

Application for Employer Reporting Internet Access

General Instructions – This form may be used by employers covered under the Railroad Retirement and Railroad Unemployment Insurance Acts to add, modify, or terminate employee access to the Railroad Retirement Board’s (RRB) Internet Employer Reporting System. You may request system access for one or more employees, and you may authorize different levels of access for each employee. You may also request that an individual employee file online reports on behalf of one or more subsidiary or affiliate employers. In each case, your employees must certify that they will adhere to the RRB’s security guidelines, which include the use of an authoritative electronic signature. The *Security Guidelines* are on the RRB’s web site at www.rrb.gov/AandT/ERI/Part8/Chapter8.asp.

To request new or modified system access, complete the entire form. To terminate an employee’s access, complete only Sections A, B (1-4), C (1), and D.

Making representations on this form to gain unauthorized access to the RRB Employer Reporting System or using an authorized access for fraudulent purposes is a violation of federal law punishable by fine, imprisonment, or both.

Section A Employer Information

In this section, enter the BA number, name, and address of the employer whose reports will be accessed online.

Special Instructions to Request Access on Behalf of Multiple Employers – If you are requesting the **same level of access** for the employee listed in Section B on behalf of multiple employers, list all affected BA numbers in Item 1. If you are requesting **different levels of access** for this employee for different employers, file a separate application for each level of access.

1. BA Number(s):

2. Name and Address of Employer – *If you are requesting access on behalf of multiple employers, provide only the name and address of the employer serving as primary contact for this account.*

Section B Employee Information

1. Name:

2. Title

3. Telephone Number
()

4. E-Mail Address

5. I have read the document "*Security Guidelines*" and agree to comply with these guidelines. I understand that my logon, if used to file forms, has the same status as my signature on a paper document. I also understand that providing false or fraudulent information through the RRB Employer Reporting System is a violation of federal law punishable by fine, imprisonment, or both.

Signature: _____ Date: _____

Section C Requested Action and Level of Access

1. Action (*check appropriate box*) **Add New User** **Modify Access** **Terminate Access**

2. Explanation of the Levels of Access Used in Item 3 below.

| | | |
|----------|-----------|---|
| R | Reader | User can only view the forms. Restricts access to "read only." |
| U | Updater | User has access to complete or "update" a form that changes the RRB's record of service and compensation. User cannot submit the form to the RRB without authorization. |
| A | Approver | User has access to approve, update, certify and submit forms to the RRB. Level "A" access is appropriate for personnel who work independently and supervisory approval is not needed. |
| X | Terminate | User is prohibited from access to the ERS system or a particular form. |

For additional information on levels of access, see *Reporting Instructions to Employers*, Part VIII, Chapter 2, or go to www.rrb.gov/Employer Information and select "Rail Employers."

3. Check one box for each form. **Note:** Employee's level of access **will apply for all employers** listed in Section A.1.

| | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| Form BA-3, Annual Report of Creditable Compensation | <input type="checkbox"/> R | <input type="checkbox"/> U | <input type="checkbox"/> A | <input type="checkbox"/> X |
| Form BA-4, Report of Creditable Compensation Adjustments | <input type="checkbox"/> R | <input type="checkbox"/> U | <input type="checkbox"/> A | <input type="checkbox"/> X |
| Form BA-6a, Form BA-6 Address Report | | | <input type="checkbox"/> A | <input type="checkbox"/> X |
| Form BA-11, Report of Gross Earnings | <input type="checkbox"/> R | <input type="checkbox"/> U | <input type="checkbox"/> A | <input type="checkbox"/> X |
| Form G-88A.1, Request for Verification of Last Date Carried on Payroll | <input type="checkbox"/> R | <input type="checkbox"/> U | <input type="checkbox"/> A | <input type="checkbox"/> X |
| Form G-88A.2, Notice of Retirement and Request for Service Needed for Eligibility | <input type="checkbox"/> R | <input type="checkbox"/> U | <input type="checkbox"/> A | <input type="checkbox"/> X |
| Form G-88P, Employer's Supplemental Pension Report | <input type="checkbox"/> R | <input type="checkbox"/> U | <input type="checkbox"/> A | <input type="checkbox"/> X |
| Form GL-129a, Record of Employer Determination on Employee Protest of Service and Compensation | | | <input type="checkbox"/> A | <input type="checkbox"/> X |
| Form ID-4E, Notice of RUIA Claim Determinations | <input type="checkbox"/> R | | <input type="checkbox"/> A | <input type="checkbox"/> X |
| Form ID-4K, Prepayment Notice of Employees' Applications and Claims for Benefits under RUIA | <input type="checkbox"/> R | | <input type="checkbox"/> A | <input type="checkbox"/> X |
| Form ID-3s, Request for Lien Information; Report of Settlement | | | <input type="checkbox"/> A | <input type="checkbox"/> X |
| Form ID-3u, Request for Section 2(f) Information | | | <input type="checkbox"/> A | <input type="checkbox"/> X |
| Form ID-6, Report of Tier I Tax Transactions | <input type="checkbox"/> R | | | <input type="checkbox"/> X |
| Form ID-6Y, Annual Summary of Tier I Tax Transactions | <input type="checkbox"/> R | | | <input type="checkbox"/> X |
| Form ID-30b, Notice of Lien | <input type="checkbox"/> R | | | <input type="checkbox"/> X |
| Form ID-40Q, Quarterly Notice to Employers – Railroad Unemployment Insurance Act | <input type="checkbox"/> R | | | <input type="checkbox"/> X |
| Form ID-40R/S, Annual Notice to Employers – Railroad Unemployment Insurance Act and Annual Proclamation | <input type="checkbox"/> R | | | <input type="checkbox"/> X |
| Form SI-5F (SUP), Status Report – Personal Injury Claims | <input type="checkbox"/> R | | <input type="checkbox"/> A | <input type="checkbox"/> X |

Section D Certification of Authority to Approve Access

The form must be signed by an official with signature authority to sign RRB forms for the employer(s) listed in Section A. Signatures of two individuals are not required if the employee listed in Section B has authority to sign RRB forms. The head of the company and those persons designated on Form G-117A, *Designation of Contact Official*, have signature authority. A contact official may assign signature authority to a designee, but the RRB will verify with the contact official any signatures other than those of a contact official.

| | | |
|------------------|-----------|-----------------------------|
| 1. Name: (print) | 2. Title: | 3. Telephone Number: () |
|------------------|-----------|-----------------------------|

4. I have signature authority to approve this request and authorize the RRB to grant access as indicated above. I understand that I am responsible for notifying the RRB if, in the future, this individual's access should be terminated.

Signature: _____ Date: _____

Section E Group or Section E-Mail Address to Receive Notices

Complete this section only if you prefer to designate a group or section e-mail address as the default address for RRB work notices, rather than the e-mail address listed in Section B above.

- 1. Default E-Mail Address:**
- If you have more than one group or section e-mail address, number each address and specify here which forms or group of forms are associated with each address.

Questions? Please contact the System Administrator at (312) 751-4833, or the Quality Reporting Service Center at (312) 751-4992.

Mail this completed application to: Quality Reporting Service Center
 Railroad Retirement Board
 844 N Rush Street
 Chicago, IL 60611-2092

We estimate this form takes an average of 10 to 20 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.

For RRB Use: Access _____ Reviewed by: _____