

Dated: January 18, 2019.

**Melanie J. Pantoja,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2019-00159 Filed 1-24-19; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Center for Scientific Review; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* Cell Biology Integrated Review Group; Development—1 Study Section.

*Date:* February 4, 2019.

*Time:* 7:00 a.m. to 6:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Sir Francis Drake Hotel, 450 Powell Street at Sutter, San Francisco, CA 94102.

*Contact Person:* Thomas Beres, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5148, MSC 7840, Bethesda, MD 20892, 301-435-1175, [berestm@mail.nih.gov](mailto:berestm@mail.nih.gov).

This meeting notice is being published less than 15 days in advance of the meeting due to the partial Government shutdown of December 2018.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393-93.396, 93.837-93.844, 93.846-93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: January 18, 2019.

**Natasha M. Copeland,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2019-00158 Filed 1-24-19; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Cancer Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Cancer Institute Special Emphasis Panel; Molecular Analysis Technologies.

*Date:* February 13, 2019.

*Time:* 10:00 a.m. to 5:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Cancer Institute, Shady Grove, 9609 Medical Center Drive, Room 7W114, Rockville, MD 20850 (Telephone Conference Call).

*Contact Person:* Jeffrey E. DeClue, Ph.D., Scientific Review Officer, Research Technology and Contract Review Branch, Division of Extramural Activities, National Cancer Institute, NIH, 9609 Medical Center Drive, Room 7W114, Bethesda, MD 20892-9750, 240-276-6371, [decluej@mail.nih.gov](mailto:decluej@mail.nih.gov).

This meeting notice is being published less than 15 days in advance of the meeting due to the partial Government shutdown of December 2018.

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)

Dated: January 18, 2019.

**Melanie J. Pantoja,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2019-00160 Filed 1-24-19; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Center for Complementary & Integrative Health; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the ZAT1 PJ (04) meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Center for Complementary and Integrative Health Special Emphasis Panel; Exploratory Clinical Trials of Mind and Body Interventions (MB).

*Date:* February 22, 2019.

*Time:* 11:00 a.m. to 5:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Two Democracy Plaza, 6707 Democracy Boulevard, Bethesda, MD 20892 (Virtual Meeting).

*Contact Person:* Pamela Eugenia Jeter, Ph.D., Scientific Review Officer, Office of Scientific Review, Division of Extramural Activities NCCIH, NIH, 6707 Democracy Boulevard, Suite 401, Bethesda, MD 20892-547, 301-435-2591, [pamela.jeter@nih.gov](mailto:pamela.jeter@nih.gov). (Catalogue of Federal Domestic Assistance Program Nos. 93.213, Research and Training in Complementary and Alternative Medicine, National Institutes of Health, HHS)

Dated: January 18, 2019.

**Ronald J. Livingston, Jr.,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2019-00154 Filed 1-24-19; 8:45 am]

**BILLING CODE 4140-01-P**

## SOCIAL SECURITY ADMINISTRATION

[Docket No: SSA-2018-0072]

### 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, and one new information collection.

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, Email address: [OIRA\\_Submission@omb.eop.gov](mailto:OIRA_Submission@omb.eop.gov) (SSA), Social Security Administration, OLCA, Attn: Reports Clearance Director, 3100 West High Rise, 6401 Security Blvd., Baltimore, MD 21235, Fax: 410-966-2830, Email address: [OR.Reports.Clearance@ssa.gov](mailto:OR.Reports.Clearance@ssa.gov)

Or you may submit your comments online through [www.regulations.gov](http://www.regulations.gov), referencing Docket ID Number [SSA-2018-0072].

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 March 26, 2019. Individuals can obtain copies of

the collection instruments by writing to the above email address.

**1. Tribal Council Coverage Agreement—0960-NEW.** Section 218A of the Social Security Act (Act) grants voluntary Social Security coverage to Indian tribal council members. The coverage is voluntary for tribal council members; however, if the tribe wishes to obtain Social Security coverage, they must complete the agreement. Each tribe requesting coverage fills out one agreement. SSA employees collect this information via the paper form. The respondents are Indian tribal councils who wish to receive Social Security coverage for their members.

*Type of Request:* Request for a new information collection.

| Modality of completion                       | Number of respondents | Frequency of response | Average burden per response (minutes) | Estimated total annual burden (hours) |
|--|-----------------------|-----------------------|---------------------------------------|---------------------------------------|
| Tribal Council Coverage Agreement Form ..... | 100                   | 1                     | 10                                    | 17                                    |

**2. Request to be Selected as a Payee—20 CFR 404.2010-404.2055, 416.601-416.665—0960-0014.** SSA requires an individual applying to be a representative payee for a Social Security beneficiary or Supplemental Security Income (SSI) recipient to complete Form SSA-11-BK, or supply

the same information to a field office technician through a personal interview. SSA obtains information from applicant payees regarding their relationship to the beneficiary; personal qualifications; concern for the beneficiary's well-being; and intended use of benefits if appointed as payee.

The respondents are individuals; private sector businesses and institutions; and State and local government institutions and agencies applying to become representative payees.

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

| Modality of completion                    | Number of respondents | Frequency of response | Average burden per response (minutes) | Estimated total annual burden (hours) |
|---|-----------------------|-----------------------|---------------------------------------|---------------------------------------|
| <b>Individuals/Households (90%)</b>       |                       |                       |                                       |                                       |
| Representative Payee System (RPS) .....   | 1,710,000             | 1                     | 12                                    | 342,000                               |
| Paper Version .....                       | 68,400                | 1                     | 12                                    | 13,680                                |
| Total .....                               | 1,778,400             | .....                 | .....                                 | 355,680                               |
| <b>Private Sector (9%)</b>                |                       |                       |                                       |                                       |
| Representative Payee System (RPS) .....   | 171,000               | 1                     | 12                                    | 34,200                                |
| Paper Version .....                       | 6,840                 | 1                     | 12                                    | 1,368                                 |
| Total .....                               | 177,840               | .....                 | .....                                 | 35,568                                |
| <b>State/Local/Tribal Government (1%)</b> |                       |                       |                                       |                                       |
| Representative Payee System (RPS) .....   | 19,000                | 1                     | 12                                    | 3,800                                 |
| Paper Version .....                       | 340                   | 1                     | 12                                    | 68                                    |
| Total .....                               | 19,340                | .....                 | .....                                 | 3,868                                 |
| Grand Total .....                         | 1,975,580             | .....                 | .....                                 | 395,116                               |

**3. Statement for Determining Continuing Eligibility for Supplemental Security Income Payment—20 CFR 416.204—0960-0145.** SSA uses Form SSA-8202-BK to conduct low and

middle-error profile (LEP/MEP) telephone, or face-to-face redetermination interviews with SSI recipients and representative payees, if applicable. SSA conducts LEP

redeterminations interviews on a 6-year cycle, and MEP redeterminations annually. SSA requires the information we collect during the interview to determine whether: (1) SSI recipients

met, and continue to meet, all statutory and regulatory requirements for SSI eligibility; and (2) the SSI recipients received, and are still receiving, the correct payment amounts. This information includes non-medical

eligibility factors such as income, resources, and living arrangements. To complete Form SSA-8202, the respondents may need to obtain information from employers or financial institutions. The respondents are SSI

recipients and their representatives, if applicable.  
*Type of Request:* Revision of an OMB approved information collection.

| Modality of completion  | Number of respondents | Frequency of response | Average burden per response (minutes) | Estimated total annual burden (hours) |
|-------------------------|-----------------------|-----------------------|---------------------------------------|---------------------------------------|
| SSA-8202-BK .....       | 9,954                 | 1                     | 21                                    | 3,484                                 |
| SSI Claims System ..... | 2,021,883             | 1                     | 20                                    | 673,944                               |
| Totals .....            | 2,031,787             | .....                 | .....                                 | 677,428                               |

*4. Internet Direct Deposit Application—31 CFR part 210—0960-0634.* SSA requires all applicants and recipients of Social Security Old Age, Survivors, and Disability Insurance (OASDI) benefits, or SSI payments, to receive these benefits and payments via direct deposit at a financial institution. SSA receives Direct Deposit/Electronic Funds Transfer (DD/EFT) enrollment information from OASDI beneficiaries and SSI recipients to facilitate DD/EFT

of their funds with their chosen financial institution. We also use this information when an enrolled individual wishes to change their DD/EFT information. For the convenience of the respondents, we collect this information through several modalities, including an internet application; in-office or telephone interviews; and our automated telephone system. In addition to using the direct deposit information to enable DD/EFT of funds

to the recipient's chosen financial institution, we also use the information through our Direct Deposit Fraud Indicator to ensure the correct recipient receives the funds. Respondents are OASDI beneficiaries and SSI recipients requesting that we enroll them in the Direct Deposit program, or change their direct deposit banking information.  
*Type of Request:* Revision of an OMB-approved information collection.

| Modality of completion  | Number of respondents | Frequency of response | Average burden per response (minutes) | Estimated total annual burden (hours) |
|---|-----------------------|-----------------------|---------------------------------------|---------------------------------------|
| Internet DD .....   | 432,482               | 1                     | 10                                    | 72,080                                |
| Non-Electronic Services (FO, 800#- ePath, SSI Claims System, SPS, MACADE, POS, RPS) ..... | 3,227,426             | 1                     | 12                                    | 645,485                               |
| Direct Deposit Fraud Indicator .....  | 33,238                | 1                     | 2                                     | 1,108                                 |
| Totals .....  | 3,693,146             | .....                 | .....                                 | 718,673                               |

II. SSA submitted the information collections below to OMB for clearance. Your comments regarding these information collections would be most useful if OMB and SSA receive them 30 days from the date of this publication. To be sure we consider your comments, we must receive them no later than February 25, 2019. Individuals can obtain copies of the OMB clearance

packages by writing to *OR.Reports.Clearance@ssa.gov*.  
*1. Certificate of Responsibility for Welfare and Care of Child Not in Applicant's Custody—20 CFR 404.330, 404.339-404.341 and 404.348-404.349—0960-0019.* SSA uses Form SSA-781 to determine if non-custodial parents who file for spouse, mother's, father's, or surviving divorced mother's or father's benefits based on having a

child in their care meet the in-care requirements. The in-care provision requires claimants to have an entitled child under age 16 or disabled in their care. The respondents are applicants for spouse, mother's, father's, or surviving divorced mother or father Social Security benefits.  
*Type of Request:* Revision of an OMB-approved information collection.

| Modality of completion | Number of respondents | Frequency of response | Average burden per response (minutes) | Estimated total annual burden (hours) |
|------------------------|-----------------------|-----------------------|---------------------------------------|---------------------------------------|
| SSA-781 .....          | 14,000                | 1                     | 10                                    | 2,333                                 |

*2. Farm Self-Employment Questionnaire—20 CFR 404.1082(c) & 404.1095—0960-0061.* SSA collects the information on Form SSA-7156 on a voluntary and as-needed basis to determine the existence of an agriculture trade or business which may

affect the monthly benefit, or insured status, of the applicant. SSA requires the existence of a trade or business before determining if an individual or partnership has net earnings from self-employment. When an applicant indicates self-employment as a farmer,

SSA uses the SSA-7165 to obtain the information we need to determine the existence of an agricultural trade or business, and subsequent covered earnings for Social Security entitlement purposes. As part of the application process, we conduct a personal

interview, either face-to-face or via telephone, and document the interview using Form SSA-7165. We also allow applicants to complete a fillable version of the form available on our website,

which they can complete, print, and sign. The respondents are applicants for Social Security benefits whose entitlement depends on whether the

worker received covered earnings from self-employment as a farmer.

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

| Modality of completion | Number of respondents | Frequency of response | Average burden per response (minutes) | Estimated total annual burden (hours) |
|------------------------|-----------------------|-----------------------|---------------------------------------|---------------------------------------|
| SSA-7156 .....         | 47,500                | 1                     | 10                                    | 7,917                                 |

**3. Child Relationship Statement—20 CFR 404.355 & 404.731—0960-0116.** To help determine a child's entitlement to Social Security benefits, SSA uses criteria under section 216(h)(3) of the Act, deemed child provision. SSA may deem a child to an insured individual if: (1) The insured individual presents SSA with satisfactory evidence of

parenthood, and was living with or contributing to the child's support at certain specified times; or (2) the insured individual: (a) Acknowledged the child in writing; (b) was court decreed as the child's parent; or (c) was court ordered to support the child. To obtain this information, SSA uses Form SSA-2519, Child Relationship

Statement. The respondents are people with knowledge of the relationship between certain individuals filing for Social Security benefits and their alleged biological children.

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

| Modality of completion | Number of respondents | Frequency of response | Average burden per response (minutes) | Estimated total annual burden (hours) |
|------------------------|-----------------------|-----------------------|---------------------------------------|---------------------------------------|
| SSA-2519 .....         | 50,000                | 1                     | 15                                    | 12,500                                |

**4. Pre-1957 Military Service Federal Benefit Questionnaire—20 CFR 404.1301 -404.1371—0960-0120.** SSA may grant gratuitous military wage credits for active military or naval service (under certain conditions) during the period September 16, 1940 through December 31, 1956, if no other Federal agency (other than the Veterans Administration) credited the service for

benefit eligibility or computation purposes. We use Form SSA-2512 to collect specific information about other Federal, military, or civilian benefits the wage earner may receive when the applicant indicates both pre-1957 military service and the receipt of a Federal benefit. SSA uses the data in the claims adjudication process to grant gratuitous military wage credits when

applicable, and to solicit sufficient information to determine eligibility. Respondents are applicants for Social Security benefits on a record where the wage earner claims pre-1957 military service.

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

| Modality of completion | Number of respondents | Frequency of response | Average burden per response (minutes) | Estimated total annual burden (hours) |
|------------------------|-----------------------|-----------------------|---------------------------------------|---------------------------------------|
| SSA-2512 .....         | 5,000                 | 1                     | 10                                    | 833                                   |

**5. Authorization for the Social Security Administration to Obtain Account Records from a Financial Institution—20 CFR 416.200, 416.203, 404.508, & 416.553—0960-0293.** SSA collects and verifies financial information from individuals applying for Title II and Title XVI waiver determinations, as well as those who apply for, or currently receive (in the case of redetermination), SSI payments. We require the financial information from these applicants to: (1) Determine

the eligibility of the applicant or recipient for SSI benefits; or (2) determine if a request to waive a Social Security overpayment defeats the purpose of the Act. If the Title II and Title XVI waiver applicants, or the SSI claimants, provide incomplete, unavailable, or seemingly altered records, SSA contacts their financial institutions to verify the existence, ownership, and value of accounts owned. Financial institutions need individuals to sign Form SSA-4641-F4,

or work with SSA staff to complete one of SSA's electronic applications, e4641 or the Access to Financial Institutions (AFI) screens, to authorize the individual's financial institution to disclose records to SSA. The respondents are Title II and Title XVI recipients applying for waivers, or SSI applicants, recipients, and their to determine SSI eligibility.

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

| Modality of completion | Number of respondents | Frequency of response | Average burden per response (minutes) | Estimated total annual burden (hours) |
|------------------------|-----------------------|-----------------------|---------------------------------------|---------------------------------------|
| SSA-4641 (paper) ..... | 140,000               | 1                     | 6                                     | 14,000                                |

| Modality of completion         | Number of respondents | Frequency of response | Average burden per response (minutes) | Estimated total annual burden (hours) |
|--------------------------------|-----------------------|-----------------------|---------------------------------------|---------------------------------------|
| e4641 and AFI (Internet) ..... | 15,860,000            | 1                     | 2                                     | 528,667                               |
| Totals .....                   | 16,000,000            | .....                 | .....                                 | 542,667                               |

6. Vocational Rehabilitation Provider Claim—20 CFR 404.2108(b), 404.2117(c)(1)&(2), 404.2101(b)&(c), 404.2121(a), 416.2208(b), 416.2217(c)(1) & (2), 416.2201(b)&(c), 416.2221(a)—0960–0310. State vocational rehabilitation (VR) agencies submit Form SSA–199 to SSA to obtain reimbursement of costs incurred for providing VR services. SSA requires state VR agencies to submit reimbursement claims for the following

categories: (1) Claiming reimbursement for VR services provided; (2) certifying adherence to cost containment policies and procedures; and (3) preparing causality statements. The respondents provide the information requested through a web-based Secure Ticket Portal, in lieu of submitting forms. This Portal allows VRs to retrieve reports, and enter and submit information electronically, minimizing the use of the paper form to SSA for consideration and

approval of the claim for reimbursement of costs incurred for SSA beneficiaries. SSA uses the information on the SSA–199, along with the written documentation, to determine whether, and how much, to pay State VR agencies under SSA’s VR program. Respondents are State VR agencies offering vocational and employment services to Social Security and SSI recipients.  
*Type of Request:* Revision of an OMB-approved information collection.

| Modality of completion (type of response as indicated below) | Number of respondents | Frequency of response | Number of responses | Average burden per response (minutes) | Estimated total annual burden (hours) |
|--|-----------------------|-----------------------|---------------------|---------------------------------------|---------------------------------------|
| SSA–199 CFR 404.2108 & 416.2208 .....                        | 80                    | 160                   | 12,800              | 23                                    | 4,907                                 |
| CFR 404.2117 & 416.2217 Written requests .....               | 80                    | 1                     | 80                  | 60                                    | 80                                    |
| CFR 404.2121 & 416.2221 Written requests .....               | 80                    | 2.5                   | 200                 | 100                                   | 333                                   |
| Total .....  | 80                    | .....                 | 13,080              | .....                                 | 5,320                                 |

7. Response to Notice of Revised Determination—20 CFR 404.913–404.914, 404.992(b), 416.1413–416.1414, and 416.1492(d)—0960–0347. When SSA determines: (1) Claimants for initial disability benefits do not actually have a disability; or (2) current disability recipients’ records show their disability ceased, SSA notifies the disability claimants, or recipients of this decision. In response to this notice, the affected claimants and disability recipients have the following recourse: (1) They may

request a disability hearing to contest SSA’s decision; and (2) they may submit additional information or evidence for SSA to consider. Disability claimants, recipients, and their representatives use Form SSA–765 to accomplish these two actions. If respondents request the first option, SSA’s Disability Hearings Unit uses the form to schedule a hearing; ensure an interpreter is present, if required; and ensure the disability recipients or claimants, and their representatives, receive a notice about

the place and time of the hearing. If respondents choose the second option, SSA uses the form and other evidence to reevaluate the claimant’s or recipients’ case, and determine if the new information or evidence will change SSA’s decision. The respondents are disability claimants, current disability recipients, or their representatives.  
*Type of Request:* Revision of an OMB-approved information collection.

| Modality of completion | Number of respondents | Frequency of response | Average burden per response (minutes) | Estimated total annual burden (hours) |
|------------------------|-----------------------|-----------------------|---------------------------------------|---------------------------------------|
| SSA–765 .....          | 1,925                 | 1                     | 30                                    | 963                                   |

8. Request for Change in Time/Place of Disability Hearing—20 CFR 404.914(c)(2) and 416.1414(c)(2)—0960–0348. At the request of the claimants or their representatives, SSA schedules evidentiary hearings at the reconsideration level for claimants of Title II benefits or Title XVI payments

when we deny their claims for disability. When claimants or their representatives find they are unable to attend the scheduled hearing, they complete Form SSA–769 to request a change in time or place of the hearing. SSA uses the information as a basis for granting or denying requests for changes

and for rescheduling disability hearings. Respondents are claimants or their representatives who wish to request a change in the time or place of their hearing.  
*Type of Request:* Revision of an OMB-approved information collection.

| Modality of completion | Number of respondents | Frequency of response | Average burden per response (minutes) | Estimated total annual burden (hours) |
|------------------------|-----------------------|-----------------------|---------------------------------------|---------------------------------------|
| SSA-769 .....          | 7,483                 | 1                     | 8                                     | 998                                   |

9. *Application for Supplemental Security Income—20 CFR 416.305–416.335, Subpart C—0960–0444.* SSA uses Form SSA-8001-BK to determine an applicant’s eligibility for SSI and SSI payment amounts. SSA employees also collect this information during

interviews with members of the public who wish to file for SSI. SSA uses the information for two purposes: (1) To formally deny SSI for nonmedical reasons when information the applicant provides results in ineligibility; or (2) to establish a disability claim, but defer the

complete development of non-medical issues until SSA approves the disability. The respondents are applicants for SSI payments.

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

| Modality of completion            | Number of respondents | Frequency of response | Average burden per response (minutes) | Estimated total annual burden (hours) |
|-----------------------------------|-----------------------|-----------------------|---------------------------------------|---------------------------------------|
| SSI Claims System .....           | 802,368               | 1                     | 20                                    | 267,456                               |
| iClaim/SSI Claims System .....    | 168,661               | 1                     | 20                                    | 56,220                                |
| SSA-8001-BK (Paper Version) ..... | 2,588                 | 1                     | 20                                    | 863                                   |
| Totals .....                      | 973,617               | .....                 | .....                                 | 324,539                               |

10. *Wage Reports and Pension Information—20 CFR 422.122(b)—0960–0547.* Pension plan administrators annually file plan information with the Internal Revenue Service, which then forwards the information to SSA. SSA maintains and organizes this information by plan number, plan

participant’s name, and Social Security number. Under Section 1131(a) of the Act, pension plan participants are entitled to request this information from SSA. The Wage Reports and Pension Information regulation, 20 CFR 422.122(b) of the Code of Federal Regulations, requires requestors submit

a written request with identifying information to SSA, before SSA disseminates this information. The respondents are requestors of pension plan information.

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

| Modality of completion                      | Number of respondents | Frequency of response | Average burden per response (minutes) | Estimated total annual burden (hours) |
|---|-----------------------|-----------------------|---------------------------------------|---------------------------------------|
| Requests for pension plan information ..... | 580                   | 1                     | 30                                    | 290                                   |

11. *International Direct Deposit—31 CFR part 210—0960–0686.* SSA’s International Direct Deposit (IDD) Program allows beneficiaries living abroad to receive their payments via direct deposit to an account at a financial institution outside the United States. SSA uses Form SSA-1199–

(Country) to enroll Title II beneficiaries residing abroad in IDD, and to obtain the direct deposit information for foreign accounts. Routing account number information varies slightly for each foreign country, so we use a variation of the Treasury Department’s Form SF-1199A for each country. The

respondents are Social Security beneficiaries residing abroad who want SSA to deposit their Title II benefit payments directly to a foreign financial institution.

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

| Modality of completion   | Number of respondents | Frequency of response | Average burden per response (minutes) | Estimated total annual burden (hours) |
|--------------------------|-----------------------|-----------------------|---------------------------------------|---------------------------------------|
| SSA-1199–(Country) ..... | 13,750                | 1                     | 5                                     | 1,146                                 |

12. *Representative Payment Policies and Administrative Procedures for Imposing Penalties for False or Misleading Statements or Withholding of Information—0960–0740.* This information collection request comprises several regulation sections that provide additional safeguards for Social Security beneficiaries’ whose

representative payees receive their payment. SSA requires representative payees to notify them of any event or change in circumstances that would affect receipt of benefits or performance of payee duties. SSA uses the information to determine continued eligibility for benefits, the amount of benefits due and if the payee is suitable

to continue servicing as payee. The respondents are representative payees who receive and use benefits on behalf of Social Security beneficiaries.

*Type of Collection:* Revision of an OMB-approved information collection.

| Regulation section                          | Number of respondents | Frequency of response | Average burden per response (minutes) | Estimated total annual burden (hours) |
|---|-----------------------|-----------------------|---------------------------------------|---------------------------------------|
| 404.2035(d)—Paper/Mail .....                | 29,601                | 1                     | 5                                     | 2,467                                 |
| 404.2035(d)—Office interview/Intranet ..... | 562,419               | 1                     | 5                                     | 46,868                                |
| 404.2035(f)—Paper/Mail .....                | 296                   | 1                     | 5                                     | 25                                    |
| 404.2035(f)—Office interview/Intranet ..... | 5,624                 | 1                     | 5                                     | 469                                   |
| 416.635(d)—Paper/Mail .....                 | 16,146                | 1                     | 5                                     | 1,346                                 |
| 416.635(d)—Office interview/Intranet .....  | 296,424               | 1                     | 5                                     | 24,702                                |
| 416.635(f)—Paper/Mail .....                 | 162                   | 1                     | 5                                     | 14                                    |
| 416.635(f)—Office interview/Intranet .....  | 3,067                 | 1                     | 5                                     | 256                                   |
| Totals .....                                | 913,739               | .....                 | .....                                 | 76,147                                |

Dated: January 22, 2019.

**Faye I. Lipsky,**

*Director, Office of Regulations and Reports  
Clearance, Social Security Administration.*

[FR Doc. 2019-00194 Filed 1-24-19; 8:45 am]

**BILLING CODE 4191-02-P**