owner's manual. In addition, the fact that the vehicle has a spare tire is explained on the Monroney label.

5. The spare-tire size and pressure information is readily available from additional sources (*e.g.*, any automotive dealer or tire replacement facility), and on GM's or the tire retailer's website.

6. Most, if not all, temporary spare tires have the same cold tire pressure, which is 60 psi. The 60 psi pressure is an industry standard and it is set by at least two governing bodies, the U.S. Tire and Rim Association and the European Tire Rim Technical Organization.

7. All other information on the vehicle placard is correct.

8. NHTSA has previously granted similar inconsequential petitions with respect to FMVSS No. 110 noncompliances.

9. GM is not aware of any field or owner complaints associated with this issue. GM is also not aware of any crashes or injuries associated with this condition.

GM's complete petition and all supporting documents are available by logging onto the Federal Docket Management System (FDMS) website at: *https://www.regulations.gov* and by following the online search instructions to locate the docket number as listed in the title of this notice.

NHTSA notes that the statutory provisions (49 U.S.C. 30118(d) and 30120(h)) that permit manufacturers to file petitions for a determination of inconsequentiality allow NHTSA to exempt manufacturers only from the duties found in sections 30118 and 30120, respectively, to notify owners, purchasers, and dealers of a defect or noncompliance and to remedy the defect or noncompliance. Therefore, any decision on this petition only applies to the subject vehicles that GM no longer controlled at the time it determined that the noncompliance existed. However, any decision on this petition does not relieve vehicle distributors and dealers of the prohibitions on the sale, offer for sale, or introduction or delivery for introduction into interstate commerce of the noncompliant vehicles under their control after GM notified them that the subject noncompliance existed.

Authority: (49 U.S.C. 30118, 30120: delegations of authority at 49 CFR 1.95 and 501.8).

## Michael A. Cole,

Acting Director, Office of Vehicle Safety Compliance.

[FR Doc. 2018–11096 Filed 5–23–18; 8:45 am] BILLING CODE 4910–59–P

# DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0618]

## Agency Information Collection Activity Under OMB Review: Application by Insured Terminally III Person for Accelerated Benefit

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

# ACTION: Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act (PRA) of 1995, this notice announces that the Veterans Benefits Administration, Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden and it includes the actual data collection instrument. **DATES:** Comments must be submitted on

or before June 25, 2018. ADDRESSES: Submit written comments

on the collection of information through *www.Regulations.gov*, or to Office of Information and Regulatory Affairs, Office of Management and Budget, Attn: VA Desk Officer, 725 17th St. NW, Washington, DC 20503 or sent through electronic mail to *oira\_submission@ omb.eop.gov*. Please refer to "OMB Control No. 2900–0618" in any correspondence.

## FOR FURTHER INFORMATION CONTACT:

Cynthia Harvey-Pryor, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW, Washington, DC 20420, (202) 461–5870 or email *cynthia.harveypryor@va.gov.* Please refer to "OMB Control No. 2900–0618" in any correspondence.

#### SUPPLEMENTARY INFORMATION:

Authority: Public Law 104–13; 44 U.S.C. 3501–3521.

*Title:* Application by Insured Terminally Ill Person for Accelerated Benefit Form SGLI 8284.

OMB Control Number: 2900–0618. Type of Review: Reinstatement of a previously approved collection.

Abstract: VA has amended regulations for the Servicemembers' Group Life Insurance (SGLI) and Veterans' Group Life Insurance (VGLI) programs to add accelerated death benefit (Accelerated Benefit) provisions that permit terminally ill policyholders access to the death benefits of their policies before they die. Traditionally, an individual purchases life insurance in order to safeguard his or her dependents against major financial loss due to his or her death. Life insurance serves to replace the lost income of an insured and to provide for his or her final expenses. In recent years, the insurance industry has recognized the financial needs of terminally ill policyholders and has begun offering policies with accelerated benefit provisions. A recent statutory amendment (Section 302 of the Veterans Programs Enhancement Act of 1998, Pub. L. 105-368, 112 Stat. 3315, 3332-3333) added section 1980 to Title 38, United States Code, which extends an accelerated benefit option to terminally ill persons insured in the SGLI and VGLI programs. This form expired due to high volume of work and staffing changes.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published at 83 FR 56 on March 22, 2018, pages 12653 and 12654.

*Affected Public:* Individuals and Households.

*Estimated Annual Burden:* 40 hours. *Estimated Average Burden per* 

Respondent: 12 minutes.

Frequency of Response: One time. Estimated Number of Respondents: 200.

By direction of the Secretary.

## Cynthia D. Harvey-Pryor,

Department Clearance Officer, Office of Quality, Privacy and Risk, Department of Veterans Affairs.

[FR Doc. 2018–11131 Filed 5–23–18; 8:45 am] BILLING CODE 8320–01–P

## DEPARTMENT OF VETERANS AFFAIRS

# Research Advisory Committee on Gulf War Veterans' Illnesses; Notice of Meeting

The Department of Veterans Affairs (VA) gives notice under the Federal Advisory Committee that the Research Advisory Committee on Gulf War Veterans' Illnesses will meet on June 25–26, 2018 at the InterContinental Mark Hopkins Hotel, 999 California Street, San Francisco, California 94108 in Room California & Powell at 9:00 a.m. to 5:00 p.m. (PST) on June 25, 2018 and from 8:45 a.m. to 12:30 p.m. (PST) on June 26, 2018. All sessions will be open to the public, and for interested parties who cannot attend in person, there is a toll-free telephone number (800) 767– 1750; access code 56978#.

The purpose of the Committee is to provide advice and make recommendations to the Secretary of Veterans Affairs on proposed research studies, research plans, and research strategies relating to the health consequences of military service in the Southwest Asia Theater of operations during the Gulf War in 1990–1991.

The Committee will review VA program activities related to Gulf War Veterans' illnesses and updates on relevant scientific research published since the last Committee meeting. Presentations will include updates on the VA Gulf War research program and descriptions and discussions of new areas of research technology and treatments that can be applied to the health problems of Gulf War Veterans. Also, there will be a discussion of Committee business and activities.

The meeting will include time reserved for public comments in the afternoon. A signup sheet for 5-minute comments will be available at the meeting. Individuals who wish to address the Committee may submit a 1– 2 page summary of their comments for inclusion in the official meeting record. Members of the public may also submit written statements for the Committee's review to Dr. Karen Block via email at *karen.block@va.gov.* 

Any member of the public seeking additional information should contact Dr. Block, Designated Federal Officer, at (202) 443–5600.

Dated: May 21, 2018.

### LaTonya L. Small,

Federal Advisory Committee Management Officer.

[FR Doc. 2018–11112 Filed 5–23–18; 8:45 am] BILLING CODE P