

forwarded to the Department of Justice as the basis for litigation.

Section 1 of the Form is used to collect general information, such as name, address and telephone numbers about the military sponsor and the injured beneficiary.

Section 2 of the Form allows the injured beneficiary to explain in his or her own words how the injury occurred. This allows the beneficiary to explain that he or she was not injured in an accident or that no third party was responsible. If either of these conditions exist, the beneficiary does not have to complete the rest of the form.

Section 3 of the Form is used to collect information about accidents that do not involve motor vehicles. Information such as location, time, date, property owner's name and address and the names and addresses of persons involved or witnesses is collected in this section of the form. Other information relating to police investigations, other injured family members, whether the accident was work related and insurance coverage is also collected.

Section 4 of the Form is used to collect information about motor vehicle accidents. Most of the investigations for possible third party liability involve motor vehicle accidents. A beneficiary must attach a copy of the official police report to the form. Additional information not usually included in police reports is entered in Section 4, including information about insurance coverage of the parties, and whether the accident was work related is collected.

Section 5 of the Form is used for miscellaneous information such as possible medical treatment in a Government hospital, the name and address of the beneficiary's attorney, and information regarding any possible releases or settlements with another party to the accident.

Section 6 of the Form contains the certification, date and signature of the beneficiary (or a designee).

Dated: November 6, 1998.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

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DEPARTMENT OF DEFENSE

Office of the Secretary

Proposed Collection; Comment Request

AGENCY: Office of the Under Secretary of Defense (Health Affairs/ TRI CARE Management Office), DoD.

ACTION: Notice.

In compliance with Section 3506(c)(2)(a) of the Paperwork Reduction Act of 1995, the Office of the Under Secretary of Defense (Health Affairs) announces the following proposed new collection for the DD Forms, "Loan Verification Form," a public information collection and seeks public comment for the provisions thereof. Comments are invited on: (a) whether the proposed collection of information is necessary for the proper performance of the functions to the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of burden of the proposed information collection; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the information collection on respondents, including through the use of automated collection techniques or other forms of information technology.

DATES: Consideration will be given to all comments received by December 30, 1998.

ADDRESSES: Written comments and recommendations on the proposed information collection should be sent to the Office of the Under Secretary of Defense (Health Affairs), ATTN: Lieutenant Commander Steven Griffiths, Tri Care Management Activity, 555 Leesburg Pike, Falls Church, Virginia 220441.

FOR FURTHER INFORMATION CONTACT: To request more information on this proposed information collection or to obtain a copy of the proposal and associated collection instruments, please write to the above address or call at (703) 681-1740.

Title, Associated Form, and OMB Number: "Loan Information and Verification Form," DD Form, OMB Control Number:

Needs and Uses: Title 10, USC, requires applicants to submit this form, to their Service representative, prior to participation in the Health Loan Repayment Program (HPLR). Lenders will verify the data submitted and respond back to the Service Representative. All loans must meet federal standards and be approved by the

Department Finance and Accounting office prior to disbursement of funds.

Affected Public: City, County, State and Federal lending Agencies, Banks, and other financial lending agencies. Normally, this form would be completed by the applicant and submitted to the Service for financial disbursement of funds under the Health Loan Repayment Program.

Annual Burden Hours: 175.

Number of Respondents: 700.

Responses per Respondent: 1.

Average Burden per Response: 15 min.

Frequency: On application for the Health Professional Loan Repayment Program.

SUPPLEMENTARY INFORMATION:

Summary of Information Collection

This information collected provides the Armed Services with the exact loan debits and the loan agency. The DD Form is the method of collecting and verifying outstanding loans for applicant's within the Health Loan Repayment Program. This DoD Form will be considered the official request for obtaining loans data on HPLR applicants.

Dated: November 6, 1998.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

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DEPARTMENT OF DEFENSE

Office of the Secretary

Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)

AGENCY: Office of the Secretary, DoD.

ACTION: Notice of extension of cancer treatment clinical trials demonstration project.

SUMMARY: This notice is to advise interested parties of a one-year extension of a demonstration project in which the DoD provides CHAMPUS reimbursement for eligible beneficiaries who receive cancer treatment under approved National Institutes of Health, National Cancer Institute (NCI) clinical trials. Participation in these clinical trials will improve access to promising cancer therapies for CHAMPUS eligible beneficiaries when their conditions meet protocol eligibility criteria. DoD financing of these procedures will assist in meeting clinical trial goals and arrival at conclusions regarding the safety and efficacy of emerging therapies in the treatment of cancer. At this time, there