

U.S. Department of Labor

Employment Standards Administration
Office of Workers' Compensation Programs
Division of Longshore and
Harbor Workers' Compensation
Washington, D.C. 20210



January 21, 1981

No. 45

NOTICE TO INSURANCE CARRIERS, AND SELF-INSURED EMPLOYERS
UNDER THE LONGSHOREMEN'S AND HARBOR WORKERS' COMPENSATION
ACT (LHWCA), AS AMENDED

Subject: Revised Form LS-221, Application for Lump
Sum Award

A copy of the recently revised Form LS-221, Application for Lump Sum Award, is enclosed. This form replaces Form LS-221, revised September 1974, and is used by claimants when applying to the Deputy Commissioner for a lump sum award under Section 14(j) of the Act. Previous editions of Form LS-221 are obsolete and should be destroyed.

Insurance carriers and self-insured employers may print their own supplies of this form, or obtain them from printing companies officially authorized to print forms used in the administration of the Longshore Act. Forms printed by carriers and employers for their own use must conform to the sample, in all respects, to be acceptable.

Please arrange for distribution of this form to your local offices making payments under the Longshore Act, or any of its extensions. Field personnel may obtain sample copies from LHWC District Offices.

NEIL A. MONTONE
Associate Director,
Longshore and Harbor
Workers' Compensation

Enclosure

U.S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
OFFICE OF WORKERS' COMPENSATION PROGRAMS

APPLICATION FOR LUMP SUM AWARD

(Under the Longshoremen's and Harbor Workers' Compensation Act, as extended)

INSTRUCTIONS: Complete this application in duplicate and deliver or mail both copies to the Deputy Commissioner having jurisdiction over the claim. If the Deputy Commissioner approves the application, it will be forwarded to Washington, D.C. for consideration of the Secretary of Labor.

[This application is authorized by law (33 U.S.C. 914(j)).]

1. OWCP Case Number

2. Carrier's Number

3. Name of injured or deceased employee (First, Middle Initial, Last)

4. Address (Number and street, city and state, ZIP)

5. Name and address of employer

6. Name and address of insurance carrier

7. Date of employee's injury (Month, day, year)

8. Date of employee's death (Month, day, year)

APPLICATION FOR LUMP SUM AWARD UNDER SECTION 14(j)

I have filed claim with the Deputy Commissioner for an award of compensation on account of the above injury or death. The claim has been allowed and the amount of said award is being paid in periodic installments in accordance with the provisions of the Act. The insurance carrier or my employer (if self-insured) is willing to make a lump sum payment to me.

I request that I be allowed a lump sum payment in an amount equal to the present value of the unpaid balance of the award computed, at 4 percent true discount compounded annually.

I understand that the liability of the carrier or my employer for compensation or any part thereof, except medical care, would be discharged by payment of such a lump sum.

My reasons for wanting a lump sum payment are stated below. (Note: Give full reasons as to what money will be used for, such as, "To start a business, in which I have the following experience . . ." or "To expand a business in which I am engaged," or "I am employed and desire the lump sum payment for a sound investment." Such reasons as "To pay my debts" or "To buy a house" are not sufficiently detailed to indicate that the applicant will be able to sustain himself/herself after receiving the lump sum, and a lump sum would not be approved if this is the only reason given.) Continue statement on a separate sheet of this size.

9. I am a citizen of the United States

Yes No (If you check "No", answer item 10)

10. I am a citizen of (Name of country)

11. Date of birth (Mo., day, yr.)

12. Full name of person making application (Type or print)

13. Address of applicant (Number, street, city, state, ZIP)

14. Signature of applicant

15. Date of this application (Month, day, year)

PRIVACY ACT OF 1974 NOTICE

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a), you are hereby notified that: (1) The Longshoremen's and Harbor Workers' Compensation Act, as amended and extended (33 U.S.C. 901 et seq.) is administered by the Office of Workers' Compensation Programs of the U. S. Department of Labor. In accordance with this responsibility, the Office receives and maintains personal information on claimants and their immediate families. (2) The information will be used to determine eligibility for and the amount of benefits payable under the Act. (3) The information may be used by other agencies or persons in handling matters relating, directly or indirectly, to the subject matter of the claim, so long as such agencies or persons have received the consent of the individual claimant, or have complied with the provisions of 20 CFR 702. (4) Furnishing all requested information will facilitate the claims adjudication process; and the effects of not providing all or any part of the requested information may delay the process, or result in an unfavorable decision or a reduced level of benefits (disclosure of a social security number is voluntary; the failure to disclose such number will not result in the denial of any right, benefit or privilege to which an individual may be entitled).