



DEPARTMENT OF LABOR

Office of Workers' Compensation Programs
Division of Coal Mine Workers' Compensation
Proposed Collection; Comment Request

ACTION: Notice.

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a pre-clearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) [44 U.S.C. 3506(c)(2)(A)]. This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Office of Workers' Compensation Programs is soliciting comments concerning the proposed collection: Representative Payee Report (CM-623), Representative Payee Report, Short Form (CM-623S) and Physician's/Medical Officer's Statement (CM-787). A copy of the proposed information collection request can be obtained by contacting the office listed below in the addresses section of this Notice.

DATES: Written comments must be submitted to the office listed in the addresses section below on or before [INSERT 60-DAYS AFTER PUBLICATION IN THE FEDERAL REGISTER].

ADDRESSES: Ms. Yoon Ferguson, U.S. Department of Labor, 200 Constitution Ave., NW, Room S-3201, Washington, D.C. 20210, telephone (202) 693-0701, fax (202) 693-1449, Email Ferguson.yoon@dol.gov. Please use only one method of transmission for comments (mail, fax, or Email).

SUPPLEMENTARY INFORMATION

I. Background: The Division of Coal Mine Workers' Compensation administers the Black Lung Benefits Act (30 U.S.C. 901 *et seq.*) which provides benefits to coal miners totally disabled due to pneumoniosis, and their surviving dependents. The CM-623, Representative Payee Report is used to collect expenditure data regarding the disbursement of the beneficiary's benefits by the representative payee to assure that the beneficiary's needs are being met. The CM-623S, Representative Payee - Short Form, is a shortened version of the CM-623 that is used when the representative payee is a family member residing with the beneficiary. The CM-787, Physician's/Medical Officer's Statement is used to gather information from the beneficiary's physician about the capability of the beneficiary to manage monthly benefits. This form is used by OWCP to determine if it is in the

beneficiary's best interest to have his/her benefits managed by another party. The regulatory authority for collecting this information is in 20 CFR 725.506, 510, 511, and 513. This information collection is currently approved for use through October 31, 2014.

II. Review Focus: The Department of Labor 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 submissions of responses.

III. Current Actions: The Department of Labor seeks the approval for the extension of this currently-approved information collection in order to carry out its responsibility to administer the Black Lung Benefits Act.

Agency: Office of Workers' Compensation Programs

Type of Review: Extension

Title: Representative Payee Report (CM-623), Representative Payee Report, Short Form (CM-623S) and Physician's /Medical Officer's Statement (CM-787).

OMB Number: 1240-0020

Agency Number: CM-623, CM-623S and CM-787

Affected Public: Individuals or households, Business or other for-profit and Not-for-profit institutions.

Form	Time to Complete	Frequency of Response	Number of Respondents	Number of Responses	Hours Burden
CM-623	90	Annually	900	900	1,350
CM-623S	10	Annually	100	100	17
CM-787	15	Once	1,100	1,100	275
Totals			2,100	2,100	1642

Total Respondents: 2,100

Total Annual Responses: 2,100

Average Time per Response: 46.9 minutes

Estimated Total Burden Hours: 1,642

Frequency: On occasion

Total Burden Cost (capital/startup): \$0

Total Burden Cost (operating/maintenance): \$0

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and

Budget approval of the information collection request; they will also become a matter of public record.

Dated: May 14, 2014.

Yoon Ferguson,
Agency Clearance Officer,
Office of Workers' Compensation Programs,
US Department of Labor.

Billing Code No. 4510-CK-P

[FR Doc. 2014-11814 Filed 05/20/2014 at 8:45 am; Publication Date: 05/21/2014]