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4191-02-U

## SOCIAL SECURITY ADMINISTRATION

### Agency Information Collection Activities: Proposed Request and Comment Request

The Social Security Administration (SSA) publishes a list of information collection packages requiring clearance by the Office of Management and Budget (OMB) in compliance with Public Law 104-13, the Paperwork Reduction Act of 1995, effective October 1, 1995. This notice includes revisions of OMB-approved information collections.

SSA is soliciting comments on the accuracy of the agency's burden estimate; the need for the information; its practical utility; ways to enhance its quality, utility, and clarity; and ways to minimize burden on respondents, including the use of automated collection techniques or other forms of information technology. Mail, email, or fax your comments and recommendations on the information collection(s) to the OMB Desk Officer and SSA Reports Clearance Officer at the following addresses or fax numbers.

(OMB)

Office of Management and Budget

Attn: Desk Officer for SSA

Fax: 202-395-6974

E-mail address: [OIRA\\_Submission@omb.eop.gov](mailto:OIRA_Submission@omb.eop.gov)

(SSA)

Social Security Administration, DCRDP

Attn: Reports Clearance Officer

107 Altmeyer Building

6401 Security Blvd.

Baltimore, MD 21235

Fax: 410-966-2830

E-mail address: [OPLM.RCO@ssa.gov](mailto:OPLM.RCO@ssa.gov)

- I. The information collections below are pending at SSA. SSA will submit them to OMB within 60 days from the date of this notice. To be sure we consider your comments, we must receive them no later than **[INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]**. Individuals can obtain copies of the collection instruments by calling the SSA Reports Clearance Officer at 410-965-8783 or by writing to the above email address.

- 1. Request for Withdrawal of Application -- 20 CFR 404.640 -- 0960-0015.**

Form SSA-521 documents the information SSA needs to process the withdrawal of an application for benefits. A paper SSA-521 is the preferred instrument for executing a withdrawal request; however, any written request for withdrawal signed by the claimant or a proper applicant on the claimant's behalf will suffice. Individuals who wish to withdraw their applications for benefits complete Form SSA-521, or sign the completed form for each request to withdraw. SSA uses the information from the SSA-521 to process the request for withdrawal. The

respondents are applicants for Retirement, Survivors, Disability, and Health Insurance benefits.

Type of Request: Revision of an OMB-approved information collection.

<b>Collection Instrument</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
SSA-521	39,000	1	5	3,250

**2. Request for Reconsideration -- Disability Cessation -- 20 CFR 404.909,**

**416.1409 --0960-0349.** SSA uses Form SSA-789-U4 to arrange for a hearing or to prepare a decision based on the evidence of record. Specifically, claimants or their representatives use Form SSA-789-U4 to 1) ask SSA to reconsider a determination; 2) indicate if they wish to appear at a disability hearing; 3) submit any additional information or evidence for use in the reconsidered determination; and 4) indicate if they will need an interpreter for the hearing. The respondents are applicants or claimants for Social Security benefits or Supplemental Security Income payments.

Type of Request: Revision of an OMB-approved information collection.

<b>Collection Instrument</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
SSA-789-U4	30,000	1	13	6,500

**II.** SSA submitted the information collections below to OMB for clearance. Your comments regarding the information collection would be most useful if OMB and SSA receive them within 30 days from the date of this publication. To be sure we consider your comments, we must receive them no later than **[INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]**.

Individuals can obtain copies of the OMB clearance package by calling the SSA Reports Clearance Officer at 410-965-8783 or by writing to the above email address.

**Workers' Compensation/Public Disability Questionnaire -- 20 CFR 404.408 -- 0960-0247.** Section 224 of the Social Security Act provides for the reduction of disability insurance benefits (DIB) when the combination of DIB and any workers' compensation (WC) or certain Federal, State or local public disability benefits (PDB) exceeds 80 percent of the worker's pre-disability earnings. SSA uses Form SSA-546 to collect the data necessary to determine if the worker's receipt of WC or PDB payments should cause a reduction of DIB. The respondents are applicants for title II DIB.

Type of Request: Revision of an OMB-approved information collection.

<b>Collection Instrument</b>	<b>Number of Responses</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
SSA-546 (Paper form)	2,000	1	15	500
MCS	248,000	1	15	62,000
<b>Totals</b>	250,000			62,500

Date: February 6, 2012

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Faye Lipsky

Reports Clearance Officer

Office of Regulations and Reports Clearance

Social Security Administration

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