



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: Miner's Claim for Benefits under the Black Lung Benefit's Act (CM-911) and Employment History (CM-911A). 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. A miner who applies for black lung benefits must complete the CM-911 (application form). The completed form gives basic identifying information about the applicant and is the beginning of the development of the black lung claim. The applicant must complete a CM-911a at the same time the black lung application form is submitted. This form when completed renders a complete history

of employment and helps to establish if the miner currently or formerly worked in the nation's coal mines. The person filing for benefits must have worked in the nation's coal mines or be a survivor of a coal miner as described under Title IV of the Federal Mine Safety and Health Act of 1977, as amended, in order for benefits to be pursued. 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: Miner's Claim for Benefits under the Black Lung Benefit's Act (CM-911) and Employment History (CM-911A).

OMB Number: 1240-0038

Agency Number: CM-911 and CM-911A

Affected Public: Individuals or households.

Form	Time to Complete	Frequency of Response	Number of Respondents	Number of Responses	Hours Burden
CM-911	45	once	5,000	5,000	3,750
CM-911A	40	once	6,000	6,000	4,000
Totals			11,000	11,000	7,750

Total Respondents: 11,000

Total Annual Responses: 11,000

Average Time per Response: 42 minutes

Estimated Total Burden Hours: 7,750

Frequency: On occasion

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

Total Burden Cost (operating/maintenance): \$2,058.00

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

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