SUPPORTING STATEMENT - PART A

Statement of Personal Injury: Possible Third Party Liability

OMB Control Number 0720-0003

1. Need for the Information Collection

The Federal Medical Care Recovery Act, 42 U.S.C. 2651-2653 provides for recovery of the reasonable value of medical care provided by the United States to a person who is injured or suffers a disease under circumstances creating tort liability in some third person. The DD Form 2527, "Statement of Personal Injury: Possible Third Party Liability," is required for investigating and asserting claims in favor of the U.S. arising out of such incidents.

When a claim for TRICARE benefits is identified as involving possible third party liability, and the information is not submitted with the claim, the TRICARE contractors request that the injured party (or a designee) complete DD Form 2527. To protect the interests of the government, the contractor suspends claims processing until the requested third party liability information is received. The contractor conducts a preliminary evaluation based upon the collection of information and refers the case to a designated appropriate legal officer of the Uniformed Services. The responsible Uniformed Services legal officer uses the information as a basis for asserting and settling the government's claim. When appropriate, the information is forwarded to the Department of Justice (DOJ) as the basis for litigation.

2. <u>Use of the Information</u>

Respondents to this collection are TRICARE beneficiaries. Beneficiaries complete the DD Form 2527 on the occasion of submitting a claim that involves possible third party liability. Beneficiaries submit the completed DD Form 2527 to their regional TRICARE contractor. The regional TRICARE contractor uses the information supplied by the completed DD Form 2527 to conduct a preliminary evaluation and appropriately refer cases to a legal officer of the Uniformed Services.

Respondents access the DD Form 2527 in three ways: (1) the TRICARE regional contractor will mail a copy of the DD Form 2527 to the respondent's home address, (2) respondents may download a copy of the DD Form 2527 from the regional contractor's website, or (3) respondents may download and print a copy of the DD Form 2527 from the Department of Defense's (DoD) Forms Management Program website

(http://www.esd.whs.mil/Directives/forms/). Respondents may either type in their responses onto the fillable PDF version of the DD Form 2527 and print it or print the form and complete it by hand. No associated invitations or communications are sent to respondents. Respondents complete the DD Form 2527 and submit it to their regional contractor by mail or fax. Once received by the regional contractor, the DD Form 2527 is reviewed, and a determination is made to evaluate if the claim should go forward. The regional contractor will refer claims cases to the Military Claims Office, as appropriate, to

be reviewed by a Uniformed Services legal officer. The legal officer uses this information as a basis to assert and settle the U.S. government's claim. In some instances, this information is forwarded to the DOJ as the basis for litigation. The successful collection of this information allows the TRICARE regional contractors to effectively process claims identified as involving possible third party liability and helps protect the interests of the U.S. government.

3. <u>Use of Information Technology</u>

0% of responses are collected electronically. At this time there are no information technology options to allow respondents to electronically submit the DD Form 2527 to their regional TRICARE contractor. However, fillable PDF versions of the DD Form 2527 are made available to respondents via the regional contractor's and DoD Forms Management Program's websites.

4. <u>Non-duplication</u>

The information obtained through this collection is unique and is not already available for use or adaptation from another cleared source.

5. Burden on Small Businesses

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

6. Less Frequent Collection

This information is collected upon occasion, as required, of a TRICARE beneficiary's accidental injury that may involve third party liability. Should this information be collected less frequently, TRICARE regional contractors will be unable to process beneficiary claims which would adversely affect the interests of the respondents and the U.S. government.

7. <u>Paperwork Reduction Act Guidelines</u>

This collection of information does not require collection to be conducted in a manner inconsistent with the guidelines delineated in $5 \, \text{CFR} \, 1320.5(d)(2)$.

8. Consultation and Public Comments

Part A: PUBLIC NOTICE

A 60-Day Federal Register Notice (FRN) for the collection published on Monday, July 21, 2025. The 60-Day FRN citation is 90 FRN 34258.

No comments were received during the 60-Day Comment Period.

A 30-Day Federal Register Notice for the collection published on Tuesday September 23, 2025. The 30-Day FRN citation is 90 FRN 45753.

Part B: CONSULTATION

No additional consultation apart from soliciting public comments through the Federal Register Notice was conducted for this submission.

9. <u>Gifts or Payment</u>

No payments or gifts are being offered to respondents as an incentive to participate in the collection.

10. <u>Confidentiality</u>

A Privacy Act Statement is required and located at the top of the DD Form 2527.

The applicable System of Record Notice (SORN) is EDTMA 04, Medical/Dental Claim History Files, located at: https://pclt.defense.gov/DIRECTORATES/Privacy-and-Civil-Liberties-Directorate/Privacy/SORNsIndex/Article/4011222/edtma-04/.

A Privacy Impact Assessment (PIA) is not required for this collection because PII is not being collected electronically.

Records will be maintained in accordance with the following approved schedule:

FILE NUMBER: 911-01

FILE TITLE: TRICARE Contractor Claims Records

DISPOSITION: Temporary. Cut off at end of the calendar year in which received. Destroy 10

vears after cutoff.

AUTHORITY: DAA-0330-2014-0014-0001

PRIVACY ACT: EDTMA 04

11. Sensitive Questions

The DD Form 2527 collects the respondent's Social Security Number (SSN) to identify the beneficiary's medical and claims records in the Military Health System (MHS) databases and records systems. An SSN Justification Memorandum has been submitted with this package.

12. Respondent Burden and its Labor Costs

1) DD Form 2527

a) Number of Respondents: 188,090

b) Number of Responses Per Respondent: 1

c) Number of Total Annual Responses: 188,090

d) Response Time: 15 minutes

- e) Respondent Burden Hours: 47,023 hours
- 2) Total Submission Burden
 - a) Total Number of Respondents: 188,090
 - b) Total Number of Annual Responses: 188,090
 - c) Total Respondent Burden Hours: 47,023 hours

Part B: LABOR COST OF RESPONDENT BURDEN

- 1) DD Form 2527
 - a) Number of Total Annual Responses: 188,090
 - b) Response Time: 15 minutes
 - c) Respondent Hourly Wage: \$32.66
 - d) Labor Burden per Response: \$8.17
 - e) Total Labor Burden: \$1,535,755
- 2) Overall Labor Burden
 - a) Total Number of Annual Responses: 188,090
 - b) Total Labor Burden: \$1,535,755

The Respondent hourly wage was determined by using the Bureau of Labor Statistics Occupational Employment and Wage Statistics (https://www.bls.gov/oes/home.htm) estimated mean for all occupations as of May 2024.

13. Respondent Costs Other Than Burden Hour Costs

Respondents incur postage costs when submitting the DD Form 2527 to their regional TRICARE contractor. We estimate respondents will incur \$290,000 in postage costs when completing this collection.

14. Cost to the Federal Government

- 1) Collection Instrument(s)
 - **DD Form 2527**
 - a) Number of Total Annual Responses: 188,090
 - b) Processing Time per Response: 15 minutes
 - c) Hourly Wage of Worker(s) Processing Responses: \$21.91
 - d) Cost to Process Each Response: \$5.48
 - e) Total Cost to Process Responses: \$1,030,263
- 2) Overall Labor Burden to the Federal Government
 - a) Total Number of Annual Responses: 188,090
 - b) Total Labor Burden: \$1,030,263

Part B: OPERATIONAL AND MAINTENANCE COSTS

- 1) Cost Categories
 - a) Equipment: \$0
 - b) Printing: \$0
 - c) Postage: \$0
 - d) Software Purchases: \$0
 - e) Licensing Costs: \$0
 - f) Other: \$0
- 2) Total Operational and Maintenance Cost: \$0

Part C: TOTAL COST TO THE FEDERAL GOVERNMENT

- 1) Total Labor Cost to the Federal Government: \$1,030,263
- 2) Total Operational and Maintenance Costs: \$0
- 3) Total Cost to the Federal Government: \$1,030,263

15. Reasons for Change in Burden

There has been no change in burden since the last approval.

16. <u>Publication of Results</u>

The results of this information collection will not be published.

17. Non-Display of OMB Expiration Date

We are not seeking approval to omit the display of the expiration date of the OMB approval on the collection instrument.

18. <u>Exceptions to "Certification for Paperwork Reduction Submissions"</u>

We are not requesting any exemptions to the provisions stated in 5 CFR 1320.9.