

matching program will be in effect for a period of 18 months.

**ADDRESSES:** Interested parties may comment on this notice by either telefaxing to (410) 966-0869, writing to Mary Ann Zimmerman, Acting Executive Director, Office of Privacy and Disclosure, Office of the General Counsel, Social Security Administration, 617 Altmeyer Building, 6401 Security Boulevard, Baltimore, MD 21235-6401, or emailing [MaryAnn.Zimmerman@ssa.gov](mailto:MaryAnn.Zimmerman@ssa.gov). All comments received will be available for public inspection by contacting Ms. Zimmerman at this street address.

**FOR FURTHER INFORMATION CONTACT:** Interested parties may submit general questions about the matching program to Mary Ann Zimmerman, Acting Executive Director, Office of Privacy and Disclosure, Office of the General Counsel, by any of the means shown above.

**Mary Ann Zimmerman,**

*Acting Executive Director, Office of Privacy and Disclosure, Office of the General Counsel.*

**Participating Agencies:**

SSA and VA/VBA.

**AUTHORITY FOR CONDUCTING THE MATCHING PROGRAM:**

Legal authorities for SSA to conduct this computer matching are sections 1860D-14(a)(3), 1144(a)(1) and (b)(1) of the Social Security Act (Act) (42 U.S.C. 1395w-114(a)(3), 1320b-14(a)(1) and (b)(1)).

**PURPOSE(S):**

The purpose of this matching program is to set forth the conditions under which VA/VBA will provide SSA with compensation and pension payment data. This disclosure will provide SSA with information necessary to verify an individual's self-certification of eligibility for the Medicare Prescription Drug (Medicare Part D) subsidy (Extra Help). It will also enable SSA to identify individuals who may qualify for Extra Help as part of the agency's Medicare outreach efforts.

SSA will use VA/VBA's data to determine an individual's eligibility for Extra Help and to identify such individuals to the state agencies that administer the Medicare Savings Program (MSP), unless those individuals do not consent to share their information with the state agencies.

Under section 1860D-14 of the Act, SSA is required to determine the eligibility of applicants who self-certify their income, resources, and family size for Extra Help. SSA is responsible for verifying, on a pre-enrollment basis, an applicant's income and resource allegations. SSA periodically

redetermines the eligibility and subsidy amounts for these individuals, thereafter. Also, section 1144 of the Act requires SSA to conduct outreach efforts for MSP and subsidized Medicare prescription drug coverage.

**CATEGORIES OF INDIVIDUALS:**

The individuals whose information is involved in this matching program are: Medicare beneficiaries who are potentially eligible for Extra Help with their Medicare prescription drug plan costs.

**CATEGORIES OF RECORDS:**

VA/VBA will furnish SSA with an electronic file containing compensation and pension payment data monthly. The actual matching will take place approximately the first week of every month.

SSA will conduct the match using the Social Security number, name, date of birth, and VA/VBA claim number on both the file and the Medicare Database (MDB). SSA will match VA/VBA's data with data in SSA's MDB system of records, 60-0321 to verify an individual's self-certification of eligibility for Extra Help.

**SYSTEM(S) OF RECORDS:**

VA/VBA will provide SSA with electronic files containing compensation and pension payment data from its SOR entitled "Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records—VA" (58VA21/22/28), republished with updated name at 74 FR 14865 (April 1, 2009) and last amended at 77 FR 42593 (July 19, 2012).

SSA will match the VA/VBA data with SSA SOR 60-0321, SSA's MDB file, last published at 71 FR 42159 (July 25, 2006) and amended at 72 FR 6973 (December 10, 2007).

The systems of records involved in this matching program have routine uses permitting the disclosures needed to conduct this match.

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**SOCIAL SECURITY ADMINISTRATION**

[Docket No: SSA-2018-0002]

**Agency Information Collection Activities: Proposed Request and Comment Request**

The Social Security Administration (SSA) publishes a list of information collection packages requiring clearance by the Office of Management and Budget (OMB) in compliance with Public Law 104-13, the Paperwork Reduction Act of 1995, effective October 1, 1995. This notice includes an

extension of an OMB-approved information collection, a new information collection, and revisions of OMB-approved information collections.

SSA is soliciting comments on the accuracy of the agency's burden estimate; the need for the information; its practical utility; ways to enhance its quality, utility, and clarity; and ways to minimize burden on respondents, including the use of automated collection techniques or other forms of information technology. Mail, email, or fax your comments and recommendations on the information collection(s) to the OMB Desk Officer and SSA Reports Clearance Officer at the following addresses or fax numbers.

(OMB), Office of Management and Budget, Attn: Desk Officer for SSA, Fax: 202-395-6974, Email address: [OIRA\\_Submission@omb.eop.gov](mailto:OIRA_Submission@omb.eop.gov)  
(SSA), Social Security Administration, OLCA, Attn: Reports Clearance Director, 3100 West High Rise, 6401 Security Blvd., Baltimore, MD 21235, Fax: 410-966-2830, Email address: [OR.Reports.Clearance@ssa.gov](mailto:OR.Reports.Clearance@ssa.gov)

Or you may submit your comments online through [www.regulations.gov](http://www.regulations.gov), referencing Docket ID Number [SSA-2018-0002].

I. The information collections below are pending at SSA. SSA will submit them to OMB within 60 days from the date of this notice. To be sure we consider your comments, we must receive them no later than April 2, 2018. Individuals can obtain copies of the collection instruments by writing to the above email address.

1. *Request for Reconsideration—Disability Cessation—20 CFR 404.909, 416.1409—0960-0349.* When SSA determines that claimants' disabilities medically improved; ceased; or are no longer sufficiently disabling, these claimants may ask SSA to reconsider that determination. SSA uses Form SSA-789-U4 to arrange for a hearing or to prepare a decision based on the evidence of record. Specifically, claimants or their representatives use Form SSA-789-U4 to: (1) Ask SSA to reconsider a determination; (2) indicate if they wish to appear at a disability hearing; (3) submit any additional information or evidence for use in the reconsidered determination; and (4) indicate if they will need an interpreter for the hearing. The respondents are disability claimants for Social Security benefits or Supplemental Security Income (SSI) payments, or their representatives who wish to appeal an

unfavorable disability cessation determination.

*Type of Request:* Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
SSA-789-U4 .....	30,000	1	13	6,500

2. *Waiver of Right to Appear—Disability Hearing—20 CFR 404.913–404.914, 404.916(b)(5), 416.1413–416.1414, 416.1416(b)(5)—0960–0534.* Claimants for Social Security disability payments or their representatives can use Form SSA-773-U4 to waive their

right to appear at a disability hearing. The disability hearing officer uses the signed form as a basis for not holding a hearing, and for preparing a written decision on the claimant's request for disability payments based solely on the evidence of record. The respondents are

disability claimants for Social Security benefits or SSI payments, or their representatives, who wish to waive their right to appear at a disability hearing.

*Type of Request:* Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
SSA-773-U4 .....	200	1	3	10

3. *Social Security Number Verification Services—20 CFR 401.45—0960–0660.* Internal Revenue Service regulations require employers to provide wage and tax data to SSA using Form W-2, or its electronic equivalent. As part of this process, the employer must furnish the employee's name and Social Security number (SSN). In

addition, the employee's name and SSN must match SSA's records for SSA to post earnings to the employee's earnings record, which SSA maintains. SSA offers the Social Security Number Verification Service (SSNVS), which allows employers to verify the reported names and SSNs of their employees match those in SSA's records. SSNVS is

a cost-free method for employers to verify employee information via the internet. The respondents are employers who need to verify SSN data using SSA's records.

*Type of Request:* Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Number of responses	Average burden per response (minutes)	Estimated total annual burden (hours)
SSNVS .....	41,387	60	2,483,220	5	206,935

II. SSA submitted the information collections below to OMB for clearance. Your comments regarding these information collections would be most useful if OMB and SSA receive them 30 days from the date of this publication. To be sure we consider your comments, we must receive them no later than March 5, 2018. Individuals can obtain copies of the OMB clearance packages

by writing to *OR.Reports.Clearance@ssa.gov*.

1. *Statement of Interpreter—0960–NEW.* SSA and the Disability Determination Services (DDS) will use Form SSA-4321, Statement of Interpreter, when a person requiring an interpreter prefers to provide their own interpreter during an interview or conversation between the person requiring an interpreter and SSA or DDS. SSA will require the interpreter

sign Form SSA-4321, and confirm, among other things, that they will not knowingly give false information; they will act as an interpreter and witness; and they will accurately interpret the interview to the best of their ability. Section 205(a) of the Social Security Act (Act), as amended (42 U.S.C. 405(a)) authorizes SSA collect this information.

*Type of Request:* A New Information Collection Request.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
SSA-4321 .....	5,170,399	1	5	430,867

2. *Application for Mother's or Father's Insurance Benefits—20 CFR 404.339–404.342, 20 CFR 404.601–404.603—0960–0003.* Section 202(g) of the Act provides for the payment of monthly

benefits to the widow or widower of an insured individual if the surviving spouse is caring for the deceased worker's child (who is entitled to Social Security benefits). SSA uses the

information on Form SSA-5-BK to determine an individual's eligibility for mother's or father's insurance benefits. The respondents are individuals caring for a child of the deceased worker who

is applying for mother's or father's insurance benefits under the Old Age,

Survivors, and Disability Insurance program.

*Type of Request:* Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
SSA-5-F6 (paper) .....	6,542	1	15	1,636
Modernized Claims System .....	42,175	1	15	10,544
Totals .....	48,717	.....	.....	12,180

3. *Statement of Living Arrangements, In-Kind Support, and Maintenance—20 CFR 416.1130-416.1148—0960-0174.* SSA determines SSI payment amounts based on applicants' and recipients' needs. We measure individuals' needs, in part, by the amount of income they receive, including in-kind support and

maintenance in the form of food and shelter provided by other people. SSA uses Form SSA-8006-F4 to determine if in-kind support and maintenance exists for SSI applicants and recipients. This information also assists SSA in determining the income value of in-kind support and maintenance SSI applicants

and recipients receive. The respondents are individuals who apply for SSI payments, or who complete an SSI eligibility redetermination.

*Type of Request:* Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
SSA-8006-F4 .....	173,380	1	7	20,228

4. *Statement of Funds You Provided to Another and Statement of Funds You Received—20 CFR 416.1103(f)—0960-0481.* SSA uses Forms SSA-2854 (Statement of Funds You Provided to Another) and SSA-2855 (Statement of Funds You Received) to gather information to verify if a loan is bona fide for SSI recipients. The SSA-2854 asks the lender for details on the transaction, and Form SSA-2855 asks the borrower the same basic questions independently. Agency personnel then compare the two statements; gather evidence if needed; and make a decision

on the validity of the bona fide status of the loan.

For SSI purposes, we consider a loan bona fide if it meets these requirements:

- Must be between a borrower and lender with the understanding that the borrower has an obligation to repay the money;
- Must be in effect at the time the cash goes to the borrower, that is, the agreement cannot come after the cash is paid; and
- Must be enforceable under State law, often there are additional requirements from the State.

SSA collects this information at the time of initial application for SSI, or at any point when an individual alleges being party to an informal loan while receiving SSI. SSA collects information on the informal loan through both interviews and mailed forms. The agency's field personnel conduct the interviews and mail the form(s) for completion, as needed. The respondents are SSI recipients and applicants, and individuals who lend money to them.

*Type of Request:* Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
SSA-2854 .....	20,000	1	10	3,333
SSA-2855 .....	20,000	1	10	3,333
Totals .....	40,000	.....	.....	6,666

5. *Filing Claims Under the Federal Tort Claims Act—20 CFR 429.101-429.110—0960-0667.* The Federal Tort Claims Act is the legal mechanism for compensating persons injured by negligent or wrongful acts that occur during the performance of official duties by Federal employees. In accordance with the law, SSA accepts monetary

claims filed under the Federal Tort Claims Act for damages against the United States, loss of property, personal injury, or death resulting from an SSA employee's wrongful act or omission. The regulation sections cleared under this information collection request require claimants to provide information SSA can use to investigate

and determine whether to make an award, compromise, or settlement under the Federal Tort Claims Act. The respondents are individuals or entities making a claim under the Federal Tort Claims Act.

*Type of Request:* Extension of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
429.102; 429.103 <sup>1</sup> .....	1	.....	.....	1
429.104(a) .....	11	1	5	1
429.104(b) .....	43	1	5	4
429.104(c) .....	1	1	5	0
429.106(b) .....	8	1	10	1
Totals .....	64	.....	.....	7

<sup>1</sup> The 1 hour represents a placeholder burden. We are not reporting a burden for this collection because respondents complete OMB-approved Form SF-95.

6. *Application for Extra Help with Medicare Prescription Drug Plan Costs—20 CFR 418.3101—0960-0696.* The Medicare Modernization Act of 2003 mandated the creation of the Medicare Part D prescription drug coverage program and the provision of

subsidies for eligible Medicare beneficiaries. SSA uses Form SSA-1020 or the internet i1020, the Application for Extra Help with Medicare Prescription Drug Plan Costs, to obtain income and resource information from Medicare beneficiaries, and to make a

subsidy decision. The respondents are Medicare beneficiaries applying for the Part D low-income subsidy.

*Type of Request:* Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
SSA-1020 .....	531,715	1	30	265,858
(paper application form) .....		1	25	144,434
i1020 .....		1	30	54,097
(online application) .....	346,642	1	30	54,097
Field office interview .....	108,194	1	30	54,097
Totals .....	986,551	.....	.....	464,389

Dated: January 26, 2018.

**Naomi R. Sipple,**

*Reports Clearance Officer, Social Security Administration.*

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## **SURFACE TRANSPORTATION BOARD**

[Docket No. EP 290 (Sub-No. 4)]

### **Railroad Cost Recovery Procedures—Productivity Adjustment**

**AGENCY:** Surface Transportation Board.

**ACTION:** Adoption of Railroad Cost Recovery Procedures Productivity Adjustment.

**SUMMARY:** In a decision served on January 29, 2018, the Surface Transportation Board adopted as final its calculation of the productivity adjustment, with the linking factor for the year 2015, proposed in its September 29, 2017 decision in the same docket. *See R.R. Cost Recovery Procedures—Productivity Adjustment*, EP 290 (Sub-No. 4), slip op. at 4 (STB served Sept. 29, 2017). The productivity change for 2015, based on changes in input and output levels from 2014, is 0.939, which is a decrease of 7.8% from

the rate of productivity growth in 2014 relative to 2013 (1.018). Incorporating the 2015 value with the values from 2011–2014 period produces a geometric average productivity growth of 0.994 for the five-year period 2011–2015, or -0.6% per year.

**DATES:** *Applicability Date:* January 29, 2018.

**FOR FURTHER INFORMATION CONTACT:** Pedro Ramirez, (202) 245-0333. Federal Information Relay Service (FIRS) for the hearing impaired, (800) 877-8339.

**SUPPLEMENTARY INFORMATION:** Additional information is contained in the Board's decision, which is available on the Board's website, <http://www.stb.gov>. Copies of the decision may be purchased by contacting the Office of Public Assistance, Governmental Affairs, and Compliance at (202) 245-0238.

Decided: January 25, 2018.

By the Board, Board Members Begeman and Miller.

**Jeffrey Herzig,**  
*Clearance Clerk.*

[FR Doc. 2018-01966 Filed 1-31-18; 8:45 am]

**BILLING CODE 4915-01-P**

## **DEPARTMENT OF TRANSPORTATION**

### **Federal Aviation Administration**

#### **Public Notice for a Change in Use of Aeronautical Property at Los Angeles International Airport, Los Angeles, California**

**AGENCY:** Federal Aviation Administration (FAA), DOT.

**ACTION:** Request for public comment.

**SUMMARY:** The Federal Aviation Administration (FAA) is requesting public comment on Los Angeles World Airports' (LAWA) request to change approximately 5 acres of airport property from aeronautical use to non-aeronautical use.

The property is located at the northeast intersection of Westchester Parkway and Falmouth Avenue. The property is currently vacant land with no structures onsite. LAWA requests to develop the land with the Argo Drain Sub-Basin Facility. The Sub-Basin Facility is primarily an underground storm water treatment facility designed to potentially allow open space uses on the surface. The Sub-Basin Facility also includes two above-ground elements: A pump facility and blower building.