

Online Contact Form

Expires: 05/31/2027

Claimant:		Case ID:		Today's Date:	
Reporter, if not claimant:		Social Security Number (Optional):		Caller's Telephone #:	Return Call? <input type="checkbox"/> YES <input type="checkbox"/> NO
Email Address:					
Do you verify the following change(s) being reported below? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Address Change — <input type="checkbox"/> YES					
New Address:					
Phone Number:					
DIRECT DEPOSIT — <input type="checkbox"/> YES					
Account Type:		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Requesting a Direct Express Form — <input type="checkbox"/> YES	
Account #:			Routing #:		
Bank Name:					
Bank Address:					
City, State, Zip:					
Phone #:					
Report of Death — <input type="checkbox"/> YES					
Name of Deceased:			Date of Death:		
Next of Kin:			Funeral Home: <i>Name/Address:</i>		
Address:					
Phone #:					
<input type="checkbox"/> YES — Request for Income Verification:					
<input type="checkbox"/> YES — Request Copies of:					
<input type="checkbox"/> YES — Medical Billing Issues:					
<input type="checkbox"/> YES — Request for Claim Status Update:					
<input type="checkbox"/> YES — Non Receipt of Benefit Payment Dated:					
<input type="checkbox"/> YES — Other Issues/Miscellaneous:					
<input type="checkbox"/> I CERTIFY THAT ALL OF THE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. If you conceal or fail to disclose a reporting event with an intent to obtain benefits fraudulently, either in a greater amount or when no payment is authorized, you may be fined, imprisoned, or both, as provided in 30 U.S.C. 941.					

PRIVACY ACT NOTICE

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) the Black Lung Benefits Act (BLBA) (30 U.S.C. 901et seq.), as amended, is administered by the Office of Workers' Compensation Programs (OWCP) of the U.S. Department of Labor, which receives and maintains personal information, relative to this application, on claimants and their immediate families; (2) information obtained by OWCP will be used to determine eligibility for benefits payable under the BLBA; (3) information may be given to other government agencies, coal mine operators potentially liable for payment of the claim or to the insurance carrier or other entity which secured the operator's compensation liability, contractors providing automated data processing services to the Department of Labor; and representatives of the parties to the claim; (4) information may be given to physicians or other medical service providers for use in providing treatment, making evaluations and for other purposes relating to the medical management of the claim; (5) information may be given to the Department of Labor's Office of Administrative Law Judges, or other person, board or organization, which is authorized or required to render decisions with respect to the claim or other matters arising in connection with the claim; (6) information may be given to Federal, state or local agencies for law enforcement purposes, to obtain information relevant to a decision under the BLBA, to determine whether benefits are being or have been paid properly, and where appropriate, to pursue administrative offset and/or debt collection actions required or permitted by law; (7) disclosure of the claimant's or deceased miner's Social Security Number (SSN) or tax identifying number (TIN) on this form is voluntary, and the SSN and/or TIN and other information maintained by the OWCP may be used for identification and for other purposes authorized by law; (8) failure to disclose all requested information, may delay the processing of this claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits; and (9) this information is included in a System of Records, DOL/OWCP-2 published at 81 Federal Register 25765, 25858 (April 29, 2016) or as updated and republished.

PUBLIC BURDEN STATEMENT

We estimate that it will take an average of 3 minutes per response to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the U.S. Department of Labor, Division of Coal Mine Workers' Compensation, 200 Constitution Avenue, N.W., Suite C3520-DCMWC Washington, D.C. 20210. **DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.**

Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

NOTICE

If you have a substantially limiting physical or mental impairment, federal disability nondiscrimination law gives you the right to receive help from OWCP 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 the claims examiner to ask about this assistance.