

## PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.

<b>1. AGENCY/SUBAGENCY ORIGINATING REQUEST</b> Department of Defense Defense Finance and Accounting Service 1931 Jefferson Davis Hwy Arlington, Va 22240		<b>2. OMB CONTROL NUMBER</b>  a. <u>0730</u> - <u>0011</u> <input type="checkbox"/> b. NONE <input type="checkbox"/>																																			
<b>3. TYPE OF INFORMATION COLLECTION (X one)</b> <i>(For b. - f., note Item A2 of Supporting Statement instructions)</i>  <input type="checkbox"/> a. NEW COLLECTION <input type="checkbox"/> b. REVISION OF A CURRENTLY APPROVED COLLECTION <input checked="" type="checkbox"/> c. EXTENSION OF A CURRENTLY APPROVED COLLECTION  <input type="checkbox"/> d. REINSTATEMENT, WITHOUT CHANGE, OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED <input type="checkbox"/> e. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED <input type="checkbox"/> f. EXISTING COLLECTION IN USE WITHOUT AN OMB CONTROL NUMBER		<b>4. TYPE OF REVIEW REQUESTED (X one)</b>  <input checked="" type="checkbox"/> a. REGULAR SUBMISSION <input type="checkbox"/> b. EMERGENCY - APPROVAL REQUESTED BY: ___/___/___ <input type="checkbox"/> c. DELEGATED  <b>5. SMALL ENTITIES</b> Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																			
<b>7. TITLE</b> Physician Certificate for Child Annuitant																																					
<b>8. AGENCY FORM NUMBER(S) (if applicable)</b> DD Form 2828																																					
<b>9. KEYWORDS</b> Defense, Children, Annuitant, Physician																																					
<b>10. ABSTRACT</b> The DD2828 is required and must be on file to support an incapacitation occurring prior to age 18. The form provides the authority for the Directorate of Retired and Annuitant Pay, Defense Finance and Accounting Service-Cleveland (DFAS-CL/PD) to establish and pay a retired Service Member's Family Protection Plan (RSFPP) or Survivor Benefit Plan (SBP) annuity to the incapacitated individual. The form is completed by the child annuitant, and/or their guardian, custodian or legal representative and certified by the physician.																																					
<b>11. AFFECTED PUBLIC (Mark primary with "P" and all others that apply with "X")</b> <input checked="" type="checkbox"/> a. INDIVIDUALS OR HOUSEHOLDS <input type="checkbox"/> d. FARMS <input type="checkbox"/> b. BUSINESS OR OTHER FOR-PROFIT <input type="checkbox"/> e. FEDERAL GOVERNMENT <input type="checkbox"/> c. NOT-FOR-PROFIT INSTITUTIONS <input type="checkbox"/> f. STATE, LOCAL OR TRIBAL GOVERNMENT		<b>12. OBLIGATION TO RESPOND (X one)</b>  <input type="checkbox"/> a. VOLUNTARY <input checked="" type="checkbox"/> b. REQUIRED TO OBTAIN OR RETAIN BENEFITS <input type="checkbox"/> c. MANDATORY																																			
<b>13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN</b> <table style="width: 100%; border-collapse: collapse;"> <tr><td>a. NUMBER OF RESPONDENTS</td><td style="text-align: center;">120</td></tr> <tr><td>b. TOTAL ANNUAL RESPONSES</td><td style="text-align: center;">120</td></tr> <tr><td>(1) Percentage of these responses collected electronically</td><td style="text-align: center;">15 %</td></tr> <tr><td>c. TOTAL ANNUAL HOURS REQUESTED</td><td style="text-align: center;">240</td></tr> <tr><td>d. CURRENT OMB INVENTORY</td><td style="text-align: center;">240</td></tr> <tr><td>e. DIFFERENCE (+, -)</td><td style="text-align: center;">0</td></tr> <tr><td>f. EXPLANATION OF DIFFERENCE:</td><td style="text-align: center;">0</td></tr> <tr><td>(1) Program change (+, -)</td><td style="text-align: center;">0</td></tr> <tr><td>(2) Adjustment (+, -)</td><td style="text-align: center;">0</td></tr> </table>		a. NUMBER OF RESPONDENTS	120	b. TOTAL ANNUAL RESPONSES	120	(1) Percentage of these responses collected electronically	15 %	c. TOTAL ANNUAL HOURS REQUESTED	240	d. CURRENT OMB INVENTORY	240	e. DIFFERENCE (+, -)	0	f. EXPLANATION OF DIFFERENCE:	0	(1) Program change (+, -)	0	(2) Adjustment (+, -)	0	<b>14. ANNUALIZED COST TO RESPONDENTS (in thousands of dollars)</b> <table style="width: 100%; border-collapse: collapse;"> <tr><td>a. TOTAL CAPITAL/STARTUP COSTS</td><td></td></tr> <tr><td>b. TOTAL ANNUAL COSTS (O&amp;M)</td><td></td></tr> <tr><td>c. TOTAL ANNUALIZED COST REQUESTED</td><td></td></tr> <tr><td>d. CURRENT OMB INVENTORY</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. DIFFERENCE (+, -)</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. EXPLANATION OF DIFFERENCE:</td><td></td></tr> <tr><td>(1) Program change (+, -)</td><td></td></tr> <tr><td>(2) Adjustment (+, -)</td><td style="text-align: right;">\$0.00</td></tr> </table>		a. TOTAL CAPITAL/STARTUP COSTS		b. TOTAL ANNUAL COSTS (O&M)		c. TOTAL ANNUALIZED COST REQUESTED		d. CURRENT OMB INVENTORY	\$0.00	e. DIFFERENCE (+, -)	\$0.00	f. EXPLANATION OF DIFFERENCE:		(1) Program change (+, -)		(2) Adjustment (+, -)	\$0.00
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<b>15. PURPOSE OF INFORMATION COLLECTION (Mark primary with "P" and all others that apply with "X")</b> <input checked="" type="checkbox"/> a. APPLICATION FOR BENEFITS <input type="checkbox"/> e. PROGRAM PLANNING OR MANAGEMENT <input type="checkbox"/> b. PROGRAM EVALUATION <input type="checkbox"/> f. RESEARCH <input type="checkbox"/> c. GENERAL PURPOSE STATISTICS <input type="checkbox"/> g. REGULATORY OR COMPLIANCE <input type="checkbox"/> d. AUDIT		<b>16. FREQUENCY OF RECORDKEEPING OR REPORTING (X all that apply)</b> <input checked="" type="checkbox"/> a. RECORDKEEPING <input type="checkbox"/> b. THIRD PARTY DISCLOSURE <input checked="" type="checkbox"/> c. REPORTING: (1) On Occasion <input type="checkbox"/> (2) Weekly <input type="checkbox"/> (3) Monthly (4) Quarterly <input type="checkbox"/> (5) Semi-Annually <input type="checkbox"/> (6) Annually (7) Biennially <input type="checkbox"/> (8) Other (Describe)																																			
<b>17. STATISTICAL METHODS</b> Does this information collection employ statistical methods?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>18. AGENCY CONTACT (Person who can best answer questions regarding the content of this submission)</b> a. NAME (Last, First, Middle Initial) EL-AMIN, ADDIE b. TELEPHONE NUMBER (include area code) (216) 204-3736																																			

OMB CONTROL NUMBER 0730 - 0011	TITLE Physician Certificate for Child Annuitant
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**19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS**

**a. PROGRAM OFFICIAL CERTIFICATION (Internal DoD Use Only)**

(1) Signature 	(2) Date 6/7/06
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On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

**NOTE:** The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous language that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3) about:
  - (i) Why the information is being collected;
  - (ii) Use of information;
  - (iii) Burden estimate;
  - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
  - (v) Nature and extent of confidentiality; and
  - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) If applicable, it uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

**b. SENIOR OFFICIAL OR DESIGNEE CERTIFICATION**

(1) Signature 	(2) Date 28 Aug 06
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