

**APPLICATION SUMMARY FOR (A WIDOW(ER)'S ANNUITY/  
A DISABLED WIDOW(ER)'S ANNUITY/A YOUNG MOTHER/FATHER'S ANNUITY/A CHILD'S  
ANNUITY/A DISABLED CHILD'S ANNUITY/A FULL-TIME STUDENT'S ANNUITY/A  
PARENT'S ANNUITY/MEDICARE/A MEDICARE SPECIAL ENROLLMENT PERIOD)**

**Employee's Name**  
**RR Claim No.**

The following information was either supplied by or verified by you in support of your application for (a Widow(er)'s Annuity/a Disabled Widow(er)'s Annuity/a Young Mother/Father's Annuity/a Child's Annuity/a Disabled Child's Annuity/a Full-Time Student's Annuity/a Parent's Annuity/Medicare/a Medicare Special Enrollment Period) under the Railroad Retirement Act. Review the information for accuracy. If there are any errors, notify the Railroad Retirement Board (RRB) immediately, and no later than 10 days from the date you receive this summary.

This information is certified by you to be true and correct to the best of your knowledge. You have been informed and you acknowledge that making a false or fraudulent statement or withholding information, in order to receive benefits from the RRB, is a crime under Federal law and may be punishable by fines, imprisonment or both.

**Employee Information**

**Social Security Number**  
**Date of Birth**  
**Date of Death**

**Military Service**

- 1 The employee was not in active military service after September 7, 1939.
- 2 The employee had military service after September 7, 1939.

**Recent Employment**

- 3 The employee had not worked in the two years before death.
- 4 The employee worked for the following companies in the last two years:

(Company Name)	from 99/99/9999 to 99/99/9999
(Company Name)	from 99/99/9999 to 99/99/9999
(Company Name)	from 99/99/9999 to 99/99/9999

- 5 The employee did not have self-employment earnings in any of the last three years.
- 6 The employee's net earnings from self-employment were less than \$400 in each of the last three years.
- 7 The employee's net earnings from self-employment were \$400 or more in one of the last three years.

**Railroad Employment**

- 8 The employee had a current connection with the railroad industry.
- 9 A current connection with the railroad industry is "deemed" because the employee:
  - 1 Was alive on October 1, 1981 and had at least 25 years of railroad service, and
  - 2 "Involuntarily and without fault" stopped working for the railroad on or after October 1, 1975 and was never called back to work for the railroad employer, and
  - 3 Did not decline an offer from a railroad employer to return to a job in the same "class or craft" as the last railroad job.
- 10 The employee does not have a current connection with the railroad industry.

**Employee's Family**

- 11 The employee was not survived by a widow(er) or surviving divorced spouse who may be entitled to monthly benefits.
- 12 The employee was not survived by a child who may be entitled to monthly benefits.
- 13 The employee was not survived by a grandchild who may be entitled to monthly benefits.
- 14 The employee was not survived by a parent who may be entitled to monthly benefits.
- 15 The employee was survived by a widow(er) or surviving divorced spouse who may be entitled to monthly benefits.

Name Relationship

- 16 The employee was survived by a child who may be entitled to monthly benefits.  
Name Relationship

- 17 The employee was survived by a grandchild who may be entitled to monthly benefits.  
Name Relationship

18 The employee was survived by a parent who may be entitled to monthly benefits.

Name Relationship

### Applicant Information

**Name and Address**

**Daytime Telephone Number**

**Social Security Number**

**Date of Birth**

**Type of Application Filed**

(Widow(er)'s Annuity/Disabled Widow(er)'s Annuity/Young Mother/Father's Annuity/Child's Annuity/Disabled Child's Annuity/Full-Time Student's Annuity/Parent's Annuity/Medicare/Medicare Special Enrollment Period)

**Application Filing Date**

19 You applied for this benefit based on your relationship to the employee.

20 You applied for this benefit based on your relationship to the employee and that you are disabled.

21 You applied for this benefit based on your relationship to the employee and that you have the following child(ren) in your care.

Name	SS Number	DOB	Filing For
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22 You applied for this benefit based on your relationship to the employee and that you are a full-time student.

23 You have requested that any payment due you be sent to the following bank account:

Bank Name  
Routing Number  
Account Number  
Account Type

24 You have requested that any payment due you be sent using the Direct Express® Debit MasterCard®. Payments will be sent to the address shown above until the card is issued.

25 Any payment due you will be sent to the address shown above.

## **Applicant's Marriages**

- 26 You were married to someone other than the employee.
- 27 You were not married to anyone other than the employee.
- 28 You have married since the employee's death.
- 29 You have remarried since your divorce from the employee.
- 30 You have not remarried since your divorce from the employee.
- 31 You have never been married.
- 32 You were married and that marriage ended on mm/dd/yyyy.
- 33 You are currently married.
- 34 You have remarried since the employee's death.
- 35 You have not remarried since the employee's death.

## **Criminal Offense Information**

- 36 Within the past 12 months you have not been imprisoned or been given a sentence of confinement due to a conviction for a criminal offense.
- 37 Within the past 12 months you have been imprisoned or been given a sentence of confinement due to a conviction for a criminal offense.

## **Other Government Benefits**

- 38 You have filed or plan to file in the next three months for Social Security benefits on your own account.
- 39 You have filed or plan to file in the next three months for Social Security benefits on the account of:
  - Name
  - Social Security Number
- 40 You have not filed nor do you plan to file in the next three months for Social Security benefits on any account number.

- 41 You have not filed nor do you plan to file in the next three months for Social Security benefits on an additional account number.
- 42 You are currently receiving a Social Security benefit.
- 43 You are not receiving a Social Security benefit.
- 44 In the past month you have filed or plan to file in the next three months for Railroad Retirement benefits based on your own earnings.
- 45 In the past month you have filed or plan to file in the next three months for Railroad Retirement benefits based on the account of:  
Name  
Social Security Number
- 46 In the past month you have not filed nor do you plan to file in the next three months for Railroad Retirement benefits on any account number.
- 47 You are currently receiving a Railroad Retirement annuity.
- 48 You are not receiving a Railroad Retirement annuity.
- 49 You are receiving a pension based on your earnings from a Federal, state or local government agency.
- 50 You received a lump-sum payment instead of a monthly pension from a Federal, state or local government agency.
- 51 You are not receiving nor do you expect to receive a pension or lump-sum payment based on your earnings from a Federal, state or local government agency.
- 52 You expect to receive a pension or lump-sum payment based on your earnings from a Federal, state or local government agency.

### **Earnings Information**

- 53 In (last year), your total earnings were (actual earnings amount).
- 54 In (last year), your total earnings were less than (annual exempt amount).
- 55 In (last year), you earned more than (monthly exempt amount) in each month.

- 56 In (last year), you earned less than (monthly exempt amount) in the following months:  
January February March April May June July August September October November  
December
- 57 In (current year), you expect your total earnings will be (estimated earnings).
- 58 In (current year), you expect your total earnings will be less than (annual exempt amount).
- 59 In (current year), you expect to earn more than (monthly exempt amount) in each month.
- 60 In (current year), you expect to earn less than (monthly exempt amount) in the following months:  
January February March April May June July August September October November  
December
- 61 In (next year), you expect your total earnings will be (estimated earnings).
- 62 In (next year), you expect your total earnings will be less than (annual exempt amount).

### **Railroad Work**

- 63 You worked for a railroad, railroad labor organization or other employer in the railroad industry.
- 64 Your date last worked for a railroad, railroad labor organization or other employer in the railroad industry was mm/dd/yyyy.
- 65 This year, you worked for a railroad, railroad labor organization or other employer in the railroad industry in the following months:  
January February March April May June July August September October November  
December
- 66 Last year, you worked for a railroad, railroad labor organization or other employer in the railroad industry in the following months:  
January February March April May June July August September October November  
December
- 67 You have not worked for a railroad, railroad labor organization or other employer in the railroad industry.

### **Beginning Dates and Filing Dates**

- 68 You have requested your annuity begin on the earliest date permitted by law, even if you will receive a reduced annuity.

- 69 You have selected mm/dd/yyyy for the beginning date of your annuity.
- 70 This application will protect your filing date for Social Security benefits.
- 71 You do not want this application to protect your filing date for Social Security benefits.

## **Medicare**

- 72 You are enrolled in the Medicare Medical Insurance Plan (Part B).
- 73 You wish to enroll in the Medicare Medical Insurance Plan (Part B).
- 74 You do not wish to enroll in the Medicare Medical Insurance Plan (Part B) at this time.
- 75 You are claiming a special enrollment period based on coverage by an employer group health plan.
- 76 You are claiming premium surcharge relief based on coverage by an employer group health plan.

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*(Printed if application type is widow(er), child or parent who is FRA or older.)*

Your application for a (ENTER TYPE OF BENEFIT) has been released and will be processed as quickly as possible. If you do not receive notification about your application by (ENTER DAYS FROM FILING DATE BASED ON CUST SER PLAN) you should contact the field office shown below.

You have received and reviewed the booklets RB-17, *Survivor Annuities*, and RB-9s, *Events that Affect a Survivor Annuity*. It is your responsibility to report events that would affect your annuity as explained in the booklets. Failure to report any of the events listed below or other events that may affect your annuity may result in criminal and/or civil prosecution.

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*(Printed if application type is widow(er), child or parent who is under FRA.)*

Your application for a (ENTER TYPE OF BENEFIT) has been released and will be processed as quickly as possible. If you do not receive notification about your application by (ENTER DAYS FROM FILING DATE BASED ON CUST SER PLAN) you should contact the field office shown below.

You have received and reviewed the booklets RB-17, *Survivor Annuities*, RB-9s, *Events that Affect a Survivor Annuity*, and Form G-77, *How Earnings Affect Payment of Survivor Annuities*. It is your responsibility to report events that would affect your annuity as explained in the booklets and form. Failure to report any of the events listed below or other events that may affect your annuity may result in criminal and/or civil prosecution.

*(Printed if application type is disabled widow(er).)*

Your application for a Disabled Widow(er)'s annuity has been released and will be processed as quickly as possible. If you do not receive notification about your application by (ENTER DAYS FROM FILING DATE BASED ON CUST SER PLAN) you should contact the field office shown below.

You have received and reviewed the booklets RB-17, *Survivor Annuities*, RB-17b, *Widow(er)'s Disability Benefits*, and RB-9s, *Events that Affect a Survivor Annuity*. It is your responsibility to report events that would affect your annuity as explained in the booklets. Failure to report any of the events listed below or other events that may affect your annuity may result in criminal and/or civil prosecution.

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*(Printed if application type is disabled child.)*

Your application for a Disabled Child's annuity has been released and will be processed as quickly as possible. If you do not receive notification about your application by (ENTER DAYS FROM FILING DATE BASED ON CUST SER PLAN) you should contact the field office shown below.

You have received and reviewed the booklets RB-17, *Survivor Annuities*, RB-19a, *Child Disability Benefits*, and RB-9s, *Events that Affect a Survivor Annuity*. It is your responsibility to report events that would affect your annuity as explained in the booklets. Failure to report any of the events listed below or other events that may affect your annuity may result in criminal and/or civil prosecution.

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If you change your address, or if there is some other change that may affect your application, you or your representative should report the change at once. If you have any questions, we will be glad to help you. You can report changes either by telephone, mail, or in person, whichever you prefer. Most Railroad Retirement Board offices are open to the public from 9:00 AM to 3:30 PM, Monday through Friday.

### **Always Report These Changes to the RRB**

- **Death** – If the child dies. *(Printed if application type is 5, 6 or 7.)*
- **Marriage** – If you remarry. *(Printed if application type is 2, 3, 4, 9.)*
- **Marriage** – If you marry. *(Printed if application type is 5, 6 or 7.)*
- **Social Security** – If you file for social security benefits based on **any** person's earnings record.
- **Social Security** – If benefits you receive directly from the Social Security Administration are adjusted for a reason other than normal cost-of-living increases.
- **Public Pension** – If you begin to receive a pension or receive a lump-sum payment based on your earnings at an agency of the Federal, state or local government. *(Printed if application type is 2, 3 or 4.)*
- **Public Pension** – If the amount of your pension based on your earnings from a Federal, state or local government agency changes. *(Printed if application type is 2, 3 or 4.)*
- **Earnings** – If your earnings change. On your application you told us you expect your total earnings for \_\_\_\_\_ to be \$ \_\_\_\_\_. *(Applicant is less than full retirement age.)*



- On your application you told us you expect your total earnings for \_\_\_\_\_ to be less than \$ \_\_\_\_\_. (*Applicant is less than full retirement age.*)
- You are earning more than \$ \_\_\_\_\_ a month. (*Applicant is less than full retirement age.*)
- You are not earning more than \$ \_\_\_\_\_ a month. (*Applicant is less than full retirement age.*)
- **Railroad Work** – If you go to work for a railroad or railroad labor organization or work in any capacity in the railroad industry.
- **Address** – If your address changes. (*Printed only on Medicare Applications.*)
- **Address** – If your address changes, even if your payments are sent to a financial organization.
- **Bank Account** – If your financial organization or the account number at your financial organization changes.
- **Applicant is in Your Care** – If any person for whom you are receiving an annuity dies or leaves your care.
- **Criminal Offense** – If you are confined in a jail, prison, penal institution or correctional facility due to a conviction for a criminal offense.
- **School Attendance** – If you stop attending school full-time. (*Printed if Application Type is 7.*)
- **Death or Disability** – Your representative should notify the RRB immediately if you die or become unable to handle your own benefits.

### How to Report Changes

When a change occurs after you have begun receiving your annuity, you should report the change at once. You or your representative can make the reports by telephone, mail or in person, whichever you prefer.

*(Paragraph will be printed if non-disability applicant is less than full retirement age.)*

In most cases, we calculate how much to reduce your annuity because of your earnings based on either the earnings estimate you gave us when you applied for benefits, or on reports submitted by employers to the Social Security Administration. As a reminder, you should report your earnings (1) when we ask for a report of your earnings or (2) if any of the following happens:

- You stop working;
- You start working and expect to earn more than the annual exempt amount;
- Your employment is not covered under the Social Security Act (i.e., FICA taxes are not deducted from your pay);
- You work for a railroad or railroad labor organization; or
- You return to work for your last pre-retirement nonrailroad employer.

To report any changes or ask questions, you should contact:

(Field Office Address and Toll-Free Telephone Number)

If for some reason you are unable to contact that office, you should contact:

U.S. Railroad Retirement Board  
844 N Rush Street  
Chicago, Illinois 60611-2092  
<http://www.rrb.gov>