

PROPOSED

Application for Widow(er)'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

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.

If filing for a widow(er)'s disability also complete Form AA-17b.

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 9 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, 2001, as:

MONTH	DAY	YEAR
0 2	1 2	2 0 0 1

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	
If the employee was age 62 or older when he or she died, go to Item 9 .						
Disability	8	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 " <i>Credit for Employee's Military Service</i> " in Part V of the RB-17 booklet to find out how active military service is determined.					
	9	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 10 <input type="checkbox"/> No → Go to Item 12			
Note: If answered "Yes," you will have to submit proof of the employee's military service. If you cannot submit proof show, in Item 83, the branch of the service and the beginning and ending dates for each period of service.						
	10	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 11 <input type="checkbox"/> No → Go to Item 12			
	11	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	12	Regardless of whether the employee was retired at death, show the name and address of each railroad or nonrailroad 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 12a , the second in 12b , 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	13	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 14 <input type="checkbox"/> No → Go to Item 16			
	14	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 15 <input type="checkbox"/> No → Go to Item 16			
	15	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			

Railroad Employment: Answer Items 16 and 17 **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 18.

If the employee was alive on October 1, 1981, and had at least 25 years of railroad service, read the section "Requirements the Employee Must Have Met" in Part I of the RB-17 booklet to find out what special conditions may apply.

Note: You may be requested to submit proof to verify the statements made in Items 16 and 17.

16 Enter an "X" in the appropriate box:
The employee "involuntarily and without fault":

- 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.

Yes → Go to Item 17
 No → Go to Item 18

17 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.

Yes
 No

Employee's Marriages: 18 Enter the requested information for **each** of the employee's marriages. Print the most recent marriage in **18a**, the second most recent in **18b**, and so on.

	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			Date Marriage Ended			City and State Marriage Ended (country if other than United States)
a		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		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	

Children: Please read the section "Definition Of A Child's Annuity" in Part II of the RB-17 booklet to find out what categories of children may be eligible for a railroad retirement annuity.

19 Enter an "X" in the appropriate box:
There are children who may be eligible for an annuity.

Yes → Go to Item 20
 No → Go to Item 21

20 Enter the number of children who may be eligible for an annuity.

Parents	21	Enter an "X" in the appropriate box: The employee was survived by a parent. _____ →	<input type="checkbox"/> Yes → Go to Item 22	<input type="checkbox"/> No → Go to Section 4		
	22	Enter an "X" in the appropriate box: The parent was dependent on the employee for one-half of his or her support. _____ →	<input type="checkbox"/> Yes → Go to Item 23	<input type="checkbox"/> No → Go to Section 4		
	23	Enter the requested information for each dependent parent of the employee.				
		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) ()

Section 4 Information About The Applicant

Birth Date	24	Enter your date of birth. _____ →	Month	Day	Year

Social Security Number	25	Enter your social security number. (If none, enter "To be submitted.") _____ →									
------------------------	----	---	--	--	--	--	--	--	--	--	--

Marriages	26	Enter an "X" in the appropriate box: I am now, or was previously, married to someone other than the employee. _____ →	<input type="checkbox"/> Yes → Go to Item 27	<input type="checkbox"/> No → Go to Item 29
	27	Enter the requested information for each of your marriages to someone other than the employee. Print the most recent marriage in 27a , the second most recent in 27b , and so on.		

	Your Husband's or Wife's Name and Social Security Number (do not show employee)	Date Married	City and State Married (country if other than United States)	If Marriage Never Ended, Leave These Blank					
				How Marriage Ended (check one)	Date Marriage Ended	City and State Marriage Ended (country if other than United States)			
a	Name	Month	Day	Year	<input type="checkbox"/> Spouse's Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	Month	Day	Year	
b	Name	Month	Day	Year	<input type="checkbox"/> Spouse's Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	Month	Day	Year	
c	Name	Month	Day	Year	<input type="checkbox"/> Spouse's Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	Month	Day	Year	

28	Answer only if any of the social security numbers requested in Item 27 are unknown. If more than one social security number is unknown, enter the information requested in this item in Section 9 for each additional unknown number.									
a	Enter the name of the husband or wife whose social security number is unknown. _____ →									
b	Enter that husband's or wife's date of birth. _____ →							Month	Day	Year
c	Enter that husband's or wife's place of birth. _____ →									

Item 28 continues on the next page.

Marriages (cont.)	28	d	Enter that husband's or wife's father's name . →							
		e	Enter that husband's or wife's mother's maiden name . →							
Support	If you and the employee were divorced, go to Item 35 .									
	29	Enter an "X" in the appropriate box: The employee and I were living together when the employee died. If "Yes," and you are male, go to Item 34 . If "Yes," and you are female, go to Item 35 . →		<input type="checkbox"/> Yes <input type="checkbox"/> No → Go to Item 30						
	30	Enter the date you and the employee stopped living together. →		<table border="1"> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Month	Day	Year			
	Month	Day	Year							
	31	Enter the reason you and the employee stopped living together. →								
32	Enter an "X" in the appropriate box: The employee was making regular contributions to my support when the employee died. If "Yes," and you are male, go to Item 34 . If "Yes," and you are female, go to Item 35 . → (Note: Consider the following as contributions to support: money, food, clothes, paying bills, providing rent-free housing.)		<input type="checkbox"/> Yes <input type="checkbox"/> No → Go to Item 33							
33	Enter an "X" in the appropriate box: The employee was under a court order to contribute to my support. → (Note: Answer "Yes" if there was a court order, even if the employee was not obeying it.)		<input type="checkbox"/> Yes → Go to Item 35 <input type="checkbox"/> No → Go to Item 35							
One-Half Support	Answer Item 34 only if you are working or have ever worked in the railroad industry, and Items 29 or 32 was answered "Yes."									
	34	Enter an "X" in the appropriate box: The employee's contributions to me provided at least one-half of the money needed to support me. →		<input type="checkbox"/> Yes → Go to Note and Item 35 <input type="checkbox"/> No → Go to Item 35						
		<div style="border: 1px solid black; border-radius: 15px; padding: 5px; display: inline-block;"> Note: If answered "Yes," complete and return to the RRB, Form G-134, Statement Regarding Contributions and Support. </div>								
Criminal Offense	35	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 36 <input type="checkbox"/> No → Go to Section 5						
	36	Enter the date of the conviction. →		<table border="1"> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Month	Day	Year			
	Month	Day	Year							
	37	Enter the date of the sentence of confinement. →		<table border="1"> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Month	Day	Year			
	Month	Day	Year							
38	Enter the date that confinement began. →		<table border="1"> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Month	Day	Year				
Month	Day	Year								
39	Enter an "X" in the appropriate box: Has the confinement ended? →		<input type="checkbox"/> Yes → Go to Item 40 <input type="checkbox"/> No → Go to Section 5							
40	Enter the date confinement ended. →		<table border="1"> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Month	Day	Year				
Month	Day	Year								

Section 5

Information About Applicant's Other Government Benefits

Public Service Pension	41	Enter an "X" in the appropriate box: I am receiving or expect to receive a pension or I have received or expect to receive a lump-sum payment instead of a pension, based on my earnings, from an agency of the Federal, state, or local government. _____ →	<input type="checkbox"/> Yes → Go to Item 42 <input type="checkbox"/> No → Go to Item 44											
	(Answer "No" if your only government pension payments are social security, railroad retirement, veterans affairs, worker's compensation, or black-lung benefits. Also, answer "No" if you received a lump-sum payment that was just your contributions to the pension fund plus interest.)													
	42	Enter an "X" in the appropriate box: I am/was an employee of the Federal Government. _____ →	<input type="checkbox"/> Yes → Go to Note and Item 44 <input type="checkbox"/> No → Go to Item 43											
<p>Note: If answered "Yes," complete and return to the RRB, Form G-208, Public Service Pension Questionnaire, and verification of your pension.</p>														
	43	Enter an "X" in the appropriate box: In my last 60 months of employment, I was employed by a state or local government or the military service, and social security (FICA) taxes were being deducted from my public service earnings. _____ →	<input type="checkbox"/> Yes → Go to Item 44 <input type="checkbox"/> No → Go to Note and Item 44											
	<p>Note: If answered "No," complete and return to the RRB, Form G-208, Public Service Pension Questionnaire, and verification of your pension.</p>													
	44	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 45 <input type="checkbox"/> No → Go to Item 48											
Social Security Benefits	45	Enter an "X" in the appropriate box: I have filed, or plan to file, for social security benefits based on the record of someone other than myself. _____ →	<input type="checkbox"/> Yes → Go to Item 46 <input type="checkbox"/> No → Go to Item 48											
	46	Enter the name of the person on whose account you are filing. _____ →												
	47	Enter that person's social security number. _____ →	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>											
48	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 the record of someone other than the employee. _____ →	<input type="checkbox"/> Yes → Go to Item 49 <input type="checkbox"/> No → Go to Section 6												
Railroad Retirement Benefits	49	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 6 <input type="checkbox"/> No → Go to Item 50											
	50	Enter the name of the person on whose record you have filed or will file. _____ →												
	51	Enter that person's Railroad Retirement Board claim number, including the letter prefix. _____ →	Prefix	If only six numbers, enter here										
				<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										

Section 6 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. Also, please refer to **Form G-77, How Earnings Affect Payment of Survivor Annuities**, for the exempt amounts to use when answering Items 52 through 61.

Earnings Last Year	If you were full retirement age or older when the employee died, or you are now full retirement age or older, go to Item 62.													
(Year)	Answer Items 52 through 55 only if you were age 60 or older last year and the employee died before January 1 of this year.													
52	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 53 <input type="checkbox"/> No → Go to Item 56												
53	Enter your total earnings for last year. (SHOW DOLLARS ONLY) _____ →	\$												
54	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 56 <input type="checkbox"/> No → Go to Item 55												
55	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. _____ →	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25px;">JAN</td> <td style="width: 25px;">FEB</td> <td style="width: 25px;">MAR</td> <td style="width: 25px;">APR</td> </tr> <tr> <td>MAY</td> <td>JUN</td> <td>JUL</td> <td>AUG</td> </tr> <tr> <td>SEP</td> <td>OCT</td> <td>NOV</td> <td>DEC</td> </tr> </table>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
JAN	FEB	MAR	APR											
MAY	JUN	JUL	AUG											
SEP	OCT	NOV	DEC											
Earnings This Year	Answer Items 56 through 59 only if you are age 60 or older, or will become age 60 this year.													
(Year)														
56	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 57 <input type="checkbox"/> No → Go to Item 60												
57	Enter the total amount that you expect to earn this year. (SHOW DOLLARS ONLY) _____ →	\$												
58	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 60 <input type="checkbox"/> No → Go to Item 59												

Earnings This Year (Cont.)	<p>59 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. _____ →</p>	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">JAN</td> <td style="padding: 2px;">FEB</td> <td style="padding: 2px;">MAR</td> <td style="padding: 2px;">APR</td> </tr> <tr> <td style="padding: 2px;">MAY</td> <td style="padding: 2px;">JUN</td> <td style="padding: 2px;">JUL</td> <td style="padding: 2px;">AUG</td> </tr> <tr> <td style="padding: 2px;">SEP</td> <td style="padding: 2px;">OCT</td> <td style="padding: 2px;">NOV</td> <td style="padding: 2px;">DEC</td> </tr> </table>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
JAN	FEB	MAR	APR											
MAY	JUN	JUL	AUG											
SEP	OCT	NOV	DEC											
Earnings Next Year (Year)	<p>Answer Items 60 and 61 only if you are returning this application in September, October, November, or December and you are age 60 or older, or will become age 60 next year.</p>													
	<p>60 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. _____ →</p>	<p><input type="checkbox"/> Yes → Go to Item 61 <input type="checkbox"/> No → Go to Item 62</p>												
	<p>61 Enter the total amount that you expect to earn next year. (SHOW DOLLARS ONLY) _____ →</p>	<p>\$</p>												
Railroad Work	<p>62 Enter an "X" in the appropriate box: I have worked for a railroad or other employer in the railroad industry. _____ →</p>	<p><input type="checkbox"/> Yes → Go to Item 63 <input type="checkbox"/> No → Go to Section 7</p>												
	<p>63 Enter the name of your last railroad employer.</p> <p>_____</p> <p>_____</p> <p>_____</p>													
	<p>64 Enter the date you last worked for this employer. _____ →</p>	<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 2px;">Month</th> <th style="padding: 2px;">Day</th> <th style="padding: 2px;">Year</th> </tr> </thead> <tbody> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </tbody> </table>	Month	Day	Year									
Month	Day	Year												
	<p>65 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. _____ →</p>	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">JAN</td> <td style="padding: 2px;">FEB</td> <td style="padding: 2px;">MAR</td> <td style="padding: 2px;">APR</td> </tr> <tr> <td style="padding: 2px;">MAY</td> <td style="padding: 2px;">JUN</td> <td style="padding: 2px;">JUL</td> <td style="padding: 2px;">AUG</td> </tr> <tr> <td style="padding: 2px;">SEP</td> <td style="padding: 2px;">OCT</td> <td style="padding: 2px;">NOV</td> <td style="padding: 2px;">DEC</td> </tr> </table>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
JAN	FEB	MAR	APR											
MAY	JUN	JUL	AUG											
SEP	OCT	NOV	DEC											
	<p>Complete Item 66 only if you expect your annuity to begin before January 1 of this year.</p>													
	<p>66 Enter an "X" next to each month of last year during which you worked for an employer in the railroad industry. _____ →</p>	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">JAN</td> <td style="padding: 2px;">FEB</td> <td style="padding: 2px;">MAR</td> <td style="padding: 2px;">APR</td> </tr> <tr> <td style="padding: 2px;">MAY</td> <td style="padding: 2px;">JUN</td> <td style="padding: 2px;">JUL</td> <td style="padding: 2px;">AUG</td> </tr> <tr> <td style="padding: 2px;">SEP</td> <td style="padding: 2px;">OCT</td> <td style="padding: 2px;">NOV</td> <td style="padding: 2px;">DEC</td> </tr> </table>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
JAN	FEB	MAR	APR											
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Section 7 Beginning Dates, Filing Dates, And Medicare

Selecting a Beginning Date

If you are under full retirement age on the date your annuity begins, your annuity will be reduced for early retirement.

67 Enter an "X" in the appropriate box:
I want my annuity to begin on the earliest date permitted by law, even if I will receive a reduced annuity. _____ →

Yes → Go to Item 69
 No → Go to Item 68

68 Since you do not want your annuity to begin on the earliest date permitted by law, enter the date you want your annuity to begin. _____ →

Month	Day	Year

Note: If the date you select is more than 3 months after you return this application, you will need to file an updated application.

Filing Protection

Answer **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.

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

Yes
 No

Medicare

Please read the section "Medicare Benefits" in Part VIII of the RB-17 booklet for an explanation of the Medicare program.

70 Enter an "X" in the appropriate box:
I am enrolled in the Medicare Medical Insurance (Part B). _____ →

Yes → Go to Item 71
 No → Go to Item 73

71 Enter the name of the agency where you have filed for Medicare. →

72 Enter your Medicare claim number. _____ →

Go to Section 8

73 Enter an "X" in the appropriate box:
I am 64 years and 5 months of age or older. _____ →

Yes → Go to Item 74
 No → Go to Section 8

74 Enter an "X" in the appropriate box:
I wish to enroll in the Medicare Medical Insurance (Part B). _____ →

Yes → Go to Item 75
 No → Go to Section 8

75 Enter an "X" in the appropriate box:
I am claiming a special enrollment period based on coverage by an employer group health plan. _____ →

Yes
 No

76 Enter an "X" in the appropriate box:
I am claiming premium surcharge relief based on coverage by an employer group health plan. _____ →

Yes
 No

Section 8 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 9**, or call your financial institution for the information you need to complete Items 77-81. If you do not have a bank account, or if you believe receiving your payments by Direct Deposit would cause you a hardship, **go to Item 82**.

Direct Deposit	77	Enter the name of your financial institution. →											
	78	Enter the telephone number of your financial institution. →	Area Code	Telephone Number									
	79	Enter the routing transit number of your financial institution. →											
	80	Enter your account number. →											
	81	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 9										
82	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 9 Remarks

Remarks	83	This section is to be used for the continuation of answers to other items. Be sure to include the item number at the beginning of the answer you wish to continue. You may also use this section to enter any additional information that you feel may be important to include.										

Section 10 Certification

Certification

84

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 85
 No → Go to Item 85

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.**

85

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 remarry;
- If I begin to receive a pension from an agency of the Federal, state, or local government, or if my present payments change;
- 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

86

If this certification is signed by mark ("X") in Item 85, 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, ZIP Code					
	Daytime Telephone Number _____ →	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th style="width: 25%;">Area Code</th> <th style="width: 75%;">Telephone Number</th> </tr> </thead> <tbody> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 100px; height: 20px;"></td> </tr> </tbody> </table>	Area Code	Telephone Number		
Area Code	Telephone Number					
b	Signature of Witness					
	Address (Number and Street)					
	City, State, ZIP Code					
	Daytime Telephone Number _____ →	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th style="width: 25%;">Area Code</th> <th style="width: 75%;">Telephone Number</th> </tr> </thead> <tbody> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 100px; height: 20px;"></td> </tr> </tbody> </table>	Area Code	Telephone Number		
Area Code	Telephone Number					

Section 11 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 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 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 widow(er)'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

- **Remarriage**—If you remarry.
 - **Public Pension**—If you begin to receive a pension from an agency of the Federal, state, or local government, or if your present payments change.
 - **Social Security**—If you file for social security benefits based on **any** person's earnings record.
 - **Address**—If your address changes, even if your payments are sent to a financial organization.
 - **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.
 - **Widow(er) 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:



 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 Act and Privacy Act Notices

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 payments 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 Resources 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.