

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
<b>RUIA:</b>	<input type="text" value="13560.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>RUIAI:</b>	<input type="text" value="17520.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>Tier I:</b>	<input type="text" value="87900.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>Tier II:</b>	<input type="text" value="65100.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>Misc./Sick Pay:</b>		<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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