

Log into ECOMP here: <https://www.ecomp.dol.gov/#/>

The following instructions are for filing a claim for an on- the- job injury and apply to all Branch 920 offices.

Bold -indicates heading Yellow- indicates required action

Once logged in: click new claim (top right)

(Which forms can I file)

Employment Status

-make sure federal employee is in blue

Government Organization

Select Department.

-choose United States Postal Service from drop down menu

Filter by State(optional)

- use drop down menu to select state

Agency Group (in red).

-choose Atlantic Area from drop down

Agency is Required (in red).

- choose DE-PA-2 from drop down

To file a Form for Injury or Illness

–choose either CA-1, CA-2, or CA-1 COVID19. Call Branch if filing a COVID-19 claim.

There is required terminology to be used.

-click on file a claim

-select appropriate form

Correct injury Form should appear depending on the choice you made in the last step

- enter personal info

Who Should Review This Form

– enter the *correct* email of the person that will be processing the form?

Example (*Email*) william.r. smith (*Domain*)@usps.gov

Notify the supervisor that he/she will be receiving an email from ECOMP that will require him/her to complete and submit page 2 of your claim. Make sure they will be available to receive and respond to the email within the next few days after filing the claim.

Description of Injury

Place Where Event Occurred.

example (main post office, on route, etc.)

-address.

-date of injury (*last day of work if for CA-1 COVID claim*).

-time injury occurred (*estimate*)

Date of This notice (*should already be filled in as the date you are submitting this claim*)

Employee's Occupation.

- for a regular, carrier technician, or a PTF city carrier, type "ca"- a drop down will appear - choose USPS City Carrier

-If you are a CCA, type "ci"-a drop down will appear - choose city carrier assistant

Cause of Injury

-Describe in detail how and why the injury occurred. Give appropriate details (e.g.: If you fell, how far did you fall and in what position did you land?)

For COVID claim:

#13: Cause of Injury Type exactly 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 work]

Nature of Injury

- Give a complete description of the condition(s) resulting from your injury. Specify the right or left side if applicable (e.g., fractured left leg: cut on right index finger).

Witness/s. (optional)-you can complete this section if you have the info available or add it later)

Attachments(optional)-medical documentation can be uploaded now or later)

Review

- verify that all info was input correctly

Sign and File Form

-check continuation of pay if filing a CA-1 or CA-1 for COVID claim

-click sign and file

-click confirm

The ECN# is your receipt. It is not your claim #. Once you receive your claim #, you should authorize a rep in your ECOMP account. Directions will be emailed to you.

Login to your ECOMP account regularly to see if there is anything that needs to be addressed.