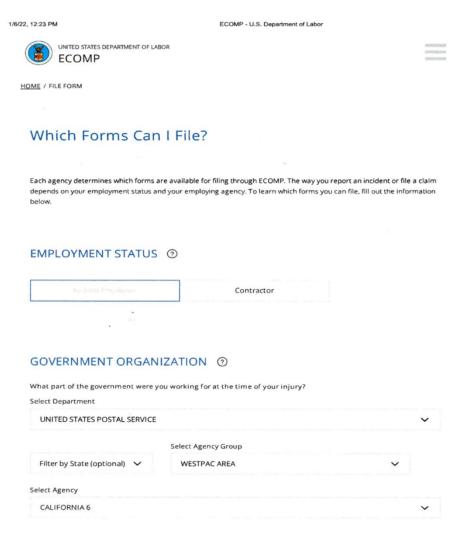
California 4: 910-912, 917-918, 926-928

California 5: 900-908

California 6: 919-925

Hawaii: 967-969

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



https://www.ecomp.dol.gov/#/file\_form

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After Government Agency portion is completed, click on:

FILE CA-1 COVID-19

#### 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.



#### 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.

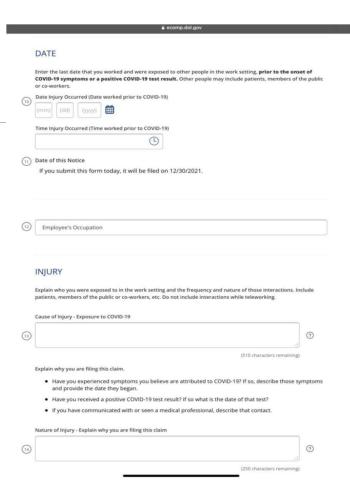
**OCCUPATION:** #12 – Type the word "carrier" and choose from the drop down menu, "Carrier City, Carrier Technician or City Carrier Assistant"

**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.



#### SECTION 3 - WITNESS

This section does not need to be filled out.

#### Section 4 - ATTACHMENTS

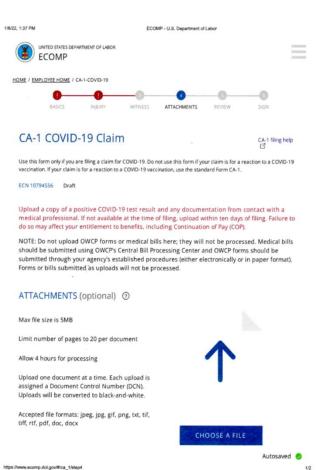
You can scan a pdf or take a picture (jpeg) of your positive Covid-19 lab results and upload it on this page.

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.



#### SECTION 5 – Review

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

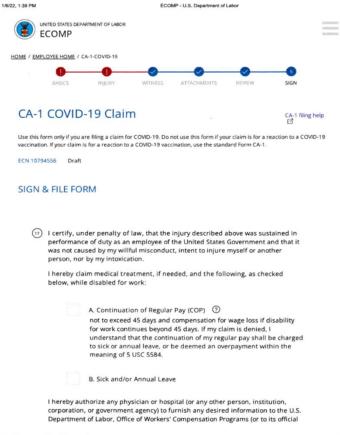
Missing or incomplete information will be highlighted in red. Go back to the appropriate section to complete the missing information.

#### 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.



https://www.ecomp.dol.gov/#/ca\_1/step6

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

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

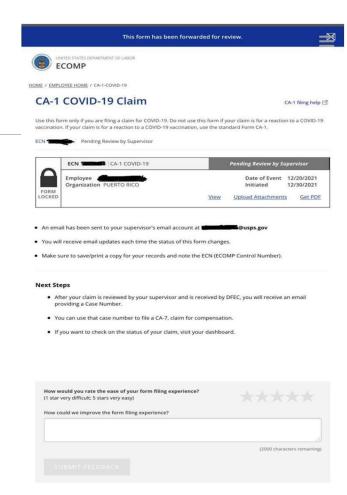
Save your login information and password somewhere secure

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



#### 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

13252 W Garden Grove Blvd STE 100, Garden Grove, CA 92843