

Application for Mother's/Father's and Child's Annuity

DO NOT WRITE IN THIS SPACE

OFFICIALLY FILED

MONTH	DAY	YEAR

OFFICE NUMBER

APPROVED

APPLICATION NUMBER

--

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.

Please read "Important Notices" on page 16 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, 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, **till** it in.

Employee Identification	1	EMPLOYEE'S NAME →		
	2	EMPLOYEE'S SOCIAL SECURITY NUMBER →		
	3	EMPLOYEE'S RAILROAD RETIREMENT CLAIM NUMBER →	1	
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 Part V of 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; display: inline-block;"> <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 non-railroad 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 Cont	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	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 . If the employee was alive on October 1, 1981, and had at least 25 years of railroad service, please 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.	
<div style="border: 1px solid black; border-radius: 15px; padding: 5px; display: inline-block;"> Note: You may be requested to submit proof to verify the statements made in Items 17 and 18. </div>		

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 Item 19
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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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Employee's Marriages	19 Enter the requested information for each of the employee's marriages. Enter the most recent marriage in 19a , the second most recent in 19b , and so on.	
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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			City and State Marriage Ended (country if other than United States)
						Date Marriage Ended			
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	

Widow(er)	Answer Item 20 only if you and the employee were divorced. Please read the marriage requirements in Part III of the RB-17 booklet to find out what categories of widow(er)s may be eligible for a railroad retirement annuity.	
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20	Enter an "X" in the appropriate box: There is a widow(er) or remarried widow(er) who may be eligible for a widow(er)'s annuity. →	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Parents

21 Enter an "X" in the appropriate box:
The employee was survived by a parent. _____ →

Yes → **Go to Item 22**
 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. _____

Yes → **Go to Item 23**
 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	
		Month	Day	Year	Address	Telephone Number (include area code) ()
a						
b						

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.") _____ →

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Marriages

26 Enter an "X" in the appropriate box:
I am now, or was previously, married to
someone other than the employee. _____

Yes → **Go to Item 27**
 No → **Go to Item 29**

27 Enter the requested information for **each of your marriages to someone other than the employee.**
Enter 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			City and State Marriage Ended (country if other than United States)
			How Marriage Ended (check one)	Date Marriage Ended		
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 in Section 9, the information requested in this item 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								

Information About Children

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

Children	41 Print the requested information for every child for whom you are filing this application who may be entitled to a child's annuity. Print the youngest child in a , the second youngest in b , and so on. Always complete f . If a child does not have a social security number, enter "TO BE SUBMITTED."					
	Child's Full Name and Social Security Number	Relationship to Employee (Check One)	Date of Birth	Enter an "X" in the Appropriate Box: The Child is Living with Me		
	a Name	<input type="checkbox"/> Legitimate [Natural] <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	Month	Day	Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b Name	<input type="checkbox"/> Legitimate [Natural] <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	Month	Day	Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c Name	<input type="checkbox"/> Legitimate [Natural] <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	Month	Day	Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d Name	<input type="checkbox"/> Legitimate [Natural] <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	Month	Day	Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e Name	<input type="checkbox"/> Legitimate [Natural] <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	Month	Day	Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
	f Within the past 12 months, a child named in a through e above has been imprisoned, or given a sentence of confinement due to a conviction for a criminal offense. If the answer is "Yes," a full explanation, including the name of the child, must be provided in Section 10. →					<input type="checkbox"/> Yes <input type="checkbox"/> No
If every child in Item 41 is living with you, go to Item 43.						

Children Not Living With Applicant	42 Print the requested information for every child in Item 41 who is not living with you. Print the youngest child in 42a. If you need more space use Section 10.			
	First Name of Child	Child's Address	Person with Whom Child now Lives	
			Name	Relationship to Child
	b			

Legal Guardian	43 Enter an "X" in the appropriate box: A court has appointed a legal guardian for a child in Item 41. →	<input type="checkbox"/> Yes → Go to Item 44 <input type="checkbox"/> No → Go to Item 45
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Legal Guardian Con't	44 Print the requested information for every child in Item 41 who has a court-appointed legal guardian. Print the youngest child in 44a , etc.	
	First Name of Child	Name and Address of Guardian
	a	
	b	

Married Children	45 Enter an "X" in the appropriate box: One or more of the children in Item 41 is or has been married. _____ →		<input type="checkbox"/> Yes → Go to Item 46 <input type="checkbox"/> No → Go to Item 47		
	46 Print the requested information for every child in Item 41 who has ever been married. Print the youngest child in 46a , etc.				
	Child's Married Name	Date Married		Enter an "X" in the Appropriate Box: The Child Is Still Married	Date Marriage Ended if Child Is Not Still Married
	a	Month	Day	Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Month	Day	Year	<input type="checkbox"/> Yes <input type="checkbox"/> No	Month Day Year

Grand-Children, Other Children	If " legitimate " [Natural] or "Adopted" was checked for every child in Item 41, go to Item 49 .			
	47 Enter an "X" in the appropriate box: Every "Grandchild" or "Other Child" in Item 41 was living with the employee at the time the employee died. _____ →		<input type="checkbox"/> Yes → Go to Item 49 <input type="checkbox"/> No → Go to Item 48	
	48 Print the requested information for every "Grandchild" or "Other Child" in Item 41 who was not living with the employee at the time the employee died. Print the youngest child in 48a , etc. If you need more space use Section 10.			
	First Name of Child	Person with Whom Child Lived at the Time the Employee Died		
	Name	Address	Relationship to Child	
a				
b				

Children For Whom You Are Not Filing	49 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 50 <input type="checkbox"/> No → Go to Item 51	
	50 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 50a , the next youngest in 50b , and so on.			
	Child's Full Name	Reason for Not Filing		
	a			
b				
c				

Section 6

Information About Applicant's Other Government Benefits

Public Service Pension

51 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. _____

(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.)

- Yes → Go to Item 52
- No → Go to Item 54

52 Enter an "X" in the appropriate box:
I am/was an employee of the Federal Government. _____ →

- Yes → Go to Note and Item 54
- No → Go to Item 53

Note: If answered "Yes," complete and return to the **RRB, Form 6-208, Public Service Pension Questionnaire**, and verification of your pension.

53 Enter an "X" in the appropriate box:
On my last day 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. _____ →

- Yes → Go to Item 54
- No → Go to Note and Item 54

Note: If answered "No," complete and return to the **RRB, Form G-208, Public Service Pension Questionnaire**, and verification of your pension.

Social Security Benefits- Filed For

54 Enter an "X" in the appropriate box:
An application has been filed for monthly social security benefits for me or a child. _____

- Yes → Go to Item 55
- No → Go to Item 56

55 Enter the requested information for **every** family member for whom an application has been filed for monthly social security benefits. Use as many lines as are needed beginning with **55a**.

Family Member	Person Whose Record Was Filed On	Social Security Number Filed On		
a				
b				
c				

Social Security Benefits- Future Filing

56 Enter an "X" in the appropriate box:
An application will be filed in the future for monthly social security benefits for me or a child. _____

- Yes → Go to Item 57
- No → Go to Item 59

57 Enter the name of the person on whose record you are filing. _____ →

58 Enter that person's social security number. _____ →

Railroad Retirement Benefits	59 Enter an " X in the appropriate box: An application has been or will be filed within 90 days for monthly railroad retirement benefits for me or a child based on the record of someone other than the employee. _____ →		<input type="checkbox"/> Yes → Go to Item 60		<input type="checkbox"/> No → Go to Section 7	
	60 Enter an "X" in the appropriate box: The application has been or will be filed based on the record of someone other than myself. _____		<input type="checkbox"/> Yes → Go to Item 61		<input type="checkbox"/> No → Go to Section 7	
	61 Enter the name of the person on whose record the application has been or will be filed. _____ →					
	62 Enter that person's Railroad Retirement Board claim number, including the letter prefix. _____ →		Prefix		If only six numbers, enter here	

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 or a child's annuity. Also, please refer to **Form 6-77, How Earnings Affect Payment of Survivor Annuities**, for the exempt amounts to use when answering Items 63 through 69. When answering Items 63 through 71, consider only yourself and the children listed in Item 41.

Earnings Last Year	Answer Items 63 and 64 only if the employee died before January 1 of this year.					
(Year)	63 Enter an " X in the appropriate box: My total earnings, or the total earnings of a 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 64	
					<input type="checkbox"/> No → Go to Item 65	
64 Print the requested information for every family member 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 64a .						
a 1 Family Member				2 Total Earnings for Last Year (Show Dollars Only) \$		
3 Enter an "X" in the appropriate box: The family member 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 <input type="checkbox"/> No		
4 Enter an "X" next to each month last year in which the family member did not earn more than the monthly earnings exempt amount or perform substantial services in self-employment.				JAN	FEB	MAR
				APR	MAY	JUN
				JUL	AUG	SEP
				OCT	NOV	DEC
b 1 Family Member				2 Total Earnings for Last Year (Show Dollars Only) \$		
3 Enter an "X" in the appropriate box: The family member 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 <input type="checkbox"/> No		
4 Enter an "X" next to each month last year in which the family member did not earn more than the monthly earnings exempt amount or perform substantial services in self-employment.				JAN	FEB	MAR
				APR	MAY	JUN
				JUL	AUG	SEP
				OCT	NOV	DEC

Earnings Last Year Cont	c 1 Family Member	2 Total Earnings for Last Year (Show Dollars Only) \$												
(Year)	3 Enter an "X" in the appropriate box: The family member earned more than the monthly earnings exempt amount in employment for hire or to performed 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 family member 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; font-size: small;"> <tr> <td>JAN</td><td>FEB</td><td>MAR</td><td>APR</td><td>MAY</td><td>JUN</td> </tr> <tr> <td>JUL</td><td>AUG</td><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	65 Enter an "X" in the appropriate box: I expect my total earnings, or the total earnings of a child for all employment this year to be more than the annual earnings exempt amount. →	<input type="checkbox"/> Yes → Go to Item 66 <input type="checkbox"/> No → Go to Item 67												
(Year)	66 Enter the requested information for every family member 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 66a .													
	a 1 Family Member	2 Total Expected Earnings for This Year (Show Dollars Only) \$												
	3 Enter an "X" in the appropriate box: The family member expects 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 <input type="checkbox"/> No												
	4 Enter an "X" next to each month this year in which the family member 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" style="width:100%; text-align: center; font-size: small;"> <tr> <td>JAN</td><td>FEB</td><td>MAR</td><td>APR</td><td>MAY</td><td>JUN</td> </tr> <tr> <td>JUL</td><td>AUG</td><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									
	b 1 Family Member	2 Total Earnings for This Year (Show Dollars Only) \$												
	3 Enter an "X" in the appropriate box: The family member expects 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 <input type="checkbox"/> No												
	4 Enter an "X" next to each month this year in which the family member 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" style="width:100%; text-align: center; font-size: small;"> <tr> <td>JAN</td><td>FEB</td><td>MAR</td><td>APR</td><td>MAY</td><td>JUN</td> </tr> <tr> <td>JUL</td><td>AUG</td><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									
	c 1 Family Member	2 Total Earnings for This Year (Show Dollars Only) \$												
	3 Enter an "X" in the appropriate box: The family member expects 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 <input type="checkbox"/> No												
	4 Enter an "X" next to each month this year in which the family member 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" style="width:100%; text-align: center; font-size: small;"> <tr> <td>JAN</td><td>FEB</td><td>MAR</td><td>APR</td><td>MAY</td><td>JUN</td> </tr> <tr> <td>JUL</td><td>AUG</td><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									
<p>Note: If there are two or more children qualified to receive benefits and you are earning more than the annual earnings exempt amount, please contact the RRB field office. Someone will be able to help you decide whether it is better for you to file for yourself and the children, or whether you would actually be better off to file for the children alone.</p>														

Earnings Next Year	67 Enter an "X" in the appropriate box: I am returning this application in September, _____ →		<input type="checkbox"/> Yes → Go to Item 68 <input type="checkbox"/> No → Go to Item 70													
(Year)	68 Enter an "X" in the appropriate box: I expect my total earnings, or the total earnings of _____ a child, from all employment next year to be more than the annual earnings exempt amount.		<input type="checkbox"/> Yes → Go to Item 69 <input type="checkbox"/> No → Go to Item 70													
	69 Enter the requested information for every family member whose total earnings for next year are expected to be more than the annual earnings exempt amount. Use as many blanks as are needed beginning with 69a .															
	Family Member	Expected Earnings for Next Year (Show Dollars Only)	Family Member	Expected Earnings for Next Year (Show Dollars Only)	Family Member	Expected Earnings for Next Year (Show Dollars Only)										
a	\$	b	\$	c	\$											
Railroad Work	70 Enter an "X" in the appropriate box: I have worked, or a child has worked, for a railroad' _____ or other employer in the railroad industry.		<input type="checkbox"/> Yes → Go to Item 71 <input type="checkbox"/> No → Go to Section 8													
71 Enter the requested information for every family member who has worked for a railroad or other employer in the railroad industry. Use as many lines as needed beginning with 71a .																
a 1 Family Member		2 Railroad Employer		3 Date Last Worked												
				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Month</td> <td style="width:15%;">Day</td> <td style="width:15%;">Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Month	Day	Year									
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JUL	AUG	SEP	OCT	NOV	DEC											

Section 11 Certification

Certification

80 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 81**
 No → **Go to Item 81**

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.

81 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 marry;
- If I begin to receive a pension from an agency of the Federal, state, or local government, or if my present payments change;
- If an application is filed for social security benefits for me or any child based on **any** person's earnings record;
- If I or any child go to work for an employer in the railroad industry;
- If I or any child will earn more than the annual earnings exempt amount, and it was not reported on the application;
- If I reported expected earnings for myself or any child and that earnings estimate changes;
- If my address changes;
- If any child for whom I am receiving benefits dies, marries, 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)

[Signature Line]											
------------------	--	--	--	--	--	--	--	--	--	--	--

Date →

Month			Day			Year		

82 If this certification is signed by mark ("X") in Item 81, 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 (include area code) →						Area Code		Telephone Number			

b. Signature of Witness

Address (Number and Street)											
City, State, ZIP Code											
Daytime Telephone Number (include area code) →						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 15 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 15, 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 **mother's/father's** and 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

- a Marriage—If you marry.
- a 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.
- a Social Security—If an application is filed for social security benefits for **you** or a child based on any person's earnings record.
- a 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.
- a Child Earnings—If any child's total earnings or **self-employment** status changes from what was reported on this application.
- a Work—If you or any child go to work for an employer in the railroad industry.
- **Applicant is in Your Care**—If any person for whom you are receiving an annuity dies marries, or leaves your care.
- a Criminal Offense—If you or any child 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

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) 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 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.