

during the open portions of the meeting, and questions may be asked only by members of the Committee, its consultants, and staff. Persons desiring to make oral statements should notify the ACRS Executive Director, Dr. John T. Larkins, at least five days before the meeting if possible, so that appropriate arrangements can be made to allow the necessary time during the meeting for such statements. Use of still, motion picture, and television cameras during this meeting may be limited to selected portions of the meeting as determined by the Chairman. Information regarding the time to be set aside for this purpose may be obtained by contacting the ACRS Executive Director prior to the meeting. In view of the possibility that the schedule for ACRS meetings may be adjusted by the Chairman as necessary to facilitate the conduct of the meeting, persons planning to attend should check with the ACRS Executive Director if such rescheduling would result in major inconvenience.

I have determined in accordance with Subsection 10(d) P.L. 92-463 that it is necessary to close portions of this meeting noted above to discuss information that involves the internal personnel rules and practices of this Advisory Committee per 5 U.S.C. 552b(c)(2), and to discuss information the release of which would constitute a clearly unwarranted invasion of personal privacy per 5 U.S.C. 552b(c)(6).

Further information regarding topics to be discussed, whether the meeting

has been canceled or rescheduled, the Chairman's ruling on requests for the opportunity to present oral statements at the time allotted therefore can be obtained by contacting the ACRS Executive Director, Dr. John T. Larkins (telephone 301-415-7361), between 7:30 A.M. and 4:15 P.M. EST.

Dated: February 17, 1995.

Andrew L. Bates,

Advisory Committee Management Officer.

[FR Doc. 95-4460 Filed 2-22-95; 8:45 am]

BILLING CODE 7590-01-M

OFFICE OF PERSONNEL MANAGEMENT

Notice of Request for an Expedited Review of a Revised Information Collection Form RI 25-14

AGENCY: Office of Personnel
Management.

ACTION: Notice.

SUMMARY: In accordance with the Paperwork Reduction Act of 1980 (title 44, U.S. Code, chapter 35), this notice announces a request for expedited review of a revised information collection. Form RI 25-14, Self-Certification of Full-Time School Attendance, is used to survey survivor annuitants who are between the ages of 18 and 22 to determine if they meet the requirements of Section 8341(a)(4)(c), and Section 8441, title 5, U.S. Code, to receive benefits as a student.

Approximately 14,000 Self-Certification of Full-Time School Attendance forms are completed annually; each requires approximately 12 minutes to complete, for a total public burden of 2,800 hours.

A copy of this proposal is appended to this notice.

DATES: Comments on this proposal should be received on or before February 28, 1995. OMB has been requested to take action no later than March 3, 1995.

ADDRESSES: Send or deliver comments to—

Lorraine E. Dettman, Chief, Retirement and Insurance Group, Operations Support Division, U.S. Office of Personnel Management, 1900 E Street, NW, Room 3349, Washington, DC 20415

and

Joseph Lackey, OPM Desk Officer, Office of Information and Regulatory Affairs, Office of Management and Budget, New Executive Office Building, NW, Room 10235, Washington, DC 20503

FOR INFORMATION REGARDING

ADMINISTRATIVE COORDINATION—CONTACT:

Mary Beth Smith-Toomey, Management Services Division, (202) 606-4025, Office of Personnel Management,

Lorraine A. Green,

Deputy Director.

BILLING CODE 6325-01-M

United States
Office of Personnel Management
Retirement Programs
P.O. Box 956
Washington, D.C. 20044-0956

Information and Instructions for Completing the Self-Certification of Full-Time School Attendance

The retirement law provides for payment of a monthly annuity to unmarried sons and daughters who are: 1) age 18 to 22 and are full-time students in accredited schools or 2) age 18 or older and incapable of self-support because of a mental or physical disability that began before age 18 and is expected to continue for at least one year.

Use the enclosed form to apply for the student benefit. Do not use this form to apply for a student benefit if the son or daughter is disabled. Instead, write to OPM, Retirement Operations Center, Boyers, PA 16017 or call (202) 606-0500 to ask about a disabled child's benefit. We will send you the instructions you need to document the child's disability. Adult children who qualify are paid a benefit as long as they are disabled and are not married.

Full-time students must be taking sufficient courses to allow them to graduate within the minimum time which is considered normal for a full-time student of the school. For example, usually a college student must be enrolled for a minimum of 12 credit hours per semester to be considered a full-time student. If you need additional information about what is considered full-time attendance, please call us at (202) 606-0249.

A **recognized educational institution** for the purpose of these benefits is a school that: 1) has a faculty and requires study or training at the school; and 2) is accredited as an educational institution. Such schools are: high schools, trade schools, technical or vocational schools, colleges, junior colleges, universities, or similar educational institutions.

Not included as "recognized" or accredited educational institutions for purposes of receiving student benefits are: correspondence schools, elementary schools, the Government service academies such as the U.S. Naval Academy, or any training program where the trainee receives pay primarily as an employee, such as apprenticeship programs or the Job Corps.

Benefits (payments) must stop if the student:

1. dies,
2. marries,
3. discontinues full-time schooling,
4. enters military service on active duty,
5. enters any of the service academies,
6. transfers to a non-recognized school, or
7. attains age 22.

Students who attain age 22 during the school year (between September 1 and June 30) may receive benefits through the end of the month preceding the month in which full-time schooling stops or June 30, whichever occurs first.

Since you are the payee, you must notify us immediately if any one of these events occurs. If you are paid benefits after any of these events, you will be indebted to the retirement system and we will have to recover the money from you.

If you believe you are eligible to receive survivor benefits for a full-time student, complete the enclosed form after you read the back of this notice.

Privacy Act and Public Burden Statements

The Office of Personnel Management (OPM) administers the Civil Service Retirement System (Chapter 83, of title 5, U.S. Code) and the Federal Employees Retirement System (Chapter 84, title 5, U.S. Code.) The information requested on the enclosed form is needed to document a retirement benefit or claim. The information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits from OPM, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law. Provision of the information is voluntary; however, failure to supply all the requested information may delay or prevent action on the benefit or claim. Intentionally false statements and/or suspected illegal activities are reportable by us to appropriate law enforcement agencies.

We think this form takes an average 12 minutes per response to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Management and Budget, Paperwork Reduction Project (3206-0032), Washington, D.C. 20503.

Please Carefully Review The Example On The Reverse Side

Instructions for Completing the Enclosed Form

It is Important That You Follow All Of The Instructions Below.

1. The enclosed form has been designed to allow your answers to be read using optical scanning equipment. Therefore, please use a pencil to blacken the ovals and circles. If you make a mistake, erase it completely and blacken the correct ovals and circles. *(Do not use a correction fluid on the enclosed form.)*
2. Complete the form as illustrated in the example below:

EXAMPLE

Item 10 of the form is reproduced here to illustrate how you should make your entries on this form. The example below illustrates how this question would be completed for a student whose school year ends or will end on June 7, 1996.

Write the month, day, and year in the boxes.
If the month is June, enter JUN.

10. Enter the date this school attendance will end or ended. If the student plans to attend for the full school year, you should show the ending date of the full school year (*NOT the semester*). This date must be later than the date shown in block 9.

Month	Day	Year
J U N	0 7	9 6
<input type="radio"/> JAN	<input checked="" type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> FEB	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> MAR	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> APR	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> MAY	<input type="radio"/> 4	<input type="radio"/> 4
<input checked="" type="radio"/> JUN	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> JUL	<input type="radio"/> 6	<input checked="" type="radio"/> 6
<input type="radio"/> AUG	<input checked="" type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> SEP	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> OCT	<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> NOV		
<input type="radio"/> DEC		

Blacken the corresponding circle below each box. For example, if the number is "0," blacken the circle with a "0" in it.

3. Please review your entries to avoid delays in your payments due to errors or incomplete data.
4. **DO NOT** copy or duplicate this form. If you need another form, write to the address shown in item 5 or contact us on (202) 606-0249.

DO NOT staple, damage, or mutilate this form.

5. The person who is the payee must be sure to sign this form and mail it within 30 days in the enclosed envelope to:
U.S. Office of Personnel Management
P.O. Box 956
Washington, D.C. 20044-0956

If you need assistance:

If after carefully reading the instructions, you need assistance to complete the form, you may contact us weekdays from 8:00 a.m. to 5:00 p.m. (Eastern Time) on (202) 606-0249.

Self-Certification of Full-Time School Attendance For The School Year:

Show any change of address on this form below.

Form Approved
OMB No. 31.06-0032

U.S. Office of Personnel Management Retirement and Insurance Group, Washington, DC 20415-0001										
A	0	0	0	0	0	0	0	0	0	
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	9	9	9	9	9	9	9	9	9	
1. Student's name and date of birth							For Agency Use Only			
							I	II	III	IV
							Claim number			
2. Currently certified thru							Date			

IMPORTANT: Please read the enclosed instruction sheet before completing this form. To avoid interruption of payments, please complete this form immediately, using a pencil and darkening the entire circle; so our computer can process your form without delaying your payments. Please complete this form for the entire school year (not just one semester) if plans are known; and complete it for one school year only. Please do not take this form to the school. The person in the address above must sign in block 17. This is a personalized form, precoded for only the student shown in item 1.

<p>3. Is the student's date of birth correct as shown in block 1 above?</p> <p>Yes No. Show the correct date below and attach a birth certificate.</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> </thead> <tbody> <tr><td>JAN</td><td>0</td><td>0</td></tr> <tr><td>FEB</td><td>1</td><td>1</td></tr> <tr><td>MAR</td><td>2</td><td>2</td></tr> <tr><td>APR</td><td>3</td><td>3</td></tr> <tr><td>MAY</td><td>4</td><td>4</td></tr> <tr><td>JUN</td><td>5</td><td>5</td></tr> <tr><td>JUL</td><td>6</td><td>6</td></tr> <tr><td>AUG</td><td>7</td><td>7</td></tr> <tr><td>SEP</td><td>8</td><td>8</td></tr> <tr><td>OCT</td><td>9</td><td>9</td></tr> <tr><td>NOV</td><td></td><td></td></tr> <tr><td>DEC</td><td></td><td></td></tr> </tbody> </table>	Month	Day	Year	JAN	0	0	FEB	1	1	MAR	2	2	APR	3	3	MAY	4	4	JUN	5	5	JUL	6	6	AUG	7	7	SEP	8	8	OCT	9	9	NOV			DEC			<p>4. Student's Social Security Number</p> <table border="1"> <thead> <tr> <th colspan="9">Social Security Number</th> </tr> </thead> <tbody> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td></tr> </tbody> </table>	Social Security Number									0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	5	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	7	7	7	7	7	7	7	7	7	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	9	<p>5. Is the student currently married?</p> <p>No Yes. Show the marriage date below.</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Year</th> </tr> </thead> <tbody> <tr><td>JAN</td><td>0</td></tr> <tr><td>FEB</td><td>1</td></tr> <tr><td>MAR</td><td>2</td></tr> <tr><td>APR</td><td>3</td></tr> <tr><td>MAY</td><td>4</td></tr> <tr><td>JUN</td><td>5</td></tr> <tr><td>JUL</td><td>6</td></tr> <tr><td>AUG</td><td>7</td></tr> <tr><td>SEP</td><td>8</td></tr> <tr><td>OCT</td><td>9</td></tr> <tr><td>NOV</td><td></td></tr> <tr><td>DEC</td><td></td></tr> </tbody> </table>	Month	Year	JAN	0	FEB	1	MAR	2	APR	3	MAY	4	JUN	5	JUL	6	AUG	7	SEP	8	OCT	9	NOV		DEC	
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<p>6. During the past 12 months, did the student stop school before the end of the school term, or change from full-time to part-time status?</p> <p>Yes. Show date full-time attendance ended. No</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Year</th> </tr> </thead> <tbody> <tr><td></td><td>9</td></tr> <tr><td>JAN</td><td>0</td></tr> <tr><td>FEB</td><td>1</td></tr> <tr><td>MAR</td><td>2</td></tr> <tr><td>APR</td><td>3</td></tr> <tr><td>MAY</td><td>4</td></tr> <tr><td>JUN</td><td>5</td></tr> <tr><td>JUL</td><td>6</td></tr> <tr><td>AUG</td><td>7</td></tr> <tr><td>SEP</td><td>8</td></tr> <tr><td>OCT</td><td>9</td></tr> <tr><td>NOV</td><td></td></tr> <tr><td>DEC</td><td></td></tr> </tbody> </table>	Month	Year		9	JAN	0	FEB	1	MAR	2	APR	3	MAY	4	JUN	5	JUL	6	AUG	7	SEP	8	OCT	9	NOV		DEC		<p>Blocks 7 - 16 must be completed if the student returned or will return to school full-time on or after the date they are currently certified through for payment shown in block 2 above.</p> <p>7. Show the school's name and address (including ZIP code):</p> <p>Phone number (if available & area code):</p> <p>()</p>	<p>8. Is this school accredited by a nationally recognized accrediting agency or association?</p> <p>No Yes</p>																																																																																																																																								
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<p>9. Enter the date the student began or will begin full-time school attendance for the school year you are certifying. Date should be on or after date shown in block 2.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">Month</td> <td style="text-align: center; border-bottom: 1px solid black;">Day</td> <td style="text-align: center; border-bottom: 1px solid black;">Year</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">9</td> </tr> </table> <p> <input type="radio"/> JAN <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> FEB <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> MAR <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> APR <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> MAY <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> JUN <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> JUL <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> AUG <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> SEP <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> OCT <input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> NOV <input type="radio"/> DEC </p>	Month	Day	Year			9	<p>10. Enter the date this school attendance will end or ended. If the student plans to attend for the full school year, you should show the ending date of the full school year (<i>NOT the semester</i>). This date must be later than the date shown in block 9.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">Month</td> <td style="text-align: center; border-bottom: 1px solid black;">Day</td> <td style="text-align: center; border-bottom: 1px solid black;">Year</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">9</td> </tr> </table> <p> <input type="radio"/> JAN <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> FEB <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> MAR <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> APR <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> MAY <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> JUN <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> JUL <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> AUG <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> SEP <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> OCT <input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> NOV <input type="radio"/> DEC </p>	Month	Day	Year			9	<p>11. Is the date given in block 10 the end of the school year?</p> <p style="text-align: center;"> <input type="radio"/> Yes <input type="radio"/> No </p>
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<p>13. Enter the <i>estimated</i> date the student will begin full-time school attendance for the next school year after the school year shown in blocks 9 - 10.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">Month</td> <td style="text-align: center; border-bottom: 1px solid black;">Year</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">9</td> </tr> </table> <p> <input type="radio"/> JAN <input type="radio"/> 0 <input type="radio"/> FEB <input type="radio"/> 1 <input type="radio"/> MAR <input type="radio"/> 2 <input type="radio"/> APR <input type="radio"/> 3 <input type="radio"/> MAY <input type="radio"/> 4 <input type="radio"/> JUN <input type="radio"/> 5 <input type="radio"/> JUL <input type="radio"/> 6 <input type="radio"/> AUG <input type="radio"/> 7 <input type="radio"/> SEP <input type="radio"/> 8 <input type="radio"/> OCT <input type="radio"/> 9 <input type="radio"/> NOV <input type="radio"/> DEC </p>	Month	Year		9	<p>14. Type of School</p> <p><input type="radio"/> High School</p> <p><input type="radio"/> Trade/Technical/or Vocational</p> <p><input type="radio"/> Jr. College/College/ Community College/or University</p> <p><input type="radio"/> Other:</p>	<p>15. Hours of School Attendance</p> <p style="text-align: center;">Mark only one (A or B) below</p> <p> <input type="radio"/> A: Classroom Hours per week, such as for High Schools or trade schools. (Combine work/study hours if in a high school work study program.) </p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">Total Hours</td> <td style="text-align: center; border-bottom: 1px solid black;">Total Hours</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table> <p> <input type="radio"/> B: Credit Hours such as for college. </p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">Total Hours</td> <td style="text-align: center; border-bottom: 1px solid black;">Total Hours</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table> <p> <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9 </p>	Total Hours	Total Hours			Total Hours	Total Hours		
Month	Year													
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Total Hours	Total Hours													
Total Hours	Total Hours													
<p>16. Is the student in a school-sponsored co-op or internship program?</p> <p> <input type="radio"/> Yes (Attach a letter from the school explaining the program.) <input type="radio"/> No </p>	<p style="text-align: center;">WARNING: Any intentionally false statements or willful misrepresentations are punishable by fine, imprisonment, or both (18 USC 1001).</p> <p>17. I certify that all information given in this certification is true and correct to the best of my knowledge and belief. I understand that I must immediately notify the Office of Personnel Management (OPM) if the student transfers to another school, discontinues school attendance, reduces attendance to less than full-time, marries or dies. I agree to return all overpayments of student benefits, including over-payments that may be made after I notify OPM of any terminating event. I understand OPM may ask the school to verify the accuracy of the information I am furnishing.</p>													
<p>Signature of payee (person who is receiving the payments)</p>	<p>Daytime telephone number (including area code)</p> <p style="text-align: center;">()</p> <p>Date (mm/dd/yy)</p>													