

ECOMP For Employees

ECOMP

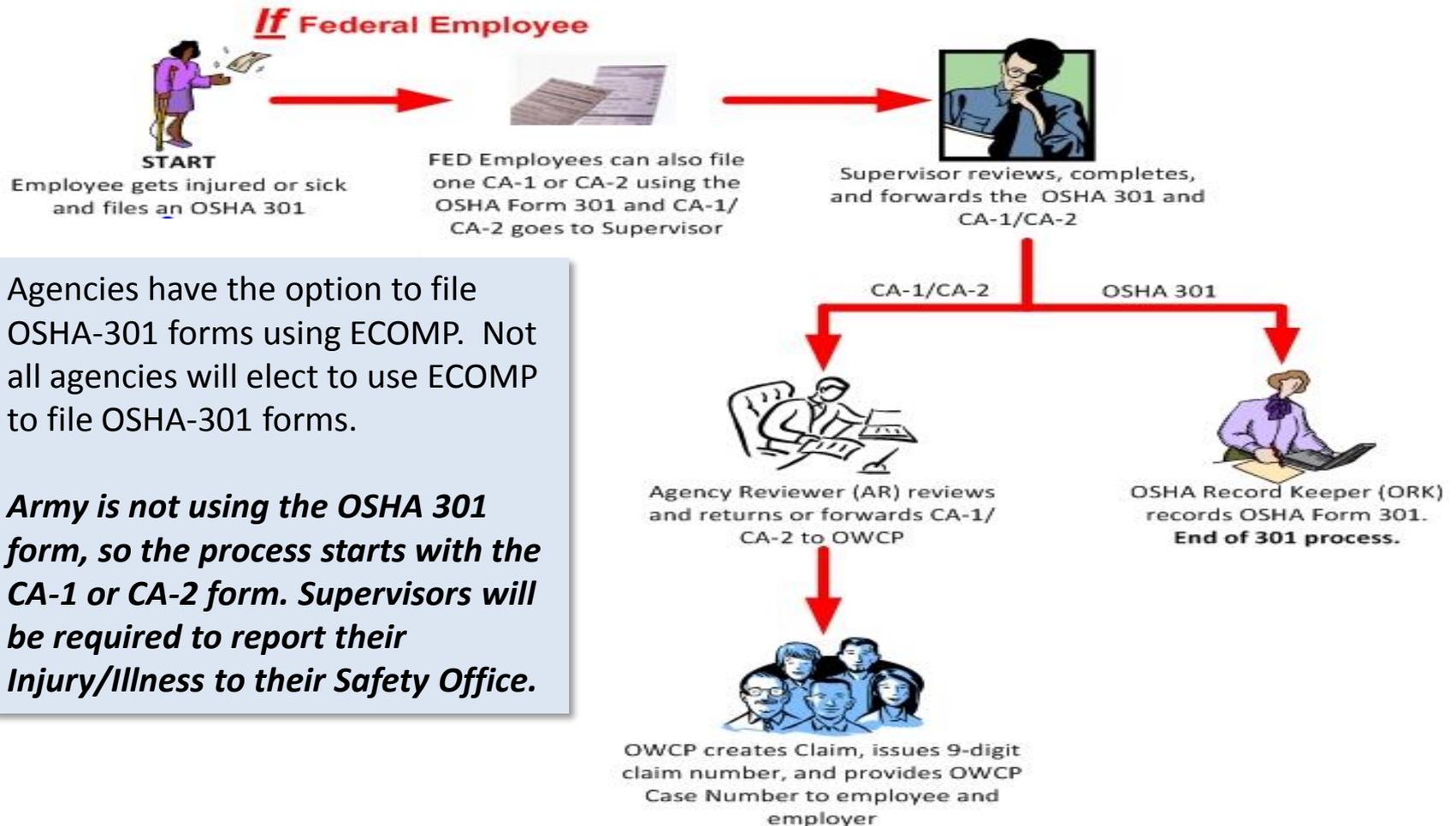
This training will provide employees with the steps necessary to submit CA-1/CA-2 forms using the Department of Labor application ECOMP.

ECOMP

- ECOMP is a Department of Labor application that will allow DOD to file CA-1 and CA-2 forms electronically.
- ECOMP will be replacing the current EDI method DOD uses to file claims electronically.
- This switch will affect employees, supervisors, injury comp specialists, and safety personnel.

ECOMP's Workflow

The ECOMP Claims Process



Agencies have the option to file OSHA-301 forms using ECOMP. Not all agencies will elect to use ECOMP to file OSHA-301 forms.

Army is not using the OSHA 301 form, so the process starts with the CA-1 or CA-2 form. Supervisors will be required to report their Injury/Illness to their Safety Office.

Benefits of using ECOMP

- Employee can file a claim from home and submit to their supervisor. They do not have to use a computer at work or sit with their supervisor in order to file a claim.
- Documents supporting the claim can be uploaded at the time the claim is entered by the employee. This means that crucial information will be seen by the Claims Examiner when the claim is submitted, speeding up adjudication of the claim.
- Employees can log into ECOMP and view and print copies of claim forms when necessary.

Benefits of using ECOMP

- Employees can check status of claim submission and will receive claim numbers when assigned by DOL.
- Claim numbers are received more quickly from DOL allowing medical providers to bill OWCP and thus reduce any problems when providers want to initially submit bills after treatment.

Alternate methods of filing

- If a claim cannot be filed by the employee using ECOMP, or the employee doesn't have access to a computer at all, there are alternate methods of filing the claim with DOL.
 - Army will have the option for the Injury Compensation Specialist to enter the claim. This is a last resort method.
 - The employee will need to complete the CA-1 or CA-2 Claim Form hard copy and forward to their Supervisor.
 - The Supervisor will be responsible for completing their portion of the CA-1 or CA-2 and forward to the Injury Compensation Specialist.

Employee Registration

- Employees must first register and create an account in ECOMP in order to file a claim. During registration, the employee will select their Department/Agency/Duty Station & enter Supervisor E-mail address.
 - This information can be found on the employee's most recent SF-50 Notice of Personnel Action.
- Employee uses the Internet to access the ECOMP URL www.ecomp.dol.gov
- They can then use this account whenever they file subsequent claims using the User ID and Password established when they register.

Employee Registration

- The application guides the employee through the process for ease of use.
- Passwords can be reset using security questions set up during registration so employees do not have to worry about forgotten passwords.
- Employees can use their home computer, if they so desire, to file the required forms.



ECOMP Home

Employees & Claimants

- [File New Form](#)
- [Access Existing Form](#)
- [Claim Status \(CQS\)](#)

Track Status

Case Stakeholders

- [Upload Document to an Existing Case](#)
- [Agency Query System \(AQS\)](#)

Reviewers

- [Agency Reviewers](#)
- [OSHA Record Keepers](#)

Administration

- [Agency Maintenance](#)
- [ECOMP/DFEC Administrator](#)

Help

- [About](#)
- [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](#)



Have you been hurt on the job?

If you are a **Federal Employee** or a **Contractor** and have sustained a work-related injury or illness, use ECOMP to report the incident to your supervisor.

If you are a **Federal Employee** you may also file a claim for benefits under the Federal Employees' Compensation Act (FECA). Depending upon your agency, start by filing **OSHA's Form 301**, then file a claim using either form **CA-1 (for traumatic injury)** or form **CA-2 (for occupational disease)**. After you have received an official FECA case number, you may also file form **CA-7 (Claim for Compensation)**.

[File a Form](#)

[Sign In / Register](#)

Need to upload a document?

Stakeholders and interested parties can use ECOMP to upload documents to active FECA cases. You can upload letters, medical reports and other supporting documentation. You will need the official FECA Case Number and other identifying information to use this feature.

⚠ Do not upload OWCP forms or medical bills! Forms or bills submitted as uploads will not be processed. Submit medical bills [here](#).

[Access Case & Upload Document](#)

Track status of form or document

Enter ECN or DCN

The employee will click on the Sign in/Register button to start the registration process

Employee Registration

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home File a Form

ECOMP / Register

Register for ECOMP

Your ECOMP account enables you to file and manage forms with the Department of Labor OWCP. Your account is covered by the [Privacy Act](#). If you already have an account you can [Sign In here](#).

Account Basics

Employee name (first, middle, last)

Home telephone

Your email address ?

Social security number I am not a US citizen, and do not have a Social Security Number
Note: This setting affects the way you file forms. It will be changed after you register.

Confirm SSN

Government Organization

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

Department..... DEPARTMENT OF HOMELAND SECURITY - Filter by State -

Agency-Group..... Agency Group 1 - OSHA REQ/All forms

Agency..... OFFICE OF DOMESTIC PREPAREDNESS, GRANTS & ASSISTANCE

Duty station..... CHCO-HRMS-WORKERS' COMP COORDINATOR CHCO-HRMS-WC 245 MURRAY LANE, S WASHINGTON, DC 20535

✓ You can file forms OSHA-301, CA-1, CA-2, CA-7 and CA-7a for this organization through ECOMP

Immediate supervisor's email ? @ dol.gov

The employee will then enter information to create their account. This information will include their name, phone, SSN, and email address where they want any claim notifications to be sent. *TIP: Home email address is preferred in the event the claimant ever leaves Federal Service.*

They will also select their duty station from a series of dropdowns and enter their immediate supervisors email address. This email address will determine where any claims submitted by the employee will be sent for supervisory review.

Employee Registration

- 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
- Intro to the Compensation Process
- Which Form to Use?
- FAQ

Password

Choose a password

Re-enter password

Passwords must be a minimum of 8 characters, and contain at least: one upper-case letter, one lower case letter, one number, and one special character.

Security Questions

If you forget your password, we will ask you three security questions. Choose security questions you will remember in the future.

Choose security question 1

- select -

Your answer to question 1

Choose security question 2

- select -

Your answer to question 2

Choose security question 3

- select -

Your answer to question 3

The employee then creates a password that will be used to access ECOMP and a series of three security questions which will be used to allow the employee to reset their password should the need arise.

Cancel

Create My ECOMP Account

Filing a Claim: Employee Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home Employee Dashboard File a Form

ECOMP / Employee Home / What Form Should I File Signed in as Joe Employee Sign Out | Account

Employee Dashboard

- File New Form
- Access Existing Form
- Upload Document to an Existing Case
- Claim Status (CQS)

Create New Form

- Which Form To Use?
- File CA-7 for an existing case

Help

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- 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
- Intro to the Compensation

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 upon your employment status and your employing agency. To learn which forms you can file, fill out the information below.

What is your employment status? Federal Employee Contractor ?

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

Department..... DEPARTMENT OF STATE - Filter by State -

Agency-Group..... Other Agencies

Agency..... BUREAU OF ADMINISTRATION

Duty station..... PER-ER-EP

To file a form for an injury or illness...

- 1 Report the incident in ECOMP using **OSHA Form 301 (Injury and Illness Incident Report)**.
- 2 Claim benefits using either form **CA-1 (for Traumatic Injury)** or form **CA-2 (for Occupational Disease)** first. Pending review of your claim, you may receive a FECA Case Number.
- 3 If you wish to claim compensation, and you've received an official FECA Case Number, you must file form **CA-7 (for Compensation)**. You must have a FECA Case Number.

✓ This organization supports filing forms **OSHA-301, CA-1, CA-2, CA-7 and CA-7a** through ECOMP.

[Continue](#)

Once the employee sets up their account they are ready to file a claim.

ECOMP will notify the employee which claims can be filed. All DOD employees will be allowed to file Forms CA-1 and CA-2.

Select Continue to File CA-1 or CA-2.

Filing a CA-1 or CA-2: Employee Portion

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Employee Dashboard

- File New Form
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About Forms CA-1 and CA-2

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 form?

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 OWCP (if appropriate).

[File a CA-1 or CA-2](#)

A screen will display providing information on when to file a CA-1 or CA-2 to allow the employee to file the correct form. Clicking **File a CA-1 or CA-2** will start the process.

Filing a CA-1 or CA-2: Employee Portion



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Employee Dashboard

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- Upload Document to an Existing Case
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- Which Form To Use?
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Select CA-1 or CA-2

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:

 CA-1 <i>For Traumatic Injury</i>	 CA-2 <i>For Illness</i>
CA-1 - Federal Employee's Notice of Traumatic Injury & Claim for Continuation of Pay/Compensation <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>	CA-2 - Notice of Occupational Disease and Claim for Compensation <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>
Select CA-1 & Continue	Select CA-2 & Continue

OR

The employee then selects the type of form to be filed.

Filing a CA-1 or CA-2: Employee Portion

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ECOMP Home Employee Dashboard File a Form

ECOMP / Employee Home / CA-1 / Employee Basics Signed in as Joe Employee Sign Out Account

1) Form CA-1

- **A) Employee Basics**
- B) Description of Injury
- C) Witness Statement
- D) Attachments
- E) Review

2) Sign & File Form

Actions

- Save Progress for Later
- Cancel This Form

Help

- DOL's Privacy Policy

ECOMP Claim for a Traumatic Injury (CA-1)

New Form

Draft

Continue

Step 1A **Employee Basics**

Welcome to CA-1. The steps in this form are listed in the navigator at left. Unless otherwise noted, all fields are required.

1 Employee name (first, middle, last)

2 Social security number Confirm SSN

3 Date of birth

4 Sex Male Female

5 Home telephone International

6 Grade as of Date of Injury Grade Step

7 Home mailing address
City State

8 Dependents Wife, Husband Children under 18 years Other None

Who should review this form?

Immediate supervisor's email @

Continue

The employee will then be guided through the filing process. Information for this section needs to be as accurate as possible and all required fields should be entered.

Filing a CA-1 or CA-2: Employee Portion

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ECOMP

ECOMP Home Employee Dashboard File a Form

ECOMP / Employee Home / CA-1 / Description of Injury Signed in as Joe Employee | Sign Out | Account

1) Form CA-1

- ✓ A) Employee Basics
- B) Description of Injury
- C) Witness Statement
- D) Attachments
- E) Review

2) Sign & File Form

Actions

- Save Progress for Later
- Cancel This Form

Help

- DOL's Privacy Policy

ECOMP Claim for a Traumatic Injury (CA-1)

New Form CA-1 X

Draft

Step 1B Description of Injury Back Continue

Describe the details of employee's injury.

9 Place where injury occurred DOL OWCP JAX
8th Floor
Address 400 West Bay Street
City Jacksonville State FL - Florida

10 Date injury occurred 11/27/2012 Time 08:00 am

11 Date of this notice *If you submit this form today, it will be filed on 11/27/2012*

12 Employee's occupation Analyst

The next two fields have been defaulted from the OSHA-301 form, if present. Please edit if necessary.

13 Cause of injury Moving equipment
I was moving equipment and hurt my back

14 Nature of the injury back strain

Back Continue

Clicking **Continue** will move the employee through the form

Filing a CA-1 or CA-2: Employee Portion

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1) Form CA-1

- ✓ A) Employee Basics
- ✓ B) Description of Injury
- C) **Witness Statement**
- D) Attachments
- E) Review

2) Sign & File Form

Actions

- Save Progress for Later
- Cancel This Form

Help

- DOL's Privacy Policy

ECOMP Claim for a Traumatic Injury (CA-1) New Form CA-1 ×
Draft

Step 1C **Witness Statement**

★ **This step is optional.**
If you have a statement from a witness who was present at the time of the event, you can enter the witness information here. If you do not have a witness statement, you can skip this step.

16 Name of Witness

Address

City State Zip

Date of Witness Statement

A witness statement is not required. If a witness statement was made, the witness information can be entered here and the actual statement uploaded to be included with the claim submission. If there was more than one witness, these statements may also be uploaded, but only one witness can be input into Section 16.

Filing a CA-1 or CA-2: Employee Portion

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ECOMP / [Employee Home](#) / [CA-1](#) / [Attachments](#) Signed in as [Joe Employee](#) | [Sign Out](#) | [Account](#)

1) Form CA-1

- ✓ A) Employee Basics
- ✓ B) Description of Injury
- ✓ C) Witness Statement
- D) Attachments**
- E) Review

2) Sign & File Form

ECOMP Claim for a Traumatic Injury (CA-1)

New Form CA-1 ✕
Draft

Step 1 D **Attachments** [Back](#) [Continue](#)

This step is optional.
You can attach supporting documents to this claim now, or submit them at a later date through ECOMP once a claim number has been assigned. Examples of supporting documents include witness statements, job descriptions, and medical documentation.

NOTE: Do not upload OWCP forms or medical bills here. 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.

 [Click to attach a new document](#)

0 documents uploaded so far

[Attach New Document...](#)

Delete selected attachment

 Have Questions? [View Frequently Asked Questions.](#)

[Back](#) [Continue](#)

All documents that the employee wishes to include with their initial claim submission can be uploaded here. This is not the only time that the employee can submit documents to OWCP. It is, however, the only opportunity to initially submit documents with the claim filed through ECOMP.

Filing a CA-1 or CA-2: Employee Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home Employee Dashboard File a Form

ECOMP / Employee Home / CA-1 / Review Signed in as Joe Employee | Sign Out | Account

1) Form CA-1

- ✓ A) Employee Basics
- ✓ B) Description of Injury
- ✓ C) Witness Statement
- ✓ D) Attachments
- E) Review**

2) Sign & File Form

Actions

- Save Progress for Later
- Cancel This Form

Help

- DOL's Privacy Policy

ECOMP Claim for a Traumatic Injury (CA-1)

New Form CA-1 Draft

Step 1E Review Back Continue

Review this information carefully before continuing.

Your Name	George <input type="text"/> Revenaugh
Employee email	revenaugh.timothy@dol.gov
Government organization	DEPARTMENT OF STATE BUREAU OF ADMINISTRATION PER-ER-EP 2401 E STREET, NW, ROOM H-236 SA-1 WASHINGTON, DC 20522
Reviewer	revenaugh.timothy@dol.gov
Social security number	*****6789
Date of birth / sex	07/03/1975 / Male
Home telephone	(904) 366-0214
Grade / step as of last injury	13 / 5
Home mailing address	400 West Bay Street Jacksonville FL 322
Dependents	Wife, Husband, Children under 18 years
Place where injury occurred	DOL OWCP JAX 8th Floor
Address where injury occurred	400 West Bay Street Jacksonville FL 322
Date injury occurred	11/27/2012 08:00 am
Date of this notice	<input type="text"/>
Employee's occupation	Analyst
Cause of injury	Moving equipment I was moving equipment and hurt my back
Nature of the injury	back strain
Witness Name	<input type="text"/> <input type="text"/> <input type="text"/>
Witness Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of Witness Statement	<input type="text"/>
Attachments	Add/Modify attachments

When the employee has completed filling in the required information they will be allowed the opportunity to review the information entered. If information needs to be changed the employee can go back and change it. If a required field is missing, a notification will appear on the screen.

Filing a CA-1 or CA-2: Employee Portion



UNITED STATES DEPARTMENT OF LABOR
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ECOMP / [Employee Home](#) / [CA-1](#) / [Sign & File Form](#) | Signed in as [Joe Employee](#) | [Sign Out](#) | [Account](#)

1) Form CA-1

- ✓ A) Employee Basics
- ✓ B) Description of Injury
- ✓ C) Witness Statement
- ✓ D) Attachments
- ✓ E) Review

2) Sign & File Form

Actions

- Save Progress for Later
- Cancel This Form

Help

- DOL's Privacy Policy

ECOMP Claim for a Traumatic Injury (CA-1)

New Form **CA-1** ✕

Draft

Step 2 **Sign & File Form**

Submitting this form is considered the same as signing it.

15 I certify, under penalty of law, that the injury described above was sustained in the United States Government and that it was not caused by my willful misconduct, intent to injure, or intoxication.

I hereby claim medical treatment, if needed, and the following, as checked below:

- a. Continuation of regular pay (COP) not to exceed 45 days and compensation beyond 45 days. If my claim is denied, I understand that the continuation of regular pay may be considered an overpayment, and I may be required to repay such overpayment, or be deemed an overpayment within the meaning of 5 U.S.C. 5545.
- b. Sick and/or Annual Leave

I hereby authorize any physician or hospital (or any other person, institution, company, or organization) to provide the following information to the U.S. Department of Labor, Office of Workers' Compensation Programs: [redacted]
This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

[Back](#) 

The last step in the process is to sign the form and file. A hard copy form with the employee's and supervisor's signature is required to be maintained by the agency. Obtaining the signatures on the hard copy form will not delay the electronic filing of the claim form.

Filing a CA-1 or CA-2: Employee Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home Employee Dashboard File a Form

ECOMP / Employee Home / CA-1 / Submission Successful Signed in as Joe Employee | Sign Out | Account

1) Form CA-1

- ✓ A) Employee Basics
- ✓ B) Description of Injury
- ✓ C) Witness Statement
- ✓ D) Attachments
- ✓ E) Review

2) Sign & File Form

Actions

- Save Progress for Later
- Cancel This Form

Help

- DOL's Privacy Policy

ECOMP Claim for a Traumatic Injury (CA-1)

ECN 104707 CA-1 X
Pending review by Supervisor

This form has been forwarded for review

ECN 104707	CA-1	Pending review by Supervisor	
Employee	Joe Employee	Date of event	11/27/2012
Organization	BUREAU OF ADMINISTRATION	Initiated	11/27/2012

Form Locked View Get PDF Upload Attachments More...

✉ An email has been sent to joemp@bureauofadministration.gov.

➔ You will receive an email from the Bureau of Administration (BUREAU OF ADMINISTRATION) regarding your claim (Case Number).

➔ Make sure to save your work.

➔ **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 employee home page.

Done

The employee then can see the status of the claim. Clicking **Done** completes the process

Updated Employee Dashboard

**UNITED STATES DEPARTMENT OF LABOR**
ECOMP

[ECOMP Home](#) [Employee Dashboard](#) [File a Form](#)

Signed in as **Joe Employee** | [Sign Out](#) | [Account](#)

ECOMP / Employee Home

Employee Dashboard

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- Upload Document to an Existing Case
- Claim Status (CQS)

Create New Form

- Which Form To Use?
- File CA-7 for an existing case

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- Electronic Document Submission Frequently Asked Questions
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Employee Dashboard

You have 2 forms & claims

Each form you file will appear in this list and be assigned a unique ECOMP Control Number. Use the ECN to track the status of your ECOMP forms.

For FECA forms, the ECN will be replaced with a Case Number once the form has been submitted to OWCP. Reference the Case Number in all communications with OWCP regarding your case.

[* File an OSHA-301, CA-1 or CA-2](#)

[File New CA-7 for a Case Not Listed](#)

ECN 104707	CA-1	Pending review by Supervisor	
Employee	Joe Employee	Date of event	11/27/2012
Organization	BUREAU OF ADMINISTRATION	Initiated	11/27/2012
Form Locked	View	Get PDF	Upload Attachments
More...			

ECN 104706	OSHA-301	Form Filed - R	
Employee	Joe Employee	Date of event	11/27/2012
Organization	BUREAU OF ADMINISTRATION	Initiated	11/27/2012
Form Locked	View	Get PDF	Upload Attachments
More...			

A claim has been filed from this form.

The dashboard will now reflect all the forms filed by the employee.

Additional Training

Employee & Claimants

- File a Form
- Access Existing Form
- Claim Status (CQS)

Track Status

Case Stakeholders

- Upload Document to an Existing Case
- Agency Query System (AQS)

Reviewers

- Agency Reviewers
- OSHA Record Keepers

Administration

- Agency Maintenance
- ECOMP/DFEC Administrator

Contact ECOMP

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- About Accessibility and 508 Compliance
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- Reviewing Forms as a Supervisor
- Uploading Documents to FECA Case Files
- Electronic Document



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If you are a **Federal Employee** you may also file a claim for benefits under the Federal Employees' Compensation Act (FECA). Depending upon your agency, start by filing **OSHA's Form 301**, then file a claim using either form **CA-1 (for traumatic injury)** if you have received an offer of **VA benefits** or **Form 7 (Claim for Compensation)** if you have not.

[File Form](#)

Track status of form

 Enter ECN or DCN

Need to upload a document?

Stakeholders and interested parties can use ECOMP to upload documents to active FECA cases. You can upload letters, medical reports and other supporting documentation. You will need the official FECA Case Number and other identifying information to use this feature.

Do not upload OWCP forms or medical bills! Forms or bills submitted as uploads will not be processed. Submit medical bills [here](#).

 [Access Case & Upload Document](#)

[Agency Reviewers & OSHA Record Keepers Sign In](#)

Additional training is available for employees. To view this training click on the **Filing Forms as an Injured Worker** link on the ECOMP page under the **Help** section.

Additional Training

Introduction

Register as a
Claimant /
Injured
Worker
in ECOMP

Filing OSHA
Form 301

Filing
Form CA-1

Filing
Form CA-2

Filing
Form CA-7

Filing
Form CA-7a

Registering for an ECOMP Account

Before you may file forms in ECOMP, you must first register for an account.

Click [here](#) to read a tutorial on registering for an ECOMP account.

Click [here](#) to view a video tutorial.

The employee can then see video tutorials by clicking on the topic listed on the left side of the screen. The tutorials will show the employee the steps necessary to perform the action and can be paused or replayed as necessary.

Army Benefits Center-Civilian Injury Compensation Branch

- Phone: 1-866-792-7620
- Fax: 785-239-1489
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