

Application for Parent's Annuity

DO NOT WRITE IN THIS SPACE

OFFICIALLY FILED

MONTH	DAY	YEAR

OFFICE NUMBER

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APPROVED

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 I of booklet RB-17, Survivor Annuities, which explains information you will need to answer many of the questions in this application.

Please read "Important Notices" on page 12 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 12, 2000, as:

MONTH	DAY	YEAR
0	2	1 2 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 someone else, you must answer each question as it applies to **the applicant**.

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; text-align: center;"> <p>Note: If answered "Yes," you will have to submit proof of the employee's military service. If you cannot submit proof show, in Section 10, the branch of the service and the beginning and ending dates for each period of service.</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 13a, the second in 13b, and so on. Enter the date each job began and ended.				
Name and Address of Employer						
a						
Name			Began		Ended	
Address			Month	Year	Month	Year
City, State, ZIP Code						
b						
Name			Began		Ended	
Address			Month	Year	Month	Year
City, State, ZIP Code						
c						
Name			Began		Ended	
Address			Month	Year	Month	Year
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			

Self-Employment (Continued)	16	Enter an "X" in the appropriate box(es): 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
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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>If the employee was alive on October 1, 1981, and had at least 25 years of railroad service, read the section "<i>Requirements The Employee Must Have Met</i>" in Part I of the RB-17 booklet to find out what special conditions may apply.</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>		
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17	Enter an "X" in the appropriate box: The employee "involuntarily and without fault":	
	<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. 	<input type="checkbox"/> Yes → Go to Item 18 <input type="checkbox"/> No → Go to Section 4

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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Section 4 Information About The Employee's Family

Widow(er)	Please read the section " <i>Definition of a Widow(er)'s Annuity</i> " in Part II of the RB-17 booklet to find out what categories of widow(er) may be eligible for a railroad retirement annuity.		
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19	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. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Children	Please read the section " <i>Definition of a Child's Annuity</i> " in Part II of the RB-17 booklet to find out what categories of children may be eligible for a railroad retirement annuity.		
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20	Enter an "X" in the appropriate box: There are children who may be eligible for an annuity. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Answer Item 21 only if the employee was male.

21	Enter an "X" in the appropriate box: A child of the employee is expected to be born. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Section 5 Information About The Applicant

Birth Date	22	Enter your date of birth. _____ →	Month	Day	Year	

Relationship	23	Enter an "X" in the appropriate box: I am the employee's only living natural parent, stepparent, or adoptive parent. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No
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24	Enter an "X" in one box only to show your relationship to the employee. _____ →	<input type="checkbox"/> Natural Parent → Go to Item 29 <input type="checkbox"/> Stepparent → Go to Item 25 <input type="checkbox"/> Adoptive Parent → Go to Item 26
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Step-Parent	25	Enter the date of your marriage to the employee's natural mother or father. _____ →	Month	Day	Year	Go to Item 29
Adoptive Parent	26	Enter the place (city and state or foreign country) where you adopted the employee. _____ →				
	27	Enter the date of the adoption. _____ →	Month	Day	Year	
28	Enter the name of the court which issued the adoption decree. _____ →					
Support	29	<p>Enter an "X" in the appropriate box: The employee was contributing at least one-half of the money and goods needed to support me at the time the employee died or at the beginning of the employee's period of disability if he or she had one. (Consider the following as contributions to support: money, food, clothes, paying bills, providing rent-free housing.)</p> <p style="text-align: right;"> <input type="checkbox"/> Yes → Go to Note and Item 30 <input type="checkbox"/> No → Go to Section 11 </p>				
			<p>Note: If answered "Yes," you will have to complete and return to the RRB, Form G-134, Statement Regarding Contributions and Support.</p>			
Marriage	30	Enter an "X" in the appropriate box: I remarried after the employee's death. _____ →	<input type="checkbox"/> Yes → Go to Item 31 <input type="checkbox"/> No → Go to Item 32			
			31 Enter the requested information for each of your marriages after the employee's death. Print the most recent marriage in a, the second most recent in b, and so on.			
		Your Husband's or Wife's Name	Date Married			How Marriage Ended (Check One) (If Marriage Never Ended Leave Blank)
	a		Month	Day	Year	<input type="checkbox"/> Spouse's death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment
b		Month	Day	Year	<input type="checkbox"/> Spouse's death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	
c		Month	Day	Year	<input type="checkbox"/> Spouse's death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	
Social Security Number	32	Enter your social security number. If none enter "TO BE SUBMITTED." _____ →				
Criminal Offense	33	Enter an "X" in the appropriate box: Within the past 12 months, I have been imprisoned or given a sentence of confinement due to a conviction for a criminal offense. _____ →	<input type="checkbox"/> Yes → Go to Item 34 <input type="checkbox"/> No → Go to Section 6			
			34	Enter the date of the conviction. _____ →	Month	Day
35	Enter the date of the sentence of confinement. _____ →	Month	Day	Year		

Criminal Offense (Continued)	36	Enter the date that confinement began. _____ →	Month	Day	Year	
	37	Enter an "X" in the appropriate box: Has the confinement ended? _____ →	<input type="checkbox"/> Yes → Go to Item 38 <input type="checkbox"/> No → Go to Section 6			
	38	Enter the date confinement ended. _____ →	Month	Day	Year	

Section 6 Information About Applicant's Other Government Benefits

Social Security Benefits	39	Enter an "X" in the appropriate box: I have filed, or plan to file, an application for benefits under the Social Security Act. _____ →	<input type="checkbox"/> Yes → Go to Item 40 <input type="checkbox"/> No → Go to Item 43			
	40	Enter an "X" in the appropriate box: I have filed, or plan to file, for social security benefits based on someone other than myself. _____ →	<input type="checkbox"/> Yes → Go to Item 41 <input type="checkbox"/> No → Go to Item 43			
	41	Enter the name of the person on whose account you are filing. _____ →				
	42	Enter that person's social security number. _____ →				

Railroad Retirement Benefits	43	Enter an "X" in the appropriate box: I have filed, or plan to file within 90 days, an application for monthly railroad retirement benefits based on someone other than the employee. _____ →	<input type="checkbox"/> Yes → Go to Item 44 <input type="checkbox"/> No → Go to Section 7			
	44	Enter an "X" in the appropriate box: I have filed, or plan to file, an application for railroad retirement benefits based on my own railroad employment. _____ →	<input type="checkbox"/> Yes → Go to Section 7 <input type="checkbox"/> No → Go to Item 45			
	45	Enter the name of the person on whose record you have filed or will file. _____ →				
	46	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 Part V of the RB-17 booklet to find out how work and earnings can affect your railroad retirement annuity.

If you were age 70 or older when the employee died, or you are now age 71 or older, go to Item 58, Railroad Work.

When answering Items 47 through 57, refer to Form G-77, How the Amount of Earnings Affects Payment of Survivor Annuities, for the exempt amount to use.

If the employee died January 1 or later of this year, skip Items 47-50 and go to Item 51, Earnings This Year.

Earnings Last Year (Year)	47	Enter an "X" in the appropriate box: My total earnings 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 48 <input type="checkbox"/> No → Go to Item 51			
	48	Enter your total earnings for last year. (SHOW DOLLARS ONLY) _____ →	\$			
	49	Enter an "X" in the appropriate box: I earned more than the monthly earnings exempt amount in employment for hire or performed substantial services in self-employment in every month last year. _____ →	<input type="checkbox"/> Yes → Go to Item 51 <input type="checkbox"/> No → Go to Item 50			

Earnings Last Year (Continued)	50	Enter an "X" next to each month last year in which you 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)	51	Enter an "X" in the appropriate box: I expect my total earnings for all employment this year to be more than the annual earnings exempt amount. →	<input type="checkbox"/> Yes → Go to Item 52 <input type="checkbox"/> No → Go to Item 55										
		52	Enter the total amount that you expect to earn this year. (SHOW DOLLARS ONLY) →	\$										
		53	Enter an "X" in the appropriate box: I expect to earn more than the monthly earnings exempt amount in employment for hire, or to perform substantial services in self-employment in every month this year. →	<input type="checkbox"/> Yes → Go to Item 55 <input type="checkbox"/> No → Go to Item 54										
Earnings Next Year (Year)	54	Enter an "X" next to each month this year in which you did not, or do not expect to, 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
	55	Enter an "X" in the appropriate box: I am returning this application in September, October, November, or December. →	<input type="checkbox"/> Yes → Go to Item 56 <input type="checkbox"/> No → Go to Item 58											
	56	Enter an "X" in the appropriate box: I expect my total earnings for all employment next year to be more than this year's annual earnings exempt amount. →	<input type="checkbox"/> Yes → Go to Item 57 <input type="checkbox"/> No → Go to Item 58											
Railroad Work	57	Enter the total amount that you expect to earn next year. (SHOW DOLLARS ONLY) →	\$											
	58	Enter an "X" in the appropriate box: I have worked for a railroad or other employer in the railroad industry. →	<input type="checkbox"/> Yes → Go to Item 59 <input type="checkbox"/> No → Go to Section 8											
	59	Enter the name of your last railroad employer. →												
	60	Enter the date you last worked for this employer. →	Month	Day	Year									
	61	Enter an "X" next to each month in this year during which you worked, or you expect to work, 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
Complete Item 62 only if you expect your annuity to begin before January 1 of this year.														
62	Enter an "X" next to each month of last year during which you 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	

Section 8 Filing Date And Medicare

Filing Protection	Answer Item 63 only if you are age 62 or older, disabled, or otherwise eligible for social security old age, disability, or survivor benefits and you have not filed an application for such benefits.		
	63	Enter an "X" in the appropriate box: I also want this application used to protect my filing date for social security benefits. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicare	Please read the section " <i>Medicare Benefits</i> " in Part VIII of the RB-17 booklet for an explanation of the Medicare program.		
	64	Enter an "X" in the appropriate box: I am enrolled in the Medicare medical insurance (Part B). _____ →	<input type="checkbox"/> Yes → Go to Item 65 <input type="checkbox"/> No → Go to Item 67
	65	Enter the name of the agency where you have filed for Medicare. _____ →	
	66	Enter your Medicare claim number. _____ →	Go To Section 9
	67	Enter an "X" in the appropriate box: I am 64 years and 5 months of age or older. _____ →	<input type="checkbox"/> Yes → Go to Item 68 <input type="checkbox"/> No → Go to Section 9
	68	Enter an "X" in the appropriate box: I wish to enroll in Part B. _____ →	<input type="checkbox"/> Yes → Go to Item 69 <input type="checkbox"/> No → Go to Section 9
	69	Enter an "X" in the appropriate box: I am claiming a special enrollment period based on coverage by an employer group health plan. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No
	70	Enter an "X" in the appropriate box: I am claiming premium surcharge relief based on coverage by an employer group health plan. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 9 Direct Deposit

Benefits are generally paid by Direct Deposit to your bank, savings and loan, credit union, or other financial institution. To provide the information we need to correctly deposit your payments, attach a voided personal check and **go to Section 10**, or call your financial institution for the information you need to complete Items 71-75. If you do not have a bank account, or receiving your payments by Direct Deposit would cause you a hardship, **go to Item 76**.

Direct Deposit	71	Enter the name of your financial institution. _____ →				
	72	Enter the telephone number for your financial institution. _____ →	Area Code	Telephone Number		
	73	Enter the routing transit number of your financial institution. _____ →				
	74	Enter your account number. _____ →				
	75	Enter an "X" in the appropriate box: Type of account for the above account number. _____ →	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Go to Section 10			
76	Check this box if you do not have a checking or savings account, or if Direct Deposit would cause you a hardship. _____ →	<input type="checkbox"/>				

Section 11 Certification

Certification

78 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 79
 No → Go to Item 79

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.

79 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 Annuities*, 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 marry;
- If I file for social security benefits based on any person's earnings record;
- If I go to work for an employer in the railroad industry;
- If I will earn more than the annual earnings exempt amount, and it was not reported on the application;
- If I reported expected earnings and my earnings estimate changes;
- If my address changes;
- If any person for whom I am receiving benefits dies or leaves my care;
- If I am 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)

Date →

Month	Day	Year

80 If this certification is signed by mark ("X") in Item 79, 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 your 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 11 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 11, which is the receipt for your claim. After the RRB receives your 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 your application and has started the work needed to determine if you are entitled to benefits. If you do not receive the 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 parent'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

- **Marriage**—If you marry.
- **Social Security**—If you file for social security benefits based on any person's earnings record.
- **Earnings**—If your earnings change. On your application you told us you expected total earnings for to be \$ _____. You (are) (are not) earning more than \$ _____ a month. You (are) (are not) performing substantial services in self-employment.
Report at once if work pattern changes.
- **Work**—If you go to work for an employer in the railroad industry.
- **Address**—If your address changes, even if your payments are sent to a financial organization.
- **Parent Is In Your Care**—If any person for whom you are receiving an annuity dies or leaves your care.
- **Criminal Offense**—If you are confined in a jail, prison, penal institution, or correctional facility due to a conviction for a criminal offense.

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 the 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

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) 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.