

**U. S. Department of Labor**

Office of Workers' Compensation Programs  
Division of Longshore and  
Harbor Workers' Compensation  
Washington, DC 20210



**May 26, 2015**

**Industry Notice No. 151**

**TO: INSURANCE CARRIERS AND SELF-INSURED EMPLOYERS UNDER THE LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT (LHWCA), AND ITS EXTENSIONS, AND OTHER INTERESTED PERSONS**

**SUBJECT: Newly Revised Form LS-207 (Notice of Controversion of Right to Compensation) and LS-208 (Notice of Final Payment or Suspension of Compensation Payments)**

Mandatory Longshore Forms LS-207, Notice of Controversion, and LS-208, Notice of Final Payment or Suspension of Compensation Payments, have been revised. These revised forms are now available on the Office of Workers' Compensation Programs (OWCP) Division of Longshore and Harbor Workers' Compensation (DLHWC) website:

<http://www.dol.gov/owcp/dlhwc/lforms.htm>

**The revised versions of these two forms should now be used. All prior versions of the forms are considered obsolete.**

**Form LS-207:** <http://www.dol.gov/owcp/dlhwc/l-207.pdf>

OWCP made changes to Form LS-207, including reordering the list of parties and addresses, expanding the size of boxes used for responding, and adding more instructions, including a back page. Specifically, the following changes have been made:

- The instructions at the top of the form have been updated to:
  - Direct submission of the form to DLHWC's Central Mail Receipt site (see Industry Notice No. 144) or to the Secure Electronic Access Portal (SEAPortal) (see Industry Notice No. 148);
  - Include a statement that the employer or carrier must mail a copy of the form to the injured employee and employee's legal representative, if one has been retained; and
  - Remove the requirement that the form be submitted in triplicate as only one copy is necessary.
- Boxes 4, 5, 6, 7, and 8 - The revised form reordered the parties of the claim and aligned the city, state and zip code on the same line in the address field. Also, former Box 5, which identified the Act, has been changed to Box 8 and moved to the middle of the form.
- Box 13 - This box is still designated for the signature of the person submitting the form; however, signature in this block now serves as confirmation that a copy of the

form was mailed to the injured employee and his/her legal representative, if one has been retained. Box 17(a) and (b) on the prior version of the form have, therefore, been removed.

- An "Explanation to Employee" has been added to the bottom of the form so that the injured worker can better understand the meaning of the form and what action should be taken if he/she objects to the notice.
- The Public Burden Statement was moved to the backside of the form below a newly added Privacy Act Statement.
- Instructions have been added to the backside of the form to explain the time requirements to file a claim, how to file a claim, where to obtain claim forms, and where to submit documents. The DLHWC's Central Mail Receipt address and the SEAPortal website have also been provided.

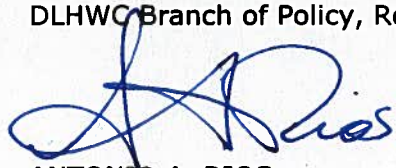
**Form LS-208:**      <http://www.dol.gov/owcp/dlhwc/ls-208.pdf>

OWCP made changes to Form LS-208, including reorganizing the report of payments made on account of death and other payments, expanding the report of payments made for scheduled permanent partial disability, and adding more instructions, including a back page. Specifically, the following changes have been made:

- The instructions at the top of the form have been updated to:
  - Direct submission of the form to DLHWC's Central Mail Receipt site or to the Secure Electronic Access Portal (SEAPortal); and
  - Incorporate the previously separate instruction (under prior Box 3) to the employer or carrier to mail a copy of the form to the injured employee and his/her legal representative, if one has been retained.
- Box 3(a) - This box has been completed with DLHWC's Central Mail Receipt address and the SEAPortal website.
- Box 7(a) - This section has been changed to "Date first check issued" rather than the prior wording, "Date of first payment of compensation," to provide more clarity regarding the date that should be entered in this box. (This information should be the same as the date on Box 10 of the Form LS-206, Payment of Compensation Without Award.)
- Box 14 - The boxes for the types of disability have been reordered slightly from the prior version of the form and specific references for the percent and part of the body have been added to the Permanent Partial (schedule loss) section. The reporting of payments for facial or other disfigurement has been moved to Box 16.
- Box 15 - This section is still reserved for payments made on account of death, but it has been modified to report payments made to beneficiaries in the same manner as reporting payments for disability. Payments of funeral expenses and Section 44(c)(1) to the Special Fund were moved to Box 16.
- Box 16 - In addition to the changes noted above, this section has been modified to separate the payment of compensation and medical benefits under Section 8(i).

- Box 17 - This is now the signature block. A statement has been added indicating signature in this block verifies that a copy of the form was mailed to the injured employee and his/her legal representative, if one has been retained. The check boxes indicating that copies had been sent have been removed.
- The message, "Employee - Please Read Carefully," has been edited and a reference to the reverse side of the form for further instructions has been added. The message provides clarity so that the claimant knows what steps to take to file for additional compensation.
- The Public Burden Statement was moved to the reverse side of the form below a newly added Privacy Act Statement.
- Instructions have been added to the backside of the form to explain the time requirements to file a claim, how to file a claim, where to obtain claim forms, and where to submit documents. The DLHWC's Central Mail Receipt address and the SEAPortal website have also been provided.

Any questions regarding this Industry Notice or the revised forms should be directed to the DLHWC Branch of Policy, Regulations and Procedures, Washington, DC.



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