



**DEPARTMENT OF LABOR**

**Office of Workers' Compensation Programs**

**Proposed Revision of Information Collection: Request for Information on Earnings, Dual Benefits, Dependents and Third Party Settlement.**

[OMB Control No. 1240-0016].

**AGENCY:** Office of Workers' Compensation Programs.

**ACTION:** Request for public comments.

**SUMMARY:** The Department of Labor (DOL) is soliciting comments concerning a proposed revision for the authority to conduct the information collection request (ICR) titled "Request for Information on Earnings, Dual Benefits, Dependents and Third Party Settlement". This comment request is part of continuing Departmental efforts to reduce paperwork and respondent burden in accordance with the Paperwork Reduction Act of 1995 (PRA).

**DATES:** All comments must be received on or before [INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER].

**ADDRESSES:** You may submit comment as follows. Please note that late, untimely filed comments will not be considered.

**Electronic Submissions:** Submit electronic comments in the following way:

- Federal eRulemaking Portal:

*<https://www.regulations.gov>*. Follow the instructions

for submitting comments for WCPO-2026-0331. Comments submitted electronically, including attachments, to <https://www.regulations.gov> will be posted to the docket, with no changes. Because your comment will be made public, you are responsible for ensuring that your comment does not include any confidential information that you or a third party may not wish to be posted, such as your or anyone else's Social Security number or confidential business information.

- If your comment includes confidential information that you do not wish to be made available to the public, submit the comment as a written/paper submission.

**Written/Paper Submissions:** Submit written/paper submissions in the following way:

- **Mail/Hand Delivery:** Mail or visit DOL-OWCP, Division of Federal Employees' Compensation, 200 Constitution Ave., NW, Room S-3323, Washington, DC 20210.
- OWCP will post your comment as well as any attachments, except for information submitted and marked as confidential, in the docket at <https://www.regulations.gov>.

**FOR FURTHER INFORMATION CONTACT:** Anjanette Suggs, Office of Workers' Compensation Programs, at [suggs.anjanette@dol.gov](mailto:suggs.anjanette@dol.gov) @dol.gov (email); (202) 354-9660 (phone).

**SUPPLEMENTARY INFORMATION:**

## **I. Background**

The DOL, as part of continuing efforts to reduce paperwork and respondent burden, conducts a pre-clearance consultation program to provide the general public and Federal agencies an opportunity to comment on proposed and/or continuing collections of information before submitting them to the OMB for final approval. This program helps to ensure requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements can be properly assessed.

The information requested on the CA-1032 is obtained from each claimant receiving continuing compensation on the periodic disability roll. The form requests information on the claimant's earnings, dependents, third party settlements, and other Federal benefits received. The Office of Workers' Compensation Programs (OWCP) sends this form out each year to every claimant on the disability roll. This information is necessary because the Federal Employees' Compensation Act (FECA) states:

- 1) Compensation must be adjusted to reflect a claimant's earnings while in receipt of benefits (5 USC 8106).
- 2) Compensation is payable at the augmented rate of 75 percent only if the claimant has one or more dependents as defined by the FECA (5 USC 8110).

- 3) Compensation may not be paid concurrently with certain benefits from other Federal Agencies, such as the Office of Personnel Management, Social Security, and the Veterans Administration (5 USC 8116). At times, benefits may be reduced.
- 4) Compensation must be adjusted to reflect any settlement from a third party responsible for the injury for which the claimant is being paid compensation (5 USC 8132).
- 5) An individual convicted of any violation related to fraud in the application for, or receipt of, any compensation benefit, forfeits (as of the date of such conviction) any entitlement to such benefits, for any injury occurring on or before the date of conviction (5 USC 8148 (a)).
- 6) No Federal compensation benefit can be paid to any individual for any period during which such individual is incarcerated for any felony conviction (5 USC 8148 (b) (1)).

In accordance with 20 CFR 10.528, OWCP periodically requires each employee who is receiving compensation benefits to complete an affidavit as to any work, or activity indicating an ability to work, which the employee has performed for the prior 15 months. If an employee, who is required to file such a report fails to do so within 30 days of the date of the request, his or her right to

compensation for wage loss under 5 USC 8105 or 8106 is suspended until OWCP receives the requested report. At that time, OWCP will reinstate compensation retroactive to the date of suspension if the employee remains entitled to compensation.

See: <https://www.dol.gov/owcp/dfec/regs/statutes/feca.htm>

## **II. Desired Focus of Comments**

OWCP is soliciting comments concerning the proposed information collection related to the Request for Information on Earnings, Dual Benefits, Dependents and Third Party Settlement. OWCP is particularly interested in comments that:

- Evaluate whether the collection of information is necessary for the proper performance of the functions of the Agency, including whether the information has practical utility;
- Evaluate the accuracy of OWCP/DFEC's estimate of the burden related to the information collection, including the validity of the methodology and assumptions used in the estimate;
- Suggest methods to enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the information collection on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other

forms of information technology, e.g., permitting electronic submission of responses.

Documents related to this information collection request are available at <https://regulations.gov> and at DOL-OWCP located at 200 Constitution Avenue, NW, Room S-3323, Washington, DC 20210. Questions about the information collection requirements may be directed to the person listed in the FOR FURTHER INFORMATION section of this notice.

### **III. Current Actions**

This information collection request concerns the Request for Information on Earnings, Dual Benefits, Dependents and Third Party Settlement, Form CA-1032. OWCP has updated the data with respect to the number of respondents, responses, burden hours, and burden costs supporting this information collection request from the previous information collection request.

*Type of Review:* Revision of a currently approved collection.

*Agency:* Office of Workers' Compensation Programs.

*OMB Number:* 1240-0016.

*Affected Public:* Individuals or Households.

*Number of Respondents:* 42,219.

*Number of Responses:* 42,219.

*Annual Burden Hours:* 14,059.

*Annual Respondent or Recordkeeper Cost:* \$24,179.00.

OWCP Forms: Request for Information on Earnings, Dual Benefits, Dependents and Third Party Settlement.

Comments submitted in response to this notice will be summarized in the request for Office of Management and Budget approval of the proposed information collection request; they will become a matter of public record and will be available at <https://www.reginfo.gov>.

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Anjanette Suggs  
*Certifying Officer*

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