

Screen facsimiles:
NHRR screen:

Ln	0	1	2	3	4	5	6	7	8
No	1	23456789012345678901234567890123456789012345678901234567890123456789							0
1	C	MCS	TRANSFER TO:	NH RAILROAD EMPLOYMENT				NHRR	
2	0	NH	SSSSSSSSSS	SSSSS	SSSSSSSSSS	CL	SSSSSSSSSS	SSSSS	SSSSSSSSSSSS
3	L								
4	U	RR EMPLOYEE:	SSSSSSSSSS	S	SSSSSSSSSSSSSSSSSSSSSSSS	SSN:	SSSSSSSSSS		
5	M	MONTHS WORKED IN RR AFTER 1936:	XXX	BEFORE 1937:	XXX	LAST 18 MOS (Y/N):	X		
6	N	EVER FILE FOR RRB RET/DISAB (Y/N):	X	IF YES, CLAIM NO:	XXXXXXXXXXXX				
7	*	IF EMPLOYEE LIVING, REC'D RRB SICKNESS/UNEMPLOYMENT IN LAST 18 MOS (Y/N):	X						
8	O	IF RRB EMPLOYEE DECEASED, SURVIVOR EVER RECEIVE RRB BENEFITS (Y/N):	X						
9	N	EMPLOYEE WORK IN RR AFTER APPLYING FOR SOC SEC BENEFITS (Y/N):	X						
10	E								
11		IF RR EMPLOYMENT IN LAST 18 MONTHS OR WORK AFTER FILING FOR SS BENEFITS:							
12	R	RR EMPLOYER:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
13	E	WORK LOCATION:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
14	S	DEPT OCCUPATION:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
15	E								
16	R	IF CLAIMANT EVER RECEIVED RRB BENEFITS:							
17	V	RR APPLICANT:	SSSSSSSSSSSS	S	SSSSSSSSSSSSSSSSSSSSSSSS	CLAIM NO:	XXXXXXXXXXXX		
18	E	RR EMPLOYEE NAME:	XXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX	SSN:	XXXXXXX		
19	D	RELATIONSHIP:	XXXXXXXXXX						
20		BENEFIT TYPE:	X	SELECT 1. MONTHLY	2. LUMP-SUM	3. RESIDUAL			
21		HAS RRB NOTIFIED APPLICANT THAT RRB MAY BE AFFECTED BY ENTITLEMENT TO							
22		SOCIAL SECURITY BENEFITS (Y/N):	X						
23									
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****							

SPRR screen:

Ln	0	1	2	3	4	5	6	7	8
No	1	23456789012345678901234567890123456789012345678901234567890123456789							0
1	C	MCS	TRANSFER TO:	SP RAILROAD EMPLOYMENT				SPRR	
2	0	NH	SSSSSSSSSS	SSSSS SSSSSSSSSSS	CL	SSSSSSSSSS	SSSSS SSSSSSSSSSS		
3	L								
4	U	RR EMPLOYEE:	SSSSSSSSSS S SSSSSSSSSSSSSSS	SSN:	SSSSSSSSSS				
5	M	MONTHS WORKED IN RR AFTER 1936:	XXX	BEFORE 1937:	XXX	LAST 18 MOS (Y/N):	X		
6	N	EVER FILE FOR RRB RET/DISAB (Y/N):	X	IF YES, CLAIM NO:	XXXXXXXXXXXX				
7	*	IF EMPLOYEE LIVING, REC'D RRB SICKNESS/UNEMPLOYMENT IN LAST 18 MOS (Y/N):	X						
8	O	IF RRB EMPLOYEE DECEASED, SURVIVOR EVER RECEIVE RRB BENEFITS (Y/N):	X						
9	N	EMPLOYEE WORK IN RR AFTER APPLYING FOR SOC SEC BENEFITS (Y/N):	X						
10	E								
11		IF RR EMPLOYMENT IN LAST 18 MONTHS OR WORK AFTER FILING FOR SS BENEFITS:							
12	R	RR EMPLOYER:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
13	E	WORK LOCATION:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
14	S	DEPT OCCUPATION:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
15	E								
16	R	IF CLAIMANT EVER RECEIVED RRB BENEFITS:							
17	V	RR APPLICANT:	SSSSSSSSSSSS S SSSSSSSSSSSSSSSSSSS	CLAIM NO:	XXXXXXXXXXXX				
18	E	RR EMPLOYEE NAME:	XXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXX	SSN:	XXXXXXXX				
19	D	RELATIONSHIP:	XXXXXXXXXX						
20		BENEFIT TYPE:	X	SELECT 1. MONTHLY	2. LUMP-SUM	3. RESIDUAL			
21		HAS RRB NOTIFIED APPLICANT THAT RRB MAY BE AFFECTED BY ENTITLEMENT TO							
22		SOCIAL SECURITY BENEFITS (Y/N):	X						
23									
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****							

CLRR screen:

Ln No	0	1	2	3	4	5	6	7	8
1	C	MCS	TRANSFER TO:	SP RAILROAD EMPLOYMENT				CLRR	
2	0	NH	SSSSSSSS	SSSS SSSSSSSSS	CL	SSSSSSSS	SSSS SSSSSSSSS		
3	L								
4	U	RR EMPLOYEE:	SSSSSSSS S SSSSSSSSSSSSS	SSN:	SSSSSSSS				
5	M	MONTHS WORKED IN RR AFTER 1936:	XXX	BEFORE 1937:	XXX	LAST 18 MOS (Y/N):	X		
6	N	EVER FILE FOR RRB RET/DISAB (Y/N):	X	IF YES, CLAIM NO:	XXXXXXXXXX				
7	*	IF EMPLOYEE LIVING, REC'D RRB SICKNESS/UNEMPLOYMENT IN LAST 18 MOS (Y/N):	X						
8	0	IF RRB EMPLOYEE DECEASED, SURVIVOR EVER RECEIVE RRB BENEFITS (Y/N):	X						
9	N	EMPLOYEE WORK IN RR AFTER APPLYING FOR SOC SEC BENEFITS (Y/N):	X						
10	E								
11		IF RR EMPLOYMENT IN LAST 18 MONTHS OR WORK AFTER FILING FOR SS BENEFITS:							
12	R	RR EMPLOYER:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
13	E	WORK LOCATION:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
14	S	DEPT OCCUPATION:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
15	E								
16	R	IF CLAIMANT EVER RECEIVED RRB BENEFITS:							
17	V	RR APPLICANT:	SSSSSSSSSS S SSSSSSSSSSSSSSSSS	CLAIM NO:	XXXXXXXXXX				
18	E	RR EMPLOYEE NAME:	XXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX	SSN:	XXXXXXXX				
19	D	RELATIONSHIP:	XXXXXXXXXX						
20		BENEFIT TYPE:	X SELECT 1. MONTHLY 2. LUMP-SUM 3. RESIDUAL						
21		HAS RRB NOTIFIED APPLICANT THAT RRB MAY BE AFFECTED BY ENTITLEMENT TO							
22		SOCIAL SECURITY BENEFITS (Y/N):	X						
23									
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****							