

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.