## Justification Medicare RRB Forms AA-6, AA-7, AA-8 and RL-311-F

- 1. <u>Circumstances of the collection</u> Under section 7(d) of the Railroad Retirement Act, the Railroad Retirement Board (RRB) administers the Medicare program for persons covered by the railroad retirement system. The regulations are contained in 42 CFR 406 and 407.
- 2. <u>Purposes of collecting/consequences of not collecting the information</u> To obtain information needed to determine whether individuals who have not yet filed for benefits under the Railroad Retirement Act, are qualified for Medicare under Title XVIII of the Social Security Act, the RRB uses the forms shown below.
  - AA-6, Employee Application for Medicare
  - AA-7, Spouse/Divorced Spouse Application for Medicare
  - AA-8, Widow/Widower Application for Medicare

When conducting an in-person interview at a field office with an applicant for enrollment in Medicare, completion of Forms AA-6, AA-7, and AA-8 is accomplished by means of an online computer application called Application Express – APPLE.

In all other cases, the field office mails a printed version of Form AA-6, Form AA-7, or Form AA-8 to the applicant along with transmittal letter Form RL-9, which is used to list and explain any enclosed forms and also to request any necessary proofs for supporting the claim. Informational booklets RB-20, Medicare for Railroad Workers and Their Families, and Form RB-3, Furnishing Evidence to Support Your Claim, are also enclosed. The RB-3 describes the types of records that can be used as acceptable evidence when an application is filed and explains where the applicant can obtain these records.

When mailing Form AA-7, the field office also encloses Form G-346, Employee's Certification (OMB 3220-0140), for completion by the employee to certify the spouse's entitlement to benefits. Before release, the field office completes all identifying information on the transmittal letter and forms. The completed form is mailed back to the field office in the pre-addressed envelope provided for that purpose.

## The RRB proposes no revisions to Forms AA-6, AA-7, or AA-8.

In order to determine if a qualified railroad retirement beneficiary, who wants to enroll for supplementary medical insurance coverage under Medicare, is entitled to a Special Enrollment Period (SEP) and/or premium surcharge relief because of coverage under a Group Health Plan (GHP), the RRB needs to obtain information regarding the claimant's GHP coverage, if any. This information includes:

- whether the claimant has been covered under a GHP;
- the beginning and ending dates of GHP coverage; and
- the date the employee's employment was terminated.

The RRB utilizes Form RL-311-F, Evidence of Coverage Under An Employer Group Health Plan, to obtain the information needed to determine if a qualified railroad retirement beneficiary is entitled to a SEP and/or premium surcharge relief because of coverage under an GHP. Form RL-311-F is released to the employer of the qualified

railroad retirement beneficiary to obtain the basic information needed by the RRB to either establish GHP coverage for the applicant who is filing their initial enrollment in Part B coverage, as well as for the individual who wishes to re-enroll in Part B and claim coverage under a GHP or to verify existing coverage for the individual claiming premium surcharge relief based on GHP coverage.

## The RRB proposes no changes to Form RL-311-F.

- 3. <u>Planned use of improved information technology or technical/legal impediments to further burden reduction</u> None Not cost effective due to low volume.
- 4. <u>Efforts to identify duplication</u> This information collection does not duplicate any other information collection.
- 5. <u>Small business respondents</u> N.A.
- 6. <u>Consequences of less frequent collection</u> Not applicable since the information is collected only once from each respondent.
- 7. Special circumstances None
- 8. <u>Public comments/consultations outside the agency</u> In accordance with 5 CFR 1320.8(d), comments were invited from the public regarding this information collection. The notice to the public was published on page 66003 of the November 6, 2014, <u>Federal Register</u>. No comments or requests for additional information were received from the public.
- 9. Payments or gifts to respondents N.A.
- Confidentiality Privacy Act System of Records RRB-20, Health Insurance and Supplementary Medical Insurance Enrollment and Premium Payment System (Medicare) -RRB. In accordance with OMB Circular M-03-22, a Privacy Impact Assessment for this information collection was completed and can be found at <a href="http://www.rrb.gov/pdf/PIA/PIA-BPO.pdf">http://www.rrb.gov/pdf/PIA/PIA-BPO.pdf</a>.
- 11. Sensitive questions N.A.
- 12. <u>Estimate of respondent burden</u> The burden for the collection remains unchanged as follows:

## **Current Burden**

Form Number	Annual Responses	Time (Minutes)	Burden (Hours)	
AA-6	180	8	24	
AA-7	50	8	7	
AA-8	10	8	1	
RL-311F	800	10	133	
Total	1,040		165	

**Proposed Burden** 

Form Number	Annual Responses	Time (Minutes)	Burden (Hours)	
AA-6	180	8	24	
AA-7	50	8	7	
AA-8	10	8	1	
RL-311-F	2,000	10	333	
Total	2,240		365	

	Responses	Hours
Total Burden Change	+1,200	<u>+200</u>
Adjustment	+1,200	+200

- 13. Estimate of annual cost to respondents or record keepers N.A.
- 14. Estimate of cost to Federal Government N.A.
- 15. Explanation for change in burden The annual responses for Form RL-311-F have increased by 1,200, from 800 to 2,000, and the burden hours have increased by 200, from 133 to 333. This increase is due to both more special enrollment periods(SEPS) during the last 3 years as well as better record keeping resulting in a better overall estimate. We are showing the increase as an adjustment.
- 16. <u>Time schedule for data collections and publications</u> The results of this collection will not be published.
- 17. Request to not display OMB expiration date The forms in this collection are seldom revised. Given the costs associated with the redrafting, reprinting, and distribution of these forms, the RRB requests the authority to not display the expiration date on the forms.
- 18. Exceptions to Certification Statement None