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
Associate Director for
Longshore and Harbor
Workers' Compensation

Enclosure