

proposed rule change between the Commission and any person, other than those that may be withheld from the public in accordance with the provisions of 5 U.S.C. 552, will be available for website viewing and printing in the Commission’s Public Reference Room, 100 F Street NE, Washington, DC 20549 on official business days between the hours of 10:00 a.m. and 3:00 p.m. Copies of the filing also will be available for inspection and copying at the principal office of the Exchange. All comments received will be posted without change. Persons submitting comments are cautioned that we do not redact or edit personal identifying information from comment submissions. You should submit only information that you wish to make available publicly. All submissions should refer to File Number SR-PEARL-2018-21, and should be submitted on or before November 5, 2018.

For the Commission, by the Division of Trading and Markets, pursuant to delegated authority.¹⁵

Eduardo A. Aleman,
Assistant Secretary.

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SOCIAL SECURITY ADMINISTRATION

[Docket No: SSA-2018-0055]

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 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*.

(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*.

Or you may submit your comments online through *www.regulations.gov*, referencing Docket ID Number [SSA-2018-0055].

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 December 14, 2018. Individuals can obtain copies of the collection instruments by writing to the above email address.

1. Pain Report Child—20 CFR 404.1512 and 416.912—0960-0540. Before SSA can make a disability determination for a child, we require evidence from Supplemental Security Income (SSI) applicants or claimants to prove their disability. Form SSA-3371-BK provides disability interviewers, and SSI applicants or claimants in self-help situations, with a convenient way to record information about claimants’ pain or other symptoms. The State disability determination services adjudicators and administrative law judges then use the information from Form SSA-3371-BK to assess the effects of symptoms on function for purposes of determining disability under the Social Security Act (Act). The respondents are applicants for, or claimants of, SSI payments.

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-3371 | 250,000 | 1 | 15 | 62,500 |

2. Internet Request for Replacement of Forms SSA-1099/SSA-1042S—20 CFR 401.45—0960-0583. Title II beneficiaries use Forms SSA-1099 and SSA-1042S, Social Security Benefit Statement, to determine if their Social Security benefits are taxable, and the amount they need to report to the Internal Revenue Service. In cases where the original forms are unavailable

(e.g., lost, stolen, mutilated), an individual may use SSA’s automated telephone application to request a replacement SSA-1099 and SSA-1042S. SSA uses the information from the automated telephone requests to verify the identity of the requestor and to provide replacement copies of the forms. SSA accepts information in other ways, however; The automated

telephone options reduce requests to the National 800 Number Network (N8NN) and visits to local Social Security field offices (FO). The respondents are Title II beneficiaries who wish to request a replacement SSA-1099 or SSA-1042S via telephone.

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) |
|---------------------------------------|-----------------------|-----------------------|---------------------------------------|---------------------------------------|
| Automated Telephone Requestors | 238,286 | 1 | 2 | 7,943 |
| N8NN | 458,442 | 1 | 3 | 22,922 |
| Calls to local FOs | 870,811 | 1 | 3 | 43,541 |
| Other (program service centers) | 69,207 | 1 | 3 | 3,460 |

¹⁵ 17 CFR 200.30-3(a)(12).

| Modality of completion | Number of respondents | Frequency of response | Average burden per response (minutes) | Estimated total annual burden (hours) |
|------------------------|-----------------------|-----------------------|---------------------------------------|---------------------------------------|
| Totals | 1,636,746 | ..... | ..... | 77,866 |

3. *Protecting the Public and Our Personnel to Ensure Operational Effectiveness (RIN 0960-AH35), Regulation 3729I—20 CFR 422.905, 422.906—0960-0796.* SSA published regulations for the process we follow when we restrict individuals from receiving in-person services in our field offices and provide them, instead, with alternative services. We published these rules to create a safer environment for our personnel and members of the public who use our facilities, while ensuring we continue to serve the American people with as little disruption to our operations as possible. Under our regulations at 20 CFR 422.905, an individual for whom we restrict access to our facilities has the opportunity to appeal our decision within 60 days of the date of the

restrictive access and alternative service notice. To appeal, restricted individuals must submit a written request stating why they believe SSA should rescind the restriction and allow them to conduct business with us on a face-to-face basis in one of our offices. There is no printed form for this request; rather, restricted individuals create their own written statement of appeal, and submit it to a sole decision-maker in the regional office of the region where the restriction originated. The individuals may also provide additional documentation to support their appeal. Under 20 CFR 422.906, if the individual does not appeal the decision within the 60 days; if we restricted the individual prior to the effective date of this regulation; or if the appeal results in a denial, the individual has another

opportunity to request review of the restriction after a three-year period. To submit this request for review, restricted individuals may re-submit a written appeal of the decision. The same criteria apply as for the original appeal: (1) It must be in writing; (2) it must go to a sole decision-maker in the regional office of the region where the restriction originated for review; and (3) it may accompany supporting documentation. We make this periodic review available to all restricted individuals once every three years. Respondents for this collection are individuals appealing their restrictions from in-person services at SSA field offices.

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

| Regulation section | Number of respondents | Frequency of response | Average burden per response (minutes) | Estimated total annual burden (hours) |
|----------------------|-----------------------|-----------------------|---------------------------------------|---------------------------------------|
| 20 CFR 422.905 | 75 | 1 | 15 | 19 |
| 20 CFR 422.906 | 75 | 1 | 20 | 25 |
| Totals | 150 | ..... | ..... | 44 |

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 November 14, 2018. Individuals can obtain copies of the OMB clearance

packages by writing to *OR.Reports.Clearance@ssa.gov*.
 1. *Application for Supplemental Security Income—20 CFR 416.207 and 416.305—416.335, Subpart C—0960-0229.* The SSI program provides aged, blind, and disabled individuals who have little or no income, with funds for food, clothing, and shelter. Individuals complete Form SSA-8000-BK to apply for SSI. SSA uses the information from

Form SSA-8000-BK, and its electronic Intranet counterpart, the SSI Claim System, to: (1) Determine whether SSI claimants meet all statutory and regulatory eligibility requirements; and (2) calculate SSI payment amounts. The respondents are applicants for SSI or their representative payees.

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) |
|-----------------------------|-----------------------|-----------------------|---------------------------------------|---------------------------------------|
| SSI Claim System | 1,212,512 | 1 | 35 | 707,299 |
| SSA-8000 (Paper Form) | 20,941 | 1 | 41 | 14,310 |
| Totals | 1,233,453 | ..... | ..... | 721,609 |

2. *Statement of Household Expenses and Contributions—20 CFR 416.1130—416.1148—0960-0456.* SSA bases eligibility for SSI on the needs of the recipient. In part, we assess need by determining the amount of income a recipient receives. This income includes

in-kind support and maintenance in the form of food and shelter owners provide. SSA uses Form SSA-8011-F3 to determine whether the claimant or recipient receives in-kind support and maintenance. This is necessary to determine: (1) The claimant's or

recipient's eligibility for SSI, and (2) the SSI payment amount. SSA only uses this form in cases where SSA needs the householder's (head of household) corroboration of in-kind support and maintenance. The SSA-8011-F3 provides information, which could

affect SSI eligibility and payment amount. The claim specialist collects the information on Form SSA-8011-F3 through telephone contact with the respondent, or through face-to-face interviews. The claims specialist records the information in our electronic SSI Claims System. When we

use this procedure we do not use a paper Form SSA-8011-F3, and we do not need a wet signature, rather we require verbal attestation. However, when we use a paper form, we ensure the appropriate person, *i.e.*, the householder signs the form, and then the claims specialist documents the

information in the SSI Claims System; faxes the form into the appropriate electronic folder; and shreds the form. Respondents are householders of homes in which an SSI applicant or recipient resides.
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-8011-F3 (Paper Version) | 8,233 | 1 | 15 | 2,058 |
| SSA-8011-F3 (SSI Claims System) | 417,025 | 1 | 15 | 104,256 |
| Totals | 425,258 | ..... | ..... | 106,314 |

3. Integrated Registration Services (IRES) System—20 CFR 401.45—0960-0626. The IRES System verifies the identity of individuals, businesses, organizations, entities, and government agencies seeking to use SSA's secured internet and telephone applications. Individuals need this verification to electronically request and exchange

business data with SSA. Requestors provide SSA with the information needed to establish their identities. Once SSA verifies identity, the IRES system issues the requestor a user identification number and a password to conduct business with SSA. Respondents are employers; employees; third party submitters of wage data

business entities providing taxpayer identification information; appointed representatives; representative payees; and data exchange partners conducting business in support of SSA programs.
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) |
|-----------------------------------|-----------------------|-----------------------|---------------------------------------|---------------------------------------|
| IRES Internet Registrations | 611,296 | 1 | 5 | 50,941 |
| IRES Internet Requestors | 15,692,525 | 1 | 2 | 523,084 |
| IRES CS (CSA) Registrations | 20,621 | 1 | 11 | 3,781 |
| Totals | 16,324,442 | ..... | ..... | 577,806 |

4. Credit Card Payment Form—0960-0648. SSA uses Form SSA-1414 to process: (1) Credit card payments from former employees and vendors with outstanding debts to the agency; (2) advance payments for reimbursable

agreements; and (3) credit card payments for all Freedom of Information Act (FOIA) requests requiring payment. The respondents are former employees and vendors who have outstanding debts to the agency; entities who have

reimbursable agreements with SSA; and individuals who request information through FOIA.
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-1414 | 6,000 | 1 | 2 | 200 |

5. Request for Reinstatement (Title II)—20 CFR 404.1592b—404.1592f—0960-0742. SSA allows certain previously entitled disability beneficiaries to request expedited reinstatement (EXR) of benefits under Title II of the Act when their medical condition no longer permits them to

perform substantial gainful activity. SSA uses Form SSA-371 to obtain: (1) A signed statement from individuals requesting an EXR of their Title II disability benefits; and (2) proof the requestors meet the EXR requirements. SSA maintains the form in the disability folder of the applicant to demonstrate

the requestors' awareness of the EXR requirements, and their choice to request EXR. Respondents are applicants for EXR of Title II disability benefits.
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-371 | 10,000 | 1 | 2 | 333 |

6. *Important Information About Your Appeal, Waiver Rights, and Repayment Options—20 CFR 404.502–521—0960–0779.* When SSA overpays beneficiaries, the agency informs them of the following rights: (1) The right to reconsideration of the overpayment determination; (2) the right to request a waiver of recovery and the automatic scheduling of a personal conference if

SSA cannot approve a request for waiver; and (3) the availability of a different rate of withholding when SSA proposes the full withholding rate. SSA uses Form SSA-3105, Important Information About Your Appeal, Waiver Rights, and Repayment Options, to explain these rights to overpaid individuals and allow them to notify SSA of their decision(s) regarding these

rights. The respondents are overpaid current, or former, beneficiaries requesting a waiver of recovery for the overpayment; reconsideration of the fact of the overpayment; or a lesser rate of withholding of the overpayment.

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-3105 Paper form | 500,000 | 1 | 15 | 125,000 |
| Debt Management System | 200,000 | 1 | 15 | 50,000 |
| Totals | 700,000 | ..... | ..... | 175,000 |

7. *Promoting Readiness of Minors in SSI (PROMISE) Evaluation—0960–0799.*

Background

The Promoting Readiness of Minors in SSI (PROMISE) demonstration pursues positive outcomes for children with disabilities who receive SSI and their families by reducing dependency on SSI. The Department of Education (ED) awarded six cooperative agreements to states to improve the provision and coordination of services and support for children with disabilities who receive SSI and their families to achieve improved education and employment outcomes. ED awarded PROMISE funds to five single-state projects, and to one six-state consortium.¹ With support from ED, the Department of Labor (DOL), and the Department of Health and Human Services (HHS), SSA is evaluating the six PROMISE projects. SSA contracted with Mathematica Policy Research to conduct the evaluation. Under PROMISE, targeted outcomes for youth include an enhanced sense of self determination; achievement of secondary and post-secondary educational credentials; an attainment of early work experiences culminating with competitive employment in an integrated setting; and long-term reduction in reliance on SSI. Outcomes of interest for families

include heightened expectations for and support of the long-term self-sufficiency of their youth; parent or guardian attainment of education and training credentials; and increases in earnings and total income. To achieve these outcomes, we expect the PROMISE projects to make better use of existing resources by improving service coordination among multiple state and local agencies and programs.

ED, SSA, DOL, and HHS intend the PROMISE projects to address key limitations in the existing service system for youth with disabilities. By intervening early in the lives of these young people, at ages 14–16, the projects engage the youth and their families well before critical decisions regarding the age 18 redetermination are upon them. We expect the required partnerships among the various state and Federal agencies that serve youth with disabilities to result in improved integration of services and fewer dropped handoffs as youth move from one agency to another. By requiring the programs to engage and serve families and provide youth with paid work experiences, the initiative is mandating the adoption of critical best practices in promoting the independence of youth with disabilities.

Project Description

SSA is requesting clearance for the collection of data needed to implement and evaluate PROMISE. The evaluation provides empirical evidence on the impact of the intervention for youth and

their families in several critical areas, including: (1) Improved educational attainment; (2) increased employment skills, experience, and earnings; and (3) long-term reduction in use of public benefits. We base the PROMISE evaluation on a rigorous design that entails the random assignment of approximately 2,000 youth in each of the six projects to treatment or control groups (12,000 total). The PROMISE projects provide enhanced services for youth in the treatment groups; whereas youth in the control groups are eligible only for those services already available in their communities independent of the interventions.

The evaluation assesses the effect of PROMISE services on educational attainment, employment, earnings, and reduced receipt of disability payments. The three components of this evaluation include:

- *The process analysis*, which documents program models, assesses the relationships among the partner organizations, documents whether the grantees implemented the programs as planned, identifies features of the programs that may account for their impacts on youth and families, and identifies lessons for future programs with similar objectives.

- *The impact analysis*, which determines whether youth and families in the treatment groups receive more services than their counterparts in the control groups. It also determines whether treatment group members have better results than control group

¹ The six-state consortium project goes by the name Achieving Success by Promoting Readiness for Education and Employment (ASPIRE) rather than by PROMISE.

members with respect to the targeted outcomes noted above.

- *The cost-benefit analysis*, which assesses whether the benefits of PROMISE, including increases in employment and reductions in benefit receipt, are large enough to justify its costs. We conduct this assessment from a range of perspectives, including those of the participants, state and Federal governments, SSA, and society as a whole.

SSA planned several data collection efforts for the evaluation. These include: (1) Follow-up interviews with youth and their parent or guardian 18 months and 5 years (60 months) after enrollment; (2) phone and in-person interviews with local program administrators, program supervisors, and service delivery staff at two points in time over the course of the demonstration; (3) two rounds of focus groups with participating youth in the treatment group; (4) two rounds of focus

groups with parents or guardians of participating youth; (5) staff activity logs which provide data on aspects of service delivery; and (6) collection of administrative data.

At this time, SSA requests clearance for the 5-year (60-month) survey interviews. The respondents are the youth and their parents participating in the PROMISE demonstration.

Type of Request: Revision of an OMB-approved Information Collection.

TIME BURDEN ON RESPONDENTS

| Modality of completion | Number of respondents | Frequency of response | Average burden per response (minutes) | Estimated total annual burden (hours) |
|--|-----------------------|-----------------------|---------------------------------------|---------------------------------------|
| 2019: 60-Month Survey Interviews | | | | |
| Parent Interview—telephone (using electronic assisted capturing) | 1,095 | 1 | 32 | 584 |
| Youth Interview—telephone (using electronic assisted capturing) | 1,110 | 1 | 38 | 703 |
| Parent Interview—Self-Administered Questionnaire | 22 | 1 | 18 | 7 |
| Youth Interview—Self-Administered Questionnaire | 23 | 1 | 18 | 7 |
| Totals | 2,250 | ..... | ..... | 1,301 |
| 2020: 60-Month Survey Interviews | | | | |
| Parent Interview—telephone (using electronic assisted capturing) | 5,127 | 1 | 32 | 2,734 |
| Youth Interview—telephone (using electronic assisted capturing) | 5,169 | 1 | 38 | 3,274 |
| Parent Interview—Self-Administered Questionnaire | 105 | 1 | 18 | 32 |
| Youth Interview—Self-Administered Questionnaire | 105 | 1 | 18 | 32 |
| Totals | 10,506 | ..... | ..... | 6,072 |
| 2021: 60-Month Survey Interviews | | | | |
| Parent Interview—telephone (using electronic assisted capturing) | 2,656 | 1 | 32 | 1,417 |
| Youth Interview—telephone (using electronic assisted capturing) | 2,671 | 1 | 38 | 1,692 |
| Parent Interview—Self-Administered Questionnaire | 54 | 1 | 18 | 16 |
| Youth Interview—Self-Administered Questionnaire | 55 | 1 | 18 | 17 |
| Totals | 5,436 | ..... | ..... | 3,142 |
| Grand Totals | | | | |
| Parent Interview—telephone (using electronic assisted capturing) | 8,878 | 1 | 32 | 4,735 |
| Youth Interview—telephone (using electronic assisted capturing) | 8,950 | 1 | 38 | 5,669 |
| Parent Interview—Self-Administered Questionnaire | 181 | 1 | 18 | 55 |
| Youth Interview—Self-Administered Questionnaire | 183 | 1 | 18 | 56 |
| Totals | 18,192 | ..... | ..... | 10,515 |

Dated: October 10, 2018.

Naomi Sipple,

Reports Clearance Officer, Social Security Administration.

[FR Doc. 2018-22339 Filed 10-12-18; 8:45 am]

BILLING CODE 4191-02-P

DEPARTMENT OF STATE

[Public Notice: 10576]

30-Day Notice of Proposed Information Collection: Petition To Classify Special Immigrant Under INA 203(b)(4) as Employee or Former Employee of the U.S. Government Abroad

ACTION: Notice of request for public comment and submission to OMB of proposed collection of information.

SUMMARY: The Department of State has submitted the information collection described below to the Office of Management and Budget (OMB) for approval. In accordance with the Paperwork Reduction Act of 1995 we are requesting comments on this collection from all interested individuals and organizations. The purpose of this Notice is to allow 30 days for public comment.

DATES: Submit comments directly to the Office of Management and Budget (OMB) up to November 14, 2018.