

Justification for No material/Nonsubstantive Change

EE8/EN8: Smoking History Identification

EE-8/EN-8: Smoking History, EE-9/EN-9: Racial/Ethnic ID, EE-10/EN-10: Claim for Additional WL and/or IMP, EE-11A/EN-11A: Response Requested for Impairment, EE-11B/EN-11B: Wage Loss Letter & Response Form, EE-12/EN-12: Request for Update - State Workers' Comp, and EE-16/EN-16: Compensation Payment Questionnaire

The Department of Labor's Office of Workers' Compensation Programs (OWCP) is the agency responsible for administration of the Federal Employees' Compensation Act (FECA), 5 U.S.C. 8101 et. seq., the Black Lung Benefits Act (BLBA), 30 U.S.C. 901 et. seq. and the Energy Employees' Occupational Illness Compensation Program Act of 2000 (EEOICPA), 42 U.S.C. 7384 et. seq. These statutes require OWCP to pay for appropriate medical and vocational rehabilitation services provided to beneficiaries. OWCP is requesting an address change to OWCP billing form *Smoking History Identification (EE8/EN8)* , *EE-9/EN-9: Racial/Ethnic ID*, *EE-10/EN-10: Claim for Additional WL and/or IMP*, *EE-11A/EN-11A: Response Requested for Impairment*, *EE-11B/EN-11B: Wage Loss Letter & Response Form*, *EE-12/EN-12: Request for Update - State Workers' Comp.*, and *EE-16/EN-16: Compensation Payment Questionnaire* in order for the new OWCP medical bill processor to receive and reimburse medical bills to medical providers.

Approval of this request is needed by April 17, 2020 for posting of the form on the new medical bill processors web portal. This will allow ample time for the new bill processor's assumption of operations on April 27, 2020. Any approval date beyond would necessitate a delay in operations go-live until the request is approved.