

Proposed

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
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- 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 your 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.

Criminal Offense Information

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

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 In 9999, (last year) your total earnings were \$999,999.99
- 27 In 9999, (last year) your earnings were less than \$999,999.99
- 28 In 9999, (last year) you earned more than \$9999 in each month.
- 29 In 9999, (last year) you earned less than \$9999 in the following months:
January February March April May June July August September October
November December
- 30 In 9999, (current year) you expect your total earnings will be \$999,999.99.
- 31 In 9999, (current year) you expect your total earnings will be less than \$999,999.99.
- 32 In 9999, (current year) you expect to earn more than \$9999 in each month.
- 33 In 9999, (current 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 In 9999, (next year) you expect your total earnings will be \$999,999.99.
- 35 In 9999, (next year) you expect your total earnings will be less than \$999,999.99.

Railroad Work and NonRailroad Work

- 36 You worked for a railroad or other employer in the railroad industry.
Railroad Name Date Last Worked Date Rights Relinquished
- 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 in the 6 months before you expect your annuity to begin.

(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 in the 6 months before you expect your annuity to begin.

- 40 You worked for the following employers as a seasonal employee:

(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

- 41 You were self-employed during the last 12 months.

Beginning Dates and Filing Dates

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

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

Medicare

- 47 You are enrolled in the Medicare Medical Insurance Plan (Part B).
- 48 You wish to enroll in the Medicare Medical Insurance Plan (Part B).
- 49 You do not wish to enroll in the Medicare Medical Insurance Plan (Part B) at this time.
- 50 You are claiming a special enrollment period based on coverage by an employer group health plan.
- 51 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 and spouse is FRA or older.

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. Failure to report any of the events that may affect my annuity, may result in a penalty deduction from my annuity, criminal and/or civil prosecution.

Printed if application type is Spouse or Spouse with child and spouse is under FRA.

I have received and reviewed the booklets *RB-30 Spouse Annuity*, *RB-9 Employee and Spouse Annuities - Events that Must be Reported* and form *G-77a How Work Affects Your Railroad Retirement Benefits*. I understand that I am responsible for reporting events that would affect my annuity. Failure to report any of the events that may affect my annuity, may result in a penalty deduction from my annuity, criminal and/or civil prosecution.

I agree to immediately notify the RRB, if

- I remarry.
- My marriage to the employee ends in death or divorce.
- I receive a lump-sum payment or begin to receive a monthly pension 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 a railroad or railroad labor organization or work in any capacity in the railroad industry.
- I am filing in advance and my last date of employment changes.
- I return to work for _____.
- I earn over the annual earnings exempt amount.
- My expected earnings amount changes.
- I receive a settlement with credit for railroad service as "pay-for-time-lost" for months after (print date railroad employment ended).
- I perform work, including self-employment, for a family owned, controlled or managed business, including a business operated, managed or owned by me, a family member, friend or close associate whether for pay or not and without regard to how the business is organized (e.g., sole proprietorship, partnership, corporation, LLC, etc.).
- I become a corporate officer of, own or operate a corporation, (including a corporation owned by a family member or friend), whether for pay or not.
- I receive anything of value in lieu of salary or wages for any work that I performed.

- 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 due to a conviction for a criminal offense.

Signature (First Name, Middle Initial, Last Name)

Date (Month/Day/Year)

If this certification is signed by mark ("X"), two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.

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