

**SUPPORTING STATEMENT  
Notice of Payments (LS-208)  
OMB No. 1240-0041**

**A. Justification**

**1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collections. Attach a copy of the appropriate section of each statute and of each regulation mandating or authorizing the collection of information.**

The Office of Workers' Compensation Programs administers the Longshore and Harbor Workers' Compensation Act (LHWCA). The Act provides benefits to workers injured in maritime employment on the navigable waters of the United States or in an adjoining area customarily used by an employee in loading, unloading, repairing, or building a vessel. In addition, several acts extend Longshore Act coverage to certain other employees.

Under Section 914(b) of the Longshore Act, the employer or its insurance carrier must issue payment of the first installment of compensation on or before the fourteenth day after notification of injury and notify the Director of such payment. Under Section 14(c) of the Act, the employer/carrier must immediately issue notification that payment has begun or has been suspended. Section 30(b) and (e) of the Act require the employer/carrier to file notice of payment and anytime an interim change in benefit payment is made. Section 914(g) of the Act requires the employer/carrier issue notification of final payment of compensation. These payments were previously submitted on both the LS-206 (Payment of Compensation Without Award) and the LS-208 (Notice of Final Payment or Suspension of Compensation Payments). The Form LS-206 has been discontinued. Form LS-208 (Notice of Payments) has now been designated as the proper form on which to report these payments. Filing of the report is mandatory as failure to do so is subject to a civil penalty.  
<http://www.dol.gov/owcp/dlhwc/lwhca.htm>.

**2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.**

The form is used to notify OWCP District Offices that any payments of compensation benefits - initial, final, change in

benefits amounts - have been made. The report is required by law. If the report were not filed, our offices would have no way to determine that a claimant has received all benefits that he/she is entitled to receive under Act.

**3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g. permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden.**

To improve upon the capabilities for the public to submit DLHWC documents, OWCP created the Secure Electronic Access Portal (SEAPortal), which allows the user to upload all forms (including this one) directly into the case file. It can be accessed at <https://seaportal.dol-esa.gov>

We are not aware of any additional improved information technology that could potentially reduce burden. This form is electronically interactive as mandated by the Government Paperwork Elimination Act. The form is currently available on the Internet where it can be form-filled and printed for submission. The website is <http://www.dol.gov/owcp/dlhwc/lsforms.htm>

**4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item A.2 above.**

This information collection does not duplicate existing requirements. No similar information is available from any other source, which information is only available from the insurance carrier or self insured employer since there are no other forms or reports that collect this information and the information must be filed on a case-by-case basis soon after compensation payments are terminated in a case.

**5. If the collection information impacts small businesses or other small entities, describe any methods used to minimize burden.**

The information is collected only from large insurance carriers and large employers who have been authorized to self-insure their

liability under the Act. The information is not collected from small businesses or other small entities. As such, this information collection does not have a significant economic impact on a substantial number of small entities.

**6. Describe the consequence of Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.**

The information is only collected when required by law at the time of initial, final or change in payment on a compensation case. It therefore cannot be collected less frequently without eliminating this method for determining when payment has ended.

**7. Explain any special circumstances.**

There are no special circumstances for the collection of this information. The Form LS-208 is used by the District Offices to ensure that compensation has been paid at the correct rate and for the correct dates.

**8. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the agency's notice, required by 5 CFR 1320.8 (d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments.**

No outside consultations have been conducted concerning the use of this form. This form is a simple and basic claim form, which requires the reporting of payments in a compensation case. This form is used routinely by all insurance carriers and self-insured employers that have been authorized by the Department of Labor to write Longshore Act coverage or to self-insure who make compensation payments under the Act. These insurance carriers and self-insurers are in almost daily contact with our District Directors who manage our district offices and with whom the form is filed. This relationship allows for what amounts to constant self outside evaluation by the affected industry.

A Federal Register notification inviting public comment was published on February 16, 2018 in Vol. 83, No. 33 Page 7080. No comments were received.

**9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.**

No payments or gifts are provided to respondents.

**10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulations, or agency policy.**

While no assurance of confidentiality is provided to respondents, to the extent records pertaining to specific compensation cases are disclosed, they are protected under the Privacy Act. Otherwise, the information collected is not protected under the Privacy Act.

**11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, private. This justification should include the reasons why the agency considers the questions necessary; the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.**

There are no questions of a sensitive nature.

**12. Provide estimates of the hour burden of the collection of information. The statement should:**

- Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. Unless directed to do so, agencies should not make special surveys to obtain information on which to base burden estimates. Consultation with a sample of potential respondents is desirable. If the burden on respondents is expected to vary widely because of differences in activity, size, or complexity, show the range of estimated burden and explain the reason for the variance. Generally, estimates should not include burden hours for customary and usual business practices. Provide estimates of the hour burden of the collection of information.

It is estimated from records maintained in the National Office that approximately 37,800 LS-208 forms will be filed each year. There are approximately 600 authorized carriers and self-insurers under the Act. We estimate approximately 63 LS-208 forms will be

filed for each. (600 carriers and self-insurers x 63 LS-208 forms for each company = 37,800 estimated total LS-208 forms filed). An average is used from the Longshore Case Management System, as the number of forms filed each year will vary depending on the number of lost-time injuries that are reported. A lost-time injury is an injury that results in loss of time from work beyond the shift or day of injury. However, the form LS-208 will only be filed in those cases in which disability exceeds 3 days, which requires the payment of compensation benefits. A Form LS-208 will therefore not be filed in every lost-time case; and in certain cases involving intermittent periods of disability, several forms may be filed for one case by an insurance carrier or self-insured employer. Depending on the severity of the injury and the length and types of disability, all or only a part of the form will be completed to reflect the amount of compensation paid in a case. Our best estimate of the time needed to complete the form is 10 minutes or .16667 hour. This estimate represents an average time since the form can be completed in less time in cases involving minor injuries and will take longer in cases involving serious injuries. This estimate is also based on the actual time taken by agency personnel to complete the form. It also includes the time needed to review and transfer the information from existing records maintained by the industry. Total burden is therefore as follows:

37,800 forms X .16667 hours per form = 6,300 burden hours

The annualized burden cost to the respondents has been estimated to be approximately \$173,880.00. This estimate is derived from use of the National Average Weekly Wage (NAWW) as computed by the Bureau of Labor Statistics and which is based on the national average earnings of production or nonsupervisory workers on private non-agriculture payrolls. Section 906(b) of the Act mandates the use of the NAWW in setting the maximum and minimum compensation rates under the Act and in determining the amount of annual adjustments due to permanent total disability and death beneficiaries. Since it is not possible to determine the specific occupation or wages for each person who will provide the information covered by this clearance, e.g., claims adjusters, claims managers, self-insurance administrators, secretaries, claims clerks, and other office personnel, and wages can vary considerably from person to person depending on duties and length of service, use of a national average weekly wage covering all occupations appears reasonable under the circumstances. The current applicable NAWW is \$735.89. The computations are therefore as follows:

$\$735.89 \div 40 \text{ hrs} = \$18.40/\text{hr} \times 6,300 \text{ hrs} = \$115,920.00$   
annualized burden cost.

**13. Annual Costs to Respondents (capital/start-up & operation and maintenance)**

A mailing cost of \$.58 per response (\$.50 postage, \$.03 envelope and \$.05 paper and printing costs) is applied for the estimated 40% of forms received by mail. ( $15,120 \times .58 = \$8,769.60$ ). The estimated remaining 60% of forms received (22,680) are electronically filed using our Secure Electronic Access Portal (SEAPortal) with no mailing costs associated with the form.

**14. Provide estimates of annualized cost to the Federal government.**

The estimated cost to the government has been estimated to be approximately \$256,076. This form is now available online so there are no longer printing and distribution costs associated with it. This estimate now only includes the cost of analysis of the form once received. Analysis costs were determined by applying the hourly rate of a GS-12 Step 5 Claims Examiner (\$39.85\*) to the total annual hours required for review. The annual review hours were determined by applying an estimate of 10 minutes (.17 hours) for the review of each form against the 37,800 forms, which are reviewed each year. The computations are therefore as follows:

\*Salary Table 2018 - RUS, [http://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2018/RUS\\_h.pdf](http://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2018/RUS_h.pdf)

$37,800 \times .17 \text{ hrs} = 6,426 \text{ hrs} \times \$39.85 = \$256,076.10$

**15. Explain the reasons for any program changes or adjustments.**

Before the LS-206 and LS-208 were streamlined, there was an estimated 9,450 burden hours for the 2 forms. With the new streamlined form, burden hours have been reduced to 6,300, an estimated reduction of 3,150 burden hours.

**16. For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the**

**time schedule for the entire project, including beginning and ending dates of the collection information, completion of report, publication dates, and other actions.**

The information collected will not be published for statistical use.\_

**17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.**

The expiration date will be displayed on the form.

**18. Explain each exception to the certification statement in ROCIS.**

There are no exceptions to the certification.

**B. Collections of Information Employing Statistical Methods**

Statistical methods are not used in these collections of information.