

soliciting comments concerning the following information collection:

*OMB Control Number:* 2900-0139.

*Title and Form Number:* Notice—Payment Not Applied, VA Form 29-4499a.

*Type of Review:* Extension of a currently approved collection.

*Need and Uses:* The form is used by veterans to reinstate their Government Life Insurance. The information collected is used by the VBA personnel to determine eligibility of the applicant for reinstatement of his/her life insurance.

*Current Actions:* The form is used by the policyholder to reinstate a Government Life Insurance policy.

*Affected Public:* Individuals or households.

*Estimated Annual Burden:* 300 hours.

*Estimated Average Burden Per*

*Respondent:* 15 minutes.

*Frequency of Response:* On occasion.

*Estimated Number of Respondents:* 1,200.

**FOR FURTHER INFORMATION CONTACT:**

Requests for additional information or copies of the form should be directed to Department of Veterans Affairs, Attn: Jacquie McCray, Information Management Service (045A4), Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, telephone (202) 273-8032 or FAX (202) 273-5981.

Dated: May 14, 1996.

By direction of the Secretary.

Donald L. Neilson,

*Director, Information Management Service.*

[FR Doc. 96-13602 Filed 5-30-96; 8:45 am]

BILLING CODE 8320-01-P

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

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

**ACTION:** Notice.

**SUMMARY:** As part of its continuing effort to reduce paperwork and respondent burden, the Veterans Benefits Administration (VBA) invites the general public and other Federal agencies to comment on this information collection. This request for comment is being made pursuant to the Paperwork Reduction Act of 1995 (Public Law 104-13; 44 U.S.C. 3506(c)(2)(A)). Comments should address the accuracy of the burden estimates and ways to minimize the burden including the use of automated collection techniques or the use of other forms of information technology, as well as other relevant aspects of the information collection.

**DATES:** Written comments and recommendations on the proposal for the collection of information should be received by July 30, 1996.

**ADDRESSES:** Direct all written comments to Nancy J. Kessinger, Veterans Benefits Administration (20M30), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420. All comments will become a matter of public record and will be summarized in the VBA request for Office of Management and Budget (OMB) approval. In this document the VBA is

soliciting comments concerning the following information collection:

*OMB Control Number:* 2900-0539.

*Title and Form Number:* Application for Supplemental Service Disabled Veterans (RH) Life Insurance, VA Forms 29-0188, 29-0189, and 29-0190.

*Type of Review:* Revision of a currently approved collection.

*Need and Uses:* These forms are used by veterans to apply for Supplemental Service-Disabled Veterans Insurance. The information is used by the VBA to determine eligibility for insurance.

*Current Actions:* No insurance may be granted unless a completed application has been received.

*Affected Public:* Individuals or households.

*Estimated Annual Burden:* 3,333 hours.

*Estimated Average Burden Per Respondent:* 20 minutes..

*Frequency of Response:* On occasion.

*Estimated Number of Respondents:* 10,000.

**FOR FURTHER INFORMATION CONTACT:**

Requests for additional information or copies of the form should be directed to Department of Veterans Affairs, Attn: Jacquie McCray, Information Management Service (045A4), 810 Vermont Avenue, NW., Washington, DC 20420, telephone (202) 273-8032 or FAX (202) 273-5981.

Dated: May 17, 1996.

William T. Morgan,

*Management Analyst.*

[FR Doc. 96-13603 Filed 5-30-96; 8:45 am]

BILLING CODE 8320-01-P-M