Screen facsimiles: NHRR screen:

Ln	0	1 2 3 4 5 6 7 7 8
No	1	234567890123456789012345678901234567890123456789012345678901234567890123456789
	_	
1	С	MCS TRANSFER TO: NH RAILROAD EMPLOYMENT NHRR
2	0	NH SSSSSSSSS SSSSSSSSSSS CL SSSSSSSSSS SSSSSSSS
3	L	
4	U	RR EMPLOYEE: <u>SSSSSSSSSS</u> <u>SSSSSSSSSSSSSSSSSSSSSSSS</u>
5	М	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	0	IF RRB EMPLOYEE DECEASED, SURVIVOR EVER RECEIVE RRB BENEFITS (Y/N): \underline{X}
9	N	EMPLOYEE WORK IN RR AFTER APPLYING FOR SOC SEC BENEFITS (Y/N): \underline{X}
10	E	
11		IF RR EMPLOYMENT IN LAST 18 MONTHS OR WORK AFTER FILING FOR SS BENEFITS:
12	R	RR EMPLOYER: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
13	Е	WORK LOCATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
14	S	DEPT OCCUPATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
15	Е	
16	R	IF CLAIMANT EVER RECEIVED RRB BENEFITS:
17	V	RR APPLICANT: SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS
18	Е	RR EMPLOYEE NAME: XXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXX
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		**************************************
24		************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)********

SPRR screen:

Ln	0	1 2 3 4 5 6 7 7 8
No	1	234567890123456789012345678901234567890123456789012345678901234567890123456789
1	С	MCS TRANSFER TO: SP RAILROAD EMPLOYMENT SPRR
2	0	NH SSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSSSSS
3	L	
4	U	RR EMPLOYEE: <u>SSSSSSSSSS</u> <u>S</u> <u>SSSSSSSSSSSSSSS</u> SSN: <u>SSSSSSSSS</u>
5	М	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): $ ilde{ exttt{X}}$
8	0	,
9	N	EMPLOYEE WORK IN RR AFTER APPLYING FOR SOC SEC BENEFITS (Y/N): \underline{X}
10	Е	
11		IF RR EMPLOYMENT IN LAST 18 MONTHS OR WORK AFTER FILING FOR SS BENEFITS:
12	R	RR EMPLOYER: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
13	Е	WORK LOCATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
14	S	DEPT OCCUPATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
15	Е	
16	R	IF CLAIMANT EVER RECEIVED RRB BENEFITS:
17	V	RR APPLICANT: SSSSSSSSSS S SSSSSSSSSSSSSSSS CLAIM NO: XXXXXXXXXXX
18	Ε	RR EMPLOYEE NAME: XXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXX
19	D	RELATIONSHIP: XXXXXXXXXXX
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): \underline{X}
23		
24		*************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)********

CLRR screen:

Ln	0	1 2 3 4 5 6 7 7 8
No	1	234567890123456789012345678901234567890123456789012345678901234567890123456789 0
1	С	MCS TRANSFER TO: SP RAILROAD EMPLOYMENT CLRR
2		NH SSSSSSSS SSSSS SSSSSSSSS CL SSSSSSSS SSSSSSSS
3	L	
4	U	RR EMPLOYEE: <u>SSSSSSSSSS</u> <u>S SSSSSSSSSSSSSS</u> SSN: <u>SSSSSSSSSS</u>
5	М	MONTHS WORKED IN RR AFTER 1936: XXX BEFORE 1937: XXX LAST 18 MOS (Y/N): X
6		EVER FILE FOR RRB RET/DISAB (Y/N): X IF YES, CLAIM NO: XXXXXXXXXXX
7	*	II EII EUTE EIVING, REU D'RRE SIORNESSONEIN EUTHENT IN EAST 10 100 (1714). A
8	_	IF RRB EMPLOYEE DECEASED, SURVIVOR EVER RECEIVE RRB BENEFITS (Y/N): \underline{X}
9		EMPLOYEE WORK IN RR AFTER APPLYING FOR SOC SEC BENEFITS (Y/N): \underline{X}
10	E	
11		IF RR EMPLOYMENT IN LAST 18 MONTHS OR WORK AFTER FILING FOR SS BENEFITS:
12		RR EMPLOYER: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
13		
14		DEPT OCCUPATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
15		
16		IF CLAIMANT EVER RECEIVED RRB BENEFITS:
17		RR APPLICANT: SSSSSSSSSSS S SSSSSSSSSSSSSSSS CLAIM NO: XXXXXXXXXXXXXX
18		RR EMPLOYEE NAME: XXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXX
19		
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)********