

Enrollment Change Form  
Form Approved: OMB 3206-0200

Use this form to change your health benefits enrollment during the 1995 Open Season. This form has been personalized with your name, retirement claim number and health benefits plans available to persons residing in your address area. Do Not use someone else's form. Fill in Sections A, B, and C on the reverse side of this form. If You Do Not Want To Change Your Health Plan Or Type Of Coverage, Do Not Return This Form. If you need assistance in completing this form, call the Office of Personnel Management at (202) 606-0500. For the hearing impaired: Call the Retirement Information Office TTD number (202) 606-0551.

Important Directions For Marking  
Answers & Signing This Form

- Fill out form on hard surface
- Make heavy black marks that fill the circle completely
- Erase any changes completely
- Make no stray marks
- Do not write in margins

- Right  
 Wrong

Brochure Requested:  
Claim Number:

ADDRESS CORRECTION

Address Change. If your permanent mailing address is incorrect, darken the Address Change circle and make the necessary corrections in the space provided below.

Street Address (include Apartment No. or Lot no.)

City, State and ZIP Code  
Country (if not United States)

Section A—Choose a Self Only or Self and Family enrollment. DARKEN ONLY ONE CIRCLE.

- Self Only or  Self and Family

Section B—PLAN CHOICES

Listed are the health plans in your state. (Select only one—Darken the circle between the two-character enrollment code and the name of the plan you want.)

GOVERNMENT WIDE PLANS

- 

Fee-for-Service—PLANS OPEN TO ALL

- \*

\*There are 8 selections available for "Fee-for-Service—PLANS OPEN TO ALL"

Fee-for-Service—RESTRICTED PLANS

(You must be a member of a specific group to enroll in a plan below.)

- \*\*

\*\*There are 7 selections available for "Fee-for-Service—RESTRICTED PLANS"

PREPAID PLANS:

- \*\*\*

\*\*\*There are 41 selections available for "PREPAID PLANS".

SECTION C—You must SIGN, date and give your telephone number below. Your Signature (*must be signed by the addressee, an OPM approved representative, or person holding power of attorney*).

Today's Date

Your daytime telephone number & area code ( )

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BILLING CODE 6325-01-M

DEPARTMENT OF LABOR

Pension and Welfare Benefits  
Administration

[Prohibited Transaction Exemption 95-68]

Masik Tool & Die Corporation Profit  
Sharing Plan (the Plan)

AGENCY: Department of Labor.

ACTION: Notice of technical correction.

On August 9, 1995, the Department of Labor (the Department) published in the Federal Register (60 FR 40623) an individual exemption which permits: (1) the past leasing (the Lease) of a lathe (the Lathe) owned by the Plan and certain individually-directed accounts in the Plan (the Accounts) to Masik Tool and Die Corporation (Masik), a party in interest with respect to the Plan; and (2) the proposed cash sale of the Lathe by the Accounts to Masik.

With respect to the effective date of the exemption for the Lease, the first sentence in the third paragraph of the second column on page 40623 should read as follows:

"\* \* \* This exemption is effective for the period from June 1, 1988 through May 31, 1993 with respect to the Lease."

FOR FURTHER INFORMATION CONTACT: Mr. E.F. Williams, of the Department, at (202) 219-8194.

Signed at Washington, D.C., this 18th day of September, 1995.

Ivan L. Strasfeld,

Director, Office of Exemption Determinations,  
Pension and Welfare Benefits Administration.

[FR Doc. 95-23462 Filed 9-20-95; 8:45 am]

BILLING CODE 4510-29-P

SECURITIES AND EXCHANGE  
COMMISSION

Request Under Review by Office of  
Management and Budget

Agency Clearance Officer: Michael E. Bartell, (202) 942-8800

Upon written request copy available from: Securities and Exchange Commission, Office of Filing and Information Services, 450 5th Street NW., Washington, DC 20549

Revision

Mutual Fund Telephone Survey: File No. 270-395

Mall Intercept Survey: File No. 270-393  
Mutual Fund Mail Survey: File No. 270-395

Notice is hereby given that pursuant to the Paperwork Reduction Act of 1980 (44 U.S.C. 3501 *et seq*), the Securities and Exchange Commission ("Commission") has submitted to the Office of Management and Budget requests for approval to execute a mutual fund telephone survey, a mall intercept survey, and a mutual fund mail survey. These surveys will attempt to assess the public's understanding of mutual funds and other financial matters. The results will enable the Commission to better understand the level of investor comprehension of mutual fund prospectuses and financial issues.

The mutual fund telephone survey is estimated to require 750 burden hours. Approximately 3,000 people will participate in the telephone survey, with each interview lasting 15 minutes.

The mall intercept survey is estimated to require 33 burden hours.

Approximately 100 people will participate in the survey, with each interview lasting 20 minutes.

The mutual fund mail survey is estimated to require 333 burden hours. Approximately 1000 people will participate in the survey, with the interview lasting 20 minutes.

Direct general comments to the Clearance Officer for the Securities and Exchange Commission at the address below. Direct any comments concerning the accuracy of the estimated burden hours for compliance with the Securities and Exchange Commission to Michael E. Bartell, Associate Executive