



**PROPOSED**  
**RAILROAD RETIREMENT BOARD**

Form Approved  
OMB No. 3220-0082

RRB Claim Number  
Name of Claimant  
Claimant's SS No.  
Name of Employee  
Employee's SS No.

To help us determine if \_\_\_\_\_ is entitled to a Special Enrollment Period for Medicare Part B (Medical Insurance) and/or premium surcharge relief for Part B premiums, please answer the five items below, then sign and date the Employer Certification and return this page to us using the enclosed envelope.

If you have any questions, please call our office at the telephone number shown above.

Sincerely,

- 
1. Has the claimant been covered under an employer Group Health Plan?  Yes  No
  2. Name of employer Group Health Plan: \_\_\_\_\_
  3. Date of coverage under the employer Group Health Plan:

From						
Mo.	Day	Year				

To						
Mo.	Day	Year				

4. Is the employee still working?  Yes - Go to Employer Certification  
 No - Go to Item 5
5. Date the employer's employment terminated: \_\_\_\_\_

**EMPLOYER CERTIFICATION**

Knowing that anyone who makes a false or fraudulent statement for the purpose of obtaining benefits from the RRB is committing a crime punishable under federal law, I certify that the information is true, correct and complete.

SIGNATURE: \_\_\_\_\_

PRINT YOUR NAME: \_\_\_\_\_

PRINT YOUR TITLE: \_\_\_\_\_

TELEPHONE NUMBER: (      ) \_\_\_\_\_

DATE \_\_\_\_\_

**PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES**

The Railroad Retirement Board (RRB) is authorized to collect the information requested on this form under Sections 7(b)6 and 7(d) of the Railroad Retirement Act. The information obtained from this form will be used for determining whether the claimant applying for Part B under Medicare may be entitled to a Special Enrollment Period and/or premium surcharge relief because of coverage under an employer Group Health Plan. Although you are not required to furnish this information, if you fail to do so, the claimant may not be considered eligible by the RRB to receive these benefits.

We estimate this form takes an average of 10 minutes per response to complete, including the time for reviewing the instructions, obtaining the 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 the Chief of Information Resources Management, Railroad Retirement Board, 844 N. Rush St., Chicago, IL 60611-2092.