CURRENT

United States of America
Railroad Retirement Board

Form Approved
OMB No. 3220-0005

NOTICE OF DEATH AND STATEMENT OF COMPENSATION

PAPERWORK REDUCTION ACT NOTE: The survivor(s) of the deceased employee has filed for benefits under the Railroad Retirement Act (RRA). To certify the complete record of the deceased, information about lag compensation is required. Please complete the "Statement of Service Months and Compensation" below. The Railroad Retirement Board's authority for requiring this information is contained in Section 9 of the RRA of 1974, as amended. Failure to report or the making of a false or fraudulent report can result in criminal prosecution or civil penalties, or both.	We estimate this form takes an average of 6-1/2 minutes per response, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing completion time, to Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-2092.
RETURN TO: U.S. RAILROAD RETIREMENT BOARD OFFICE OF PROGRAMS - OPERATIONS CLAIMS CERTIFICATION SECTION 844 NORTH RUSH STREET CHICAGO, IL 60611-2092	**IMPORTANT NOTE:** This employee's service months and compensation must also be included on your Form BA-3a, Annual Report of Creditable Service and Compensation. Do not report service months after the date of death. See "Reporting Instructions to Employers" for additional information.
1. NAME AND ADDRESS OF EMPLOYER	2. NAME OF DECEASED EMPLOYEE
	3. PAYROLL IDENTIFICATION OR LOCATION
4. DATE OF DEATH	5. SOCIAL SECURITY NUMBER

STATEMENT OF SERVICE MONTHS AND COMPENSATION

6. DATE LAST WORKED (Last date carried on payroll as employee)

7. COMPLETE THESE ITEMS FOR THE YEAR SHOWN IN ITEM 6.

A. Enter the year ..... ☐☐☐☐

B. Did the employee have service in all months through Item 6? ☐ YES -- Go to E ☐ NO -- Go to C

C. Show the total number of service months..... ☐☐ -- Go to D

D. For the months in which the employee did NOT have service, was (s)he furloughed or on authorized leave of absence in - **Check one box and go to E.**

☐ Some Months? Show dates and type of leave in **REMARKS.**

☐ All Months?

☐ No Months?

E. Show the total creditable compensation for each tier earned through the date in Item 6. Include vacation pay **ONLY** if allocated to the date last worked. Show miscellaneous compensation subject to Tier I employment tax separately. Do not report more than the creditable maximum for each tier.

$_____ Tier I $_____ Tier II $_____ Miscellaneous Compensation

8. REMARKS:

I UNDERSTAND THAT CIVIL AND CRIMINAL PENALTIES CAN BE IMPOSED AGAINST ME FOR FALSE OR FRAUDULENT STATEMENTS OR FOR WITHHOLDING INFORMATION TO MISREPRESENT A FACT MATERIAL TO DETERMINING A RIGHT TO PAYMENT UNDER THE RAILROAD RETIREMENT ACT. I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION WHICH I HAVE GIVEN IS TRUE, COMPLETE, AND CORRECT.

SIGNATURE OF CERTIFYING OFFICER	TITLE OF CERTIFYING OFFICER	
TELEPHONE NUMBER	FACSIMILE NUMBER	DATE

Form AA-12 (09-03)