

JAN 30 1974

No. 14



NOTICE TO INSURANCE COMPANIES AND SELF-INSURED EMPLOYERS

SUBJECT: Address Labels for Insurance Companies and Self-Insured Employers

The Office of Workmen's Compensation Programs is preparing to print new mailing address labels for all authorized insurance companies and self-insured employers.

A number of companies have indicated that in some cases mail room personnel have been unable to determine what department or person should receive certain notices sent by this Office. This has resulted in some notices being forwarded from one department to another before finally reaching the proper department and person, usually after considerable time has elapsed.

To assure that all future notices sent by this Office are promptly forwarded to the proper department and person, address labels specifying a title and department (e.g., Manager, Workmen's Compensation Department) will be printed by this Office. Individual names will not be added to the address labels since personnel turnover would require constant updating of such labels.

Please indicate below the correct name and address of your company and the title and department (in your company's head office) to which you want all future notices sent pertaining to the Longshoremen's and Harbor Workers' Compensation Act, the Defense Base Act, the Nonappropriated Fund Instrumentalities Act, the Outer Continental Shelf Lands Act, and the District of Columbia Workmen's Compensation Act. Please return this notice to the Office of Workmen's Compensation Programs, U.S. Department of Labor, Washington, D.C. 20211, within thirty days of receipt of this notice.

Name of Company _____

Address _____
(Street)

(City) (State) (Zip)

Attention: Title _____

Department _____

John E. Stocker

JOHN E. STOCKER
Acting Deputy Director, Office
of Workmen's Compensation Programs

Telephone Number: _____

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