

**U.S. Department of Labor**

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



File Number:

• September 4, 1981

No. 49

NOTICE TO INSURANCE CARRIERS AND SELF- INSURED EMPLOYERS UNDER THE  
LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT.

SUBJECT: Conversion to Direct Payment for Section 10(h)  
Adjustment.

We are nearing the completion of our administrative processing of the Section 10(h) claims to convert them to direct automated payments from the Special Fund. In order to ensure that our payments will be sent to the correct payees, I am requesting that you provide me with a list of all Section 10(h) payees currently being paid by you and their most current address, so that we may make a last check that the information in our computer is correct. For each payee, please indicate the claim number. Multiple payees for one claim must be listed.

Because our initial payments will be sent on October 5, 1981, we need an expeditious reply.

A handwritten signature in cursive script that reads "Neil A. Montone".

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