

**APPLICATION SUMMARY and CERTIFICATION**

**Employee's Name**  
**RR Claim No.**

The following information was either supplied by or verified by you in support of your application for (a Widow(er)'s Annuity/a Disabled Widow(er)'s Annuity/a Young Mother/Father's Annuity/a Child's Annuity/a Disabled Child's Annuity/a Full-Time Student's Annuity/a Parent's Annuity/a Medicare/Medicare Special Enrollment Period) 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**  
**Date of Birth**  
**Date of Death**

**Military Service**

- 1 The employee was not in active military service after September 7, 1939.
- 2 The employee had military service after September 7, 1939.

**Recent Employment**

- 3 The employee had not worked in the two years before death.
- 4 The employee worked for the following companies in the last two years:  

(Company Name)	from 99/99/9999 to 99/99/9999
(Company Name)	from 99/99/9999 to 99/99/9999
(Company Name)	from 99/99/9999 to 99/99/9999
- 5 The employee did not have self-employment earnings in any of the last three years.
- 6 The employee's net earnings from self-employment were less than \$400 in each of the last three years.
- 7 The employee's net earnings from self-employment were \$400 or more in one of the last three years.

## Railroad Employment

- 8 The employee had a current connection with the railroad industry.
- 9 A current connection with the railroad industry is “deemed” because the employee:
- 1 Was alive on October 1, 1981 and had at least 25 years of railroad service, and
  - 2 “Involuntarily and without fault” stopped working for the railroad on or after October 1, 1975 and was never called back to work for the railroad employer, and
  - 3 Did not decline an offer from a railroad employer to return to a job in the same “class or craft” as the last railroad job.
- 10 The employee does not have a current connection with the railroad industry.

## Employee’s Family

- 11 The employee was not survived by a widow(er) or surviving divorced spouse who may be entitled to monthly benefits.
- 12 The employee was not survived by a child who may be entitled to monthly benefits.
- 13 The employee was not survived by a grandchild who may be entitled to monthly benefits.
- 14 The employee was not survived by a parent who may be entitled to monthly benefits.
- 15 The employee was survived by a widow(er) or surviving divorced spouse who may be entitled to monthly benefits.
- | Name | Relationship |
|------|--------------|
|------|--------------|
- 16 The employee was survived by a child who may be entitled to monthly benefits.
- | Name | Relationship |
|------|--------------|
|------|--------------|
- 17 The employee was survived by a grandchild who may be entitled to monthly benefits.
- | Name | Relationship |
|------|--------------|
|------|--------------|
- 18 The employee was survived by a parent who may be entitled to monthly benefits.
- | Name | Relationship |
|------|--------------|
|------|--------------|

## Applicant Information

**Name and Address**  
**Daytime Telephone Number**  
**Social Security Number**  
**Date of Birth**

**Type of Application Filed** (Widow(er)'s Annuity/Disabled Annuity/Young Mother/Father's Annuity/Child's Annuity/Disabled Child's Annuity/Full-Time Student's Annuity/Parent's Annuity/ Medicare/Medicare Special Enrollment Period) Widow(er)'s Annuity/Child's Annuity/Student's Annuity/ Medicare/Medicare Special Enrollment Period)

- 19 You applied for this benefit based on your relationship to the employee.
- 20 You applied for this benefit based on your relationship to the employee and that you are disabled.
- 21 You applied for this benefit based on your relationship to the employee and that you have the following child(ren) in your care.

Name	SS Number	DOB	Filing For
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- 22 You applied for this benefit based on your relationship to the employee and that you are a full-time student.
- 23 You have requested that any payment due you be sent to the following bank account:  
Bank Name  
Routing Number  
Account Number  
Account Type
- 24 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.

25 Any payment due you will be sent to the address shown above.

### Applicant's Marriages

26 You were married to someone other than the employee.

- 27 You were not married to anyone other than the employee.
- 28 You have married since the employee's death.
- 29 You have remarried since your divorce from the employee.
- 30 You have not remarried since your divorce from the employee.
- 31 You have never been married.
- 32 You were married and that marriage ended on mm/dd/yyyy.
- 33 You are currently married.
- 34 You have remarried since the employee's death.
- 35 You have not remarried since the employee's death.

**Criminal Offense Information**

- 36 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.
- 37 Within the past 12 months you have been imprisoned or been given a sentence of confinement due to a conviction for a criminal offense.

**Other Government Benefits**

- 38 You are currently receiving a Social Security benefit.
- 39 You have filed or plan to file in the next three months for Social Security benefits on your own account.
- 40 You have filed or plan to file in the next three months for Social Security benefits on the account of:
  - Name
  - Social Security Number
- 41 You have not filed nor plan to file in the next three months for Social Security benefits on any account number.
- 42 You have not filed nor plan to file in the next three months for Social Security benefits on an additional account number.

- 43 You are not receiving a Social Security benefit.
- 44 In the past month you have filed or plan to file in the next three months for Railroad Retirement benefits based on your own earnings.
- 45 In the past month you have filed or plan to file in the next three months for Railroad Retirement benefits based on the account of:  
Name  
Social Security Number
- 46 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.
- 47 You are currently receiving a Railroad Retirement annuity.
- 48 You are not receiving a Railroad Retirement annuity.
- 49 You are receiving a pension based on your earnings from a Federal, state or local government agency.
- 50 You received a lump-sum payment instead of a monthly pension from a Federal, state or local government agency.
- 51 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.
- 52 You expect to receive a pension or lump-sum payment based on your earnings from a Federal, state or local government agency.

### **Earnings Information**

- 53 In (last year), your total earnings were (actual earnings amount).
- 54 In (last year), your earnings were less than (annual exempt amount).
- 55 In (last year), you earned more than (monthly exempt amount) in each month.
- 56 In (last year), you earned less than (monthly exempt amount) in the following months:  
January February March April May June July August September October  
November December
- 57 In (current year), you expect your total earnings will be (estimated earnings).

- 58 In (current year), you expect your total earnings will be less than (annual exempt amount).
- 59 In (current year), you expect to earn more than (monthly exempt amount) in each month.
- 60 In (current year), you expect to earn less than (monthly exempt amount) in the following months:  
January February March April May June July August September October  
November December
- 61 In (next year), you expect your total earnings will be (estimated earnings).
- 62 In (next year), you expect your total earnings will be less than (annual exempt amount).

### **Railroad Work**

- 63 You worked for a railroad, railroad labor organization or other employer in the railroad industry.
- 64 Your date last worked for a railroad, railroad labor organization or other employer in the railroad industry was mm/dd/yyyy.
- 65 This year, you worked for a railroad, railroad labor organization or other employer in the railroad industry in the following months:  
January February March April May June July August September October  
November December
- 66 Last year, you worked for a railroad, railroad labor organization or other employer in the railroad industry in the following months.  
January February March April May June July August September October  
November December
- 67 You have not worked for a railroad, railroad labor organization or other employer in the railroad industry.

### **Beginning Dates and Filing Dates**

- 68 You have requested your annuity begin on the earliest date permitted by law, even if you will receive a reduced annuity.
- 69 You have selected mm/dd/yyyy for the beginning date of your annuity.

70 This application will protect your filing date for Social Security benefits.

71 You do not want this application to protect your filing date for Social Security benefits.

**Medicare**

72 You are enrolled in the Medicare Medical Insurance Plan (Part B).

73 You wish to enroll in the Medicare Medical Insurance Plan (Part B).

74 You do not wish to enroll in the Medicare Medical Insurance Plan (Part B) at this time.

75 You are claiming a special enrollment period based on coverage by an employer group health plan.

76 You are claiming premium surcharge relief based on coverage by an employer group health plan.

**Application for** (a Widow(er)'s Annuity/a Disabled Widow(er)'s Annuity/a Young Mother/Father's Annuity/a Child's Annuity/Disabled Child's Annuity/a Full-Time Student's Annuity/a Parent's Annuity/Medicare/a Medicare Special Enrollment Period) -  
**Certification**

**Employee's RR Claim Number**  
**Employee's Name**  
**Employee's Social Security Number**

**Applicant's Name**  
**Applicant's Social Security Number**

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.

*(Printed if application type is widow(er), child or parent who are FRA or older.)*

I have received and reviewed the booklets RB-17, *Survivor Annuities*, and RB-9s, *Events that Affect a Survivor Annuity*. I understand that I am responsible for reporting events that would affect my annuity as explained in the booklets. 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.

*(Printed if application type is widow(er), child or parent who are under FRA.)*

I have received and reviewed the booklets RB-17, *Survivor Annuities*, 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.

*(Printed if application type is disabled widow(er).)*

I have received and reviewed the booklets RB-17, *Survivor Annuities*, RB-17b, *Widow(er)'s Disability Benefits*, and RB-9s, *Events that Affect a Survivor Annuity*. I understand that I am responsible for reporting events that would affect my annuity as explained in the booklets. 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.

*(Printed if application type is disabled child.)*

I have received and reviewed the booklets RB-17, *Survivor Annuities*, RB-19a, *Child Disability Benefits*, and RB-9s, *Events that Affect a Survivor Annuity*. I understand that I am responsible for reporting events that would affect my annuity as explained in the booklets. 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 marry.
- I begin to receive a pension or receive a lump-sum payment based on my earnings at a Federal, state or local government agency.
- The amount of my pension based on my earnings from a Federal, state or local government agency changes.
- I file for social security benefits on any person's earnings record.
- If benefits I receive directly from the Social Security Administration are adjusted for a reason other than normal cost-of-living increases.
- 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**