Certification by School Official

Reset Print

U. S. Department of Labor

Office of Workers' Compensation Programs
Division of Coal Mine Workers' Compensation

This report is authorized by law (30 U.S.C., 901 et. seq.) While completion of this form is voluntary, cooperation is needed in returning this form to determine the claimant's eligibility under the Act.

OMB No. 1240-0031
Expires: XX-XX-XXXX

This certification is requested on behalf of the student named below to determine his/her entitlement to black lung benefits on the record of the worker named below. Your cooperation in promptly completing and returning this form will be appreciated. An envelope requiring no postage is enclosed for your use. (Please see reverse side for the Privacy Act statement before completing this form.)

Name and Address of School (include branch or campus and division)

Attn: Registrar

In Replying, Address:

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

Telephone No.

Date

Name of Miner on whose earnings claim is based

Miner's claim Number

Student

Student's Name

Student's Date of Birth (mo., day, yr.)

Student identification Number used by School (If none, enter "None".)

Student's Social Security Number (If none, enter "None".)

Complete All Items Below Giving Information Only For Period Indicated.

Attendance

From (mo., day, yr.)

To (mo., day, yr.)

Present

Certification By School Official

1. Is the above student now in "Full-Time Attendance" According to the School's Standards and Practices? (For evening students use the same standards applicable to day students.) ☐ Yes ☐ No

2. Was the above student in "Full-Time Attendance" According to the School's Standards and Practices during entire period entered above?
☐ Yes ☐ No (If "No", answer 3.)

3. If item 2 is answered "No" Please enter the beginning and ending dates (up to the present) of the student's Full-Time Attendance. If none, enter "None". (If more space is needed, use space on the reverse.)

From: (Mo., day, yr.)

To: (Mo., day, yr.)

4. Check the type of School:
☐ Junior College, College or University
☐ Technical, Trade or Vocational
☐ High School
☐ Other (Specify)

5. (To be completed by all schools except junior colleges, colleges, or universities.) Enter the total clock hours per week the student is (was) scheduled to attend. Show any variations in scheduled attendance on the reverse.

Total hours per week

Privacy Act Statement

The following information is provided in accordance with the Privacy Act of 1974. (1) Submission of this information is required under the Black Lung Benefits Act. (2) The information will be used to determine eligibility for and the amount of benefits payable under the Act. (3) The information may be used by other agencies or persons in handling matters relating, directly or indirectly, to the subject matter of the claim, so long as such agencies or persons have received the consent of the individual claimant or beneficiary, or have complied with the provisions of 20 CFR 410 or 20 CFR 725. (4) Furnishing all requested information will facilitate the claims adjudication process; and the effects of not providing all or any part of the requested information may delay the process, or result in an unfavorable decision or a reduced level of benefits. (Disclosure of your social security number is voluntary; the failure to disclose such number will not result in the denial of any right, benefit or privilege to which an individual may be entitled.).

Notice

If you have a substantially limiting physical or mental impairment, Federal disability nondiscrimination law gives you the right to receive help from DCMWC in the form of communication assistance, accommodation and modification to aid you in the claims process. For example, we will provide you with copies of documents in alternate formats, communication services such as sign language interpretation, or other kinds of adjustments or changes to account for the limitations of your disability. Please contact our office or your claims examiner to ask about this assistance.