



PRIVACY THRESHOLD ANALYSIS (PTA)

This form serves as the official determination by the DHS Privacy Office to identify the privacy compliance requirements for all Departmental uses of personally identifiable information (PII).

A Privacy Threshold Analysis (PTA) serves as the document used to identify information technology (IT) systems, information collections/forms, technologies, rulemakings, programs, information sharing arrangements, or pilot projects that involve PII and other activities that otherwise impact the privacy of individuals as determined by the Chief Privacy Officer, pursuant to Section 222 of the Homeland Security Act, and to assess whether there is a need for additional Privacy Compliance Documentation. A PTA includes a general description of the IT system, information collection, form, technology, rulemaking, program, pilot project, information sharing arrangement, or other Department activity and describes what PII is collected (and from whom) and how that information is used and managed.

Please complete the attached Privacy Threshold Analysis and submit it to your component Privacy Office. After review by your component Privacy Officer the PTA is sent to the Department's Senior Director for Privacy Compliance for action. If you do not have a component Privacy Office, please send the PTA to the DHS Privacy Office:

Senior Director, Privacy Compliance
The Privacy Office
U.S. Department of Homeland Security
Washington, DC 20528
Tel: 202-343-1717

PIA@hq.dhs.gov

Upon receipt from your component Privacy Office, the DHS Privacy Office will review this form and assess whether any privacy compliance documentation is required. If compliance documentation is required – such as Privacy Impact Assessment (PIA), System of Records Notice (SORN), Privacy Act Statement, or Computer Matching Agreement (CMA) – the DHS Privacy Office or component Privacy Office will send you a copy of the relevant compliance template to complete and return.



Privacy Threshold Analysis (PTA)

Specialized Template for Information Collections (IC) and Forms

The Forms-PTA is a specialized template for Information Collections and Forms. This specialized PTA must accompany all Information Collections submitted as part of the Paperwork Reduction Act process (any instrument for collection (form, survey, questionnaire, etc.) from ten or more members of the public). Components may use this PTA to assess internal, component-specific forms as well.

Form Number & Title:	086-0-06 – Worksheet-Contents-Personal Property
Form Number & Title:	086-0-07 – Worksheet-Building
Form Number & Title:	086-0-08 – Worksheet-Building (Continued)
Form Number & Title:	086-0-09 – Proof of Loss
Form Number & Title:	086-0-10 – Worksheet-Increased Cost of Compliance
Form Number & Title:	086-0-11 – Notice of Loss
Form Number & Title:	086-0-12 – <u>Remove</u> – Statement as to Full Cost to Repair or Replacement Cost Coverage, Subject to the Terms and Conditions of this Policy
Form Number & Title:	086-0-13 – Adjuster’s Preliminary Report
Form Number & Title:	086-0-14 – Adjuster’s Final Report
Form Number & Title:	086-0-15 – National Flood Insurance Program Narrative Report
Form Number & Title:	086-0-16 – Cause of Loss and Subrogation Report
Form Number & Title:	086-0-17 – Manufactured (Mobile) Home/Travel Trailer Worksheet
Form Number & Title:	086-0-18 – Mobile Home/Travel Trailer Worksheet (Continued)
Form Number & Title:	086-0-19 – Increased Cost of Compliance (ICC) Adjuster Report
Form Number & Title:	086-0-20 – Adjuster’s Preliminary Flood Damage Assessment
Form Number & Title:	086-0-21 – Adjuster’s Certification Application



Component:	Federal Emergency Management Agency (FEMA)	Office:	Federal Insurance and Mitigation Administration (FIMA)
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IF COVERED BY THE PAPERWORK REDUCTION ACT:

Collection Title:	FEMA National Flood Insurance Program (NFIP) Proof of Loss Collection		
OMB Control Number:	1660-0005	OMB Expiration Date:	April 30, 2017
Collection status:	Revision	Date of last PTA (if applicable):	October 30, 2013

PROJECT OR PROGRAM MANAGER

Name:	Freda Copeland		
Office:	FIMA – Federal Insurance	Title:	Direct Servicing Agent, Branch Chief
Phone:	202-212-1361	Email:	Freda.Copeland@fema.dhs.gov

COMPONENT INFORMATION COLLECTION/FORMS CONTACT

Name:	Millicent Brown		
Office:	Records Management Program	Title:	Sr. Forms Management/ Information Collection Analyst
Phone:	202-646-2814	Email:	Millicent.Brown@fema.dhs.gov

SPECIFIC IC/Forms PTA QUESTIONS

1. Purpose of the Information Collection or Form

- a. Describe the purpose of the information collection or form. *Please provide a general description of the project and its purpose, including how it supports the DHS mission, in a way a non-technical person could understand (you may use information from the Supporting Statement).*
If this is an updated PTA, please specifically describe what changes or upgrades are triggering the update to this PTA.



The Federal Emergency Management Agency (FEMA) Federal Insurance and Mitigation Administration (FIMA) completes this Privacy Threshold Analysis (PTA) as part of the Office of Management and Budget (OMB) Information Collection Resources (ICR) No. 1660-0005 revision and renewal process. Since the last PTA for this collection was approved, FEMA is removing FEMA Form 086-0-012 *Statement as to Full Cost of Repair or Replacement under the Replacement Cost Coverage, Subject to the Terms and Conditions of this Policy* from Collection 1660-0005. This information will be collected using other forms within this collection.

The NFIP provides federally-backed flood insurance, which includes a claim and claim appeal processes for existing buildings exposed to flood risk. In return, communities must enact and administer construction safeguards to ensure that new construction in the flood plain will be built to eliminate or minimize further flood damage. FIMA collects detailed damaged property information, including other personally identifiable information (PII) from policyholders as part of its flood insurance claims process. Information collected is approved under OMB ICR 1660-0005. This claims process is only for individuals that have insurance policies directly with FEMA through the NFIP Direct Servicing Agent (DSA) contractor. All other flood insurance claims are processed and handled by Write-Your-Own (WYO) companies. The following FEMA forms (FF) are required to be completed by flood insurance policies with the NFIP DSA only:

- **FF 086-0-6 (formerly 81-40) National Flood Insurance Program Worksheet-Contents-Personal Property**
- **FF 086-0-7 (formerly 81-41) Worksheet Building**
- **FF 086-0-8 (formerly 81-41A) Worksheet Building (Continued)**
- **FF 086-0-9 (formerly 81-42) Proof of Loss**
- **FF 086-0-10 (formerly 81-42A) Increased Cost of Compliance Proof of Loss**
- **FF 086-0-11 (formerly 81-43) Notice of Loss**
- **FF 086-0-13 (formerly 81-57) National Flood Insurance Program Preliminary Report**
- **FF 086-0-14 (formerly 81-58) National Flood Insurance Program Final Report**
- **FF 086-0-15 (formerly 81-59) National Flood Insurance Program Narrative Report**
- **FF 086-0-16 (formerly 81-63) Cause of Loss and Subrogation Report**
- **FF 086-0-17 (formerly 81-96) Manufactured (Mobile) Home/Travel Trailer Worksheet**
- **FF 086-0-18 (formerly 81-96A) Manufactured (Mobile) Home/Travel Trailer Worksheet (Continued)**



- **FF 086-0-19 (formerly 81-98) Increased Cost of Compliance (ICC) Adjuster Report**
- **FF 086-0-20 (formerly 81-109) Adjuster Preliminary Damage Assessment**
- **FF 086-0-21(formerly 81-110) Adjuster Certification Application**

In addition to the above process, FIMA has established by regulation an additional process for the appeal of decisions of flood insurance claims issued through the NFIP pursuant to Section 205 of the Bunning-Bereuter-Blumenauer Flood Insurance Reform Act (FRIA) of 2004 Pub. L. No. 108-264 Section 205, 42 U.S.C. § 4102A, Title 44 DFR 62.20. This process requires both WYO and NFIP DSA flood insurance policyholders to submit a written, signed appeal letter to FEMA/FIMA explaining the nature of their claim, names and titles of persons contacted, dates of contact, contact information, and details of the contract relevant to their claim appeal and also submit a copy of the insurer’s written denial of the claim, in whole or in part.

- b. List the DHS (or component) authorities to collect, store, and use this information. *If this information will be stored and used by a specific DHS component, list the component-specific authorities.*

The NFIP codified as 42 U.S.C. § 4001, et sec. and authorized by Pub. L. 90-448 (1968) and expanded by Pub. L. 93-234 (1973); Pub. L. 93-234; National Flood Insurance Reform Act of 1994 (NFIA); Title V of the Riegle Community Development and Investment Act of 1994 (Pub. L. 103-325); Section 205 of The Bunning-Bereuter-Blumenauer Flood Insurance Reform Act (FIRA) of 2004; Pub. L. 108-264 Section 205; 42 U.S.C. § 4102A; and Title 44 Code of Federal Regulations (C.F.R.) § 62.20.

2. Describe the IC/Form

a. Does this form collect any Personally Identifiable Information” (PII ¹)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. From which type(s) of individuals does this form	<input checked="" type="checkbox"/> Members of the public

¹ Personally identifiable information means any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.



<p>collect information? <i>(Check all that apply.)</i></p>	<p><input checked="" type="checkbox"/> U.S. citizens or lawful permanent residents</p> <p><input type="checkbox"/> Non-U.S. Persons.</p> <p><input type="checkbox"/> DHS Employees</p> <p><input type="checkbox"/> DHS Contractors</p> <p><input type="checkbox"/> Other federal employees or contractors.</p>
<p>c. Who will complete and submit this form? <i>(Check all that apply.)</i></p>	<p><input checked="" type="checkbox"/> The record subject of the form (e.g., the individual applicant).</p> <p><input type="checkbox"/> Legal Representative (preparer, attorney, etc.).</p> <p><input type="checkbox"/> Business entity.</p> <p style="padding-left: 40px;">If a business entity, is the only information collected business contact information?</p> <p style="padding-left: 80px;"><input type="checkbox"/> Yes</p> <p style="padding-left: 80px;"><input type="checkbox"/> No</p> <p><input type="checkbox"/> Law enforcement.</p> <p><input type="checkbox"/> DHS employee or contractor.</p> <p><input checked="" type="checkbox"/> Other individual/entity/organization that is NOT the record subject. <i>Please describe.</i> FIMA's Direct Servicing Agent will assign an insurance adjuster to complete the information on behalf of the insured.</p>
<p>d. How do individuals complete the form? <i>Check all that apply.</i></p>	<p><input checked="" type="checkbox"/> Paper.</p> <p><input checked="" type="checkbox"/> Electronic. (ex: fillable PDF)</p> <p><input type="checkbox"/> Online web form. (available and submitted via the internet)</p> <p><i>Provide link:</i></p>
<p>e. What information will DHS collect on the form? <i>List all PII data elements on the form. If the form will collect information from more than one type of individual, please break down list of data elements collected by type of individual.</i></p>	
<p>Name of individual, property address, phone number, email address, building and contents value, damage estimates, Attorney's name and contact information,</p>	



f. Does this form collect Social Security number (SSN) or other element that is stand-alone Sensitive Personally Identifiable Information (SPII)? <i>Check all that apply.</i>	
<input type="checkbox"/> Social Security number <input type="checkbox"/> Alien Number (A-Number) <input type="checkbox"/> Tax Identification Number <input type="checkbox"/> Visa Number <input type="checkbox"/> Passport Number <input type="checkbox"/> Bank Account, Credit Card, or other financial account number <input type="checkbox"/> Other. <i>Please list:</i>	<input type="checkbox"/> DHS Electronic Data Interchange Personal Identifier (EDIPI) <input type="checkbox"/> Social Media Handle/ID <input type="checkbox"/> Known Traveler Number <input type="checkbox"/> Trusted Traveler Number (Global Entry, Pre-Check, etc.) <input type="checkbox"/> Driver's License Number <input type="checkbox"/> Biometrics
g. List the specific authority to collect SSN or these other SPII elements.	
Not applicable	
h. How will this information be used? What is the purpose of the collection? Describe why this collection of SPII is the minimum amount of information necessary to accomplish the purpose of the program.	
Not applicable	
i. Are individuals provided notice at the time of collection by DHS (<i>Does the records subject have notice of the collection or is form filled out by third party</i>)?	<input checked="" type="checkbox"/> Yes. Please describe how notice is provided. Individuals are notified by their insurance agent and/or adjuster that collection of this information is required in order to consider claim for possible payment. Additionally, FEMA provides Privacy Act Statements forms completed by policyholders. <input type="checkbox"/> No.

3. How will DHS store the IC/form responses?



<p>a. How will DHS store the original, completed IC/forms?</p>	<p><input type="checkbox"/> Paper. Please describe. Click here to enter text.</p> <p><input checked="" type="checkbox"/> Electronic. Please describe the IT system that will store the data from the form. FEMA stores the files in the FloodConnect system and information from the files in the NFIP Information Technology Systems (ITS).</p> <p><input checked="" type="checkbox"/> Scanned forms (completed forms are scanned into an electronic repository). Please describe the electronic repository. Click here to enter text.</p>
<p>b. If electronic, how does DHS input the responses into the IT system?</p>	<p><input checked="" type="checkbox"/> Manually (data elements manually entered). Please describe. FEMA enter data into the NFIP DSA FloodConnect System to process claims. WYO and FEMA enter information from the form or FloodConnect into NFIP ITS for tracking and reporting purposes.</p> <p><input type="checkbox"/> Automatically. Please describe. Click here to enter text.</p>
<p>c. How would a user search the information submitted on the forms, <i>i.e.</i>, how is the information retrieved?</p>	<p><input checked="" type="checkbox"/> By a unique identifier.² <i>Please describe.</i> If information is retrieved by personal identifier, please submit a Privacy Act Statement with this PTA. Policy number, Policyholder name, or property address</p> <p><input type="checkbox"/> By a non-personal identifier. <i>Please describe.</i></p>
<p>d. What is the records retention schedule(s)? <i>Include the records schedule number.</i></p>	<p>Pursuant to National Archives and Records Administration (NARA) Authority No. N1-311-86-1, Item 2A212(2)(b), claim records are maintained for six years and three months after final action, unless litigation exists. Additionally, in accordance with NARA Authority No. N1-311-86-1, Item</p>

² Generally, a unique identifier is considered any type of “personally identifiable information,” meaning any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.



	2A13a(1), claims records with pending litigation are destroyed after review by FEMA’s Office of Chief Counsel.
e. How do you ensure that records are disposed of or deleted in accordance with the retention schedule?	DHS/FEMA requires all FEMA employees and contractors to take initial and annual refresher Records Management and Privacy Act Awareness training. Additionally, the FIMA has records custodian(s) that liason with the FEMA Records Management Program to ensure awareness of Federal statutes, policies, and procedures for records management.
f. Is any of this information shared outside of the original program/office? <i>If yes, describe where (other offices or DHS components or external entities) and why. What are the authorities of the receiving party?</i>	
<input type="checkbox"/> Yes, information is shared with other DHS components or offices. Please describe. Click here to enter text. <input checked="" type="checkbox"/> Yes, information is shared <i>external</i> to DHS with other federal agencies, state/local partners, international partners, or non-governmental entities. Please describe. FEMA shares information WYO companies, flood modelling companies, Reinsurance Brokers, or Reinsurance companies. <input type="checkbox"/> No. Information on this form is not shared outside of the collecting office.	



Please include a copy of the referenced form and Privacy Act Statement (if applicable) with this PTA upon submission.



PRIVACY THRESHOLD REVIEW

(TO BE COMPLETED BY COMPONENT PRIVACY OFFICE)

Component Privacy Office Reviewer:	LeVar J. Sykes
Date submitted to component Privacy Office:	Click here to enter a date.
Date submitted to DHS Privacy Office:	Click here to enter a date.
Have you approved a Privacy Act Statement for this form? <i>(Only applicable if you have received a waiver from the DHS Chief Privacy Officer to approve component Privacy Act Statements.)</i>	<input type="checkbox"/> Yes. Please include it with this PTA submission. <input checked="" type="checkbox"/> No. Please describe why not. FEMA is drafting a Privacy Act Statement that will include sharing/access in response to the NFIP Reinsurance Program.
Component Privacy Office Recommendation: <i>Please include recommendation below, including what existing privacy compliance documentation is available or new privacy compliance documentation is needed.</i>	
FEMA recommends coverage for this collection and the associated forms under DHS/FEMA/PIA - 011 NFIP ITS PIA and the associated DHS/FEMA - 003 NFIP Files SORN.	



PRIVACY THRESHOLD ADJUDICATION

(TO BE COMPLETED BY THE DHS PRIVACY OFFICE)

DHS Privacy Office Reviewer:	Kevin Mullinix
PCTS Workflow Number:	Click here to enter text.
Date approved by DHS Privacy Office:	January 13, 2017
PTA Expiration Date	January 13, 2020

DESIGNATION

Privacy Sensitive IC or Form:	Yes If "no" PTA adjudication is complete.
Determination:	<input type="checkbox"/> PTA sufficient at this time. <input type="checkbox"/> Privacy compliance documentation determination in progress. <input type="checkbox"/> New information sharing arrangement is required. <input type="checkbox"/> DHS Policy for Computer-Readable Extracts Containing SPII applies. <input checked="" type="checkbox"/> Privacy Act Statement required. <input checked="" type="checkbox"/> Privacy Impact Assessment (PIA) required. <input checked="" type="checkbox"/> System of Records Notice (SORN) required. <input type="checkbox"/> Specialized training required. <input type="checkbox"/> Other. Click here to enter text.
DHS IC/Forms Review:	DHS PRIV has approved this ICR/Form.
Date IC/Form Approved by PRIV:	January 13, 2017
IC/Form PCTS Number:	Click here to enter text.
Privacy Act Statement:	e(3) statement update is required. Click here to enter text.
PTA:	No system PTA required. Click here to enter text.
PIA:	System covered by existing PIA If covered by existing PIA, please list: Click here to enter text.



	If a PIA update is required, please list: Click here to enter text.
SORN:	<p>System covered by existing SORN</p> <p>If covered by existing SORN, please list: Click here to enter text.</p> <p>If a SORN update is required, please list: Click here to enter text.</p>
<p>DHS Privacy Office Comments:</p> <p><i>Please describe rationale for privacy compliance determination above.</i></p>	
<p>FEMA is submitting the FEMA National Flood Insurance Program (NFIP) Proof of Loss Forms Collection PTA Update pursuant to a three year PTA expiration (October 30, 2016). FEMA is also submitting this PTA Update because FEMA is removing FEMA Form 086-0-012 Statement as to Full Cost of Repair or Replacement under the Replacement Cost Coverage, Subject to the Terms and Conditions of this Policy from Collection 1660-0005. This information will be collected using other forms within this collection.</p> <p>The DHS Privacy Office finds that the FEMA NFIP Proof of Loss Forms Collection consisting of 15 forms under OMB Control Number: 1660-0005 is a privacy sensitive collection, requiring PIA coverage. FEMA uses the information collected in this form for claims processing, claims appeals, to verify the accuracy of NFIP policies and claims, determine flood insurance eligibility, confirm current fiscal year and determine future fiscal year insurance premium rates, generate a list of all communities that have been approved by NFIP to participate in the program, and create user access accounts. Because the form is submitted by members of the public, or by insurance adjusters on behalf of the insured and the form is retrievable by unique identifier, then the form meets the requirements to be considered part of a system of records. Therefore a Privacy Act Statement is required, and SORN coverage is necessary. PRIV agrees with FEMA’s assertion that PIA coverage is provided by DHS/FEMA/PIA – 011 NFIP Information Technology System PIA, which assess the risks associated with individuals who who purchase, as well as those who process, flood insurance policies from NFIP and individuals requesting access to the system. PRIV finds that SORN coverage is provided by DHS/FEMA-003 - National Flood Insurance Program Files which outlines FEMA’s collection and maintenance of records from individuals who claim losses due to flooding; flood insurance claimants who appeal flood loss decisions; individuals requesting NFIP information; applicants (individuals or certifiers); Severe Repetitive Loss (SRL) property owners (previously known as Repetitive Loss Target Group); independent insurance agents; WYO insurance companies and WYO company agents; representatives from communities</p>	



**Homeland
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that submit Community Rating System (CRS) applications; and certified flood adjusters.