Supporting Statement for Paperwork Reduction Act Submissions

OMB Control Number: 3206-0143, RI 30-1 – *Request to Disability Annuitant for Information on Physical Condition and Employment*

A. Justification

1. *Explain the circumstances of this collection, why this collection is necessary. and the legal statutes that allow it.*

In accordance with the statutory provisions under 5 U.S.C. 8337(c) and 8454 and the regulatory provisions under 5 C.F.R. 831.1208(a) and 844.401(a) a disability annuitant under age 60 shall be examined at the end of one year from the date of the disability retirement and reexamined unless OPM determines that the disability is permanent. If the annuitant fails to submit to examination, payment of the annuity must be suspended until continuing eligibility for disability annuity is established.

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

At the end of the first year of an approved disability retirement and annually thereafter, RI 30-1 is forwarded to annuitants unless a determination has been made that the disability is permanent. RI 30-1 is used by persons who are not yet age 60 and who are receiving a disability annuity. These individuals are subject to review if OPM determined their disability was not permanent in nature, or if OPM receives new evidence about reemployment and/or their medical condition.

3. *How are the respondents expected to complete the collection? Can this collection be completed electronically (e.g., through a website or application).*

This form is available on our website in a pdf fillable format at (https://www.opm.gov/forms/retirement-and-insurance-forms/. This form is electronically available to print, complete and mail to: OPM, Medical Call-Up Review Team, PO Box 45, Boyers, PA 16017.

4. *Does this collection duplicate any other collection of information? Describe why the agency doesn't already have this information within their systems.*

Responses are filed individually. Only one response is needed from each individual annually.

5. *Describe any impacts on small business. If applicable, describe any methods used to minimize those impacts.*

This information collection request has no significant impact on small businesses and organizations.

6. *What are consequences to the Federal program or policy goals if this collection is not done or the information is collected less frequently? Describe any technical or legal obstacles to reducing burden.*

The collection of this information is performed as needed to pay eligible persons. Less frequent collection would cause OPM to pay to persons who may no longer be eligible.

7. *Do any of the following special circumstances apply?*
• 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 a 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 secrets, 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 involved in the collection of this information.

8. *Cite the Federal Register publication for a request for public comments and address any comments received.*

On February 24, 2026, a 60 Day Federal Register Notice was published at 91 FR 8922 requesting comments. No comments were received.

9. *Are payments or gifts given to the respondent?*

No payment or gift is provided to respondents.

10. *Describe any assurances of privacy/confidentiality. Cite specific privacy laws, relevant OPM regulations, and SORNs.*

This information collection is protected by the Privacy Act of 1974 and OPM regulations (5 CFR 831.106). The routine uses of disclosure appear in the Federal Register for OPM/Central-1 (87 FR 5874, published February 2, 2022; revised 88 FR 56058 August 17, 2023).

11. Are any questions of a sensitive nature asked, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private? If yes, provide justification. 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 information collection does not include questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

12. Describe the hour time burden and the hour cost burden on the respondent needed to complete this collection. Please specify hourly salary for your respondent audience by referencing Bureau of Labor Statistics Occupational Employment and Wage Estimates or other alternative wage site, when applicable.

Approximately 8,000 forms will be processed annually. The form requires approximately 60 minutes for completion. A burden of 8,000 hours is estimated. The Total Respondent Cost is $261,280.

Form Name	Form Number	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Annual Burden (in hours)	Average Hourly Wage Rate	Total Respondent Cost
Disabled Annuitants	RI 30-1	8,000	1	1 hour	8,000	$32.66	$261,280

13. Describe the non-hourly monetary burden to respondents needed to complete this collection. This is defined as out-of-pocket costs such as application fees for the collection, document fees (birth/death certificates, school transcripts), mailing costs (printing, postage, and/or mileage), or anything else respondents may need to pay to complete and/or implement the collection.

After the deductible is met, Medicare typically covers 80% of approved services, leaving a 20% coinsurance responsibility for the beneficiary. For Medicare Advantage plans, copays vary by plan, but standard office visit copays typically range from $0–$50 per visit.

FEHB Program (2026): Copayment amounts vary by plan type and enrollment tier. Typical 2026 FEHB copay ranges include: Primary Care Office Visit: $15–$30 per visit (for most fee-for-service and HMO plans).

Assuming the annuitant is driving to their appointment, USPS estimates that the average driving distance between post offices is around 9 miles. The cost for first class postage in 2026 is $.73 totaling a cost of $5,840. Mileage cost in 2026 at a rate of $.0725 totaling $52,200.

Therefore, the estimated total non-hourly cost is $58,040.

14. *Describe the cost incurred by the Federal Government to complete this collection table.*

The annualized cost to the Federal government is $93,900. This cost was determined by employee salary hours devoted to the program, forms cost, and overhead.

15. *Explain any changes/adjustments to this collection since the previous submission, if applicable. Describe whether these changes impact the hour or cost burden. If yes, describe if the impact is the result of deliberate Federal government action ("program change") or something else ("adjustment").*

The Privacy Act Statement has been updated in the form since it was last submitted for renewal. However, there is no change in the hour or cost burden that is not based on updates on economic data. Therefore, any changes noted would be categorized as "adjustments."

16. *Specify if the data gathered by this collection will be published. This could include Congressional reporting, using respondent numbers in budget justification, or other broad reporting.*

The details of this ICR are not published. However, there may occasionally be aggregate data reported, as needed, including in Congressional reporting, budget justifications, or other broad reporting.

17. *If applicable, explain the reason(s) for seeking approval to not display the OMB expiration date.*

We seek approval to not display the OMB clearance expiration date on the forms and to communicate version changes to the public via the revision date. The results of this collection are not published.

18. *Explain each exception to the topics of the certification statement identified in "Certification for Paperwork Reduction Act Submissions."*

There are no exceptions to the certification statement.