

U.S. Department of Labor

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



February 10, 1983

No. 55

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

Subject: Reimbursement for Payments made Pursuant to
Section 10(h) of the LHWCA

Annual adjustments in compensation have been made since November 26, 1972, to beneficiaries in cases of permanent total disability or death which commenced or occurred prior to enactment of the 1972 amendments to the Act pursuant to Section 10(h)(3) of the Act. These adjustments are paid by appropriated funds and by the Longshore Act's Special Fund which is administered by this Office. However, until September 10, 1981, these adjustments were initially paid by the self-insured employers or insurance carriers who subsequently requested reimbursement from this Office on a semiannual basis. On September 10, 1981, the OWCP converted to an automated procedure providing for direct payment from the Special Fund of the Section 10 adjustment payments in these cases. Since that time we have received requests from self-insured employers and insurance carriers for most, if not all, of the reimbursements that they have been due because of payments that they were making prior to this Office making direct payments for the period starting on September 10, 1981, and thereafter.

In order to resolve and bring to a current status all liabilities of the Special Fund for reimbursement of Section 10(h) adjustment payments, it is requested that insurance carriers and self-insured employers review their records and submit claims for any outstanding reimbursable Section 10(h) adjustment payments prior to September 10, 1981. All claims should be submitted to this Office by March 30, 1983. The claims must be submitted on the company's letterhead by the head office of the insurance carrier or self-insured employer and be accompanied by properly completed Forms LS-230, Report of Section 10 Payments in Support of Claims for Reimbursement. Any inquiries concerning this notice or reimbursement claims should be sent to this Office at the address in the letterhead or should be made by telephone to Area Code (202)--523-8721.

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