**NOTICE TO REVIEWER**

**Date**: February 10, 2016

**Request Type**:  No material or non-substantive change to a currently approved collection

**Employing Agency**:  Office of Workers’ Compensation Programs/Division of Coal Mine Workers’ Compensation (DCMWC)

**Form Number/Name**: CM-910, Request To Be Selected As Payee

**OMB/Expiration Date**:  1240-0010, August 30, 2018

**Justification**:

Question 4c. requests direct deposit information. We are adding language so we can be advised whether the benefit check is to be deposited into a checking account or into a savings account.