

**SUPPORTING STATEMENT FOR  
Report of Changes That May Affect Your Black Lung Benefits**

**OMB CONTROL NO. 1240-0028**

This ICR seeks to revise a currently approved collection.

**A. JUSTIFICATION**

**1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating or authorizing the collection of information.**

The Black Lung Benefits Act, 30 USC 901 et seq., including 30 USC 936 and 941, and its implementing regulations, 20 CFR 725.533(e), authorizes the Division of Coal Mine Workers' Compensation (DCMWC) to collect information regarding compensation payments to coal miners and other beneficiaries. Once a miner or survivor is found eligible for benefits, the primary beneficiary is requested to report certain changes that may affect benefits. To ensure there is a review and update of all claims paid from the Black Lung Disability Trust Fund and from Social Security cases transferred to the Department of Labor under the Black Lung Consolidation of Administrative Responsibility Act of 2002 and to help beneficiaries comply with the need to report certain changes, the CM 929 is sent to all appropriate primary beneficiaries. The DCMWC computer system prints the CM 929 with information specific to each beneficiary, such as name, address, number of dependents on record, state workers' compensation information, and amount of current benefits. The beneficiary reviews the information and certifies that the information is current or provides updated information. The form includes a warning about potential consequences of failure to report changes.

The CM-929P is sent to all beneficiaries that have a representative payee. Compensation is paid to a representative payee on behalf of the beneficiary when the beneficiary is unable to manage his/her benefits due to incapability, incompetence, or minority. The DCMWC computer system prints the CM-929P with information specific to each beneficiary, such as name, address, number of dependents on record, state workers' compensation information, and amount of benefits. Additionally, representative payees are requested to provide information regarding the use of benefits received, where the beneficiary lives, and ensuring the needs of the beneficiary are being met. The representative payee reviews the information specific to the beneficiary, as well as provides their accounting of the funds received, and certifies that all information is current or provides updated information. Collection of this information is authorized by 20 CFR 725.513(a). The form includes a warning about potential consequences of failure to report changes as described in 30 USC 922 and 20 CFR 725.513.

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

The CM-929 and CM-929P are used to determine a primary beneficiary's continuing eligibility for black lung benefits from the Black Lung Disability Trust Fund. The beneficiary completes CM-929 to report factors that may affect his or her benefits, including income, marital status, receipt of state workers' compensation, and dependents' status. By contrast, a primary beneficiary's representative payee completes the CM-929P to report the same factors that may affect the beneficiary's benefits. Representative payees also provide information on the beneficiary's location and certify that benefits are used for the needs of the beneficiary, including an annual accounting when necessary. Both forms request completion upon receipt. The claims' staff carefully review the response, verify information in the claim file, and identify reported changes that may need verification, such as amount of income, marital status, and dependent status. This information reduces the potential for overpayments and underpayments. The claims staff also ensure that the computer system is updated to reflect appropriate changes.

**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 to adopt this means of collection. Also, describe any consideration of using information technology to reduce burden.**

In accordance with the Government Paperwork Elimination Act (GPEA) [https://ocio.nih.gov/ITGovPolicy/Documents/Paperwork\\_Elimination\\_Act\\_Public\\_Law\\_105-277.pdf](https://ocio.nih.gov/ITGovPolicy/Documents/Paperwork_Elimination_Act_Public_Law_105-277.pdf), the forms in this information collection were considered, but found not practicable, for electronic submission. For the CM-929, the respondents are of a variety of demographics and generally include retired, disabled coal mine workers and elderly spouses. Given these demographics, it is unlikely that a significant portion would have access to the electronic option. Although individuals completing the CM-929P may not be similarly limited, the number of these filings is comparatively low (i.e., 13% of total annual CM-929 and CM-929P filings). Thus, it is not cost effective to make the form electronically fileable for our respondent population. However, in the event a claimant misplaces their form, they may download an electronically fillable one for mailing at <http://www.dol.gov/owcp/dcmwc/regs/compliance/blforms.htm>. Alternatively, the CM-929 and CM-929p are also accessible through DOL's on-line forms library at <http://webapps.dol.gov/libraryforms/FormsByNum.asp>.

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

No other agency collects this information. Forms CM-929 and CM-929P are beneficiary and Program-specific. Even though the application for benefits requests that specific changes be reported, the CM 929 and CM-929P are the only existing methods to systematically update the

information listed on the application which may affect the amount of benefits and to ensure that the beneficiary knows to report those changes.

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

This information collection does not have a significant economic impact on a substantial number of small entities.

**6. Describe the consequence 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.**

DCMWC recognizes that an increasing percentage of its beneficiaries require assistance and more careful monitoring because the average age of beneficiaries has grown and has changed its scheduled mailings of the questionnaires accordingly. The information is requested annually. If the information update were done less frequently, there would be a higher risk of overpayments, underpayments, and erroneous payments to payees due to unreported changes in status and lack of knowledge of whether benefits are being appropriately used for beneficiaries.

**7. Explain any special circumstances that would cause an information collection to be conducted in a manner:**

- \* **requiring respondents to report information to the agency more often than quarterly;**
- \* **requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;**
- \* **requiring respondents to submit more than an original and two copies of any document;**
- \* **requiring respondents to 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;**
- \* **requiring the use of statistical data classification that has not been reviewed and approved by OMB;**
- \* **that includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or**

- \* requiring respondents to submit proprietary, trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.**

There are no special circumstances for this information collection.

**8. If applicable, provide a copy and identify the date and page number of publication in the *Federal Register* of the agency'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 the agency in response to these comments. Specifically address comments received on cost and hour burden.**

**Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.**

**Consultation with representatives of those from whom information is to be obtained or those who must compile records should occur at least once every 3 years -- even if the collection-of-information activity is the same as in prior periods. There may be circumstances that may preclude consultation in a specific situation. These circumstances should be explained.**

A Federal Register Notice inviting public comment was published on 12/04/2023 (88 FR 84175). No comments were received.

DCMWC consulted with two internal and one external representative regarding this ICR. DCMWC asked these contacts for feedback on burden estimates. Based on feedback from our internal representatives, DCMWC added a check box to the top of both forms "if no information has changed." This checkbox allows claimants who report no changes to skip to the signature box at the end of the form. We anticipate this change will benefit those respondents who have no changes to report as they will not have to complete the remaining form fields.

The external stakeholder representative had no changes or comments on the estimated burden.

Thus, DCMWC is proceeding with the initial estimates published in the 60-day notice. The individuals/organizations consulted about the information collection are listed in the table below.

**Table 1: List of Internal and External Representatives**

| <b>Contact</b> | <b>Organization</b>                                   | <b>Email</b> | <b>Phone</b> |
|----------------|---|--------------|--------------|
| Rose xxxx      | Assistant Brach Chief,<br>Branch of Fiscal Operations | XXX          | XXX          |

| Contact      | Organization  | Email | Phone |
|--------------|---|-------|-------|
|              | and Technical Support.  |       |       |
| Brittany XXX | Hyden Health and Rehab Representative.                                  | XXX   | XXX   |
| Marcela XXX  | Claims Examiner/Analyst, Brach of Policy Analysis and Program Standards | XXX   | XXX   |

**9. Explain any decision to provide any payments or gifts to respondents, other than remuneration of contractors or grantees.**

No payments or gifts are made to respondents to furnish the information. However, the beneficiary-respondents are entitled to and do receive monthly benefits.

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

Forms CM-929 and CM-929P includes a Privacy Act Notice (PAN) explaining that information will be used to determine eligibility for and the amount of benefits payable. The PAN also explains the information may be used by other agencies or persons in handling matters relating to the subject matter of the claim. This information is included in a System of Records, DOL/OWCP-2, published at 81 Federal Register 25765, 25858 (April 29, 2016), or as updated and republished.

**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. This justification should include the reasons why the agency considers the questions necessary, the 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.**

This collection contains no questions of a sensitive nature.

**12. Provide estimates of the hour burden of the collection of information. The statement should:**

- **Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. Unless directed to do so, agencies should not conduct special surveys to obtain information on which to base hour burden estimates. Consultation with a sample (fewer than 10) of potential respondents is desirable. If the hour burden on respondents is expected to vary widely because of differences in activity, size, or complexity, show the range of estimated hour burden, and explain the reasons for the**

**variance. Generally, estimates should not include burden hours for customary and usual business practices.<sup>1</sup>**

- **If this request for approval covers more than one form, provide separate hour burden estimates for each form.**
- **Provide estimates of annualized cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead, this cost should be included in Item 13.**

### Estimated Annualized Respondent Cost and Hour Burden

| Activity                   | No. of Respondents | No. of Responses per Respondent | Total Responses                  | Average Burden per Response (Hours) | Total Annual Burden (Hours) | Hourly Wage Rate | Monetized Value of Respondent Time |
|----------------------------|--------------------|---------------------------------|----------------------------------|-------------------------------------|-----------------------------|------------------|------------------------------------|
| CM-929                     | 17,705             | 1                               | 15,934 <sub>certifications</sub> | 0.083                               | 1327                        | \$7.25           | \$9,622.94                         |
|                            |                    |                                 | 1,771 <sub>corrections</sub>     | 0.133                               | 236                         | \$7.25           | \$1,707.69                         |
| CM-929 subtotal            | 17,705             | 1                               | 17,705                           | 0.088                               | 1563                        | \$7.25           | \$11,330.63                        |
| CM-929P                    | 3,976              | 1                               | 3,579 <sub>All Qs</sub>          | 1.333                               | 4770.807                    | \$7.25           | \$34,588.35                        |
|                            |                    |                                 | 397 <sub>skipped Qs</sub>        | 0.1                                 | 39.7                        | \$7.25           | \$287.83                           |
| CM-929P subtotal           | 3,976              | 1                               | 3,976                            | 1.21                                | 4,811                       | \$7.25           | \$34,876.18                        |
| <b>Unduplicated Totals</b> | <b>21,681</b>      | <b>1</b>                        | <b>21,681</b>                    | <b>varies</b>                       | <b>6,373</b>                | <b>\$7.25</b>    | <b>\$46,206.80</b>                 |

There are approximately 21,681 computer generated CM 929 forms sent to all beneficiaries (one each) on a yearly basis to certify and/or correct information reflected in DCMWC's files. We estimate that 82% of 21,681 beneficiaries will be sent Form CM-929 only, and the remaining 18% will be sent Form CM-929P.

DCMWC experience has been that 90% of all completed Forms CM-929 are certifications. The remaining 10% of completed forms reflect correction of data. DCMWC estimates that the time required of respondents to read the CM 929 and certify that all benefit information is correct and

<sup>1</sup> Indicate the retention period for any recordkeeping requirements that pertain to the ICR.

accurate is 5 minutes (0.0833 hour). The time required to read the form and report one or more corrections to the benefit information is no more than 8 minutes (0.133). Therefore, the estimated total burden to the 17,705 beneficiaries completing this form is 1,563 burden hours, based on the following:

$$\begin{aligned}(0.9 \times 17,705 = 15,934) \times 0.0833 \text{ hour} &= 1,327.30 \text{ hours} \\ (0.1 \times 17,705 = 1,771) \times 0.133 \text{ hour} &= 235.54 \text{ hours} \\ &= 1,562.84 \text{ hours}\end{aligned}$$

Benefits due a DOL black lung beneficiary may be paid to a representative payee on behalf of the beneficiary when the beneficiary is unable to manage his/her benefits due to incapability, incompetence or minority. The CM-929P form is used to collect expenditure data regarding the disbursement of the beneficiary's benefits by the payee to assure that the beneficiary's needs are being met.

The CM-929P includes clear instructions for the representative payee to skip over questions that do not apply to their situation.

We estimate the burden on respondents who answer the full CM-929P (not skipping over any questions), to be about 90% of the payees, and spending an average of 80 minutes (1.333 hour) to complete the form. Also, we have estimated the burden of 10% of the respondents to answer the short version (skipping over some questions) to take 6 minutes (0.1 hour) to complete the form. Therefore, the estimated total burden to the 3,976 beneficiaries completing this form is 1,563 burden hours, based on the following:

$$\begin{aligned}(0.9 \times 3,976 = 3,579) \times 1.333 \text{ hour} &= 4,770.81 \text{ hours} \\ (0.1 \times 3,976 = 397) \times 0.1 \text{ hour} &= 39.7 \text{ hours} \\ &= 4,810.5 \text{ hours}\end{aligned}$$

Subtotal Burden Hours for CM-929 = 1,562.84 hours

Subtotal Burden Hours for CM-929P = 4,810.5 hours

**Total Burden Hours = 6,373 hours** (6,373.34 rounded)

We used the Federal minimum wage of \$7.25, <https://www.dol.gov/whd/minimumwage.htm>, as a representative wage rate to calculate the cost of the burden hours.

$$6,373 \text{ hours} \times \$7.25 \text{ /hour} = \$46,206.80.$$

**13. Provide an estimate of the total annual cost burden to respondents or recordkeepers resulting from the collection of information. (Do not include the cost of any hour burden shown in Items 12 and 14).**

- **The cost estimate should be split into two components: (a) a total capital and start up cost component (annualized over its expected useful life); and (b) a total operation, maintenance and purchase of service component. The estimates should take into account costs associated with generating, maintaining, and disclosing or providing the information. Include descriptions of methods used to estimate major cost factors including system and technology acquisition, expected useful life of capital equipment, the discount rate(s), and the time period over which costs will be incurred. Capital and start-up costs include, among other items, preparations for collecting information such as purchasing computers and software; monitoring, sampling, drilling and testing equipment; and record storage facilities.**
- **If cost estimates are expected to vary widely, agencies should present ranges of cost burdens and explain the reasons for the variance. The cost of purchasing or contracting out information collection services should be a part of this cost burden estimate. In developing cost burden estimates, agencies may consult with a sample of respondents (fewer than 10), utilize the 60-day pre-OMB submission public comment process and use existing economic or regulatory impact analysis associated with the rulemaking containing the information collection, as appropriate.**
- **Generally, estimates should not include purchases of equipment or services, or portions thereof, made: (1) prior to October 1, 1995, (2) to achieve regulatory compliance with requirements not associated with the information collection, (3) for reasons other than to provide information or keep records for the government or (4) as part of customary and usual business or private practices.**

There are no technological or system costs associated with the collection of this information. This form is a postage paid self-mailer.

**14. Provide estimates of the annualized cost to the Federal Government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operational expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information. Agencies also may aggregate cost estimates from Items 12, 13, and 14 into a single table.**

The estimated total cost to the Federal Government for development, printing, mailing and processing the CM-929 and CM-929P is approximately \$107,231.10. The cost is computed as follows:

- a. Estimated postage of the forms based on 24,912 forms at \$0.60 cents = \$14,947.20

This includes the mailing of the 21,681 initial forms and follow-up mailing of 3,231 forms to beneficiaries who do not respond to the first mailing.



$$21,681 + 3,231 = 24,912$$

- b. Additional estimated cost of supplies for outgoing and incoming forms is \$6,954.40 calculated as follows:

24,912 envelopes = \$1,930  
24,912 business reply envelopes = \$2,564  
1 pallet of paper and printing = \$2,460.40

- c. Estimated processing cost \$85,329.50.

Artificial Intelligence Forms-Processing Costs (\$5,633.66):

OWCP has implemented an Artificial Intelligence (AI) system to automatically review CM-929 and CM-929P forms once they are received and electronically scanned. This AI system costs \$5,633.66 per year and significantly reduces the number of forms that require manual review. Out of the 17,705 CM-929 responses DCMWC received, 11,845 were automatically reviewed. Out of the 3,976 CM-929P responses DCMWC received, 2,560 were automatically reviewed.

No additional cost other than the AI contract cost (\$5,633.66) is reported for this collection.

Manual Forms-Processing Costs (\$55,685.24):

With the implementation of the Artificial Intelligence (AI) system, the manual forms-processing cost has decreased significantly. The estimated processing cost of the 5,860 remaining CM-929 forms,<sup>2</sup> is figured at \$44.98 for one GS-12 step 5 Claims' Examiner (CE) spending about 6 minutes (0.1 hour) evaluating one form. (The Salary Table 2023-GS was used for the hourly wages.) [https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2023/RUS\\_h.pdf](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2023/RUS_h.pdf)

$$\bullet 5,860_{\text{CM-929}} \times 0.1_{\text{hour}} = 586_{\text{hours}} \times \$44.98_{\text{/hour}} = \$26,358.28_{\text{CM-929}}$$

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<sup>2</sup> 17,705 Forms – 11,845 AI-Reviewed Forms = 5,860 Manually-Reviewed Forms.

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The estimated processing cost of the 1,416 remaining CM-929P forms,<sup>3</sup> is figured at \$44.98 for one GS-12 step 5 CE spending about 6 minutes (0.5 hour) to review a partially-completed form and 30 minutes (0.5 hour) to review a fully completed form. (The Salary Table 2023-GS was used for the hourly wages.) [https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2023/RUS\\_h.pdf](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2023/RUS_h.pdf)

- $1,275_{\text{full CM-929P}} \times 0.5_{\text{hour}} = 638_{\text{hours}}$  (637.5 rounded)  $\times \$44.98_{\text{/hour}} = \$28,697.24_{\text{full CM-929P}}$
- $141_{\text{part CM-929P}} \times 0.1_{\text{hours}} = 14_{\text{hours}}$  (14.1 rounded)  $\times \$44.98 = \$629.72_{\text{part CM-929P}}$

Total processing cost for all CM-929 and CM-929P forms:

- $\$26,358.28_{\text{CM-929}} + \$28,697.24_{\text{full CM-929P}} + \$629.72_{\text{part CM-929P}} = \$55,685.24$

Clerical Forms-Processing Costs (\$24,010.60):

The estimated processing cost of the 21,681 forms, is figured at \$22.15 for one GS-6, step 4, Claims Staff member pending about 3 minutes (0.05 hour) on clerical duties per response. The FY 2023 Salary Table for the RUS was used to determine Federal cost.

[https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2023/RUS\\_h.pdf](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2023/RUS_h.pdf)

- $21,681_{\text{responses}} \times 0.05_{\text{CE hour}} = 1,084_{\text{CS hours}}$  (1,084.05 rounded)  $\times \$22.15_{\text{/hour}} = \$24,010.60_{\text{clerical costs}}$

Processing Total:  $\$5,633.66_{\text{AI}} + \$55,685.24_{\text{Manual}} + \$24,010.60_{\text{Clerical}} = \$85,329.50_{\text{processing costs}}$

Total Government Cost = \$107,231.10

- $\$14,947.20_{\text{postage}} + \$6,954.40_{\text{supplies}} + \$85,329.50_{\text{processing costs}} = \$107,231.10_{\text{total costs}}$

**15. Explain the reasons for any program changes or adjustments.**

EXPLANATION OF CHANGE TOTALS

Respondents: The number of respondents increased from 12,000 to 21,681.

Responses: The number of responses increased from 12,000 to 21,681.

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<sup>3</sup> 3,976 Forms – 2,560 AI-Reviewed Forms = 1,416 Manually-Reviewed Forms.

**Burden Hours:** Total burden hours increased from 2,810 to 6,373 due to the increase of forms received.

**Costs:** Annual burden costs remains \$0.0 to the respondents, since the Federal Government assumes all cost associated with this collection.

**Note:** Although burden appears to have doubled since the last renewal, the numbers that OWCP reported substantially undercounted the number of forms it received in 2019. Specifically, with the last renewal, OWCP counted only responses to initial requests that were received through the Central Mail Room. Our 2019 numbers did not account for forms received at the Central Mail Room in response to follow-up requests. Nor did they include any responses (initial or follow-up) that we received through the online portal, or the Black Lung Program District Offices. Had OWCP properly accounted for all initial and follow-up responses received in 2019, it would have reported 26,000 responses.

**16. For collections of information whose results will be published, outline plans for tabulations, 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.**

There are no plans to publish this collection of information.

**17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.**

This ICR does not seek a waiver from the requirement to display the expiration date.

**18. Explain each exception to the certification statement.**

There are no exceptions to the certification statement.

**B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS.**

Statistical methods are not used in these collections of information.