

PROPOSED

United States of America
Railroad Retirement Board

Form Approved
OMB No. 3220-0005

Request for Verification of Date Last Worked – (Month/Year) Retirements

The following is a list of your former employees who have recently filed an application for either an age and service or a disability annuity with the Railroad Retirement Board. The employees provided their *Date Last Worked* for your railroad; and, if applicable, the ending date of any *Pay For Time Lost* after the actual date last worked. If the employees are filing based on age and service, they provided their *Date Relinquished Rights* to railroad employment. The dates the employees provided on their applications are shown below. If a date is NOT correct, cross it out, enter the correct date above it, and add an attachment explaining the correction. *Otherwise, no further action is required.*

Fax your correction and any attachments to the Retirement Benefits Division - RIS at (312) 751-7192.

BA No	SSN	Payroll Name	Job Title	Dept-Div	Location	Date Last Worked	Last Day of Pay For Time Lost, If Later Than Date Last Worked	Date Relinquished Rights, If Applicable

CERTIFICATION: 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: _____

Date: _____

Title: _____