

# APPLICATION FOR EMPLOYEE ANNUITY

**Do Not Write In This Space**

OFFICIALLY FILED

MONTH	DAY	YEAR

OFFICE NUMBER

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LAST ER

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NEXT-TO -LAST ER

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APPROVED

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DATE CODED

APPLICATION NUMBER	MONTH	DAY	YEAR

CODED BY

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## Section 1 General Instructions

Before you complete this application, be sure to read the booklet **RB-1**, Age and Service Employee Annuity, which explains information you will need to answer many of the questions in this application. Also be sure to read the important notices in the **RB-1** booklet.

Type or print legibly in ink. If you need more space than is provided to answer a question, use Section 21 for this purpose. If you do not know the answer to a question, print "Unknown" in the space provided for the answer.

When entering dates, always use numbers. Also, be sure there is one number in each box. For example, you would enter June 6, 2016 as:

MONTH	DAY	YEAR
0   6	0   6	2   0   1   6

Some items in this application will not apply to you and you will not need to answer them. Based on your answer to a question, you may be told to skip to another item number, or even another section. Follow the instructions that tell you to "Go to" another item. These are designed to save you time and help you move through the application quickly, filling in only necessary information. **If no "Go to" instructions are given, answer the next item in order. Do not skip any items unless directed to do so.**

If you are completing this application on behalf of someone else, you must answer each question as it applies to **the applicant**.

## Section 2 Identifying Information

Check the information entered by the Railroad Retirement Board (RRB) for Items 1 through 5 for accuracy.

- If the information is correct, **go to Section 3**.
- If the information is not correct, cross out the incorrect information and enter the correct information above it.
- If the information is missing, fill it in.

Employee Identification	1	Railroad Retirement Claim Number	2	Social Security Number
	3	Employee's Name		
	4	Employee's Street Address		
		City and State/Province	ZIP Code	Country
	5	a Daytime Telephone Number (    )	b Alternate Telephone Number (    )	

**Section 3 Information About You and Your Family**

Sex	6	Enter an "X" in the box that shows your sex. _____ →	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	7	Enter your name at birth if different from Item 3. _____ →		

Birthday	8	Enter your date of birth. _____ →	Month	Day	Year	

Marital Status	9	Enter an "X" in the box that shows your current marital status. _____ →	<input type="checkbox"/> Never Married	<b>Go to Item 16</b>
			<input type="checkbox"/> Married or Separated	<b>Go to Item 10</b>
			<input type="checkbox"/> Other	<b>Go to Item 14</b>

Current Marriage	10	Enter your spouse's full name before your marriage. _____ →				
	11	Enter your spouse's date of birth. _____ →	Month	Day	Year	
	12	Enter the date of your marriage. _____ →	Month	Day	Year	
	13	Enter your spouse's social security number. If none, enter "To Be Submitted." _____ →				

Previous Marriage History	14	Enter an "X" in the appropriate box: I was previously married. (Answer "No" if your only previous marriage was an earlier marriage to your current spouse.) _____ →	<input type="checkbox"/> Yes → <b>Go to Item 15</b>	<input type="checkbox"/> No → <b>Go to Item 16</b>
	15	Give the following information for your previous marriage(s). Use Section 21 if you have more than one previous marriage.		

a	(i) MARRIAGE BEGAN		(ii) NAME OF FORMER SPOUSE	(iii) MARRIAGE ENDED		
	DATE	CITY & STATE		REASON	DATE	CITY & STATE
				<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE		
				<input type="checkbox"/> ANNULMENT		
				<input type="checkbox"/> OTHER - Explain in Section 21		
	(iv) Enter your former spouse's date of birth. _____ →		Month	Day	Year	
	(v) Enter the Social Security Number of former spouse shown in Section 15a(ii). _____ →		If unknown, enter Unknown and complete Item 15b.			

b	Enter your former spouse's	
	• Place of birth _____ →	
	• Father's name _____ →	
• Mother's maiden name _____ →		

Children Please read Part I of the **RB-1** booklet for an explanation of family members who could qualify you for the Special Guaranty Computation.

Children	16	Enter an "X" in the appropriate box: I have children who are unmarried and meet any of the following conditions: _____ → (1) Under age 18. (2) Age 18 through 19 and attending elementary or secondary school full-time. (3) Age 18 or older with a continuing disability that began before age 22 and prevents any kind of employment.	<input type="checkbox"/> Yes → <b>Go to Note and Item 17</b>	<input type="checkbox"/> No → <b>Go to Item 18</b>
	<p style="text-align: center;"><b>Note:</b> If you have a child that meets the disability requirements, you may be asked to complete <b>Form AA-19a, Application for Determination of Child's Disability.</b></p>			

Children	17	Enter in each box the number of children who meet each condition. _____ →	<input type="checkbox"/> Under age 18.
			<input type="checkbox"/> Age 18 through 19 and attending elementary or secondary school full-time.
			<input type="checkbox"/> Age 18 or older with a continuing disability that began before age 22 and prevents any kind of employment.

Do not complete Item 18 if you have never married; **go to Item 19.**

Garnishment or Property Settlement	18	Enter an "X" in the appropriate box: a. I am party to a court order to enforce either my child support or alimony obligation, or to pay part of my present or future railroad retirement benefit to a spouse or former spouse as a part of a property settlement in a divorce or legal separation proceeding. (NOTE: Reference to pension rights may be found in the property settlement.) _____ →	<input type="checkbox"/> Yes → <b>Go to Item 18b</b> <input type="checkbox"/> No → <b>Go to Item 19</b>		
		b. Which situation applies? _____ →	<input type="checkbox"/> Child Support or Alimony <input type="checkbox"/> Property Settlement		
Criminal Offense	19	Enter an "X" in the appropriate box: Within the past 12 months, I have been imprisoned or given a sentence of confinement due to a conviction for a criminal offense. _____ →	<input type="checkbox"/> Yes → <b>Go to Item 20</b> <input type="checkbox"/> No → <b>Go to Section 4</b>		
	20	Enter the date of the conviction. _____ →	Month	Day	Year
	21	Enter the date of the sentence of confinement. _____ →	Month	Day	Year
	22	Enter the date that confinement began. _____ →	Month	Day	Year
	23	Enter an "X" in the appropriate box: Has the confinement ended? _____ →	<input type="checkbox"/> Yes → <b>Go to Item 24</b> <input type="checkbox"/> No → <b>Go to Section 4</b>		
	24	Enter the date confinement ended. _____ →	Month	Day	Year

**Section 4 Information About Type of Annuity**

Please read Part I of the **RB-1** booklet for information about age and service annuities. Also read the **RB-1d** booklet if you are applying for a disability annuity.

Type of Annuity	25	Enter an "X" in the box that shows the type of annuity you are filing for. _____ →	<input type="checkbox"/> FULL AGE ANNUITY <input type="checkbox"/> FULL 60/30 AGE ANNUITY <input type="checkbox"/> DISABILITY ANNUITY			<b>Go to Item 26</b>
			<input type="checkbox"/> REDUCED AGE ANNUITY – LESS THAN 30 YEARS OF SERVICE			
	26	Enter an "X" in the appropriate box: I am eligible for and will accept a reduced age annuity if I am not eligible for a full age or a disability annuity. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Section 5 Information About Military Service**

Please read Part I of the **RB-1** booklet for information about military service. Creditable military service is used to determine, in part, your annuity eligibility. It can also be used in your annuity computation.

Military Service	27	Enter an "X" in the appropriate box: I was in active military service, such as the Army, Navy, Air Force or Marines, of the United States. _____ →	<input type="checkbox"/> Yes → <b>Go to Note and Item 28</b> <input type="checkbox"/> No → <b>Go to Section 6</b>		
	<p><b>Note:</b> If answered "Yes," you must submit proof of your military service, such as your discharge certificate or separation papers, as explained in the <b>RB-1</b> booklet.</p>				
	28	Enter an "X" in the appropriate box: I had voluntary military service during the period June 15, 1948, through December 15, 1950. _____ →	<input type="checkbox"/> Yes → <b>Go to Item 29</b> <input type="checkbox"/> No → <b>Go to Item 30</b>		
	29	Enter an "X" in the appropriate box: I had nonrailroad earnings after leaving the military service stated in Item 28 and before returning to the railroad. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Section 6 Information About Your Railroad Work

Please read Part I of the **RB-1** booklet to find out what railroad work is creditable. Creditable railroad work is used to determine your annuity eligibility and is also used in the annuity computation.

Last Railroad Employment	30	Enter the name of the railroad company or railroad labor organization that last employed you. _____ →						
	31	Enter your payroll name and identification number for that employer. _____ →						
	32	Enter your last job title for that employer. _____ →						
	33	Enter your last division or department and its location. _____ →						
	34	Enter the dates you worked for that employer. (If your railroad employment has not ended, enter the last date you will work for that employer in the "TO" date.) _____ →	FROM			TO		
		Month	Day	Year	Month	Day	Year	
See attachment for new Item 35	35	Enter the date you gave up or will give up your seniority rights and all other rights to work for the employer shown in Item 30. (Make no entry if you have not given up your rights because you are filing for a disability annuity.) _____ →	Month	Day	Year			
Other Railroad Employment	36	Enter an "X" in the appropriate box: I worked for another employer in the railroad industry or a railroad labor organization this year or last year. _____ →	<input type="checkbox"/> Yes → <b>Go to Item 37</b> <input type="checkbox"/> No → <b>Go to Item 43</b>					
	37	Enter the name of that employer. _____ →						
	38	Enter your payroll name and identification number for that employer. _____ →						
	39	Enter your last job title for that employer. _____ →						
	40	Enter your last division or department and its location for that employer. _____ →						
	41	Enter the dates you worked for that employer. (If your railroad employment has not ended, enter the last date you will work for that employer in the "TO" date.) _____ →	FROM			TO		
			Month	Day	Year	Month	Day	Year
See attachment for new Item 42	42	Enter the date you gave up or will give up your seniority rights and all other rights to work for the employer shown in Item 37. (Make no entry if you have not given up your rights because you are filing for a disability annuity.) _____ →	Month	Day	Year			
Railroad Seniority Rights	43	Enter an "X" in the appropriate box: I still have seniority or other rights to work for a railroad employer or railroad labor organization not listed in Item 30 or Item 37. _____ →	<input type="checkbox"/> Yes → <b>Go to Item 44</b> <input type="checkbox"/> No → <b>Go to Section 7</b>					
	44	Print the name of any employer indicated in Item 43 with whom you still have rights to return to work. _____ →						



## Section 7 Information About Pay For Time Lost

Please read Part II of the **RB-1** booklet to find out what payments can be creditable as pay for time lost.

Pay For Time Lost	45	Enter an "X" in the appropriate box: I received or expect to receive pay for time lost from my last railroad employer. _____ →	<input type="checkbox"/> Yes → <b>Go to Note and Item 46</b> <input type="checkbox"/> No → <b>Go to Section 8</b>					
	<p><b>Note:</b> <i>If answered "Yes," and you received an injury settlement or elected to receive "dismissal pay," enclose a copy of your settlement or election with your application. If your case is still pending, briefly explain it in Section 21.</i></p>							
	46	Enter the dates for which these payments were made or will be made. _____ →	FROM			TO		
			Month	Day	Year	Month	Day	Year

## Section 8 Information About Railroad Sick Pay

Please read Part II of the **RB-1** booklet to find out when sick payments can be creditable to Tier I.

Railroad Sick Pay	47	Enter an "X" in the appropriate box: I received or expect to receive sick pay under a railroad wage continuation plan (other than my own regular salary) that was established through a company policy or labor agreement and this pay was for a period after the actual day I last worked. (Answer "No" if you were carried on the payroll and just received your regular salary.) _____ →	<input type="checkbox"/> Yes → <b>Go to Item 48a</b> <input type="checkbox"/> No → <b>Go to Section 9</b>						
	48	a	Enter the name of the sick pay plan, if known. _____ →						
			b	Enter the dates for which these payments were made or will be made for up to 6 months after your actual day last worked. _____ →	FROM			TO	
				Month	Day	Year	Month	Day	Year

## Section 9 Information About Your Nonrailroad Work

Please read Part IV of the **RB-1** booklet, which explains how Last Pre-Retirement Nonrailroad Employment, self-employment, and other earnings affect your annuity. Also read Part I of the booklet which explains "Current Connection."

Nonrailroad Work	49	Enter an "X" in the appropriate box: I worked for pay outside the railroad industry either during the last 6 months I worked in the railroad industry or after I left the railroad industry. (Do not include self-employment. Include any employment for an incorporated business which you own or public service. If you are a Canadian citizen or permanent resident, include employment in Canada for the U.S. railroad employer performed January 1, 1983, or later.) _____ →	<input type="checkbox"/> Yes → <b>Go to Note and Item 50</b> <input type="checkbox"/> No → <b>Go to Item 60</b>					
	<p><b>Note:</b> <i>If you had Last Pre-Retirement Nonrailroad Employment (LPE) after your annuity would begin, complete <b>Form G-19F, Earnings Information Request</b>, only when one of the following applies:</i></p> <p>(1) <i>The annuity beginning date (ABD) is before January 1 of this year or</i></p> <p>(2) <i>the ABD is January 1, or later, of this year, and you ceased working in LPE after the ABD month.</i></p>							

Most Recent Railroad Work	50	Enter the name and address of your current or most recent nonrailroad employer. _____ →						
	51	Enter the Employer Identification Number (EIN) for that employer. _____ →						
	52	Enter your average monthly salary for that employer. <b>(SHOW DOLLARS ONLY)</b> _____ →	\$					
	53	Enter the dates you worked for that employer. (If you have not set the date you expect to stop working, leave the "TO" date blank and check the box "I am still working.") _____ →	FROM			TO		
			Month	Day	Year	Month	Day	Year
		<input type="checkbox"/> I am still working						
54	Enter an "X" in the appropriate box: The employer named in Item 50 is either a seasonal employer or a Federal Government agency that is listed in Chapter 5 of the <b>RB-1</b> booklet. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Next Most Recent Nonrailroad Work	55	Enter the name and address of your next most recent nonrailroad employer during your last 6 months in the railroad industry or after you left the railroad industry. _____ →	If none, enter "NONE" and go to Item 60					
	56	Enter the Employer Identification Number (EIN) for that employer. _____ →						
	57	Enter your average monthly salary for that employer. <b>(SHOW DOLLARS ONLY)</b> _____ →	\$					
	58	Enter the dates you worked for that employer. (If you have not set the date you expect to stop working, leave the "TO" date blank and check the box "I am still working.") _____ →	FROM			TO		
			Month	Day	Year	Month	Day	Year
		<input type="checkbox"/> I am still working						
59	Enter an "X" in the appropriate box: The employer named in Item 55 is either a seasonal employer or a Federal Government agency that is listed in Chapter 5 of the <b>RB-1</b> booklet. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Self-Employment	If you are employed and your <b>business is incorporated</b> , answer Item 60 "No." Make sure Items 49-59 are completed instead. If your <b>business is not incorporated</b> , answer Item 60 "Yes" and go to Item 61.							
	60	Enter an "X" in the appropriate box: I was self-employed during my last 6 months in the railroad industry or after I left the railroad industry. _____ →	<input type="checkbox"/> Yes → <b>Go to Note and Item 61</b> <input type="checkbox"/> No → <b>Go to Section 10</b>					
	<div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;"> <b>Note: If answered "Yes," complete and return to the RRB, Form AA-4, Self-Employment and Substantial Service Questionnaire.</b> </div>							
	61	Enter an "X" in the appropriate box: I am still self-employed. _____ →	<input type="checkbox"/> Yes → <b>Go to Section 10</b> <input type="checkbox"/> No → <b>Go to Item 62</b>					
62	Enter the date you were last self-employed. _____ →	MONTH	DAY	YEAR				

## Section 10 Deemed Current Connection

Please read Part I of the **RB-1** booklet for an explanation of a deemed current connection.

Deemed Current Connection	63	Enter an "X" in the appropriate box: I have at least 25 years of railroad service and I have indicated nonrailroad employment in Items 49-62 that could break my current connection. _____ →	<input type="checkbox"/> Yes → Go to Item 64 <input type="checkbox"/> No → Go to Section 11
	64	Enter an "X" in the appropriate box: I was separated from my last railroad employer involuntarily and through no fault of my own on or after October 1, 1975. _____ →	<input type="checkbox"/> Yes → Go to Item 66 <input type="checkbox"/> No → Go to Item 65
	65	Enter an "X" in the appropriate box: I was on furlough, leave of absence or absent because of injury status with my last railroad employer on October 1, 1975, and was never called back to work. _____ →	<input type="checkbox"/> Yes → Go to Item 66 <input type="checkbox"/> No → Go to Section 11
	66	Enter an "X" in the appropriate box: I declined an offer to work in the railroad industry in the same "class or craft" as my last railroad job. _____ →	<input type="checkbox"/> Yes → Go to Section 11 <input type="checkbox"/> No → Go to Note and Section 11

**Note:** If you answered either Item 64 or Item 65 "Yes" and Item 66 "No," submit the required proofs as soon as possible. This will preserve your rights under the deemed current connection provisions. The required proofs are explained in the **RB-1** booklet.

## Section 11 Information About When Your Annuity Will Begin

Please read Part II of the **RB-1** booklet for an explanation of an annuity beginning date.

Annuity Beginning Date	67	Enter an "X" in the appropriate box: I want my annuity to begin on the earliest date permitted by law. _____ →	<input type="checkbox"/> Yes → Go to Section 12 <input type="checkbox"/> No → Go to Item 68					
	68	Enter the date you want your annuity to begin. _____ →	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Month</td> <td style="width: 25%;">Day</td> <td style="width: 50%;">Year</td> </tr> <tr> <td style="height: 30px;"> </td> <td style="height: 30px;"> </td> <td style="height: 30px;">         </td> </tr> </table>	Month	Day	Year		
Month	Day	Year						

## Section 12 Information About Your Earnings

Before answering Items 69-80, please read Part IV of the **RB-1** booklet to find out how earnings can affect an age and service annuity. For the exempt amounts, refer to **Form G-77a, How Work Affects Your Railroad Retirement Benefits**.

If you are applying for a disability annuity but are eligible for and would accept a reduced age annuity if the disability annuity is denied, answer Items 69-80, which apply to the reduced age annuity. Otherwise, go to **Section 13**.

Earnings Last Year  (Year)	69	Enter an "X" in the appropriate box: I expect my annuity to begin before January 1 of this year. _____ →	<input type="checkbox"/> Yes → Go to Item 70 <input type="checkbox"/> No → Go to Item 74
	70	Enter an "X" in the appropriate box: My total earnings from <b>all</b> employment last year were more than the annual earnings exempt amount. (If all your earnings are from only railroad employment before your date last worked, answer "No.") _____ →	<input type="checkbox"/> Yes → Go to Item 71 <input type="checkbox"/> No → Go to Item 74



Earnings Last Year (Cont.)  (Year)	71	Enter your total earnings for last year. <b>(SHOW DOLLARS ONLY)</b> _____ →	\$
	72	Enter an "X" in the appropriate box: I earned more than the monthly earnings exempt amount in employment for hire, or performed substantial services in self-employment in <b>every</b> month last year. _____ →	<input type="checkbox"/> Yes → <b>Go to Item 74</b> <input type="checkbox"/> No → <b>Go to Item 73</b>
	73	Enter an "X" next to <b>each</b> month last year in which you did not earn more than the monthly earnings exempt amount or perform substantial services in self-employment. _____ →	<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC
Earnings This Year  (Year)	74	Enter an "X" in the appropriate box: I expect my total earnings from <b>all</b> employment this year to be more than the annual earnings exempt amount. (If all your earnings are from only railroad employment before your date last worked, answer "No.") _____ →	<input type="checkbox"/> Yes → <b>Go to Item 75</b> <input type="checkbox"/> No → <b>Go to Item 78</b>
	75	Enter the total amount you expect to earn this year. <b>(SHOW DOLLARS ONLY)</b> _____ →	\$
	76	Enter an "X" in the appropriate box: I expect to earn more than the monthly earnings exempt amount in employment for hire, or to perform substantial services in self-employment in <b>every</b> month this year. →	<input type="checkbox"/> Yes → <b>Go to Item 78</b> <input type="checkbox"/> No → <b>Go to Item 77</b>
	77	Enter an "X" next to <b>each</b> month this year in which you did not earn, or do not expect to earn, more than the monthly earnings exempt amount or perform substantial services in self-employment. _____ →	<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC
Earnings Next Year  (Year)	78	Enter an "X" in the appropriate box: I expect my total earnings from <b>all</b> employment next year to be more than this year's annual earnings exempt amount. →	<input type="checkbox"/> Yes → <b>Go to Item 79</b> <input type="checkbox"/> No → <b>Go to Section 13</b>
	79	Enter the total amount that you expect to earn next year. <b>(SHOW DOLLARS ONLY)</b> _____ →	\$
	80	Enter an "X" next to <b>each</b> of the first four months of next year in which you expect to earn less than this year's monthly earnings exempt amount. _____ →	<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR

### Section 13 Information About Social Security Benefits

Please read Part V of the **RB-1** booklet to see how this application can protect your rights to social security benefits, and to see what effect your receipt of social security benefits will have upon your railroad retirement annuity.

Social Security Filing Date	81	Enter an "X" in the appropriate box: I also want this application used to protect my filing date for social security benefits. (Answer "Yes" only if you are age 62 or older, disabled, or otherwise eligible for social security old age, disability, or survivor benefits and you have not filed an application for such benefits.) _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Social Security Filing Date (Cont.)	82	Enter an "X" in the appropriate box: I have filed, or plan to file within the next 90 days, an application for social security benefits. _____ →	<input type="checkbox"/> Yes → <b>Go to Item 83</b> <input type="checkbox"/> No → <b>Go to Section 14</b>		
	83	Enter the date you became, or will become, eligible for these social security benefits. _____ →	Month	Year	
	84	Enter an "X" in the appropriate box: I have received my first social security payment. _____ →	<input type="checkbox"/> Yes → <b>Go to Item 85</b> <input type="checkbox"/> No → <b>Go to Item 84</b>		
	85	Enter the current total monthly amount of your social security benefits (before reduction for work or Medicare premiums). _____ →	\$		
	86	Enter an "X" in the appropriate box: All or part of my social security benefits described above are based on the earnings of someone other than myself. _____ →	<input type="checkbox"/> Yes → <b>Go to Item 87</b> <input type="checkbox"/> No → <b>Go to Section 14</b>		
	87	Enter the social security number of the person on whose earnings your social security benefits are based. _____ →			
	88	Enter the name of the person on whose earnings your social security benefits are based. _____ →			

### Section 14 Information About Non-Covered Service Pension

Please read Part V of the **RB-1** booklet for information concerning non-covered service pensions.

Non-Covered Service Pension	89	Enter an "X" in the appropriate box: I am receiving or expect to receive a pension or annuity or lump sum in excess of contributions based on any work after 1956 not covered by social security or railroad retirement. _____ →	<input type="checkbox"/> Yes → <b>Go to Item 90</b> <input type="checkbox"/> No → <b>Go to Section 15</b>		
	90	Enter an "X" in the appropriate box: The beginning date of the pension or annuity is January 1, 1986, or later. _____ →	<input type="checkbox"/> Yes → <b>Go to Note and Section 15</b> <input type="checkbox"/> No → <b>Go to Section 15</b>		

**Note:** If answered "Yes," complete **Form G-209, Employee Non-Covered Service Pension Questionnaire**.

### Section 15 Information About Other Railroad Retirement Annuity

Please read Part V of the **RB-1** booklet for an explanation of the effect of your employee annuity on any other railroad retirement annuity.

Other Railroad Annuity	91	Enter an "X" in the appropriate box: I have filed within the last 30 days, or intend to file within the next 90 days, for an annuity based on another person's railroad earnings record. _____ →	<input type="checkbox"/> Yes → <b>Go to Item 92</b> <input type="checkbox"/> No → <b>Go to Section 16</b>		
	92	Enter the full name of that other person. _____ →			
	93	Enter that other person's railroad retirement claim number, including the letter prefix. _____ →	Prefix	If only six numbers, enter here	

## Section 16 Information About Private Pensions

Private Pensions	94	Enter an "X" in the appropriate box: I am receiving, or expect to receive, a monthly pension or lump-sum pension payment from one or more former railroad employers. _____ →	<input type="checkbox"/> Yes → <b>Go to Item 95</b> <input type="checkbox"/> No → <b>Go to Section 17</b>			
	95	Enter the name of the last railroad employer with whom you still hold pension rights. _____ →				
	96	Enter an "X" in the box which most accurately applies to the job or position which qualified you for this pension. _____ →	<input type="checkbox"/> Salaried <input type="checkbox"/> Non-Agreement <input type="checkbox"/> Agreement <input type="checkbox"/> Other			
	97	Enter the date your pension began, or will begin, or the date of your lump-sum pension payment. _____ →	Month	Day	Year	
	98	Enter the name of the second to last railroad employer with whom you still hold pension rights. (If this employer is now part of the employer in Item 95, leave this item blank and go to Item 101.) _____ →	If none, enter "NONE" and go to Item 101			
	99	Enter an "X" in the box which most accurately applies to the job or position which qualified you for this pension. _____ →	<input type="checkbox"/> Salaried <input type="checkbox"/> Non-Agreement <input type="checkbox"/> Agreement <input type="checkbox"/> Other			
	100	Enter the date your second pension began, or will begin, or the date of your lump-sum pension payment. _____ →	Month	Day	Year	
101	Enter an "X" in the appropriate box: The pension named in Item 95 or Item 98 is based on a collective bargaining (union) agreement. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No				

## Section 17 Information About Medicare

**Complete this section only** if you are 64 years and 5 months of age or older.

Please read Part VI of the **RB-1** booklet for an explanation of the Medicare program.

Medicare Enrollment	102	Enter an "X" in the appropriate box: I have a Medicare card that shows entitlement to Medicare medical insurance (Part B). _____ →	<input type="checkbox"/> Yes → <b>Go to Item 103</b> <input type="checkbox"/> No → <b>Go to Item 104</b>			
	103	Enter your Medicare claim number. _____ → (If this is a railroad retirement filing, enter the prefix. If this is a social security filing, enter the suffix).		-		-
	104	Enter an "X" in the appropriate box: I have filed for Part B within the last 3 months. _____ →	<input type="checkbox"/> Yes → <b>Go to Item 105</b> <input type="checkbox"/> No → <b>Go to Item 106</b>			

Medicare Enrollment (Cont.)	105	Enter the social security number or railroad retirement claim number under which you filed. (If this is a railroad retirement filing, enter the prefix. If this is a social security filing, enter the suffix.)	<table border="1"> <tr> <td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td> </tr> <tr> <td colspan="3">Month</td> <td colspan="3">Day</td> <td colspan="6">Year</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>				-								-				Month			Day			Year																					Go to Section 18
				-								-																																		
	Month			Day			Year																																							
	106	Enter an "X" in the appropriate box: I wish to enroll in Part B.	<input type="checkbox"/> Yes → If you are under age 65 years and 4 months, go to Section 18. If you are older than age 65 years and 3 months, go to Item 107. <input type="checkbox"/> No → I understand that I elected not to enroll in Part B and that the premium rate may be higher if I do enroll later in Part B. Go to Section 18.																																											
	107	Enter an "X" in the appropriate box: I am currently covered by an employer group health plan (EGHP) based on my own or my spouse's current employment.	<input type="checkbox"/> Yes → Go to Item 109 <input type="checkbox"/> No → Go to Item 108																																											
	108	Enter an "X" in the appropriate box: I was previously covered by an EGHP based on my own or my spouse's current employment.	<input type="checkbox"/> Yes → Go to Item 110 <input type="checkbox"/> No → Go to Section 18																																											
	109	The beginning date of my EGHP coverage is: If applicable, the date employment will stop for the person whose employment qualifies me for EGHP coverage is:	<table border="1"> <tr> <td>Month</td><td>Day</td><td>Year</td><td rowspan="2">Go to Item 111</td> </tr> <tr> <td> </td><td> </td><td> </td> </tr> <tr> <td>Month</td><td>Day</td><td>Year</td><td rowspan="2">Go to Item 111</td> </tr> <tr> <td> </td><td> </td><td> </td> </tr> </table>	Month	Day	Year	Go to Item 111				Month	Day	Year	Go to Item 111																																
Month	Day	Year	Go to Item 111																																											
Month	Day	Year	Go to Item 111																																											
110	The beginning and ending dates of my EGHP coverage and the date last worked in the employment which qualified me for EGHP coverage are:	<table border="1"> <tr> <td>Month</td><td>Day</td><td>Year</td><td rowspan="3">Go to Item 111</td> </tr> <tr> <td colspan="3">EGHP Beginning Date →</td> </tr> <tr> <td colspan="3">EGHP Ending Date →</td> </tr> <tr> <td>Month</td><td>Day</td><td>Year</td><td rowspan="2">Go to Item 111</td> </tr> <tr> <td colspan="3">Date Employment Stopped →</td> </tr> </table>	Month	Day	Year	Go to Item 111	EGHP Beginning Date →			EGHP Ending Date →			Month	Day	Year	Go to Item 111	Date Employment Stopped →																													
Month	Day	Year	Go to Item 111																																											
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EGHP Ending Date →																																														
Month	Day	Year	Go to Item 111																																											
Date Employment Stopped →																																														
111	Enter an "X" in the appropriate box: I wish to enroll in a special enrollment period.	<input type="checkbox"/> Yes → Go to Item 112 <input type="checkbox"/> No → Go to Item 113																																												
112	Enter an "X" in the appropriate box: a. I am enrolling in Part B while either still covered by an EGHP or during the first full month after my EGHP coverage. b. I am requesting a Part B effective date of	<input type="checkbox"/> Yes → Go to Item 112b <input type="checkbox"/> No → Go to Section 18  <table border="1"> <tr> <td>Month</td><td>Day</td><td>Year</td><td rowspan="2">Go to Section 18</td> </tr> <tr> <td> </td><td> </td><td> </td> </tr> </table>	Month	Day	Year	Go to Section 18																																								
Month	Day	Year	Go to Section 18																																											
113	Enter an "X" in the appropriate box: I am requesting premium surcharge relief for the months of EGHP coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No																																												

## Section 18 Disability Medicare

If you are filing for a disability annuity, go to Section 19.

If you are less than 64 years and 5 months of age, and you are *not* filing for a disability annuity, you may be entitled to Medicare benefits based on your being totally disabled for all employment and being entitled to an annuity before age 63.

If your entitlement begins *after* age 63, you may not be entitled to early Medicare, but you may be entitled to have your Tier I benefit treated as a social security benefit for taxation purposes. See Form TB-85, **Information About the Taxation of Railroad Retirement Annuities**, Part 6, Section 6A.

Disability Medicare	114	Enter an "X" in the appropriate box: I expect my annuity to begin before I reach age 63.	<input type="checkbox"/> Yes → Go to Item 115 <input type="checkbox"/> No → Go to Section 19
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Disability Medicare (Cont.)	115	Enter an "X" in the appropriate box: I am totally disabled for work in all regular employment. _____ →	<input type="checkbox"/> Yes → <b>Go to Note and Section 19</b> <input type="checkbox"/> No → <b>Go to Section 19</b>
<p><b>Note:</b> If answered "Yes," complete and return <b>Form AA-1d, Application for Determination of Employee's Disability</b>, to apply for Medicare based on disability.</p>			

## Section 19 Information About You If You Are Disabled

Answer Items 116-118 **ONLY** if you are applying for a disability annuity. Otherwise, **go to Section 20**. If you are applying for a disability annuity, also complete and return **Form AA-1d, Application for Determination of Employee's Disability**.

You are asked about your children to determine if you are entitled to a special annuity computation.

Please read Part V of the **RB-1** booklet for an explanation of worker's compensation benefits and public disability benefits.

Child Living With You	116	Enter an "X" in the appropriate box: I had living with me at least one of my own or my spouse's children, who was under age 3. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No
Worker's Compensation	117	Enter an "X" in the appropriate box: Since my disability began, I have received, or expect to receive, worker's compensation benefits. _____ →	<input type="checkbox"/> Yes → <b>Go to Note and Item 118</b> <input type="checkbox"/> No → <b>Go to Item 118</b>
<p><b>Note:</b> If answered "Yes," proof of the amount(s) and effective date(s) of your worker's compensation benefit is required.</p>			
Public Disability Benefits	118	Enter an "X" in the appropriate box: Since my disability began, I have received, or expect to receive, disability benefits under a Federal, state, or local government plan or law. (Answer "No" if your benefits are social security, veterans affairs, or welfare.) _____ →	<input type="checkbox"/> Yes → <b>Go to Note and Section 20</b> <input type="checkbox"/> No → <b>Go to Section 20</b>
<p><b>Note:</b> If answered "Yes," proof of the amount(s) and effective date(s) of your public disability benefit is required.</p>			

## Section 20 Receiving Your Payments

All applicants filing for RRB benefits must choose to receive their payments either:

- By Direct Deposit to a bank, savings and loan, credit union or other financial institution; or
- Into a **Direct Express® Debit MasterCard®** account.

Please read Part VII of the **RB-1** booklet for an explanation of Direct Deposit and the Direct Express® Debit MasterCard®.

Payment Options	119	Enter an "X" in the appropriate box to indicate how you want to receive your payments. _____ →	<input type="checkbox"/> Direct Deposit - <b>Go to Item 120</b> <input type="checkbox"/> Direct Express® Debit MasterCard® <b>Go to Section 21</b> <input type="checkbox"/> Neither Direct Deposit nor Direct Express® Debit MasterCard® - <b>Go to Section 21</b>
Direct Deposit	To provide the information we need to correctly deposit your payments by Direct Deposit, either attach a voided personal check and <b>go to Section 21</b> , or call your financial institution for the information you need to complete Items 120 through 124.		
	120	Enter the name of your financial institution. _____ →	

Direct Deposit (Cont.)	121	Enter the telephone number of your financial institution. →	Area Code	Telephone Number
	122	Enter your routing transit number of your financial institution. →		
	123	Enter your account number. →		
	124	Enter an "X" in the appropriate box: Type of account for the above account number. →	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

<b>Section 21</b>	<b>Remarks</b>
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Remarks	125	<p>This section is to be used for the continuation of answers to other items. Be sure to include the item number at the beginning of the answer you wish to continue. You may also use this section to enter any additional information that you feel may be important to include.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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**Section 22 Certification**

Certification

126

Enter an "X" in the appropriate box:  
I will have a guardian or other representative sign this application on my behalf. \_\_\_\_\_ →

- YES → **Go to Note and Item 127**  
 NO → **Go to Item 127**

**Note:** *If answered "Yes," your guardian or other representative must sign this application. That person must also complete and return **Form AA-5, Application for Substitution of Payee.***

127

I certify that the information I gave the Railroad Retirement Board (RRB) on 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 the booklets, **RB-1, Age and Service Employee Annuity**, and **RB-9, Employee and Spouse Annuities-Events That Must be Reported**. I understand that I am responsible for reporting events that would affect my annuity as explained in the booklets.

I agree to immediately notify the RRB:

- IF I receive a lump-sum or begin to receive a pension based on earnings that are not covered by the Social Security Administration (SSA) or the RRB.
- IF I begin to receive benefits directly from SSA.
- IF I am disabled and begin to receive worker's compensation or public disability benefits.
- IF I receive a lump-sum payment or begin to receive a monthly pension from my last or previous railroad employer.
- IF I am entitled to a vested dual benefit and begin to receive a benefit based on military service performed before 1957.
- IF I return to work for a railroad or railroad labor organization, or return to work in any capacity in the railroad industry.
- IF I return to work for my Last Pre-Retirement Nonrailroad Employer or there is a change in my estimated earnings.
- IF I am filing in advance of the date(s) shown in Item(s) 34 (and 41), and there is a change in a date.
- IF I receive a settlement with credit for railroad service as "pay-for-time-lost" for months after the date(s) shown in Item(s) 34 (and 41).
- IF benefits I receive directly from SSA are adjusted for a reason other than normal cost-of-living increases.
- IF my address changes.
- IF my financial organization or the account number at my financial organization changes.
- IF I am confined in a jail, prison, penal institution, or correctional facility due to a conviction for a criminal offense.
- IF I earn more than the annual earnings exempt amount.
- IF I perform work, including self-employment, for a family owned, controlled or managed business, including a business operated, managed or owned by me, a family member, friend or close associate, whether for pay or not, and without regard to how the business is organized (e.g. sole proprietorship, partnership, corporation, LLC, etc.).
- IF my spouse who is receiving a benefit dies, or our marriage ends in divorce or annulment.
- IF a qualifying child marries or leaves my custody or residence.
- IF I become a corporate officer of, own, or operate a corporation (including a corporation owned by a family member or friend) whether for pay or not.
- IF I receive anything of value in lieu of salary or wages for any work that I performed.

Also, if I am covered by the earnings restriction provisions of the Railroad Retirement Act, I have received and reviewed **Form G-77a, How Work Affects Your Railroad Retirement Benefits**. Failure to report any of the above events or other events that may effect my annuity may result in a penalty deduction from my annuity, criminal and/or civil prosecution.

**SIGNATURE** \_\_\_\_\_ →  
(First Name, Middle Initial, Last Name)

**DATE** \_\_\_\_\_ →

Month	Day	Year

128

If this certification is signed by mark ("X") in Item 127, two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.

a. Signature of Witness	b. Signature of Witness
Address (Number and Street)	Address (Number and Street)
City, State, ZIP Code	City, State, ZIP Code
Area Code      Telephone Number	Area Code      Telephone Number
(      )	(      )

## Section 23 How To Return Your Application

Before you return your application, check to make sure that:

- **Every** question that applies to you has been answered.
- You have entered “Unknown” in **any** answer space for which you were unable to answer a question.
- You have signed and dated the application.
- You have included **all** the needed proofs listed in the letter you received with this application.

When you received your application, you should also have received a pre-addressed return envelope. If you do not have this envelope, you can use any envelope as long as it is addressed to the RRB office serving your location. No matter which envelope you use, you must put the correct postage on the envelope. Be careful to provide enough postage, because your application and the accompanying forms may weigh more than a standard letter. The U.S. Postal Service will not deliver your application unless it has the correct postage.

Make one final check before you seal the envelope to ensure that the following are enclosed:

- ~~the~~ needed proofs
- the application form itself
- additional forms you were asked to complete

**Note:** After the RRB receives your application, a receipt form with information about your claim will be sent to you. When you receive it, you will know that the RRB has received your application and has started the work needed to determine if you are entitled to benefits. If you do not receive the receipt within two weeks after you have filed this application, please contact us so we can find out what is causing the delay.