



DEPARTMENT OF LABOR

Office of Workers' Compensation Programs

Proposed collection; comment request

AGENCY: Division of Coal Mine Workers' Compensation, Office of Workers' Compensation Programs, Department of Labor

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:

Survivor's Form for Benefits (CM-912). 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 date 60 days from the date of publication].

ADDRESSES: Ms. Yoon Ferguson, U.S. Department of Labor, 200 Constitution Ave., NW, Room S-3323, Washington, D.C. 20210, telephone/fax (202) 354-9647, Email ferguson.yoon@dol.gov.

Please use only one method of transmission for comments (mail, fax, or Email).

SUPPLEMENTARY INFORMATION

I. Background: This collection of information is required to administer the benefit payment provisions of the Black Lung Act for survivors of deceased miners. Completion of this form constitutes the application for benefits by survivors and assists in determining the survivor's entitlement to benefits. Form CM-912 is authorized for use by the Black Lung Benefits Act 30 USC 901, et seq., 20 CFR 410.221 and CFR 725.304 and is used to gather information from a survivor of a miner to determine if the survivor is entitled to benefits. This information collection is currently approved for use through December 31, 2016.

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 gather information to determine eligibility for benefits of a survivor of a Black Lung Act beneficiary.

Type of Review: Extension

Agency: Office of Workers' Compensation Programs

Title: Survivor's Form for Benefits

OMB Number: 1240-0027

Agency Number: CM-912

Affected Public: Individuals or households

Total Respondents: 1100

Total Annual Responses: 1100

Average Time per Response: 8 minutes

Estimated Total Burden Hours: 147

Frequency: One time

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

Total Burden Cost (operating/maintenance): \$450

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: July 21, 2016

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

Billing Code No. 4510-CK-P

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