

BLANK
CURRENT

APPLICATION SUMMARY and CERTIFICATION

RRB Claim Number

Name

Social Security Number

The following information was either supplied by or verified by you in support of your application for an (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.

Military Service

- 1 I was not in active military service after September 7, 1939.
- 2 I was in active military service after September 7, 1939.

Recent Employment

- 3 I did not work for an employer outside the railroad industry in the last 12 months or since leaving the railroad industry.
- 4 I worked for the following employers outside the railroad industry in the last 12 months or since leaving 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

- 5 I was self-employed during the last 12 months.

Railroad Employment

- 6 You have a current connection with the railroad industry.
- 7 A current connection with the railroad industry is "deemed" because you:
 - 1 Had at least 25 years of railroad service, and
 - 2 "Involuntarily and without fault" stopped working for the railroad on or after October 1, 1975 and was never called back to work for the railroad employer, and
 - 3 Did not decline an offer from a railroad employer to return to a job in the same

“class or craft” as the last railroad job.

8 You do not have a current connection with the railroad industry.

9 I have worked for the following railroad or other employer in the railroad industry.

Railroad Name Date Last Worked Date Relinquished Rights

Name and Address

Date of Birth

Daytime Telephone Number

Type of Application Filed

10 I am applying for a benefit based on my age and railroad service

11 I am applying for a benefit based on being disabled.

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

Bank Name
Routing Number
Account Number
Account Type

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

Marriages

14 I have never been married.

15 I am currently married.

16 I was previously married.

Family

17 I have a child or children who are unmarried and under age 18.

- 18 I have a child or children who are unmarried and age 18 through 19 and attending elementary or secondary school full-time.
- 19 I have a child or children who are unmarried and age 18 or older with a disability that began before age 22.
- 20 I do not have unmarried qualifying children.

Other Government Benefits

- 21 I have filed or plan to file in the next three months for Social Security benefits on my own account.
- 22 I have filed or plan to file in the next three months for Social Security benefits on the account of:
Name
Social Security Number
- 23 I have not filed nor do I plan to file in the next three months for Social Security benefits on any account number.
- 24 I have not filed nor do I plan to file in the next three months for Social Security benefits on an additional account number.
- 25 I am currently receiving a social security benefit.
- 26 I am not receiving a social security benefit.
- 27 In the past month I have filed or plan to file in the next three months for Railroad Retirement benefits based on the account of:
Name
Claim Number
- 28 In the past month I have not filed nor do I plan to file in the next three months for Railroad Retirement benefits on any other account number.
- 29 I am currently receiving a railroad retirement annuity on another account number.
- 30 I am receiving or expect to receive a pension or I received a lump-sum payment instead of a monthly pension based on my earnings after 1956 from an employer not

covered by Social Security or Railroad Retirement.

- 31 I am not receiving nor do I expect to receive a pension or lump-sum payment based on my earnings after 1956 from an employer not covered by Social Security or Railroad Retirement.

Other Benefits

32 I am receiving a railroad pension from _____;

33 I am not receiving and do not expect to receive a pension from a current or former railroad employer.

34 I have received or expect to receive workers compensation benefits.

35 I have not and do not expect to receive workers compensation benefits.

36 I have received or expect to receive disability benefits under a Federal, state or local government plan or law.

37 I have not and do not expect to receive disability benefits under a Federal, state or local government plan or law.

Miscellaneous Information

38 The RRB has not been furnished with a court order to enforce my child support or alimony obligation.

39 The RRB has been furnished with a court order to enforce my child support or alimony obligation.

40 The RRB has not been furnished with a court order to pay part of my present or future railroad retirement benefit to a spouse or former spouse as part of a property settlement in a divorce or legal separation proceeding.

41 The RRB has been furnished with a court order to pay part of my present or future railroad retirement benefit to a spouse or former spouse as part of a property settlement in a divorce or legal separation proceeding.

42 I have not received nor do I expect to receive pay for time lost from my last railroad employer.

43 I have received or expect to receive pay for time lost from my last railroad employer.

- 44 I have not received nor do I expect to receive sick pay, under a wage continuation plan established through company policy or a labor agreement, for a period after the actual date I last worked.
- 45 I have received or I expect to receive sick pay, under a wage continuation plan established through company policy or a labor agreement, for a period after the actual date I last worked.

Earnings Information

- 46 Last year your total earnings were \$999,999.99
- 47 Last year your earnings were less than \$999,999.99
- 48 Last year you earned more than \$9999 in each month.
- 49 Last year you earned less than \$9999 in the following months:
January February March April May June July August September October
November December
- 50 This year you expect your total earnings will be \$999,999.99.
- 51 This year you expect your total earnings will be less than \$999,999.99
- 52 This year you expect to earn more than \$9999 in each month.
- 53 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
- 54 Next year you expect your total earnings will be \$999,999.99.
- 55 Next year your total earnings will be less than \$999,999.00.

Felony Information

- 56 Within the past 12 months I have not been imprisoned or been given a sentence of confinement for conviction of a felony.
- 57 Within the past 12 months I have been imprisoned or been given a sentence of confinement for conviction of a felony.

Beginning Dates and Filing Dates

- 58 You requested your annuity begin on the earliest date permitted by law, even if you will receive a reduced annuity.
- 59 You have requested your annuity begin on the earliest date permitted by law, as long as it does not result in a reduced annuity.
- 60 You have selected mm/dd/yyyy for the beginning date of your annuity.
- 61 This application will protect your filing date for Social Security benefits.
- 62 You do not want this application to protect your filing date for Social Security benefits.

Medicare

- 63 You are enrolled in the Medicare Medical Insurance Plan (Part B).
- 64 You wish to enroll in the Medicare Medical Insurance Plan (Part B).
- 65 You do not wish to enroll in the Medicare Medical Insurance Plan (Part B) at this time.
- 66 My annuity will begin before I am age 63 and I am totally disabled for work.
- 67 You are claiming a special enrollment period based on coverage by an employer group health plan.
- 68 You are claiming premium surcharge relief based on coverage by an employer group health plan.

Application for (Application Type - Certification)

RR Claim Number
Name

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.

Printed if application is for Employee Annuity

I have received and reviewed the booklets *RB-1 Age and Service 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.

Printed if application is for Disabled Employee Annuity

I have received and reviewed the booklets *RB-1 Age and Service Annuity*, *RB-1d Employee Disability Benefits* 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 go to work for any employer in the railroad industry;
- I begin to receive a pension based on earnings that are not covered by the Social Security Administration;
- 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 am filing in advance and my last date of employment changes;
- I return to work for (show last non railroad employer).
- I earn over the annual earnings exempt amount.
- My expected earnings amount changes.
- I begin to receive worker's compensation or public disability benefits.
- I begin to receive a pension or lump-sum payment from my railroad employer.
- My address changes;
- My bank account changes;
- I am confined to a jail, prison, penal institution or correctional institution for conviction of a criminal offense.

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