PROPOSED

United States of America Railroad Retirement Board

Is there still a balance due?

for the burial expenses?

Has any person or organization taken responsibility

Form Approved OMB No. 3220-0031

FUNERAL DIRECTOR'S STATEMENT OF BURIAL EXPENSES

| Railroad Retirement Claim N | umber |
|------------------------------|--------|
| Employee's Social Security N | lumber |
| Deceased Employee's Name | |

Yes

No

Yes

No

Go to Item 5

Go to Item 7

Go to Item 6

Go to Item 7

This form can be used in any case in which proof of payment of burial expenses is required. The G-273a MUST be used whenever there are any funeral home charges which have not been paid. The G-273a must be taken to the funeral home which handled the arrangements for the employee's funeral. The form must be completed, signed, and dated by the funeral home director. The funeral home director should return the completed form directly to the Railroad Retirement Board (RRB). This report is authorized by law (45 U.S.C. 231f(b)(6)). While you are not required to respond, failure to do so may prevent or delay payment of benefits. MONTH DAY Date of Death 1 > Enter the total amount of your charges, after any discounts, including cash advances, for this service. List below all payments that you have received or expect to receive, except payments from the RRB. Include payments from personal funds, the Department of Veterans Affairs, insurance policies, fraternal organizations and unions. If the funeral expenses were prepaid, enter the name of the person who made the payments, including the deceased. Do not enter the insurance company or financial institution making the final payment. RECEIVED/EXPECTED FROM ADDRESS AND TELEPHONE NUMBER BENEFICIARY (IF ANY) DATE **AMOUNT** а b С

| 6 | Give the name, telephone number, and address of the person or organization that has taken responsibility for the buria expenses. | | | | | | | |
|---|--|-----------|------------------|--|--|--|--|--|
| | Name | Area Code | Telephone Number | | | | | |
| | | | | | | | | |
| | Address | | | | | | | |
| | | | | | | | | |
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| 7 | Has any other funeral home furnished services in connection with the deceased employee's burial? | | | | > | | | | Ye N | | | | ltem Item | า 8 า 10 | ı | | |
|----|--|------------------|--|---|---|--------------------------------------|---|-------|---------|--|----|------|--------------|-------------|-----|----|--|
| 8. | Give the name, telephone number, and address of the other funeral home that furnished services. | | | | | | | | | | | | | | | | |
| | Name | | | | | | Α | rea | Code | | Te | elep | hon | e Nı | umb | er | |
| | | | | | | | | | | | | | | | | | |
| | Address | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 9. | Are the expenses for the funeral home listed in | | | | > | | | | | | | Υe | | | | | |
| | Item 8 included in the total in Item 2? | | | | | | | | | | Ш | No | | | | | |
| | If there are outstanding funeral home expenses, and the payment is assigned to the funeral home or the funeral home applied for the payment, the payment will be deposited directly into the funeral home's account at the bank, savings and loan, credit union or other financial institution. Either complete the following items or write "void" across a blank check and attach it to this form. | | | | | | | | | | | | | | | | |
| 10 | Has the payment been assigned to the funeral home or has the funeral home applied for the payment? | > | | | | ☐ Yes Go to Item 1 ☐ No Go to Item 1 | | | | | | | | | | | |
| 11 | Print the name of your financial institution. | | | | | | | | | | | | | | | | |
| 12 | Enter the telephone number of your financial institution. | | | > | | | Α | rea (| Code | | Te | elep | hon | e Nu | umb | er | |
| 13 | Enter the 9-digit routing transit number of your financial ins | stitution. | | > | | | | | | | | | | | | | |
| 14 | Enter the account number. | | | | | | | | | | | | | | i | | |
| 15 | Enter the type of account for the above account number. | Checking Savings | | | | | | | | | | | | | | | |
| 16 | Remarks | | | | | | | | | | | | | | | | |
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17 CERTIFICATION OF FUNERAL DIRECTOR

- I am an authorized funeral director and prepared for burial or buried the body of the employee named at the top of this form.
- I understand that this statement may be used in connection with an application for benefits payable under the Railroad Retirement Act.
- If the payment I receive from the RRB is greater than the unpaid expenses, I will either return the payment or refund the excess to the RRB.

| Signature | Name and Address of Funeral Home | | | | | | | |
|------------|----------------------------------|------------------|--|--|--|--|--|--|
| Print Name | | | | | | | | |
| Title | | | | | | | | |
| Date | Area Code | Telephone Number | | | | | | |

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

The Railroad Retirement Board (RRB) is authorized to collect the information on this form under section 7 (b) (6) of the Railroad Retirement Act. The information asked for on this form is needed to determine eligibility for reimbursement for the payment of burial expenses incurred by your funeral home. Although you are not required to furnish this information, no payments can be made unless you complete and return this form.

A complete listing of the persons, organizations, and agencies to which the information you give us may be released is available at any office of the RRB.

We estimate this form takes an average of 10 minutes 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, IL 60611-2092.

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