

## Employer's Deemed Service Months Questionnaire

1. BA No.
2. Social Security No.
3. Name
4. Payroll ID No.
5. Date

### Important Notices

The purpose of this form is to obtain information needed to determine whether the employee identified above can be credited with additional service months (deemed service months) in accordance with provisions of Section 3(i) of the Railroad Retirement Act. Our authority for requesting the information is Section 9 of the RRA. Reporting is mandatory under the law. Failure to report or the making of a false or fraudulent report can result in criminal prosecution or civil penalties, or both.

We estimate this form takes an average of 2 minutes per response, 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 any comments regarding the accuracy of our estimates 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 St., Chicago, IL 60611-2092.

### Employer Instructions

Check the information entered by the Railroad Retirement Board in Items 1-4, 6-7 and 9-10 for accuracy. If the information is incorrect, correct it and enter your response based on the corrected information. Explain the correction in the Remarks section. If the correction is to service months and/or compensation, you must file Form BA-4, *Report of Creditable Compensation Adjustments*, and submit it with this questionnaire. If you have already filed the BA-4, enter the date filed in the Remarks below.

When you have completed the form and signed the Certification Statement below, mail it to Policy and Systems, Compensation and Employer Services, Protest Unit, 844 N. Rush St., Chicago, IL 60611-2092 or fax it to (312) 751-7190.

6. For each month shown as a month not worked, check the appropriate "Yes" or "No" box in Item 7 to indicate if the employee had an employment relationship in that month. Refer to the *Employer Reporting Instructions* for an explanation of deemed service months.

Month(s) Not Worked in <Year>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
7. In Employment Relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Service Months Reported: <Pre-fills>	9. Tier II Compensation: <Pre-fills>	FOR RRB USE ABD: <Pre-fills> Deemed Months: <Pre-fills>
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10. REMARKS

11. CERTIFICATION STATEMENT  
 I understand that civil and criminal penalties can be imposed against me for false or fraudulent statements or for withholding information to misrepresent a fact material to determining a right to payment under the Railroad Retirement Act. I certify that, to the best of my knowledge, the information which I have given is true, complete, and correct.

Signature of Certifying Officer	Title of Certifying Officer
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Telephone No. (     )	Facsimile No. (     )	Date
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