

Operator Response To Notice of Claim

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs
Division of Coal Mine Workers' Compensation



Miner's Name	Claimant's Name	Claim Number	OMB No. 1215-0058 Expires: 09-30-04
Potentially Liable Operator's Name	Insurer's Name	Policy No.	

This information is authorized by the Black Lung Benefits Act (30 U.S. C. 901 et seq.) (20 CFR 725.408). Please check appropriate boxes and provide requested information. While you are not required to respond, if you fail to do so within 30 days of your receipt of the Notice of Claim you shall not be allowed to contest your liability for the payment of benefits on any of the five specific grounds set forth below in Section B. (20 CFR 725.408). You must send a copy of this response to the claimant by regular mail.

A. Acceptance of Liability

The named potentially liable operator is the responsible operator within the meaning of the Black Lung Benefits Act.

B. Controversion of Liability

Indicate whether the named potentially liable operator accepts or denies the assertions that follows. Acceptance of these assertions is not necessarily an acceptance of liability. You may still contest your liability on any other available grounds.

Accepts

Denies

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The operator was an operator for any period after 6/30/73. |
| <input type="checkbox"/> | <input type="checkbox"/> | This operator employed the miner <u>as a miner</u> for a cumulative period of not less than one year. |
| <input type="checkbox"/> | <input type="checkbox"/> | The miner was exposed to coal mine dust while working for this operator. |
| <input type="checkbox"/> | <input type="checkbox"/> | The miner's employment with this operator included at least one working day after December 31, 1969. |
| <input type="checkbox"/> | <input type="checkbox"/> | This operator or its insurer is financially capable of assuming liability for the payment of benefits. |

Time period for submission of evidence. Within 90 days of the date on which you received the Notice of Claim, you may submit documentary evidence in support of your positions asserted in Section B. For any of the assertions you denied, you must submit all relevant documentary evidence within this 90-day period. The time period may be extended for good cause shown if an extension request is filed with the district director prior to expiration of the 90-day period. You must include a statement of reasons why you need additional time with your extension request.

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Division of Coal Miner Workers' Compensation, Room C3526, 200 Constitution Avenue, N.W., Washington, D.C. 20210. **Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. (DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.)**

Form CM-2970a
Rev. Jan. 2001