

PROPOSED

Notice of Retirement and Request for Service Needed for Eligibility	Section 1 – Identifying Information		
	1. Social Security No.		
	2. Name of Employee		
3. Railroad Name and Address	4. BA No.	5. Payroll Number	6. Job Title
Facsimile Number:	7. Work Location	8. Dept. or Div.	9. RRB Filing Date
	10. Date Last Worked or Paid for Time Lost	11. Date Rights Relinquished (If applicable)	12. Date Released

Paperwork Reduction Act Notice

The Railroad Retirement Board's (RRB) authority for requesting this information is Section 7(b)(6) of the Railroad Retirement Act (RRA) (45 U.S.C. 231f(b)(6)). The information requested is used by the RRB to determine your employee's eligibility for a retirement annuity under Section 2 of the RRA (45 U.S.C. Sec. 231a.)

We estimate this form takes an average of 5 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 any comments regarding the accuracy of our estimates or any other aspect of this form, including suggestions for reducing the completion time, to the Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-2092.

Section 2 - Employer Instructions

This employee filed an application for an annuity and has informed the RRB that (s)he relinquished employment rights (if applicable) and stopped working on the date shown in Item 10.

- **Complete Item 13 below only** if the date in Item 10 differs from the date on your records.
- **Always complete** Items 14 and 16.
- Fax this form to (312) 751-7192 or mail it to the U.S. Railroad Retirement Board, Retirement Benefits Division, 844 North Rush Street, Chicago IL 60611-2092, **within 10 days**. The employee cannot be awarded an annuity until we receive this information.

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. If you have any questions, refer to the "Reporting Instructions to Employers" or telephone the Quality Reporting Service Center at (312) 751-4992.

13. Date Last Worked or Paid for Time Lost on Your Records →	Month		Day		Year								
14. Indicate with an "X," months the employee had service. The "Current Year" refers to the year shown in Item 10. "Prior Year" is the year before. If this form will be submitted before your annual report for the prior year, complete items about the prior year as well. Do not report service months after the date in Item 11.													
	J	F	M	A	M	J	J	A	S	O	N	D	TOTAL MONTHS
Current Year													
Prior Year													

15. REMARKS

Section 3 - Employer Certification

16. The information on this form is correct to the best of my knowledge and belief. I understand that failure to report or the making of a false or fraudulent report can result in criminal prosecution or civil penalties, or both.

Signature of Certifying Officer		Date
Title of Certifying Officer		Telephone No. ()
Facsimile No. ()	E-Mail Address	

NOTE: IF EMPLOYEE RETURNS TO COMPENSATED SERVICE NOTIFY THE RRB IMMEDIATELY.