

EMPLOYEE NON-COVERED SERVICE PENSION QUESTIONNAIRE

A modified benefit formula is used to compute railroad retirement Tier 1 benefits for railroad employees and their spouses who are also entitled to a pension based on employment after 1956 not covered by the **Railroad Retirement Act (RR Act)** or the **Social Security Act (SS Act)**. Please read the important notices on page 4 of this form.

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|--|--|---|--|---|
| IDENTIFYING INFORMATION | Check the information entered by the RRB in Items 1-2 to be sure it is correct. If it is not correct, cross out the incorrect information and enter the correct information above it. When the correct information is shown, go to Item 3. | | | |
| | 1 | RAILROAD RETIREMENT CLAIM NUMBER → | A | |
| ENTITLEMENT INFORMATION | 2 | RAILROAD EMPLOYEE'S NAME → | | |
| | 3 | Enter an "X" in the appropriate box: I am receiving or expect to receive a pension or annuity based on any work after 1956 not covered by the RR Act or the SS Act. → | <input type="checkbox"/> Yes ▶ Go to Item 5 | <input type="checkbox"/> No ▶ Go to Item 4 |
| | 4 | Enter an "X" in the appropriate box: I have received or expect to receive a lump-sum amount, instead of periodic payments, which is based on any work after 1956 not covered by the RR Act or the SS Act and this payment is more than just my contributions to the pension fund plus interest. → | <input type="checkbox"/> Yes ▶ Go to Item 5 | <input type="checkbox"/> No ▶ Go to Item 18 |
| | 5 | Enter an "X" in the appropriate box: I have thirty or more years of coverage under Section 215(a)(1)(C)(ii) of the SS Act. → | <input type="checkbox"/> Yes ▶ Go to Item 18 | <input type="checkbox"/> No ▶ Go to Item 6 |
| | <i>Note: The RRB contact representative is to use REAP to complete this item for the applicant and initial this item here. →</i> | | | |
| | 6 | Enter the beginning date of the pension or annuity described in Item 3 or the date of the lump-sum payment described in Item 4. → | MONTH | DAY |
| <i>Note: If the date you entered in Item 6 is before January 1, 1986, go to Item 18. Otherwise, go to Item 7.</i> | | | | |
| 7 | Enter the earliest date that you could have become eligible for the pension, annuity, or lump-sum payment described above. "Eligible" means that you met all of the age and service requirements for the pension and could have received it if you had filed for it. → | MONTH | YEAR | |
| <i>Note: If the date you entered in Item 7 is before January 1, 1986, attach a copy of your non-covered service pension plan and go to Item 18. Otherwise, go to Item 8.</i> | | | | |
| NON-COVERED SERVICE INFORMATION | 8 | Enter the name and address of the agency or organization for whom you performed service that was not covered by the RR Act or the SS Act. → | | |
| | 9 | Enter an "X" in the appropriate box: My non-covered service pension or lump-sum payment is based on employment with a non-profit organization that did not have any SS Act coverage on 12-31-83 and which became covered under the SS Act as of 1-1-84 or, my non-covered service pension is based on service as a minister. → | <input type="checkbox"/> Yes ▶ Go to Item 18 | <input type="checkbox"/> No ▶ Go to Item 10 |

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|---|---|---|---|-------|---|------|---------------------------|-------|-----|
| NON-COVERED SERVICE INFORMATION (cont.) | 10 | Enter all the periods of employment on which your pension or lump sum is based (include both employment covered and not covered by the RR Act or the SS Act). _____ → | FROM | MONTH | YEAR | TO | MONTH | YEAR | |
| | | | | | | | | | |
| | 11 | Enter the periods of employment after 1956 not covered by the RR Act or the SS Act that are used to determine your non-covered service pension or lump sum. _____ → | FROM | MONTH | YEAR | TO | MONTH | YEAR | |
| | | | | | | | | | |
| PAYER INFORMATION | 12 | Enter the name and address of the agency or organization that pays or will pay your non-covered service pension or lump sum. _____ → | | | | | | | |
| | 13 | Enter your non-covered service pension claim number. _____ → | | | | | | | |
| LUMP-SUM INFORMATION | Only answer Items 14-15 if you received a lump sum instead of periodic payments. Otherwise, go to Item 16. | | | | | | | | |
| | 14 | Enter the amount of your lump-sum payment. (SHOW U.S. DOLLARS ONLY) _____ → | \$ _____ | | | | | | |
| | 15 | Enter the specific period of time for which the payment was made. _____ → | a | MONTH | DAY | YEAR | b | MONTH | DAY |
| | | FROM | | | | TO | | | |
| | | <i>Note: In cases involving foreign currency, the RRB contact representative is to enter the foreign exchange ratio as of the date in Item 15(a).</i> _____ → | | | | | | | |
| PENSION RATE | 16 | Enter the monthly amount of the non-covered service pension you received for the later of: a. The first day of the month your railroad retirement annuity began or will begin; or, b. The beginning date of your non-covered service pension indicated in Item 6. _____ → | \$ _____ (SHOW U.S. DOLLARS ONLY) | | | | | | |
| | | | <i>Note: In cases involving foreign currency, the RRB contact representative is to enter the foreign exchange ratio as of the date described in Item 16(a) or Item 16(b).</i> _____ | | | | | | |
| | 17 | This item is to be completed by the RRB contact representative when converting foreign currency to U.S. dollars. The source of the foreign exchange ratio is the Federal Reserve Bank Library. | | | | | | | |
| | | _____ | _____ | ÷ 1. | _____ | = | _____ | | |
| | | Type of Foreign Currency | Amount in Foreign Currency (x) | | Foreign Exchange Ratio (x) / U.S. Dollars | | Amount in U.S. Dollars | | |
| REMARKS | | | | | | | | | |
| This section is to be used for the continuation of answers to other items. Be sure to include the item number at the beginning of the answer you wish to continue. You may also use this section to enter any additional information that you feel may be important to include. | | | | | | | | | |

CERTIFICATION

18 Enter an "X" in the appropriate box:
 I will have a guardian or other representative sign this statement on my behalf. _____

Yes ▶ Go to Note and Item 19
 No ▶ Go to Item 19

Note: If answered "YES," the guardian or other representative of the applicant must sign this questionnaire in Item 19.

19 I understand that civil and criminal penalties may be imposed upon me for false or fraudulent statements, or for withholding information in order to receive benefits under the Railroad Retirement Act. I affirm that to the best of my knowledge, the information I have provided on this form is true, complete, and correct.

I understand that, if none of the exceptions listed on this form apply, the Tier 1 component of my annuity will be reduced because of my entitlement to a non-covered service pension based on employment after 1956 not covered by the Railroad Retirement Act or the Social Security Act. The reduction cannot be greater than one-half of the amount of the non-covered service pension payable in the first month of entitlement to both the non-covered service pension and the railroad retirement annuity.

If I have completed Item 16, I agree to notify the RRB if my non-covered service pension stops.

SIGNATURE _____
 (First Name, Middle Initial,
 Last Name)

| |
|--|
| |
|--|

DATE _____

| MONTH | DAY | YEAR |
|-------|-----|------|
| | | |

DAYTIME TELEPHONE NUMBER
 (Include Area Code)

| AREA CODE | TELEPHONE NUMBER |
|-----------|------------------|
| | |

20 If this certification is signed by mark ("X") in Item 19, two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.

| | | | |
|--|----------------------|------------------|--|
| 1 | SIGNATURE OF WITNESS | | |
| | | | |
| ADDRESS (NUMBER AND STREET, CITY, STATE, AND ZIP CODE) | | | |
| | | | |
| DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE) | AREA CODE | TELEPHONE NUMBER | |
| | | | |

| | | | |
|--|----------------------|------------------|--|
| 2 | SIGNATURE OF WITNESS | | |
| | | | |
| ADDRESS (NUMBER AND STREET, CITY, STATE, AND ZIP CODE) | | | |
| | | | |
| DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE) | AREA CODE | TELEPHONE NUMBER | |
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PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

This notice is given under the Paperwork Reduction Act of 1995 and the Privacy Act of 1974. The Privacy Act requires that the Railroad Retirement Board (RRB) tell you the following whenever we ask you for information:

- 1) the law which allows us to ask for the information;
- 2) whether that law requires you to give us the information and what, if anything, might happen to you if you do not give it to us;
- 3) the reason why the information is requested; and
- 4) the persons, organizations, and agencies to which we may release the information without your permission.

The RRB's authority for requesting this information is Section 7(b) of the Railroad Retirement Act of 1974. Providing us with this information is voluntary on your part. However, if you fail to provide us with the requested information we may be unable to pay you any benefits. The RRB needs this information to determine whether you are eligible to receive such benefits and, if so, the amount you are entitled to receive. If your annuity application is approved and we begin to pay you benefits, information that we may request from you in the future will be used to determine whether you are entitled to continue to receive such benefits.

Although the information we request is almost never used for any purpose other than the payment of benefits under the Railroad Retirement Act, the RRB does have the authority to release the following information to the indicated individuals, organizations and/or agencies without your approval:

- 1) Information may be released to an attorney, the office of the President, a congressional office, a labor union or to the Department of State's embassy or consular offices if they allege to be representing you at your request.
- 2) Information may be released to other people who are receiving benefits based on the same railroad retirement account as you are if the information affects their payments from the RRB.
- 3) Information may be released to a person who will receive benefits on your behalf if the RRB decides that some medical condition keeps you from receiving your own benefits; such information may also be released in determining whether such a medical condition exists and who is suitable to receive such benefits for you.
- 4) Information (including medical records) may be released to people or organizations who are working for the RRB.
- 5) Information may be released to the U.S. Treasury Department or Postal Service to issue checks and to investigate lost, forged or stolen checks.
- 6) Information may be released to your last employer (or to its insurance company) to make sure that you can receive any private retirement or insurance benefits which may be offered by the employer.
- 7) Information may be released to the Social Security Administration, Centers for Medicare & Medicaid Services, Pension Benefit Guarantee Corporation, Office of Personnel Management, Department of Veterans Affairs, or Federal, State, or local welfare or public aid agencies to determine if you can receive benefits from these organizations and if any previous benefits were paid incorrectly.
- 8) Information may be released to the Internal Revenue Service or to State and local taxing authorities for figuring your taxes and for use in audits.
- 9) Your last address and the name of your last employer may be released to the Department of Health and Human Services to be used in the Parent Locator Service.
- 10) Information may be released to the Government Accountability Office for audits and for collecting overpayments owed to the RRB or the Social Security Administration.
- 11) Information may be released to the U.S. Department of Labor as required by the Federal Coal Mine and Safety Act.
- 12) Information may be released in certain cases for law enforcement purposes and for court proceedings.
- 13) Information about the determination and recovery of an overpayment made to you may be released to any other person from whom any portion of the overpayment is being recovered.
- 14) Your name and address may be released to a Member of Congress to inform you about current or proposed legislation which could affect the railroad retirement system.
- 15) Information may be released to Professional Standards Review Organizations and State Licensing Boards when services provided by physicians or practitioners suggests unethical or unprofessional conduct.

We estimate that this form takes between 1 and 8 minutes per response 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 the completion time to: Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-2092.