

U.S. DEPARTMENT OF LABOR

EMPLOYMENT STANDARDS ADMINISTRATION

Office of Workers' Compensation Programs
Division of Longshore and Harbor Workers' Compensation

Washington, D.C. 20210

December 19, 1980

No. 46



NOTICE TO SELF-INSURED EMPLOYERS UNDER THE LONGSHOREMEN'S
AND HARBOR WORKERS' COMPENSATION ACT, AS AMENDED

Subject: Annual Report of Outstanding Liabilities

In connection with the privilege of self-insuring workers' compensation liabilities under the Longshoremen's and Harbor Workers' Compensation Act, and extensions, this Office will require each authorized self-insured employer to submit an annual report of outstanding workers' compensation liabilities under the Act, to include the following information for each open case: Employer's Case Number, OWCP Case Number, Name of Injured Employee, Date of Injury, Amount of Compensation and Medical Benefits Paid, Estimate of Future Compensation Benefits Payments and Estimate of Future Medical Benefits Payments. In addition, fatal cases must be separately identified. This report will be due within 90 days of the close of the preceding calendar year or employer's latest fiscal year, if different, and must include the signed statement of an independent certified public accountant, casualty actuary or other independent source approved in advance by this Office. The statement must indicate that the cases shown on the list of open cases have been reviewed and the amounts shown are accurate in the judgment of the certifier.

The report may be submitted on Form LS-274, Report of Injury Experience of Self-Insured Employer (copy attached). The signed statement of the auditor should be on a separate form. If a different format is used the information specified above must be included.

The report must include all open cases as of December 31 of the preceding calendar year, or of the last day of the latest fiscal year if different.

For further information contact this Office.

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

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