

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]  
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**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

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
Total .....	16,000	.....	.....	6,666

2. *Application for Circuit Court Law—20 CFR 404.985 & 416.1458—0960-0581.* Persons claiming an acquiescence ruling (AR) would change SSA’s prior determination or decision must submit a written readjudication request with specific information. SSA reviews the information in the requests to determine

if the issues stated in the AR pertain to the claimant’s case, and if the claimant is entitled to readjudication. If readjudication is appropriate, SSA considers the issues the AR covers. Any new determination or decision is subject to administrative or judicial review as specified in the regulations, and the

claimants must provide information to request readjudication. Respondents are claimants for Social Security benefits and Supplemental Security Income (SSI) payments who request readjudication.

*Type of Request:* Extension 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)
AR-based Readjudication Requests .....	10,000	1	17	2,833

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 July 9, 2018. Individuals can obtain copies of the OMB clearance packages by writing to *OR.Reports.Clearance@ssa.gov*.

1. *Application for Parent’s Insurance Benefits—20 CFR 404.370–404.374 and 20 CFR 404.601–404.603—0960-0012.* Section 202(h) of the Social Security Act (Act) establishes the conditions of eligibility a claimant must meet to receive monthly benefits as a parent of a deceased worker. SSA uses information from Form SSA–7–F6 to determine if the claimant meets the eligibility and application criteria. The

respondents are applicants for, and recipients of, Social Security Old Age, Survivors, and Disability Insurance (OASDI).

*Correction Notice:* SSA is updating the burden information for this collection, so it differs from the information we published at 83 FR 12455, on 3/21/18.

*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–7–F6—Modernized Claims System and Paper Versions .....	168	1	15	42

2. *Request for Withdrawal of Application—20 CFR 404.640—0960-0015.* Form SSA–521 documents the information SSA needs to process the withdrawal of an application for benefits. A paper SSA–521 is our preferred instrument for executing a withdrawal request; however, any

written request for withdrawal signed by the claimant or a proper applicant on the claimant’s behalf will suffice. Individuals who wish to withdraw their applications for benefits complete Form SSA–521, or sign the completed form for each request to withdraw. SSA uses the information from the SSA–521 to

process the request for withdrawal. The respondents are applicants for Retirement, Survivors, Disability, and Health Insurance 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–521 .....	31,827	1	5	2,652

3. *Statement of Self-Employment Income—20 CFR 404.101, 404.110, 404.1096(a)(d)—0960-0046.* To qualify for insured status, and collect Social Security benefits, self-employed individuals must demonstrate they earned the minimum amount of self-employment income (SEI) in a current

year. SSA uses Form SSA–766, Statement of Self-Employment Income, to collect the information we need to determine if the individual earned at least the minimum amount of SEI needed for one or more quarters of coverage in the current year. Based on the information we obtain, we may

credit additional quarters of coverage to give the individual insured status, expediting benefit payments. Respondents are self-employed individuals potentially eligible for 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-766 .....	2,500	1	5	208

4. *Request for Workers' Compensation/Public Disability Benefit Information—20 CFR 404.408(e)—0960-0098.* Claimants for Social Security disability payments who are also receiving Worker's Compensation/Public Disability Benefits (WC/PDB) must notify SSA about their WC/PDB, so the agency can reduce claimants'

Social Security disability payments accordingly. If claimants provide necessary evidence, such as a copy of their award notice, benefit check, etc., that is sufficient verification. In cases where claimants cannot provide such evidence, SSA uses Form SSA-1709. The entity paying the WC/PDB benefits, its agent (such as an insurance carrier),

or an administering public agency complete this form. The respondents are Federal, State, and local agencies, insurance carriers, and public or private self-insured companies administering WC/PDB benefits to disability claimants.

*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-1709 .....	120,000	1	15	30,000

5. *Third Party Liability Information Statement—42 CFR 433.136-433.139—0960-0323.* To reduce Medicaid costs, Medicaid state agencies identify third party insurers liable for medical care or services for Medicaid beneficiaries. Regulations at 2 CFR 433.136-433.139 require Medicaid state agencies to obtain this information on Medicaid applications and redeterminations as a condition of Medicaid eligibility. States

may enter into agreements with the Commissioner of Social Security to make Medicaid eligibility determinations for aged, blind, and disabled beneficiaries in those states. Applications for and redeterminations of SSI eligibility in jurisdictions with such agreements are applications and redeterminations of Medicaid eligibility. Under these agreements, SSA obtains third party liability information using

Form SSA-8019-U2, and provides that information to the Medicaid state agencies. The Medicaid state agencies use the information to bill third parties liable for medical care, support, or services for a beneficiary to guarantee that Medicaid remains the payer of last resort. The respondents are SSI claimants and recipients.

*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-8019-U2—Paper Version .....	200	1	5	17
SSA-8019-U2—SSI Claims System Version .....	49,621	1	5	4,135
Totals .....	49,821	.....	.....	4,152

6. *Permanent Residence in the United States Under Color of Law (PRUCOL)—20 CFR 416.1615 and 416.1618—0960-0451.* As per 20 CFR 416.1415 and 416.1618 of the Code of Federal Regulations, SSA requires claimants or recipients to submit evidence of their alien status when they apply for SSI payments, and periodically thereafter as part of the eligibility determination process for SSI. When SSA cannot

verify evidence of alien status through the regular claimant interview process, SSA verifies the validity of the evidence of PRUCOL for grandfathered nonqualified aliens with the Department of Homeland Security (DHS), and determines if the individual qualifies for PRUCOL status based on the DHS response. SSA does not maintain any forms or applications for respondents to use, rather, the regulations listed in 20

CFR 416.1615 and 416.1618 specify the information respondents need to submit to SSA to show evidence of PRUCOL. Without this information, SSA is unable to determine whether the PRUCOL individual is eligible for SSI payments. Respondents are qualified and unqualified aliens who apply for SSI payments under PRUCOL.

*Type of Request:* Extension 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)
Personal or Telephone Interview .....	1,049	1	5	87

7. *Authorization for the Social Security Administration to Obtain Account Records from a Financial Institution and Request for Records (Medicare)*—20 CFR 418.3420—0960–0729. The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) established the Medicare Part D program for voluntary prescription drug coverage of premium, deductible, and copayment costs for individuals with limited income and

resources. The MMA mandates that the Government provide subsidies for those individuals who qualify for the program, and who meet eligibility criteria for help with premium, deductible, or co-payment costs. SSA uses the SSA–4640, Authorization for the Social Security Administration to Obtain Account Records from a Financial Institution and Request for Records (Medicare), to determine if subsidy applicants or recipients qualify,

or continue to qualify, for the subsidy. SSA uses Form SSA–4640 to: (1) Obtain the individual’s consent to verify balances of financial institution (FI) accounts; and (2) obtain verification of such balances from the FI. Respondents are Medicare Part D program subsidy applicants or claimants, and their financial institutions.

*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–4640—Medicare Part D Subsidy Applicants .....	5,000	1	1	83
SSA–4640—Financial Institutions .....	5,000	1	4	333
Total .....	10,000	.....	.....	416

Dated: June 4, 2018.

**Faye Lipsky,**

*Reports Clearance Director, Social Security Administration.*

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**BILLING CODE 4191–02–P**

**SOCIAL SECURITY ADMINISTRATION**

[Docket No. SSA 2017–0059]

**Privacy Act of 1974; Matching Program**

**AGENCY:** Social Security Administration (SSA).

**ACTION:** Notice of a new matching program.

**SUMMARY:** In accordance with the provisions of the Privacy Act, as amended, this notice announces a new matching program with the Railroad Retirement Board (RRB). This matching agreement sets forth the terms, safeguards, and procedures under which RRB, as the source agency, will disclose RRB annuity payment data to SSA, the recipient agency. SSA will use the information to verify Supplemental Security Income (SSI) and Special Veterans Benefits (SVB) eligibility and benefit payment amounts. SSA will also record the railroad annuity amounts RRB paid to SSI and SVB recipients in the Supplemental Security Income Record (SSR).

**DATES:** The deadline to submit comments on the proposed matching program is 30 days from the date of publication in the **Federal Register**. The matching program will be applicable on September 2, 2018 and will expire on March 1, 2020, or once a minimum of 30 days after publication of this notice

has elapsed, whichever is later. The matching program will be in effect for a period of 18 months.

**ADDRESSES:** Interested parties may comment on this notice by either telefaxing to (410) 966–0869, writing to Mary Ann Zimmerman, Acting Executive Director, Office of Privacy and Disclosure, Office of the General Counsel, Social Security Administration, G–401WHR Building, 6401 Security Boulevard, Baltimore, MD 21235–6401, or email at *MaryAnn.Zimmerman@ssa.gov*. All comments received will be available for public inspection by contacting Ms. Zimmerman at this street address.

**FOR FURTHER INFORMATION CONTACT:** Interested parties may submit general questions about the matching program to Mary Ann Zimmerman, Acting Executive Director, Office of Privacy and Disclosure, Office of the General Counsel, by any of the means shown above.

**Mary Ann Zimmerman,**  
*Acting Executive Director, Office of Privacy and Disclosure, Office of the General Counsel.*

*Participating Agencies:* SSA and RRB.  
*Authority for Conducting the Matching Program:* The legal authority for this agreement is executed in compliance with the Privacy Act of 1974, as amended by the Computer Matching and Privacy Protection Act of 1988, the regulations and guidance promulgated thereunder. Legal authority for the disclosure under this agreement for the SSI portion are 1631(e)(1)(A) and (B) and 1631(f) of the Social Security Act (Act) (42 U.S.C. 1383(e)(1)(A) and (B) and 1383(f)). The legal authority for the disclosure under this agreement for

the SVB portion is 806(b) of the Act (42 U.S.C. 1006(b)).

*Purpose(s):* The purpose of this matching program is to set forth the terms, safeguards, and procedures under which RRB, as the source agency, will disclose RRB annuity payment data to SSA, the recipient agency. SSA will use the information to verify SSI and SVB eligibility and benefit payment amounts. SSA will also record the railroad annuity amounts RRB paid to SSI and SVB recipients in the SSR.

*Categories of Individuals:* The individuals whose information is involved in this matching program are applicants for and recipients of SSI payments and SVB benefits.

*Categories of Records:* SSA will match the Social Security number, name, date of birth, and RRB claim number on the RRB file and the SSR.

*System(s) of Records:* RRB will provide SSA with an electronic data file containing annuity payment data from RRB’s system of records, RRB–22 Railroad Retirement, Survivor, and Pensioner Benefits System, last published on May 15, 2015 (80 FR 28018). SSA will match RRB’s data with data maintained in the SSR, Supplemental Security Income Record and Special Veterans Benefits, SSA/OITPBS, 60–0103, published on January 11, 2006 (71 FR 1830) and December 10, 2007 (72 FR 69723). SVB data also resides on the SSR.

[FR Doc. 2018–12314 Filed 6–7–18; 8:45 am]

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