

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:"