

U.S. Department of Labor

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



July 16, 2001

File Number:

Notice 96

NOTICE TO INSURANCE CARRIERS UNDER THE LONGSHORE AND HARBOR
WORKERS' COMPENSATION ACT AND EXTENSIONS

SUBJECT: ANNUAL REPORT OF OUTSTANDING LIABILITIES FORM LS-274

In connection with the privilege to write workers' compensation insurance under the Longshore and Harbor Workers' Compensation Act, and extensions, this Office requires certain authorized insurance carriers to submit an annual report of outstanding workers' compensation liabilities under the Act, 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**: instead of the employer's or carrier's case number, please substitute the **claimant's Social Security Number**; OWCP case number; name of injured employee; date of injury; nature of injury; amount of compensation and medical benefits paid through June 30, 2001; estimate of future compensation benefit payments; estimate of future medical benefit payments, and estimate of total compensation and medical payments expected to be paid in the future. Fatal cases are to be separately identified. The report of outstanding liabilities may be submitted on Form LS-274, Report of Injury Experience of Insurance Carriers (copy enclosed), or in any other similar format that provides the same information.

Insurance carriers 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, insurance carriers with subsidiaries authorized under the Act must provide separate reports for each subsidiary. Please **include the applicable Department of Labor authorization number on each report** submitted.

All open claims reported are to be listed chronologically, by accident date, for each July 1 through June 30 period. Subtotals of the estimated future payments requested in the first paragraph above or as called for in column (g), (h), and (i) of Form LS-274 are to be provided for each period.

Finally, **each report should reflect a Grand Total for all estimated future payments.** This insurance carrier'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.

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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.

If an insurance carrier has no outstanding workers' compensation liabilities under the Acts, a negative report must be filed for each company and each authorized subsidiary. **A negative report must also be accompanied with the same separate notarized statement from a company official as mentioned earlier in this notice.**

Your report should be addressed as follows:

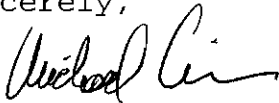
U.S. Department of Labor
ESA/OWCP/DLHWC, Room C-4315
200 Constitution Avenue, N.W.
Washington, D.C. 20210
Attention: Michael Niss

Failure to submit the complete report as outlined in this Notice may result in the termination of your authorization to write insurance under the Act(s).

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

For further information contact Ms. Linda Myer at (202) 693-0289 or Mr. Peter La Lena at (202) 693-0910.

Sincerely,



MICHAEL NISS
Director, Division of
Longshore and Harbor
Workers' Compensation

Enclosure

