

No. 15

January 30, 1974



NOTICE TO INSURANCE CARRIERS AND SELF-INSURED EMPLOYERS

SUBJECT: 1974 Assessment for the Special Fund Under Amended Section 44 of the Longshoremen's and Harbor Workers' Compensation Act, as extended

Attached to this notice is Form LS-513, Report of Payments, upon which your company should report the following information to the Office of Workmen's Compensation Programs, for each workmen's compensation act listed on the form under which your company made any compensation or medical payments during calendar year 1973:

- (1) Number of cases on which medical or compensation payments were made during 1973;
- (2) Total dollar amount of compensation payments made between January 1, 1973 and December 31, 1973; and
- (3) Total dollar amount of medical payments made between January 1, 1973 and December 31, 1973.

The following payments need not be included in your report: (1) Payments made under the Defense Base Act for which you can reasonably be expected to be reimbursed under the provisions of the War Hazards Compensation Act, even though claim for reimbursement has not yet been made; and (2) adjusted payments made to beneficiaries for the additional amounts authorized by section 10(h)(1) of the Longshore Act, for which insurance carriers and self-insurers will be reimbursed by the Department of Labor. The regular payments in all such cases, however, should be reported. All other payments for compensation and medical benefits should be reported. This includes all payments made during calendar year 1973, even though the date of injury or death was prior to 1973. Do not make any deductions before reporting for any compensation or medical benefits which your company recovered as a result of a third party action.

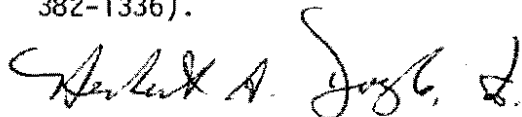
If payments under the District of Columbia Workmen's Compensation Act are reported to both the Department of Labor and to the Superintendent of Insurance for the District of Columbia, please be certain that the amounts reported to this Office for compensation and medical substantially agree with the amounts shown on page 14 of the carrier's annual statement which is filed with the Superintendent of Insurance for the District of Columbia. You will be asked to explain to this Office any significant discrepancies.

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

When completing Form LS-513, please make certain that all payments are entered in the proper spaces provided on the form. Enter "None" in all spaces where no payments were made. The reverse of the form must be signed by an officer or official of the company duly authorized to file the report, who has examined the facts reported, and certifies that they are true to the best of his knowledge. Printed signatures cannot be accepted, and reports bearing them will be returned. The properly completed Form LS-513 should be returned to this Office no later than thirty days after receipt of this notice.

After all reports have been received, this Office will advise you of the total amount of estimated needs of the Special Funds for calendar year 1974 under the Longshore Act and related statutes, and under the District of Columbia Act, and of the amount of your company's prorated assessment for each fund.

For further information about submitting the data required by Form LS-513, please address inquiries to Mr. John E. Stocker, Acting Deputy Director, Office of Workmen's Compensation Programs, U. S. Department of Labor, Washington, D. C. 20211. You may also call (Area Code 202-382-1336).



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

Attachment