Office of Workers' Compensation Programs

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No. 41

NOTICE TO INSURANCE CARRIERS, AND SELF-INSURED EMPLOYERS UNDER THE LONGSHOREMEN'S AND HARBOR WORKERS' COMPENSATION ACT (LHWCA), AS AMENDED

Subject: Revised Form LS-207, Notice of Controversion of Right to Compensation

A copy of the recently revised Form LS-207, Notice of Controversion of Right to Compensation, is enclosed. Please note that this Form is now to be submitted in triplicate. This Form replaces Form LS-207, revised June 1977, and should be used by all employers when controverting a case under the LHWCA and its extensions, as soon as supplies can be obtained or printed. Previous editions of Form LS-207 are obsolete and should be destroyed.

Insurance carriers and self-insured employers may print their own supplies of this form, or obtain them from printing companies officially authorized to print Longshore Act forms. Forms printed by carriers and employers for their own use must conform to the sample, in all respects, to be acceptable.

Please arrange for distribution of this Form to all your local offices making payments under the Longshore Act, or any of its extensions. Field personnel may obtain sample copies from LHWC District Offices.

NEIL A. MONTONE

Associate Director, Longshore and Harbor Workers' Compensation

Enclosure