- Hospitalization
- Physician services
- Hospice care
- Other approved items & services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before You Buy This Insurance

✔ Check the coverage in **all** health insurance policies you already have.
✔ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
✔ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

[Alternative disclosure statement for other health insurance policies not specifically identified in the preceding statements.]

IMPORTANT NOTICE TO PERSONS ON MEDICARE—THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance provides limited benefits if you meet the conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before You Buy This Insurance

✔ Check the coverage in **all** health insurance policies you already have.
✔ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
✔ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

Legislative History (All References Are to the Proceedings of the NAIC).

1980 Proc. II 22, 26, 588, 591, 593, 595–603 (adopted).
1981 Proc. I 47, 51, 420, 422, 424, 446–447, 470–481 (amended and reprinted).
1988 Proc. I 9, 20–21, 629–630, 652–654, 668–677 (amended and reprinted).
1988 Proc. II 5, 13, 568, 601, 604, 615–624 (amended and reprinted).
1989 Proc. I 14, 813–814, 836.4–836.26 (amended at special plenary session September 1988).
1989 Proc. I 9, 25, 703, 753–754, 757–760 (appendices amended at regular plenary session).
1990 Proc. I 6, 27–28, 477, 574–576, 580–599 (amended and reprinted).
1990 Proc. II 7, 16, 599, 656, 657 (adopted reporting form).
1992 Proc. I 12, 16–75, 1084–1085 (amended at special plenary session in July 1991).
1995 Proc. 1st Quarter 7, 12, 501, 575, 586, 592–615 (amended and most of model reprinted).
1995 Proc. 4th Quarter 11, 33, 889, 892 (amended).
1998 Proc. 1st Quarter (amended).

[FR Doc. 98–32103 Filed 12–3–98; 8:45 am]
BILLING CODE 4120–01–C

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health National Heart, Lung, and Blood Institute

Submission for OMB Review; Comment Request; Jackson Heart Study Participant Recruitment Survey

SUMMARY: Under the provisions of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information was previously published in the **Federal Register** on August 11, 1998, pages 42864–42865 and allowed 60-days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

PROPOSED COLLECTION: *Title:* Jackson Heart Study Participant Recruitment Survey, Type of Information Collection Request: NEW. *Need and Use of Information Collection:* This survey will be used as a planning tool for the upcoming NHLBI-sponsored Jackson Heart Study. Participation and retention of African-Americans in observational epidemiologic studies has been much lower than for white populations. Experience with recruitment and retention of African-Americans in Jackson, Mississippi, is derived from the ongoing ARIC (Atherosclerosis Risk In Communities) study. Initial response was very low, with a 47 percent

enrollment rate, and a 70 percent retention rate. The purpose of the proposed survey in this announcement, is to examine facilitators and barriers to long-term participation in observational studies by African-Americans. The findings will be incorporated with the input of the African-American community, into the recruitment and retention plan of the Jackson Heart Study. *Frequency of Response:* One-Time. *Affected Public:* Individuals or households. *Type of Respondents:* Adults ages 35–84. The annual reporting burden is as follows: Estimated Number of Respondents: 580; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours Per Response:* .4069; and *Estimated Total Annual Burden Hours Requested:* 236. There are no Capital costs to report. There are no Operating or Maintenance Costs to report.

ESTIMATE OF HOUR BURDEN

Type of response	Number of respondents	Frequency of response	Average time per response	Annual hour burden
Short Version	120	1	.0668	8
ARIC Participants	50	1	.2839	14
ARIC Drops Outs	50	1	.2839	14
Jackson Community	300	1	.3674	110
In-Depth Interview	60	1	1.5000	90
Total	580			236

REQUEST FOR COMMENTS: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

DIRECT COMMENTS TO OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Dr. Charles R. MacKay, NIH Project Clearance Officer, 6701 Rockledge Drive, MSC 7730, Rockville, MD 20892–7730, or call non-toll-free number (301) 435–0978 or E-mail your request, including your address to: MacKayC@odrockm1.od.nih.gov.

COMMENTS DUE DATE: Comments regarding this information collection are best assured of having their full effect if received by January 4, 1999.

Dated: November 23, 1998.

Donald P. Christoferson,

Executive Officer, National Heart, Lung, and Blood Institute.

[FR Doc. 98–32319 Filed 12–3–98; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by agencies of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

ADDRESSES: Licensing information and copies of the U.S. patent applications listed below may be obtained by writing to the indicated licensing contact at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; *telephone:* 301/496–7057; fax: 301/402–0220. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

A Display Technique for Identifying LINE–1 Insertion Site Polymorphisms

G Swergold, F Sheen (FDA)
DHHS Reference No. E–285–97/1 filed 29 Sept 98 (claiming priority of U.S. Provisional 60/060,353 filed 29 Sept 97)
Licensing Contact: Charles Maynard, 301/496–7735 ext. 243

The invention is a novel method to detect frequent insertion site polymorphisms in the human genome. Much of the repetitive DNA of mammalian genomes consists of long interspersed sequences or elements (LINES). Typical mammalian genomes contain over 20,000 copies of one of these LINES called LINE–1. These sequences actually create new copies of themselves in new places in the genome, and contribute to the variation in DNA between individuals. The present invention is a powerful new method for the detection of LINE–1 insertion sites. This method allows the analysis of the DNA from an individual, yielding DNA fingerprint information as well as information useful for the understanding of genetic variation in a population.

Mice With A Fluorescent Marker For Interleukin-2 Gene Activation

H Gu, M Naramura, R Hu (NIAID)
DHHS Reference No. E–279–98/0
Licensing Contact: Jaconda Wagner, 301/496–7735 ext. 284

A complex scheme of events unfolds during an immune response and involves a variety of cell types and soluble factors. New tools are constantly needed to assess this scheme of events and help tease apart the roles of accessory, helper and effector cells. A mutant mouse strain has been developed, and it was generated by