

April 18, 1977

No. 31



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

Subject: Revision of Form LS-210, Employer's Supplementary  
Report of Accident or Occupational Illness

This is to notify interested parties that Form LS-210,  
Employer's Supplemental Report of Accident or Occupational  
Illness has been revised.

The form is to be filed promptly with the Deputy Commissioner  
in every case in which Form LS-201 does not show the date  
the injured employee returned to work, or each time the  
injured employee has returned to work and later becomes  
disabled for work.

A copy of the revised Form LS-210 is attached. This form  
should be used by insurance carriers and self-insured  
employers under the LHWCA as soon as supplies can be obtained  
or printed. However, existing supplies of the form may be  
used for the next 90 days.

Insurance carriers and self-insured employers may print  
their own supplies, or may purchase them from the printing  
companies authorized to print Longshore Act forms. These  
companies are:

A.D. Wiles Company  
130 South Delaware Street  
Indianapolis, Indiana 46204

Courier-Citizen/Uniform Printing & Supply  
P.O. Box 820  
Kingston, New York 12401

Manhattan Stationery Company, Inc.  
120 East 23rd Street  
New York, New York 10010

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

Forms printed by carriers and employers must conform to the sample in all respects to be acceptable.

Please arrange for distribution of supplies to your local offices processing claims under the Longshoremen's Act or any of its extensions.

*John E. Stocker*  
JOHN E. STOCKER  
Associate Director for  
Longshore and Harbor  
Workers' Compensation

Enclosure