

APPLICATION FOR EMPLOYEE ANNUITY

Do Not Write In This Space

OFFICIALLY FILED

MONTH	DAY	YEAR

OFFICE NUMBER

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LAST ER

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APPROVED

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DATE CODED

APPLICATION NUMBER	MONTH	DAY	YEAR

CODED BY

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Section 1 General Instructions

Before you complete this application, be sure to read the booklet **RB-1**, Age and Service Employee Annuity, which explains information you will need to answer many of the questions in this application. Also be sure to read the important notices in the **RB-1** booklet.

Type or print legibly in ink. If you need more space than is provided to answer a question, use Section 21 for this purpose. If you do not know the answer to a question, print "Unknown" in the space provided for the answer.

When entering dates, always use numbers. Also, be sure there is one number in each box. For example, you would enter June 6, 2010 as:

MONTH	DAY	YEAR
0 6	0 6	2 0 1 0

Some items in this application will not apply to you and you will not need to answer them. Based on your answer to a question, you may be told to skip to another item number, or even another section. Follow the instructions that tell you to "Go to" another item. These are designed to save you time and help you move through the application quickly, filling in only necessary information. **If no "Go to" instructions are given, answer the next item in order. Do not skip any items unless directed to do so.**

If you are completing this application on behalf of someone else, you must answer each question as it applies to **the applicant**.

Section 2 Identifying Information

Check the information entered by the Railroad Retirement Board (RRB) for Items 1 through 5 for accuracy.

- If the information is correct, **go to Section 3**.
- If the information is not correct, **cross out the incorrect information and enter the correct information above it.**
- If the information is missing, **fill it in.**

Employee Identification	1	RAILROAD RETIREMENT CLAIM NUMBER →	
	2	SOCIAL SECURITY NUMBER →	
	3	EMPLOYEE'S NAME →	
	4	MAILING ADDRESS →	
		CITY AND STATE →	
	5	DAYTIME TELEPHONE NUMBER →	

Section 3 Information About You and Your Family

Sex	6	Enter an "X" in the box that shows your sex. _____ →	<input type="checkbox"/> Male <input type="checkbox"/> Female			
	7	Enter your name at birth if different from Item 3. _____ →				
Birthday	8	Enter your date of birth. _____ →	Month	Day	Year	
Marital Status	9	Enter an "X" in the box that shows your current marital status. _____ →	<input type="checkbox"/> Never Married Go to Item 16 <input type="checkbox"/> Married or Separated Go to Item 10 <input type="checkbox"/> Other Go to Item 14			
Current Marriage	10	Enter your spouse's full name before your marriage. _____ →				
	11	Enter your spouse's date of birth. _____ →	Month	Day	Year	
	12	Enter the date of your marriage. _____ →	Month	Day	Year	
		13	Enter your spouse's social security number. If none, enter "To Be Submitted." _____ →			
Previous Marriage History	14	Enter an "X" in the appropriate box: I was previously married. (Answer "No" if your only previous marriage was an earlier marriage to your current spouse.) _____ →	<input type="checkbox"/> Yes → Go to Item 15 <input type="checkbox"/> No → Go to Item 16			
	15	Give the following information for your previous marriage(s). Use Section 21 if you have more than one previous marriage.				
			a	(iii) MARRIAGE ENDED		
			(i) MARRIAGE BEGAN	(ii) NAME OF FORMER SPOUSE		REASON
			DATE	CITY & STATE	DATE	
					<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT <input type="checkbox"/> OTHER - Explain in Section 21	
		(iv) Enter your former spouse's date of birth. _____ →	Month	Day	Year	
		(v) Enter the Social Security Number of former spouse shown in Section 15a(ii). _____ →	If unknown, enter unknown and complete Item 15b.			
		b	Enter your former spouse's			
		• Place of birth _____ →				
		• Father's name _____ →				
		• Mother's maiden name _____ →				
Children	Please read Part I of the RB-1 booklet for an explanation of family members who could qualify you for the Special Guaranty Computation.					
	16	Enter an "X" in the appropriate box: I have children who are unmarried and meet any of the following conditions: _____ → (1) Under age 18. (2) Age 18 through 19 and attending elementary or secondary school full-time. (3) Age 18 or older with a continuing disability that began before age 22 and prevents any kind of employment.	<input type="checkbox"/> Yes → Go to Note and Item 17 <input type="checkbox"/> No → Go to Item 18			
		Note: If you have a child that meets the disability requirements, you may be asked to complete Form AA-19a, Application for Determination of Child's Disability.				
17	Enter in each box the number of children who meet each condition. _____ →	<input type="checkbox"/> Under age 18. <input type="checkbox"/> Age 18 through 19 and attending elementary or secondary school full-time. <input type="checkbox"/> Age 18 or older with a continuing disability that began before age 22 and prevents any kind of employment.				

Do not complete Item 18 if you have never married; go to Item 19.

Garnishment or Property Settlement	18	Enter an "X" in the appropriate box: a. I am party to a court order to enforce either my child support or alimony obligation, or to pay part of my present or future railroad retirement benefit to a spouse or former spouse as a part of a property settlement in a divorce or legal separation proceeding. (NOTE: Reference to pension rights may be found in the property settlement.) →	<input type="checkbox"/> Yes → Go to Item 18b <input type="checkbox"/> No → Go to Item 19			
		b. Which situation applies? →	<input type="checkbox"/> Child Support or Alimony <input type="checkbox"/> Property Settlement			
Criminal Offense	19	Enter an "X" in the appropriate box: Within the past 12 months, I have been imprisoned or given a sentence of confinement due to a conviction for a criminal offense. →	<input type="checkbox"/> Yes → Go to Item 20 <input type="checkbox"/> No → Go to Section 4			
	20	Enter the date of the conviction. →	Month	Day	Year	
	21	Enter the date of the sentence of confinement. →	Month	Day	Year	
	22	Enter the date that confinement began. →	Month	Day	Year	
	23	Enter an "X" in the appropriate box: Has the confinement ended? →	<input type="checkbox"/> Yes → Go to Item 24 <input type="checkbox"/> No → Go to Section 4			
	24	Enter the date confinement ended. →	Month	Day	Year	

Section 4 Information About Type of Annuity

Please read Part I of the **RB-1** booklet for information about age and service annuities. Also read the **RB-1d** booklet if you are applying for a disability annuity.

Type of Annuity	25	Enter an "X" in the box that shows the type of annuity you are filing for. →	<input type="checkbox"/> FULL AGE ANNUITY <input type="checkbox"/> FULL 60/30 AGE ANNUITY <input type="checkbox"/> DISABILITY ANNUITY				} Go to Item 26
			<input type="checkbox"/> REDUCED AGE ANNUITY- LESS THAN 30 YRS' SERVICE				
	26	Enter an "X" in the appropriate box: I am eligible for and will accept a reduced age annuity if I am not eligible for a full age or a disability annuity. →	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Section 5 Information About Military Service

Please read Part I of the **RB-1** booklet for information about military service. Creditable military service is used to determine, in part, your annuity eligibility. It can also be used in your annuity computation.

Military Service	27	Enter an "X" in the appropriate box: I was in active military service, such as the Army, Navy, Air Force or Marines, of the United States. →	<input type="checkbox"/> Yes → Go to Note and Item 28 <input type="checkbox"/> No → Go to Section 6			
	<p>Note: If answered "Yes," you must submit proof of your military service, such as your discharge certificate or separation papers, as explained in the RB-1 booklet.</p>					
	28	Enter an "X" in the appropriate box: I had voluntary military service during the period June 15, 1948, through December 15, 1950. →	<input type="checkbox"/> Yes → Go to Item 29 <input type="checkbox"/> No → Go to Item 30			
	29	Enter an "X" in the appropriate box: I had nonrailroad earnings after leaving the military service stated in Item 28 and before returning to the railroad. →	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 6 Information About Your Railroad Work

Please read Part I of the **RB-1** booklet to find out what railroad work is creditable. Creditable railroad work is used to determine your annuity eligibility and is also used in the annuity computation.

Last Railroad Employment	30	Enter the name of the railroad company or railroad labor organization that last employed you. _____ →																			
	31	Enter your payroll name and identification number for that employer. _____ →																			
	32	Enter your last job title for that employer. _____ →																			
	33	Enter your last division or department and its location. _____ →																			
	34	Enter the dates you worked for that employer. (If your railroad employment has not ended, enter the last date you will work for that employer in the "TO" date.) _____ →	<table border="1"> <thead> <tr> <th colspan="3">FROM</th> <th colspan="3">TO</th> </tr> <tr> <th>Month</th> <th>Day</th> <th>Year</th> <th>Month</th> <th>Day</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> </tbody> </table>	FROM			TO			Month	Day	Year	Month	Day	Year						
	FROM			TO																	
Month	Day	Year	Month	Day	Year																
35	Enter the date you gave up or will give up your seniority rights and all other rights to work for the employer shown in Item 36. (Make no entry if you have not given up your rights because you are filing for a disability annuity.) _____ →	<table border="1"> <thead> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td> </tr> </tbody> </table>	Month	Day	Year																
Month	Day	Year																			
Other Railroad Employment	36	Enter an "X" in the appropriate box: I worked for another employer in the railroad industry or a railroad labor organization this year or last year. _____ →	<input type="checkbox"/> Yes → Go to Item 37 <input type="checkbox"/> No → Go to Item 43																		
	37	Enter the name of that employer. _____ →																			
	38	Enter your payroll name and identification number for that employer. _____ →																			
	39	Enter your last job title for that employer. _____ →																			
	40	Print your last division or department and its location for that employer. _____ →																			
	41	Enter the dates you worked for that employer. (If your railroad employment has not ended, enter the last date you will work for that employer in the "TO" date.) _____ →	<table border="1"> <thead> <tr> <th colspan="3">FROM</th> <th colspan="3">TO</th> </tr> <tr> <th>Month</th> <th>Day</th> <th>Year</th> <th>Month</th> <th>Day</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> </tbody> </table>	FROM			TO			Month	Day	Year	Month	Day	Year						
	FROM			TO																	
Month	Day	Year	Month	Day	Year																
42	Enter the date you gave up or will give up your seniority rights and all other rights to work for the employer shown in Item 43. (Make no entry if you have not given up your rights because you are filing for a disability annuity.) _____ →	<table border="1"> <thead> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td> </tr> </tbody> </table>	Month	Day	Year																
Month	Day	Year																			
Railroad Seniority Rights	43	Enter an "X" in the appropriate box: I still have seniority or other rights to work for a railroad employer or railroad labor organization not listed in Item 30 or Item 37. _____ →	<input type="checkbox"/> Yes → Go to Item 44 <input type="checkbox"/> No → Go to Section 7																		
	44	Print the name of any employer indicated in Item 43 with whom you still have rights to return to work. _____ →																			

Section 7 Information About Pay For Time Lost

Please read Part II of the **RB-1** booklet to find out what payments can be creditable as pay for time lost.

Pay For Time Lost	45	Enter an "X" in the appropriate box: I received or expect to receive pay for time lost from my last railroad employer. _____ →	<input type="checkbox"/> Yes → Go to Note and Item 46 <input type="checkbox"/> No → Go to Section 8																		
	<p>Note: If answered "Yes," and you received an injury settlement or elected to receive "dismissal pay," enclose a copy of your settlement or election with your application. If your case is still pending, briefly explain it in Section 21.</p>																				
	46	Enter the dates for which these payments were made or will be made. _____ →	<table border="1"> <thead> <tr> <th colspan="3">FROM</th> <th colspan="3">TO</th> </tr> <tr> <th>Month</th> <th>Day</th> <th>Year</th> <th>Month</th> <th>Day</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> </tbody> </table>	FROM			TO			Month	Day	Year	Month	Day	Year						
FROM			TO																		
Month	Day	Year	Month	Day	Year																

Section 8 Information About Railroad Sick Pay

Please read Part II of the **RB-1** booklet to find out when sick payments can be creditable to Tier I.

Railroad Sick Pay	47	Enter an "X" in the appropriate box: I received or expect to receive sick pay under a railroad wage continuation plan (other than my own regular salary) that was established through a company policy or labor agreement and this pay was for a period after the actual day I last worked. (Answer "No" if you were carried on the payroll and just received your regular salary.) _____ →	<input type="checkbox"/> Yes → Go to Item 48a <input type="checkbox"/> No → Go to Section 9																	
	48 a	Enter the name of the sick pay plan, if known. _____ →																		
	b	Enter the dates for which these payments were made or will be made for up to 6 months after your actual day last worked. _____ →	<table border="1"> <thead> <tr> <th colspan="3">FROM</th> <th colspan="3">TO</th> </tr> <tr> <th>Month</th> <th>Day</th> <th>Year</th> <th>Month</th> <th>Day</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> </tbody> </table>	FROM			TO			Month	Day	Year	Month	Day	Year					
FROM			TO																	
Month	Day	Year	Month	Day	Year															

Section 9 Information About Your Nonrailroad Work

Please read Part IV of the **RB-1** booklet, which explains how Last Pre-Retirement Nonrailroad Employment, self-employment, and other earnings affect your annuity. Also read Part I of the booklet which explains "Current Connection."

Nonrailroad Work	49	Enter an "X" in the appropriate box: I worked for pay outside the railroad industry either during the last 6 months I worked in the railroad industry or after I left the railroad industry. (Do not include self-employment. Include any employment for an incorporated business which you own or public service. If you are a Canadian citizen or permanent resident, include employment in Canada for the U.S. railroad employer performed January 1, 1983, or later.) _____ →	<input type="checkbox"/> Yes → Go to Note and Item 50 <input type="checkbox"/> No → Go to Item 60
	<p>Note: If you had Last Pre-Retirement Nonrailroad Employment (LPE) after your annuity would begin, complete Form G-19F, Earnings Information Request, only when one of the following applies: (1) The annuity beginning date (ABD) is before January 1 of this year or (2) the ABD is January 1, or later, of this year, and you ceased working in LPE after the ABD month.</p>		

Most Recent Nonrailroad Work	50	Enter the name and address of your current or most recent nonrailroad employer. _____ →																			
	51	Enter the Employer Identification Number (EIN) for that employer. _____ →																			
	52	Enter your average monthly salary for that employer. (SHOW DOLLARS ONLY) _____ →	\$																		
	53	Enter the dates you worked for that employer. (If you have not set the date you expect to stop working, leave the "TO" date blank and check the box "I am still working.") _____ →	<table border="1"> <thead> <tr> <th colspan="3">FROM</th> <th colspan="3">TO</th> </tr> <tr> <th>Month</th> <th>Day</th> <th>Year</th> <th>Month</th> <th>Day</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> </tbody> </table> <input type="checkbox"/> I am still working	FROM			TO			Month	Day	Year	Month	Day	Year						
	FROM			TO																	
Month	Day	Year	Month	Day	Year																
54	Enter an "X" in the appropriate box: The employer named in Item 50 is either a seasonal employer or a Federal Government agency that is listed in Chapter 5 of the RB-1 booklet. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No																			
Next Most Recent Nonrailroad Work	55	Enter the name and address of your next most recent nonrailroad employer during your last 6 months in the railroad industry or after you left the railroad industry. _____ →	If none, enter "NONE" and go to Item 60																		
	56	Enter the Employer Identification Number (EIN) for that employer. _____ →																			
	57	Enter your average monthly salary for that employer. (SHOW DOLLARS ONLY) _____ →	\$																		
	58	Enter the dates you worked for that employer. (If you have not set the date you expect to stop working, leave the "TO" date blank and check the box "I am still working.") _____ →	<table border="1"> <thead> <tr> <th colspan="3">FROM</th> <th colspan="3">TO</th> </tr> <tr> <th>Month</th> <th>Day</th> <th>Year</th> <th>Month</th> <th>Day</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> </tbody> </table> <input type="checkbox"/> I am still working	FROM			TO			Month	Day	Year	Month	Day	Year						
	FROM			TO																	
Month	Day	Year	Month	Day	Year																
59	Enter an "X" in the appropriate box: The employer named in Item 55 is either a seasonal employer or a Federal Government agency that is listed in Chapter 5 of the RB-1 booklet. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No																			
Self-Employment	If you are employed and your business is incorporated , answer Item 60 "No." Make sure Items 49-59 are completed instead. If your business is not incorporated , answer Item 60 "Yes" and go to Item 61.																				
	60	Enter an "X" in the appropriate box: I was self-employed during my last 6 months in the railroad industry or after I left the railroad industry. _____ →	<input type="checkbox"/> Yes → Go to Note and Item 61 <input type="checkbox"/> No → Go to Section 10																		
	<div style="border: 1px solid black; border-radius: 15px; padding: 5px; display: inline-block;"> <p>Note: If answered "Yes," complete and return to the RRB, Form AA-4, Self-Employment and Substantial Service Questionnaire.</p> </div>																				
	61	Enter an "X" in the appropriate box: I am still self-employed. _____ →	<input type="checkbox"/> Yes → Go to Section 10 <input type="checkbox"/> No → Go to Item 62																		
62	Enter the date you were last self-employed. _____ →	<table border="1"> <thead> <tr> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td> </tr> </tbody> </table>	MONTH	DAY	YEAR																
MONTH	DAY	YEAR																			

Section 10 Deemed Current Connection

Please read Part I of the **RB-1** booklet for an explanation of a deemed current connection.

Deemed Current Connection	63	Enter an "X" in the appropriate box: I have at least 25 years of railroad service and I have indicated nonrailroad employment in Items 49-62 that could break my current connection. _____ →	<input type="checkbox"/> Yes → Go to Item 64 <input type="checkbox"/> No → Go to Section 11
	64	Enter an "X" in the appropriate box: I was separated from my last railroad employer involuntarily and through no fault of my own on or after October 1, 1975. _____ →	<input type="checkbox"/> Yes → Go to Item 66 <input type="checkbox"/> No → Go to Item 65
	65	Enter an "X" in the appropriate box: I was on furlough, leave of absence or absent because of injury status with my last railroad employer on October 1, 1975, and was never called back to work. _____ →	<input type="checkbox"/> Yes → Go to Item 66 <input type="checkbox"/> No → Go to Section 11
	66	Enter an "X" in the appropriate box: I declined an offer to work in the railroad industry in the same "class or craft" as my last railroad job. _____ →	<input type="checkbox"/> Yes → Go to Section 11 <input type="checkbox"/> No → Go to Note and Section 11

Note: If you answered either Item 64 or Item 65 "Yes" and Item 66 "No," submit the required proofs as soon as possible. This will preserve your rights under the deemed current connection provisions. The required proofs are explained in the **RB-1** booklet.

Section 11 Information About When Your Annuity Will Begin

Please read Part II of the **RB-1** booklet for an explanation of an annuity beginning date.

Annuity Beginning Date	67	Enter an "X" in the appropriate box: I want my annuity to begin on the earliest date permitted by law. _____ →	<input type="checkbox"/> Yes → Go to Section 12 <input type="checkbox"/> No → Go to Item 68					
	68	Enter the date you want your annuity to begin. _____ →	<table border="1"> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Month	Day	Year		
Month	Day	Year						

Section 12 Information About Your Earnings

Before answering Items 69-81, please read Part IV of the **RB-1** booklet to find out how earnings can affect an age and service annuity. For the exempt amounts, refer to **Form G-77a, How Work Affects Your Railroad Retirement Benefits**.

If you are applying for a disability annuity but are eligible for and would accept a reduced age annuity if the disability annuity is denied, answer Items 69-81, which apply to the reduced age annuity. Otherwise, **go to Section 13**.

Earnings Last Year (Year)	69	Enter an "X" in the appropriate box: I expect my annuity to begin before January 1 of this year. _____ →	<input type="checkbox"/> Yes → Go to Item 70 <input type="checkbox"/> No → Go to Item 74
	70	Enter an "X" in the appropriate box: My total earnings from all employment last year were more than the annual earnings exempt amount. (If all your earnings are from only railroad employment before your date last worked, answer "No.") _____ →	<input type="checkbox"/> Yes → Go to Item 71 <input type="checkbox"/> No → Go to Item 74

Earnings Last Year (Cont.) (Year)	71	Enter your total earnings for last year. (SHOW DOLLARS ONLY) _____ →	\$ _____
	72	Enter an "X" in the appropriate box: I earned more than the monthly earnings exempt amount in employment for hire, or performed substantial services in self-employment in every month last year. _____ →	<input type="checkbox"/> Yes → Go to Item 74 <input type="checkbox"/> No → Go to Item 73
	73	Enter an "X" next to each month last year in which you did not earn more than the monthly earnings exempt amount or perform substantial services in self-employment. _____ →	<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC
Earnings This Year (Year)	74	Enter an "X" in the appropriate box: I expect my total earnings from all employment this year to be more than the annual earnings exempt amount. (If all your earnings are from only railroad employment before your date last worked, answer "No.") _____ →	<input type="checkbox"/> Yes → Go to Item 75 <input type="checkbox"/> No → Go to Item 78
	75	Enter the total amount you expect to earn this year. (SHOW DOLLARS ONLY) _____ →	\$ _____
	76	Enter an "X" in the appropriate box: I expect to earn more than the monthly earnings exempt amount in employment for hire, or to perform substantial services in self-employment in every month this year. →	<input type="checkbox"/> Yes → Go to Item 78 <input type="checkbox"/> No → Go to Item 77
	77	Enter an "X" next to each month this year in which you did not earn, or do not expect to earn, more than the monthly earnings exempt amount or perform substantial services in self-employment. _____ →	<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC
Earnings Next Year (Year)	78	Enter an "X" in the appropriate box: I am filing this application in September, October, November, or December. _____ →	<input type="checkbox"/> Yes → Go to Item 79 <input type="checkbox"/> No → Go to Section 13
	79	Enter an "X" in the appropriate box: I expect my total earnings from all employment next year to be more than this year's annual earnings exempt amount. →	<input type="checkbox"/> Yes → Go to Item 80 <input type="checkbox"/> No → Go to Section 13
	80	Enter the total amount that you expect to earn next year. (SHOW DOLLARS ONLY) _____ →	\$ _____
	81	Enter an "X" next to each of the first four months of next year in which you expect to earn less than this year's monthly earnings exempt amount. _____ →	<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR

Section 13 Information About Social Security Benefits

Please read Part V of the **RB-1** booklet to see how this application can protect your rights to social security benefits, and to see what effect your receipt of social security benefits will have upon your railroad retirement annuity.

Social Security Filing Date	82	Enter an "X" in the appropriate box: I also want this application used to protect my filing date for social security benefits. (Answer "Yes" only if you are age 62 or older, disabled, or otherwise eligible for social security old age, disability, or survivor benefits and you have not filed an application for such benefits.) _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Social Security Filing Date (Cont.)	83	Enter an "X" in the appropriate box: I have filed, or plan to file within the next 90 days, an application for social security benefits. _____ →	<input type="checkbox"/> Yes → Go to Item 84 <input type="checkbox"/> No → Go to Section 14		
	84	Enter the date you became, or will become, eligible for these social security benefits. _____ →	Month	Year	
	85	Enter an "X" in the appropriate box: I have received my first social security payment. _____ →	<input type="checkbox"/> Yes → Go to Item 86 <input type="checkbox"/> No → Go to Item 87		
	86	Enter the current total monthly amount of your social security benefits (before reduction for work or Medicare premiums). _____ →	\$		
	87	Enter an "X" in the appropriate box: All or part of my social security benefits described above are based on the earnings of someone other than myself. _____ →	<input type="checkbox"/> Yes → Go to Item 88 <input type="checkbox"/> No → Go to Section 14		
	88	Enter the social security number of the person on whose earnings your social security benefits are based. _____ →			
	89	Enter the name of the person on whose earnings your social security benefits are based. _____ →			

Section 14 Information About Non-Covered Service Pension

Please read Part V of the **RB-1** booklet for information concerning non-covered service pensions. Complete Items 90 and 91 only if your date of birth is January 2, 1924, or later. Otherwise, go to Section 15.

Non-Covered Service Pension	90	Enter an "X" in the appropriate box: I am receiving or expect to receive a pension or annuity or lump sum in excess of contributions based on any work after 1956 not covered by social security or railroad retirement. _____ →	<input type="checkbox"/> Yes → Go to Item 91 <input type="checkbox"/> No → Go to Section 15		
	91	Enter an "X" in the appropriate box: The beginning date of the pension or annuity is January 1, 1986, or later. _____ →	<input type="checkbox"/> Yes → Go to Note and Section 15 <input type="checkbox"/> No → Go to Section 15		

Note: If answered "Yes," complete Form G-209, Employee Non-Covered Service Pension Questionnaire.

Section 15 Information About Other Railroad Retirement Annuity

Please read Part V of the **RB-1** booklet for an explanation of the effect of your employee annuity on any other railroad retirement annuity.

Other Railroad Annuity	92	Enter an "X" in the appropriate box: I have filed within the last 30 days, or intend to file within the next 90 days, for an annuity based on another person's railroad earnings record. _____ →	<input type="checkbox"/> Yes → Go to Item 93 <input type="checkbox"/> No → Go to Section 16		
	93	Enter the full name of that other person. _____ →			
	94	Enter that other person's Railroad Retirement Board claim number, including the letter prefix. _____ →	Prefix	If only six numbers, enter here	

Section 16 Information About Supplemental Annuity

Please read Part I of the **RB-1** booklet for an explanation of what is required to be eligible for a supplemental annuity.

Supplemental Annuity Eligibility	95	Enter an "X" in the appropriate box: I am now, or will be, eligible for a supplemental annuity from the Railroad Retirement Board (before reduction for a company pension). _____ →	<input type="checkbox"/> Yes → Go to Item 96 <input type="checkbox"/> No → Go to Section 17			
	96	Enter an "X" in the appropriate box: I am receiving, or expect to receive, a monthly pension or lump-sum pension payment from one or more former railroad employers. This includes distributions from a 401(K) or similar account maintained by the employer to which the employer contributed. _____ →	<input type="checkbox"/> Yes → Go to Item 97 <input type="checkbox"/> No → Go to Section 17			
	97	Enter the name of the last railroad employer with whom you still hold pension rights. _____ →				
	98	Enter an "X" in the box which most accurately applies to the job or position which qualified you for this pension. _____ →	<input type="checkbox"/> Salaried <input type="checkbox"/> Non-Agreement <input type="checkbox"/> Agreement <input type="checkbox"/> Other			
	99	Enter the date your pension began, or will begin, or the date of your lump-sum pension payment. _____ →	Month	Day	Year	
	100	Enter the name of the second to last railroad employer with whom you still hold pension rights. (If this employer is now part of the employer in Item 97, leave this item blank and go to Item 103.) _____ →	If none, enter "NONE" and go to Item 103			
	101	Enter an "X" in the box which most accurately applies to the job or position which qualified you for this pension. _____ →	<input type="checkbox"/> Salaried <input type="checkbox"/> Non-Agreement <input type="checkbox"/> Agreement <input type="checkbox"/> Other			
	102	Enter the date your second pension began, or will begin, or the date of your lump-sum pension payment. _____ →	Month	Day	Year	
	103	Enter an "X" in the appropriate box: The pension named in Item 97 or Item 100 is based on a collective bargaining (union) agreement. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 17 Information About Medicare

Complete this section only if you are 64 years and 5 months of age or older.

Please read Part VI of the **RB-1** booklet for an explanation of the Medicare program.

Medicare Enrollment	104	Enter an "X" in the appropriate box: I have a Medicare card that shows entitlement to Medicare medical insurance (Part B). _____ →	<input type="checkbox"/> Yes → Go to Item 105 <input type="checkbox"/> No → Go to Item 106			
	105	Enter your Medicare claim number. _____ → (If this is a railroad retirement filing, enter the prefix. If this is a social security filing, enter the suffix).		-		-
	106	Enter an "X" in the appropriate box: I have filed for Part B within the last three months. _____ →	<input type="checkbox"/> Yes → Go to Item 107 <input type="checkbox"/> No → Go to Item 108			

Medicare Enrollment	107	Enter the social security number or railroad retirement claim number under which you filed. _____ (If this is a railroad retirement filing, enter the prefix. If this is a social security filing, enter the suffix.) Date of filing _____	<table border="1"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Month	Day	Year				Go to Section 18						
	Month	Day	Year													
	108	Enter an "X" in the appropriate box: I wish to enroll in Part B. _____	<input type="checkbox"/> Yes → If you are under age 65 years and 4 months, go to Section 18. If you are older than age 65 years and 3 months, go to Item 109. <input type="checkbox"/> No → I understand that I elected not to enroll in Part B and that the premium rate may be higher if I do enroll later in Part B. Go to Section 18.													
	109	Enter an "X" in the appropriate box: I am currently covered by an employer group health plan (EGHP) based on my own or my spouse's current employment. _____	<input type="checkbox"/> Yes → Go to Item 111 <input type="checkbox"/> No → Go to Item 110													
	110	Enter an "X" in the appropriate box: I was previously covered by an EGHP based on my own or my spouse's current employment. _____	<input type="checkbox"/> Yes → Go to Item 112 <input type="checkbox"/> No → Go to Section 18													
	111	The beginning date of my EGHP coverage is: _____ If applicable, the date employment will stop for the person whose employment qualifies me for EGHP coverage is: _____	<table border="1"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Month	Day	Year				Month	Day	Year				Go to Item 113
	Month	Day	Year													
Month	Day	Year														
112	The beginning and ending dates of my EGHP coverage and the date last worked in the employment which qualified me for EGHP coverage are: EGHP Beginning Date _____ EGHP Ending Date _____ Date Employment Stopped _____	<table border="1"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Month	Day	Year										Go to Item 113	
Month	Day	Year														
113	Enter an "X" in the appropriate box: I wish to enroll in a special enrollment period. _____	<input type="checkbox"/> Yes → Go to Item 114 <input type="checkbox"/> No → Go to Item 115														
114	Enter an "X" in the appropriate box: a. I am enrolling in Part B while either still covered by an EGHP or during the first full month after my EGHP coverage. _____ b. I am requesting a Part B effective date of _____	<input type="checkbox"/> Yes → Go to Item 114b <input type="checkbox"/> No → Go to Section 18 <table border="1"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Month	Day	Year				Go to Section 18							
Month	Day	Year														
115	Enter an "X" in the appropriate box: I am requesting premium surcharge relief for the months of EGHP coverage. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No														

Section 18 Disability Medicare

If you are filing for a disability annuity, go to Section 19.

If you are less than 64 years and 5 months of age, and you are *not* filing for a disability annuity, you may be entitled to Medicare benefits based on your being totally disabled for all employment and being entitled to an annuity before age 63.

If your entitlement begins *after* age 63, you may not be entitled to early Medicare, but you may be entitled to have your Tier I benefit treated as a social security benefit for taxation purposes. See Form TB-85, **Information About the Taxation of Railroad Retirement Annuities**, Part 6, Section 6A.

Disability Medicare	116	Enter an "X" in the appropriate box: I expect my annuity to begin before I reach age 63. _____	<input type="checkbox"/> Yes → Go to Item 117 <input type="checkbox"/> No → Go to Section 19
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Disability Medicare	117	Enter an "X" in the appropriate box: I am totally disabled for work in all regular employment. _____ →	<input type="checkbox"/> Yes → Go to Note and Section 19 <input type="checkbox"/> No → Go to Section 19	
			Note: If answered "Yes," complete and return Form AA-1d, Application for Determination of Employee's Disability , to apply for Medicare based on disability.	

Section 19 Information About You If You Are Disabled

Answer Items 118-120 **ONLY** if you are applying for a disability annuity. Otherwise, **go to Section 20**. If you are applying for a disability annuity, also complete and return **Form AA-1d, Application for Determination of Employee's Disability**.

You are asked about your children to determine if you are entitled to a special annuity computation.

Please read Part V of the **RB-1** booklet for an explanation of worker's compensation benefits and public disability benefits.

Child Living With You	118	Enter an "X" in the appropriate box: After 1950 I had living with me at least one of my own or my spouse's children, who was under age 3. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Worker's Compensation	119	Enter an "X" in the appropriate box: Since my disability began, I have received, or expect to receive, worker's compensation benefits. _____ →	<input type="checkbox"/> Yes → Go to Note and Item 120 <input type="checkbox"/> No → Go to Item 120	
			Note: If answered "Yes," proof of the amount(s) and effective date(s) of your worker's compensation benefit is required.	

Public Disability Benefits	120	Enter an "X" in the appropriate box: Since my disability began, I have received, or expect to receive, disability benefits under a Federal, state, or local government plan or law. (Answer "No" if your benefits are social security, veterans affairs, or welfare.) _____ →	<input type="checkbox"/> Yes → Go to Note and Section 20 <input type="checkbox"/> No → Go to Section 20	
			Note: If answered "Yes," proof of the amount(s) and effective date(s) of your public disability benefit is required.	

Section 20 Direct Deposit

Please read Part VII of the **RB-1** booklet for an explanation of Direct Deposit.

Benefits are generally paid by Direct Deposit to your bank, savings and loan, credit union, or other financial institution. To provide the information we need to correctly deposit your payments, attach a voided personal check and **go to Section 21**, or call your financial institution for the information you need to complete Items 121-125. If you do not have a bank account, or receiving your payments by Direct Deposit would cause you a hardship **go to Item 126**.

Direct Deposit	121	Enter the name of your financial institution. _____ →				
	122	Enter the telephone number of your financial institution. _____ →	Area Code	Telephone Number		

Direct Deposit	123	Enter the routing transit number of your financial institution. →	
	124	Enter your account number. →	
	125	Enter an "X" in the appropriate box: Type of account for the above account number. →	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Go to Section 21
	126	Check this box if you do not have a checking or savings account, or if Direct Deposit would cause you a hardship. →	<input type="checkbox"/>

Section 21 **Remarks**

Remarks	127	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.	

Section 22 Certification

Certification

128

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

YES → Go to Note and Item 129

NO → Go to Item 129

Note: If answered "Yes," your guardian or other representative must sign this application. That person must also complete and return **Form AA-5, Application for Substitution of Payee.**

129

I know that if I make a false or fraudulent statement in order to receive benefits from the Railroad Retirement Board (RRB), I am committing a crime which is punishable under Federal law. I have received the booklets, **RB-1, Age and Service Employee Annuity** and **RB-9, Employee and Spouse Annuities--Events That Must Be Reported**. I understand that I am responsible for reporting events that would affect my annuity as explained in these booklets. I certify that the information I gave the RRB on this application is true to the best of my knowledge.

I agree to immediately notify the RRB:

- IF I begin to receive a pension based on earnings that are not covered by the Social Security Administration (SSA) or the RRB.
- IF I begin to receive benefits directly from SSA.
- IF I am disabled and begin to receive worker's compensation or public disability benefits.
- IF I am entitled to a supplemental annuity from the RRB and receive a lump-sum pension payment, begin to receive a monthly pension from my railroad employer, or receive a distribution from a railroad sponsored 401(k) plan.
- IF I am entitled to a vested dual benefit and begin to receive a benefit based on military service performed entirely before 1957.
- IF I go to work for a railroad or railroad labor organization, or return to work in any capacity in the railroad industry.
- IF I return to work for my Last Pre-Retirement Nonrailroad Employer or there is a change in my estimated earnings.
- IF I am filing in advance of the date(s) shown in Item(s) 34 (and 41), and there is a change in a date.
- IF I receive a settlement with credit for railroad service as "pay-for-time-lost" for months after the date(s) shown in Item(s) 34 (and 41).
- IF benefits I receive directly from SSA are adjusted for a reason other than normal cost-of-living increases.
- IF my address changes.
- IF I am confined in a jail, prison, penal institution, or correctional facility due to a conviction for a criminal offense.
- IF I earn more than the annual earnings exempt amount.
- IF I perform work, including self-employment, for a family owned, controlled or managed business, including a business operated, managed or owned by me, a family member, friend or close associate, whether for pay or not, and without regard to how the business is organized (e.g., sole proprietorship, partnership, corporation, LLC, etc.).
- IF my spouse who is receiving a benefit dies, or our marriage ends in divorce or annulment.
- IF a qualifying child marries or leaves my custody or residence.
- IF I become a corporate officer of, own, or operate a corporation (including a corporation owned by a family member or friend) whether for pay or not.
- IF I receive anything of value in lieu of salary or wages for any work that I performed.

Also, if I am covered by the earnings restriction provisions of the Railroad Retirement Act, I have received and reviewed **Form G-77a, How Work Affects Your Railroad Retirement Benefits**. Failure to report any of the above events or other events that may affect my annuity may result in a penalty deduction from my annuity, criminal and/or civil prosecution.

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

--	--	--	--	--	--	--	--	--	--	--	--

DATE _____

Month			Day			Year		

130

If this certification is signed by mark ("X") in Item 129, two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.

a. Signature of Witness

Address (Number and Street)											
City, State, ZIP Code											
Area Code			Telephone Number								

b. Signature of Witness

Address (Number and Street)											
City, State, ZIP Code											
Area Code			Telephone Number								

Section 23 How To Return Your Application

Before you return your application, check to make sure that:

- **Every** question that applies to you has been answered.
- You have entered “unknown” in **any** answer space for which you were unable to answer a question.
- You have signed and dated the application.
- You have included **all** the needed proofs listed in the letter you received with this application.

When you received your application, you should also have received a pre-addressed return envelope. If you do not have this envelope, you can use any envelope as long as it is addressed to the RRB office serving your location. No matter which envelope you use, you must put the correct postage on the envelope. Be careful to provide enough postage, because your application and the accompanying forms may weigh more than a standard letter. The U.S. Postal Service will not deliver your application unless it has the correct postage.

Make one final check before you seal the envelope to ensure that the following are enclosed:

- needed proofs
- the application form itself
- additional forms you were asked to complete

Note: After the RRB receives your application, a receipt form with information about your claim will be sent to you. When you receive it, you will know that the RRB has received your application and has started the work needed to determine if you are entitled to benefits. If you do not receive the receipt within two weeks after you have filed this application, please contact us so we can find out what is causing the delay.