



DEPARTMENT OF LABOR

Office of Workers' Compensation Programs

Proposed Extension of Existing Collection; Comment Request

**ACTION:** Notice

**SUMMARY:** The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a preclearance 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). 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: Request for Information on Earnings, Dual Benefits, Dependents and Third Party Settlement (CA-1032). 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-3201, 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:** The collection of this information is necessary under provisions of the Federal Employees' Compensation Act (FECA) which states: (1) Compensation must be adjusted to reflect a claimant's earnings while in receipt of benefits (5 U.S.C. 8106); (2) compensation is payable at the augmented rate of 75 percent only if the claimant has one or more dependents as defined by the FECA (5 U.S.C. 8110); (3) compensation may not be paid concurrently with certain benefits from other Federal Agencies, such as the Office of Personnel Management, Social Security, and the Veterans Administration (5 U.S.C. 8116); (4) compensation must be adjusted to reflect any settlement from a third party responsible for the injury for which the claimant is being paid compensation (5 U.S.C. 8132); (5) an individual

convicted of any violation related to fraud in the application for, or receipt of, any compensation benefit, forfeits (as of the date of such conviction) any entitlement to such benefits, for any injury occurring on or before the date of conviction (5. U.S.C. 8148 (a)); (6) no Federal compensation benefit can be paid to any individual for any period during which such individual is incarcerated for any felony offense (5 U.S.C. 8148 (b)(1)). The information collected through Form CA-1032 is used to ensure that compensation being paid on the periodic roll is correct. This information collection is currently approved for use through May 31, 2017.

**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 extension of approval to collect this information collection in order to ensure that compensation being paid on the periodic roll is correct.

**Type of Review:** Extension.

**Agency:** Office of Workers' Compensation Programs.

**Title:** Request for Information on Earnings, Dual Benefits,  
Dependents and Third Party Settlement

**OMB Number:** 1240-0016.

**Agency Number:** CA-1032

**Affected Public:** Individuals or household

**Total Respondents:** 45,161.

**Total Annual Responses:** 45,161.

**Average Time per Response:** 20 minutes

**Estimated Total Burden Hours:** 15,054

**Frequency:** Annually

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

**Total Burden Cost (operating/maintenance):** \$23,484.

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:** February 14, 2017

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

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