SUPPORTING STATEMENT FOR
War Hazards Compensation Act Claims, Benefits, and Notices
OMB CONTROL NO. 1240-0006

This Information Collection Request seeks a revision to this information collection.

A. JUSTIFICATION

1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating or authorizing the collection of information.

The Office of Workers' Compensation Programs (OWCP) is the federal agency responsible for administration of the War Hazards Compensation Act (WHCA), 42 U.S.C. 1701 *et seq*. A "war-risk hazard" is defined in 42 U.S.C. 1711(b). Under section 1704(a) of the WHCA, an insurance carrier or self-insured who has paid workers' compensation benefits to or on account of any person for a war-risk hazard may seek reimbursement for benefits paid (plus expenses) out of the Employees' Compensation Fund for the Federal Employees' Compensation Act (FECA) at 5 U.S.C. 8147.

Currently, OWCP utilizes the CA-278 form for insurance carriers and self-insured to request reimbursement. The form is used for submission of reimbursement requests. While the form is also used for initial claim intake, it was not designed for this purpose. There is currently no adequate form for beneficiaries to file initial claims under the WHCA.

Under section 1701, the WHCA states that compensation for injury or death resulting from a war-risk hazard may be claimed by person covered as specified in this section of the WHCA. Section 1701 provides the authority to administer benefits for persons covered under the WHCA. The CA-278 form exists that allows insurance carriers or self-insured to claim reimbursements of benefits paid due to an injury or death resulting from a covered War Hazard under the WHCA.

To this end, the Department of Labor is proposing a new form allowing beneficiaries to file a claim under the WHCA. This new form, WH-1, will simplify the process of filing an initial claim for benefits and gather the necessary information to expedite claim decisions and reimbursements. The regulations under the WHCA and the FECA that support the creation of the new WH-1 form are also the regulations used to implement the existing CA-278 form. Therefore, the revision to the existing OMB Control No. 1240-0006 will include the new WH-1 form.

Under section 1704(a) of the WHCA, an insurance carrier or self-insured who has paid workers' compensation benefits to or on account of any person for a war-risk hazard may seek reimbursement for benefits paid (plus expenses) out of the Employees' Compensation Fund for

FECA at 5 U.S.C. 8147.

See: https://www.gpo.gov/fdsys/pkg/USCODE-2013-title42/pdf/USCODE-2013-title42-chap12-subchapI.pdf

https://www.dol.gov/owcp/dfec/regs/statutes/feca.htm#8147

Insurance carriers and the self-insured request reimbursement via form CA-278. The regulations that implement the WHCA permit OWCP to collect the information needed to consider an insurance carrier's or self-insured's reimbursement request at 20 CFR 61.101 and 61.104.

See: https://www.gpo.gov/fdsys/pkg/CFR-2010-title20-vol1/pdf/CFR-2010-title20-vol1-part61-subpartB.pdf

Applicable statutes under WHCA are 42 U.S.C. 1704 and 42 U.S.C. 1706.

See: https://www.gpo.gov/fdsys/pkg/USCODE-2013-title42/pdf/USCODE-2013-title42-chap12-subchapI.pdf

Applicable statutes under FECA are 5 U.S.C. 8121, 5 U.S.C. 8145, and 5 U.S.C. 8149.

See: https://www.dol.gov/owcp/dfec/regs/statutes/feca.htm

2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.

Insurance carriers, carrier representatives, attorneys on behalf of carriers, or the self-insured request reimbursement via Form CA-278, Claim for Reimbursement of Benefit Payments and Claims Expense under the War Hazards Act. The new WH-1 form will provide a means for beneficiaries to file a claim under the WHCA for injury or disease. The information collected is used by OWCP staff to process requests for reimbursement of WHCA benefit payments and claims expenses submitted by insurance carriers, carrier representatives, attorneys on behalf of carriers, or the self-insured. The information is also used by OWCP to decide whether it should opt to pay ongoing WHCA benefits directly to the injured worker.

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology (e.g., permitting electronic submission of responses) and the basis for the decision to adopt this means of collection. Also, describe any consideration of using information technology to reduce burden.

The Form CA-278 is posted on the internet at: http://www.dol.gov/owcp/dfec/regs/compliance/forms.htm for downloading by insurance carriers, carrier representatives, attorneys on behalf of carriers, or the self-insured . The CA-278 is not submitted electronically because the DOL electronic filing system, ECOMP, has not yet been updated to accept electronic filing of this form. It is the insurance carrier, carrier representative, or attorney on behalf of carrier who completes the form CA-278.

The Form WH-1 will be posted on the internet at: https://www.dol.gov/agencies/owcp/FECA/regs/compliance/forms for downloading by insurance carriers and self-insured. The WH-1 form will not be submitted electronically because the DOL electronic filing system, ECOMP, has not yet been updated to accept electronic filing of this form. It is the insurance carriers, carrier representatives, attorney on behalf of carriers, or the self-insured who complete the form WH-1.

4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item A.2 above.

The information collected on this form is not duplicative of any information available elsewhere. The respondent is the only source of the benefit payment and claims expenses data that is needed to process the claim for injury or disease under the WHCA and the request for reimbursement.

5. If **the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.**

This information collection has been streamlined to obtain the minimum information needed for OWCP to process a claim under the WHCA and a request for reimbursement while imposing the minimum burden on respondents and does not have a significant economic impact on a substantial number of small entities.

6. Describe the consequence to federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.

Please refer to Nos. 1 and 2 above. The information collected from insurance carriers, carrier representatives, attorneys on behalf of carriers, or the self-insured is the minimum needed to evaluate whether a reimbursement request meets the statutory requirements in the WHCA. The claims for injury or disease under the WHCA and the reimbursement requests cannot be processed by OWCP without the information collected.

7. Explain any special circumstances that would cause an information collection to be conducted in a manner:

- **requiring respondents to report information to the agency more often than quarterly;**
- **requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;**

- **requiring respondents to submit more than an original and two copies of any document;**

- **requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;**

- **in connection with a statistical survey, that is not designed to produce valid and reliable results that can be generalized to the universe of study;**

- **requiring the use of statistical data classification that has not been reviewed and approved by OMB;**

- **that includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or**

- **requiring respondents to submit proprietary, trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.**

There are no special circumstances for conducting this information collection.

8. If applicable, provide a copy and identify the date and page number of publication in the *Federal Register* of the agency's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments. Specifically address comments received on cost and hour burden.

Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.

Consultation with representatives of those from whom information is to be obtained or those who must compile records should occur at least once every 3 years -- even if the collection-of-information activity is the same as in prior periods. There may be circumstances that may preclude consultation in a specific situation. These circumstances should be explained.

OWCP has been evaluating the claim for benefits under the War Hazards Compensation Act for years and has had sufficient experience to maximize its utility. OWCP has not received any complaints about the manner in which the form has been used. To comply with M-22-10, the individuals/organizations consulted about the information collection are listed in the table below. We have redacted their names and contact information.

Contact	Organization	Email	Phone
Michael XXX	CNA	XXX	XXX
Amanda XXX	AIG	XXX	XXX
Kenisha XXX	Zurich American Insurance	XXX	XXX

OWCP received comments regarding the revised CA-278. The carriers, AIG and Zurich American Insurance, commented on the form increasing from 2 to 8 pages, the time it will take to complete the form, and questioned whether their representatives could sign the form. The changes to the form CA-278 will streamline the processing of a claim for benefits as more space is allotted for responses to each question. Similarly to the existing CA-278 form, carriers may attach additional information to the form if needed to support their claim. An authorized representative of the insurance carriers may sign the form on their behalf.

OWCP received comments regarding the new WH-1 form. The carriers, AIG and Zurich American Insurance, raised concerns with the additional form as they believe the WH-1 will require duplicate information from the form CA-278. The form CA-278 is meant to claim reimbursements as opposed to creating a new War Hazard claim for benefits. While similar, the form WH-1 will be required to create a new War Hazard claim. The new WH-1 will simplify the process of filing a new War Hazard claim for benefits and gather the necessary information to expedite claim decisions.

A Federal Register Notice inviting public comment, was published on September 10, 2025 (90 FR 43642). A Federal Register Notice correction was published, on September 29, 2025 (90 FR 46639), to include the new WH-1 form, The Notice of Injury or Disease and Claim for Benefits under the War Hazards Compensation Act, with this collection. Although OWCP received two comments, one comment was outside of the scope of the collection. The other general comment received stated: *In the preceding paragraph should be affected by a removing the trustee who is not to make sprinkling distributions to a spouse (that is, distributions for the health, support, or maintenance of that residual beneficiary) during the lifetime of a primary beneficiary whom is spouse at the time of the death.*

The context of the comment is unclear as the commenter did not identify the specific paragraph referenced in relation to the comment that a trustee who is not making distributions for the health, support, or maintenance of a residual beneficiary should be removed during the lifetime of the primary beneficiary. The CA-278 and WH-1 forms identify the employer/carrier and attorney or representative who is claiming benefits and not the trustee. Any trustee changes should be determined by the beneficiary. OWCP made no changes to the form based on this comment.

9. Explain any decision to provide any payments or gifts to respondents, other than remuneration of contractors or grantees.

No payment or gift is made to respondents.

10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.

The information collected by these forms is maintained in OWCP claim files which are fully protected under the Privacy Act. The applicable Privacy Act System of Records is DOL/GOVT-1 [81 FR 47418 (July 21, 2016)].

See DOL/GOVT-1 | U.S. Department of Labor.

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

There are no questions of a sensitive nature on this form. No questions regarding sexual behavior, religious beliefs, etc. are asked. The social security and medical information collected would be considered sensitive but is essential for proper evaluation of entitlement to benefits. Authority to collect Social Security Numbers is provided by P.L. 106-113, page 258.

See: https://www.gpo.gov/fdsys/pkg/PLAW-106publ113/html/PLAW-106publ113.htm

12. Provide estimates of the hour burden of the collection of information. The statement should:

- **Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. Unless directed to do so, agencies should not conduct special surveys to obtain information on which to base hour burden estimates. Consultation with a sample (fewer than 10) of potential respondents is desirable. If the hour burden on respondents is expected to vary widely because of differences in activity, size, or complexity, show the range of estimated hour burden, and explain the reasons for the variance. Generally, estimates should not include burden hours for customary and usual business practices.**

- **If this request for approval covers more than one form, provide separate hour burden estimates for each form.**

- **Provide estimates of annualized cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories. The cost of contracting out or paying outside parties for information**

collection activities should not be included here. Instead, this cost should be included in Item 14.

Estimated Annualized Respondent Cost and Hour Burden

Activity	No. of Respondents	No. of Responses per Respondent	Total Responses	Average Burden (Hours)	Total Burden (Hours)	Hourly Wage Rate	Monetized Value of Respondent Time
OWCP Form CA-278	7	180.6	1,264	.50	632	$24.99	$15,794.00 (rounded)
OWCP Form WH-1	7	180.6	1,264	.50	632	$24.99	$15,794.00 (rounded)
Totals	**14**		**2,528**		**1,264**		**$31,588.00**

Burden Hours: Burden hour estimates are derived from estimated actual respondent usage of this form. OWCP receives an average of 1,264 new WHCA reimbursements claims annually (3,793 received during calendar years 2022-2024), which are opened when an insurance carrier or self-insured submits a request for reimbursement to OWCP. These 1,264 responses are submitted by seven respondents through attorney firms, which equates to an estimated 180.6 responses per year per respondent, as each reimbursement request is for a single beneficiary.

OWCP Form CA-278: It is estimated that each Form CA-278 will take approximately 30 minutes to prepare, for an annual hour burden of hours of 632 (1,264 responses annually x 30/60 = 632).

OWCP Form WH-1: It is estimated that each Form WH-1 will take approximately 30 minutes to prepare, for (.50 hours) to prepare, complete, and submit the required information. The total burden hours for OWCP are therefore estimated at 632 (1,264 responses annually x 30/60 = 632).

The total burden hours is 1,264.

Monetized Value of Respondent Time: The forms are generally completed by insurance claims and policy processing clerks. The number of responses submitted by the seven respondents is 1,264 which equates to 632 burden hours (1,264 x 30/60). Using the current median hourly wage for Insurance Claims and Policy Processing Clerks (reported by the Bureau of Labor Statistics of $24.99 per hour, the respondent annualized value of time cost estimate for this collection is $15,793.68 or $15,794.00 (rounded) (632 x $24.99) totaling $31, 588.00.

See: Occupational Employment and Wage Statistics Profiles (for insurance claims and policy processing clerks)

Changes were made to Form CA-278 to simplify the reimbursement of WHCA benefit payments and claims expense under the War Hazards Compensation Act. While the following question changes are submitted in the revision, they did *not* affect the above estimated completion time for any collection instrument in this ICR.

The changes to the Form CA-278 are as follows:

1. **Title/Header 1** –was changed from “Identifying Information” to “Injured Employee Information”. The subsections were also changed as specified below:
   - “Employees Name” was changed to three separate boxes. One for the “Employee’s Last Name” - Item #1; “Employee’s First Name”- Item #2 ; and “Employee’s Middle Initial – Item #3;
   - “OWCP File No (if known)” – was removed from the ”Identifying Information section and moved to “Title/Header 2 - “DBA Information” section, and renamed to “War Hazard File Number” – Item #8;
   - “Employee’s Date of Birth” was added to the form, Item #4;
   - Address (employee’s or beneficiary’s) was changed to Employee’s US address, or Non – US Address (if applicable) with specified lines for the address, country, and city/region – Item #5; and
   - Employee’s Phone Number(s) Home/Cell or International - was added – Item #6

2. “DBA Information:”, was added as a **Title/Header 2** – directly above Item#7
   - “Longshore/DBA File Number was added to the form – Item #7; and
   - “War Hazard File Number” was added to the form – Item #8

3. “Beneficiary Information (if different from claimant):”, was added as a **Title/Header 3**.
   - “Beneficiary’s Name (if fatal case)” was changed to “Beneficiary Information (if different from claimant)” and separated into three separate boxes. One for the “Beneficiary’s Last Name” - Item #9;
   - “Beneficiary’s First Name”- Item #10; and
   - “Beneficiary’s Middle Initial – Item #11

4. “Claim” was removed as a Title/Header” along with all the contents of the Title/Header that states the following: *Specifically, “Claim is hereby made by (name and address of insurance carrier or self insured……….for reimbursement of benefit payments and claims expense, as authorized by 42 USC 1704(a). Claim is made only for amounts paid in discharge of the liability*

of the insurance carrier or self-insured herein arising under applicable workers' compensation law, or pursuant to the terms of an applicable agreement or contract, and for reasonable and necessary claims expenses with respect thereto.
"The carrier certifies that no additional premium or loading was charged in this claim for a war-risk hazard as defined in 42 USC 1711(b)" was moved to Title/Header – Agreement.

5. "Insurance Carrier/Self Insurer Employer Information:", was added as a **Title/Header 4**.
- "Carrier Name" was added to the form – Item #12.
- "Carrier NAIC/TAX ID Number" was added to the form – Item #13.
- "Carrier Address" was added to the form – Item #14 with specified lines for the address, city, stated and zip code.
- "Carrier Phone Number(s)" for "Main; Ext; Fax" was added to the form – Item #15.

6. "Benefits Paid & Amount Claimed as Expenses:", was rearranged from the Third Title/Header to **Title/Header #5**.
- Directly below, "Benefits Paid & Amount Claimed as Expense", the following language/instruction was added, *"Proof of Payment for all claimed expenses is required. Failure to submit such evidence may result in reduction in amount from OWCP. If you don't supply this information, it may result in delay in processing your claim. Please Note: If Additional Lines are needed, please include an excel spreadsheet with the needed information".*
- "Benefits Paid & Amount Claimed as Expense", was separated into different subcategories noted below, to allow space for full completion of the categories.

7. "PERIODIC COMPENSATION", was added as a Subtitle/Header - center aligned – directly below the preceding comment box. A table was added directly under PERIODIC COMPENSATION with the following column headers:
- DATE OF SERVICE: FROM;
- DATE OF SERVICE: TO;
- AMOUNT;
- PROVIDER/PAYEE NAME; and
- Receipt/Evidence Document ID (Only 1 DOC is needed for all Line Items). Space was added to allow for the completion of 4-line items.
- "Total Claimed Amount" was added to the bottom right of the "Periodic Compensation" table.
- A "Comments" Box was added directly below "Total Claimed Amount".

8. "LUMP SUM COMPENSATION SETTLEMENT", was added as a Subtitle/Header - center aligned – directly below the preceding comment box. A table was added directly under "LUMP SUM COMPENSATION SETTLEMENT", with the following column headers:
- SETTLEMENT TYPE - with a checkbox "Past" and a checkbox for "Future";
- DATE OF SERVICE: FROM;
- DATE OF SERVICE: TO;
- CLAIMED CONDITION; AMOUNT;

- PROVIDER/PAYEE NAME; and
- Receipt/Evidence Document ID (Only 1 DOC is needed for all Line Items). Space was added to allow for the completion of 4-line items.
- “Total Claimed Amount” was added to the bottom right of the “Lump Sum Compensation Settlement” table.
- A “Comments” Box was added directly below “Total Claimed Amount”.

9. “MEDICAL PAYMENTS”, was added as a Subtitle/Header - center aligned – directly below the preceding comment box. A table was added directly under “MEDICAL PAYMENTS”, with the following column headers:
- DATE OF SERVICE: FROM;
- DATE OF SERVICE: TO;
- CLAIMED CONDITION;
- AMOUNT;
- PROVIDER/PAYEE NAME; and
- Receipt/Evidence Document ID (Only 1 DOC is needed for all Line Items). Space was added to allow for the completion of 4-line items.
- “Total Claimed Amount” was added to the bottom right of the “Medical Payments” table.
- A “Comments” Box was added directly below “Total Claimed Amount”.

10. “MEDICAL LUMPSUM COMPENSATION SETTLEMENT”, was added as a Subtitle/Header - center aligned – directly below the preceding comment box. A table was added directly under “MEDICAL LUMPSUM COMPENSATION SETTLEMENT”, with the following column headers:
- SETTLEMENT TYPE - with a checkbox for “Past” and a checkbox for “Future”;
- DATE OF SERVICE: FROM;
- DATE OF SERVICE: TO;
- CLAIMED CONDITION;
- AMOUNT;
- PROVIDER/PAYEE NAME; and
- Receipt/Evidence Document ID (Only 1 DOC is needed for all Line Items). Space was added to allow for the completion of 4-line items.
- “Total Claimed Amount” was added to the bottom right of the “Medical Lump Sum Compensation Settlement” table.
- A “Comments” Box was added directly below “Total Claimed Amount”.

11. “ALLOCATED PAYMENTS”, was added as a Title/Header - center aligned – directly below the preceding comment box. A table was added directly under “ALLOCATED PAYMENTS”, with the following column headers:
- DATE OF SERVICE: FROM;
- DATE OF SERVICE: TO;
- CLAIMED CONDITION;
- AMOUNT;

- PROVIDER/PAYEE NAME; and
- Receipt/Evidence Document ID (Only 1 DOC is needed for all Line Items). Space was added to allow for the completion of 4-line items.
- Total Claimed Amount was added to the bottom right of the “Allocated Payments” table.
- A “Comments” Box was added directly below “Total Claimed Amount”.

12. “ALLOCATED LUMPSUM COMPENSATION SETTLEMENT”, was added as a Title/Header - center aligned – directly below the preceding comment box. A table was added directly under “ALLOCATED LUMPSUM COMPENSATION SETTLEMENT”, with the following column headers:

- SETTLEMENT TYPE - with a checkbox for “Past” and a checkbox for “Future”;
- DATE OF SERVICE: FROM;
- DATE OF SERVICE: TO;
- CLAIMED CONDITION;
- AMOUNT;
- PROVIDER/PAYEE NAME; and
- Receipt/Evidence Document ID (Only 1 DOC is needed for all Line Items). Space was added to allow for the completion of 4-line items.
- “Total Claimed Amount” was added to the bottom right of the “Allocated Lump Sum Compensation Settlement” table.
- A “Comments” Box was added directly below “Total Claimed Amount”.

13. “BURIAL PAYMENTS”, was added as a Title/Header - center aligned – directly below the preceding comment box. A table was added directly under “BURIAL PAYMENTS, with the following column headers:

- DATE OF SERVICE: FROM;
- DATE OF SERVICE: TO;
- CLAIMED CONDITION;
- AMOUNT;
- PROVIDER/PAYEE NAME; and
- Receipt/Evidence Document ID (Only 1 DOC is needed for all Line Items). Space was added to allow for the completion of 4-line items.
- “Total Claimed Amount” was added to the bottom right of the “Burial Payments” table.
- A “Comments” Box was added directly below “Total Claimed Amount”.

14. “BURIAL LUMPSUM COMPENSATION SETTLEMENT”, was added as a Subtitle/Header - center aligned – directly below the preceding comment box. A table was added directly under “BURIAL LUMPSUM COMPENSATION SETTLEMENT”, with the following column headers:

- SETTLEMENT TYPE - with a checkbox for “Past” and a checkbox for “Future”;
- DATE OF SERVICE: FROM;
- DATE OF SERVICE: TO;
- CLAIMED CONDITION;
- AMOUNT;

- PROVIDER/PAYEE NAME;
- Receipt/Evidence Document ID (Only 1 DOC is needed for all Line Items). Space was added to allow for the completion of 4-line items.
- Total Claimed Amount was added to the bottom right of the "Burial Lump sum Compensation Settlement" table.
- A "Comments" Box was added directly below "Total Claimed Amount".

15. "UNALLOCATED PAYMENTS", was added as a Subtitle/Header - center aligned – directly below the preceding comment box. Total Claimed Amount was added to the bottom right of the "Unallocated Payments" Title/Header A "Comments" Box was added directly below "Total Claimed Amount".
16. "Agreement", was added as a **Title/Header 6.** Under the "Agreement" title/header, the following language was added "*The carrier certifies that no additional premium or loading was charged in this claim for a war-risk hazard as defined in 42 USC 1711(b).*
The insurance carrier or self-insurer agrees: (1) to abide by the rules and regulations of the Office of Workers' Compensation Programs; (2) to permit examination of the insurance records and furnish other information that may be requested by OWCP; (3) to reimburse OWCP to the extent the employee recovers damages in a third party suit; and (4) disclaims and waives any right to claim or demand, from anyone, the reimbursement of which is claimed herein and allowed by OWCP.

17. Space was added for the Carrier Attorney or Representative Name; and. Signature of Carrier Representative or Attorney on Behalf of Carrier; Carrier Attorney's Firm; Phone number, E-mail address, Street address, City, State, and Zip were added.

18. Date was removed

19. "Instructions for Form 278" was changed From Title/Header 5 to **Title/Header 7** and modified as follows:

- #2 changed from "File a separate form for each employee", to "File a separate form for each War Hazard File Number".
- #4 was changed to #8. Language was modified to state the following "Attach supporting documents (i.e., receipts or copies of checks and drafts) that show the benefits paid for each line item. In the form's tables, you must specify the Document ID corresponding to the documentation provided (also labeled with the Document ID) to support the claimed reimbursement line item"
- #5 was changed to # 4
- #6 was changed to #5
- #6 was added "When completing the form's tables, where indicated you must specify to which medical condition(s) specified on the associated WH-1 each claimed reimbursement line item applies."
- #7 was changed to "When entering lump sum compensation amounts, please check either "Past" or "Future" in the "Settlement Type" column and enter the date of the payment as listed on the LS-208 for the dates of service. Please

indicate the claimed condition for the amount claimed. The "amount" is the amount of past or future compensation specified for the condition in question by the settlement agreement, not the total amount for all conditions. The provider/payee name is the party that the amount in question was paid to. If a settlement has both past and future amounts, the past amount should be listed on one line and the future amount listed on another. If there are multiple conditions, there should be separate past and/or future lines for every condition. If the settlement agreement does not provide a breakdown between past and future amounts, the entire settlement amount should be claimed as future"

- #8 was removed.
- #9 was added, "In the Comments Section, enter the reason to why evidence is not being provided and/or explanations of requested reimbursement amounts".
- #10 was added, "If you have additional expenses that do not fit on this form, please attach them on separate pages."
- Definition of Common Terms were added to include the following:
    - <u>"Date of Service From:"</u> This is the date of the earliest service performed, cost incurred, or payment made to or from an entity. "From" dates should be provided for each category - Periodic Compensation, Periodic Lump Sum Compensation Settlement, Medical Payments, Medical Lump Sum Compensation Settlement, Allocated Payments, Allocated Lump Sum Compensation Settlement, Burial Payments, Burial Lump Sum Compensation Settlement, and Unallocated Payments;
    - <u>"Date of Service To:"</u> This is the date of the most recent service performed, cost incurred, or payment made to or from an entity. "To" dates should be provided for each category - Periodic Compensation, Periodic Lump Sum Compensation Settlement, Medical Payments, Medical Lump Sum Compensation Settlement, Allocated Payments, Allocated Lump Sum Compensation Settlement, Burial Payments, Burial Lump Sum Compensation Settlement, and Unallocated Payments;
    - <u>"Amount":</u> This is the requested reimbursement amount, in U.S. Dollars. Amounts should be listed for each separate invoice per category.
    - <u>"Provider/Payee Name:"</u> This is the name of the individual, business, or other entity that is listed on the invoice, report, settlement agreement, or other document establishing proof of payment; and
    - <u>"Claimed Condition:"</u> Each invoice in every category that reimbursement is being sought for must be related to an accepted war-risk hazard condition. The claimed condition is the illness or injury determined to have been directly caused, aggravated, accelerated, or precipitated by a war-risk hazard. Each invoice must identify the war-risk hazard condition(s) that the service was performed in connection with.

20. "BENEFITS FOR EMPLOYEES UNDER THE WAR HAZARDS COMPENSATION ",

was added as a **Title/Header 8 –** directly below the preceding definitions of common terms box. The following was added:

- "The WHCA, which is administered by the Office of Workers' Compensation Programs (OWCP), provides the following benefits: (1)Payment of compensation for disability, death, and burial expenses paid in cases accepted under Section 101 of the WHCA is computed in accordance with the benefit structure of the Longshore and Harbor Workers' Compensation Act, with the exception that the minimum limits of the LHWCA do not apply. Information necessary to compute compensation can be found in the Longshore Act whenever questions arise about the computation of benefits.
- (2) In addition to payments made for compensation and medical bills, insurance carriers and self-insured employers are entitled to reimbursement for reasonable and necessary claims expense incurred in determining liability, including expenses for attorneys' fees, court and litigation costs, witnesses and expert testimony, examinations, and autopsies. These types of costs are known as "allocated claims expenses," and the specific expenses must be itemized and documented. An insurance carrier may also claim "unallocated claims expenses" in an amount of up to 15% of the sum of the reimbursable medical, compensation, and burial payments.
- Unallocated claims expenses represent the cost incurred by the company handling the claim in its regular course of operations. These expenses cannot be specifically itemized or documented.
- For additional information, review the regulations governing the administration of the WHCA 42 U.S.C. 1701 issued December 2, 1942, and amended in 1943, 1946, 1953, 1958, 1959, and 1961."

13. Provide an estimate of the total annual cost burden to respondents or recordkeepers resulting from the collection of information. (Do not include the cost of any hour burden shown in Items 12 and 14).

- **The cost estimate should be split into two components: (a) a total capital and start-up cost component (annualized over its expected useful life); and (b) a total operation and maintenance and purchase of service component.**
  The estimates should take into account costs associated with generating, maintaining, and disclosing or providing the information. Include descriptions of methods used to estimate major cost factors including system and technology acquisition, expected useful life of capital equipment, the discount rate(s), and the time period over which costs will be incurred. Capital and start-up costs include, among other items, preparations for collecting information such as purchasing computers and software; monitoring, sampling, drilling and testing equipment; and record storage facilities.

- **If cost estimates are expected to vary widely, agencies should present ranges of cost burdens and explain the reasons for the variance. The cost of purchasing or contracting out information collection services should be a part of this cost burden**

estimate. In developing cost burden estimates, agencies may consult with a sample of respondents (fewer than 10), utilize the 60-day pre-OMB submission public comment process and use existing economic or regulatory impact analysis associated with the rulemaking containing the information collection, as appropriate.

- **Generally, estimates should not include purchases of equipment or services, or portions thereof, made: (1) prior to October 1, 1995, (2) to achieve regulatory compliance with requirements not associated with the information collection, (3) for reasons other than to provide information or keep records for the government, or (4) as part of customary and usual business or private practices.**

This information collection does not require the use of systems or technology for generating, maintaining or disclosing the data above, which would already be kept as a customary business practice. There are no startup costs for this information collection. Operation and maintenance costs consist solely of mailing costs.

The mailing costs are calculated as follows:

Total Respondent Costs Form CA-278
$2.31 (2025 postal rates for first class mail, a 4 oz. large envelope to accommodate attachments) x 1,264 (forms) = $2,919.84 or $2,920.00 rounded
Total Cost is $2,919.84 or $2,920.00 rounded
Total Response Costs Form WH-1
$2.31 (2025 postal rates for first class mail, a 4 oz. large envelope to accommodate attachments) x 1,264 (forms) = $2,919.84 or $2,920.00 rounded
Total Cost is $2,919.84 or $2,920.00 rounded

Total Costs to Respondents: $2,920.00 + $2,920.00 = **$5,840.00**

14. Provide estimates of the annualized cost to the Federal Government.

Review Costs:

Reimbursement requests/claims submitted under the WHCA are processed by 9 claims examiners and two supervisors from one program office: GS-13, Step 4 (2 employees); GS-12, Step 10 (1 employee), GS-12, Step 9 (1 employee); GS-12, Step 8 (1 employee), GS-12, Step 6 (2 employees), GS-12 Step 4 (1 employees), GS-12, Step 2 (2 employees), and GS-11, Step 1 (1 employee) with hourly salaries of $55.54, $60.38, $57.64, $53.79, $53.15, $49.54, $49.54, $53.87, $48.35, $51.15, and $40.54, respectively. The average hourly wage for the reviewer is $52.14 (based on $55.54 + $60.38 + $57.64 + $53.79 + $53.15 + $49.54 + $49.54 + $53.87 + $48.35 + $51.15 + $40.54 = $573.49 divided by 11 = $52.135 or $52.14 rounded).

Program Office Affiliations
*Jacksonville, FL, GS-13, Step 4, $55.54
Dallas, TX, GS 13, Step 4, $60.38
Cleveland, OH, GS-12, Step 10, $57.64
*New Orleans, LA, GS-12, Step 9, $53.79
Virginia Beach, VA, GS-12, Step 8, $53.15
*New Orleans, LA, GS-12, Step 6, $49.54**
Houston, TX, GS-12, Step 4, $53.87
Philadelphia, PA, GS-12, Step 2, $48.35
*Victorville, CA, GS-12, Step 2, $51.15
Washington, D.C., GS-11, Step 1, $40.54

See: General Schedule Pay Tables (opm.gov)

*Note: The wages above are reflective of the 2025 general schedule locality pay tables in the above metropolitan areas, except, Jacksonville, FL (where one of the supervisors resides) and New Orleans, LA (where three of the claim examiners reside). These locations are noted as rest of the United States which is not located within another locality pay area. Victorville, CA is included in the locality pay scale for Los Angeles and Long Beach, CA.

**There are 2 claims examiners at the GS-12, Step 6 level that reside in New Orleans, LA.

Review of this form averages approximately 30 minutes or .50 of an hour. In addition, a mail cost of $2.31 (based on 2025 postage rates for first class mail, a 4oz large envelope to accommodate attachments) x 1,264 (forms) is associated with mailing of the form.

The Review Cost and Mailing costs for the CA-278 and the WH-1 are the same.

The computations are as follows:

Mailing Cost for the CA-278 and the WH-1: 1,264 x $2.31= $2,919.84 or $2,920.00 rounded + $2,920 = $5,840.00
Review Cost for the CA-278 and the WH-1: 1,264 x (.5) x $52.14 = $32,952.48 or $32,952.00 rounded + $32, 952.00 = $65,904.00.

Total Federal Costs:

Description	**Cost**
Review Cost	$ 65,904.00**
Mailing Cost	$ 5,840.00*
Total Federal Cost	**$ 71,744.00**

* The mailing cost was previously excluded from the total federal costs in the prior CA-278 Supporting Statement.

**The review cost of the CA-278 increased due to an increase in the hourly rate of the Claims Staff.

15. Explain the reasons for any program changes or adjustments.

Respondents: The number of respondents increased from 7 to 14. This increase in respondents is due to the new WH-1 form being added to this collection.

Responses: The number of responses increased from 1264 to 2528 due to the new WH-1 form being added to this collection

Burden Hours: The total number of burden hours increase from 632 hours to 1264 hours also due to the new WH-1 form being added to this collection.

Costs to Respondents or Recordkeepers: Item 13 costs for this submission increased from $2,427.00 to $5,840 .00 due to an increase in the mailing cost for first class mail and the increase in hourly rate for insurance claims and policy processing clerks.

16. For collections of information whose results will be published, outline plans for tabulations, and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.

There are no plans to publish any data collected by Form CA-278 or Form WH-1.

17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.

This information collection request does not seek a waiver from the requirement to display the expiration date.

18. Explain each exception to the certification statement identified in ROCIS.

This request is in compliance with 5 CFR 1320.9.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS.

Statistical methods are not used in these collections of information.