

US Railroad Retirement Board Form BA-4(01-08) Form Approved OMB No. 3220-0008

Form BA-4: Report of Creditable Compensation Adjustments

Year: **Employer BA Number:**
Social Security Number: Increase Decrease
Last Name: **First Name:** **Middle Initial:**

Service Months

To adjust service months, click the appropriate checkbox in the "Adjusted" row. Adjustment and new amount values will be calculated automatically.

Current: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
Adjusted: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

	Current Amount	Adjustment Amount	New Amount
Months:	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>

Compensation Amounts

Enter only adjusted compensation amounts. New amount values will be calculated automatically.

	Maximum for 2004	Current Amount	Adjustment Amount	New Amount
RUIA:	<input type="text" value="13560.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
RUIAI:	<input type="text" value="17520.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
Tier I:	<input type="text" value="87900.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
Tier II:	<input type="text" value="65100.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
Misc./Sick Pay:		<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

Daily Pay Rate

Enter the full daily pay rate if Form BA-4 is being submitted in lieu of Form BA-3, for year above.

Is the adjustment amount outside the statute of limitations?
If no, skip this section. If yes, select the applicable reason.

Public Law Board Award
 Settlement Allocation
 Wage Continuation Plan
 RRB Request
 Other Pay for Time Lost Allocation

The information contained in this report is required by law under Section 9 of the Railroad Retirement Act(RRA) and Section 6 of the Railroad Unemployment Insurance Act(RUIA). By approving this form, I affirm that to the best of knowledge, the information I have given is true, complete and correct. I understand that failure to report or the making of a false or fraudulent report can result in criminal prosecution or civil penalties, or both.

PAPERWORK REDUCTION ACT NOTICE

We estimate this form takes an average of 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.

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