



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

PROPOSED

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
Annuitant Name:
Rep Payee Name:
RRB Claim Number:

We are monitoring the care and responsibility of the annuitant named above and our records indicate that the annuitant resides with you. Since the representative payee does not have custody of the annuitant, we need your assistance in providing specific information on the annuitant's well-being. Please complete the form on the next page and return to us within **15 days** from the date of this letter. If you have any questions about this form, write to us at the address shown above or telephone us at our toll-free number. For general information about railroad retirement benefits, visit our website at www.rrb.gov.

Paperwork Reduction Act and Privacy Act Notices - The information requested on this form is needed to determine if the applicant is eligible to continue receiving benefits from the RRB. The RRB's authority for requesting this information is section 7(b)(6) (45 U.S.C. 231f(b)(6)) of the Railroad Retirement Act. Although you are not required to provide this information, if you fail to do so, we may not be able to ensure that benefits are correctly being used for the annuitant.

We estimate this form takes an average of 10 minutes per response to complete, including the 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 Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 N. Rush Street, Chicago, Illinois 60611-1275.

Return Instructions

Please use the enclosed envelope to return the form to our office located at <Office Address/City/State/ZIP Code>.

Enclosures
Form G-106
Envelope