**NOTICE TO REVIEWER**

**Date**: February 11, 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-911, Miner’s Claim For Benefits Under The Black Lung Benefits Act

**OMB/Expiration Date**:  1240-0038, January 31, 2018

**Justification**: Typographical changes are being made to Question 10i so it reads:

“If you have received a lump-sum payment based on your compensation claim, please indicate the following:”