



July 16, 2001

File Number:  
Notice 95

NOTICE TO SELF-INSURED EMPLOYERS UNDER THE LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT AND EXTENSIONS

SUBJECT: ANNUAL REPORT OF OUTSTANDING LIABILITIES FORM LS-274

As part of the privilege of self-insuring workers' compensation liabilities under the Longshore and Harbor Workers' Compensation Act, and extensions, this Office requires each authorized self-insurer to submit an annual report of outstanding workers' compensation liabilities under the Acts, as of June 30 of each year. **The report now due should show the following information for each open case as of June 30, 2001:**

1. **State the employer's name and address** in the blocks provided on the report. This is needed for identification purposes. Do not omit this information.
2. Furnish the authorization number of the self-insured employer following its name on the report. This information was given to the employer at the time the company was authorized to self-insure.
3. Show the date of the report in the appropriate block.
4. **List the Social Security Number of each claimant in column (a).** The employer's or carrier's file number is no longer required.
5. **List the OWCP case number for each open claim in column (c). Include in the report all controverted claims and cases paid by the Special Fund where the employer is still liable for any medical benefits and cases in excess insurance status.** It is the responsibility of every self-insurer to record the OWCP case numbers of all of their claims and report those numbers on the LS-274.
6. **Give the date of injury for each open claim, in chronological order, for each July 1 through June 30 period in column (d).** The dates of injury should correspond to the employer's period of self-insurance authorization.
7. **Identify the nature of injury in column (e).** Abbreviations for injury types may be used but an annotation of "occupational" or "traumatic", etc. is not acceptable.
8. **State the total amount of benefits paid for each reported claim in column (f).** This means that all compensation and medical benefits from the date of injury to the date of the report should be declared for each open case.
9. **Give an estimate of the total future compensation to be paid for each claim in column (g).** This total amount should be based upon a worst case basis. It should not be reduced for expectations of reimbursement from an excess insurance carrier, an anticipated third party recovery, anticipated lump sum settlement or pending second injury fund authorization. Attorney fees and administrative expenses should not be included.

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10. Give an estimate of the total future medical benefits to be paid for each claim in column (f). The same method of reporting applies as mentioned in number 9.
11. Add the amounts in columns (f) and (g) and declare it in column (i).
12. **Subtotals of the estimated future payments in columns (g), (f) and (i) are to be provided for each July 1 to June 30 period.**
13. Identify third party claims in column (j).
14. Identify fatal cases in column (k).
15. Declare a grand total for columns (g), (h) and (i).
16. **Self-insured employers with no open claims must still file Form LS-274.**

The report of outstanding liabilities may be submitted on Form LS-274, Report of Injury Experience of Self-Insured Employer (copy enclosed), or in a similar format that provides the same information. However, if the similar report does not furnish the same information as requested in the LS-274 then it is not acceptable.

**Self-insured employers must provide separate reports for the Act and each of its extensions, (i.e., Longshore and Harbor Workers' Compensation Act, Outer Continental Shelf Lands Act, Defense Base Act, and Nonappropriated Fund Instrumentalities Act). Also, self-insured employers with subsidiaries authorized under the Act must provide separate reports for each subsidiary. If a self-insured employer or subsidiary has more than one location, a separate report must be submitted for each location.**

This self-insured employer's annual report of outstanding liabilities is **due no later than September 1, 2001 and must include a separate notarized statement signed by a corporate officer** attesting to the completeness and accuracy of the information provided. **Officials of entities under the Nonappropriated Fund Instrumentalities Act should also submit notarized certifications.**

**Certification of the Report of Outstanding Liabilities by other than corporate officers as stated above will not be accepted.** The signed statement should be on a separate letterhead. Please indicate in your correspondence the name and telephone number of the person to be contacted in the event there are any questions. **A negative report (no open cases) must also be accompanied with the same separate notarized statement** from a company official as mentioned earlier in this notice.

**Failure to submit the complete report as outlined in this Notice may result in the termination of your authorization to self-insure (20 CFR 703.312).**

Your report should be addressed as follows:

U.S. Department of Labor  
ESA/OWCP/DLHWC, Room C-4315  
200 Constitution Avenue, N.W.  
Attention: Michael Niss  
Washington, D.C. 20210.

**This self-insurance authorization cannot be transferred, and it cannot be assigned. Any change involving the corporate name, structure, ownership, organization, etc., may affect the self-insurance authority and must be brought to the attention of this Office prior to the effective date of the event.**

For further information you may contact Mr. Peter La Lena at (202) 693-0910.



Michael Niss  
Director, Division of  
Longshore and Harbor  
Workers' Compensation

Enclosure

Report of Injury Experience of  
Self-Insured Employer

U.S. Department of Labor

Employment Standards Administration  
Office of Workers' Compensation Programs  
Division of Longshore and Harbor Workers' Compensation

This report is to be used to list all open cases as of the date of the report. The information provided will be used to determine the adequacy of a self-insurer's security deposit. Submission of the information is mandatory (20 CFR 703.310). Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

OMB No.: 1215-0160

Employer's Name		Employer's Address (Number and street, city, state and ZIP code)				Reporting Period →	List All Open Cases as of the Date of This Report	Date of Report			
Social Sec. Employer's Case Number (a)	OWCP Case Number (b)	Name of Injured Employee (c)	Date of Injury (d)	Nature of Injury (Use abbreviations - frx, spr, etc.) (e)	Amount of Benefits Paid (f)	Estimate of Future Compensation Payments (g)	Estimate of Future Medical Payments (Disability cases only) (h)	Estimate of Total Future Compensation Payments (g + h) (i)	Check Third Party Cases ✓ (j)	Check Fatal Cases ✓ (k)	OWCP Verification (Leave Blank) (l)

Public Burden Statement

We estimate that it will take an average of 60 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the U.S. Department of Labor, Division of Longshore and Harbor Workers' Compensation, Room C4315, 200 Constitution Avenue, N.W., Washington, D.C. 20210.