

Application for Parent's Annuity

DO NOT WRITE IN THIS SPACE

OFFICIALLY FILED

MONTH	DAY	YEAR

OFFICE NUMBER

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APPROVED

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APPLICATION NUMBER

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DATE CODED

MONTH	DAY	YEAR

CODED BY

--

Section 1 General Instructions

Before you complete this application, be sure to read booklet RB-17, Survivor Annuities, which explains information you will need to answer many of the questions in this application. Also be sure to read the important notices at the end of the booklet.

Type or print legibly in ink. If you need more space than is provided to answer a question, use Section 10 for this purpose. If you 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 February 12, 2009, as:

MONTH	DAY	YEAR
0 2	1 2	0 9

Some items in this application will not apply to you so 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 form 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 6 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	EMPLOYEE'S NAME →	
	2	EMPLOYEE'S SOCIAL SECURITY NUMBER →	
	3	EMPLOYEE'S RAILROAD RETIREMENT CLAIM NUMBER →	
Applicant Identification	4	APPLICANT'S NAME →	
	5	a STREET ADDRESS →	
		b CITY AND STATE →	
		c ZIP CODE →	
		d COUNTY →	
6	DAYTIME TELEPHONE NUMBER →		

Section 3 Information About The Employee

If a railroad retirement survivor benefit was previously received by someone, **go to Section 4**; otherwise **go to Item 7**.

Birth Date	7	Enter the employee's date of birth. _____ →	Month	Day	Year	
Residence	8	Enter the state (or country if other than United States) which was the employee's permanent home at the time of death. _____ →				
		If the employee was age 62 or older when he or she died, go to Item 10 .				
Disability	9	Enter an "X" in the appropriate box: The employee was unable to work at the time of death because of an illness or accident which occurred at least five months before death. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Military Service	Please read the section "Credit for Employee's Military Service" in the RB-17 booklet to find out how active military service is determined.					
	10	Enter an "X" in the appropriate box: The employee was in active military service after September 7, 1939. _____ →	<input type="checkbox"/> Yes → Go to Note and Item 11 <input type="checkbox"/> No → Go to Item 13			
	Note: If answered "Yes," you will have to submit proof of the employee's military service. If you cannot submit proof show, in Section 10, the branch of the service and the beginning and ending dates for each period of service.					
	11	Enter an "X" in the appropriate box: The employee had voluntary military service during the period June 15, 1948, through December 15, 1950. _____ →	<input type="checkbox"/> Yes → Go to Item 12 <input type="checkbox"/> No → Go to Item 13			
Recent Employment	12	Enter an "X" in the appropriate box: The employee had nonrailroad earnings after leaving the military service and before returning to the railroad. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	13	Regardless of whether the employee was retired at death, show the name and address of each railroad or non-railroad employer for whom the employee performed any part-time or full-time work during the last 3 years he or she worked. Print the name and address of the most recent employer in 13a, the second in 13b, and so on. Enter the date each job began and ended.				
	Name and Address of Employer					
	a	Name	Began		Ended	
		Address	Month	Year	Month	Year
		City, State, ZIP Code				
	b	Name	Began		Ended	
	Address	Month	Year	Month	Year	
	City, State, ZIP Code					
c	Name	Began		Ended		
	Address	Month	Year	Month	Year	
	City, State, ZIP Code					
Self-Employment	14	Enter an "X" in the appropriate box: The employee was self-employed during any of the last three calendar years. _____ →	<input type="checkbox"/> Yes → Go to Item 15 <input type="checkbox"/> No → Go to Item 17			
	15	Enter an "X" in the appropriate box: The employee's net earnings from self-employment were more than \$400 in any of the last three calendar years. _____ →	<input type="checkbox"/> Yes → Go to Item 16 <input type="checkbox"/> No → Go to Item 17			

Self-Employment (Continued)	16	Enter an "X" in the appropriate box(es): Show the year or years in which the employee's net earnings from self-employment were more than \$400. _____ →	<input type="checkbox"/> This year <input type="checkbox"/> Last year <input type="checkbox"/> Year before last
Railroad Employment	<p>Answer Items 17 and 18 only if the employee was alive on October 1, 1981, and he or she had at least 25 years of railroad service; otherwise go to Item 19.</p> <p>If the employee was alive on October 1, 1981, and had at least 25 years of railroad service, read the section "<i>Requirements The Employee Must Have Met</i>" in Part I of the RB-17 booklet to find out what special conditions may apply.</p> <p style="text-align: center;">Note: You may be requested to submit proof to verify the statements made in Items 17 and 18.</p>		
	17	Enter an "X" in the appropriate box: The employee "involuntarily and without fault": <ul style="list-style-type: none"> • stopped working for his or her last railroad employer on or after October 1, 1975, or _____ → • was on furlough, leave of absence status, or absent because of injury on October 1, 1975, and was never called back to work for that employer. 	<input type="checkbox"/> Yes → Go to Item 18 <input type="checkbox"/> No → Go to Section 4
	18	Enter an "X" in the appropriate box: The employee declined an offer from a railroad employer to return to a job in the same "class or craft" as his or her last railroad job.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4 Information About The Employee's Family

Widow(er)	Please read the section " <i>Definition of a Widow(er)'s Annuity</i> " in Part II of the RB-17 booklet to find out what categories of widow(er) may be eligible for a railroad retirement annuity.		
	19	Enter an "X" in the appropriate box: There is a widow(er), remarried widow(er), or surviving divorced spouse who may be eligible for a widow(er)'s annuity. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No
Children	Please read the section " <i>Definition of a Child's Annuity</i> " in Part II of the RB-17 booklet to find out what categories of children may be eligible for a railroad retirement annuity.		
	20	Enter an "X" in the appropriate box: There are children who may be eligible for an annuity. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Answer Item 21 only if the employee was male.		
	21	Enter an "X" in the appropriate box: A child of the employee is expected to be born. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5 Information About The Applicant

Birth Date	22	Enter your date of birth. _____ →	Month	Day	Year	
Relationship	23	Enter an "X" in the appropriate box: I am the employee's only living natural parent, stepparent, or adoptive parent. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	24	Enter an "X" in one box only to show your relationship to the employee. _____ →	<input type="checkbox"/> Natural Parent → Go to Item 29 <input type="checkbox"/> Stepparent → Go to Item 25 <input type="checkbox"/> Adoptive Parent → Go to Item 26			

Step-Parent	25	Enter the date of your marriage to the employee's natural mother or father. _____ →	Month	Day	Year	Go to Item 29
Adoptive Parent	26	Enter the place (city and state or foreign country) where you adopted the employee. _____ →				
	27	Enter the date of the adoption. _____ →	Month	Day	Year	
	28	Enter the name of the court which issued the adoption decree. _____ →				
Support	29	Enter an "X" in the appropriate box: The employee was contributing at least one-half of the money and goods needed to support me at the time the employee died or at the beginning of the employee's period of disability if he or she had one. (Consider the following as contributions to support: money, food, clothes, paying bills, providing rent-free housing.)	<input type="checkbox"/> Yes → Go to Note and Item 30 <input type="checkbox"/> No → Go to Section 11			
	<div style="border: 1px solid black; border-radius: 15px; padding: 5px; display: inline-block;"> Note: If answered "Yes," you will have to complete and return to the RRB, Form G-134, Statement Regarding Contributions and Support. </div>					
Marriage	30	Enter an "X" in the appropriate box: I remarried after the employee's death. _____ →	<input type="checkbox"/> Yes → Go to Item 31 <input type="checkbox"/> No → Go to Item 32			
	31	Enter the requested information for each of your marriages after the employee's death. Print the most recent marriage in a, the second most recent in b, and so on.				
		Your Husband's or Wife's Name	Date Married			How Marriage Ended (Check One) (If Marriage Never Ended Leave Blank)
		a	Month	Day	Year	<input type="checkbox"/> Spouse's death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment
	b	Month	Day	Year	<input type="checkbox"/> Spouse's death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	
	c	Month	Day	Year	<input type="checkbox"/> Spouse's death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	
Social Security Number	32	Enter your social security number. If none enter "TO BE SUBMITTED." _____ →				
Criminal Offense	33	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 34 <input type="checkbox"/> No → Go to Section 6			
	34	Enter the date of the conviction. _____ →	Month	Day	Year	
	35	Enter the date of the sentence of confinement. _____ →	Month	Day	Year	

Criminal Offense (Continued)	36	Enter the date that confinement began. _____ →	Month	Day	Year	
	37	Enter an "X" in the appropriate box: Has the confinement ended? _____ →	<input type="checkbox"/> Yes → Go to Item 38 <input type="checkbox"/> No → Go to Section 6			
	38	Enter the date confinement ended. _____ →	Month	Day	Year	

Section 6 Information About Applicant's Other Government Benefits

Social Security Benefits	39	Enter an "X" in the appropriate box: I have filed, or plan to file, an application for benefits under the Social Security Act. _____ →	<input type="checkbox"/> Yes → Go to Item 40 <input type="checkbox"/> No → Go to Item 43			
	40	Enter an "X" in the appropriate box: I have filed, or plan to file, for social security benefits based on someone other than myself. _____ →	<input type="checkbox"/> Yes → Go to Item 41 <input type="checkbox"/> No → Go to Item 43			
	41	Enter the name of the person on whose account you are filing. _____ →				
	42	Enter that person's social security number. _____ →				

Railroad Retirement Benefits	43	Enter an "X" in the appropriate box: I have filed, or plan to file within 90 days, an application for monthly railroad retirement benefits based on someone other than the employee. _____ →	<input type="checkbox"/> Yes → Go to Item 44 <input type="checkbox"/> No → Go to Section 7			
	44	Enter an "X" in the appropriate box: I have filed, or plan to file, an application for railroad retirement benefits based on my own railroad employment. _____ →	<input type="checkbox"/> Yes → Go to Section 7 <input type="checkbox"/> No → Go to Item 45			
	45	Enter the name of the person on whose record you have filed or will file. _____ →				
	46	Enter that person's Railroad Retirement Board claim number, including the letter prefix. _____ →	Prefix		If only six numbers, enter here	

Section 7 Information About Work And Earnings

Please read the section "How Earnings Affect An Annuity" in Part V of the RB-17 booklet to find out how work and earnings can affect your railroad retirement annuity.

If you were age 70 or older when the employee died, or you are now age 71 or older, **go to Item 58, Railroad Work.**

When answering Items 47 through 57, refer to **Form G-77, How the Amount of Earnings Affects Payment of Survivor Annuities**, for the exempt amount to use.

If the employee died January 1 or later of this year, skip Items 47-50 and **go to Item 51, Earnings This Year.**

Earnings Last Year (Year)	47	Enter an "X" in the appropriate box: My total earnings for all employment last year were more than the annual earnings exempt amount shown on Form G-77. _____ →	<input type="checkbox"/> Yes → Go to Item 48 <input type="checkbox"/> No → Go to Item 51			
	48	Enter your total earnings for last year. (SHOW DOLLARS ONLY) _____ →	\$			
	49	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 51 <input type="checkbox"/> No → Go to Item 50			

Earnings Last Year (Continued)	50	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)	51	Enter an "X" in the appropriate box: I expect my total earnings for all employment this year to be more than the annual earnings exempt amount. →	<input type="checkbox"/> Yes → Go to Item 52 <input type="checkbox"/> No → Go to Item 55						
	52	Enter the total amount that you expect to earn this year. (SHOW DOLLARS ONLY) →	\$						
	53	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 55 <input type="checkbox"/> No → Go to Item 54						
	54	Enter an "X" next to each month this year in which you did not, 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)	55	Enter an "X" in the appropriate box: I am returning this application in September, October, November, or December. →	<input type="checkbox"/> Yes → Go to Item 56 <input type="checkbox"/> No → Go to Item 58						
	56	Enter an "X" in the appropriate box: I expect my total earnings for all employment next year to be more than this year's annual earnings exempt amount. →	<input type="checkbox"/> Yes → Go to Item 57 <input type="checkbox"/> No → Go to Item 58						
	57	Enter the total amount that you expect to earn next year. (SHOW DOLLARS ONLY) →	\$						
Railroad Work	58	Enter an "X" in the appropriate box: I have worked for a railroad or other employer in the railroad industry. →	<input type="checkbox"/> Yes → Go to Item 59 <input type="checkbox"/> No → Go to Section 8						
	59	Enter the name of your last railroad employer. →							
	60	Enter the date you last worked for this employer. →	<table border="1"> <thead> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Month	Day	Year			
Month	Day	Year							
	61	Enter an "X" next to each month in this year during which you worked, or you expect to work, for an employer in the railroad industry. →	<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						
	Complete Item 62 only if you expect your annuity to begin before January 1 of this year.								
	62	Enter an "X" next to each month of last year during which you worked for an employer in the railroad industry. →	<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						

Section 8 Filing Date And Medicare

Filing Protection	Answer Item 63 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.		
	63	Enter an "X" in the appropriate box: I also want this application used to protect my filing date for social security benefits. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicare	Please read the section " <i>Medicare Benefits</i> " in Part VIII of the RB-17 booklet for an explanation of the Medicare program.		
	64	Enter an "X" in the appropriate box: I am enrolled in the Medicare medical insurance (Part B). _____ →	<input type="checkbox"/> Yes → Go to Item 65 <input type="checkbox"/> No → Go to Item 67
	65	Enter the name of the agency where you have filed for Medicare. _____ →	
	66	Enter your Medicare claim number. _____ →	Go To Section 9
	67	Enter an "X" in the appropriate box: I am 64 years and 5 months of age or older. _____ →	<input type="checkbox"/> Yes → Go to Item 68 <input type="checkbox"/> No → Go to Section 9
	68	Enter an "X" in the appropriate box: I wish to enroll in Part B. _____ →	<input type="checkbox"/> Yes → Go to Item 69 <input type="checkbox"/> No → Go to Section 9
	69	Enter an "X" in the appropriate box: I am claiming a special enrollment period based on coverage by an employer group health plan. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No
	70	Enter an "X" in the appropriate box: I am claiming premium surcharge relief based on coverage by an employer group health plan. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 9 Direct Deposit

Benefits are generally paid by Direct Deposit to your bank, savings and loan, credit union, or other financial institution. To provide the information we need to correctly deposit your payments, attach a voided personal check and **go to Section 10**, or call your financial institution for the information you need to complete Items 71-75. If you do not have a bank account, or receiving your payments by Direct Deposit would cause you a hardship, **go to Item 76**.

Direct Deposit	71	Enter the name of your financial institution. _____ →	
	72	Enter the telephone number for your financial institution. _____ →	Area Code
			Telephone Number
	73	Enter the routing transit number of your financial institution. _____ →	
	74	Enter your account number. _____ →	
	75	Enter an "X" in the appropriate box: Type of account for the above account number. _____ →	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Go to Section 10
	76	Check this box if you do not have a checking or savings account, or if Direct Deposit would cause you a hardship. _____ →	<input type="checkbox"/>

Section 11 Certification

Certification

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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 79**
 No → **Go to Item 79**

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.**

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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 booklet **RB-17, Survivor Annuities**, and the booklet **RB-9s, Events That Affect A Survivor Annuity**. I understand that I am responsible for reporting any events that would affect my annuity as explained in those booklets.

I certify that the information I gave to the RRB on this application is true to the best of my knowledge.

I agree to immediately notify the RRB:

- If I marry;
- If I file for social security benefits based on any person's earnings record;
- If I go to work for an employer in the railroad industry;
- If I will earn more than the annual earnings exempt amount, and it was not reported on the application;
- If I reported expected earnings and my earnings estimate changes;
- If my address changes;
- If any person for whom I am receiving benefits dies or leaves my care;
- If I am confined in a jail, prison, penal institution, or correctional institution due to a conviction for a criminal offense.

Signature _____ →
(First Name, Middle Initial,
Last Name)

--

Date _____ →

Month	Day	Year

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If this certification is signed by mark ("X") in Item 79, 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, and ZIP Code

Daytime Telephone Number _____ →

Area Code	Telephone Number

b Signature of Witness

Address (Number and Street)

City, State, and ZIP Code

Daytime Telephone Number _____ →

Area Code	Telephone Number

Section 12 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.*