

# STATEMENT REGARDING FAMILY AND EARNINGS FOR SPECIAL GUARANTY COMPUTATION

## SECTION 1 General Instructions

Before you complete this statement, be sure to read the **booklet G-179, *Special Guaranty in Employee and Spouse Annuities***, which explains the information you will need to answer many of the questions in this statement.

Please read "Important Notices" on the last page of this statement.

Type or print all answers legibly in ink. If you need more space than is provided to answer a question, use Section 8 for this purpose. If you do not know the answer, print "unknown" in the space provided for the answer.

When entering dates, always use numbers. Also, be sure there is one number in each box. For example, you would enter January 2, 2014, as:

MONTH	DAY	YEAR
0   1	0   2	1   4

Some items in this statement will not apply to you so you will not need to answer them. Based on your answer to a question, you may be told to skip to another item number or even another section. Follow the instructions that tell you to "Go to" another item. These are designed to save you time and help you move through the statement quickly, filling in only necessary information. **If no "Go to" instructions are given, answer the next item in order. Do not skip any item unless directed to do so.**

If you are completing this statement on behalf of someone else, you must answer each question as it applies to **that person**.

## SECTION 2 Identifying Information

Check the information entered by the Railroad Retirement Board (RRB) for Items 1 and 2 for accuracy.

- If the information is correct, **go to Section 3**.
- If the information is not correct, cross out the incorrect information and enter the correct information above it.
- If the information is missing, fill it in.

Employee Identification	1	Railroad Employee's Name →	
	2	Railroad Employee's RRB Claim Number (Employee's Social Security Number) →	A

## SECTION 3 Information About The Spouse

Complete this section only if you are filing this statement as the spouse and you have not filed **Form AA-3, *Application for Spouse/Divorced Spouse Annuity***. Otherwise, **go to Section 4**.

Spouse Identification	3	YOUR NAME →			
	4	a	STREET ADDRESS →		
		b	CITY AND STATE →		
		c	ZIP CODE →		
		d	COUNTY →		
5	DAYTIME TELEPHONE NUMBER →	AREA CODE	TELEPHONE NUMBER		

Social Security	6	Enter an "X" in the appropriate box: My name appears on my social security card exactly as it does in Item 3. →	<input type="checkbox"/> Yes → <b>Go to Item 8</b> <input type="checkbox"/> No → <b>Go to Item 7</b>		
	7	Enter your name as it appears on your social security card. →			
	8	Enter your social security number. →			
Birth Date	9	Enter your date of birth. →	MONTH	DAY	YEAR
Name at Birth	10	Enter your name at birth if different from Item 3. →			
Current Marriage	11	Enter the date of your current marriage to the railroad employee. →	MONTH	DAY	YEAR
Previous Marriage	12	Enter an "X" in the appropriate box: I was married to another person before my marriage to the railroad employee. →	<input type="checkbox"/> Yes → <b>Go to Item 13</b> <input type="checkbox"/> No → <b>Go to Section 4</b>		
	13	Enter the following information regarding each of your previous marriages. If more space is needed, continue in Section 8.			
	a	Full Name of Person You Were Married To →			
		Social Security Number of Person You Were Married To →			
		Date Married (Month/Day/Year)	City and State Married	How Marriage Ended (Check One)	Date Marriage Ended (Month/Day/Year)
		M   D   Y		<input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	M   D   Y
	b	Full Name of Person You Were Married To →			
		Social Security Number of Person You Were Married To →			
		Date Married (Month/Day/Year)	City and State Married	How Marriage Ended (Check One)	Date Marriage Ended (Month/Day/Year)
		M   D   Y		<input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	M   D   Y

**SECTION 4 Information About Children**

Minor Children	14	Enter an "X" in the appropriate box: I have an unmarried child under age 18 as defined in the <b>G-179</b> booklet. If I am filing as a spouse, the child is in my care. →	<input type="checkbox"/> Yes → <b>Go to Item 15</b> <input type="checkbox"/> No → <b>Go to Item 16</b>		
	15	Enter the requested information for <b>every</b> minor child for whom you are filing this statement. Enter the youngest minor child in a, the second youngest in b, and so on. If the child does not have a social security number, enter "To Be Submitted."			
<p><b>Note:</b> If Stepchild or Grandchild is checked below, you must also complete <b>Form G-139, Statement Regarding Contributions and Support of Children.</b></p>					
		Minor Child's Full Name and Social Security Number	Relationship To You (Check One For Each Child)	Date of Birth	Enter An "X" In The Appropriate Box: The Minor Child Is Living With Me
	a		NATURAL <input type="checkbox"/> ADOPTED <input type="checkbox"/> STEPCHILD <input type="checkbox"/> GRANDCHILD <input type="checkbox"/> OTHER <input type="checkbox"/>	MONTH   DAY   YEAR	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b		NATURAL <input type="checkbox"/> ADOPTED <input type="checkbox"/> STEPCHILD <input type="checkbox"/> GRANDCHILD <input type="checkbox"/> OTHER <input type="checkbox"/>	MONTH   DAY   YEAR	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c		NATURAL <input type="checkbox"/> ADOPTED <input type="checkbox"/> STEPCHILD <input type="checkbox"/> GRANDCHILD <input type="checkbox"/> OTHER <input type="checkbox"/>	MONTH   DAY   YEAR	<input type="checkbox"/> Yes <input type="checkbox"/> No

Disabled Children

16 Enter an "X" in the appropriate box:  
I have an unmarried child age 18 or older who became disabled for all employment before age 22 as defined in the **G-179** booklet. If I am filing as a spouse, the child is in my care.

- Yes → Go to Note and Item 17
- No → Go to Item 18

**Note:** If answered "Yes," the employee or spouse is also to complete **Form AA-19a, Application for Determination of Child's Disability**, for the child.

17 Enter the requested information for **every** disabled child for whom you are filing this statement. Enter the youngest disabled child in **a**, the second youngest in **b**, and so on. If the child does not have a social security number, enter "To Be Submitted."

**Note:** If Stepchild or Grandchild is checked below, you must also complete **Form G-139, Statement Regarding Contributions and Support of Children**.

Disabled Child's Full Name and Social Security Number		Relationship To You (Check One For Each Child)	Date of Birth			Enter An "X" In The Appropriate Box: The Disabled Child Is Living With Me
a		NATURAL <input type="checkbox"/>	MONTH	DAY	YEAR	<input type="checkbox"/> Yes <input type="checkbox"/> No
		ADOPTED <input type="checkbox"/>				
b		STEPCHILD <input type="checkbox"/>	MONTH	DAY	YEAR	<input type="checkbox"/> Yes <input type="checkbox"/> No
		GRANDCHILD <input type="checkbox"/>				
c		OTHER <input type="checkbox"/>	MONTH	DAY	YEAR	<input type="checkbox"/> Yes <input type="checkbox"/> No
		NATURAL <input type="checkbox"/>				
		ADOPTED <input type="checkbox"/>				
		STEPCHILD <input type="checkbox"/>				
		GRANDCHILD <input type="checkbox"/>				
		OTHER <input type="checkbox"/>				

Student Children

18 Enter an "X" in the appropriate box:  
I have an unmarried child age 18-19 who is attending an elementary or secondary school full time as defined in the **G-179** booklet.

- Yes → Go to Note and Item 19
- No → Go to Item 20

**Note:** If answered "Yes," the employee must also complete **Form G-320, Student Questionnaire for Special Guaranty Computation**.

19 Enter the requested information for **every** student for whom you are filing this statement. Enter the youngest student in **a**, the second youngest in **b**, and so on. If the child does not have a social security number, enter "To Be Submitted."

**Note:** If Stepchild or Grandchild is checked below, you must also complete **Form G-139, Statement Regarding Contributions and Support of Children**.

Student's Full Name and Social Security Number		Relationship To You (Check One For Each Child)	Date of Birth			Enter An "X" In The Appropriate Box: The Student Is Living With Me
a		NATURAL <input type="checkbox"/>	MONTH	DAY	YEAR	<input type="checkbox"/> Yes <input type="checkbox"/> No
		ADOPTED <input type="checkbox"/>				
b		STEPCHILD <input type="checkbox"/>	MONTH	DAY	YEAR	<input type="checkbox"/> Yes <input type="checkbox"/> No
		GRANDCHILD <input type="checkbox"/>				
c		OTHER <input type="checkbox"/>	MONTH	DAY	YEAR	<input type="checkbox"/> Yes <input type="checkbox"/> No
		NATURAL <input type="checkbox"/>				
		ADOPTED <input type="checkbox"/>				
		STEPCHILD <input type="checkbox"/>				
		GRANDCHILD <input type="checkbox"/>				
		OTHER <input type="checkbox"/>				

Children Not Living With You	20	Enter the requested information for <b>each</b> child in Items 15, 17, and 19 who is not living with you. Enter the youngest child in <b>a</b> . Otherwise, <b>go to Item 21</b> .			
		Full Name Of Child	Child's Address	Person With Whom Child Now Lives	
				Name	Relationship To Child
		a			
b					
c					

Married Children	21	Enter an "X" in the appropriate box: One or more of the minor children in Item 15 or a student in Item 19 has been married in the past.	<input type="checkbox"/> Yes → <b>Go to Item 22</b>	<input type="checkbox"/> No → <b>Go to Section 5</b>
	22	Enter the requested information for <b>every</b> minor child or student who has ever been married. Enter the youngest child in <b>a</b> .		
		Child's Married Name	Date Marriage Began	Date Marriage Ended
	a	MONTH DAY YEAR	MONTH DAY YEAR	
	b			

**SECTION 5 Information About Other Government Benefits**

When answering Items 23 and 24, consider only yourself, the minor children listed in Item 15, and the students listed in Item 19.

Social Security Benefits	23	Enter an "X" in the appropriate box: An application has been filed or will be filed for monthly social security benefits for me, a minor child, a student, or a disabled child.	<input type="checkbox"/> Yes → <b>Go to Item 24</b>	<input type="checkbox"/> No → <b>Go to Item 25</b>
	24	Enter the requested information for the family members for whom an application has been filed or will be filed for monthly social security benefits. Use as many lines as needed beginning with <b>a</b> .		
		Name Of Family Member	Person Whose Record Was Filed On Or Will Be Filed On	Social Security Number That Was Filed On Or Will Be Filed On
	a			
b				
c				

When answering Items 25 through 27, consider everyone in the family group.

RRB Benefits	25	Enter an "X" in the appropriate box: An application has been filed, or will be filed by me or by a member of the family group, for monthly railroad retirement benefits on another claim number.	<input type="checkbox"/> Yes → Go to Item 26	<input type="checkbox"/> No → Go to Item 28
	26	Enter the name of the person on whose record the application has been filed or will be filed.		
	27	Enter the other person's railroad retirement claim number. (Include the letter prefix)	Prefix	RRB Claim No

Answer Items 28 through 30 only if you are the spouse and you have not filed **Form AA-3, Application for Spouse/Divorced Spouse Annuity**. Otherwise, go to **Section 6**.

Public Service Pension	28	Enter an "X" in the appropriate box: I am receiving, or expect to receive, a pension or I have received or expect to receive, a lump-sum payment instead of a pension, based on my own earnings, from an agency of the Federal, state, or local government. (Answer "No" if your only government pension payments are social security, railroad retirement, veterans affairs, worker's compensation, or black lung benefits. Also answer "No" if you received a lump-sum payment that was just your contributions to the pension fund plus interest.)	<input type="checkbox"/> Yes → Go to Item 29	<input type="checkbox"/> No → Go to Section 6
	29	Enter an "X" in the appropriate box: I am/was an employee of the Federal Government.	<input type="checkbox"/> Yes → Go to Note and Section 6	<input type="checkbox"/> No → Go to Section 6
	<p><b>Note:</b> If answered "Yes," complete and return to the RRB, <b>Form G-208, Public Service Pension Questionnaire</b>, and verification of your pension.</p>			
30	Enter an "X" in the appropriate box: In the last 60 months of employment, I was employed by a state or local government or the military service, and social security (FICA) taxes were being deducted from my public service earnings.	<input type="checkbox"/> Yes → Go to Section 6	<input type="checkbox"/> No → Go to Note and Section 6	
<p><b>Note:</b> If answered "No," complete and return to the RRB, <b>Form G-208, Public Service Pension Questionnaire</b>, and verification of your pension.</p>				

**SECTION 6 Information About Work and Earnings**

Please read the **G-179** booklet to find out how work and earnings can affect your annuity increase. Also, refer to **Form G-77a, How Work Affects Your Railroad Retirement Benefits**, when answering Items 31 through 37.

When answering Items 31 through 37, consider only yourself (if you are not a disability annuitant under age 65), the minor children listed in Item 15, and the students listed in Item 19.

Answer Item 31 only if the Special Guaranty increase can begin before January 1 of this year. Otherwise, go to Item 33.

Earnings Last Year	31	Enter an "X" in the appropriate box: One or more family members, who are subject to the annual earnings exempt amount, had total earnings for all employment last year that exceeded their annual earnings exempt amount.	<input type="checkbox"/> Yes → Go to Item 32	<input type="checkbox"/> No → Go to Item 33
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Earnings Last Year (Cont.)

32	Enter the following information for the family member(s) whose total earnings for last year were more than their annual earnings exempt amount shown on Form <b>G-77a</b> . Use as many lines as are needed beginning with <b>a</b> .															
		Name of Family Member	Total Earnings For Last Year (Show Dollars Only)	Enter An "X" In The Appropriate Box: The Family Member Earned More Than The Monthly Earnings Exempt Amount In Employment For Hire Or Performed Substantial Services In Self-Employment In Every Month Last Year												
	a		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO →												
	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>JAN</td><td>FEB</td><td>MAR</td><td>APR</td> </tr> <tr> <td>MAY</td><td>JUN</td><td>JUL</td><td>AUG</td> </tr> <tr> <td>SEP</td><td>OCT</td><td>NOV</td><td>DEC</td> </tr> </table>				JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
JAN	FEB	MAR	APR													
MAY	JUN	JUL	AUG													
SEP	OCT	NOV	DEC													
b		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO →													
	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>JAN</td><td>FEB</td><td>MAR</td><td>APR</td> </tr> <tr> <td>MAY</td><td>JUN</td><td>JUL</td><td>AUG</td> </tr> <tr> <td>SEP</td><td>OCT</td><td>NOV</td><td>DEC</td> </tr> </table>				JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	JAN	FEB	MAR	APR												
MAY	JUN	JUL	AUG													
SEP	OCT	NOV	DEC													
c		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO →													
	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>JAN</td><td>FEB</td><td>MAR</td><td>APR</td> </tr> <tr> <td>MAY</td><td>JUN</td><td>JUL</td><td>AUG</td> </tr> <tr> <td>SEP</td><td>OCT</td><td>NOV</td><td>DEC</td> </tr> </table>				JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	JAN	FEB	MAR	APR												
MAY	JUN	JUL	AUG													
SEP	OCT	NOV	DEC													

Earnings This Year

33	Enter an "X" in the appropriate box: One or more family members, who are subject to the annual earnings exempt amount, expect to have total earnings for all employment this year that will exceed their annual earnings exempt amount.	→	<input type="checkbox"/> Yes → <b>Go to Item 34</b> <input type="checkbox"/> No → <b>Go to Item 35</b>
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34	Enter the following information for the family member(s) whose total earnings for this year are expected to be more than their annual earnings exempt amount shown on Form <b>G-77a</b> . Use as many lines as are needed beginning with <b>a</b> .														
		Name of Family Member	Total Expected Earnings For This Year (Show Dollars Only)	Enter An "X" In The Appropriate Box: The Family Member Expects To Earn More Than The Monthly Earnings Exempt Amount In Employment For Hire Or To Perform Substantial Services In Self-Employment In Every Month This Year											
a		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO →												
<table border="1" style="width: 100%; text-align: center;"> <tr> <td>JAN</td><td>FEB</td><td>MAR</td><td>APR</td> </tr> <tr> <td>MAY</td><td>JUN</td><td>JUL</td><td>AUG</td> </tr> <tr> <td>SEP</td><td>OCT</td><td>NOV</td><td>DEC</td> </tr> </table>				JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
JAN	FEB	MAR	APR												
MAY	JUN	JUL	AUG												
SEP	OCT	NOV	DEC												

Earnings This Year (Cont.)	34	b	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO →	<table border="1"> <tr><td>JAN</td><td>FEB</td><td>MAR</td><td>APR</td></tr> <tr><td>MAY</td><td>JUN</td><td>JUL</td><td>AUG</td></tr> <tr><td>SEP</td><td>OCT</td><td>NOV</td><td>DEC</td></tr> </table>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	JAN	FEB	MAR	APR													
MAY	JUN	JUL	AUG														
SEP	OCT	NOV	DEC														
		c	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO →	<table border="1"> <tr><td>JAN</td><td>FEB</td><td>MAR</td><td>APR</td></tr> <tr><td>MAY</td><td>JUN</td><td>JUL</td><td>AUG</td></tr> <tr><td>SEP</td><td>OCT</td><td>NOV</td><td>DEC</td></tr> </table>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
JAN	FEB	MAR	APR														
MAY	JUN	JUL	AUG														
SEP	OCT	NOV	DEC														

Earnings Next Year	35	Enter an "X" in the appropriate box: I am returning this statement in September, _____ → October, November, or December.	<input type="checkbox"/> Yes → <b>Go to Item 36</b> <input type="checkbox"/> No → <b>Go to Section 7</b>
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	36	Enter an "X" in the appropriate box: One or more family members, who are subject to the annual earnings exempt amount, expect to have total earnings for all employment that will exceed their annual earnings exempt amount for next year. →	<input type="checkbox"/> Yes → <b>Go to Item 37</b> <input type="checkbox"/> No → <b>Go to Section 7</b>
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	37	Enter the following information for the family member(s) whose total earnings for next year are expected to be more than their annual earnings exempt amount. Use as many lines as are needed, beginning with <b>a</b> .	
		Name of Family Member	Earnings Expected For Next Year (Show Dollars Only)
	a		\$
	b		\$
	c		\$

**SECTION 7 Information That Affects Entitlement**

Complete this section only if you have *not* previously reported this information to the RRB. Otherwise, go to Section 8.

Criminal Offense	38	Enter an "X" in the appropriate box: Within the past 12 months, I have been, or a family member has been, imprisoned or given a sentence of confinement due to a conviction for a criminal offense. →	<input type="checkbox"/> Yes → <b>Go to Item 39</b> <input type="checkbox"/> No → <b>Go to Section 8</b>
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	39	Enter the name of the family member described in Item 38. →	
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	40	Enter the date of the conviction. →	MONTH	DAY	YEAR

	41	Enter the date of the sentence of confinement. →	MONTH	DAY	YEAR

	42	Enter the date that confinement began. →	MONTH	DAY	YEAR

Criminal Offense (Cont.)	43	Enter an "X" in the appropriate box: The confinement has ended. _____ →	<input type="checkbox"/> Yes → <b>Go to Item 44</b> <input type="checkbox"/> No → <b>Go to Section 8</b>		
	44	Enter the date the confinement ended. _____ →	MONTH	DAY	YEAR

**SECTION 8**    **Remarks**

Remarks	45	This section is to be used for the continuation of answers to other Items. Be sure to include the item number at the beginning of the answer you wish to continue. You may use this section to enter any additional information that you feel may be important to include.			



**SECTION 9 Certification**

Certification 46

Enter an "X" in the appropriate box:  
I am:

the employee named in Item 1 \_\_\_\_\_ →

the spouse named in Item 3 \_\_\_\_\_ →

Other - explain relationship below (i.e., Attorney) \_\_\_\_\_ →

Explanation: \_\_\_\_\_

- Yes → **Go to Item 47**
- Yes → **Go to Item 47**
- Yes → **Read the Note, then go to Item 47**

**Note:** If you are completing this statement on behalf of the employee or spouse, you must answer each question as it applies to **that person**. You must also sign this statement in Item 47.

47

I know that if I make a false or fraudulent statement in order to receive benefits from the Railroad Retirement Board (RRB), I am committing a crime which is punishable under Federal law. I have received booklet G-179, **Special Guaranty in Employee and Spouse Annuities**. I also understand that I am responsible for reporting any events that would affect my benefits, as explained in that booklet.

I certify that the information I gave to the RRB on this statement is true to the best of my knowledge.

I agree to immediately notify the RRB:

- If my marriage ends by death or divorce.
- If a minor or disabled child included in the computation of the annuity leaves the custody of the spouse, marries, dies, or enters military service.
- If a family member files an application for social security benefits on any person's earnings record.
- If the spouse begins to receive a public service pension or there is a change in the amount of the public service pension.
- If I or a family member is confined to a jail, prison, penal institution, or correctional facility due to a conviction for a criminal offense.

Also, I agree to immediately notify the RRB if I or a family member, included in the annuity computation, earns more than the annual earnings exempt amount. Failure to report these earnings on a timely basis may result in penalty deductions from the Special Guaranty benefits.

**SIGNATURE**

(First Name, Middle Initial, Last Name) \_\_\_\_\_ →

**DATE** \_\_\_\_\_ →

MONTH	DAY	YEAR

48

If this certificate is signed by mark ("X") in Item 47, two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.

**a. Signature of Witness**

Address (Number and Street)

City, State, ZIP Code

Daytime Telephone Number

Area Code	Telephone Number

**b. Signature of Witness**

Address (Number and Street)

City, State, ZIP Code

Daytime Telephone Number

Area Code	Telephone Number

## SECTION 10 How To Return This Statement

Before you return this statement, check to make sure that:

- ▶ **Every** question that applies to you has been answered.
- ▶ You have entered "unknown" in **any** answer space for which you were unable to answer a question.
- ▶ You have signed and dated the statement.
- ▶ You have included **all** the needed proofs.

When you received this statement, you should also have received a pre-addressed return envelope. If you do not have this envelope, you can use any envelope as long as it is addressed to the RRB office shown on page 11 of this statement. No matter which envelope you use, you must put the correct postage on the envelope. Be careful to provide enough postage, because this statement and the accompanying forms may weigh more than a standard letter. The U.S. Postal Service will not deliver this statement unless it has the correct postage.

Make one final check before you seal the envelope to ensure that the following are enclosed:

- ▶ NEEDED PROOFS
- ▶ THE STATEMENT ITSELF
- ▶ ADDITIONAL FORMS YOU WERE ASKED TO COMPLETE

**Note:** *Make no entries on page 11, which is the receipt for your statement. After the RRB receives this statement, they will complete the items on the receipt and send it back to you. When it is returned to you, you will know that the RRB has received this statement and has started the work needed to determine if you are entitled to increased benefits. If you do not receive the receipt within a month after you filed this statement, please contact us so we can find out what is causing the delay.*

## Receipt For Your Statement

Your Name

RRB Employee's Name

Railroad Retirement Board Claim Number

Date Claim Received

**A**

Your statement for a Special Guaranty computation has been received and will be processed as quickly as possible. If you change your address, or if there is some other change that may affect your claim, you or your representative should report that change. The changes to be reported are listed below. Always give us your RRB claim number when writing or calling about your claim. If you have any questions about your claim, we will be glad to help you. Most RRB offices are open to the public from 9:00 a.m. to 3:30 p.m. If you plan on visiting an RRB office, please call for an appointment. If you need to personally visit one of our field offices, please call for an appointment. You will not be refused service if you do not have an appointment, but our staff can serve you better when an appointment is made. Most offices are open to the public from 9:00 AM to 3:30 PM, Monday through Friday.

## Always Report These Changes To The RRB

- **ADDRESS** - If your address changes. To avoid delays in receipt of payments and RRB correspondence, you should also file a regular change of address with your U.S. Post Office.
- **EARNINGS** - If anyone included in the family group for the Special Guaranty computation, who is subject to the annual earnings exempt amount, has earnings that change from the amount you reported.  
  
On your statement you told us that in the year \_\_\_\_\_ :
  - Each family member will earn less than their own annual earnings exempt amount.
  - \_\_\_\_\_ will earn \$ \_\_\_\_\_ in employment or self-employment; and , either:
    - will earn more than \$ \_\_\_\_\_ each month or
    - will be performing substantial service in self-employment each month.
- **PUBLIC SERVICE PENSION** - If the spouse included in the annuity computation begins to receive a public service pension or the public service pension amount changes.
- **CHILD STATUS** - If a child included in the annuity computation marries, dies, or leaves the spouse's custody.
- **SOCIAL SECURITY BENEFITS** - If you or a family member begin to receive social security benefits directly from the Social Security Administration.
- **MARRIAGE ENDS** - If your marriage ends by death or divorce.
- **CRIMINAL OFFENSE** - If you or a family member are confined to a jail, prison, penal institution or correctional facility due to a conviction for a criminal offense.

## How To Report Changes

When a change occurs, you should report the change at once. You or your representative can make your reports either by telephone, mail, or in person, whichever you prefer.

In addition, an annual report of earnings must be filed with the RRB within 3 months and 15 days after the end of any taxable year in which you or a family member earned more than the annual earnings exempt amount. The annual report of earnings is required by law and failure to report may result in the loss of one or more monthly benefits.

To report any of the above changes, contact:

 TELEPHONE NUMBER:

If for some reason you cannot contact that office, you should contact:

U.S. RAILROAD RETIREMENT BOARD  
844 N. RUSH STREET  
CHICAGO, IL 60611-2092

## Important Notices

### Paperwork Reduction Act and Privacy Act Notices

This notice is given under the Paperwork Reduction Act of 1995 and the Privacy Act of 1974. The Privacy Act requires that the Railroad Retirement Board (RRB) tell you the following whenever we ask you for information:

- 1) The law which allows us to ask for information;
- 2) whether that law requires you to give us that information and what, if anything, might happen to you if you do not give it to us;
- 3) the reason why the information is requested; and
- 4) the persons, organizations, and agencies to which we may release the information without your permission.

The RRB's authority for requesting this information is Section 7(b) of the Railroad Retirement Act of 1974. Providing us with this information is voluntary on your part. However, if you fail to provide us with the requested information we may be unable to pay you any benefits. The RRB needs this information to determine whether you are eligible to receive such benefits and, if so, the amount you are entitled to receive. If your Special Guaranty computation is approved and we begin to pay you benefits, information that we may request from you in the future will be used to determine whether you are entitled to continue to receive such benefits.

Although the information we request is almost never used for any purpose other than the payment of benefits under the Railroad Retirement Act, the RRB does have the authority to release information to the indicated individuals, organizations, and/or agencies listed below without your approval:

- 1) An attorney, the Office of the President, a Congressional office, a labor union or the Department of State's embassy or consular offices if they allege to be representing you at your request.
- 2) Other people who are receiving benefits based on the same railroad retirement account as you are if the information affects their payments from the RRB.
- 3) A person who will receive benefits on your behalf if the RRB decided that some medical condition keeps you from receiving your own benefits; such information may also be released to determine whether such a medical condition exists and who is suitable to receive such benefits for you.
- 4) People or organizations who are working for the RRB; such information may include medical records.
- 5) The U.S. Treasury Department or U.S. Postal Service to issue payments and to investigate lost, forged, or stolen checks.
- 6) Your last employer (or to its insurance company) to make sure that you can receive any private retirement or insurance benefits which may be offered by the employer.
- 7) The Social Security Administration, Centers for Medicare & Medicaid Services, Pension Benefit Guaranty Corporation, Office of Personnel Management,

Department of Veterans Affairs, or Federal, state, or local welfare or public aid agencies to determine if you can receive benefits from these organizations and if any previous benefits were paid incorrectly.

- 8) The Internal Revenue Service or to state and local taxing authorities for figuring your taxes and for use in audits.
- 9) Your last address and the name of your last employer may be released to the Department of Health and Human Services to be used in the Parent Locator Service.
- 10) The Government Accountability Office for audits and for collecting overpayments owed to the RRB or the Social Security Administration.
- 11) The U.S. Department of Labor as required by the Federal Coal Mine and Safety Act.
- 12) In certain cases for law enforcement purposes and for court proceedings.
- 13) Information about the determination and recovery of an overpayment made to you may be released to any other person from whom any portion of the overpayment is being recovered.
- 14) Your name and address may be released to a Member of Congress to inform you about current or proposed legislation which could affect the railroad retirement system.
- 15) Professional Standards Review Organizations and State Licensing Boards when services provided by physicians or practitioners suggest unethical or unprofessional conduct.

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We estimate this form takes an average of 26-55 minutes for an employee and 30-60 minutes for a spouse per response to complete, including the time 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 completion time, to Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-2092.

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#### Computer Matching and Privacy Protection Act Notice

The Computer Matching and Privacy Protection Act of 1988 requires the Railroad Retirement Board (RRB) to advise you that information you have provided may be used, without your consent, in automated matching programs. These matching programs are a computer comparison of RRB records with records kept by other Federal, state, or local governmental agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.