

2. Evaluate the accuracy of OPM's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

3. Enhance the quality, utility, and clarity of the information to be collected; and

4. 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.

RI 38-47 outlines the procedures required to request reconsideration of an initial OPM decision about Civil Service or Federal Employees retirement, Federal or Retired Federal Employees Health Benefits requests to enroll or change enrollment or Federal Employees' Group Life Insurance coverage. This form lists the procedures and time periods required for requesting reconsideration.

#### Analysis

*Agency:* Retirement Operations, Retirement Services, Office of Personnel Management.

*Title:* Information and Instruction on Your Reconsideration Rights.

*OMB:* 3206-0237.

*Frequency:* On occasion.

*Affected Public:* Individuals or Households.

*Number of Respondents:* 3,100.

*Estimated Time per Respondent:* 45 minutes.

*Total Burden Hours:* 2325 hours.

U.S. Office of Personnel Management.

**Katherine Archuleta,**

*Director.*

[FR Doc. 2014-03833 Filed 2-21-14; 8:45 am]

**BILLING CODE 6325-38-P**

#### OFFICE OF PERSONNEL MANAGEMENT

##### Submission for Review: 3206-0179, Disabled Dependent Questionnaire, RI 30-10

**AGENCY:** U.S. Office of Personnel Management.

**ACTION:** 60-day notice and request for comments.

**SUMMARY:** The Retirement Services, Office of Personnel Management (OPM) offers the general public and other Federal agencies the opportunity to comment on an extension, without change, of a currently approved information collection request (ICR)

3206-0179, Disabled Dependent Questionnaire. As required by the Paperwork Reduction Act of 1995 as amended by the Clinger-Cohen Act), OPM is soliciting comments for this collection.

**DATES:** Comments are encouraged and will be accepted until April 25, 2014. This process is conducted in accordance with 5 CFR 1320.1.

**ADDRESSES:** Interested persons are invited to submit written comments on the proposed information collection to the U.S. Office of Personnel Management, Retirement Services, Union Square Room 370, 1900 E Street NW., Washington, DC 20415-3500, Attention: Alberta Butler, or sent by email to [Alberta.Butler@opm.gov](mailto:Alberta.Butler@opm.gov).

**FOR FURTHER INFORMATION CONTACT:** A copy of this ICR, with applicable supporting documentation, may be obtained by contacting the Retirement Services Publications Team, Office of Personnel Management, 1900 E Street NW., Room 3316-AC, Washington, DC 20415, Attention: Cyrus S. Benson, or sent by email to [Cyrus.Benson@opm.gov](mailto:Cyrus.Benson@opm.gov) or faxed to (202) 606-0910.

**SUPPLEMENTARY INFORMATION:** The Office of Management and Budget is particularly interested in comments that:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of functions of OPM, including whether the information will have practical utility;

2. Evaluate the accuracy of OPM's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

3. Enhance the quality, utility, and clarity of the information to be collected; and

4. 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.

RI 30-10 is used to collect sufficient information about the medical condition and earning capacity for the Office of Personnel Management to be able to determine whether a disabled adult child is eligible for health benefits coverage and/or survivor annuity payments under the Civil Service Retirement System or the Federal Employees Retirement System.

#### Analysis

*Agency:* Retirement Operations, Retirement Services, Office of Personnel Management.

*Title:* Disabled Dependent Questionnaire.

*OMB Number:* 3206-0179.

*Frequency:* On occasion.

*Affected Public:* Individuals or households.

*Number of Respondents:* 2,500.

*Estimated Time per Respondent:* 1 hour.

*Total Burden Hours:* 2,500.

U.S. Office of Personnel Management.

**Katherine Archuleta,**

*Director.*

[FR Doc. 2014-03834 Filed 2-21-14; 8:45 am]

**BILLING CODE 6325-38-P**

#### OFFICE OF PERSONNEL MANAGEMENT

##### Submission for Review: 3206-0162, Report of Medical Examination of Person Electing Survivor Benefits Under the Civil Service Retirement System, OPM 1530

**AGENCY:** U.S. Office of Personnel Management.

**ACTION:** 30-day notice and request for comments.

**SUMMARY:** The Retirement Services, Office of Personnel Management (OPM) offers the general public and other Federal agencies the opportunity to comment on an extension, without change, of a currently approved information collection request (ICR) 3206-0162, Report of Medical Examination of Person Electing Survivor Benefits Under the Civil Service Retirement System, OPM 1530. As required by the Paperwork Reduction Act of 1995 (Public Law 104-13, 44 U.S.C. chapter 35) as amended by the Clinger-Cohen Act (Pub. L. 104-106), OPM is soliciting comments for this collection.

**DATES:** Comments are encouraged and will be accepted until March 26, 2014. This process is conducted in accordance with 5 CFR 1320.1.

**ADDRESSES:** Interested persons are invited to submit written comments on the proposed information collection to Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street NW., Washington, DC 20503, Attention: Desk Officer for the Office of Personnel Management or sent by email to [oir\\_submission@omb.eop.gov](mailto:oir_submission@omb.eop.gov) or faxed to (202) 395-6974.