

Federal Official for the Coordinating Council on Juvenile Justice and Delinquency Prevention, by fax at: 202-307-2093, or by e-mail, at: robertsm@ojp.usdoj.gov. In general, each individual or group making an oral presentation will be limited to a total time of 10 minutes.

Written comments may be submitted to the Office of Juvenile Justice and Delinquency Prevention, by fax at: 202-307-2093, or by e-mail at: robertsm@ojp.usdoj.gov.

The Coordinating Council on Juvenile Justice and Delinquency Prevention expects that public statements presented at its meetings will not be repetitive of previously submitted oral or written statements.

Members of the public who wish to attend the meeting should notify the Juvenile Justice Resource Center at 301-519-6473 (Daryl Dunston) or at 301-519-6473 (Karen Boston), by 5 p.m., ET, on Friday, July 11, 2003. [These are not toll-free numbers.] To register for the meeting online, go to ojdp.ncjrs.org/council/meetings.html.

Note: For security purposes, photo identification will be required for admission to the meeting.

Dated: June 17, 2003.

J. Robert Flores,

Administrator, Office of Juvenile Justice and Delinquency Prevention.

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DEPARTMENT OF LABOR

Office of the Secretary

Submission for OMB Review; Comment Request

June 26, 2003.

The Department of Labor (DOL) has submitted the following public information collection requests (ICRs) to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-13, 44 U.S.C. Chapter 35). A copy of each individual ICR, with applicable supporting documentation, may be obtained by calling the Department of Labor. To obtain documentation, contact Darrin King on 202-693-4129 (this is not a toll-free number) or E-mail: king.darrin@dol.gov.

Comments should be sent to Office of Information and Regulatory Affairs, Attn: OMB Desk Officer for the Employee Benefits Security Administration (EBSA), Office of Management and Budget, Room 10235,

Washington, DC 20503 (202-395-7316 / this is not a toll-free number), within 30 days from the date of this publication in the **Federal Register**.

The OMB is particularly interested in comments which:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- Evaluate 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;
- Enhance the quality, utility, and clarity of the information to be collected; and minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

Agency: Employee Benefits Security Administration.

Type of Review: Extension of a currently approved collection.

Title: Notice of Enrollment Rights.

OMB Number: 1210-0101.

Affected Public: Business or other for-profit; Not-for-profit institutions; and Individuals or households.

Frequency: On occasion.

Type of Response: Third party disclosure.

Number of Respondents: 2,600,000.

Number of Annual Responses: 9,602,000.

Total Estimated Burden Hours: 7,200.

Total Annualized Capital/Startup Costs: \$0.

Total Annual Costs (operating/maintaining systems or purchasing services): \$841,000.

Description: Section 734 of the Employee Retirement Income Security Act of 1974 (ERISA), added by the Health Care Portability and Accountability Act of 1996 (HIPAA), authorized the Secretary of Labor, in coordination with the Secretary of Health and Human Services (HHS) and the Secretary of the Treasury, to promulgate such regulations as may be necessary or appropriate to carry out the provisions of the statute. Accordingly, Interim Rules Implementing the Portability Requirement for Group Health Plans were published on April 8, 1997, (62 FR 16920) (April 8 Interim Rules).

In order to improve participants' understanding of their rights under an employer's group health plan, HIPAA

requires that a participant be provided with a description of a plan's special enrollment rules on or before the time that a participant is offered the opportunity to enroll in a group health plan. These special enrollment rules generally apply to circumstances in which the participant initially declined to enroll in a plan, and later wishes to enroll.

The April 8 Interim Rules offer a model form to be used by group health plans and health insurance issuers that includes the minimum elements of information mandated by the statute. The ICR implements the disclosure requirements of HIPAA related to special enrollment rights.

Agency: Employee Benefits Security Administration.

Type of Review: Extension of a currently approved collection.

Title: Notice of Pre-Existing Condition Exclusion under ERISA.

OMB Number: 1210-0102.

Affected Public: Business or other for-profit; Not-for-profit institutions; and Individuals or households.

Frequency: On occasion.

Type of Response: Third party disclosure.

Number of Respondents: 1,300,000.

Number of Annual Responses: 8,570,000.

Total Estimated Burden Hours: 9,004.

Total Annualized Capital/Startup Costs: \$0.

Total Annual Costs (operating/maintaining systems or purchasing services): \$1,088,359.

Description: Section 734 of the Employee Retirement Income Security Act of 1974 (ERISA), added by the Health Care Portability and Accountability Act of 1996 (HIPAA) authorized the Secretary of Labor, in coordination with the Secretary of Health and Human Services (HHS) and the Secretary of the Treasury, to promulgate such regulations as may be necessary or appropriate to carry out the provisions of the statute. Accordingly, Interim Rules implementing the Portability Requirement for Group Health Plans were published on April 8, 1997, (62 FR 16920) (April 8 Interim Rules).

Under the April 8 Interim Rules, a group health plan or health insurance issuer may not impose any pre-existing conditions exclusion on a participant unless that participant has been notified in writing that the plan includes pre-existing condition exclusion provisions, that a participant has a right to demonstrate any periods for prior creditable coverage, and that the plan or issuer will assist the participant in