

Board Memo 012-17

Executive Board,

The Postal Service plans to test a web-based program titled Employees' Compensation Operation and Management Portal (ECOMP). ECOMP allows employees to electronically file workers compensation forms, track the status of forms and documents submitted through ECOMP, and electronically upload and submit documents to existing DFEC case files.

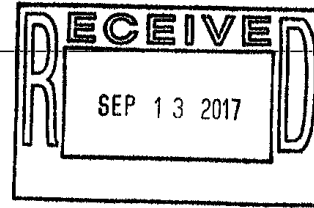
The program is maintained by the Department of Labor.

The test will be conducted in the Northern Virginia, Greensboro and Dallas Districts beginning September 25.

Please share the attachments with your membership. The attachments can also be found on NAPS Bulletin Board on the website under Board Memos.

Thank you.

LABOR RELATIONS



September 11, 2017

Mr. Brian J. Wagner
President
National Association of Postal Supervisors
1727 King Street, Suite 400
Alexandria, VA 22314-2753

Dear Brian:

As a matter of general interest, the Postal Service plans to test a web-based program titled Employees' Compensation Operation and Management Portal (ECOMP). The program is maintained by the Department of Labor.

ECOMP allows employees to electronically file workers compensation forms, track the status of forms and documents submitted through ECOMP, and electronically upload and submit documents to existing Division of Federal Employees' Compensation (DFEC) case files. Employees in the test sites will be encouraged to use ECOMP but will have the option of using current methods for submitting and tracking the subject information.

We plan to conduct the test in the Northern Virginia, Greensboro, and Dallas Districts beginning September 25.

We have enclosed the following:

- ECOMP brochure
- Employee Instructions For Filing a CA-1/2 Claim in ECOMP
- Forgot Password Reset without Password Recovery Settings—Manager Password Reset Request
- Forgot Password Reset by Telephone
- Forgot Password Reset using your Password Recovery Settings
- Reset my ACE Password in ePRS
- Supervisor's Instructions for Reviewing a CA-1/2 Claim in ECOMP

Please contact or Bruce Nicholson at extension 7773 if you have questions concerning this matter.

Sincerely,

A handwritten signature in cursive script that reads "Alan S. Moore".

Alan S. Moore
Manager
Labor Relations Policies and Programs

Enclosures

475 L'ENFANT PLAZA SW
WASHINGTON DC 20260-4101
WWW.USPS.COM

Introducing ECOMP

Effective immediately, the US Postal Service is using the Employee's Compensation Operations and Management Portal (ECOMP) to electronically file workers compensation forms.

ECOMP is a web-based application accessible via the Department of Labor's public Internet site. Through this portal, federal workers and their employers may:

- ◆ Electronically file workers' compensation forms;
- ◆ Track the exact status of any form or document submitted via ECOMP and
- ◆ Electronically upload and submit documents to existing DFEC case files.

For more information, please contact Injury Compensation.



<https://www.ecomp.dol.gov>

Employee Instructions For Filing a CA-1/2 Claim in ECOMP

After signing into ECOMP with your email address and password, your Employee Dashboard will be displayed. The dashboard lists all forms you have filed in ECOMP.

Information will be displayed on the process for reporting an injury or illness to your organization and claiming benefits, as well as which forms may be filed via ECOMP. To file a new form, select "File New Form" on the top left of the page. Information about each form and the filing process will be displayed. Click "File a CA-1 or CA-2" to proceed.

The screenshot shows the ECOMP Employee Dashboard. The left sidebar contains navigation links: Employee Dashboard, File New Form, Access Existing Form, Upload Document to an Existing Case, Create New Form, Help, How to File a Form, About Accessibility and 508 Compliance, Filing Forms as an Injured Worker, Reviewing Forms as a Supervisor, Uploading Documents to FECA Case Files, Electronic Document Submission Frequently Asked Questions, OSHA Record Keeper User Guide, Agency Reviewer User Guide, Agency Maintenance Help, and OSHA Form 301 User Guide. The main content area is titled "About Forms CA-1 and CA-2" and includes the following text:

Which form should I use?
Form CA-1 (Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation), is for use by Federal employees to claim benefits under the Federal Employees' Compensation Act for a medical condition resulting from an incident or activity occurring during one work shift.

Form CA-2 (Notice of Occupational Disease and Claim for Compensation), is for use by Federal employees to claim benefits under the Federal Employees' Compensation Act for a medical condition resulting from an incident or activity occurring over more than one work shift.

How do I file the forms?
The process for filing a form involves completing several form sections made up of smaller form filing steps. These individual steps can be viewed in the navigation bar on the left. Unless otherwise noted, all of the fields in the form must be completed.

If you filed an OSHA-301, the information you entered in that form will be used to automatically fill in matching fields on the FECA form, but you should edit any of the narrative responses as needed.

The form may be saved at any time, and completed later. Once the form has been submitted, it will be reviewed by the employee's supervisor and/or the Agency Reviewer before submission to OWOP (if appropriate).

At the bottom right of the main content area, there is a button labeled "File a CA-1 or CA-2".

Next, click "Select CA-1 and Continue" or "Select CA-2 & Continue" to begin filing your claim.

The screenshot shows the ECOMP Employee Dashboard with the "Select CA-1 or CA-2" screen. The left sidebar is identical to the previous screenshot. The main content area is titled "Select CA-1 or CA-2" and includes the following text:

There are two types of injury claims that may be filed: CA-1 or CA-2. Only one claim (either Form CA-1 or Form CA-2) may be filed based on a single incident. If your agency requires a Form OSHA-301 prior to filing a FECA claim, this means that only one FECA claim form may be filed per OSHA-301.

Select the appropriate form:

For Traumatic Injury	For Illness
<p>CA-1 - Federal Employee's Notice of Traumatic Injury & Claim for Continuation of Pay/Compensation</p> <p>Use this form if you have sustained a traumatic injury on the job. A traumatic injury is a condition of the body caused by a specific event or incident, or series of events or incidents, within a single workday or shift.</p> <p>Examples of a traumatic injury include: a dog bite, a motor vehicle accident or a slip and fall.</p>	<p>CA-2 - Notice of Occupational Disease and Claim for Compensation</p> <p>Use this form if you have sustained an occupational disease as a result of your job duties. An occupational disease or illness is a condition produced by the work environment over a period longer than a single workday or shift.</p> <p>Examples of an occupational disease include: noise induced hearing loss, asbestos-related illness or orthopedic injuries due to repetitive motion.</p>

At the bottom of each box, there is a button labeled "Select CA-1 & Continue" and "Select CA-2 & Continue" respectively.

Your name will be pre-populated from your ECOMP account. Enter your social security number (SSN) and confirm it. The SSN you enter must match the SSN of record for your ECOMP account.

Enter your date of birth, sex, home telephone number, grade and step as of the date of injury, home mailing address and dependent information. Notice that ECOMP defaults to "None" so be sure to update this item if you do have dependents. Your supervisor's email address will be pre-populated from your ECOMP account, but may be changed if needed. The address must contain one of the allowable email domains for the Postal Service (xxxx.xxxxx.usps.gov). Click "Continue" to proceed.

The screenshot shows the 'Employee Basics' section of the ECOMP 'CA-1' form. The form is titled 'ECOMP Claim for a Traumatic Injury (CA-1)' and is currently on 'Step 1A: Employee Basics'. The user is signed in as 'George Ravenaugh'. The form contains the following fields and options:

- Employee name (first, middle, last):** George [middle name] Ravenaugh
- Social security number:** [redacted] Confirm SSN: [redacted]
- Date of birth:** 07/31/95
- Sex:** Male Female
- Home telephone:** (804) 388-0214 International
- Grade as of Date of Injury:** Grade: 13 Step: 5
- Home mailing address:** 400 West Bay Street, City: Jacksonville, State: FL - Florida, Zip code: 32202. There is a checkbox for 'Non-US address'.
- Dependents:** Wife, Husband Children under 18 years Other None
- Who should review this form?:** Immediate supervisor's email: ravenaugh.timothy@dol.gov

Navigation buttons include 'Continue' at the top right and bottom right, and 'New Form' and 'Draft' at the top right.

CA-1 filing instructions are below:

Provide the place where the injury occurred. Also provide the date and time the injury occurred, as well as your occupation. Describe the cause of injury and the nature of injury, with as much detail as possible. Note that if you filed an OSHA-301 form for this injury some of this information will be pre-populated and will not need to be completed unless changes are needed.

Next, if there was a witness to your injury you may enter his or her name and address. This step is optional and may be skipped if there was no witness. If you have a statement from a witness, you may enter the date of the statement and then electronically upload it in the next step. Click "Continue" to proceed.

Next, you may upload any attachments that you wish to submit in support of your claim, such as statements by you or any witnesses, or medical reports. Please note that medical bills may

not be uploaded to ECOMP and must be submitted through the established bill submission process. Claims for reimbursement may not be uploaded and must be submitted through the central mail facility. Also note that you may upload supporting documents at a later time from the ECOMP home page if your claim is submitted to OWCP and assigned a claim number.

Finally, a summary of the information you have entered for the CA-1 form is displayed. If changes are needed to any of the fields, you may use the "Go to Field" button to return to the portion of the form needing changes. After confirming all information, click "Continue."

You must then indicate whether you want to claim Continuation of Pay or Sick and/or Annual leave for any disability resulting from your injury. After making your selection and reading the displayed certification and authorization statements, click "Sign and File Form" to submit your claim. You must agree with the displayed statement to proceed.

If your injury did not result in lost time from work or any medical expense, or first aid treatment only, your claim will not be submitted to OWCP for creation of a case. Rather, it will be maintained in ECOMP, and may be reactivated by your AR for submission if you incur lost time or medical expense at a later date. In this circumstance, you will not be able to go back later and upload documents using ECOMP because an OWCP claim number is needed to upload documents after the initial filing.

CA-2 filing instructions are below:

Enter your occupation and the location where you worked when the disease or illness occurred. Provide the date you first became aware of the illness. Also enter the date you first realized the illness was caused or aggravated by your employment, explain how you realized this relationship, and describe the nature of the disease or illness. If your claim is not filed within 30 days of the date you became aware of a relationship between your illness and your employment, you may explain the delay in filing. This field is optional. Note that if you filed an OSHA-301 form for this injury some of this information will be pre-populated and will not need to be completed unless changes are needed. Click "Continue" to proceed.

A narrative statement concerning the occupational disease you are claiming should be submitted along with your CA-2. Your statement should include the information listed on this page and may be uploaded as an attachment in a subsequent step. If you are not submitting a statement with your claim, the reason should be explained in the space provided. Click "Continue" to proceed.

A medical report concerning the occupational disease you are claiming should be submitted with your claim. The report should include the information listed on this page and may be uploaded as an attachment in a subsequent step. If you are not submitting a medical report with your claim, the reason should be explained in the space provided. Click "Continue" to proceed.

Next, you may upload your narrative statement, medical report, and any other attachments you wish to submit with your claim, by clicking "Attach New Document." Please note that medical bills may not be uploaded via ECOMP. You may also upload additional documents at a later time from the ECOMP home page once you have received an OWCP case file number. Click "Continue" to proceed.

A summary of the information you have entered for the CA-2 form is now displayed. If

changes are needed to any of the fields, you may use the "Go to Field" button to return to the portion of the form needing changes. After confirming all information, click "Continue."

Finally, after reading the displayed certification statement, click "Sign & File Form" to submit your claim. You must agree with the displayed statement to proceed.

Once you have completed and submitted your claim in ECOMP:

A confirmation message will then be displayed notifying you that your claim has been forwarded to your supervisor for review. The ECOMP Control Number (ECN) which has been assigned to your claim is also displayed. You may use this number to track status of your claim on the ECOMP home page. You may also view or save a PDF copy of your CA-1 or CA-2 using the "View" or "Get PDF" buttons.

The screenshot shows the ECOMP web interface. At the top, it says "UNITED STATES DEPARTMENT OF LABOR" and "ECOMP". The user is signed in as "George Reveaugh" with a "Sign Out | Account" link. The main content area displays "ECOMP Claim for a Traumatic Injury (CA-1)" with ECN 104707. A message states "This form has been forwarded for review". Below this, a table shows claim details: Employee (George Reveaugh), Organization (BUREAU OF ADMINISTRATION), Date of event (11/27/2012), and Initiated (11/27/2012). The status is "Pending review by Supervisor". There are buttons for "View", "Get PDF", and "Upload Attachments". A "More" dropdown menu is also visible. Below the table, there are instructions: "An email has been sent to your supervisor's email account atreveaughtheoffy@dola.gov.", "You will receive email updates each time the status of this form changes.", and "Make sure to save / print a copy for your records and note the ECN (ECOMP Control Number).". A "Next steps" section explains that after review by the supervisor and DFEC, the user will receive a Case Number and can use it to file a CA-7 claim for compensation. A "Done" button is at the bottom right.

An email message will be sent to your supervisor by ECOMP advising that your claim requires review. After your supervisor has reviewed the claim, it will be forwarded to your organization's ECOMP Agency Reviewer (AR) which is your local HRM Office. The AR will perform a final review of the claim and forward it to OWCP for creation of a case as needed. The AR will also print the form and contact you and your supervisor to obtain your signatures on the form. The CA-1 or CA-2 form with original signatures will be maintained in your local HRM Office.

If your claim is submitted to OWCP, you will receive an email from ECOMP once the case has been created which contains your case file number.

You may view a list of all forms you have submitted via ECOMP and their status by visiting your ECOMP Employee Dashboard.

A claim which has been filed but has not yet been submitted to OWCP may be withdrawn by locating it in the list of forms and clicking the "Withdraw Claim" button under "More."

Note: If you need to leave ECOMP in the middle of filing a claim, the form will be maintained in a draft status for one week. After that point, it will be deleted from the system and you will need to start over with a new claim form. A claim which is still in draft status may be deleted by locating it in the list of forms and clicking the "Delete Claim" button under "More."