

**CURRENT**

**APPLICATION SUMMARY and CERTIFICATION**

**Employee's Name**  
**RR Claim No.**  
**Social Security Number**  
**Date of Birth**

The following information was either supplied by or verified by you in support of your application for a (Application Type) under the Railroad Retirement Act. After you have reviewed the information, make any changes on the summary, initial the change and sign the certification on the last page. Return the certification and all pages of the summary to the RRB.

**Applicant Information**

**Name and Address**  
**Social Security Number**  
**Date of Birth**  
**Daytime Telephone Number**

**Type of Application Filed**

- 1 You applied for this benefit based on your relationship to the employee and that you have the following children in your care.

Name	SS Number	DOB
------	-----------	-----

- 2 You have requested that any payment due you be sent to the following bank account:

Bank Name  
Routing Number  
Account Number  
Account Type

- 3 You have requested that any payment due you be sent to the address shown above.

### **Applicant's Marriages**

- 4 You are currently married to or separated from the employee.
- 5 You were married before you marriage to the employee.
- 6 You were not married before your marriage to the employee.
- 7 You have remarried since your divorce from the employee.
- 8 You have not remarried since your divorce from the employee.

### **Felony Information**

- 9 Within the past 12 months you have not been imprisoned or been given a sentence of confinement for conviction of a felony.
- 10 Within the past 12 months you have been imprisoned or been given a sentence of confinement for conviction of a felony.

### **Other Government Benefits**

- 11 You have filed or plan to file in the next three months for Social Security benefits on your own account.
- 12 You have filed or plan to file in the next three months for Social Security benefits on the account of:
  - Name
  - Social Security Number
- 13 You have not filed nor do you plan to file in the next three months for Social Security benefits on any account number.
- 14 You have not filed nor do you plan to file in the next three months for Social Security benefits on an additional account number.
- 15 You are currently receiving a social security benefit.
- 16 You are not receiving a social security benefit.

- 17 In the past month you have filed or plan to file in the next three months for Railroad Retirement benefits based on your own earnings.
- 18 In the past month you have filed or plan to file in the next three months for Railroad Retirement benefits based on the account of:  
Name  
Claim Number
- 19 In the past month you have not filed nor do you plan to file in the next three months for Railroad Retirement benefits on any other account number.
- 20 You are currently receiving a railroad retirement annuity.
- 21 You are not receiving a railroad retirement annuity.
- 22 You are receiving a pension based on your earnings from a Federal, state or local government agency.
- 23 You received a lump-sum payment instead of a monthly pension from a Federal, state or local government agency.
- 24 You are not receiving nor do you expect to receive a pension or lump-sum payment based on your earnings from a Federal, state or local government agency.
- 25 You expect to receive a pension or lump-sum payment based on your earnings from a Federal, state or local government agency.

### Earnings Information

- 26 Last year your total earnings were \$999,999.99
- 27 Last year your earnings were less than \$999,999.99
- 28 Last year you earned more than \$9999 in each month.
- 29 Last year you earned less than \$9999 in the following months:  
January February March April May June July August September October  
November December

- 30 This year you expect your total earnings will be \$999,999.99.
- 31 This year you expect your total earnings will be less than \$999,999.99.
- 32 This year you expect to earn more than \$9999 in each month.
- 33 This year you expect to earn less than \$9999 in the following months:  
January February March April May June July August September October  
November December
- 34 Next year you expect your total earnings will be \$999,999.99.
- 35 Next year you expect your total earnings will be less than \$999,999.99.

**Railroad and Non Railroad Work**

- 36 You worked for the following railroad or other employer in the railroad industry.  

<u>Railroad Name</u>	<u>Date Last Worked</u>	<u>Date Relinquished Rights</u>
----------------------	-------------------------	---------------------------------
- 37 You have not worked for a railroad or other employer in the railroad industry.
- 38 You worked for the following employers outside the railroad industry.  

(Company Name)	from 99/99/9999 to 99/99/9999
(Company Name)	from 99/99/9999 to 99/99/9999
(Company Name)	from 99/99/9999 to 99/99/9999

- 39 You have not worked for an employer outside the railroad industry.
- 40 You have self-employment during the last 12 months.

**Beginning Dates and Filing Dates**

- 41 You requested your annuity begin on the earliest date permitted by law, even if you will receive a reduced annuity.
- 42 You have requested your annuity begin on the earliest date permitted by law, as long as it does not result in a reduced annuity.
- 43 You have selected mm/dd/yyyy for the beginning date of your annuity.

- 44 This application will protect your filing date for Social Security benefits.
- 45 You do not want this application to protect your filing date for Social Security benefits.

**Medicare**

- 46 You are enrolled in the Medicare Medical Insurance Plan (Part B).
- 47 You wish to enroll in the Medicare Medical Insurance Plan (Part B).
- 48 You do not wish to enroll in the Medicare Medical Insurance Plan (Part B) at this time.
- 49 You are claiming a special enrollment period based on coverage by an employer group health plan.
- 50 You are claiming premium surcharge relief based on coverage by an employer group health plan.

**Application for (Application Type - Certification)**

**Employee's RR Claim Number**  
**Employee's Name**  
**Employee's Social Security Number**

**Applicant's Name**  
**Applicant's Social Security Number**

I certify that the information I have given to the Railroad Retirement Board (RRB) in relation to this application is true to the best of my knowledge. I know that if I make a false or fraudulent statement or withhold information, in order to receive benefits from the RRB, I am committing a crime which is punishable under Federal law.

I have received and reviewed a summary of the information I provided. I understand that I have an obligation to advise the RRB immediately if there are any errors in the summary I

received, and have made and initialed any corrections on the Summary being returned to the RRB.

*(Only printed if application type is Spouse or Spouse with child.)*

I have received and reviewed the booklets *RB-30 Spouse Annuity* and *RB-9 Employee and Spouse Annuities - Events that Must be Reported*. I understand that I am responsible for reporting events that would affect my annuity.

I agree to immediately notify the RRB, if

- I remarry;
- My marriage to the employee ends in death or divorce.
- I begin to receive a pension or receive a lump sum payment based on my earnings from a Federal, state or local government agency;
- The amount of my pension based on my earnings from a Federal, state or local government agency changes;
- I file for social security benefits on **any** person's account;
- Benefits I receive directly from the Social Security Administration are adjusted for a reason other than normal cost-of-living increases;
- I go to work for an employer in the railroad industry;
- I am filing in advance and my last date of employment changes.
- If I return to work for \_\_\_\_\_.
- My expected earnings amount changes;
- My address changes;
- My bank account changes;
- A child on whose basis I am entitled to an annuity marries, dies or leaves my care;
- I am confined to a jail, prison, penal institution or correctional institution for conviction of a felony.

\_\_\_\_\_  
**Signature** (First Name, Middle Initial, Last Name)

\_\_\_\_\_  
**Date**

If this certification is signed by mark ("X"), two witnesses who know the person signing must sign below.

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Address** (Street, City, State and ZIP Code)

\_\_\_\_\_  
**Address**(Street, City, State and ZIP Code)

( ) \_\_\_\_\_  
Daytime Telephone Number

( ) \_\_\_\_\_  
Daytime Telephone Number