Screen facsimiles:

NHRR screen:

|  |  |  |  |
| --- | --- | --- | --- |
| LnNo | 01 |  1 2 3 4 5 6 7 7234567890123456789012345678901234567890123456789012345678901234567890123456789 | 80 |
| 1 | C | MCS TRANSFER TO: NH RAILROAD EMPLOYMENT NHRR  |  |
| 2 | 0 |  NH SSSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS  |  |
| 3 | l |   |  |
| 4 | u |  RR EMPLOYEE: SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSS 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: XXXXXXXXXXX  |  |
| 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: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  |  |
| 13 | e |  WORK LOCATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  |  |
| 14 | s |  DEPT OCCUPATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  |  |
| 15 | e |   |  |
| 16 | r |  IF CLAIMANT EVER RECEIVED RRB BENEFITS:  |  |
| 17 | v |  RR APPLICANT: SSSSSSSSSSSS S SSSSSSSSSSSSSSSSSSS CLAIM NO: XXXXXXXXXXX  |  |
| 18 | e |  RR EMPLOYEE NAME: XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX 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)\*\*\*\*\*\*\*\*\*\*\* |  |

SPRR screen:

|  |  |  |  |
| --- | --- | --- | --- |
| LnNo | 01 |  1 2 3 4 5 6 7 7234567890123456789012345678901234567890123456789012345678901234567890123456789 | 80 |
| 1 | C | MCS TRANSFER TO: SP RAILROAD EMPLOYMENT SPRR  |  |
| 2 | 0 |  NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS  |  |
| 3 | l |   |  |
| 4 | u | RR EMPLOYEE: SSSSSSSSSS S SSSSSSSSSSSSSSS SSN: SSSSSSSSS  |  |
| 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: XXXXXXXXXXX  |  |
| 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: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  |  |
| 13 | e |  WORK LOCATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  |  |
| 14 | s |  DEPT OCCUPATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  |  |
| 15 | e |   |  |
| 16 | r |  IF CLAIMANT EVER RECEIVED RRB BENEFITS:  |  |
| 17 | v |  RR APPLICANT: SSSSSSSSSSSS S SSSSSSSSSSSSSSSSSSS CLAIM NO: XXXXXXXXXXX  |  |
| 18 | e |  RR EMPLOYEE NAME: XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX 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:

|  |  |  |  |
| --- | --- | --- | --- |
| LnNo | 01 |  1 2 3 4 5 6 7 7234567890123456789012345678901234567890123456789012345678901234567890123456789 | 80 |
| 1 | C | MCS TRANSFER TO: SP RAILROAD EMPLOYMENT CLRR  |  |
| 2 | 0 |  NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS  |  |
| 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: XXXXXXXXXXX  |  |
| 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: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  |  |
| 13 | e |  WORK LOCATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  |  |
| 14 | s |  DEPT OCCUPATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  |  |
| 15 | e |   |  |
| 16 | r |  IF CLAIMANT EVER RECEIVED RRB BENEFITS:  |  |
| 17 | v |  RR APPLICANT: SSSSSSSSSSSS S SSSSSSSSSSSSSSSSSSS CLAIM NO: XXXXXXXXXXX  |  |
| 18 | e |  RR EMPLOYEE NAME: XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX SSN: XXXXXXXXX  |  |
| 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)\*\*\*\*\*\*\*\*\*\*\* |  |