DESIGNATION OF CONTACT OFFICIALS (See Instructions for Completing and Mailing This Form on Reverse Side)		EMPLOYER NAME			
		EMPLOYER NUMBER	DATE		
(1) EXECUTIVE OFFICER		(2) SERVICE AND COMPENSATION			
NAME		NAME			
TITLE		TITLE			
STREET ADDRESS		STREET ADDRESS			
		CITY, STATE & ZIP CODE			
CITY, STATE & ZIP CODE		CITT, STATE & ZIP CODE			
TEL NO.	E-MAIL ADDRESS	TEL NO.	E-MAIL ADDRESS		
FAX NO.		FAX NO.	4		
(3) RAILROAD RETIREMENT AWARDS		(4) RRA ANNUITY ESTIMATE			
TITLE		TITLE			
STREET ADDRESS		STREET ADDRESS			
CITY, STATE & ZIP CODE		CITY, STATE & ZIP CODE			
TEL NO.	E-MAIL ADDRESS	TEL NO.	E-MAIL ADDRESS		
FAX NO.	-	FAX NO.	-		
(5) SECTION 2(F) - RUIA		(6) SECTION 12(O) - RUIA			
NAME					
TITLE		TITLE			
STREET ADDRESS		STREET ADDRESS			
CITY, STATE & ZIP CODE		CITY, STATE & ZIP CODE			
TEL NO.	E-MAIL ADDRESS	TEL NO.	E-MAIL ADDRESS		
FAX NO.		FAX NO.			
(7) TIER 1 TAX REPORT - RUIA		(8) PREPAYMENT CLAIMS VE	RIFICATION - RUIA		
NAME		NAME			
TITLE		TITLE			
STREET ADDRESS		STREET ADDRESS			
CITY, STATE & ZIP CODE		CITY, STATE & ZIP CODE			
TEL NO.	E-MAIL ADDRESS	TEL NO.	E-MAIL ADDRESS		
			4		
FAX NO.		FAX NO.			

(9) RAILROAD HIRING			(10) DISABILITY					
NAME			NAME					
TITLE			TITLE					
STREET	ADDRESS			STREET ADDRESS				
				-				
CITY, STATE & ZIP CODE			CITY, STATE & ZIP CODE					
TEL NO.	NO. E-MAIL ADD		PRESS	TEL NO.		E-MAIL ADDRESS		
FAX NO.	NO.			FAX NO.				
(11) ST	REET ADDRESS							
The above officials of this employer are authorized to serve in the capacities indicated.								
(12) SIC	SNATURE		TITLE		DATE	DATE		
			INSTRU	ICTIONS				
The information requested on this form is used to both establish a Railroad Retirement Board (RRB) contact official for the items described below and to change a contact official or an official's address. One contact official may be designated to serve in all capacities. If one contact official is designated to serve in all capacities, complete box one and write "same" in all other boxes. Please notify the RRB immediately of any change in official or address. Include, on an attachment, the names of subsidiary or affiliated companies for which the above designated contact officials are authorized to act and any other information related to the designations. If different contact officials are to be designated for subsidiary or affiliated companies, use a separate Form G-117a. Please execute and return promptly to the Railroad Retirement Board, Office of Programs, P&S, Compensation and Employer Services Center, 844 North Rush Street, Chicago, Illinois 60611-2092.								
Items Contact Official and/or Description (1) Executive Officer - Executive of the organization to whom all general correspondence should be addressed with respect to administration of RRA and RUIA.								
(2)								
(3)	Railroad Retirement Awards - May receive notices of RRA annuity awards. Also handles correspondence related to annuity awards, including Forms G-73A.1, RL-13G, RL-27, and G-88P.							
 (4) RRA Annuity Estimate - Receives reports of annuity estimates for employees with 120 or more service months. (5) Section 2(f) - RUIA - Receives and submits notices related to the reimbursement of RUIA benefits under Section 2(f) of the RUIA, including Forms ID-30 and ID-3U. 								
(6)	5							
(7)	Tier 1 Tax Report - RUIA - Receives notices of Tier 1 taxes due on RUIA sickness benefits creditable as Tier 1 compensation (Form ID-6).							
(8)	Prepayment Claims Verification - RUIA - Receives notices of applications and claims filed under the RUIA (Form ID-4K) and notices of RUIA claim determinations (Form ID-4E).							
(9)								
(10)								
(11) (12)	Street Address - If contact official address is P.O. Box, enter primary railroad street address. Enter your signature, title, and the date signed.							
PAPERWORK REDUCTION ACT/PRIVACY ACT NOTICES								
The Railroad Retirement Board (RRB) is authorized to collect the information requested on this form under Section 7(b)6 of the Railroad Retirement Act of 1974 and Section 5(b) of the Railroad Unemployment Insurance Act. Although you are not required to provide the requested information, cooperation in doing so will assist the RRB in providing information to employers to meet their fiscal and regulatory obligations toward benefit programs as well as support the RRB administration of those programs.								
We estimate this form takes an average of 15 minutes per response to complete, including the time needed 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								

We estimate this form takes an average of 15 minutes per response to complete, including the time needed 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 N. Rush Street, Chicago, IL 60611-2092.