



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

Form Approved
OMB No. 3220-0136

CURRENT

OFFICE HOURS: M-T-TH-F 9:00 AM TO 3:30 PM
WEDS. 9:00 AM TO 12:00 PM - CLOSED FEDERAL HOLIDAYS

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

In reply refer to

We are required by law to reduce the tier 1 portion of your railroad retirement annuity because you are currently receiving a public service pension. We need to verify the current amount of your public service pension to ensure we are paying you correctly. Please complete Items 1 through 7 on the next page then sign and date the Certification Statement in Item 8.

Be sure to return the completed form, **along with a copy of your latest public service pension award or adjustment letter**, within 15 days of the date of this letter.

If you have any questions about this letter or need additional information, contact our office located at . The telephone number is .

Enclosure
Envelope

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

The Railroad Retirement Board (RRB) is authorized to collect this information under section 7(b)(6) of the Railroad Retirement Act. This information is needed to determine whether any public service pension that you are currently receiving will affect your railroad retirement benefits. You are not required to provide the information requested by this form. However, your failure to provide us with the requested information may result in our being unable to pay you benefits. The information you provide may be disclosed for purposes of verification to your former public service employer(s).

We estimate it takes an average of 15 minutes to complete this form, including the time to review the instructions, get the needed data, and review 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 the completion time, to Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-1275.

1.	Enter the name of the agency or organization that pays your public service pension.	
2.	Enter the current amount of your public service pension. NOTE: <i>This amount should be <u>after</u> reduction for early retirement or election of a survivor benefits option, but <u>before</u> deductions for health insurance, Medicare premium reimbursement, bonds, tax withholding and other allotments.</i>	\$ _____
3.	Enter the effective date of this amount.	_____/_____/_____ Mo. Day Year
4.	Enter the date of the first payment you received for this amount.	_____/_____/_____ Mo. Day Year
5.	Enter the effective date of the next cost-of-living increase you expect to receive. If you do not receive cost-of-living increases, enter "None."	_____/_____/_____ Mo. Day Year
6.	Was your cost-of-living increase paid in a lump sum?	<input type="checkbox"/> Yes—(Go to Item 7) <input type="checkbox"/> No—(Go to Item 8)
7.	Enter the amount of the lump sum and the period it covered.	\$ _____ From: ____/____/_____ Mo. Day Year To: ____/____/_____ Mo. Day Year
8.	Certification Statement I understand that civil and criminal penalties may be imposed on me for false or fraudulent statements or for withholding information to cause payment of benefits by the RRB. I affirm that, to the best of my knowledge, the information I have given is true, complete, and correct.	
	Signature	Date
	Print Name	Daytime Telephone Number () -

*****PLEASE ATTACH A COPY OF YOUR LATEST PUBLIC SERVICE PENSION AWARD or ADJUSTMENT LETTER*****