purposes of publication in the Federal Register.

Faye I. Lipsky,

Federal Register Liaison, Office of Legislation and Congressional Affairs, Social Security Administration.

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SOCIAL SECURITY ADMINISTRATION

[Docket No: SSA-2020-0051]

Agency Information Collection Activities: 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.

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-2020-0051].

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 January 7, 2021. Individuals can obtain copies of these OMB clearance packages by writing to OR.Reports.Clearance@ ssa.gov.

1. Disability Report-Appeal—20 CFR 404.1512, 416.912, 404.916(c),416.1416(c), 422.140, 404.1713, 416.1513, 404.1740(b)(4), and 416.1540(b)(4)-0960-0144. SSA requires disability applicants who wish to appeal an unfavorable determination

to complete Form SSA-3441-BK; the associated Electronic Disability Collect System (EDCS) interview; or the internet application, i3441. This allows claimants to disclose any changes to their disability, or resources, which might influence SSA's unfavorable determination. SSA may use the information to: (1) Reconsider and review an initial disability determination; (2) review a continuing disability; and (3) evaluate a request for a hearing. This information assists the State Disability Determination Services (DDS) and administrative law judges (ALJ) in preparing for the appeals and hearings, and in issuing a determination or decision on an individual's entitlement (initial or continuing) to disability benefits. In addition, the information we collect on the SSA-3441-BK, or related modalities, facilitates SSA's collection of medical information to support the applicant's request for reconsideration; request for benefits cessation appeal; and request for a hearing before an ALJ. Respondents are individuals who appeal denial, reduction, or cessation of Social Security disability benefits and Supplemental Security Income (SSI) payments; individuals who wish to request a hearing before an ALJ; or their representatives.

Type of Request: Revision of an OMBapproved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)	Average theoretical hourly cost amount (dollars)*	Average wait time in field office (minutes) **	Total annual opportunity cost (dollars)***
SSA-3441-BK (Paper Form) Electronic Disability Collect System	22,556	1	45	16,917	*\$18.22	** 24	*** \$472,609
(EDCS)—Individuals Electronic Disability Collect System	208,831	1	45	156,623	* 10.73	** 24	*** 2,576,863
(EDCS)—Representatives	71,652	1	45	53,739	* 25.72		*** 1,382,167
i3441 (Internet Application)—Individuals i3441 (Internet Application)—Representa-	109,598	1	28	51,146	* 10.73		*** 548,797
tives	656,424	1	28	306,331	* 25.72		*** 7,878,833
Totals	1,069,061			584,756			*** 12,859,269

*We based these figures on average DI hourly wages for single students based on SSA's current FY 2020 data (https://www.ssa.gov/legislation/ 2020Fact%20Sheet.pdf), and on average U.S. citizen's hourly salary, as reported by Bureau of Labor Statistics data (https://www.bls.gov/oes/current/oes231011.htm), as well as a combination of those two figures (for the paper form, as we do not collect data on whether the paper forms are filled out by individuals or representatives

*** We based this figure on the average FY 2020 wait times for field offices, based on SSA's current management information data.
*** We based this figure on the average FY 2020 wait times for field offices, based on SSA's current management information data.
*** This figure does not represent actual costs that SSA is imposing on recipients of Social Security payments to complete this application; rather, these are theoretical opportunity costs for the additional time respondents will spend to complete the application. There is no actual charge to respondents to complete the application.

2. Annual Earnings Test Direct Mail Follow-Up Program Notices—20 CFR 404.452-404.455-0960-0369. SSA developed the Annual Earnings Test Direct Mail Follow-up Program to improve beneficiary reporting on work and earnings during the year and earnings information at the end of the year. SSA may reduce benefits payable under the Social Security Act (Act)

when an individual has wages or selfemployment income exceeding the annual exempt amount. SSA identifies beneficiaries likely to receive more than the annual exempt amount, and requests more frequent estimates of earnings from them. When applicable, SSA also requests a future year estimate to reduce overpayments due to earnings. SSA sends letters (SSA-L9778, SSA-L9779,

SSA-L9781, SSA-L9784, SSA-L9785, and SSA-L9790) to beneficiaries requesting earnings information the month prior to their attainment of full retirement age. We send each beneficiary a tailored letter that includes relevant earnings data from SSA records. The Annual Earnings Test Direct Mail Follow-up Program helps to ensure Social Security payments are

correct, and enables us to prevent earnings-related overpayments, and avoid erroneous withholding. The respondents are working Social Security beneficiaries with earnings over the exempt amount. *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)	Average theoretical hourly cost amount (dollars)*	Total annual opportunity cost (dollars)**
SSA-L9778	42,630 158,865	1 1	10 10	7,105 26,478	\$25.72 25.72	**\$182,741 **681,014
SSA-L9781	472,437	1	10	78,740	25.72	** 2,025,193
SSA-L9784	1,270	1	10	212	25.72	** 5,453
SSA-L9785	15,870	1	10	2,645	25.72	** 68,029
SSA-L9790	45,000	1	10	7,500	25.72	** 192,900
Totals	736,072			122,680		** 3,155,330

*We based these figures on the average U.S. citizen's hourly salary, as reported by Bureau of Labor Statistics data (https://www.bls.gov/oes/current/ oes231011.htm).

** This figure does not represent actual costs that we are imposing on recipients of Social Security payments to complete this application; rather, these are theoretical opportunity costs for the additional time respondents will spend to complete the application. There is no actual charge to respondents to complete the application.

3. Request for Social Security Earnings Information—20 CFR 401.100 and 404.810—0960–0525. The Social Security Act permits wage earners, or their authorized representatives, to request Social Security earnings information from SSA using Form SSA– 7050–F4. SSA uses the information the respondent provides on Form SSA– 7050–F4 to verify the wage earner has: (1) Earnings; (2) the right to access the correct Social Security Record; and (3) the right to request the earnings statement. If we verify all three items, SSA produces an Itemized Statement of Earnings (Form SSA–1826) and sends it to the requestor. The agency charges respondents for sending them an Itemized Statement of Earnings. Respondents are wage earners and their authorized representatives who are requesting Itemized Statement of Earnings records.

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)	Average theoretical hourly cost amount (dollars)*	Total annual opportunity cost (dollars) **
SSA-7050-F4	66,800	1	11	12,247	* \$25.72	** \$314,993

*We based this figure on the average U.S. worker's hourly wages, as reported by Bureau of Labor Statistics data (https://www.bls.gov/oes/current/oes_nat.htm). **This figure does not represent actual costs that SSA is imposing on recipients of Social Security payments to complete this application; rather, these are theoretical opportunity costs for the additional time respondents will spend to complete the application. There is no actual charge to respondents to complete the application.

Cost Burden to Respondents: The agency charges respondents to send them an Itemized Statement of Earnings

for purposes unrelated to the administration of our programs. The

chart below shows the costs to the respondents for this request:

Type of respondent	Number of requests	Cost per request	Annual cost
Non-Certified Respondent	33,400 33,400	\$92.00 122.00	\$3,072,800 4,074,800
Total			7,147,600

4. Disability Case Development Information Collections By State Disability Determination Services On Behalf of SSA—20 CFR 404.1503a, 404.1512, 404.1513, 404.1514, 404.1517, 404.1519; 20 CFR 404.1613, 404.1614, 404.1624; 20 CFR 416.903a, 416.912, 416.913, 416.914, 416.917, 416.919 and 20 CFR 416.1013, 416.1014, 416.1024— 0960–0555. State DDSs collect the information necessary to administer the Social Security Disability Insurance and SSI programs. They collect medical evidence from consultative examination (CE) sources; credential information from CE source applicants; and medical evidence of record (MER) from claimants' medical sources. The DDSs collect information from claimants regarding medical appointments, pain, symptoms, and impairments. The respondents are medical providers, other sources of MER, and disability claimants.

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

CE Collections

There are four CE information collections: (a) Medical evidence about claimants' medical condition(s) that DDS's use to make disability determinations when the claimant's own medical sources cannot or will not provide the required information, and proof of credentials from CE providers; (b) CE appointment letters; (c) CE claimant reports sent to claimants' doctors; and (d) One-time CE claimant telehealth call script/letter.

(a) MEDICAL EVIDENCE AND CREDENTIALS FROM CE PROVIDERS

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)	Average theoretical hourly cost amount (dollars)*	Total annual opportunity cost (dollars) **
CE Paper Submissions CE Electronic Submissions CE Credentials	1,400,000 296,000 4,000	1 1 1	30 10 15	700,000 49,333 1,000	*\$40.21 *40.21 *40.21	** \$28,147,000 ** 1,983,680 ** 40,210
Totals	1,700,000			750,333		** 30,170,890

*We based this figure on average Healthcare Practitioners and Technical Occupations hourly salary, as reported by Bureau of Labor Statistics data (https://www.bls.gov/oes/current/oes290000.htm).

(b) CE APPOINTMENT LETTERS AND (c) CE CLAIMANTS' REPORT TO MEDICAL PROVIDERS

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)	Average theoretical hourly cost amount (dollars)*	Total annual opportunity cost (dollars) **
(b) CE Appointment Letters (c) CE Claimants' Report to Medical Providers	880,000 450,000	1	5 5	73,333 37,500	* \$10.73 * 10.73	** \$786,863 ** 402,375
Totals	1,330,000			110,833		** 1,189,238

*We based this figure on average DI payments based on SSA's current FY 2020 data (https://www.ssa.gov/legislation/2020Fact%20Sheet.pdf).

(d) CE CLAIMANT TELEHEALTH CE CALL SCRIPT/LETTER

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)	Average theoretical hourly cost amount (dollars)*	Total annual opportunity cost (dollars) **
CE Claimant Telehealth Call Script/Letter	10,000	1	5	833	*\$10.73	** \$8,938

*We based this figure on average DI payments based on SSA's current FY 2020 data (https://www.ssa.gov/legislation/2020Fact%20Sheet.pdf).

MER Collections

The DDS's collect MER information from the claimant's medical sources to

determine a claimant's physical or mental status prior to making a disability determination.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)	Average theoretical hourly cost amount (dollars)*	Total annual opportunity cost (dollars) **
Paper Submissions Electronic Submissions	3,150,000 9,450,000	1	20 12	1,050,000 1,890,000	* \$40.21 * 40.21	** \$42,220,500 ** 75,996,900
Totals	12,600,000			2,940,000		** 118,217,400

*We based this figure on average Healthcare Practitioners and Technical Occupations hourly salary, as reported by Bureau of Labor Statistics data (https://www.bls.gov/oes/current/oes290000.htm).

Pain/Other Symptoms/Impairment Information From Claimants

symptoms affect the claimant's ability to do work-related activities prior to making a disability determination.

The DDS's use information about pain/symptoms to determine how pain/

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)	Average theoretical hourly cost amount (dollars)*	Total annual opportunity cost (dollars) **
Pain/Other Symptoms/Impairment Information	2,100,000	1	20	700,000	* \$18.23	** \$12,761,000

*We based this figure on averaging both the average DI payments based on SSA's current FY 2020 data (https://www.ssa.gov/legislation/2020Fact%20Sheet.pdf), and the average U.S. worker's hourly wages, as reported by Bureau of Labor Statistics data (https://www.bls.gov/oes/current/oes_nat.htm).

Grand Total

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)	Average theoretical hourly cost amount (dollars)*	Total annual opportunity cost (dollars)**
Totals	17,740,000			4,501,999		**\$162,347,466

** This figure does not represent actual costs that SSA is imposing on recipients of Social Security payments to complete this application; rather, these are theoretical opportunity costs for the additional time respondents will spend to complete the application. There is no actual charge to respondents to complete the application.

5. Work History Report—20 CFR 404.1512, 416.912, 404.1560, 404.1565, 416.960 and 416.965-0960-0578. Under certain circumstances, SSA asks individuals applying for disability about work they have performed in the past.

Applicants use Form SSA–3369, Work History Report, to provide detailed information about jobs held prior to becoming unable to work. State DDS evaluate the information, together with medical evidence, to determine

eligibility for disability payments. Respondents are disability applicants and third parties assisting applicants.

Type of Request: Revision of an OMBapproved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)	Average theoretical hourly cost amount (dollars)*	Average wait time in field office (minutes)**	Total annual opportunity cost (dollars) ***
SSA–3369 (Paper form) SSA–3369 (EDCS)	1,553,900 38,049	1 1	60 60	1,553,900 38,049	* \$18.23 * 18.23	** 24 ** 24	*** \$39,658,636 *** 971,094
Totals	1,591,949			1,591,949			*** 40,629,730

*We based this figure by averaging both the average DI payments based on SSA's current FY 2020 data (https://www.ssa.gov/legislation/2020Fact%20Sheet.pdf),

and the average U.S. worker's hourly wages, as reported by Bureau of Labor Statistics data (https://www.bls.gov/ces/current/ces_nat.htm). ** We based this figure on the average FY 2020 wait times for field offices, based on SSA's current management information data. *** This figure does not represent actual costs that SSA is imposing on recipients of Social Security payments to complete this application; rather, these are theo-retical opportunity costs for the additional time respondents will spend to complete the application. There is no actual charge to respondents to complete the complete the application. application.

6. Teacher Questionnaire and Request for Administrative Information—20 CFR 404.1513, 416.913, and 416.924a(a)-0960-0646. When determining the effects of a child's impairment(s), SSA obtains information about the child's

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functioning from teachers; parents; and others who observe the child on a daily basis. SSA obtains results of formal testing, teacher reports, therapy progress notes, individualized education programs, and other records of a child's

educational aptitude and achievements using Forms SSA-5665-BK and SSA-5666. The respondents are parents, teachers, and other education personnel. Type of Request: Revision of an OMBapproved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)	Average theoretical hourly cost amount (dollars)*	Total annual opportunity cost (dollars) **
SA–5665–BK (electronic) SA–5666 (electronic)	246,539 91,186	1 1	40 30	164,359 45,593	*\$26.14 *26.14	**\$4,296,344 **1,191,801
Totals	337,725			209,952		** 5,488,145

*We based this figure on average Elementary and Secondary School worker's hourly wages, as reported by Bureau of Labor Statistics data (https://www.bls.gov/ oes/current/oes250000.htm).

** This figure does not represent actual costs that SSA is imposing on recipients of Social Security payments to complete this application; rather, these are theo-retical opportunity costs for the additional time respondents will spend to complete the application. There is no actual charge to respondents to complete the application.

7. Medicare Part D Subsidies Regulations—20 CFR 418.3625(c), 418.3645, 418.3665(a), and 418.3670-0960-0702. The Medicare Prescription Drug Improvement and Modernization Act (MMA) of 2003 established the Medicare Part D program for voluntary prescription drug coverage of premium, deductible, and co-payment costs for certain low-income individuals. The

MMA also mandated the provision of subsidies for those individuals who qualify for the program and who meet eligibility criteria for help with premium, deductible, or co-payment costs. This law requires SSA to make eligibility determinations, and to provide a process for appealing SSA's determinations. Regulation sections 418.3625(c), 418.3645, 418.3665(a), and 418.3670 contain public reporting requirements pertaining to administrative review hearings. Respondents are applicants for the Medicare Part D subsidies who request an administrative review hearing.

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

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)	Average theoretical hourly cost amount (dollars)*	Total annual opportunity cost (dollars)***
418.3625(c) 418.3645	110 10	1	5 5	9	** \$10.73 ** 10.73	*** \$97 *** 11

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)	Average theoretical hourly cost amount (dollars)*	Total annual opportunity cost (dollars)***
418.3665(a) 418.3670 *	215 0	1 1	5 10	18 0	** 10.73	*** 193
Total	335			28		*** 301

*Regulation section 418.3670 could be used at any time; however, we currently have no data showing usage over the past three years. **We based this figure on average DI payments (*https://www.ssa.gov/legislation/2020Fact%20Sheet.pdf*) ***This figure does not represent actual costs that SSA is imposing on recipients of Social Security payments to complete this application; rather, these are theo-retical opportunity costs for the additional time respondents will spend to complete the application. *There is no actual charge to respondents to complete the* application.

8. Electronic Records Express—20 CFR 404.1512 and 416.912-0960-0753. Electronic Records Express (ERE) is a Web-based SSA program which allows medical and educational providers to electronically submit disability claimant data to SSA. Both medical providers and other third parties with connections to disability applicants or recipients (*e.g.*, teachers and school administrators for child disability applicants) use this system once they complete the

registration process. SSA employees and State agency employees request the medical and educational records collected through the ERE website. The agency uses the information collected through ERE to make a determination on an Application for Benefits. We also use the ERE website to order and receive consultative examinations when we are unable to collect enough medical records to determine disability findings. The respondents are medical providers

who evaluate or treat disability claimants or recipients, and other third parties with connections to disability applicants or recipients (e.g., teachers and school administrators for child disability applicants), who voluntarily choose to use ERE for submitting information.

Type of Request: Revision of an OMBapproved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)	Average theoretical hourly cost amount (dollars)*	Total annual opportunity cost (dollars) **
ERE	6,183,548	1	10	1,030,591	* \$33.18	** \$34,195,009

*We based this figure by averaging both the average Healthcare Practitioners and Technical Occupations (https://www.bls.gov/oes/current/oes290000.htm), and Elementary and Secondary School worker's hourly wages, as reported by Bureau of Labor Statistics data (https://www.bls.gov/oes/ourrent/oes250000.htm). ** This figure does not represent actual costs that SSA is imposing on recipients of Social Security payments to complete this application; rather, these are theo-retical opportunity costs for the additional time respondents will spend to complete the application. There is no actual charge to respondents to complete the

application.

Dated: December 2, 2020.

Naomi Sipple,

Reports Clearance Officer, Social Security Administration.

[FR Doc. 2020-26871 Filed 12-7-20; 8:45 am] BILLING CODE 4191-02-P

DEPARTMENT OF STATE

[Public Notice 11270]

60-Day Notice of Proposed Information **Collection: Refugee Biographic Data**

ACTION: Notice of request for public comment.

SUMMARY: The Department of State is seeking Office of Management and Budget (OMB) approval for the information collection described below. In accordance with the Paperwork Reduction Act of 1995, we are requesting comments on this collection from all interested individuals and organizations. The purpose of this notice is to allow 60 days for public comment preceding submission of the collection to OMB.

DATES: The Department will accept comments from the public up to February 8, 2021.

ADDRESSES: You may submit comments by any of the following methods:

 Web: Persons with access to the internet may comment on this notice by going to www.Regulations.gov. You can search for the document by entering "Docket Number: DOS-2020-0052" in the Search field. Then click the "Comment Now" button and complete the comment form.

Email: PRM-Comments@state.gov.

• Regular Mail: Send written comments to: Delicia Spruell, PRM/ Admissions, 2025 E Street NW, SA-9, 8th Floor, Washington, DC 20522-0908.

Fax: (202) 453–9393.

You must include the DS form number (if applicable), information collection title, and the OMB control number in any correspondence.

FOR FURTHER INFORMATION CONTACT: Direct requests for additional information regarding the collection listed in this notice, including requests for supporting documents, to Delicia Spruell, (202) 453–9257, PRM/ Admissions, 2025 E Street NW, SA-9, 8th Floor, Washington, DC 20522-0908.

SUPPLEMENTARY INFORMATION:

• Title of Information Collection:

- Refugee Biographic Data.
 - OMB Control Number: 1405–0102.

• *Type of Request:* Revision of a

Currently Approved Collection.

• Originating Office: Bureau of Population, Refugees, and Migration, Office of Admissions, PRM/A.

- Form Number: No form.
- Respondents: Refugee applicants for the U.S. Refugee Admissions Program.
- Estimated Number of Respondents: 15,000.
- Estimated Number of Responses: 10,124.

• Average Time per Response: 3 hours.

• Total Estimated Burden Time: 30.372 hours.

• *Frequency:* Once per respondent.

• *Obligation to Respond:* Required to obtain a benefit.

We are soliciting public comments to permit the Department to:

 Evaluate whether the proposed information collection is necessary for the proper functions of the Department.

• Evaluate the accuracy of our estimate of the time and cost burden for this proposed collection, including the