



UNITED STATES OF AMERICA  
**RAILROAD RETIREMENT BOARD**  
OFFICE NAME  
OFFICE ADDRESS  
OFFICE CITY, STATE, ZIP CODE  
WWW.RRB.GOV

Form Approved  
OMB No. 3220-0038

**CURRENT**

OFFICE HOURS: 9:00 AM TO 3:30 PM  
MONDAY THROUGH FRIDAY

TOLL-FREE NUMBER: 1-877-772-5772

In reply refer to

**REQUEST FOR WORKERS COMPENSATION/PUBLIC DISABILITY BENEFIT  
MEDICAL EVIDENCE**

The person identified on the next page has applied for or is receiving disability benefits under the Railroad Retirement Act. To assist us in determining whether such benefits are payable, please furnish copies of any records describing this person's disability as well as any medical records you have including:

- transcripts of in-hospital and out-patient treatment;
- transcripts of examinations for compensation or pension; and
- transcripts of any vocational training.

Send the records as soon as possible to the Railroad Retirement Board (RRB) address shown above. Be sure to include the person's RRB claim number in your reply. If, for any reason, you are unable to furnish medical records, please notify this office immediately.

Since the RRB is an agency of the United States Government, the information should generally be furnished without charge. It is needed to establish entitlement to benefits under a federal law. Authorization to release medical information to the RRB is enclosed. Your cooperation in furnishing the required information as soon as possible will be appreciated. Patient identifying information follows.

**IDENTIFYING INFORMATION**

Name and Address of Applicant/Annuitant:

Social Security No.:

Date of Birth:

Worker's Compensation or Disability Benefit Beginning Date:

Employing Agency or Company:

Claim No. at Employing Agency or Company:

Period of Disability:

Nature of Disability:

Other Identifying Information:

Sincerely,

Enclosure  
Form G-197

**PAPERWORK REDUCTION ACT NOTICE**

We estimate this form takes an average of 10 minutes per response to complete, including 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 N. Rush Street, Chicago, IL 60611-2092.