

**SUPPORTING STATEMENT FOR  
ADMINISTRATION OF THE LONGSHORE  
AND HARBOR WORKERS' COMPENSATION ACT**

**OMB CONTROL NO. 1240-0014**

This ICR seeks to revise a currently approved collection.

**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 (OWCP) administers the Longshore and Harbor Workers' Compensation Act (LHWCA). LHWCA 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 employer in loading, unloading, repairing, or building a vessel. In addition, several Acts extend the Longshore Act's coverage to certain other employees.

The Secretary of Labor has authority to make rules and regulations to establish procedures which are necessary or appropriate to carry out the provisions of the Act. 33 U.S.C. §§ 939, 944. The Secretary has delegated that authority to the Director, Office of Workers' Compensation Programs. Secretary's Order 10-2009; Pub. L. 111-5 § 803, 123 Stat. 115, 187 (2009).

A claimant's social security number may be requested pursuant to Public Law 103-112 and the regulations at 20 CFR 702.202 and 702.221.

The following regulations have been developed to implement the Act's provisions and to provide clarification in those areas where it was deemed necessary. In some cases, prior regulations have been updated and changed to either reflect the intent of the amended Act or to correct recognized deficiencies.

**20 CFR 702.162** -- This section pertains to the payment of compensation liens acquired by trust funds which comply with section 302(c) of the Labor - Management Relations Act of 1947, 29 U.S.C. 186(c) (LMRA), and which are established pursuant to a collective bargaining agreement in effect between an employer and an employee entitled to compensation under the Act. To establish entitlement to a lien, the District Director or Administrative Law Judge may require that certain information be submitted, e.g., a copy of the trust agreement, a copy of the collective bargaining agreement, and a certified statement showing the total amount of disability payments paid to the claimant. The

information is needed to determine whether the trust fund is entitled to a lien pursuant to Section 17 of the Act.

**20 CFR 702.174 and 702.175** -- These sections pertain to the certification of exemption and reinstatement of employers who are engaged in the building, repairing or dismantling of exclusively small vessels. Once certified, injuries sustained at the exempt facilities are not covered under the Act except under certain defined circumstances. **Section 702.174** contains the information which must be submitted to obtain a certificate of exemption from the Director, OWCP. **Section 702.175** sets forth the information which must be submitted to be reinstated should the exemption terminate for some reason. The information submitted is needed by the Director to determine whether an applicant meets the certification requirements contained in Section 3(d) of the Act. If the information were not collected, certification could not be granted under the Act.

**20 CFR 702.242** -- This section pertains to the settlement of cases under the Act and the information which must be submitted in support of a settlement application. The information is submitted by the parties to the settlement to the District Director or Administrative Law Judge for evaluation and approval/disapproval. The information is needed to properly evaluate whether the proposed settlement is adequate. If the information were not submitted, there would be no basis for evaluating the adequacy of the proposal as required by Section 8(i) of the Act.

**20 CFR 702.285** -- This section pertains to the reporting of earnings by injured claimants receiving compensation benefits under the Act. The section implements Section 8(j) of the Act, which authorizes employers and insurance carriers to collect earnings information from claimants to whom they are paying compensation benefits. The earnings reports may be requested semi-annually. The information will be used by employers and self-insurers to determine whether the benefits they are paying claimants should be reduced based on earnings received. In addition, the Director (OWCP) may request earnings information from claimants who are receiving benefits from the Special Fund. A form has been developed to collect the earnings information, Form LS- 200, Report of Earnings, and is attached as part of this clearance request. If the information were not collected, claimants may continue to receive compensation benefits which they may not be entitled to receive.

**20 CFR 702.321** -- This section pertains to the filing of an application for relief with a District Director under Section 8(f) of the Act. Section 8(f) contains the second injury provisions of the Act which limit an employer's liability for compensation payments in cases which the disability incurred as a result of a latter injury is greater due to a preexisting partial disability. In those cases in which section 8(f) relief is granted, the employer/carrier generally will pay only 104 weeks of permanent disability payments with the remainder of payments due being paid from the Special Fund authorized under Section 44 of the Act. The Act requires that all requests for 8(f) relief first be presented to an OWCP deputy commissioner. The information required by this section is needed in order to properly evaluate the merits of the employer/carrier's request for 8(f) relief. If the information were not submitted, a proper evaluation of the application could not be made.

**ESA-100 [(20 CFR 702.201), (702.111)]**: This clearance pertains to the maintenance of injury reports under the Act. In compliance with current OSHA injury recordkeeping, it is a recordkeeping requirement instead of an actual form and requires employers to keep a record of and report on employees who have sustained injury or death under the Act whether lost time or not.

**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.**

Individual forms used to collect/record information for claims adjudication under LHWCA are described below.

**LS-271, Application for Self-Insurance**: Section 32(a) of the LHWCA requires that every employer shall secure the payment of compensation through either an authorized insurance company or by qualifying as a self-insured employer. To secure authorization to self-insure benefits under the Act or its extensions, the employer must submit Form LS-271, Application for Self-Insurance, which requests basic information concerning the applicant's type of business, number of employees, accident experience, type of excess insurance coverage, etc. OWCP uses the information collected to evaluate the qualifications of a company to self-insure its liability under the Act and extensions. It is also used to determine the amount of security a company must deposit with the OWCP to secure the prompt and continued payment of benefits under the Act. If the information were not collected, self-insurance authorizations could not be granted as required by the statute.

**LS-272, Application to write Longshore Insurance**: Section 32(a) of the LHWCA requires that every employer shall secure the payment of compensation through either an authorized insurance company or by qualifying as a self-insured employer. To secure authorization to provide insurance coverage under the Act or its extensions, the insurance carrier must submit Form LS-272, Application to write Longshore Insurance, which requests basic information concerning the Act(s) requested, the states where the applicant is authorized to write workers' compensation coverage and the applicant's corporate officers. OWCP uses the collected information to evaluate the qualifications of a carrier to cover its liability under the Act and extensions. It is also used to determine the amount of security a company must deposit with the OWCP to secure the prompt and continued payment of benefits under the Act. If the information were not collected, authorizations could not be granted as required by the statute.

**LS-274, Report of Injury Experience of Insurance Carrier or Self-Insured Employer**: 20 CFR 703.310 of the Regulations Governing the Administration of the Longshore and Harbor Workers' Compensation Act and its extensions requires that insurance carriers and self-insured employers authorized under the Act provide to the OWCP on request a report showing all outstanding injury and death cases and the particulars of each case. Form LS-274 is used for this purpose. The information contained on the form is used to evaluate the

adequacy of the amount of negotiable securities or bond an insurance carrier or self-insurer is required to deposit with the OWCP to provide security for the payment of all outstanding obligations. The National Office of the Division of Federal Employees', Longshore and Harbor Workers' Compensation (DFELHWC) uses the collected information to evaluate the adequacy of an insurance carrier or self-insurer's security deposit relative to the outstanding liabilities for the company. If the information were not collected, there would be no way to determine whether an insurance carrier or self-insurer's security deposit is adequate to provide for the continued payment of benefits should the insurance carrier or self-insurer become insolvent or bankrupt.

LS-200, Report of Earnings: This form is used to verify whether the claimant earned any wages while also receiving compensation benefits. The claimant uses this form to report earnings for the previous year. If the information contained on the form were not collected, the program would be unable to ascertain a claimant's continued entitlement to compensation benefits.

LS-201, Notice of Employee's Injury or Death: Under section 12 of the Longshore Act, an employee or beneficiary shall give written notice of injury or death within certain time frames as specified in the Act. Such notice is to be given to the District Director and the employer. Form LS-201 has been provided for this purpose. The information collected by Form LS-201 is used by employers/carriers to begin paying compensation benefits to injured claimants or their survivors and by the Longshore Program to establish a case file and to assure that claimants receive all the benefits under the Act to which they are entitled. If it is not submitted under certain circumstances, a claimant's right to compensation benefits could be denied.

LS-513, Report of Payments: Section 44 of the Act requires that all insurance carriers and self-insurers authorized under the Act and/or extensions to report to the Office of Workers' Compensation Programs each year the total amount of all payments made during the year under the Act and extensions. The reported payments are used to determine if a company is subject to an assessment under the Act. Form LS-513, Report of Payments, has been provided for this purpose. The information collected is used by the Longshore Program to determine the amount self-insurers and insurance carriers will be assessed each year for payment into the Special Fund. If the information were not collected, there would be no basis for determining the amount of a company's annual assessment. The detailed listing of claims submitted with the LS-513 is used internally and by external auditors to verify the figures reported, ensure the accuracy and reliability of the data collection and to ensure data integrity. Requiring submission of the contracting agency data for Defense Base Act cases is necessary to enable the program to better cross-reference the information submitted on the LS-202 (OMB 1240-0003) and adequately monitor DBA claims processing and compliance.

LS-267, Claimant's Statement: This form is used to verify the continued entitlement of claimants to receive death benefits from the Special Fund. Specifically, the claimant, if receiving benefits as a surviving spouse, advises whether they have remarried since the prior reporting period or, if payments are being made on behalf of a beneficiary as a student, advises whether the beneficiary continues to be enrolled in school as a full-time student. If the information contained on the form were not collected, the program would be unable to ascertain their continued entitlement to compensation benefits.

LS-203, Employee's Claim for Compensation: This form is filed pursuant to section 13(a) of the Act and represents the injured employee's claim for compensation benefits. The form is completed by injured claimants and filed with our district offices. A copy of the form is forwarded by the district office to the employer/insurance carrier responsible for paying benefits to the claimant. If the information were not collected, our district offices would have no way of determining the exact nature of a claim and whether claimants are receiving all of the benefits that they are entitled to receive under the Act.

LS-204, Attending Physician's Supplementary Report: This form is completed by physicians rendering treatment under the Act and is filed with the district office with a copy also sent to the responsible employer/insurance carrier. The form is needed to determine the medical progress of a case. If the information were not submitted, the district office would be unable to fulfill its medical monitoring obligation under Section 7 of the Act and would be unable to determine if claimants were receiving all benefits to which they are entitled.

LS-262, Claim for Death Benefits: This form is used by all classes of dependents to file death claims under the Act. Such claims are required pursuant to section 13(a) of the Act. The completed claim forms are generally filed with our district offices which, in turn, forward copies to the responsible employers/carriers for investigation and processing. The information contained on the form is needed to determine eligibility for death benefits under the Act and if it were not collected, this determination could not be made.

**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.**

In accordance with the Government Paperwork Elimination Act (GPEA), the LHWCA recognizes the requirement that all OMB forms ("when practicable") were to be electronically interactive as of October 2003. All forms in this collection can be downloaded from the Longshore internet site at <https://www.dol.gov/agencies/owcp/dlhwc/lforms>. They can be filled and submitted electronically. Forms LS-200, 201, 203, 204, 262, and 267 can be submitted electronically through the DFELHWC's Secure Electronic Access Portal (SEAPortal) found at <https://seaportal.dol.gov/portal/>. Forms LS-271, LS-272 and LS-274 can be submitted

electronically via dedicated email accounts ([Longshore Self-Insured Communication@dol.gov](mailto:Longshore_Self-Insured_Communication@dol.gov) or [Longshore Carrier Communication@dol.gov](mailto:Longshore_Carrier_Communication@dol.gov)). Form LS-513 can be uploaded via the Longshore Electronic Access Forms Submission (LEAFS) which can be accessed at <https://seaportal.dol.gov/portal/?leaf>.

**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 2 above.**

All of the forms and regulations have been carefully reviewed to avoid duplication. Regarding the recordkeeping requirement for 20 CFR 702.201, an employer need only keep one record to meet both requirements (OSHA and LHWCA), therefore, there is no duplication of records. The requirement for the employer to keep record of injury is required under two different federal regulations (29 CFR 1904 for OSHA and 29 CFR 702 for OWCP), but one record satisfies both, thereby explicitly not duplicating records or burden hours.

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

Generally, the required information is collected from large employers who are self-insured under the Act or from large insurance carriers who are authorized to write insurance coverage under the Longshore Act. However, information may also be requested from injured workers, attorneys and small businesses. To keep burden to a minimum, the forms request only that information which is absolutely essential for the Longshore program to properly evaluate an application or determine entitlement to benefits. Thus, this information collection does not have a significant economic impact on a substantial number of small entities.

**6. Describe the consequence to 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 required by the regulations and forms which are a part of this clearance is collected in accordance with the provisions of the Longshore Act. In administering a compensation program, information is generally submitted in the form of claims for benefits, medical documentation, and applications for specific authorizations or exemptions. The information is submitted on occasion, as the need arises, and therefore cannot be collected less frequently.

**7. Explain any special circumstances.**

- \* Requiring respondents to report information to the agency more often than quarterly;
- \* Requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;

- \* Requiring respondents to submit more than an original and two copies of any document;**
- \* Requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records, for more than three years;**
- \* In connection with a statistical survey, that is not designed to produce valid and reliable results that can be generalized to the universe of study;**
- \* Requiring the use of a statistical data classification that has not been reviewed and approved by OMB;**
- \* That includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or**
- \* Requiring respondents to submit proprietary trade secrets, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.**

The ESA-100 is not an actual form. It is a recordkeeping requirement in compliance with current OSHA recordkeeping (20 CFR 702.201) which requires employers to keep a record of and report on employees who sustain an injury or death under the Act whether the employee loses time or not. The recording retention schedule is 5 years.

**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.**

**Specifically address comments received on cost and hour burden. Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.**

**Consultation with representatives of those from whom information is to be obtained or those who must compile records should occur at least once every 3 years—even if the collection of information activity is the same as in prior periods. There may be circumstances that may preclude consultation in a specific situation. These circumstances should be explained.**

A notice inviting public comment was published in the *Federal Register* on 05/11/2023. Comments were not received.

In addition, OWCP and Longshore leadership invite comment and feedback on processes and forms on a continual basis with regularly scheduled meetings with stakeholders including, but not limited to: four to five conferences per year during which OWCP is a presenter to keep our

stakeholders apprised and field their questions, comments and concerns; annual Carrier Performance Meetings with OWCP leadership and the largest carriers; special requests for in person and/or virtual meetings with stakeholders throughout the year; outreach efforts at the District Office and National Office levels; and continual communication with all stakeholders.

**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.**

Where records pertain to specific compensation cases, the completed forms will be maintained in the claimant's case file. Thus, the information collected is covered by Privacy Act Systems of Records, DOL/OWCP-3, published at 81 *Federal Register* 25765 (April 29, 2016), or as updated and republished. 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, religious beliefs, and other matters that are commonly considered 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.**

Medical reports and social security numbers are required. This information is required to ensure benefits are being awarded properly.

**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 conduct special surveys to obtain information on which to base hour burden estimates. Consultation with a sample (fewer than 10) of potential respondents is desirable. If the hour burden on respondents is expected to vary widely because of differences in activity, size, or complexity, show the range of estimated hour burden and explain the reason for the variance. Generally, estimates should not include burden hours for customary and usual business practices.<sup>1</sup>**
- **If this request for approval covers more than one form, provide separate hour burden estimates for each form.**

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<sup>1</sup> The LHWCA retention period for claims is 15 years as noted in the record schedule DAA-0271-2017-0005.



- **Provide estimates of annualized cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead, this cost should be included in Item 14.**

The burden estimates for all of the forms and sections of the regulations which come under this clearance are as follows:

**LS-200, Report of Earnings (20 CFR 702.285):**

Approximately 2,050 forms are expected to be received each year. It is estimated that in approximately 20 percent (or 410) of these cases, there will be no earnings information to report. The form has been designed to enable a claimant to merely check a box on the form showing that he/she has no earnings to report and to sign and return the form. The burden to the public has therefore been kept to a minimum and the burden associated with those reports containing no earnings has been classified as a certification and has been deleted from the burden estimate assigned to this form.

To determine the 2,050 responses, there are approximately 10,200 new lost time injuries reported each year of which 8,200 cases are in compensation status at any given time under the Act and extensions. It is estimated that the LS-200 will be used annually in approximately 25 percent of the cases in compensation status. An estimate of 25 percent has been used since compensation benefits will not be paid in all the newly reported compensation cases (some will be controverted), and compensation benefits will be paid for only short periods of time in other cases thereby not requiring the use of the LS-200 to verify earnings information. It is also estimated that in the majority of cases, there will be very little earnings to report. The 10-minute completion time should be viewed as an average completion time as substantially less than 10 minutes (.17 hour) will be required to complete the form if there are few earnings to report while a greater amount of time may be needed if there has been employment with one or more employers. The response time estimate takes into consideration such time that would be needed to check existing earnings or wage records and is considered reasonable under the circumstances. Burden is estimated to be 348.5 hours (.17 hours X 2,050 forms (expected to be completed each year which will contain earnings information)).

**20 CFR 702.162 (Liens)**

Based on experience since the last clearance, it is estimated that only 10 requests will be received each year to impose a lien on a claimant's compensation benefits pursuant to payments made by a trust fund authorized under this section. It has been estimated that it will take 30 minutes (.5 hours) to furnish the required copy of the collective bargaining agreement, the trust agreement, and a certified statement showing the total amount of benefits paid to the claimant. Total annual burden is estimated to be five (5) hours (.5 hours x 10 lien requests).

### **20 CFR 702.174 (Certifications) and 175 (Reinstatements)**

The two sections are related as 702.174 pertains to the certification requirements for builders of small vessels and 702.175 contains the requirements for reinstatement should the certification lapse for some reason. Based on the average number of applications received annually since the last clearance, OWCP estimates receiving five (5) new applications for certification and two (2) requests for reinstatement each year. OWCP additionally estimates a response time of 45 minutes (.75 hour) for 702.174 (certifications) and 30 minutes (.5 hour) for 702.175 (reinstatements). The respective response times are considered reasonable in view of the limited information which is required for both certification and reinstatement. The information required for certification under 702.174 is little more than a confirmation on the part of the applicant that the facility requesting exemption is engaged in the building, repairing or dismantling of exclusively small vessels. The remaining information requested relates to the description of the business, its name and location and whether proper workers' compensation insurance has been secured under a state workers' compensation law. The request for reinstatement under 702.175 requires a reaffirmation of the nature of the business, an explanation of the circumstances leading to the termination of the exemption, and an affidavit affirming that the termination circumstances no longer exist. All of this information is readily available to the company requesting reinstatement. Thus, the burden estimate under Section 702.174 has been estimated to be 3.75 hours (.75 hours X 5 applications). The burden for Section 702.175 has been estimated to be one (1) hour (.50 hours X 2 reinstatement requests).

### **20 CFR 702.242 (Settlement applications)**

The settlement application must be self-sufficient since it will not only be submitted to District Directors but also to Administrative Law Judges who do not have available all of the information contained in the case file. The district office case file also will not always contain all of the required information. The specific terms of the proposed settlement will vary from case to case as will the reasons for settlement. Burden for this section has been estimated to be approximately 4,080 hours. A response time of 2 hours has been applied against the 2,040 annual responses which are expected to be received each year. The 2,040 response figure was determined by estimating that approximately 20 percent of all lost time injury cases will be settled under the Act's settlement provisions. The 2-hour response time is considered reasonable since the information required is generally available to the parties and is submitted in the form of a summary of events in the development of the case. The 2-hour response time should be viewed as an average response time since some settlement applications will be uncomplicated and therefore will take less time to prepare than some of the more complex applications involving, for example, structured settlements. Settlements of this type involve more than just lump sum payments and can provide for continuing payments in addition to lump sum payments. The information which is required is important and is needed to properly evaluate settlement applications. Total annual burden is estimated to be 4,080 hours (2 hours x 2,040 settlement applications).

**20 CFR 702.321 (Section 8(f) payments)**

Section 8(f) relief is not requested until such time as a claimant's permanent disability is established. Based on actual experience of cases now being submitted for payment from the Special Fund under Section 8(f), there will be 580 such cases each year. A five (5) hour response time is considered reasonable (to collect the information) since the information required is generally available to the parties and has been developed as the case has progressed from the initial injury to the point of maximum medical improvement. Some applications involving complicated medical issues, or where prior medical records are not readily available, may take a substantial amount of time to develop. The 5-hour response time should therefore be viewed as an average since some cases will be more complex than others and will require additional time to prepare than for a routine case in which the pre-existing disability is readily apparent. The annual burden is calculated to be 2,900 hours (5 hours X 580 cases).

**ESA-100 (LS) (Annual report):** This is a recordkeeping requirement pursuant to 20 CFR 702.111 and 201. There are 21,000 record keepers who file two annual reports. It is estimated that it takes one (1) minute (.02 hours) to file an accident report which is considered to be a reasonable amount of time needed for this function. The recordkeeping burden has been estimated to be 840 hours (21,000 x 2 annual reports filings x .02 hours per report).

**LS-271 (Application for Self-insurance):** It is estimated on the basis of past experience and future expectations that there will be approximately 9 respondents for the Form LS-271. Each respondent will submit only one response. The estimated response time of 3 hours for the LS-271 has been determined through actual review of responses submitted on applications for self-insurance authorization submitted to the National Office of the DFELHWC.

All applications submitted and approved are maintained in the National Office and are periodically reviewed. Total annual burden is estimated to be 27 hours (3 hours x 9 annual responses).

**LS-272 (Application to write Longshore Insurance):** It is estimated that there will be approximately 10 respondents for the Form LS-272. Each respondent will submit only one response. The estimated response time of 3 hours for the LS-272 accounts for the time to complete the form and gather supplemental data necessary to complete the application package.

All applications submitted and approved are maintained in the National Office and are periodically reviewed. Total annual burden is estimated to be 30 hours (3 hours x 10 annual responses).

**LS-274 (Report of Injury Experience of Insurance Carriers and/or Self-Insured Employer):** Based on past experience and future expectations it is estimated that

approximately 552 insurance carriers and/or self-insurers will report their outstanding liabilities to OWCP each year. These insurance carriers and/or self-insurers have their outstanding liabilities in computer format which is acceptable to this Office. From a company financial standpoint, loss information on compensation cases would be maintained even if it were not required to be submitted to the OWCP. Without computer capability the LS-274 is manually completed from loss information the company maintains in the normal course of running a business. Reports are filed annually. Burden is currently estimated to be 552 hours (1 hour x 552 reports).

**LS-201 (Notice of Employee's Injury or Death):** It is estimated that approximately 1,000 forms will be used each year to report injuries and deaths under the Longshore Act and its extensions. This estimate is based on the actual number of forms received in the office in past years. It is estimated that approximately 15 minutes (.25 hour) is needed to complete the form. This estimate is considered reasonable in light of the educational backgrounds of those who are expected to complete the forms. For the most part, formal education will be limited since the majority of employment covered by the Act and its extensions is manual labor involving the loading and unloading of vessels. Burden has been estimated to be approximately 250 hours (.25 hours X 1,000 forms).

**LS-513 (Report of Payments):** Based on actual experience and future expectations, it is estimated that approximately 552 Forms LS-513 will be used each year to report payments made under the Act and its extensions. Each self-insurer and insurance carrier will file only one report per year. A small subset of these entities -- those that self-insure for DBA liabilities or provide DBA insurance coverage -- are also required to report their DBA payments by contracting agency on the form; self-insured employers and insurance carriers who do not write DBA coverage are not required to complete this portion of the form. OWCP estimates that out of the 552 respondents, approximately 10 companies are subject to this requirement.

For 542 of the respondents, an estimate of 30 minutes is considered a reasonable length of time in which to check company financial records and enter the information on the form. The information requested on the form is readily available from the financial records of the companies since they would be required to maintain the information as a normal business practice even if it were not required by this Office. The estimated time to complete the form is based on the time needed to transfer the information from records already in existence onto the form. Burden has been estimated to be approximately 271 hours (.50 hours X 542 forms) annually.

For the remaining 10 companies that make DBA payments and are required to report those payments by contracting agency, it is estimated that the burden is only slightly higher than the other respondents at 1 hour (as opposed to 30 minutes), which allows additional time to enter the contracting agency breakdown on the form. Burden has been estimated to be approximately 10 hours (1 hour X 10 forms) annually. This is an increased burden of 5 hours total for this group of 10 respondents.

Burden is therefore estimated to be 281 hours (271 plus 10).

**LS-267 (Claimant's Statement):** This form is used to collect information on death cases only. Formerly, wage information was also collected from totally disabled claimants. The wage information is now collected on Form LS-200 which is a part of this clearance. Completion of the LS-267 now requires that only two boxes be checked and the form be signed and dated. It is estimated that this will take two (2) minutes. Based on actual usage of this form by the National Office, and the limited number of death cases reported under the Act, it is estimated that approximately 762 forms will be completed each year. Burden is estimated to be approximately 25.15 hours (.033 hours X 762 forms).

**LS-203 (Employee's Claim for Compensation):** It is estimated that 6,165 claim forms will be filed each year with our district offices. This estimate is based on its use in approximately 45% of the 13,700 lost-time injuries that were reported in the past year. A response time of 15 minutes has been assigned to this form since this form is a basic claim form and the information to complete it is readily available to the claimant since it pertains to the claimant's job and injury. This completion time should be considered as an estimate since some claimants may require more or less time to complete the form. Burden is estimated to be 1,541.25 hours (.25 hours x 6,165 claims).

**LS-204 (Attending Physician's Supplementary Report):** The Form LS-204 is a medical report form which requests basic information relating to a claimant's injury. It is estimated based on a usage rate of approximately 2 forms for each of the 10,200 lost-time injuries filed each year that approximately 20,400 forms will be filed each year and that it will take 30 minutes to complete the form. This is considered a reasonable estimate since actual experience with the form has shown that, for the most part, physicians tend to provide brief responses to the questions posed thereby reducing the amount of time needed to complete the form. The examination time of 15 minutes is also considered reasonable in view of the fact that some injuries may be serious, e.g., fractures and other traumatic injuries, which may require more than 15 minutes to complete while others such as minor cuts, sprains and bruises may require less time. The 30-minute period should therefore be viewed as an average time to conduct an examination. Burden is estimated to be 10,200 hours (.5 hour x 20,400 reports).

**LS-262 (Claim for Death Benefits):** This is a basic claim form which requests information relating to death claims. It is estimated that it will take approximately 15 minutes to complete, since all of the information requested is readily available to the person completing the form. It is estimated based on past experience that approximately 280 death claims will be filed under the Act each year. The number of death claims has remained relatively constant over the years. Burden is estimated to be 70 hours (.25 hours x 280 claims).

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The annualized burden cost estimates are calculated using the National Average Weekly Wage (NAWW), as computed by the Bureau of Labor Statistics, <http://www.bls.gov/data>, for production or non-supervisory workers on private non-agriculture payrolls in a 40 hour work

week. Section 6(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 for permanent total disability and for death benefits. *See* 33 U.S.C. 906(b). Since it is not possible to determine the specific occupation or wages for each person who will provide the information covered by this clearance, 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 is reasonable. The FY2023 applicable NAWW is \$916.99. The average work week is 40 hours. The Annualized Burden Cost was computed using the NAWW divided by 40 hours per week multiplied by the Burden Hours. The computations are therefore as follows:

**BURDEN SUMMARY**

Activity	No. of Respondents	No. of Responses per Respondent	Total Responses	Average Burden (Hours)	Total Burden (Hours)	Hourly Wage Rate	Total Burden Cost
LS-200	4,687	1	4,687	Varies - see above explanation	7,338.25	\$22.92	\$168,192.69
LS-271	9	1	9	3.0	27	\$22.92	\$618.84
LS-272	10	1	10	3.0	30	\$22.92	\$687.60
LS-274	552	1	552	1.0	552	\$22.92	\$12,651.84
ESA100 record-keeping requirement	21,000	2	42,000	.02	840	\$22.92	\$19,252.80
LS-201	1,000	1	1,000	.25	250	\$22.92	\$5,730.00
LS-513	552	1	552	Varies - see above explanation	281	\$22.92	\$6,440.52
LS-267	762	1	762	.033	25.15	\$22.92	\$576.44
LS-203	6,165	1	6,165	.25	1,541.25	\$22.92	\$35,325.45
LS-204	10,200	2	20,400	.50	10,200	\$22.92	\$233,784
LS-262	280	1	280	.25	70	\$22.92	\$1,604.40
<b>Total</b>	<b>45,217</b>		<b>76,417</b>		<b>21,154.65</b>		<b>\$514,058.01</b>

**13. Provide an estimate for the total annual cost burden to respondents or record keepers resulting from the collection of information. (Do not include the cost of any**

**hour burden already reflected on the burden worksheet).**

**\* The cost estimate should be split into two components: (a) a total capital and start-up cost component (annualized over its expected useful life) and (b) a total operation and maintenance and purchase of services component. The estimates should take into account costs associated with generating, maintaining, and disclosing or providing the information. Include descriptions of methods used to estimate major cost factors including system and technology acquisition, expected useful life of capital equipment, the discount rate(s), and the time period over which costs will be incurred. Capital and start-up costs include, among other items, preparations for collecting information such as purchasing computers and software; monitoring, sampling, drilling and testing equipment; and record storage facilities.**

**\* If cost estimates are expected to vary widely, agencies should present ranges of cost burdens and explain the reasons for the variance. The cost of purchasing or contracting out information collections services should be a part of this cost burden estimate. In developing cost burden estimates, agencies may consult with a sample of respondents (fewer than 10), utilize the 60-day pre-OMB submission public comment process and use existing economic or regulatory impact analysis associated with the rulemaking containing the information collection, as appropriate.**

**\* Generally, estimates should not include purchases of equipment or services, or portions thereof, made: (1) prior to October 1, 1995, (2) to achieve regulatory compliance with requirements not associated with the information collection, (3) for reasons other than to provide information or keep records for the government, or (4) as part of customary and usual business or private practices**

There are no start-up costs associated with this collection. All forms may be submitted electronically at no cost.

**14. Provide estimates of annualized costs to the Federal government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operational expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information. Agencies may also aggregate cost estimates from Items 12, 13, and 14 in a single table.**

Estimates of annualized cost to the Federal Government for all of the forms and regulations associated with this clearance are as follows:

The estimated cost to the government has been estimated to be approximately \$113,599.17. The forms are now available online so there are no longer printing and distribution costs associated with them. The estimates now only include the costs of analysis of the completed forms once received.

**LS-271, LS-272, LS-274, LS-201, LS-513, LS-267, LS-203, LS-204 and LS-262:** The cost to the government has been estimated to be approximately \$47,599.17. This estimate

was determined by taking into consideration analysis costs associated with the review of these forms. The forms are available on the website. Therefore, mailing costs are reduced to zero from the last collection. Analysis and handling costs for forms LS-271, 272, 274, and 513 were determined by applying the hourly rate of a GS-13, Step 5 workers' compensation specialist (currently \$53.49 per hour). Analysis and handling costs for forms LS-200, LS-204, LS-262, LS-267 were determined by applying the hourly rate of a GS-12/Step 5 workers' compensation claims examiner. Therefore, costs were reduced from the last collection as these forms are now reviewed by the lower grade claims examiners. Analysis and handling of forms LS-201, LS-203 are done were determined by applying the hourly rate of a GS-7/Step 5 data entry clerk. Therefore, costs were reduced from the last collection as these forms now come in and are entered by data entry clerks and do not require analysis by the higher grade claims examiners. Work can be performed anywhere in the country; consequently, the agency has used the [2023 Rest of the U.S. pay chart](#) developed by the Office of Personnel Management. The cost is figured as follows:

Form	Grade/Rate	Analysis (Hours)	# of Forms	Federal Cost
LS-200	GS-12/\$44.98	.02	2,050	\$1,844.18
LS-201	GS-7/\$25.36	.02	1,000	\$507.20
LS-203	GS-7/\$25.36	.02	6,165	\$3,126.89
LS-204	GS-12/\$44.98	.02	20,400	\$18,351.84
LS-262	GS-12/\$44.98	.02	280	\$251.89
LS-267	GS-12/\$44.98	.02	762	\$685.50
LS-271	GS-13/\$53.49	3	9	\$1,444.23
LS-272	GS-13/\$53.49	3	10	\$1,604.70
LS-274	GS-13/\$53.49	.5	552	\$14,763.24
LS-513	GS-13/\$53.49	.17	552	\$5,019.50
<b>Total</b>	--	--	--	<b>\$47,599.17</b>

**Total cost to the government for all forms is \$113,599.17** (\$47,599.17 + \$66,000 (SEAPortal))

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

The annualized burden cost for mailing is reduced to zero (reduced by \$9,524.76) as the submissions may be made electronically via the SEAPortal.

The cost to the government has been reduced by \$70,323.83 due to changes in process allowing intake/entry of forms LS-201 and LS-203 to be done by data entry clerks (GS-7) and not reviewed by claims examiners (GS-12) and LS-200, 204, 262, 267 to be reviewed by GS-12 claims examiners, not GS-13 claims specialists.

The number of responses increased by 22,575 (from 53,842 to 76,417) because the last iteration of this collection incorrectly reflected the number of respondents rather than the



number of responses. The annualized burden cost increased by 403 hours and \$109,373.01 due to the NAWW increasing and number of LS-203 forms received increasing.

**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 forms.

**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.