

BA-4 (INTERNET) PROPOSED

Form BA-4: Report Of Creditable Compensation Adjustments

Year: _____ Employer BA Number: _____

Social Security Number: _____ Increase () or Decrease ()

Last Name: _____ First Name: _____ Middle Initial _____

Service Months

To adjust service months, click the appropriate checkbox in the "Adjusted" row.
Adjustment and New Amount Values will be calculated automatically.

Current:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Adjusted:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current Amount	Adjustment Amount	New Amount
----------------	-------------------	------------

Months: _____

Compensation Amounts

Enter only adjustment compensation amounts.
New amount values will be calculated automatically.

Current Amount	Adjustment Amount	New Amount
----------------	-------------------	------------

RUIA I: _____

RUIA II: _____

Tier I: _____

Tier II: _____

Misc. Comp.: _____

Sick Pay: _____

Daily Pay Rate

Enter the full daily pay rate if Form BA-4 is being submitted in lieu of Form BA-3, for the year above.

Is the adjustment year outside the statute of limitations?
If no, skip this section. If yes, select the applicable reason.

Public Law Board
Award: ()

Settlement
Allocation: ()

Wage Continuation
Plan: ()

RRB Request:
()

Other Pay for Time
Lost Allocation: ()

Clear Selection

The information contained in this report is required by law under Section 9 of the Railroad Retirement Act (RRA) and Section 6 of the Railroad Unemployment Insurance Act (RUIA). By approving this form, I affirm that to the best of my knowledge, the information I have given is true, complete, and accurate. I understand that failure to report or the making of a false or fraudulent report can result in criminal prosecution or civil penalties, or both.

Update Reset Cancel

Paperwork Reduction Act Notice

Display of Paperwork Reduction Act Notice

(For ERS Forms BA-4 and BA-6a)

PAPERWORK REDUCTION ACT NOTICE

We estimate this form takes an average of 20 minutes 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 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 N RUSH STREET, CHICAGO, IL 60611-2092.