

SUPPORTING STATEMENT  
VA FORM 29-357  
CLAIM FOR DISABILITY INSURANCE BENEFITS  
2900-0016

**A. Justification**

- 1. Explain the circumstances that make the collection of information necessary. Identify legal or administrative requirements that necessitate the collection of information.**

This form is used by the policyholder to claim disability insurance benefits on S-DVI, NSLI and USGLI policies. The information requested is authorized by law, 38 U.S.C. sections 1912, 1915, 1922, 1942 and 1948.

- 2. Indicate how, by whom, and for what purposes the information is to be used; indicate actual use the agency has made of the information received from current collection.**

The information collected on the form is used by Department of Veterans Affairs (VA) to establish the insured's eligibility for disability insurance benefits. This application is to be completed by veterans who have government life insurance and become totally disabled.

- 3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g. permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden.**

VA Form 29-357 has been added to our VBA website for downloading. The insured is now able to complete the form electronically, print and submit the claim by mail.

- 4. Describe efforts to identify duplication. Show specifically why all similar information already available cannot be used or modified for use for the purposes described in Item 2 above.**

The information is not contained in any other VA records. Similar information is not available elsewhere.

**5. If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.**

The information does not involve any small businesses.

**6. Describe the consequences to Federal program or policy activities if the collection is not conducted or is conducted less frequently as well as any technical or legal obstacles to reducing burden.**

This form is designed for use by the insurance activity to determine the insured's eligibility for disability insurance benefits.

**7. Explain any special circumstances that would cause an information collection to be conducted more often than quarterly or require respondents to prepare written responses to a collection of information in fewer than 30 days after receipt of it; submit more than an original and two copies of any document; retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years; in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study and require the use of a statistical data classification that has not been reviewed and approved by OMB.**

There are no special circumstances requiring that the collection of information be conducted in a manner inconsistent with the guidelines in 5 CFR Section 1320.6.

**8. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the sponsor's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by sponsor in response to these comments. Specifically address comments received on cost and hour burden.**

The Department notice was published in the Federal Register on March 24, 2022, Volume 87, No. 57, Pages 16827 and 16828. The information does not involve obtaining information from any state or local Government. There is no person or organization other than VA that will collect the information which is submitted by the insured. A recommendation was received from the American Association of Nurse Practitioners in response to this notice. VA's response is stated below.

The American Association of Nurse Practitioners, representing more than 355,000 nurse practitioners (NPs) in the United States, appreciates the opportunity to comment on the Department's information collection "Claim for Disability Insurance Benefits, Government Life Insurance." **We respectfully request the Department of Veterans Affairs update this form to reflect nurse practitioners' authority to certify veterans' claims for disability insurance benefits.** This change will ensure access to high-quality health care for all

veterans in a timely fashion, and better reflect NP full practice authority within the Veterans Health Administration (VHA).

Performing physical examinations, reporting medical history, and evaluating patients is well within the scope of practice for nurse practitioners. As noted above, numerous Federal agencies have long recognized that NPs are qualified to perform examinations for health. **Accordingly, we request the Department of Veterans Affairs amend the Claim for Disability Insurance Form to recognize nurse practitioners as health care professionals authorized to complete the form for disability insurance. Replacing the term ‘physician’ with ‘licensed health care professionals’ throughout this form will ensure that veterans are able to have the form completed by an NP or other qualified clinician of their choice.** These changes will ensure access to high-quality health care for all veterans in a timely fashion.

VA recommends replacing the term “physician” with the term “licensed practitioner of the healing arts acting within the scope of their practice” on VA Form 29-357. This term has been in use since December 22, 2005, (see 38 CFR 9.20; 70 FR 75946) in another VA Insurance program, Servicemembers’ Group Life Insurance Traumatic Injury Protection (TSGLI) where medical professionals need to complete a portion of the application. This would allow not only nurse practitioners, but also other healthcare professionals, such as, physician assistants and nurses who are acting within the scope of their practice the authority to complete the medical portion of Veterans’ claims for disability insurance benefits. While VA generally agrees with the commenter to widen the group of medical professionals who can complete the medical portion of the form, it is critical that the limiting language “within the scope of their practice” is included. This ensures that only medical professionals whose practice area includes the medical issues being provided on the form can complete it. For example, a primary care physician could complete the form on a wide variety of issues as these are within the scope of their practice; however, a podiatrist, while a licensed medical professional, could only complete the form related to foot issues.

As per the above recommendation, VA will update VA Form 29-357 to allow nurse practitioners and other licensed health professionals acting within the scope of their practice to complete the medical portion of the Veterans’ claims for disability insurance benefits.

**9. Explain any decision to provide any payment or gift to respondents.**

The information collected is supplied by the respondent. No remuneration is made.

**10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.**

The information collection conforms with the Privacy Act of 1974 and is subject to the conditions of disclosure contained therein. The records are maintained in the system identified as 36VA29, "Veterans of Uniformed Services Personnel Programs of U.S. Government" as contained in the Privacy Act Issuances, 1993 Compilation.

**11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private; include specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.**

There are no questions of a sensitive nature.

**12. Estimate of the hour burden of the collection of information:**

- a. Number of Respondents: 8,100
- b. Frequency of Response: Once
- c. Annual Burden Hours: 14,175 hours
- d. Estimated Completion Time: 1 hour and 45 minutes (We arrived at this estimate by initiating a trial with a VA staff member unfamiliar with the forms.)
- e. The respondent population for VA Form 29-357 is composed of individuals establishing eligibility for disability insurance benefits. VA cannot make further assumptions about the population of respondents because of the variability of factors such as the educational background and wage potential of respondents. Therefore, VBA used general wage data to estimate the respondents' costs associated with completing the information collection.

The Bureau of Labor Statistics (B:S) gathers information on full-time wage and salary workers. According to the latest available BLS data, the mean weakly earnings of full-time wage and salary workers are \$1,082.80. Assuming a forty (40) hour work week, the mean hourly wage is \$27.07 based on the BLS wage code – "00-0000 All Occupations." This information was taken from the following website: ([https://www.bls.gov/oes/current/oes\\_nat.htm](https://www.bls.gov/oes/current/oes_nat.htm), May 2020).

Legally, respondents may not pay a person or business for assistance in completing the information collection. Therefore, there are no expected overhead costs for completing the information collection. VBA estimates the total cost to all respondents to be **\$383,717** (14,175 burden hours x \$27.07 per hour).

**13. Provide an estimate of the total annual cost burden to respondents or record keepers resulting from the collection of information.**

This submission does not involve any record keeping costs.

**14. Provide estimates of annual cost to the Federal Government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operation expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information.**

Estimated Costs to the Federal Government:

Grade	Step	Burden Time	Fraction of Hour	Hourly Rate	Cost Per Response	Total Responses	Total
9	3	5	.08	\$24.07	1.92	8100	\$15,552.00
Overhead at 100% Salary							\$15,552.00
5	3	2	0.03	\$15.89	.48	8100	\$3,888.00
Overhead at 100% Salary							\$3,888.00
4	3	2	0.03	\$14.20	.43	8100	\$3,483.00
Overhead at 100% Salary							\$3,483.00
Processing / Analyzing Costs							\$45,846.00
Printing and Production Cost							\$54.00
Total Cost to Government							\$45,900.00

Note: The hourly wage information above is based on the hourly 2022 General Schedule (Base) Pay ([https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2022/GS\\_h.pdf](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2022/GS_h.pdf)). This rate does not include any locality adjustment as applicable.

The processing time estimates above are based on the actual amount of time employees of each grade level spend to process to completion a claim received on this form. The within-grade step (3) of each employee represents the average experience of employees within each grade.

**15. Explain the reason for any program changes or adjustments reported in Items 13 or 14 of OMB 83-I.**

There is no change in respondent burden.

**16. For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.**

The information is collected for insurance purposes only and there are no plans for publication.

**17. If seeking approval to omit the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.**

We are not seeking approval to omit the expiration date for OMB approval.

**18. Explain each exception to the certification statement identified in Item 19, "Certification for Paperwork Reduction Act Submissions," of OMB 83-I.**

This submission does not contain any exceptions to the certification statement.

## **PART B**

### **B. Collection of Information Employing Statistical Methods**

This collection of information does not employ statistical methods.