

APPLICATION FOR EMPLOYEE ANNUITY

Do Not Write In This Space

OFFICIALLY FILED

MONTH	DAY	YEAR

OFFICE NUMBER

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LAST ER

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APPROVED

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DATE CODED

APPLICATION NUMBER	MONTH	DAY	YEAR

CODED BY

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Section 1 General Instructions

Before you complete this application, be sure to read the booklet **RB-1**, Age and Service Employee Annuity, which explains information you will need to answer many of the questions in this application. Also be sure to read the important notices in the the **RB-1** booklet.

Type or print legibly in ink. If you need more space than is provided to answer a question, use Section 21 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 June 6, 2007 as:

MONTH	DAY	YEAR
0 6	0 6	2 0 0 7

Some items in this application will not apply to you and 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 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 5 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, fill it in.

Employee Identification	1	RAILROAD RETIREMENT CLAIM NUMBER	→		
	2	SOCIAL SECURITY NUMBER	→		
	3	EMPLOYEE'S NAME	→		
	4	a	MAILING ADDRESS	→	
			CITY AND STATE	→	
			ZIP CODE	→	
	b	COUNTY	→		
5	DAYTIME TELEPHONE NUMBER	→			

Section 3		Information About You and Your Family																				
Sex	6	Enter an "X" in the box that shows your sex. _____ →	<input type="checkbox"/> Male <input type="checkbox"/> Female																			
	7	Enter your name at birth if different from Item 3. _____ →																				
Birthday	8	Enter your date of birth. _____ →	Month	Day	Year																	
Marital Status	9	Enter an "X" in the box that shows your current marital status. _____ →	<input type="checkbox"/> Never Married Go to Item 16 <input type="checkbox"/> Married or Separated Go to Item 10 <input type="checkbox"/> Other Go to Item 14																			
Current Marriage	10	Enter your spouse's full name before your marriage. _____ →																				
	11	Enter your spouse's date of birth. _____ →	Month	Day	Year																	
	12	Enter the date of your marriage. _____ →	Month	Day	Year																	
		13	Enter your spouse's social security number. If none, enter "To Be Submitted." _____ →																			
Previous Marriage History	14	Enter an "X" in the appropriate box: I was previously married. (Answer "No" if your only previous marriage was an earlier marriage to your current spouse.) _____ →	<input type="checkbox"/> Yes → Go to Item 15 <input type="checkbox"/> No → Go to Item 16																			
		15	Give the following information for your previous marriage(s). Use Section 21 if you have more than one previous marriage.																			
		a	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">(i) MARRIAGE BEGAN</th> <th rowspan="2" style="text-align: center;">(ii) NAME OF FORMER SPOUSE</th> <th colspan="3" style="text-align: left;">(iii) MARRIAGE ENDED</th> </tr> <tr> <th style="font-size: small;">DATE</th> <th style="font-size: small;">CITY & STATE</th> <th style="font-size: small;">REASON</th> <th style="font-size: small;">DATE</th> <th style="font-size: small;">CITY & STATE</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td> <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT <input type="checkbox"/> OTHER - Explain in Section 21 </td> <td></td> <td></td> </tr> </tbody> </table>			(i) MARRIAGE BEGAN		(ii) NAME OF FORMER SPOUSE	(iii) MARRIAGE ENDED			DATE	CITY & STATE	REASON	DATE	CITY & STATE				<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT <input type="checkbox"/> OTHER - Explain in Section 21		
(i) MARRIAGE BEGAN		(ii) NAME OF FORMER SPOUSE	(iii) MARRIAGE ENDED																			
DATE	CITY & STATE		REASON	DATE	CITY & STATE																	
			<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT <input type="checkbox"/> OTHER - Explain in Section 21																			
				(iv) Enter your former spouse's date of birth. _____ →	Month Day Year																	
				(v) Enter the Social Security Number of former spouse shown in Section 15a(ii). _____ →	If unknown, enter unknown and complete Item 15b.																	
		b	Enter your former spouse's																			
				• Place of birth _____ →																		
				• Father's name _____ →																		
				• Mother's maiden name _____ →																		
Children	Please read Part I of the RB-1 booklet for an explanation of family members who could qualify you for the Special Guaranty Computation.																					
	16	Enter an "X" in the appropriate box: I have children who are unmarried and meet any of the following conditions: _____ → (1) Under age 18. (2) Age 18 through 19 and attending elementary or secondary school full-time. (3) Age 18 or older with a continuing disability that began before age 22 and prevents any kind of employment.	<input type="checkbox"/> Yes → Go to Note and Item 17 <input type="checkbox"/> No → Go to Item 18																			
		Note: If you have a child that meets the disability requirements, also complete Form AA-19a, Application for Determination of Child's Disability.																				
		17	Enter in each box the number of children who meet each condition. _____ →		<input type="checkbox"/> Under age 18. <input type="checkbox"/> Age 18 through 19 and attending elementary or secondary school full-time. <input type="checkbox"/> Age 18 or older with a continuing disability that began before age 22 and prevents any kind of employment.																	

Do not complete Item 18 if you have never married; **go to Item 19.**

Garnishment or Property Settlement	18	Enter an "X" in the appropriate box: a. The RRB has been furnished with an order to enforce either my child support or alimony obligation, or to pay part of my present or future railroad retirement benefit to a spouse or former spouse as a part of a property settlement in a divorce or legal separation proceeding. (NOTE: Reference to pension rights may be found in the property settlement.) →	<input type="checkbox"/> Yes → Go to Item 18b <input type="checkbox"/> No → Go to Item 19		
		b. Which situation applies? _____ →	<input type="checkbox"/> Child Support or Alimony <input type="checkbox"/> Property Settlement		
Criminal Offense	19	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 20 <input type="checkbox"/> No → Go to Section 4		
	20	Enter the date of the conviction. _____ →	Month	Day	Year
	21	Enter the date of the sentence of confinement. _____ →	Month	Day	Year
	22	Enter the date that confinement began. _____ →	Month	Day	Year
	23	Enter an "X" in the appropriate box: Has the confinement ended? _____ →	<input type="checkbox"/> Yes → Go to Item 24 <input type="checkbox"/> No → Go to Section 4		
	24	Enter the date confinement ended. _____ →	Month	Day	Year

Section 4 Information About Type of Annuity

Please read Part I of the **RB-1** booklet for information about age and service annuities. Also read the **RB-1d** booklet if you are applying for a disability annuity.

Type of Annuity	25	Enter an "X" in the box that shows the type of annuity you are filing for. _____ →	<input type="checkbox"/> FULL AGE ANNUITY <input type="checkbox"/> FULL 60/30 AGE ANNUITY <input type="checkbox"/> DISABILITY ANNUITY			Go to Item 26
			<input type="checkbox"/> REDUCED AGE ANNUITY- LESS THAN 30 YRS' SERVICE			
	26	Enter an "X" in the appropriate box: I am eligible for and will accept a reduced age annuity if I am not eligible for a full age or a disability annuity. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 5 Information About Military Service

Please read Part I of the **RB-1** booklet for information about military service. Creditable military service is used to determine, in part, your annuity eligibility. It can also be used in your annuity computation.

Military Service	27	Enter an "X" in the appropriate box: I was in active military service, such as the Army, Navy, Air Force or Marines, of the United States. _____ →	<input type="checkbox"/> Yes → Go to Note and Item 28 <input type="checkbox"/> No → Go to Section 6		
	<p>Note: If answered "Yes," you must submit proof of your military service, such as your discharge certificate or separation papers, as explained in the RB-1 booklet.</p>				
	28	Enter an "X" in the appropriate box: I had voluntary military service during the period June 15, 1948, through December 15, 1950. _____ →	<input type="checkbox"/> Yes → Go to Item 29 <input type="checkbox"/> No → Go to Item 30		
	29	Enter an "X" in the appropriate box: I had nonrailroad earnings after leaving the military service stated in Item 28 and before returning to the railroad. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Military Service Monthly Benefits	30	Enter an "X" in the appropriate box: I have filed, or plan to file, a claim for monthly benefits with another federal agency based on military service performed before January 1, 1957. (Answer "No" if the other federal agency is the Department of Veterans Affairs, the Social Security Administration, or the Railroad Retirement Board.) _____ →	<input type="checkbox"/> Yes → Go to Item 31 <input type="checkbox"/> No → Go to Section 6			
	31	Enter the name of the other federal agency. _____ →				
	32	Enter the date you filed a claim with the agency named in Item 31 and go to Item 33. If you have not already filed a claim with that agency, enter the date you plan to file and go to Section 6. _____ →	Month	Day	Year	
	33	Enter the claim number of the monthly benefit you have already filed for. _____ →				

Section 6 Information About Your Railroad Work

Please read Part I of the **RB-1** booklet to find out what railroad work is creditable. Creditable railroad work is used to determine your annuity eligibility and is also used in the annuity computation.

Railroad Work Before 1937	34	Enter an "X" in the appropriate box: I have less than 360 months of railroad work after 1936. _____ →	<input type="checkbox"/> Yes → Go to Item 35 <input type="checkbox"/> No → Go to Item 36			
	35	Enter an "X" in the appropriate box: I worked in the railroad industry before 1937. _____ →	<input type="checkbox"/> Yes → Go to Note and Item 36 <input type="checkbox"/> No → Go to Item 36			
<p>Note: To obtain credit for your railroad service before 1937, complete and return to the RRB, Form AA-15, <i>Employee's Statement of Service Performed Before January 1, 1937, to Employers Under the Railroad Retirement Act.</i></p>						

Last Railroad Employment	36	Enter the name of the railroad company or railroad labor organization that last employed you. _____ →					
	37	Enter your payroll name and identification number for that employer. _____ →					
	38	Enter your last job title for that employer. _____ →					
	39	Enter your last division or department and its location. _____ →					
	40	Enter the dates you worked for that employer. (If your railroad employment has not ended, enter the last date you will work for that employer in the "TO" date.) _____ →	FROM		TO		
			Month	Day	Year	Month	Day
	41	Enter the date you gave up or will give up your seniority rights and all other rights to work for the employer shown in Item 36. (Make no entry if you have not given up your rights because you are filing for a disability annuity.) _____ →	Month	Day	Year		

Other Railroad Employment	42	Enter an "X" in the appropriate box: I worked for another employer in the railroad industry or a railroad labor organization this year or last year. _____ →	<input type="checkbox"/> Yes → Go to Item 43 <input type="checkbox"/> No → Go to Item 49			
	43	Enter the name of that employer. _____ →				
	44	Enter your payroll name and identification number for that employer. _____ →				
	45	Enter your last job title for that employer. _____ →				

Other Railroad Employment (Cont.)	46	Print your last division or department and its location for that employer. _____ →	
	47	Enter the dates you worked for that employer. (If your railroad employment has not ended, enter the last date you will work for that employer in the "TO" date.) _____ →	FROM
			TO
			Month Day Year Month Day Year
	48	Enter the date you gave up or will give up your seniority rights and all other rights to work for the employer shown in Item 43. (Make no entry if you have not given up your rights because you are filing for a disability annuity.) _____ →	Month Day Year
Railroad Seniority Rights	49	Enter an "X" in the appropriate box: I still have seniority or other rights to work for a railroad employer or railroad labor organization not listed in Item 36 or Item 43. _____ →	<input type="checkbox"/> Yes → Go to Item 50 <input type="checkbox"/> No → Go to Section 7
	50	Print the name of any employer indicated in Item 49 with whom you still have rights to return to work. _____ →	

Section 7 Information About Pay For Time Lost

Please read Part II of the **RB-1** booklet to find out what payments can be creditable as pay for time lost.

Pay For Time Lost	51	Enter an "X" in the appropriate box: I received or expect to receive pay for time lost from my last railroad employer. _____ →	<input type="checkbox"/> Yes → Go to Note and Item 52 <input type="checkbox"/> No → Go to Section 8
	<p>Note: If answered "Yes," and you received an injury settlement or elected to receive "dismissal pay," enclose a copy of your settlement or election with your application. If your case is still pending, briefly explain it in Section 21.</p>		
	52	Enter the dates for which these payments were made or will be made. _____ →	FROM TO Month Day Year Month Day Year

Section 8 Information About Railroad Sick Pay

Please read Part II of the **RB-1** booklet to find out when sick payments can be creditable to Tier I.

Railroad Sick Pay	53	Enter an "X" in the appropriate box: I received or expect to receive sick pay under a railroad wage continuation plan (other than my own regular salary) that was established through a company policy or labor agreement and this pay was for a period after the actual day I last worked. (Answer "No" if you were carried on the payroll and just received your regular salary.) _____ →	<input type="checkbox"/> Yes → Go to Item 54a <input type="checkbox"/> No → Go to Section 9
	54	a	Enter the name of the sick pay plan, if known. _____ →
		b	Enter the dates for which these payments were made or will be made for up to 6 months after your actual day last worked. _____ →

Section 9 Information About Your Nonrailroad Work

Please read Part IV of the **RB-1** booklet, which explains how Last Pre-Retirement Nonrailroad Employment, self-employment, and other earnings affect your annuity. Also read Part I of the booklet which explains "Current Connection."

Nonrailroad Work	55	Enter an "X" in the appropriate box: I worked for pay outside the railroad industry either during the last 6 months I worked in the railroad industry or after I left the railroad industry. (Do not include self-employment. Include any employment for an incorporated business which you own or public service. If you are a Canadian citizen or permanent resident, include employment in Canada for the U.S. railroad employer performed January 1, 1983, or later.) _____ →	<input type="checkbox"/> Yes → Go to Note and Item 56 <input type="checkbox"/> No → Go to Item 66					
	<p>Note: If you had Last Pre-Retirement Nonrailroad Employment (LPE) after your annuity would begin, complete Form G-19F, Earnings Information Request, only when one of the following applies: (1) The annuity beginning date (ABD) is before January 1 of this year or (2) the ABD is January 1, or later, of this year, and you ceased working in LPE after the ABD month.</p>							
Most Recent Nonrailroad Work	56	Enter the name and address of your current or most recent nonrailroad employer. _____ →						
	57	Enter your current or most recent job title for that employer. _____ →						
	58	Enter your average monthly salary for that employer. (SHOW DOLLARS ONLY) _____ →	\$					
	59	Enter the dates you worked for that employer. (If you have not set the date you expect to stop working, leave the "TO" date blank and check the box "I am still working.") _____ →	FROM			TO		
			Month	Day	Year	Month	Day	Year
60	Enter an "X" in the appropriate box: The employer named in Item 56 is either a seasonal employer or a Federal Government agency that is listed in Chapter 5 of the RB-1 booklet. _____ →	<input type="checkbox"/> I am still working <input type="checkbox"/> Yes <input type="checkbox"/> No						
Next Most Recent Nonrailroad Work	61	Enter the name and address of your next most recent nonrailroad employer during your last 6 months in the railroad industry or after you left the railroad industry. _____ →	If none, enter "NONE" and go to Item 66					
	62	Enter your last job title for that employer. _____ →						
	63	Enter your average monthly salary for that employer. (SHOW DOLLARS ONLY) _____ →	\$					
	64	Enter the dates you worked for that employer. (If you have not set the date you expect to stop working, leave the "TO" date blank and check the box "I am still working.") _____ →	FROM			TO		
			Month	Day	Year	Month	Day	Year
65	Enter an "X" in the appropriate box: The employer named in Item 61 is either a seasonal employer or a Federal Government agency that is listed in Chapter 5 of the RB-1 booklet. _____ →	<input type="checkbox"/> I am still working <input type="checkbox"/> Yes <input type="checkbox"/> No						

Self-Employment	If you are employed and your business is incorporated , answer Item 66 "No." Make sure Items 55-65 are also completed. If your business is not incorporated , answer Item 66 "Yes" and go to Item 67.			
	66	Enter an "X" in the appropriate box: I was self-employed during my last 6 months in the railroad industry or after I left the railroad industry. _____ →	<input type="checkbox"/> Yes → Go to Note and Item 67	<input type="checkbox"/> No → Go to Section 10
	<p>Note: If answered "Yes," complete and return to the RRB, Form AA-4, Self-Employment and Substantial Service Questionnaire.</p>			
67	Enter an "X" in the appropriate box: I am still self-employed. _____ →	<input type="checkbox"/> Yes → Go to Section 10	<input type="checkbox"/> No → Go to Item 68	
68	Enter the date you were last self-employed. _____ →	MONTH	DAY	YEAR

Section 10 Deemed Current Connection

Please read Part I of the **RB-1** booklet for an explanation of a deemed current connection.

Deemed Current Connection	69	Enter an "X" in the appropriate box: I have at least 25 years of railroad service and I have indicated nonrailroad employment in Items 55-68 that could break my current connection. _____ →	<input type="checkbox"/> Yes → Go to Item 70	<input type="checkbox"/> No → Go to Section 11
	70	Enter an "X" in the appropriate box: I was separated from my last railroad employer involuntarily and through no fault of my own on or after October 1, 1975. _____ →	<input type="checkbox"/> Yes → Go to Item 72	<input type="checkbox"/> No → Go to Item 71
	71	Enter an "X" in the appropriate box: I was on furlough, leave of absence or absent because of injury status with my last railroad employer on October 1, 1975, and was never called back to work. _____ →	<input type="checkbox"/> Yes → Go to Item 72	<input type="checkbox"/> No → Go to Section 11
	72	Enter an "X" in the appropriate box: I declined an offer to work in the railroad industry in the same "class or craft" as my last railroad job. _____ →	<input type="checkbox"/> Yes → Go to Section 11	<input type="checkbox"/> No → Go to Note and Section 11
<p>Note: If you answered either Item 70 or Item 71 "Yes" and Item 72 "No," submit the required proofs as soon as possible. This will preserve your rights under the deemed current connection provisions. The required proofs are explained in the RB-1 booklet.</p>				

Section 11 Information About When Your Annuity Will Begin

Please read Part II of the **RB-1** booklet for an explanation of an annuity beginning date.

Annuity Beginning Date	73	Enter an "X" in the appropriate box: I want my annuity to begin on the earliest date permitted by law. _____ →	<input type="checkbox"/> Yes → Go to Section 12	<input type="checkbox"/> No → Go to Item 74
	74	Enter the date you want your annuity to begin. _____ →	Month	Day

Section 12 Information About Your Earnings

Before answering Items 75-87, please read Part IV of the **RB-1** booklet to find out how earnings can affect an age and service annuity. For the exempt amounts, refer to **Form G-77a, How Work Affects Your Railroad Retirement Benefits**.

If you are applying for a disability annuity but are eligible for and would accept a reduced age annuity if the disability annuity is denied, answer Items 75-87, which apply to the reduced age annuity. Otherwise, **go to Section 13**.

Earnings Last Year (Year)	75	Enter an "X" in the appropriate box: I expect my annuity to begin before January 1 of this year. _____ →	<input type="checkbox"/> Yes → Go to Item 76 <input type="checkbox"/> No → Go to Item 80
	76	Enter an "X" in the appropriate box: My total earnings from all employment last year were more than the annual earnings exempt amount. (If all your earnings are from only railroad employment before your date last worked, answer "No.") _____ →	<input type="checkbox"/> Yes → Go to Item 77 <input type="checkbox"/> No → Go to Item 80
	77	Enter your total earnings for last year. (SHOW DOLLARS ONLY) _____ →	\$
	78	Enter an "X" in the appropriate box: I 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 → Go to Item 80 <input type="checkbox"/> No → Go to Item 79
	79	Enter an "X" next to each month last year in which you did not earn more than the monthly earnings exempt amount or perform substantial services in self-employment. _____ →	<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC
Earnings This Year (Year)	80	Enter an "X" in the appropriate box: I expect my total earnings from all employment this year to be more than the annual earnings exempt amount. (If all your earnings are from only railroad employment before your date last worked, answer "No.") _____ →	<input type="checkbox"/> Yes → Go to Item 81 <input type="checkbox"/> No → Go to Item 84
	81	Enter the total amount you expect to earn this year. (SHOW DOLLARS ONLY) _____ →	\$
	82	Enter an "X" in the appropriate box: I expect 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 → Go to Item 84 <input type="checkbox"/> No → Go to Item 83
	83	Enter an "X" next to each month this year in which you did not earn, or do not expect to earn, more than the monthly earnings exempt amount or perform substantial services in self-employment. _____ →	<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC
Earnings Next Year (Year)	84	Enter an "X" in the appropriate box: I am filing this application in September, October, November, or December. _____ →	<input type="checkbox"/> Yes → Go to Item 85 <input type="checkbox"/> No → Go to Section 13
	85	Enter an "X" in the appropriate box: I expect my total earnings from all employment next year to be more than this year's annual earnings exempt amount. →	<input type="checkbox"/> Yes → Go to Item 86 <input type="checkbox"/> No → Go to Section 13

Earnings Next Year (Cont.) (Year)	86	Enter the total amount that you expect to earn next year. (SHOW DOLLARS ONLY) _____ →	\$ _____
	87	Enter an "X" next to each of the first four months of next year in which you expect to earn less than this year's monthly earnings exempt amount. _____ →	<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR

Section 13 Information About Social Security Benefits

Please read Part V of the **RB-1** booklet to see how this application can protect your rights to social security benefits, and to see what effect your receipt of social security benefits will have upon your railroad retirement annuity.

Social Security Filing Date	88	Enter an "X" in the appropriate box: I also want this application used to protect my filing date for social security benefits. (Answer "Yes" only if you are age 62 or older, disabled, or otherwise eligible for social security old age, disability, or survivor benefits and you have not filed an application for such benefits.) _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No
	89	Enter an "X" in the appropriate box: I have filed, or plan to file within the next 90 days, an application for social security benefits. _____ →	<input type="checkbox"/> Yes → Go to Item 90 <input type="checkbox"/> No → Go to Section 14
	90	Enter the date you became, or will become, eligible for these social security benefits. _____ →	Month: _____ Year: _____
	91	Enter an "X" in the appropriate box: I have received my first social security payment. _____ →	<input type="checkbox"/> Yes → Go to Item 92 <input type="checkbox"/> No → Go to Item 93
	92	Enter the current total monthly amount of your social security benefits (before reduction for work or Medicare premiums). _____ →	\$ _____
	93	Enter an "X" in the appropriate box: All or part of my social security benefits described above are based on the earnings of someone other than myself. _____ →	<input type="checkbox"/> Yes → Go to Item 94 <input type="checkbox"/> No → Go to Section 14
	94	Enter the social security number of the person on whose earnings your social security benefits are based. _____ →	_____
95	Enter the name of the person on whose earnings your social security benefits are based. _____ →	_____	

Section 14 Information About Non-Covered Service Pension

Please read Part V of the **RB-1** booklet for information concerning non-covered service pensions. Complete Items 96 and 97 only if your date of birth is January 2, 1924, or later. Otherwise, go to Section 15.

Non-Covered Service Pension	96	Enter an "X" in the appropriate box: I am receiving or expect to receive a pension or annuity or lump sum in excess of contributions based on any work after 1956 not covered by social security or railroad retirement. _____ →	<input type="checkbox"/> Yes → Go to Item 97 <input type="checkbox"/> No → Go to Section 15
	97	Enter an "X" in the appropriate box: The beginning date of the pension or annuity is January 1, 1986, or later. _____ →	<input type="checkbox"/> Yes → Go to Note and Section 15 <input type="checkbox"/> No → Go to Section 15

Note: If answered "Yes," complete **Form G-209, Employee Non-Covered Service Pension Questionnaire.**

Section 15 Information About Other Railroad Retirement Annuity

Please read Part V of the **RB-1** booklet for an explanation of the effect of your employee annuity on any other railroad retirement annuity.

Other Railroad Annuity	98	Enter an "X" in the appropriate box: I have filed within the last 30 days, or intend to file within the next 90 days, for an annuity based on another person's railroad earnings record. _____ →	<input type="checkbox"/> Yes → Go to Item 99 <input type="checkbox"/> No → Go to Section 16			
	99	Enter the full name of that other person. _____ →				
	100	Enter that other person's Railroad Retirement Board claim number, including the letter prefix. _____ →	Prefix		If only six numbers, enter here	

Section 16 Information About Supplemental Annuity

Please read Part I of the **RB-1** booklet for an explanation of what is required to be eligible for a supplemental annuity.

Supplemental Annuity Eligibility	101	Enter an "X" in the appropriate box: I am now, or will be, eligible for a supplemental annuity from the Railroad Retirement Board (before reduction for a company pension). _____ →	<input type="checkbox"/> Yes → Go to Item 102 <input type="checkbox"/> No → Go to Section 17			
	102	Enter an "X" in the appropriate box: I am receiving, or expect to receive, a monthly pension or lump-sum pension payment from one or more former railroad employers. _____ →	<input type="checkbox"/> Yes → Go to Item 103 <input type="checkbox"/> No → Go to Section 17			
	103	Enter the name of the last railroad employer with whom you still hold pension rights. _____ →				
	104	Enter an "X" in the box which most accurately applies to the job or position which qualified you for this pension. _____ →	<input type="checkbox"/> Salaried <input type="checkbox"/> Non-Agreement <input type="checkbox"/> Agreement <input type="checkbox"/> Other			
	105	Enter the date your pension began, or will begin, or the date of your lump-sum pension payment. _____ →	Month	Day	Year	
	106	Enter the name of the second to last railroad employer with whom you still hold pension rights. (If this employer is now part of the employer in Item 103, leave this item blank and go to Item 109.) _____ →	If none, enter "NONE" and go to Item 109			
	107	Enter an "X" in the box which most accurately applies to the job or position which qualified you for this pension. _____ →	<input type="checkbox"/> Salaried <input type="checkbox"/> Non-Agreement <input type="checkbox"/> Agreement <input type="checkbox"/> Other			
	108	Enter the date your second pension began, or will begin, or the date of your lump-sum pension payment. _____ →	Month	Day	Year	
	109	Enter an "X" in the appropriate box: The pension named in Item 103 or Item 106 is based on a collective bargaining (union) agreement. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 17 Information About Medicare

Complete this section only if you are 64 years and 5 months of age or older.

Please read Part VI of the **RB-1** booklet for an explanation of the Medicare program.

Medicare Enrollment	110	Enter an "X" in the appropriate box: I have a Medicare card that shows entitlement to Medicare medical insurance (Part B). →	<input type="checkbox"/> Yes → Go to Item 111 <input type="checkbox"/> No → Go to Item 112																																																			
	111	Enter your Medicare claim number. → (If this is a railroad retirement filing, enter the prefix. If this is a social security filing, enter the suffix).	<table border="1"> <tr> <td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td> </tr> </table> <p style="text-align: center;">Go to Section 18</p>			-								-																																								
			-								-																																											
	112	Enter an "X" in the appropriate box: I have filed for Part B within the last three months. →	<input type="checkbox"/> Yes → Go to Item 113 <input type="checkbox"/> No → Go to Item 114																																																			
	113	Enter the social security number or railroad retirement claim number under which you filed. → (If this is a railroad retirement filing, enter the prefix. If this is a social security filing, enter the suffix.) Date of filing →	<table border="1"> <tr> <td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td> </tr> <tr> <td>Month</td><td>Day</td><td>Year</td><td colspan="10"></td> </tr> <tr> <td> </td><td> </td><td> </td><td colspan="10"></td> </tr> </table> <p style="text-align: center;">Go to Section 18</p>			-								-			Month	Day	Year																																			
			-								-																																											
	Month	Day	Year																																																			
	114	Enter an "X" in the appropriate box: I wish to enroll in Part B. →	<input type="checkbox"/> Yes → If you are under age 65 years and 4 months, go to Section 18. If you are older than age 65 years and 3 months, go to Item 115. <input type="checkbox"/> No → I understand that I elected not to enroll in Part B and that the premium rate may be higher if I do enroll later in Part B. Go to Section 18.																																																			
	115	Enter an "X" in the appropriate box: I am currently covered by an employer group health plan (EGHP) based on my own or my spouse's current employment. →	<input type="checkbox"/> Yes → Go to Item 117 <input type="checkbox"/> No → Go to Item 116																																																			
	116	Enter an "X" in the appropriate box: I was previously covered by an EGHP based on my own or my spouse's current employment. →	<input type="checkbox"/> Yes → Go to Item 118 <input type="checkbox"/> No → Go to Section 18																																																			
	117	The beginning date of my EGHP coverage is: → If applicable, the date employment will stop for the person whose employment qualifies me for EGHP coverage is: →	<table border="1"> <tr> <td>Month</td><td>Day</td><td>Year</td><td colspan="10"></td> </tr> <tr> <td> </td><td> </td><td> </td><td colspan="10"></td> </tr> <tr> <td>Month</td><td>Day</td><td>Year</td><td colspan="10"></td> </tr> <tr> <td> </td><td> </td><td> </td><td colspan="10"></td> </tr> </table> <p style="text-align: right;">Go to Item 119</p>	Month	Day	Year																								Month	Day	Year																						
Month	Day	Year																																																				
Month	Day	Year																																																				
118	The beginning and ending dates of my EGHP coverage and the date last worked in the employment which qualified me for EGHP coverage are: EGHP Beginning Date → EGHP Ending Date → Date Employment Stopped →	<table border="1"> <tr> <td>Month</td><td>Day</td><td>Year</td><td colspan="10"></td> </tr> <tr> <td> </td><td> </td><td> </td><td colspan="10"></td> </tr> <tr> <td> </td><td> </td><td> </td><td colspan="10"></td> </tr> <tr> <td> </td><td> </td><td> </td><td colspan="10"></td> </tr> </table> <p style="text-align: right;">Go to Item 119</p>	Month	Day	Year																																																	
Month	Day	Year																																																				
119	Enter an "X" in the appropriate box: I wish to enroll in a special enrollment period. →	<input type="checkbox"/> Yes → Go to Item 120 <input type="checkbox"/> No → Go to Item 121																																																				
120	Enter an "X" in the appropriate box: a. I am enrolling in Part B while either still covered by an EGHP or during the first full month after my EGHP coverage. →	<input type="checkbox"/> Yes → Go to Item 120b <input type="checkbox"/> No → Go to Section 18																																																				
	b. I am requesting a Part B effective date of →	<table border="1"> <tr> <td>Month</td><td>Day</td><td>Year</td><td colspan="10"></td> </tr> <tr> <td> </td><td> </td><td> </td><td colspan="10"></td> </tr> </table> <p style="text-align: right;">Go to Section 18</p>	Month	Day	Year																																																	
Month	Day	Year																																																				
121	Enter an "X" in the appropriate box: I am requesting premium surcharge relief for the months of EGHP coverage. →	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																				

Section 18 Disability Medicare

If you are filing for a disability annuity, **go to Section 19.**

If you are less than 64 years and 5 months of age, and you are *not* filing for a disability annuity, you may be entitled to Medicare benefits based on your being totally disabled for all employment and being entitled to an annuity before age 63.

If your entitlement begins *after* age 63, you may not be entitled to early Medicare, but you may be entitled to have your Tier I benefit treated as a social security benefit for taxation purposes. See Form TB-85, **Information About the Taxation of Railroad Retirement Annuities**, Part 6, Section 6A.

Disability Medicare	122	Enter an "X" in the appropriate box: I expect my annuity to begin before I reach age 63. _____ →	<input type="checkbox"/> Yes → Go to Item 123 <input type="checkbox"/> No → Go to Section 19
	123	Enter an "X" in the appropriate box: I am totally disabled for work in all regular employment. _____ →	<input type="checkbox"/> Yes → Go to Note and Section 19 <input type="checkbox"/> No → Go to Section 19

Note: If answered "Yes," complete and return **Form AA-1d, Application for Determination of Employee's Disability**, to apply for Medicare based on disability.

Section 19 Information About You If You Are Disabled

Answer Items 124-126 **ONLY** if you are applying for a disability annuity. Otherwise, **go to Section 20.** If you are applying for a disability annuity, also complete and return **Form AA-1d, Application for Determination of Employee's Disability.**

You are asked about your children to determine if you are entitled to a special annuity computation.

Please read Part V of the **RB-1** booklet for an explanation of worker's compensation benefits and public disability benefits.

Child Living With You	124	Enter an "X" in the appropriate box: After 1950 I had living with me at least one of my own or my spouse's children, who was under age 3. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No
Worker's Compensation	125	Enter an "X" in the appropriate box: Since my disability began, I have received, or expect to receive, worker's compensation benefits. _____ →	<input type="checkbox"/> Yes → Go to Note and Item 126 <input type="checkbox"/> No → Go to Item 126

Note: If answered "Yes," proof of the amount(s) and effective date(s) of your worker's compensation benefit is required.

Public Disability Benefits	126	Enter an "X" in the appropriate box: Since my disability began, I have received, or expect to receive, disability benefits under a Federal, state, or local government plan or law. (Answer "No" if your benefits are social security, veterans affairs, or welfare.) _____ →	<input type="checkbox"/> Yes → Go to Note and Section 20 <input type="checkbox"/> No → Go to Section 20
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Note: If answered "Yes," proof of the amount(s) and effective date(s) of your public disability benefit is required.

Section 22 Certification

Certification

134

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 135
 NO → Go to Item 135

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.**

135

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 booklets, **RB-1, Age and Service Employee Annuity** and **RB-9, Employee and Spouse Annuities--Events That Must Be Reported**. I understand that I am responsible for reporting events that would affect my annuity as explained in these booklets. I certify that the information I gave the RRB on this application is true to the best of my knowledge.

I agree to immediately notify the RRB:

- IF I begin to receive a pension based on earnings that are not covered by the Social Security Administration (SSA) or the RRB.
- IF I begin to receive benefits directly from SSA.
- IF I am disabled and begin to receive worker's compensation or public disability benefits.
- IF I am entitled to a supplemental annuity from the RRB and receive a lump-sum pension payment or begin to receive a monthly pension from my railroad employer.
- IF I am entitled to a vested dual benefit and begin to receive a benefit based on military service performed entirely before 1957.
- IF I go to work for a railroad or railroad labor organization, or return to work in any capacity in the railroad industry.
- IF I return to work for my Last Pre-Retirement Nonrailroad Employer and there is a change in my estimated earnings.
- IF I am filing in advance of the date(s) shown in Item(s) 40 (and 47), and there is a change in a date.
- IF I receive a settlement with credit for railroad service as "pay-for-time-lost" for months after the date(s) shown in Item(s) 40 (and 47).
- IF benefits I receive directly from SSA are adjusted for a reason other than normal cost-of-living increases.
- IF my address changes.
- IF I am confined in a jail, prison, penal institution, or correctional facility due to a conviction for a criminal offense.
- IF I earn more than the annual earnings exempt amount.
- IF I perform work, including self-employment, for a family owned, controlled or managed business, including a business operated, managed or owned by me, a family member, friend or close associate, whether for pay or not, and without regard to how the business is organized (e.g., sole proprietorship, partnership, corporation, LLC, etc.).
- IF my spouse who is receiving a benefit dies, or our marriage ends in divorce or annulment.
- IF a qualifying child marries or leaves my custody or residence.
- IF I become a corporate officer of, own, or operate a corporation (including a corporation owned by a family member or friend) whether for pay or not.
- IF I receive anything of value in lieu of salary or wages for any work that I performed.

Also, if I am covered by the earnings restriction provisions of the Railroad Retirement Act, I have received and reviewed **Form G-77a, How Work Affects Your Railroad Retirement Benefits**. Failure to report any of the above events or other events that may affect my annuity may result in a penalty deduction from my annuity, criminal and/or civil prosecution.

SIGNATURE _____
(First Name, Middle Initial, Last Name)

--

DATE _____

Month	Day	Year

136

If this certification is signed by mark ("X") in Item 135, 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								
Area Code Telephone Number								
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>								

b. Signature of Witness

Address (Number and Street)								
City, State, ZIP Code								
Area Code Telephone Number								
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>								

Section 23 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 serving your location. 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: After the RRB receives your application, a receipt form with information about your claim will be sent to you. When you receive it, 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 have filed this application, please contact us so we can find out what is causing the delay.