



Loyola Law School &  
U. S. Department of Labor  
**OWCP**  
**DBA Conference**  
October 2008

**DBA Claim Administration Basics**

**Miranda Chiu**

**Richard Robilotti**

Office of Workers' Compensation Programs

Division of Longshore & Harbor Workers' Compensation

# Defense Base Act

## Insurance and Claims Administration

1. **Employer Responsibility**
2. **Insurance Carrier Responsibility**
3. **Employee Responsibility**
4. **Role of the OWCP District Office**
  - **Claim Processing**
  - **Forms**
5. **Contact Us**

## Employer Responsibility

- **Secure Defense Base Act insurance before employees are deployed overseas.**
- **Post Notice to Employee, Form LS-241.**
- **Inform employees about DBA benefits and how to report a work-related injury.**
- **File Employer's Report of Injury within 10 days of receiving notice of employee injury or death.**

## Employer Responsibility (Continued)

- **Notify the insurance carrier of employee injury or death.**
- **Authorize medical care when requested or upon knowledge of injury.**
- **Provide earnings, employment, medical, and other records to the OWCP when requested.**
- **Assist the employee or survivors to file claim for benefits.**

## Insurance Carrier Responsibility

- File Insurance Card Form LS-570 with the District Director having jurisdiction of claims – New York or Honolulu.
- Educate the insured employer of its rights and responsibilities under the LHWCA and the DBA.
- The insurance carrier stands in the shoes of the employer.
- Upon receiving notice of injury or death, investigate the compensability of the claim, and determine if compensation and medical care are payable.
- Ensure necessary medical care has been authorized and medical providers have been given billing and reporting instructions.

## Insurance Carrier Responsibility Continued

- **First payment of compensation is due 14 days from the first day of disability. No compensation is due if time loss is 3 days or less.**
- **If carrier determines that benefits should be delayed or denied, a Notice of Controversion must be filed with the OWCP within 14 days of the compensation due date.**
- **File the required forms and records with the OWCP to apprise the District Director of the claimant's compensation status.**
- **File medical reports with the OWCP to apprise the District Director of the employee's medical progress and disability status.**

## Employee Responsibility

- Report injury to employer as soon as possible.
- Request authorization for medical care when needed. Employee has a free choice of treating physician but treatment must be authorized in advance.
- Cooperate with employer/carrier in the investigation of the claim.
- Provide documents and medical reports to the OWCP upon request.

## Employee Responsibility Continued

- Attend medical examination arranged by employer/carrier or by the District Director, when requested.
- Complete Employee's Report of Earnings, Form LS-200, when requested (no more than twice a year).
- File a written Claim for Compensation within one year of the date of injury or one year of last payment of compensation, whichever is later.



## Actions by the OWCP

1. **Authorize insurance carriers and self-insured employers to secure compensation liability and maintain insurance coverage records.**
2. **Create and maintain OWCP case files for reports/claims filed under the Act.**
3. **Ascertain the prompt and proper payment of compensation when due.**
4. **Monitor and supervise medical care.**

## Actions by the OWCP, Cont'd

5. Assist in the informal resolution of claims via phone, correspondence, and informal conferences.
6. Provide Information and Assistance on claim and reporting procedures.
7. Approve and issue orders for stipulated awards and settlement of claims when all parties are in agreement.

## Actions by the OWCP, Cont'd

8. Issue discretionary orders on attorney fees and on medical care, and supplemental orders of default.
9. Refer cases to the Office of Administrative Law Judges for formal hearing when informal claim resolution fails.
10. Provide vocational rehabilitation services.
11. Assess statutory penalties and fines.

# Where to Report DBA Claims

## New York District Office

**Richard V. Robilotti, District  
Director  
U.S. Department of Labor  
ESA/OWCP/DLHWC**

## Physical Address:

**201 Varick Street, Room 750**

## Mailing Address:

**Post Office Box 249  
New York, NY 10014-0249**

**Phone #: 646 264-3010**

**Fax #: 646 264-3002**

## Honolulu District Office

**R. Todd Bruininks, District  
Director  
U.S. Department of Labor  
ESA/OWCP/DLHWC**

## Physical Address:

**300 Ala Moana Blvd., Room 5-135**

## Mailing Address:

**Post Office Box 50209  
Honolulu, HI 96850**

**Phone #: 808-541-1983**

**Fax #: 808-541-1758**

# DLHWC Website

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

- Statutes and Regulations
- Contact Information for all Longshore Offices
- Longshore Forms
- Defense Base Act Page
- Max and Min, NAWW, Mileage, and Interest Rates
- Longshore Procedure Manual
- Links to OALJ and BRB websites

# Contact DLHWC National Office

- Michael Niss  
202-993-0944  
Niss.Michael@dol.gov
- Miranda Chiu  
202-693-0865  
Chiu.miranda@dol.gov
- John Chamberlain  
202-693-0925  
Chamberlain.john@dol.gov
- Public Email Address: DLHWC-Public@dol.gov
- Mail Address:  
OWCP/DLHWC  
200 Constitution Ave NW, C-4315  
Washington DC 20210