

**DEPARTMENT OF VETERANS  
AFFAIRS**

[OMB Control No. 2900-0011]

**Agency Information Collection:  
Application for Reinstatement—  
Insurance Lapsed More Than 6 Months  
(29-352) and Application for  
Reinstatement—Non Medical  
Comparative Health Statement (29-  
353)****AGENCY:** Veterans Benefits  
Administration, Department of Veterans  
Affairs.**ACTION:** Notice.**ACTIVITY:** Under OMB Review.**SUMMARY:** In compliance with the  
Paperwork Reduction Act (PRA) of 1995  
(44 U.S.C. 3501-3521), this notice  
announces that the Veterans Benefits  
Administration (VBA), Department of  
Veterans Affairs, will submit the  
collection of information abstracted  
below to the Office of Management and  
Budget (OMB) for review and comment.  
The PRA submission describes the  
nature of the information collection and  
its expected cost and burden; it includes  
the actual data collection instrument.**DATES:** Comments must be submitted on  
or before November 7, 2016.**ADDRESSES:** Submit written comments  
on the collection of information through  
*www.Regulations.gov*, or to Office of  
Information and Regulatory Affairs,  
Office of Management and Budget, Attn:  
VA Desk Officer; 725 17th St. NW.,  
Washington, DC 20503 or sent through  
electronic mail to *oira\_submission@  
omb.eop.gov*. Please refer to “OMB  
Control No. 2900-0011” in any  
correspondence.**FOR FURTHER INFORMATION CONTACT:**  
Cynthia Harvey-Pryor, Enterprise  
Records Service (005R1B), Department  
of Veterans Affairs, 810 Vermont  
Avenue NW., Washington, DC 20420,  
(202) 461-5870 or email *cynthia.harvey-  
pryor@va.gov*. Please refer to “OMB  
Control No. 2900-0011.”**SUPPLEMENTARY INFORMATION:***Title:* Application for Reinstatement—  
Insurance Lapsed More Than 6 Months  
(29-352).Application for Reinstatement—Non  
Medical Comparative Health Statement  
(29-353).*OMB Control Number:* 2900-0011.*Type of Review:* Revision of a  
currently approved collection.*Abstract:* These forms are used by  
veterans who are requesting a  
reinstatement of their lapsed life  
insurance policies. The information  
requested on the forms is required by  
law, 38 U.S.C. Sections 6.79 and 8.22.An agency may not conduct or  
sponsor, and a person is not required to  
respond to a collection of information  
unless it displays a currently valid OMB  
control number. The **Federal Register**  
Notice with a 60-day comment period  
soliciting comments on this collection  
of information was published at Vol. 81,  
No. 170, Thursday, September 1, 2016.*Affected Public:* Individuals or  
households.*Estimated Annual Burden:* 1,125  
hours.*Estimated Average Burden per  
Respondent:* 22.5 minutes.*Frequency of Response:* On occasion.*Estimated Number of Respondents:*  
3000.

By direction of the Secretary.

**Cynthia Harvey-Pryor,***Program Specialist, Office of Privacy and  
Records Management, Department of  
Veterans Affairs.*

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**BILLING CODE 8320-01-P**