

A photocopy of this authorization will be considered as effective and valid as the original.

Valid for one year from date signed.

**To Be Completed by Physician**

### Attending Physician's Certification

Patient's name:   
 Patient's Social Security Number:   
 Diagnosis:   
 ICD-9-CM Disease Code \*:   
 Description of present medical condition  
 (please attach results of x-rays, E.K.G. or  
 other tests):   
 Is the patient capable of handling his/her  
 own affairs?            
☐ Yes ☐ No ☐

The patient applied for an accelerated benefit under his/her government life insurance coverage. To qualify, the patient must have a life expectancy of nine (9) months or less. Does your patient meet this requirement? ☐ Yes ☐ No

[illegible]

\* ICD-9-CM is an acronym for International Classification of Diseases, 9th revision, Clinical Modification.

**To Be Completed by Personnel Office of  
Servicemember's Unit**

(Complete this form only if the applicant for Accelerated Benefits is covered under SGLI.)

## Branch of Service Statement

Servicemember's name:   
 Social Security Number:   
 Branch of Service:   
 Amount of SGLI coverage: \$   
 Monthly premium amount: \$   
 Name of person completing this form:   
 Telephone Number:   
 Fax Number:   
 Title of person completing this form:   
 Duty Station and address:   
 Signature of person completing this form:   
 Date:

**Notice:** It is fraudulent to complete these forms with information you know to be false or to omit important facts. Criminal and/or civil penalties can result from such acts.

(g) *Who decides whether or not an Accelerated Benefit will be paid to you?*  
The Office of Servicemembers' Group Life Insurance will review your application and determine whether you meet the requirements of this section for receiving an Accelerated Benefit.

(1) They will approve your application if the requirements of this section are met and may deny your application if the requirements of this section are not met.

(2) If the Office of Servicemembers' Group Life Insurance determines that

your application form does not fully and legibly provide the information requested by the application form, they will contact you and request that you or your physician submit the missing information to them. They will not take action on your application until the information is provided.

(h) *How will an Accelerated Benefit be paid to you?* An Accelerated Benefit will be paid to you in a lump sum.

(i) *What happens if you change your mind about an application you filed for Accelerated Benefits?* (1) An election to receive the Accelerated Benefit is made at the time you have cashed or deposited the Accelerated Benefit. After that time, you cannot cancel your request for an Accelerated Benefit. Until that time, you may cancel your request for benefits by informing the Office of Servicemembers' Group Life Insurance in writing that you are canceling your request and by returning the check if you have received one. If you want to change the amount of benefits you requested or decide to reapply after canceling a request, you may file another application in which you request either the same or a different amount of benefits.

(2) If you die before cashing or depositing an Accelerated Benefit payment, the payment must be returned to the Office of Servicemembers' Group Life Insurance. Their mailing address is 213 Washington Street, Newark, New Jersey 07102-2999.

(j) *If you have cashed or deposited an Accelerated Benefit, are you eligible for additional Accelerated Benefits?* No.

(Authority: 38 U.S.C. 1966, 1980)

[FR Doc. 00-18327 Filed 7-19-00; 8:45 am]

**BILLING CODE 8320-01-P**

**ENVIRONMENTAL PROTECTION  
AGENCY**

## 40 CFR Part 52

[DC 045-2020b; FRL-6838-4]

## Approval and Promulgation of Air Quality Implementation Plans; District of Columbia; Approval of National Low Emission Vehicle Program

**AGENCY:** Environmental Protection Agency (EPA).

**ACTION:** Proposed rule.

**SUMMARY:** EPA proposes to approve the State Implementation Plan (SIP) revision submitted by the District of Columbia which commits the District to accept sales of motor vehicle that comply with the requirements of the National Low Emission Vehicle

(National LEV) Program that applies to newly manufactured motor vehicles sold in the District, starting with the 1999 model year. In the “Rules and Regulations” section of this **Federal Register**, EPA is approving the State’s SIP submittal as a direct final rule without prior proposal because the Agency views this as a noncontroversial submittal and anticipates no adverse comments. A detailed rationale for the approval is set forth in the direct final rule. If we receive no adverse comments, we will not take further action on this proposed rule. If EPA does receive adverse comments, we will withdraw the related direct final rule and it will not take effect. We will address any public comments received in a subsequent final rule based on this proposed rule. EPA will not institute a second comment period. Any parties interested in commenting on this action must do so at this time.

**DATES:** Comments must be received in writing by August 21, 2000.

**ADDRESSES:** Written comments should be addressed to David L. Arnold, Chief, Ozone and Mobile Sources Branch, Mailcode 3AP21, U.S. Environmental Protection Agency, Region III, 1650 Arch Street, Philadelphia, Pennsylvania 19103. Copies of the documents relevant to this action are available for public inspection during normal business hours at the Air Protection Division, U.S. Environmental Protection Agency, Region III, 1650 Arch Street, Philadelphia, Pennsylvania 19103; and at the District of Columbia Department of Public Health, Air Quality Division, 51 N Street, NE., Washington, DC 20002.

**FOR FURTHER INFORMATION CONTACT:**  
Brian Rehn, (215) 814-2176, at the EPA  
Region III address above, or by e-mail at:  
[rehn.brian@epamail.epa.gov](mailto:rehn.brian@epamail.epa.gov).

**SUPPLEMENTARY INFORMATION:** For further information, please see the information provided in the direct final action, with the same title, that is located in the “Rules and Regulations” section of this **Federal Register** publication.

Dated: June 30, 2000.

**Bradley M. Campbell,**

*Regional Administrator, Region III.*

[FR Doc. 00-18109 Filed 7-19-00; 8:45 am]

BILLING CODE 6560-50-P