

**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"/>
	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
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 application reason.

Public Law Board Award: ( )	Settlement Allocation: ( )	Wage Continuation Plan: ( )
RRB Request: ( )	Other Pay for Time Lost Allocation: ( )	<input type="button" value="Clear Selection"/>

The information contained in this report is required by law under Section 9 of the Railroad Retirement Act and Section 6 of the Railroad Unemployment Insurance Act. 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 per response to complete, including the time needed 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 the accuracy of our estimate or any other aspect of this form, including suggestions for reducing the completion time, to CHIEF OF INFORMATION RESOURCES MANAGEMENT, RAILROAD RETIREMENT BOARD, 844 N. RUSH STREET, CHICAGO, IL 60611-2092.