

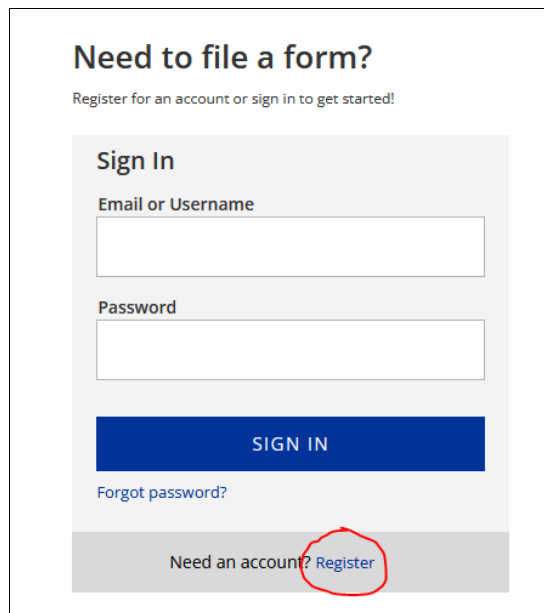
Follow the instruction below if you have been diagnosed with COVID-19 and meet the following criteria:

1. **You were diagnosed with COVID-19.** Specifically, you were diagnosed with COVID-19 while employed in the Federal service at any time during the period of January 27, 2020 to January 27, 2023; and,
2. **Your duties include any risk of exposure.** Specifically, within **21** days of your diagnosis of COVID-19, you carried out duties that— required contact with patients, members of the public, or co-workers; or included a risk of exposure to the novel coronavirus.

The Department of Labor (DOL) has determined that a letter carrier that has delivered mail and performed carrier duties within the 21-day period does meet that requirement.

If you meet the above criteria follow the steps outlined below.

Go to eComp at <https://www.ecomp.dol.gov/#/>
Once on the website you will have to register:



Need to file a form?
Register for an account or sign in to get started!

Sign In

Email or Username

Password

SIGN IN

Forgot password?

Need an account? Register

While I have attached instructions for filing through ecomp, the Department of Labor has provided the following instructional videos as well:

If you have never used ecomp, the following video will walk you through registering - https://www.ecomp.dol.gov/content/help/IW/media/register_mp4.mp4

To learn how to file a covid-19 claim watch the following video - <https://www.dol.gov/sites/dolgov/files/OWCP/feca/COVID-CA-1.mp4>

Once you reach the registration page input your personal information, choose your password and click create account:

ACCOUNT BASICS

First Name is required. Middle Name (optional) Last Name

Mobile Telephone International

Email Address

Date of Birth
 (mm) (dd) (yyyy)

Address

City State ▼

ZIP code COUNTRY UNITED STATES OF AMERICA ▼

Social Security Number Confirm SSN

I do NOT have a Social Security Number and I am NOT a US Citizen.

PASSWORD

Choose a Password Re-enter Password

You will be sent a confirmation email with a link you will need to click on (You have 72 hours to click on the link. If you do not see it in your mailbox, check the spam folder):

This email is intended for:

Name: Richard Gould
Username: Gould@nalc421.com

If your email is Gould@nalc421.com, please confirm your account registration by clicking on the link below:

<https://www.ecomp.dol.gov/#lid=9vdqtl342>

Please note, this link will expire in 72 hours.

You will also be sent a confirmation email. At this point you can sign in to your account at the original e-comp page. Once logged in you will be asked to have a security code sent to either your email or phone number:

You will be prompted to verify your account with the security code sent to you. If you did not receive the code, you can have it resent on this page

Once entered you will have to agree to DOLs rules of behavior which will take you to the next screen where you will identify if your information is correct.

You will then be prompted to have another verification code sent to your email or phone. Once verified you will be taken to the ecomp dashboard where you can click on a link to file a CA-1 for Covid-19:

The following screen will ask for information to proceed. You are a Federal Employee for the United States Postal Service in Texas 3. You will be selecting the button labeled "File a CA-1 Covid-19":

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 ⓘ

Federal 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

Agency Group
SOUTHERN AREA

Select Agency
TEXAS 3

Duty Station
OCCUPATIONAL HEALTH CLAIMS OFFICE, 1 POST OFFICE DR, SAN ANTONIO, TX 78284

You can file forms CA-1, CA-2, CA-3, CA-6, CA-7, CA-7a, CA-16 for this organization through ECOMP ⓘ

To file a form for injury or illness:

1 Claim benefits using either form **CA-1 (for Traumatic Injury)** or form **CA-2 (for Occupational Disease)**. Pending review of your claim, you may receive a FECA Case Number. If you are filing a claim for COVID-19, use FORM CA-1 COVID-19. (FORM CA-1 COVID-19 should not be used for a claim related to a COVID-19 vaccination.) ⓘ

FILE CA-1 OR CA-2 FILE CA-1 COVID-19

On the next page you will enter your personal information. Make sure it is accurate. You can get your grade and step from your paycheck or Form 50. If you don't know your grade and step leave this blank. You will also need your supervisors email. If you are not sure just put their name and select USPS.gov in the email domain:

Grade as of Date of Injury Step as of Date of Injury

1 0

WHO SHOULD REVIEW THIS FORM? ⓘ

Immediate Supervisor's Email Select Email Domain

John.Doe @usps.gov

When finished click the blue arrow on the bottom. This will take you to the CA-1 information page. On this page you will fill out the description of the injury, date and time (Last day you worked) and other pertinent information. Type in USPS Carrier for the occupation. Cause of injury is COVID-19 and answer the questions for the nature of the injury:

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)
 12 23 2021

Time Injury Occurred (Time worked prior to COVID-19)
 05:00 PM

11 Date of this Notice
 If you submit this form today, it will be filed on 12/29/2021.

12 Employee's Occupation
 USPS CARRIER (CITY)

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.

13 Cause of Injury - Exposure to COVID-19
 Exposure to Covid-19 (490 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.

14 Nature of Injury - Explain why you are filing this claim is required. (250 characters remaining)

When finished click the blue arrow on the bottom. This is the witness screen. Most likely there will be no witnesses. Go to the next screen.

You will be prompted to upload a copy of your positive Covid-19 test (If you don't have access to a scanner reach out to the branch for assistance):

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 10715968 | 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

< EXIT >

Once uploaded go to the next screen and verify that all the information is correct.

(IMPORTANT) On the next screen you will have to choose between Continuation of Pay (COP) or Sick/Annual Leave. There are a couple of ways this can be done.

1. Elect COP – This is like administrative leave but is not paid the first three days unless you are out more than 14 days due to COVID-19. If you do miss more than 14 days (fully or partially) due to COVID related issues you can request any leave used the first three days to be converted to COP.
2. Elect sick leave or annual leave then convert it to COP when the claim is approved – The department of labor allows anyone with an approved claim to change sick or annual to COP if it is done within a year of the claim.\

NOTE – Make sure you submit a PS Form 3971 to your immediate supervisor notating what you are requesting. (i.e. COP, Sick Leave, Annual Leave)

The screenshot shows the 'CA-1 COVID-19 Claim' form. At the top, it says 'CA-1 COVID-19 Claim' and 'CA-1 filing help'. Below that, it states: '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.' The form ID is 'ECN 10715968 | Draft'. The main heading is 'SIGN & FILE FORM'. The form contains a certification statement: '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.' There are two radio button options: 'A. Continuation of Regular Pay (COP)' and 'B. Sick and/or Annual Leave'. Option A is circled in red. Below the options, there is an authorization statement: '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 representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.' At the bottom, it says 'Submitting this form is considered the same as signing it.' There are three buttons: a back arrow, 'EXIT', and 'SIGN AND FILE'.

Click sign and file. You may be prompted to correct something missed. If you have any questions or need assistance, please reach out to the Louise or me.

Once this is filed you need to report to your supervisor and to the Occupational Health Nurse. The information needed can be found at <https://www.nalc421.com/covid-19/>.