

## 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 site. 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 use of an authoritative electronic signature. The *Security Guidelines* are on the RRB's web site at [www.rrb.gov/employer](http://www.rrb.gov/employer).

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, you provide 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: \_\_\_\_\_

<b>Section C</b>	<b>Requested Action and Level of Access</b>		
<b>1. Action</b> ( <i>check appropriate box</i> )	<input type="checkbox"/> <b>Add New User</b>	<input type="checkbox"/> <b>Modify Access</b>	<input type="checkbox"/> <b>Terminate Access</b>
<b>2. Level of Access</b> ( <i>Check the appropriate box. Mark only one box for each form.</i> ) <ul style="list-style-type: none"> <li><i>Form BA-4</i> - Three levels of online access are available for Form BA-4. Level "R" restricts access to "read only." Separate update and supervisory approval steps may be established by restricting an employee to level "U" or "update" access, as long as another employee is assigned level "A" or "approve" (update, approve, certify, and submit) access. Level "A" access is also appropriate for any employee who independently updates, certifies, and submits Form BA-4.</li> <li><i>Forms BA-6a and GL-129a</i> - Level "A" is the only available option.</li> <li>Check the box marked "X" to prohibit online access to a particular form.</li> </ul> <p>The level of access you are requesting for the employee listed in Section B above <b>will apply to all employers listed in Section A.</b></p> <p>For additional information on levels of access, see <i>Reporting Instructions to Employers</i>, Part VIII, Chapter 2, or go to <a href="http://www.rrb.gov/employer">www.rrb.gov/employer</a> and select "Reporting Instructions."</p>			
<b>Form BA-4</b> , <i>Report of Creditable Compensation Adjustments</i>	<input type="checkbox"/> <b>R</b>	<input type="checkbox"/> <b>U</b>	<input type="checkbox"/> <b>A</b> <input type="checkbox"/> <b>X</b>
<b>Form BA-6a</b> , <i>Form BA-6 Address Report</i>			<input type="checkbox"/> <b>A</b> <input type="checkbox"/> <b>X</b>
<b>Form GL-129a</b> , <i>Record of Employer Determination on Employee Protest of Service and Compensation</i>			<input type="checkbox"/> <b>A</b> <input type="checkbox"/> <b>X</b>
<b>Form ID-4E</b> , <i>Notice of RUIA Claim Determinations</i> <b>Form ID-4K</b> , <i>Prepayment Notice of Employees' Applications and Claims for Benefits under RUIA</i>	<input type="checkbox"/> <b>R</b>	<input type="checkbox"/> <b>A</b> <input type="checkbox"/> <b>X</b>	
<b>Section D</b>	<b>Certification of Authority to Approve Access</b>		
<p>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, <i>Designation of Contact Official</i>, 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.</p>			
<b>1. Name:</b> ( <i>print</i> )	<b>2. Title:</b>	<b>3. Telephone Number:</b> (    )	
<p><b>4.</b> 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.</p> <p>Signature: _____ Date: _____</p>			
<b>Section E</b>	<b>Group or Section E-Mail Address to Receive Notices</b>		
<p>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.</p>			
<b>1. Default E-Mail Address:</b>			
<p><b>2.</b> 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.</p>			
<p><b>Questions?</b> Please contact the Quality Reporting Service Center at (312) 751-4992.</p>			
<p><b>Mail this completed application to:</b>    <b>Quality Reporting Service Center</b>  <b>Railroad Retirement Board</b>  <b>844 N Rush Street</b>  <b>Chicago, IL 60611-2092</b></p>			
<p>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.</p>			
<p>For RRB Use: Access _____ Reviewed by: _____</p>			