

improvements to the delivery process, consistent with market feedback, recent changes to relevant IFEU rules and other similar futures contracts, such as the ICE Futures US Coffee Futures Contract. The changes thus facilitate prompt and accurate clearance and settlement of the Robusta Coffee Futures Contracts.

In addition, Rule 17Ad-22(e)(10)<sup>5</sup> requires that each covered clearing agency establish, implement, maintain and enforce written policies and procedures reasonably designed to establish and maintain written standards that state its obligations with respect to the delivery of physical instruments. As discussed above, ICE Clear Europe is updating its Delivery Procedures to reflect the shortened delivery period, to remove the “Early Take Up” concept which is no longer necessary in light of that shorter period, and to make certain other clarifications and updates, consistent with the delivery terms set out in the IFEU contract specifications.

*(B) Clearing Agency’s Statement on Burden on Competition*

ICE Clear Europe does not believe the proposed rule changes would have any impact, or impose any burden, on competition not necessary or appropriate in furtherance of the purposes of the Act. The changes are being proposed in order to update the Delivery Procedures for the IFEU Robusta Coffee Futures Contract specifications, as discussed above. ICE Clear Europe does not believe the amendments would adversely affect Clearing Members, materially affect the cost of clearing, adversely affect access to clearing in Robusta Coffee Futures Contract for Clearing Members or their customers, or otherwise adversely affect competition in clearing services. Accordingly, ICE Clear Europe does not believe that the amendments would impose any impact or burden on competition that is not appropriate in furtherance of the purpose of the Act.

*(C) Clearing Agency’s Statement on Comments on the Proposed Rule Change Received From Members, Participants or Others*

Written comments relating to the proposed amendments have not been solicited or received by ICE Clear Europe. ICE Clear Europe will notify the Commission of any comments received with respect to the proposed amendments.

**III. Date of Effectiveness of the Proposed Rule Change, Security-Based Swap Submission and Advance Notice and Timing for Commission Action**

The foregoing rule change has become effective pursuant to Section 19(b)(3)(A) of the Act<sup>6</sup> and paragraph (f) of Rule 19b-4<sup>7</sup> thereunder. At any time within 60 days of the filing of the proposed rule change, the Commission summarily may temporarily suspend such rule change if it appears to the Commission that such action is necessary or appropriate in the public interest, for the protection of investors, or otherwise in furtherance of the purposes of the Act.

**IV. Solicitation of Comments**

Interested persons are invited to submit written data, views, and arguments concerning the foregoing, including whether the proposed rule change, security-based swap submission or advance notice is consistent with the Act. Comments may be submitted by any of the following methods:

*Electronic Comments*

- Use the Commission’s internet comment form (<http://www.sec.gov/rules/sro.shtml>) or
- Send an email to [rule-comments@sec.gov](mailto:rule-comments@sec.gov). Please include File Number SR-ICEEU-2018-008 on the subject line.

*Paper Comments*

- Send paper comments in triplicate to Secretary, Securities and Exchange Commission, 100 F Street NE, Washington, DC 20549-1090. All submissions should refer to File Number SR-ICEEU-2018-008. This file number should be included on the subject line if email is used. To help the Commission process and review your comments more efficiently, please use only one method. The Commission will post all comments on the Commission’s internet website (<http://www.sec.gov/rules/sro.shtml>). Copies of the submission, all subsequent amendments, all written statements with respect to the proposed rule change, security-based swap submission or advance notice that are filed with the Commission, and all written communications relating to the proposed rule change, security-based swap submission or advance notice between the Commission and any person, other than those that may be withheld from the public in accordance with the provisions of 5 U.S.C. 552, will be available for website viewing and printing in the Commission’s Public Reference Room, 100 F Street NE,

Washington, DC 20549, on official business days between the hours of 10:00 a.m. and 3:00 p.m. Copies of the filing also will be available for inspection and copying at the principal office of ICE Clear Europe and on ICE Clear Europe’s website at [https://www.theice.com/publicdocs/regulatory\\_filings/19b-4\\_2018\\_008\\_ICEU.pdf](https://www.theice.com/publicdocs/regulatory_filings/19b-4_2018_008_ICEU.pdf). All comments received will be posted without change. Persons submitting comments are cautioned that we do not redact or edit personal identifying information from comment submissions. You should submit only information that you wish to make available publicly. All submissions should refer to File Number SR-ICEEU-2018-008 and should be submitted on or before June 29, 2018.

For the Commission, by the Division of Trading and Markets, pursuant to delegated authority.<sup>8</sup>

**Eduardo A. Aleman,**  
*Assistant Secretary.*

[FR Doc. 2018-12323 Filed 6-7-18; 8:45 am]

**BILLING CODE 8011-01-P**

**SOCIAL SECURITY ADMINISTRATION**

[Docket No. SSA-2018-0025]

**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, and extensions, of OMB-approved information collections.

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*

<sup>6</sup> 15 U.S.C. 78s(b)(3)(A).

<sup>7</sup> 17 CFR 240.19b-4(f).

<sup>8</sup> 17 CFR 200.30-3(a)(12).

<sup>5</sup> 17 CFR 240.17Ad-22(e)(10).

**(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

Or you may submit your comments  
online through [www.regulations.gov](http://www.regulations.gov),  
referencing Docket ID Number [SSA-  
2018-0025].

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 August 7,  
2018. Individuals can obtain copies of  
the collection instruments by writing to  
the above email address.

1. *Fee Agreement for Representation  
before the Social Security  
Administration—0960—NEW.* Under  
the Social Security Act (Act), SSA  
requires individuals who represent a  
claimant before the agency and want to  
receive a fee for their services to obtain  
SSA’s authorization of the fee. One way  
to obtain the authorization is to submit  
the fee agreement. To facilitate this  
process, individuals can use Form SSA-

1693. SSA uses the information from the  
SSA-1693 to review the request and  
authorize any fee to representatives who  
seek to charge and collect a fee from a  
claimant. The respondents are the  
representatives who help claimants  
through the application process.

*Note:* SSA originally published this  
Notice on November 22, 2017, at 82 FR  
55707, and received several public  
comments. In response to those public  
comments, SSA revised the SSA-1693,  
and is republishing this Notice.

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

Modality of completion	Number of respondents	Frequency of response	Average burden of response (minutes)	Estimated total annual burden (hours)
SSA-1693 .....	600,000	1	12	120,000

2. *State Supplementation Provisions:  
Agreement; Payments—20 CFR  
416.2095-416.2098, and 20 CFR  
416.2099-0960-0240.* Section 1618 of  
the Act requires those states  
administering their own supplementary  
income payment program(s) to  
demonstrate compliance with the Act by  
passing Federal cost-of-living increases  
on to individuals who are eligible for  
state supplementary payments, and  
informing SSA of their compliance. In

general, states report their  
supplementary payment information  
annually by the maintenance-of-  
payment levels method. However, SSA  
may ask them to report up to four times  
in a year by the total-expenditures  
method. Regardless of the method, the  
states confirm their compliance with the  
requirements, and provide any changes  
to their optional supplementary  
payment rates. SSA uses the  
information to determine each state’s

compliance or noncompliance with the  
pass-along requirements of the Act to  
determine eligibility for Medicaid  
reimbursement. If a state fails to keep  
payments at the required level, it  
becomes ineligible for Medicaid  
reimbursement under Title XIX of the  
Act. Respondents are state agencies  
administering supplemental programs.

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

Modality of completion	Number of respondents	Frequency of Response	Number of responses	Average burden per response (minutes)	Estimated total annual burden (hours)
Total Expenditures .....	7	4	28	60	28
Maintenance of Payment Levels .....	26	1	26	60	26
Total .....	33	.....	.....	.....	54

3. *Substitution of Party Upon Death of  
Claimant—20 CFR 404.957(c)(4) and  
416.1457(c)(4)—0960-0288.* An  
administrative law judge (ALJ) may  
dismiss a request for a hearing on a  
pending claim of a deceased individual  
for Social Security benefits or  
Supplemental Security Income (SSI)  
payments. Individuals who believe the  
dismissal may adversely affect them

may complete Form HA-539, which  
allows them to request to become a  
substitute party for the deceased  
claimant. The ALJs and the hearing  
office support staff use the information  
from the HA-539 to: (1) Maintain a  
written record of request; (2) establish  
the relationship of the requester to the  
deceased claimant; (3) determine the  
substituted individual’s wishes

regarding an oral hearing or decision on  
the record; and (4) admit the data into  
the claimant’s official record as an  
exhibit. The respondents are individuals  
requesting to be substitute parties for a  
deceased claimant.

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

Modality of completion	Number of respondents	Frequency of response	Average burden of response (minutes)	Estimated total annual burden (hours)
HA-539 .....	4,000	1	5	333

4. *Claimant Statement about Loan of  
Food or Shelter; Statement about Food*

*or Shelter Provided to Another—20 CFR  
416.1130-416.1148—0960-0529.* SSA

bases an SSI claimant or recipient’s  
eligibility on need, as measured by the

amount of income an individual receives. Per our calculations, income includes other people providing in-kind support and maintenance in the form of food and shelter to SSI applicants or recipients. SSA uses Forms SSA-5062 and SSA-L5063 to obtain statements

about food or shelter provided to SSI claimants or recipients. SSA uses this information to determine whether food or shelters are bona fide loans or income for SSI purposes. This determination may affect claimants' or recipients' eligibility for SSI as well as the amounts

of their SSI payments. The respondents are claimants and recipients for SSI payments, and individuals who provide loans of food or shelter to them.

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

Modality of completion	Number of respondents	Frequency of response	Average burden of response (minutes)	Estimated total annual burden (hours)
SSA-5062 Paper form	30,632	1	10	5,105
SSA-L5063 Paper form	30,632	1	10	5,105
SSA-5062 SSI Claim System	30,632	1	10	5,105
SSA-L5063 SSI Claim System	30,632	1	10	5,105
<b>Total</b>	<b>122,528</b>			<b>20,420</b>

*5. Testimony by Employees and the Production of Records and Information in Legal Proceedings—20 CFR 403.100–403.155–0960–0619.* Regulations at 20 CFR 403.100–403.155 of the Code of Federal Regulations establish SSA's policies and procedures for an individual; organization; or government entity to request official agency

information, records, or testimony of an agency employee in a legal proceeding when the agency is not a party. The request, which respondents submit in writing to SSA, must: (1) Fully set out the nature and relevance of the sought testimony; (2) explain why the information is not available by other means; (3) explain why it is in SSA's

interest to provide the testimony; and (4) provide the date, time, and place for the testimony. Respondents are individuals or entities who request testimony from SSA employees in connection with a legal proceeding.

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

Modality of completion	Number of respondents	Frequency of response	Average burden of response (minutes)	Estimated total annual burden (hours)
20 CFR 403.100–403.155	100	1	60	100

*6. Function Report Adult-Third Party—20 CFR 404.1512 & 416.912–0960–0635.* Individuals receiving or applying for Social Security Disability Insurance (SSDI) or SSI provide SSA with medical evidence and other proof SSA requires to prove their disability.

SSA, and Disability Determination Services (DDS) on our behalf, collect this information using Form SSA-3380-BK. We use the information to document how claimant's disabilities affect their ability to function, and to determine eligibility for SSI and SSDI

claims. The respondents are third parties familiar with the functional limitations (or lack thereof) of claimants who apply for SSI and SSDI benefits.

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

Modality of completion	Number of respondents	Frequency of response	Average burden of response (minutes)	Estimated total annual burden (hours)
SSA-3380-BK	709,700	1	61	721,528

*7. Request for Deceased Individual's Social Security Record—20 CFR 402.130–0960–0665.* When a member of the public requests an individual's Social Security record, SSA needs the name and address of the requestor as well as a description of the requested

record to process the request. SSA uses the information the respondent provides on Form SSA-711, or via an internet request through SSA's electronic Freedom of Information Act (eFOIA) website to: (1) Verify the wage earner is deceased; and (2) access the correct

Social Security record. Respondents are members of the public requesting deceased individuals' Social Security records.

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

Modality of completion	Number of respondents	Frequency of response	Average burden of response (minutes)	Estimated total annual burden (hours)
Internet Request through eFOIA .....	49,800	1	7	5,810
SSA-711 (paper) .....	200	1	7	23
Total .....	50,000	.....	.....	5,833

8. *Certification of Prisoner Identity Information—20 CFR 422.107-0960-0688.* Inmates of Federal, State, or local prisons may need a Social Security card as verification of their Social Security number for school or work programs, or as proof of employment eligibility upon release from incarceration. Before SSA can issue a replacement Social Security card, applicants must show SSA proof

of their identity. People who are in prison for an extended period typically do not have current identity documents. Therefore, under formal written agreement with the correctional institution, SSA allows prison officials to verify the identity of certain incarcerated U.S. citizens who need replacement Social Security cards. Information prison officials provide

comes from the official prison files, sent on correctional facility letterhead. SSA uses this information to establish the applicant's identity in the replacement Social Security card process. The respondents are prison officials who certify the identity of prisoners applying for replacement Social Security cards.

*Type of Request:* Extension of an OMB-approved Information Collection.

Modality of completion	Number of respondents	Frequency of response	Number of responses	Average burden of response (minutes)	Estimated total annual burden (hours)
Verification of Prisoner Identity Statements .....	1,000	200	200,000	3	10,000

9. *Notification of a Social Security Number (SSN) To An Employer for Wage Reporting—20 CFR 422.103(a)—0960-0778.* Individuals applying for employment must provide a Social Security Number, or indicate they have applied for one. However, when an individual applies for an initial SSN, there is a delay between the assignment of the number and the delivery of the SSN card. At an individual's request, SSA uses Form SSA-132 to send the

individual's SSN to an employer. Mailing this information to the employer: (1) Ensures the employer has the correct SSN for the individual; (2) allows SSA to receive correct earnings information for wage reporting purposes; and (3) reduces the delay in the initial SSN assignment and delivery of the SSN information directly to the employer. It also enables SSA to verify the employer as a safeguard for the applicant's personally identifiable

information. The majority of individuals who take advantage of this option are in the United States with exchange visitor and student visas; however, we allow any applicant for an SSN to use the SSA-132. The respondents are individuals applying for an initial SSN who ask SSA to mail confirmation of their application or the SSN to their employers.

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

Modality of completion	Number of respondents	Frequency of response	Average burden of response (minutes)	Estimated total annual burden (hours)
SSA-132 .....	326,000	1	2	10,867

10. *Social Security Administration Health IT Partner Program Assessment—Participating Facilities and Available Content Form—20 CFR 404.1614 and 416.1014—0960-0798.* The Health Information Technology for Economic and Clinical Health (HITECH) Act promotes the adoption and meaningful use of health information technology (IT), particularly in the context of working with government agencies. Similarly, section 3004 of the Public Health Service Act requires health care providers or health insurance issuers with government contracts to implement, acquire, or

upgrade their health IT systems and products to meet adopted standards and implementation specifications. To support expansion of SSA's health IT initiative as defined under HITECH, SSA developed Form SSA-680, the Health IT Partner Program Assessment—participating Facilities and Available Content Form. The SSA-680 allows healthcare providers to provide the information SSA needs to determine their ability to exchange health information with us electronically. We evaluate potential partners (*i.e.*, healthcare providers and organizations) on: (1) The accessibility

of health information they possess; and (2) the content value of their electronic health records' systems for our disability adjudication processes. SSA reviews the completeness of organizations' SSA-680 responses as one part of our careful analysis of their readiness to enter into a health IT partnership with us. The respondents are healthcare providers and organizations exchanging information with the agency.

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

Modality of completion	Number of respondents	Frequency of response	Average burden of response (hours)	Estimated total annual burden (hours)
SSA-680 .....	30	1	5	150

II. SSA submitted the information collection below to OMB for clearance. Your comments regarding this information collection 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 July 9, 2018. Individuals can obtain copies of the OMB clearance packages by writing to *OR.Reports.Clearance@ssa.gov*.  
*Statement of Reclamation Action—31 CFR 210—0960-0734*. Regulations

governing the Federal Government Participation in the Automated Clearing House: (1) Allow SSA to send Social Security payments to Canada; and (2) mandate the reclamation of funds paid erroneously to a Canadian bank, or financial institution, after the death of a Social Security beneficiary. SSA uses Form SSA-1713, Notice of Reclamation Action, to determine if, how, and when the Canadian bank or financial institution is going to return erroneous payments after the death of a Social

Security beneficiary who elected to have payments sent to Canada. Form SSA-1712 (or SSA-1712 CN), Notice of Reclamation-Canada Payment Made in the United States, is the cover sheet SSA prepares to request return of the payment. The respondents are Canadian banks and financial institutions who erroneously received Social Security payments.  
*Type of Request:* Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden of response (minutes)	Estimated total annual burden (hours)
SSA-1712 .....	8	1	5	1
SSA-1713 .....	7	1	5	1
Totals .....	15	.....	.....	2

Dated: June 4, 2018.  
**Faye Lipsky,**  
*Reports Clearance Director, Social Security Administration.*  
 [FR Doc. 2018-12391 Filed 6-7-18; 8:45 am]  
**BILLING CODE 4191-02-P**

**SOCIAL SECURITY ADMINISTRATION**  
**[Docket No. SSA-2018-0024]**

**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, and one extension, of OMB-approved information collections.

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*.  
 (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*.

Or you may submit your comments online through *www.regulations.gov*, referencing Docket ID Number [SSA-2018-0024].

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 August 7, 2018. Individuals can obtain copies of the collection instruments by writing to the above email address.

1. *Employment Relationship Questionnaire—20 CFR 404.1007—0960-0040*. When SSA needs information to determine a worker's employment status for the purpose of maintaining a worker's earning records, the agency uses Form SSA-7160-F4 to determine the existence of an employer-employee relationship. We use the information to develop the employment relationship; specifically, to determine whether a beneficiary is self-employed or an employee. The respondents are individuals seeking to establish their status as employees, and their alleged employers.

*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-7160-F4—Individuals .....	8,000	1	25	3,333
SSA-7160-F4—Businesses .....	7,200	1	25	3,000
SSA-7160-F4—State/Local Governemnt .....	800	1	25	333