

UNITED STATES OF AMERICA RAILROAD RETIREMENT BOARD 844 NORTH RUSH STREET CHICAGO ILLINOIS 60611-2092

DEBT RECOVERY DIVISION

05-01-95

STUDENT AGE 19 844 RUSH ST. CHICAGO, IL 60611

> IN REPLY PLEASE REFER TO: PAYOR NO. LETTERTESTF BILLING DOC. NO. B2NF PAYEE NAME PAYEE NO.

AMOUNT DUE:

\$100.00

DEAR STUDENT AGE 19:

YOUR ENTITLEMENT TO BENEFITS UNDER THE RAILROAD RETIREMENT ACT ENDED ON THE DATE THAT YOU ATTAINED AGE 19 OR WERE DEEMED TO HAVE REACHED AGE 19. IF YOU ARE A HIGH SCHOOL STUDENT AND YOU REACH AGE 19 DURING A SCHOOL TERM, BENEFITS MAY CONTINUE FOR TWO MONTHS AFTER THE MONTH IN WHICH YOU REACHED AGE 19 OR UNTIL THE SCHOOL TERM ENDS, WHICHEVER COMES EARLIER. ACCORDING TO OUR RECORDS, THE ABOVE AMOUNT OF RAILROAD RETIREMENT BENEFITS WAS INCORRECTLY PAID TO YOU AFTER YOU REACHED OR WERE DEEMED TO HAVE REACHED AGE 19.

PLEASE READ THE ENCLOSED "YOUR RIGHTS TO REVIEW AND/OR WAIVER" FORM. THIS FORM EXPLAINS YOUR RIGHTS CONCERNING THIS OVERPAYMENT AND THE AMOUNT OF TIME YOU HAVE TO REQUEST YOUR RIGHTS. IF YOU WISH TO REQUEST YOUR RIGHTS, PLEASE COMPLETE THE "RIGHTS REQUEST FORM" AND RETURN IT IN THE ENCLOSED ENVELOPE.

IF YOU DO NOT WISH TO REQUEST YOUR RIGHTS, IT IS REQUESTED THAT YOU REPAY THE ABOVE AMOUNT TO THE RAILROAD RETIREMENT BOARD. PAYMENT MAY BE MADE BY CHECK, MONEY ORDER OR CREDIT CARD. ALL REMITTANCES SHOULD BE MADE PAYABLE TO THE RAILROAD RETIREMENT BOARD AND SHOULD INCLUDE THE BILLING DOCUMENT NUMBER SHOWN ABOVE. PLEASE SEND YOUR PAYMENT ALONG WITH THE "REPAYMENT METHOD" FORM WHICH ACCOMPANIES THIS LETTER IN THE ENCLOSED ENVELOPE. IF YOU CHOOSE TO PAY THIS DEBT BY CREDIT CARD, PLEASE COMPLETE THE APPROPRIATE SECTION ON THE "REPAYMENT METHOD" FORM AND RETURN IT IN THE ENCLOSED ENVELOPE.

IF YOU HAVE NOT REQUESTED YOUR RIGHTS AND PAYMENT IN FULL IS NOT RECEIVED WITHIN 30 DAYS FROM THE DATE OF THIS NOTICE, INTEREST SHALL ACCRUE ON THE UNPAID PORTION OF THIS DEBT. PENALTY SHALL ACCRUE ON ANY AMOUNTS UNPAID AFTER 120 DAYS. IN ADDITION, ADMINISTRATIVE COSTS MAY BE ADDED TO ANY DELINQUENT AMOUNTS.

REPAYMENT BY CREDIT CARD

07/05/2006

Choose Name

Choose Number

Amount of Overpayment

If you choose to repay by credit card, please fill in all the information requested below. Return this form in the envelope we have provided. You may pay this debt online at WWW.RRB.GOV under Benefit Online Services.

Credit Card Holder Name	e As It Appears On The Cr	edit Card:	
First Name Credit Card Holder Addre	Middle Initial ess:	Last Name	
Number and Street			
City		State	ZIP Code
Daytime Telephone Num	ber: Area Code	Telephone Nu	mber
Charge To My Credit Car	rd: 🗌 VISA 🗌 Mas	terCard 🔲 DI	SCOVER
Credit Card Number: _			
Credit Card Expiration Da	ate: Month	Year	
Amount Charged: \$ _			
Credit Card Holder Signa			
Date Signed:/_			
RETIREMENT ACT AND SECTION CARD REPAYMENT METHOD, WE CREDIT CARD ACCOUNT. YOU A	ING CREDIT CARD INFORMATION F IS 12(A) AND 12(L) OF THE RAILR WILL USE THE CREDIT INFORMAT IRE NOT REQUIRED TO FURNISH T OF YOUR DEBT AND FAIL TO FUR	OAD UNEMPLOYMENTION TO EFFECT THE FILE OF THE FORMATION TO	IS 7(B)(1) AND 7(B)(3) OF THE RAILROAD I INSURANCE ACT. IF YOU SELECT THE CREDIT REPAYMENT OF THE DEBT BY CHARGING YOUR US; HOWEVER, IF YOU SELECT THE CREDIT ON, WE WILL NOT BE ABLE TO EFFECT
THE INSTRUCTIONS, GETTING TH SPONSOR, AND RESPONDENTS A OMB NUMBER. IF YOU WISH, SE FORM, INCLUDING SUGGESTIONS	S AN AVERAGE OF 5 MINUTES PER HE DATA AND REVIEWING THE COM ARE NOT REQUIRED TO RESPOND END COMMENTS REGARDING THE	IPLETED FORM. FED TO, A COLLECTION O ACCURACY OF OUR E ME TO: CHIEF OF INF	PLETE, INCLUDING THE TIME FOR REVIEWING ERAL AGENCIES MAY NOT CONDUCT OR FINFORMATION UNLESS IT DISPLAYS A VALID STIMATE OR ANY OTHER ASPECT OF THIS ORMATION RESOURCES MANAGEMENT,
	DO NOT WRITE IN THIS	SPACE - OFFICE	USE ONLY
Number:	Date:	Name:	Date: