

Information Collection	Annual Responses	Average Response Time (Hours)	Annual Burden Hours
LS-200, Report of Earnings .....	12,800	0.17	2,176
LS-200, Report of Earnings with no earnings information to report .....	3,200	0	0
Liens .....	10	0.5	5
Certifications .....	5	0.75	4
Reinstatements .....	2	0.5	1
Settlement Applications .....	4,500	2	9,000
Section 8(f) Payments .....	550	5	2,750
ESA-100 (LS), Annual Report .....	42,000	0.02	840
LS-271, Application for Self-Insured Employer .....	20	2	40
LS-274, Report of Injury Experience of Self-Insured Employer .....	412	1	412
LS-201, Notice of Employee's Injury of Death .....	4,500	0.25	1,125
LS-513, Report of Payments .....	900	0.5	450
LS-267, Claimant's Statement .....	1,300	0.033	43
LS-203, Employee's Claim for Compensation .....	10,125	0.25	2,531
LS-204, Attending Physician's Supplementary Report .....	90,000	0.5	45,000
LS-262, Claim for Death Benefits .....	240	0.25	60
<b>Total</b> .....	<b>170,564</b>	.....	<b>64,437</b>

*Total Annualized Capital/Startup Costs:* \$0.

*Total Annual Costs (operating/maintaining systems or purchasing services):* \$56,984.

*Description:* The Longshore and Harbor Workers' Compensation Act, as amended (Pub. L. 98-426) pertains to the provision of 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, as well as coverage extended to certain other employees. The regulations and associated forms cover the submission of information necessary for the processing of claims for benefits under the Longshore Act.

**Ira L. Mills,**

*Departmental Clearance Officer.*

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## DEPARTMENT OF LABOR

### Office of the Secretary

#### Submission for OMB Review; Comment Request

September 17, 2003.

The Department of Labor (DOL) has submitted the following public information collection requests (ICRs) to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-13, 44 U.S.C. chapter 35). A copy of each ICR, with applicable supporting documentation, may be obtained by calling the Department of Labor. To obtain documentation, contact Darrin

King on 202-693-4129 (this is not a toll-free number) or e-mail:

*king.darrin@dol.gov.*

Comments should be sent to Office of Information and Regulatory Affairs, Attn: OMB Desk Officer for the Employment Standards Administration (ESA), Office of Management and Budget, Room 10235, Washington, DC 20503 (202-395-7316/this is not a toll-free number), within 30 days from the date of this publication in the **Federal Register**.

The OMB is particularly interested in comments which:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
  - Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
  - Enhance the quality, utility, and clarity of the information to be collected; and
  - Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.
- Type of Review:* Extension of a currently approved collection.  
*Agency:* Employment Standards Administration.  
*Title:* Health Insurance Claim Form.  
*OMB Number:* 1215-0055.  
*Affected Public:* Business or other for-profit; Not-for-profit institutions; and Individuals or households.

*Frequency:* On occasion.

*Number of Respondents:* 533,427.

*Number of Annual Responses:*

2,133,708.

*Estimated Time Per Response:* 7 minutes.

*Total Burden Hours:* 248,812.

*Total Annualized Capital/Startup Costs:* \$0.

*Total Annual Costs (operating/maintaining systems or purchasing services):* \$0.

*Description:* The information collected by the Form OWCP-1500 is required to reimburse health care providers for services rendered to injured employees covered under the Federal Employees' Compensation Act, 5 U.S.C. 8101 *et seq.*, the Black Lung Benefits Act, 30 U.S.C. 901 *et seq.*, and the Energy Employees Occupational Illness Compensation Program Act of 2000 42 U.S.C. 7384 *et seq.* Appropriate reimbursement cannot be made without documentation that details services provided by health care professionals throughout the country.

*Type of Review:* Extension of a currently approved collection.

*Agency:* Employment Standards Agency.

*Title:* Authorization for Release of Medical Information.

*OMB Number:* 1215-0057.

*Affected Public:* Individuals or households.

*Frequency:* One time.

*Number of Respondents:* 1,500.

*Number of Annual Responses:* 1,500.

*Estimated Time Per Response:* 5 minutes.

*Total Burden Hours:* 125.

*Total Annualized Capital/Startup Costs:* \$0.

*Total Annual Costs (operating/maintaining systems or purchasing services):* \$0.