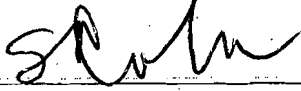


REQUEST FOR BLS REVIEW AND CLEARANCE OF PROPOSED SURVEY INFORMATION COLLECTION USING STATISTICAL METHODOLOGY		U.S. DEPARTMENT OF LABOR	
		Date: November 1, 2006	
Submitting Agency: Employee Benefits Security Administration			
TO: Susan G. Lahne, Office of Policy and Research (Submitting Agency Clearance Office Contact)		Tel: 202 693 8428	Fax: 202 219 4745
Signature:			
Title of Survey: HDCI 2 Survey of Group Health Plans			
<p>Requested Action: Review the attached documents (Supporting Statement, Telephone Interview Introduction, and Telephone Questionnaire), which describe EBSA's proposed survey to obtain adequate sample lists of employee benefit health care plans, for soundness of statistical methodology. Indicate below your approval or disapproval and return to the Agency contact indicated above. If disapproved, indicate specific reasons and corrections needed. Comments are requested in writing to the Agency contact indicated above.</p>			
FROM:			
Steve Cohen			
Bureau of Labor Statistics			
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Disapproved (comments below)	
COMMENTS			
(Attach sheet if additional space is necessary)			
Signature of Agency Approving Official		Date/Tel	
		202-691-7400	