

**APPLICATION SUMMARY and CERTIFICATION**

**Employee's Name** Elizabeth Michaels  
**RR Claim No.** A 929-48-7489

The following information was either supplied by or verified by you in support of your application for a Widow(er)'s Annuity under the Railroad Retirement Act. After you have reviewed the information, make any changes on the summary, initial the change and sign the certification on the last page. Return the certification and all pages of the summary to the RRB.

**Employee Information**

**Social Security Number** 929-48-7489  
**Date of Birth** 01/02/1940  
**Date of Death** 08/02/2005

**Military Service**

The employee was not in active military service after September 7, 1939.

**Recent Employment**

The employee worked for the following companies in the last two years:

Star Stainless from 05/20/2010 to 08/01/2012

The employee did not have self-employment earnings in any of the last three years.

**Railroad Employment**

The employee had a current connection with the railroad industry.

**Employee's Family**

The employee was not survived by a child who may be entitled to monthly benefits.

The employee was not survived by a grandchild who may be entitled to monthly benefits.

The employee was survived by a widow(er) or surviving divorced spouse who may be entitled to monthly benefits.

Justin Michaels Widow(er)

The employee was survived by a parent who may be entitled to monthly benefits.

Michael Michaels Father

## Applicant Information

<b>Name and Address</b>	Justin Michaels 844 N Rush St Chicago, Il 60611
<b>Daytime Telephone Number</b>	312-555-1212
<b>Social Security Number</b>	929-48-7479
<b>Date of Birth</b>	06/06/1946
<b>Type of Application Filed</b>	Widow(er)'s Annuity

You applied for this benefit based on your relationship to the employee.

You have requested that any payment due you be sent using the Direct Express® Debit MasterCard®. Payments will be sent to the address shown above until the card is issued.

### Applicant's Marriages

You were not married to anyone other than the employee.

You have not remarried since the employee's death.

### Criminal Offense Information

Within the past 12 months you have not been imprisoned or been given a sentence of confinement due to a conviction for a criminal offense.

### Other Government Benefits

You have filed or plan to file in the next three months for social security benefits on your own account.

You are not receiving a social security benefit.

In the past month you have not filed nor plan to file in the next three months for railroad retirement benefits on any account number.

You are not receiving a railroad retirement annuity.

You are not receiving nor do you expect to receive a pension or lump-sum payment based on your earnings from a Federal, state or local government agency.

### Earnings Information

In 2011, your total earnings were less than \$14,160.00

In 2012, you expect your total earnings will be \$25,720.00

**Railroad Work**

You have not worked for a railroad, railroad labor organization or other employer in the railroad industry.

**Beginning Dates and Filing Dates**

You have requested your annuity begin on the earliest date permitted by law, even if you will receive a reduced annuity.

This application will protect your filing date for social security benefits.

**Application for a Widow(er)'s Annuity - Certification**

<b>Employee's RR Claim Number</b>	A 929-48-7489
<b>Employee's Name</b>	Elizabeth Michaels
<b>Employee's Social Security Number</b>	929-48-7489
<b>Applicant's Name</b>	Justin Michaels
<b>Applicant's Social Security Number</b>	929-58-5479

I certify that the information I have given to the Railroad Retirement Board (RRB) in relation to this application is true to the best of my knowledge. I know that if I make a false or fraudulent statement or withhold information, in order to receive benefits from the RRB, I am committing a crime under Federal law, which may be punishable by fines, imprisonment, or both.

I have received and reviewed a summary of the information I provided. I understand that I have an obligation to advise the RRB immediately if there are any errors in the summary I received, and I have made and initialed any corrections on the summary being returned to the RRB.

I have received and reviewed the booklets RB-17, *Survivor Annuities*, and RB-9s, *Events that Affect a Survivor Annuity*, and Form G-77, *How Earnings Affect Payment of Survivor Annuities*. I understand that I am responsible for reporting events that would affect my annuity as explained in the booklets and form. Failure to report any of the events listed below or other events that may affect my annuity may result in criminal and/or civil prosecution.

I agree to immediately notify the RRB, if

- I remarry.
- I begin to receive a pension or receive a lump-sum payment based on my earnings from a Federal, state or local government agency.
- I file for social security benefits on **any** person's account.
- I go to work for a railroad or railroad labor organization or work in any capacity in the railroad industry.
- My expected earnings amount changes.
- My address changes.
- My financial organization or the account number at my financial organization changes.
- Any person for whom I am receiving benefits dies or leaves my care.
- I am confined in a jail, prison, penal institution or correctional facility due to a conviction for a criminal offense.

\_\_\_\_\_  
**Signature** (First Name, Middle Initial, Last Name)

\_\_\_\_\_  
**Date** (Month/Day/Year)

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

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Address** (Street, City, State and ZIP Code)

\_\_\_\_\_  
**Address** (Street, City, State and ZIP Code)

(\_\_\_\_\_)\_\_\_\_\_  
**Daytime Telephone Number**

(\_\_\_\_\_)\_\_\_\_\_  
**Daytime Telephone Number**