

U.S. Department of Labor

Employment Standards Administration
Office of Workers' Compensation Programs
Division of Coal Mine Workers' Compensation
Washington, D.C. 20210



File Number:

MINER: «MINER»
SSN: «SSN» «BIC» «PART»

«BENE_NAME»
«MAIL_ADDR1»
«MAIL_CITY», «MAIL_STATE» «MAIL_ZIP»

Dear «BENE_TITLE»:

This office has determined that you received an overpayment in the amount of \$.

THE OVERPAYMENT OCCURRED BECAUSE

Enclosed is a worksheet showing how we calculated the overpayment.

We have made a preliminary finding that you are **with fault** in the matter of the overpayment for the following reasons:

HOW TO PAY US BACK

If you agree that an overpayment exists in the amount shown, you may send a reimbursement check payable to the "U.S. Department of Labor, Black Lung Program," to the following address:

U. S. Department of Labor
Black Lung Program
PO Box 360413M
Pittsburgh, PA 15251

Please enter the following numbers on the check or money order:

SSN: «SSN» «BIC»

IF YOU DISAGREE WITH THIS PRELIMINARY OVERPAYMENT FINDING

If you disagree with this finding, and believe that no overpayment exists, or that the amount we have calculated is incorrect, or that you are without fault in causing the overpayment, you have the right to submit evidence **within 30 days** to support your beliefs.

Working for America's Workforce

If we change our preliminary finding of **with fault** after considering new evidence, and determine instead that you are **without fault**, we are still required by law to recover the overpayment unless you can show that such recovery would "defeat the purpose of the law" or be "against equity and good conscience". This means that an overpayment must be repaid unless it was not your fault in any way **and** either:

- you could not meet your ordinary and necessary living expenses if you repaid the money, or
- repayment would be unfair because you gave up a valuable right, such as a job which you cannot now get back, or assumed debts, such as a college education for your child, in reliance on the continuation of these benefits, or if repayment would otherwise be against equity and good conscience.

If you are found to be **without fault** and you believe one of the above conditions applies to you, you may request that we waive recovery of the overpayment; in other words, you may request that we issue a decision saying you do not have to repay the overpayment. Send your request that we waive the overpayment, along with evidence showing you are without fault and why recovery should be waived, **within 30 days**.

You should **complete** and return the enclosed Form OWCP-20, **Overpayment Recovery Questionnaire**, within the next 30 days, along with financial documentation (covering the last year or two), such as income tax returns, bank account statements, monthly expense statements, or pay slips. You should submit as much financial documentation as possible, particularly if you intend to ask that the overpayment be waived. All this financial information will help us decide whether or not to waive your overpayment, if we determine you are without fault in making it.

If we do not change our preliminary finding that you are at fault, there is no basis for us to waive recovery of the overpayment. If the overpayment is not waived, interest may be charged. To avoid interest charges, you may pay the full amount due within thirty days of our final waiver determination letter. You may request permission to make monthly payments to achieve repayment of the overpayment. However, if this option is requested and approved, interest may be assessed on the outstanding balance until the overpayment has been repaid.

IF YOU WANT ASSISTANCE

You have the right to meet with one of our senior examiners to discuss your overpayment. Contact us in writing within 30 days if you wish to have such a meeting, called an **INFORMAL CONFERENCE**, and we will schedule one for you. You may bring a representative to the conference. The issues that can be discussed

are whether the overpayment has actually occurred, how the amount was calculated, whether you were at fault in causing the overpayment, and whether this office should collect it.

TO SUMMARIZE, YOU SHOULD TAKE ONE OF THE TWO ACTIONS LISTED BELOW,
WITHIN THE NEXT 30 DAYS:

- Send your reimbursement check to the post office box in Pittsburgh, PA (the address in the middle of the first page of this letter).

- OR -

- Send your completed Form OWCP-20, any other evidence or information, and - if you choose - your request for a waiver or an informal conference, to the address shown in the letterhead at the very top of the first page of this letter. To discuss this matter, you may call the toll-free, "800" number also listed at the top of the first page.

If we do not receive your payment within the next 30 days, we will carefully review your file, including any new information that you may have sent directly to this office. We will then issue a decision either to waive recovery of the overpayment, or to verify that you must repay it. This decision will advise you of further appeal rights, should you disagree with our findings.

Sincerely,

Claims Examiner

Enclosure: Form OWCP-20
Overpayment Calculation Worksheet