

APPLICATION FOR CHILD'S ANNUITY

DO NOT WRITE IN THIS SPACE

OFFICIALLY FILED

MONTH	DAY	YEAR

OFFICE NUMBER

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APPROVED

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APPLICATION NUMBER

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DATE CODED

MONTH	DAY	YEAR

CODED BY

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Section 1 General Instructions

Before you complete this application, be sure to read Part 1 of booklet RB-17, Survivor Annuities, which explains information you will need to answer many of the questions in this application.

If filing for a child's disability also complete Form AA-19a. If filing for a student's annuity also complete Form G-315.

Please read "Important Notices" on page 14 of this application.

Print all answers in ink or use a typewriter. If you need more space than is provided to answer a question, use Section 10 for this purpose. If you do not know the answer to a question, print "unknown" in the space provided for the answer.

When entering dates, always use numbers. Also, be sure there is one number in each box. For example, you would enter February 13, 2000, as:

MONTH	DAY	YEAR
0 2	1 3	2 0 0 0

Some items in this application will not apply to you so you will not need to answer them. Based on your answer to a question, you may be told to skip to another item number, or even another section. Follow the instructions that tell you to "Go to" another item. These are designed to save you time and help you move through the application form quickly, filling in only necessary information. **If no "Go to" instructions are given, answer the next item in order. Do not skip any items unless directed to do so.**

If you are completing this application on behalf of the child, you must answer each question as it applies to **the child**.

Section 2 Identifying Information

Check the information entered by the Railroad Retirement Board (RRB) for Items 1 through 6 for accuracy.

- If the information is correct, **go to Section 3**.
- If the information is not correct, cross out the incorrect information and enter the correct information above it.
- If the information is missing, fill it in.

Employee Identification	1	EMPLOYEE'S NAME →	
	2	EMPLOYEE'S SOCIAL SECURITY NUMBER →	
	3	EMPLOYEE'S RAILROAD RETIREMENT CLAIM NUMBER →	
Applicant Identification	4	APPLICANT'S NAME →	
	5	a STREET ADDRESS →	
		b CITY AND STATE →	
		c ZIP CODE →	
		d COUNTY →	
6	DAYTIME TELEPHONE NUMBER →		

Section 3 Information About The Employee

If a railroad retirement survivor benefit was previously received by someone, go to Section 4; otherwise go to Item 7.

Birth Date	7 Enter the employee's date of birth.	MONTH	DAY	YEAR		
Residence	8 Enter the state (or country if other than United States) which was the employee's permanent home at the time of death.					
	If the employee was age 62 or older when he or she died, go to Item 10.					
Disability	9 Enter an "X" in the appropriate box: The employee was unable to work at the time of death because of an illness or accident which occurred at least five months before death.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Military Service	Please read the section "Credit for Employee's Military Service" in the RB-17 booklet to find out how active military service is determined.					
	10 Enter an "X" in the appropriate box: The employee was in active military service after September 7, 1939.		<input type="checkbox"/> Yes → Go to Note and Item 11 <input type="checkbox"/> No → Go to Item 13			
	<div style="border: 1px solid black; border-radius: 15px; padding: 5px; margin: 5px 0;"> <p>Note: If answered "Yes," you will have to submit proof of the employee's military service. If you cannot submit proof, show the branch of the service and the beginning and ending dates for each period of service in Section 10.</p> </div>					
	11 Enter an "X" in the appropriate box: The employee had voluntary military service during the period June 15, 1948, through December 15, 1950.		<input type="checkbox"/> Yes → Go to Item 12 <input type="checkbox"/> No → Go to Item 13			
12 Enter an "X" in the appropriate box: The employee had nonrailroad earnings after leaving the military service and before returning to the railroad.		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Recent Employment	13 Regardless of whether the employee was retired at death, show the name and address of each railroad or non-railroad employer for whom the employee performed any part-time or full-time work during the last 3 years he or she worked. Print the name and address of the most recent employer in a, the second in b, and so on. Enter the date each job began and ended.					
	Name and Address of Employer					
	a. Name		Began		Ended	
			Month	Year	Month	Year
	Street Address		City, State & ZIP Code			
	b. Name		Began		Ended	
		Month	Year	Month	Year	
Street Address		City, State & ZIP Code				
c. Name		Began		Ended		
		Month	Year	Month	Year	
Street Address		City, State & ZIP Code				
Self-Employment	14 Enter an "X" in the appropriate box: The employee was self-employed during any of the last three calendar years.		<input type="checkbox"/> Yes → Go to Item 15 <input type="checkbox"/> No → Go to Item 17			
	15 Enter an "X" in the appropriate box: The employee's net earnings from self-employment were more than \$400 in any of the last three calendar years.		<input type="checkbox"/> Yes → Go to Item 16 <input type="checkbox"/> No → Go to Item 17			
	16 Enter an "X" in the appropriate box(es) to show the year or years in which the employee's net earnings from self-employment were more than \$400.		<input type="checkbox"/> This year <input type="checkbox"/> Last year <input type="checkbox"/> Year before last			

Railroad Employment	<p>Answer Items 17 and 18 only if the employee was alive on October 1, 1981, and he or she had at least 25 years of railroad service; otherwise go to Item 19.</p> <p>Please read the section "<i>Requirements The Employee Must Have Met</i>" in the RB-17 booklet to find out what special conditions may apply if the employee was alive on October 1, 1981, and had at least 25 years of railroad service.</p> <p style="text-align: center;">Note: You may be requested to submit proof to verify the statements made in Items 17 and 18.</p>							
	<p>17 Enter an "X" in the appropriate box: The employee "involuntarily and without fault":</p> <ul style="list-style-type: none"> ● stopped working for his or her last railroad employer on or after October 1, 1975, or ● was on furlough, leave of absence status, or absent because of injury on October 1, 1975, and was never called back to work for that employer. 				<p><input type="checkbox"/> Yes → Go to Item 18</p> <p><input type="checkbox"/> No → Go to Item 19</p>			
	<p>18 Enter an "X" in the appropriate box: The employee declined an offer from a railroad employer to return to a job in the same "class or craft" as his or her last railroad job.</p>				<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>			
Employee's Marriages	<p>19 Print the requested information for each of the employee's marriages. Print the most recent in a, the second most recent in b, and so on.</p>							
	Name of Employee's Wife or Husband (if wife, include maiden name)	Date Married		City and State Married (country if other than United States)	How Marriage Ended (Check One)	Answer if Marriage Ended for Reason Other than Employee's Death		
		Month	Day	Year	<input type="checkbox"/> Employee's Death <input type="checkbox"/> Spouse's Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	Date Marriage Ended	City and State Marriage Ended (country if other than United States)	
	a					Month	Day	Year
		Month	Day	Year	<input type="checkbox"/> Employee's Death <input type="checkbox"/> Spouse's Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	Month	Day	Year
	b							
		Month	Day	Year	<input type="checkbox"/> Employee's Death <input type="checkbox"/> Spouse's Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	Month	Day	Year
	c							

Widow(er)	<p>Please read the section "<i>Definition Of A Widow(er)'s Annuity</i>" in the RB-17 booklet to find out what categories of widow(er) may be eligible for a railroad retirement annuity.</p>					
	<p>20 Enter an "X" in the appropriate box: There is a widow(er), remarried widow(er), or surviving divorced spouse who may be eligible for a widow(er)'s annuity.</p>				<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

Parents	<p>21 Enter an "X" in the appropriate box: The employee was survived by a parent.</p>				<p><input type="checkbox"/> Yes → Go to Item 22</p> <p><input type="checkbox"/> No → Go to Section 4</p>		
	<p>22 Enter an "X" in the appropriate box: The parent was dependent on the employee for one-half of his or her support.</p>				<p><input type="checkbox"/> Yes → Go to Item 23</p> <p><input type="checkbox"/> No → Go to Section 4</p>		
	<p>23 Print the requested information for each dependent parent of the employee.</p>						
	Name of Parent	Date of Birth			Address and Telephone Number		
	a	Month	Day	Year	Address		
					Telephone Number (include area code) ()		
	b	Month	Day	Year	Address		
					Telephone Number (include area code) ()		

Married Children	28 Enter an "X" in the appropriate box: One or more of the children in Item 24 is or has been married.		<input type="checkbox"/> Yes → Go to Item 29 <input type="checkbox"/> No → Go to Item 30			
	29 Print the requested information for every child in Item 24 who has ever been married. Print the youngest child in a.					
	Child's Married Name			Date Married		Date Marriage Ended if applicable
	a	Month	Day	Year	Month	Day
b	Month	Day	Year	Month	Day	Year

Grand-Children, Other Children	If "Legitimate" or "Adopted" was checked for every child in Item 24, go to Item 32.					
	30 Enter an "X" in the appropriate box: Every "Grandchild" or "Other Child" in Item 24 was living with the employee at the time the employee died.		<input type="checkbox"/> Yes → Go to Item 32 <input type="checkbox"/> No → Go to Item 31			
	31 Print the requested information for every "Grandchild" or "Other Child" in Item 24 who was not living with the employee at the time the employee died. Print the youngest child in a, etc.					
	First Name of Child	Person with Whom Child Lived at the Time the Employee Died			Relationship to Child	
	Name	Address				
a						
b						

Children For Whom You Are Not Filing	32 Enter an "X" in the appropriate box: There is a child for whom I am not filing this application who may be entitled to a child's annuity.		<input type="checkbox"/> Yes → Go to Item 33 <input type="checkbox"/> No → Go to Item 34			
	33 Print the requested information for every child for whom you are not filing an application who may be entitled to a child's annuity. Print the youngest child in a, the next youngest in b, and so on.					
	Child's Full Name			Reason for Not Filing		
	a					
b						
c						

Section 5 Information About The Applicant

Identification	34 Enter an "X" in the appropriate box: I am a child filing for myself.		<input type="checkbox"/> Yes → Go to Item 39 <input type="checkbox"/> No → Go to Item 35			
	35 Print your relationship to the youngest child in Item 24.					
Relationship	36 Enter an "X" in the appropriate box: My relationship to every child in Item 24 is the same.		<input type="checkbox"/> Yes → Go to Item 38 <input type="checkbox"/> No → Go to Item 37			

Relationship Con't	37 Print the requested information for every child for whom your relationship differs.		
	Child's Name	Your Relationship to Child	
	a		
	b		
	c		

Social Security Number	38 Enter your social security number if you are the parent of at least one child in Item 24.						
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Criminal Offense	39 Enter an "X" in the appropriate box: Within the past 12 months, a child named in Item 24 has been imprisoned or given a sentence of confinement due to a conviction for a criminal offense.		<input type="checkbox"/> Yes → Go to Item 40 <input type="checkbox"/> No → Go to Section 6		
	40 Enter the date of the conviction.		Month	Day	Year
	41 Enter the date of the sentence of confinement.		Month	Day	Year
	42 Enter the date that confinement began.		Month	Day	Year
43 Enter an "X" in the appropriate box: Has the confinement ended?		<input type="checkbox"/> Yes → Go to Item 44 <input type="checkbox"/> No → Go to Section 6			
44 Enter the date confinement ended.		Month	Day	Year	

Section 6 Information About Applicant's Other Government Benefits

When answering Items 45 through 52, consider only the children listed in Item 24.

Social Security Benefits— Filed For	45 Enter an "X" in the appropriate box: An application has been filed for benefits under the Social Security Act for any child.		<input type="checkbox"/> Yes → Go to Item 46 <input type="checkbox"/> No → Go to Item 47		
	46 Print the requested information for every child for whom a social security application has been filed. Use as many lines as needed beginning with a.				
	Child's Name	Person Whose Record was Filed On	Social Security Number Filed On		
	a				
b					
c					

Social Security Benefits— Future Filing	47 Enter an "X" in the appropriate box: An application will be filed in the future for benefits under the Social Security Act for any child.		<input type="checkbox"/> Yes → Go to Item 48 <input type="checkbox"/> No → Go to Item 50		
	48 Print the name of the person on whose record the child will file.				
	49 Enter that person's social security number.				

Railroad Retirement Benefits	50 Enter an "X" in the appropriate box: An application has been filed or will be filed for monthly railroad retirement benefits for any child based on someone other than the employee.	<input type="checkbox"/> Yes → Go to Item 51 <input type="checkbox"/> No → Go to Section 7		
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Railroad Retirement Benefits Con't	51 Print the name of the person on whose record the application has been filed or will be filed.						
	52 Enter that person's Railroad Retirement Board claim number, including the letter prefix.	Prefix					If only six numbers, enter here

Section 7 Information About Work And Earnings

Please read the section "How Earnings Affect An Annuity" in the RB-17 booklet to find out how work and earnings can affect a child's annuity. Also, please refer to **Form G-77, How Earnings Affect Payment of Survivor Annuities**, for the exempt amounts to use when answering Items 53 through 59.

When answering Items 53 through 61, consider only the children listed in Item 24.

Answer Items 53 and 54 only if the employee died before January 1 of this year.

Earnings Last Year (Year)	53 Enter an "X" in the appropriate box: The total earnings of any child for all employment last year were more than the annual earnings exempt amount shown on Form G-77.	<input type="checkbox"/> Yes → Go to Item 54	
		<input type="checkbox"/> No → Go to Item 55	
	54 Print the requested information for every child whose total earnings for last year were more than the annual earnings exempt amount shown on Form G-77. Use as many lines as needed beginning with a.		
	a	1 Child's Name	2 Total Earnings for Last Year (Show Dollars Only) \$
		3 Enter an "X" in the appropriate box: Did the child earn more than the monthly earnings exempt amount in employment for hire or perform substantial services in self-employment in every month last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		4 Enter an "X" next to each month last year in which the child did not earn more than the monthly earnings exempt amount or perform substantial services in self-employment.	<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC
	b	1 Child's Name	2 Total Earnings for Last Year (Show Dollars Only) \$
		3 Enter an "X" in the appropriate box: Did the child earn more than the monthly earnings exempt amount in employment for hire or perform substantial services in self-employment in every month last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		4 Enter an "X" next to each month last year in which the child did not earn more than the monthly earnings exempt amount or perform substantial services in self-employment.	<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC
	c	1 Child's Name	2 Total Earnings for Last Year (Show Dollars Only) \$
		3 Enter an "X" in the appropriate box: Did the child earn more than the monthly earnings exempt amount in employment for hire or perform substantial services in self-employment in every month last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		4 Enter an "X" next to each month last year in which the child did not earn more than the monthly earnings exempt amount or perform substantial services in self-employment.	<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC
	Earnings This Year (Year)	55 Enter an "X" in the appropriate box: The total earnings of any child for all employment this year will be more than the annual earnings exempt amount.	<input type="checkbox"/> Yes → Go to Item 56
			<input type="checkbox"/> No → Go to Item 57

Earnings
This Year
Con't

56 Print the requested information for **every** child whose total earnings for this year are expected to be more than the annual earnings exempt amount. Use as many lines as needed beginning with a.

a	1 Child's Name	2 Total Earnings for This Year (Show Dollars Only) \$																								
3 Enter an "X" in the appropriate box: Did the child earn more than the monthly earnings exempt amount in employment for hire or perform substantial services in self-employment in every month this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No																								
4 Enter an "X" next to each month this year in which the child did not, or does not expect to, earn more than the monthly earnings exempt amount or perform substantial services in self-employment.		<table border="1"> <tr> <td><input type="checkbox"/></td><td>JAN</td> <td><input type="checkbox"/></td><td>FEB</td> <td><input type="checkbox"/></td><td>MAR</td> <td><input type="checkbox"/></td><td>APR</td> <td><input type="checkbox"/></td><td>MAY</td> <td><input type="checkbox"/></td><td>JUN</td> </tr> <tr> <td><input type="checkbox"/></td><td>JUL</td> <td><input type="checkbox"/></td><td>AUG</td> <td><input type="checkbox"/></td><td>SEP</td> <td><input type="checkbox"/></td><td>OCT</td> <td><input type="checkbox"/></td><td>NOV</td> <td><input type="checkbox"/></td><td>DEC</td> </tr> </table>	<input type="checkbox"/>	JAN	<input type="checkbox"/>	FEB	<input type="checkbox"/>	MAR	<input type="checkbox"/>	APR	<input type="checkbox"/>	MAY	<input type="checkbox"/>	JUN	<input type="checkbox"/>	JUL	<input type="checkbox"/>	AUG	<input type="checkbox"/>	SEP	<input type="checkbox"/>	OCT	<input type="checkbox"/>	NOV	<input type="checkbox"/>	DEC
<input type="checkbox"/>	JAN	<input type="checkbox"/>	FEB	<input type="checkbox"/>	MAR	<input type="checkbox"/>	APR	<input type="checkbox"/>	MAY	<input type="checkbox"/>	JUN															
<input type="checkbox"/>	JUL	<input type="checkbox"/>	AUG	<input type="checkbox"/>	SEP	<input type="checkbox"/>	OCT	<input type="checkbox"/>	NOV	<input type="checkbox"/>	DEC															
b	1 Child's Name	2 Total Earnings for This Year (Show Dollars Only) \$																								
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<input type="checkbox"/>	JAN	<input type="checkbox"/>	FEB	<input type="checkbox"/>	MAR	<input type="checkbox"/>	APR	<input type="checkbox"/>	MAY	<input type="checkbox"/>	JUN															
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<input type="checkbox"/>	JAN	<input type="checkbox"/>	FEB	<input type="checkbox"/>	MAR	<input type="checkbox"/>	APR	<input type="checkbox"/>	MAY	<input type="checkbox"/>	JUN															
<input type="checkbox"/>	JUL	<input type="checkbox"/>	AUG	<input type="checkbox"/>	SEP	<input type="checkbox"/>	OCT	<input type="checkbox"/>	NOV	<input type="checkbox"/>	DEC															

Earnings
Next Year

(Year)

57 Enter an "X" in the appropriate box:
This application is being returned in September, October, November, or December.

Yes → Go to Item 58
 No → Go to Item 60

58 Enter an "X" in the appropriate box:
The total earnings of **any** child for **all** employment next year will be more than this year's annual earnings exempt amount.

Yes → Go to Item 59
 No → Go to Item 60

59 Enter the requested information for **every** child whose total earnings for next year are expected to be more than the annual earnings exempt amount. Use as many blanks as needed beginning with a.

	Child's Name	Expected Earnings Next Year (Show Dollars Only)
a		\$
b		\$
c		\$

Railroad
Work

60 Enter an "X" in the appropriate box:
Any child has worked for a railroad or other employer in
the railroad industry.

Yes → Go to Item 61
 No → Go to Section 8

61 Print the requested information for **every** child who has worked for a railroad or other employer in the railroad industry. Use as many lines as are needed beginning with a.

a	1 Child's Name	2 Railroad Employer						
	3 Date Last Worked	Month	Day	Year				
	4 Enter an "X" next to each month in this year during which the child worked for an employer in the railroad industry.	<input type="checkbox"/> JAN	<input type="checkbox"/> FEB	<input type="checkbox"/> MAR	<input type="checkbox"/> APR	<input type="checkbox"/> MAY	<input type="checkbox"/> JUN	
		<input type="checkbox"/> JUL	<input type="checkbox"/> AUG	<input type="checkbox"/> SEP	<input type="checkbox"/> OCT	<input type="checkbox"/> NOV	<input type="checkbox"/> DEC	
	5 If you expect the annuity to begin before January 1st of this year, enter an "X" next to each month of the last year during which the child worked for an employer in the railroad industry.	<input type="checkbox"/> JAN	<input type="checkbox"/> FEB	<input type="checkbox"/> MAR	<input type="checkbox"/> APR	<input type="checkbox"/> MAY	<input type="checkbox"/> JUN	
		<input type="checkbox"/> JUL	<input type="checkbox"/> AUG	<input type="checkbox"/> SEP	<input type="checkbox"/> OCT	<input type="checkbox"/> NOV	<input type="checkbox"/> DEC	
	b	1 Child's Name	2 Railroad Employer					
		3 Date Last Worked	Month	Day	Year			
		4 Enter an "X" next to each month in this year during which the child worked for an employer in the railroad industry.	<input type="checkbox"/> JAN	<input type="checkbox"/> FEB	<input type="checkbox"/> MAR	<input type="checkbox"/> APR	<input type="checkbox"/> MAY	<input type="checkbox"/> JUN
			<input type="checkbox"/> JUL	<input type="checkbox"/> AUG	<input type="checkbox"/> SEP	<input type="checkbox"/> OCT	<input type="checkbox"/> NOV	<input type="checkbox"/> DEC
		5 If you expect the annuity to begin before January 1st of this year, enter an "X" next to each month of the last year during which the child worked for an employer in the railroad industry.	<input type="checkbox"/> JAN	<input type="checkbox"/> FEB	<input type="checkbox"/> MAR	<input type="checkbox"/> APR	<input type="checkbox"/> MAY	<input type="checkbox"/> JUN
			<input type="checkbox"/> JUL	<input type="checkbox"/> AUG	<input type="checkbox"/> SEP	<input type="checkbox"/> OCT	<input type="checkbox"/> NOV	<input type="checkbox"/> DEC
c		1 Child's Name	2 Railroad Employer					
		3 Date Last Worked	Month	Day	Year			
		4 Enter an "X" next to each month in this year during which the child worked for an employer in the railroad industry.	<input type="checkbox"/> JAN	<input type="checkbox"/> FEB	<input type="checkbox"/> MAR	<input type="checkbox"/> APR	<input type="checkbox"/> MAY	<input type="checkbox"/> JUN
			<input type="checkbox"/> JUL	<input type="checkbox"/> AUG	<input type="checkbox"/> SEP	<input type="checkbox"/> OCT	<input type="checkbox"/> NOV	<input type="checkbox"/> DEC
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			<input type="checkbox"/> JUL	<input type="checkbox"/> AUG	<input type="checkbox"/> SEP	<input type="checkbox"/> OCT	<input type="checkbox"/> NOV	<input type="checkbox"/> DEC

Section 8 Filing Date

Answer only if you are disabled or otherwise eligible for social security disability or survivor benefits **and** you have not filed an application for such benefits.

62 Enter an "X" in the appropriate box:
I also want this application used to protect my filing date
for social security benefits.

Yes
 No

Section 11 Certification

Certification

70 Enter an "X" in the appropriate box:
I will have a guardian or other representative sign this application on my behalf.

- Yes → Go to Note and Item 71
 No → Go to Item 71

Note: If answered "Yes," your guardian or other representative must sign this application. That person must also complete and return **Form AA-5, Application for Substitution of Payee.**

71 I know that if I make a false or fraudulent statement in order to receive benefits from the Railroad Retirement Board (RRB), I am committing a crime which is punishable under Federal law.

I have received the booklet **RB-17, Survivor Annuity**, and the booklet **RB-9s, Events That Affect A Survivor Annuity**. I understand that I am responsible for reporting any events that would affect my annuity as explained in those booklets.

I certify that the information I gave to the RRB on this application is true to the best of my knowledge.

I agree to immediately notify the RRB:

- If I /any child marries;
- If I /any child over age 18 ceases to attend school full time;
- If an application is filed for social security benefits on any person's earnings record;
- If I /any child goes to work for an employer in the railroad industry;
- If I /any child will earn more than the annual earnings exempt amount, and it was not reported on the application;
- If the reported earnings estimate changes;
- If my address changes;
- If any child for whom I am receiving benefits dies or leaves my care;
- If I am, or any child is, confined in a jail, prison, penal institution, or correctional institution due to a conviction for a criminal offense.

Signature
(First Name, Middle Initial,
Last Name)



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Date



Month	Day	Year

72 If this certification is signed by mark ("X") in Item 71, two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.

a. Signature of Witness

Address (Number and Street)

City, State, and ZIP Code

Daytime Telephone Number

Area Code

Telephone Number

b. Signature of Witness

Address (Number and Street)

City, State, and ZIP Code

Daytime Telephone Number

Area Code

Telephone Number

Section 12 How To Return Your Application

Before you return your application, check to make sure that:

- **Every** question that applies to you has been answered.
- You have entered "unknown" in **any** answer space for which you were unable to answer a question.
- You have signed and dated the application.
- You have included **all** the needed proofs listed in the letter you received with this application.

When you received the child's application, you should also have received a pre-addressed return envelope. If you do not have this envelope, you can use any envelope as long as it is addressed to the RRB office shown on page 13 of this application. No matter which envelope you use, you must put the correct postage on the envelope. Be careful to provide enough postage, because your application and the accompanying forms may weigh more than a standard letter. The U.S. Postal Service will not deliver your application unless it has the correct postage.

Make one final check before you seal the envelope to ensure that the following are enclosed:

- NEEDED PROOFS
- THE APPLICATION FORM ITSELF
- ADDITIONAL FORMS YOU WERE ASKED TO COMPLETE

Note: *Make no entries on page 13, which is the receipt for your claim. After the RRB office receives the child's application, they will complete the blanks on the receipt and send it back to you. When it is returned to you, you will know that the RRB has received the application and has started the work needed to determine if the child is entitled to benefits. If you do not receive your receipt within two weeks after you filed this application, please contact us so we can find out what is causing the delay.*

Receipt For Your Claim

Employee's Name

Applicant's Name

Railroad Retirement Board Claim Number

Date Claim Received

Your application for a railroad retirement child's annuity has been received and will be processed as quickly as possible. If you do not receive your first payment by _____, you should contact the servicing field office shown below. If you change your address, or if there is some other change that may affect your claim, you or your representative should report the change. The changes to be reported are listed below. Always give us your claim number when writing or calling about your claim. If you have any questions about your claim, we will be glad to help you. If you need to personally visit one of our field offices, please call for an appointment. You will not be refused service if you do not have an appointment, but our staff can serve you better when an appointment is made. Most offices are open to the public from 9:00 AM to 3:30 PM, Monday through Friday.

Always Report These Changes To The RRB

- **Death**—If any child dies.
- **Marriage**—If any child marries.
- **Social Security**—If an application is filed for social security benefits for any child based on any person's earnings record.
- **Earnings**—If a child's earnings change. On your application you told us you expected total earnings for _____ to be \$ _____. He or she (is) (is not) earning more than \$ _____ a month. He or she (is) (is not) performing substantial services in self-employment.
- **Work**—If a child goes to work for an employer in the railroad industry.
- **Address**—If your address changes, even if your payments are sent to a financial organization.
- **Child is in Your Care**—If any child leaves your care.
- **Criminal Offense**—If any child is confined in a jail, prison, penal institution or correctional facility due to a conviction for a criminal offense.
- **School Attendance**—If a child over age 18 stops attending school full-time.

Report at once if work pattern changes.

How to Report Changes

When a change occurs after you have begun receiving your annuity, you should report the change at once. You or your representative can make your reports by telephone, mail, or in person, whichever you prefer. In addition, an annual report of earnings must be filed with the Railroad Retirement Board within 3 months and 15 days after the end of any taxable year in which you earned more than the exempt amount.

The annual report of earnings is required by law and failure to report may result in the loss of one or more monthly benefits.

To report any of the above changes, contact:

▶ Railroad Retirement Board

☎ Telephone Number:

If for some reason you cannot contact that office, you should contact:

▶ U S RAILROAD RETIREMENT BOARD
844 N RUSH ST
CHICAGO IL 60611-2092

Important Notices

Paperwork Reduction and Privacy Act Notice

This notice is given under the Paperwork Reduction Act of 1995 and the Privacy Act of 1974. The Privacy Act requires that the Railroad Retirement Board (RRB) tell you the following whenever we ask you for information.

- 1) The law which allows us to ask for the information;
- 2) whether that law requires you to give us that information and what, if anything, might happen to you if you do not give it to us;
- 3) the reason why the information is requested; and
- 4) the persons, organizations, and agencies to which we may release the information without your permission.

The RRB's authority for requesting this information is Section 7(b) of the Railroad Retirement Act of 1974. Providing us with this information is voluntary on your part. However, if you fail to provide us with the requested information we may be unable to pay you any benefits. The RRB needs this information to determine whether you are eligible to receive such benefits and, if so, the amount you are entitled to receive. If your annuity application is approved and we begin to pay you benefits, information that we may request from you in the future will be used to determine whether you are entitled to continue to receive such benefits.

Although the information we request is almost never used for any purpose other than the payment of benefits under the Railroad Retirement Act, the RRB does have the authority to release information to the indicated individuals, organizations, and/or agencies listed below without your approval:

- 1) An attorney, the Office of the President, a Congressional office, a labor union or the Department of State's embassy or consular offices if they allege to be representing you at your request.
- 2) Other people who are receiving benefits based on the same railroad retirement account as you are if the information affects their payments from the RRB.
- 3) A person who will receive benefits on your behalf if the RRB decided that some medical condition keeps you from receiving your own benefits; such information may also be released in determining whether such a medical condition exists and who is suitable to receive such benefits for you.
- 4) To people or organizations who are working for the RRB; such information may include medical records.
- 5) The U.S. Treasury Department or U.S. Postal Service to issue checks and to investigate lost, forged, or stolen checks.
- 6) Your last employer to make sure that you are eligible to receive railroad retirement benefits and you continue to receive any available medical benefits, and to any railroad industry employer (or to its insurance company) to make sure that you can receive any private retirement or insurance benefits which may be offered by the employer.
- 7) The Social Security Administration, Centers for Medicare & Medicaid Services, Pension Benefit Guarantee Corporation,

Office of Personnel Management, Department of Veterans Affairs, or Federal, state, or local welfare or public aid agencies to determine if you can receive benefits from these organizations and if any previous benefits were paid incorrectly.

- 8) The Internal Revenue Service or to state and local taxing authorities for figuring your taxes and for use in audits.
- 9) Your last address and the name of your last employer may be released to the Department of Health and Human Services to be used in the Parent Locator Service.
- 10) The General Accounting Office for audits and for collecting overpayments owed to the RRB or the Social Security Administration.
- 11) The U.S. Department of Labor as required by the Federal Coal Mine and Safety Act.
- 12) In certain cases for law enforcement purposes and for court proceedings.
- 13) Information about the determination and recovery of an overpayment made to you may be released to any other person from whom any portion of the overpayment is being recovered.
- 14) Your name and address may be released to a Member of Congress to inform you about current or proposed legislation which could affect the railroad retirement system.
- 15) Professional Standard Review Organizations and State Licensing Boards when services provided by physicians or practitioners suggest unethical or unprofessional conduct.

We estimate this form takes an average of 27 to 47 minutes per response to complete, 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 Management, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-2092.

Computer Matching and Privacy Protection Act Notice

The Computer Matching and Privacy Protection Act of 1988 requires the Railroad Retirement Board (RRB) to advise you that information you have provided may be used, without your consent, in automated matching programs. These matching programs are a computer comparison of RRB records with records kept by other Federal, state, or local governmental agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.