

Justification
No material/Nonsubstantive Change Request
“Health Insurance Claim Form’ (OWCP-1500)

The Office of Workers’ Compensation Programs (OWCP) is the primary agency responsible for the administration of the Energy Employees Occupational Illness Compensation Program Act of 2000, as amended (EEOICPA or Act), 42 U.S.C. § 7384 et seq. The Act provides payment of compensation to covered employees and, where applicable, survivors of deceased employees, who sustained either “occupational illnesses” or “covered illnesses” in the performance of duty for the Department of Labor and certain of its contractors and subcontractors. The Act sets forth eligibility criteria for claimants for compensation under Part B and Part E of the Act and outlines the various elements of compensation payable from the Fund established by the Act.

OWCP’s request to update 1) the instructions under “form submission” to change FECA’s PO Box Number because the PO Box number is incorrect; 2) remove the Long Shore program from the form because they process their own bills; 3) and to update the burden disclosure notice as the result of a mandate.