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|---|--|-------------------|---|
| <b>NOTICE OF DEATH AND<br/>REQUEST FOR<br/>SERVICE NEEDED FOR ELIGIBILITY</b> | <b>Section 1 – Identifying Information</b> |                   |   |
|   | 1. Social Security No.                     |                   |   |
| 2. Railroad Name and Address<br><br><br><br><br><br><br>Facsimile Number:     | 3. Name of Deceased Employee               |                   |   |
|   | 4. BA No.                                  | 5. Payroll Number | 6. Date Last Worked or Paid for Time Lost |
|   | 7. Date of Birth                           | 8. Date of Death  | 9. Date Released                          |

**Paperwork Reduction Act Notice**

The Railroad Retirement Board's (RRB) authority for requesting this information is Section 7(b)(6) of the Railroad Retirement Act (RRA) (45 U.S.C. 231f(b)(6)). The information requested is used by the RRB to determine a person's eligibility for a survivor benefit under Section 2 of the RRA (45 U.S.C. Sec. 231a).

We estimate this form takes an average of 5 minutes per response, 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 any comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing the completion time, to the Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-2092.

**Section 2 - Employer Instructions**

The survivor(s) of the deceased employee has filed for benefits under the Railroad Retirement Act (RRA). The applicant provided the information shown in Items 6 and 8. Verification of the lag service is required for eligibility to the survivor benefit.

- **Complete Item 10 below only** if the date in Item 6 differs from the date on your records.
- **Always complete** Items 11 and 13.
- Fax this form to (312) 751-7192 or mail it to the U.S. Railroad Retirement Board, Survivor Benefits Division, 844 North Rush Street, Chicago IL 60611-2092, **within 10 days of the date released by the RRB.** The survivor cannot be awarded an annuity until we receive this information.

**IMPORTANT NOTE:** This employee's service months and compensation must also be included on your Form BA-3a, Annual Report of Creditable Service and Compensation. Do not report service months after the date of death. If you have any questions, refer to the "Reporting Instructions to Employers" or telephone the Quality Reporting Service Center at (312) 751-4992.

|   |       |     |      |
|---|-------|-----|------|
| 10. Date Employee Last Worked or Paid for Time Lost on Your Records → | Month | Day | Year |
|   |       |     |      |

11. Indicate with an "X," months the employee had service. The "Current Year" refers to the year shown in Item 6. "Prior Year" is the year before. If this form will be submitted before your annual report for the prior year, complete items about the prior year as well. Do not report service months after the date in Item 8.

|              | J | F | M | A | M | J | J | A | S | O | N | D | TOTAL MONTHS |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|--------------|
| Current Year |   |   |   |   |   |   |   |   |   |   |   |   |              |
| Prior Year   |   |   |   |   |   |   |   |   |   |   |   |   |              |

12. REMARKS

**Section 3 - Employer Certification**

13. I understand that civil and criminal penalties can be imposed against me for false or fraudulent statements or for withholding information to misrepresent a fact material to determining a right to payment under the Railroad Retirement Act. I certify that, to the best of my knowledge, the information which I have given is true, complete, and correct.

|                                 |                          |
|---------------------------------|--------------------------|
| Signature of Certifying Officer | Date                     |
| Title of Certifying Officer     | Telephone No.<br>(     ) |
| Facsimile No.<br>(     )        | E-Mail Address           |