

**Needs and Uses:** This is a case controlled study designed to describe and elucidate the causes of Gulf War Syndrome. The participants will be veterans of the Persian Gulf War who currently reside in Oregon and Washington.

**Affected Public:** Individuals or households.

**Estimated Annual Burden:** 2,833 hours.

**Estimated Average Burden Per Respondent:** 1 hour and 15 minutes.

**Frequency of Response:** One time.

**Estimated Number of Respondents:** 2,000 respondents.

**OMB Number:** None Assigned.

**Title and Form Number:** Gulf Registry Questionnaire, VA Form 10-20988(NR).

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

**Needs and Uses:** Previous participants in the VA Persian Gulf Registry Health Program will be given the opportunity to report additional information on potential exposures during Persian Gulf service and their reproductive health since serving in Desert Shield and Desert Storm.

**Affected Public:** Individuals or households.

**Estimated Annual Burden:** 12,500 hours.

**Estimated Average Burden Per Respondent:** 15 Minutes.

**Frequency of Response:** One time.

**Estimated Number of Respondents:** 50,000 respondents.

**ADDRESSES:** Copies of these submissions may be obtained from Ann Bickoff, Veterans Health Administration (161B4), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420, (202) 565-7407.

Comments and recommendations concerning the submissions should be directed to VA's OMB Desk Officer, Allison Eydt, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 (202) 395-4650. Do not send requests for benefits to this address.

**DATES:** Comments on the information collections should be directed to the OMB Desk Officer on or before October 2, 1995.

**FOR FURTHER INFORMATION CONTACT:** Ron Taylor, VA Clearance Office (045A4), (202) 565-4412.

Dated: August, 24, 1995.

By direction of the Secretary.

**Donald L. Neilson,**

Director, Information Management Service.  
[FR Doc. 95-21592 Filed 8-30-95; 8:45 am]

BILLING CODE 8320-01-M

### Information Collections Under OMB Review

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

**ACTION:** Notice.

**SUMMARY:** The Veterans Benefits Administration (VBA), Department of Veterans Affairs, has submitted to the Office of Management and Budget (OMB) the following proposals for the collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

**OMB Number:** 2900-0507.

**Title and Form Number:** Medical Information for Reinstatement, VA Form Letter, 29-762.

**Type of Information Collection:** Extension of a currently approved collection.

**Needs and Uses:** The form letter is used by the veteran's attending physicians to supply medical information that is required to determine eligibility for reinstatement of insurance and/or total disability income provision. The information is used to determine eligibility of the veteran for the purpose of reinstatement.

**Affected Public:** Individuals or households.

**Estimated Annual Burden:** 240 hours.

**Estimated Average Burden Per Respondent:** 30 minutes.

**Frequency of Response:** One time.

**Estimated Number of Respondents:** 480 respondents.

**OMB Number:** 2900-0503.

**Title and Form Number:** Veterans Mortgage Life Insurance Change of Address Statement, VA Form 29-0563.

**Type of Information Collection:** Extension of a currently approved collection.

**Needs and Uses:** The form is used to inquire about a veteran's continued ownership of the property issued under Veterans Mortgage Life Insurance when an address change for the veteran is received. The information is used to determine continuing eligibility for Veterans Mortgage Life Insurance.

**Affected Public:** Individuals or households.

**Estimated Annual Burden:** 20 hours.

**Estimated Average Burden Per Respondent:** 5 minutes.

**Frequency of Response:** On occasion.

**Estimated Number of Respondents:** 240 respondents.

**OMB Number:** 2900-0545.

**Title and Form Number:** Report of Medical, Legal, and Other Expenses

Incident to Recovery for Injury or Death, VA Form 21-8416b.

**Type of Information Collection:**

Reinstatement, without change, of a previously approved collection for which approval has expired.

**Needs and Uses:** The form is used to report expenses incident to a monetary recovery for injury or death by a beneficiary of one of VA's income-based benefit programs.

**Affected Public:** Individuals or households.

**Estimated Annual Burden:** 7,500 hours.

**Estimated Average Burden Per Respondent:** 45 minutes.

**Frequency of Response:** One time.

**Estimated Number of Respondents:** 10,000 respondents.

**ADDRESSES:** Copies of these submissions may be obtained from Trish Fineran, Veterans Benefits Administration (20M30), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420, (202) 273-6886.

Comments and recommendations concerning the submissions should be directed to VA's OMB Desk Officer, Allison Eydt, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 (202) 395-4650. Do not send requests for benefits to this address.

**DATES:** Comments on the information collections should be directed to the OMB Desk Officer on or before October 2, 1995.

**FOR FURTHER INFORMATION CONTACT:** Ron Taylor, VA Clearance Officer (045A4), (202) 565-4412.

Dated: August 24, 1995.

By direction of the Secretary.

**Donald L. Neilson,**

Director, Information Management Service.

[FR Doc. 95-21593 Filed 8-30-95; 8:45 am]

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### Information Collections Under OMB Review

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

**ACTION:** Notice.

**SUMMARY:** The Veterans Benefits Administration (VBA), Department of Veterans Affairs, has submitted to the Office of Management and Budget (OMB) the following proposals for the collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

**OMB Number:** 2900-0108

**Title and Form Number:** Report of Income from Property or Business, VA Form 21-4185.