

Mailed 4/6/73

Important No. 9

January 31, 1973



TO: INSURANCE CARRIERS AND SELF-INSURED EMPLOYERS UNDER THE LONGSHOREMEN'S AND HARBOR WORKERS' COMPENSATION ACT, AS EXTENDED

SUBJECT: Adjustment of compensation under section 10(h)(1) of Longshore Compensation Act, as amended by P.L. 92-576

Public Law 92-576 added section 10(h)(1) to the Longshore Compensation Act, providing for adjustment of compensation to which employees or their survivors are entitled due to permanent total disability or death which commenced prior to enactment of the new law. Please refer to the Public Law (section 11) for details. There are between 2150 and 2200 cases affected by this provision under the Longshore Compensation Act and related statutes.

By Notice No. 7, dated January 29, 1973, you were directed to the provision in §702.145 (a) of the regulations for implementing the Longshore Compensation Act, which states that insurance carriers and self-insured employers already making payments to such beneficiaries may be called upon to make such additional payments as the amended Act requires, subject to reimbursement at intervals by the Department of Labor for additional amounts paid.

We are transmitting instructions which cover the adjustment of most of the affected cases to the district offices of the Office of Workmen's Compensation Programs. These offices will compute the amount of the additional weekly benefit provided for each case and notify the disabled employee or person receiving the survivor's benefit of the amount of increase by releasing Form Ltr. LS-9T (copy attached). The offices will also transmit a copy of the letter to the respective insurance carrier's office presently paying compensation, and enclose a Form Ltr. LS-10T (copy attached), notifying the insurer to adjust compensation retroactively to include November 26, 1972. Continuing periodic payments under the awards subsequent to the initial adjusting payment should reflect the increased benefit according to the payment period being used.

After having made the first adjusting payment, insurers are requested to: (1) add the amount of increase in weekly compensation, according to the district office notification, to the present weekly payment and enter the sum in the box on Form Ltr. LS-10T, entitled "Amount of Adjusted Weekly Payment"; (2) furnish the other information indicated on one copy of the Form Ltr. 10T; and (3) return the completed form to the OWCP office address printed on the envelope.

Include your address, ZIP code, and file number on all correspondence

Pending clarification by Department of Labor counsel and other necessary modifying determinations the distribution of death benefits in cases where two or more beneficiaries are receiving separate checks will be temporarily deferred. We hope, however, to clarify the situation very soon so that additional instructions can be released and adjustment of all cases can be completed. In addition, we have determined tentatively that total adjusted weekly compensation of any case affected by section 10(h)(1), including any increased payment under the section, will be limited to \$87.87 (66-2/3 percent of \$131.80--the applicable national average weekly wage). Compensation orders awarding the increase in compensation benefits are not contemplated; however, a work sheet will be prepared for each case file showing the method by which the computation was made, and your district representatives may discuss the computations with the deputy commissioners of the district office in case there are questions.

Your district office making payments should be instructed to notify immediately the district office of OWCP of any change of status of a beneficiary receiving benefits increased under section 10(h)(1).

Claims for reimbursement of the amounts your company pays will be made by your head office to the national office of OWCP on forms to be provided later. These forms will be printed and distributed by this Office and need not be reproduced by the users. Detailed instructions for claiming reimbursement for the first six months of payments will be distributed at some future time.

Your cooperation in assisting us to implement those provisions of the new law is appreciated.



HERBERT A. DOYLE, JR.
Acting Director, Office of
Workmen's Compensation Programs

Attachments (2)

U.S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
Office of Workmen's Compensation Programs



OWCP Case Number _____
Carrier's Case Number _____
Date of Injury or Death _____
Name of Decedent in _____
Death Case _____

Dear

On October 27, 1972, the President approved Public Law 92-576, which, in amending the Longshoremen's and Harbor Workers' Compensation Act and its extensions, provides that compensation to which an employee or his survivor is entitled due to total permanent disability or death which commenced or occurred before enactment of the law shall be adjusted.

This letter is to notify you that a review of your file by this office indicates your case, presently being compensated under the Act or its extension checked below, is subject to adjustment under the Amendments:

Longshoremen's and Harbor Workers' Compensation Act _____
District of Columbia Workmen's Compensation Act _____
Defense Base Act _____
Outer Continental Shelf Lands Act _____
Nonappropriated Fund Instrumentalities Act _____

The amount of increase in your weekly compensation will be \$.

If after you start receiving adjusted benefits, you have questions which the insurance carrier or self-insured employer presently paying benefits to you is unable to answer, please contact this office at the address printed on the envelope.

DEPUTY COMMISSIONER

Form Ltr. LS-9T
Jan. 1973

U.S. DEPARTMENT OF LABOR
 EMPLOYMENT STANDARDS ADMINISTRATION
 Office of Workmen's Compensation Programs

OWCP Case No.



The original of the attached Form Ltr. LS-9T is being mailed to the beneficiary whose name and address are shown thereon.

Pursuant to subsection 702.145(a) of the Regulations implementing the Longshoremen's and Harbor Workers' Compensation Act Amendments of 1972, published January 26, 1972, in the Federal Register, this Form Ltr. LS-10T in duplicate is to notify your company to increase payment of weekly compensation by the amount shown within the box on attached Form Ltr. LS-9T. You are requested to pay the indicated increase retroactively to include November 26, 1972. After you have made the first adjusted payment, please furnish information indicated in the boxes below and return one copy of this form letter to the district office address printed on the envelope.

Since the increase is to be paid from the special fund and Federal appropriations, pursuant to subsection 10(h)(2) of the amended Act, your company will be entitled to reimbursement for the additional compensation or death benefit paid as a result of this adjustment. The national office of the Office of Workmen's Compensation Programs will issue to your head office further instructions and forms to file for reimbursement.

DEPUTY COMMISSIONER

Person to Whom Compensation Being Paid:		Amount of Adjusted Weekly Payment: \$
First Adjusting Payment		
Date Paid:	For period From: To:	Amount: \$
Authorized Signature:		
Name and Title of Person Whose Signature Appears Above:		Date Signed:

Form Ltr. LS-10T
 Jan. 1973