

**CONTINUING DISABILITY
 UPDATE REPORT**

Name and Address

Daytime Telephone Number (Include Area Code)

Employee's Railroad Retirement Claim Number

Paperwork Reduction Act/Privacy Act Notices

The Railroad Retirement Board's (RRB) authority for requesting this information is section 7(b)(6) of the Railroad Retirement Act (RRA). The information requested on this report is needed to determine your continuing entitlement to disability benefits under the RRA and the correct amount of your benefits. If you fail or refuse to furnish information which is necessary to determine your continuing entitlement to benefits, nonpayment of benefits may result (as explained in section 2(a) of the RRA).

The information on this form may be disclosed by the RRB to another person or governmental agency only with respect to railroad retirement benefits and to comply with Federal law requiring the exchange of information between the RRB and another agency.

We estimate this form takes an average of 5 minutes to complete, including the time 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 completion time, to Chief of Information Resources Management, Railroad Retirement Board, 844 Rush St, Chicago, Illinois 60611-2092.

REPORT PERIOD (Answer all questions for the following period):

FROM **<Date>** TO **PRESENT**

1. During the report period, did **<Beneficiary's Name>** work for a railroad?

YES - Complete Items 1a-d, showing most recent work first. NO - Go to Item 2

	WORK BEGAN Month/Year	WORK ENDED Month/Year	MONTHLY EARNINGS	JOB TITLE
a.			\$	
b.			\$	
c.			\$	
d.			\$	

2. During the report period did **<you/he/she>** work for someone other than a railroad or **<were you/was he/was she>** self-employed?

YES - Complete Items 2a-d, showing most recent work first. NO - Go to Item 3

	WORK BEGAN Month/Year	WORK ENDED Month/Year	MONTHLY EARNINGS	JOB TITLE
a.			\$	
b.			\$	
c.			\$	
d.			\$	

3. During the report period the doctor . . . *(Check only one answer.)*

- and I have not discussed whether **<l/he/she>** can work.
- told me **<l/he/she>** cannot work.
- told me **<l/he/she>** can work.

4. Which word best describes **<your/his/her>** health now as compared to the beginning date of the report period?

(Check only one answer.) BETTER SAME WORSE

I understand that civil and criminal penalties may be imposed upon me for: (1) providing false or fraudulent statements; (2) withholding information or misrepresenting a fact or facts material to determining a right to benefits under the RRA; and/or (3) failing to promptly report work earnings to the Railroad Retirement Board. I affirm that to the best of my knowledge, the information I have provided on this form is true, complete, and correct.

SIGNATURE _____ DATE _____