**DATES:** Written comments and recommendations on the proposed collection of information should be received on or before November 14, 2011.

ADDRESSES: Submit written comments on the collection of information through Federal Docket Management System (FDMS) at http://www.Regulations.gov; or to Nancy J. Kessinger, Veterans Benefits Administration (20M33), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420 or e-mail

nancy.kessinger@va.gov. Please refer to "OMB Control No. 2900–0016" in any correspondence. During the comment period, comments may be viewed online through FDMS.

#### FOR FURTHER INFORMATION CONTACT:

Nancy J. Kessinger at (202) 461–9769 or FAX (202) 275–5947.

**SUPPLEMENTARY INFORMATION:** Under the PRA of 1995 (Public Law 104–13; 44 U.S.C. 3501–3521), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. This request for comment is being made pursuant to Section 3506(c)(2)(A) of the PRA.

With respect to the following collection of information. VBA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of VBA's functions, including whether the information will have practical utility; (2) the accuracy of VBA's estimate of the burden of the proposed collection of information; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or the use of other forms of information technology.

Title: Claim for Disability Insurance Benefits, Government Life Insurance, VA Form 29–357.

OMB Control Number: 2900–0016. Type of Review: Extension of a currently approved collection.

Abstract: Policyholder's complete VA Form 29–357 to file a claim for disability insurance on National Service Life Insurance and United States Government Life Insurance policies. The information collected is used to determine the policyholder's eligibility for disability insurance benefits.

Affected Public: Individuals or households.

Estimated Annual Burden: 14,175 hours.

Estimated Average Burden per Respondent: 1 hour and 45 minutes. Frequency of Response: On occasion. Estimated Number of Respondents: 8.100.

Dated: September 8, 2011. By direction of the Secretary.

#### Denise McLamb,

Program Analyst, Enterprise Records Service. [FR Doc. 2011–23347 Filed 9–12–11; 8:45 am]

BILLING CODE 8320-01-P

# DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0618]

Agency Information Collection (Application by Insured Terminally III Person for Accelerated Benefit (38 CFR 9.14(e)) Activity Under OMB Review

**AGENCY:** Veterans Benefits Administration, Department of Veterans Affairs.

**ACTION:** Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501–3521), this notice announces that the Veterans Benefits Administration (VBA), Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden; it includes the actual data collection instrument.

**DATES:** Comments must be submitted on or before October 13, 2011.

ADDRESSES: Submit written comments on the collection of information through http://www.Regulations.gov; or to VA's OMB Desk Officer, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 (202) 395–7316. Please refer to "OMB Control No. 2900–0618" in any correspondence.

## FOR FURTHER INFORMATION CONTACT:

Denise McLamb, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420, (202) 461– 7485, fax (202) 461–0966 or e-mail denise.mclamb@va.gov. Please refer to "OMB Control No. 2900–0618."

## SUPPLEMENTARY INFORMATION:

Title: Application by Insured Terminally Ill Person for Accelerated Benefit (38 CFR 9.14(e).

OMB Control Number: 2900–0618. Type of Review: Extension of a currently approved collection.

Abstract: An insured person who is terminally ill may request a portion of

the face value of his or her Servicemembers' Group Life Insurance (SGLI) or Veterans' Group Life Insurance (VGLI) prior to death. If the insured would like to receive a portion of the SGLI or VGLI he or she must submit a Servicemembers' and Veterans' Group Life Insurance Accelerated Benefits Option application. The application must include a medical prognosis by a physician stating the life expectancy of the insured person and a statement by the insured on the amount of accelerated benefit he or she choose to receive. The application is obtainable by writing to the Office of Servicemembers' Group Life Insurance ABO Claim Processing, 290 West Mt. Pleasant Avenue, Livingston, NJ 07039, or calling 1800-419-1473 or downloading the application via the internet at http://www.insurance.va.gov.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published on July 1, 2011, at page 38744.

Affected Public: Individuals or households.

Estimated Annual Burden: 40 hours. Estimated Average Burden per Respondent: 12 minutes.

Frequency of Response: On Occasion.
Estimated Number of Respondents:
200.

Dated: September 8, 2011. By direction of the Secretary.

### Denise McLamb,

 $Program\ Analyst, Enterprise\ Records\ Service.$  [FR Doc. 2011–23348 Filed 9–12–11; 8:45 am]

BILLING CODE 8320-01-P

# DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0635]

Agency Information Collection (Suspension of Monthly Check) Activity Under OMB Review

**AGENCY:** Veterans Benefits Administration, Department of Veterans Affairs.

**ACTION:** Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501–3521), this notice announces that the Veterans Benefits Administration (VBA), Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and

Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden; it includes the actual data collection instrument.

**DATES:** Comments must be submitted on or before October 13, 2011.

ADDRESSES: Submit written comments on the collection of information through http://www.Regulations.gov; or to VA's OMB Desk Officer, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 (202) 395–7316. Please refer to "OMB Control No. 2900–0635" in any correspondence.

### FOR FURTHER INFORMATION CONTACT:

Denise McLamb, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 461– 7485, fax (202) 461–0966 or e-mail denise.mclamb@va.gov. Please refer to "OMB Control No. 2900–0635."

### SUPPLEMENTARY INFORMATION:

*Title:* Suspension of Monthly Check, VA Form 29–0759.

OMB Control Number: 2900–0635. Type of Review: Extension of a currently approved collection.

Abstract: When a beneficiary's monthly insurance check is not cash within one year from the issued date, the Department of Treasury returns the funds to VA. VA Form 29–0759 is used to advise the beneficiary that his or her monthly insurance checks have been suspended and to request the beneficiary to provide a current address or if desired a banking institution for direct deposit for monthly checks.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published on July 1, 2011, at page 38745.

Affected Public: Individuals or households.

Estimated Annual Burden: 200 hours. Estimated Average Burden per Respondent: 10 minutes.

Frequency of Response: On occasion. Estimated Number of Respondents: 1,200.

Dated: September 8, 2011. By direction of the Secretary.

#### Denise McLamb,

 $\label{eq:program analyst} Program\ Analyst, Enterprise\ Records\ Service. \\ [FR\ Doc.\ 2011-23350\ Filed\ 9-12-11;\ 8:45\ am]$ 

BILLING CODE 8320-01-P

# DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0716]

Agency Information Collection (Complaint of Employment Discrimination) Activity Under OMB Review

**AGENCY:** Office of Human Resources and Administration, Department of Veterans Affairs.

**ACTION:** Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501–21), this notice announces that the Office of Human Resources and Administration (OHR&A), Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden; it includes the actual data collection instrument.

**DATES:** Comments must be submitted on or before October 13, 2011.

ADDRESSES: Submit written comments on the collection of information through http://www.Regulations.gov; or to VA's OMB Desk Officer, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503, (202) 395–7316. Please refer to "OMB Control No. 2900–0716" in any correspondence.

### FOR FURTHER INFORMATION CONTACT:

Denise McLamb, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 461– 7485, fax (202) 461–0966 or e-mail denise.mclamb@va.gov. Please refer to "OMB Control No. 2900–0716."

### SUPPLEMENTARY INFORMATION:

Title: Complaint of Employment Discrimination, VA Form 4939. OMB Control Number: 2900–0716. Type of Review: Existing of a currently approved collection.

Abstract: VA employees, former employees and applicants for employment who believe they were denied employment based on race, color, religion, gender, national origin, age, physical or mental disability and/or reprisal for prior Equal Employment Opportunity activity complete VA Form 4939 to file complaint of discrimination.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published on July 1, 2011, at page 38743.

Affected Public: Individuals or households.

Estimated Annual Burden: 200 hours. Estimated Average Burden per Respondent: 30 minutes.

Frequency of Response: One time.
Estimated Number of Respondents:
19.

Dated: September 8, 2011. By direction of the Secretary.

## Denise McLamb,

Enterprise Records Service.

[FR Doc. 2011–23351 Filed 9–12–11; 8:45 am]

BILLING CODE 8320-01-P