

**FUNERAL DIRECTOR'S
 STATEMENT OF
 BURIAL EXPENSES**

Railroad Retirement Claim Number

Employee's Social Security Number

Deceased Employee's Name

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.

1 Date of Death	➤	MONTH	DAY	YEAR		

2 Enter the total amount of your charges, after any discounts, including cash advances, for this service.	➤	\$
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3 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
a				
b				
c				

4 Is there still a balance due?	➤	<input type="checkbox"/> Yes	Go to Item 5
		<input type="checkbox"/> No	Go to Item 7

5 Has any person or organization taken responsibility for the burial expenses?	➤	<input type="checkbox"/> Yes	Go to Item 6
		<input type="checkbox"/> No	Go to Item 7

6 Give the name, telephone number, and address of the person or organization that has taken responsibility for the burial expenses.

Name	Area Code	Telephone Number
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Address

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.