

**APPLICATION SUMMARY FOR (AN EMPLOYEE ANNUITY/
A DISABLED EMPLOYEE ANNUITY/MEDICARE)**

RRB Claim Number

Name

Social Security Number

The following information was either supplied by or verified by you in support of your application for (an Employee Annuity/a Disabled Employee Annuity/Medicare) under the Railroad Retirement Act. Review the information for accuracy. If there are any errors, notify the Railroad Retirement Board (RRB) immediately, and no later than 10 days from the date you receive this summary.

This information is certified by you to be true and correct to the best of your knowledge. You have been informed and you acknowledge that making a false or fraudulent statement or withholding information, in order to receive benefits from the RRB, is a crime under Federal law, which may be punishable by fines, imprisonment or both.

Military Service

- 1 I was not in active military service.
- 2 I was in active military service.

Recent Employment

- 3 I did not work for an employer outside the railroad industry during the last six months or since leaving the railroad industry.
- 4 I worked for the following employers outside the railroad industry during the last six months or since leaving the railroad industry.

(Company Name)	from 99/99/9999 to 99/99/9999
(Company Name)	from 99/99/9999 to 99/99/9999
(Company Name)	from 99/99/9999 to 99/99/9999

- 5 I worked for the following employers as a seasonal employee:

(Company Name)	from 99/99/9999 to 99/99/9999
(Company Name)	from 99/99/9999 to 99/99/9999
(Company Name)	from 99/99/9999 to 99/99/9999

- 6 I was self-employed during the last six months.

Railroad Employment

- 7 You have a current connection with the railroad industry.
- 8 A current connection with the railroad industry is “deemed” because you:
- 1 Have at least 25 years of railroad service, and
 - 2 “Involuntarily and without fault” stopped working for the railroad on or after October 1, 1975 and was never called back to work for the railroad employer, and
 - 3 Did not decline an offer from a railroad employer to return to a job in the same “class or craft” as the last railroad job.
- 9 You do not have a current connection with the railroad industry.
- 10 I have worked for the following railroad, railroad labor organization or other employer in the railroad industry.

Railroad Name

Date Last Worked

Date Rights Relinquished

Name and Address

Daytime Telephone Number

Alternate Telephone Number

Date of Birth

Type of Application Filed

(Employee Annuity/Disabled Employee Annuity/
Medicare)

Application Filing Date

- 11 I am applying for a benefit based on my age and railroad service.
- 12 I am applying for a benefit based on being disabled.
- 13 You have requested that any payment due you be sent to the following bank account:
- Bank Name
 - Routing Number
 - Account Number
 - Account Type

14 You have requested that any payment due you be sent using the Direct Express® Debit MasterCard®. Payments will be sent to the address shown above until the card is issued.

15 Any payment due you will be sent to the address shown above.

Marriages

16 I have never been married.

17 I am currently married or separated.

18 I was previously married.

Family

19 I have a child or children who are unmarried and under age 18.

20 I have a child or children who are unmarried and age 18 through 19 and attending elementary or secondary school full-time.

21 I have a child or children who are unmarried and age 18 or older with a continuing disability that began before age 22 and prevents any type of employment.

22 I do not have unmarried qualifying children.

Other Government Benefits

23 I am currently receiving a social security benefit.

24 I have filed or plan to file in the next three months for social security benefits on my own account.

25 I have filed or plan to file in the next three months for social security benefits on the account of:

Name

Social Security Number

26 I have not filed nor do I plan to file in the next three months for social security benefits on any account number.

27 I have not filed nor do I plan to file in the next three months for social security benefits on an additional account number.

- 28 I am not receiving a social security benefit.
- 29 In the past month I have filed or plan to file in the next three months for railroad retirement benefits based on the account of:
Name
Claim Number
- 30 In the past month I have not filed nor do I plan to file in the next three months for railroad retirement benefits on any other account number.
- 31 I am currently receiving a railroad retirement annuity on another account number.
- 32 I am receiving or expect to receive a pension or I received or expect to receive a lump-sum payment instead of a monthly pension based on my earnings after 1956 from an employer not covered by social security or railroad retirement.
- 33 I am not receiving nor do I expect to receive a pension or lump-sum payment based on my earnings after 1956 from an employer not covered by social security or railroad retirement.

Other Benefits

- 34 I am receiving a railroad pension from _____.
- 35 I received a lump-sum payment from _____.
- 36 I expect to receive a railroad pension or lump-sum payment from _____.
- 37 I am not receiving nor do I expect to receive a pension or lump-sum payment from a current or former railroad employer.
- 38 I have received or I expect to receive worker's compensation benefits.
- 39 I have not received nor do I expect to receive worker's compensation benefits.
- 40 I have received or I expect to receive disability benefits under a Federal, state or local government plan or law.
- 41 I have not received nor do I expect to receive disability benefits under a Federal, state or local government plan or law.

Miscellaneous Information

- 42 The RRB has not been furnished with a court order to enforce my child support or alimony obligation.
- 43 The RRB has been furnished with a court order to enforce my child support or alimony obligation.
- 44 The RRB has not been furnished with a court order to pay part of my present or future railroad retirement benefit to a spouse or former spouse as part of a property settlement in a divorce or legal separation proceeding.
- 45 The RRB has been furnished with a court order to pay part of my present or future railroad retirement benefit to a spouse or former spouse as part of a property settlement in a divorce or legal separation proceeding.
- 46 I had living with me at least one of my own or my spouse's children, who was under age 3.
- 47 I have not had at least one of my own or my spouse's children, who was under age 3, living with me.
- 48 I have not received nor do I expect to receive pay for time lost from my last railroad employer.
- 49 I have received pay for time lost from my last railroad employer.
- 50 I expect to receive pay for time lost from my last railroad employer.
- 51 I have not received nor do I expect to receive sick pay under a wage continuation plan, established through company policy or a labor agreement, for a period after the actual day I last worked.
- 52 I have received sick pay under a wage continuation plan, established through company policy or a labor agreement, for a period after the actual day I last worked.
- 53 I expect to receive sick pay under a wage continuation plan, established through company policy or a labor agreement, for a period after the actual day I last worked.
- 54 I have not filed nor do I expect to file a lawsuit or claim against any person or company for a personal injury where I also received sickness benefits as a result of that injury.

55 I have filed a lawsuit or claim against the following person or company for a personal injury where I also received sickness benefits as a result of that injury.

Name
Address
Address

56 I expect to file a lawsuit or claim against the following person or company for a personal injury where I also received sickness benefits as a result of that injury.

Name
Address
Address

Earnings Information

57 In (prior year), my total nonrailroad earnings were (actual earnings).

58 In (prior year), my nonrailroad earnings were less than (annual exempt amount).

59 In (prior year), I earned more than (monthly exempt amount) in each month.

60 In (prior year), I earned less than (monthly exempt amount) in the following months:
January February March April May June July August September October
November December

61 In (current year), I expect my total nonrailroad earnings will be (estimated earnings).

62 In (current year), I expect my total nonrailroad earnings will be less than (annual exempt amount).

63 In (current year), I expect to earn more than (monthly exempt amount) in each month.

64 In (current year), I expect to earn less than (monthly exempt amount) in the following months:
January February March April May June July August September October
November December

65 In (next year), I expect my total nonrailroad earnings will be (estimated earnings).

66 In (next year), I expect my total nonrailroad earnings will be less than (annual exempt amount).

Criminal Offense Information

- 67 Within the past 12 months I have not been imprisoned or been given a sentence of confinement due to a conviction for a criminal offense.
- 68 Within the past 12 months I have been imprisoned or been given a sentence of confinement due to a conviction for a criminal offense.

Beginning Dates and Filing Dates

- 69 You have requested your annuity begin on the earliest date permitted by law, even if you will receive a reduced annuity.
- 70 You have requested your annuity begin on the earliest date permitted by law, as long as it does not result in a reduced annuity.
- 71 You have selected _____ for the beginning date of your annuity.
- 72 This application will protect your filing date for social security benefits.
- 73 I do not want this application to protect my filing date for social security benefits.

Medicare

- 74 You are enrolled in the Medicare Medical Insurance Plan (Part B).
- 75 You wish to enroll in the Medicare Medical Insurance Plan (Part B).
- 76 You recently applied for the Medicare Medical Insurance Plan (Part B).
- 77 You do not wish to enroll in the Medicare Medical Insurance Plan (Part B) at this time.
- 78 My annuity will begin before I am age 63 and I am totally disabled for work.
- 79 You are claiming a special enrollment period based on coverage by an employer group health plan.
- 80 You are claiming premium surcharge relief based on coverage by an employer group health plan.

(Printed if application is for Employee Annuity and employee is FRA or older.)

Your application for an Employee Annuity has been released and will be processed as quickly as possible. If you do not receive notification about your application by _____ you should contact the field office shown below.

You have received and reviewed the booklets RB-1, *Age and Service Employee Annuity*, and RB-9, *Employee and Spouse Annuities - Events that Must be Reported*. It is your responsibility to report events that would affect your annuity as explained in the booklets. Failure to report any of the events listed below or other events that may affect your annuity may result in a penalty deduction from your annuity, as well as criminal and/or civil prosecution.

(Printed if application is for Employee Annuity and employee is under FRA.)

Your application for an Employee Annuity has been released and will be processed as quickly as possible. If you do not receive notification about your application by _____ you should contact the field office shown below.

You have received and reviewed the booklets RB-1, *Age and Service Employee Annuity*, RB-9, *Employee and Spouse Annuities - Events that Must be Reported*, and Form G-77a, *How Work Affects Your Railroad Retirement Benefits*. It is your responsibility to report events that would affect your annuity as explained in the booklets and form. Failure to report any of the events listed below or other events that may affect your annuity may result in a penalty deduction from your annuity, as well as criminal and/or civil prosecution.

(Printed if application is for Disabled Employee Annuity.)

Your application for a Disability Annuity has been released and will be processed as quickly as possible. If you do not receive notification about your application by _____ you should contact the field office shown below.

You have received and reviewed the booklets RB-1, *Age and Service Employee Annuity*, RB-1d, *Employee Disability Benefits*, and RB-9, *Employee and Spouse Annuities - Events that Must be Reported*. It is your responsibility to report events that would affect your annuity as explained in the booklets. Failure to report any of the events listed below or other events that may affect your annuity may result in a penalty deduction from your annuity, as well as criminal and/or civil prosecution.

(Printed if application is for Medicare.)

Your application for Medicare has been released and will be processed as quickly as possible.

(Printed on all applications.)

If you change your address, or if there is some other change that may affect your application, you or your representative should report the change at once. If you have any questions, we will be glad to help you. You can report changes either by telephone, mail, or in person, whichever you prefer. Most Railroad Retirement Board offices are open to the public from 9:00 AM to 3:30 PM, Monday through Friday.

Always Report These Changes to the RRB

- **Railroad Work** – If you return to work for a railroad or railroad labor organization or return to work in any capacity in the railroad industry. *(Printed if applicant is employee or disabled employee.)*
- **Railroad Work** – If you change the date you will cease working for _____. On your application you said that your last day of employment would be _____.
- **Social Security** – If you file for social security benefits based on **any** person's earnings record.
- **Social Security** – If benefits you receive directly from the Social Security Administration are adjusted for a reason other than normal cost-of-living increases.
- **Public Pension** – If you receive a lump-sum payment or begin to receive a pension based on earnings not covered by the Social Security Administration or Railroad Retirement Board.
- **Pension** – If you receive a lump-sum payment or begin to receive a monthly pension.
- **Other Benefits** – If you begin to receive worker's compensation or a public disability benefit.
- **Settlement** – If you receive a settlement with credit for railroad service as "pay-for-time-lost" for months after _____.
- **Employment** – If you return to work for _____.
- **Employment** – If you change the date of last nonrailroad employment. On your application you said your last day of employment with _____ would be _____.
- **Employment** – If you cease working for _____.
- **Employment** – If you perform work, including self-employment, for a family owned, controlled or managed business, including a business operated, managed or owned by you, a family member, friend or close associate, whether for pay or not, and without regard to how the business is organized (e.g., sole proprietorship, partnership, corporation, LLC, etc.).
- **Employment** – If you become a corporate officer of, own or operate a corporation (including a corporation owned by a family member or friend), whether for pay or not.
- **Employment** – If you receive anything of value in lieu of salary or wages for any work that you performed.
- **Earnings** – If you work for any employer or perform any self-employment work.
- **Earnings** – If your earnings change.

- You told us you expect your total nonrailroad earnings for (current year) will be \$_____.
- You told us you expect your total nonrailroad earnings for (current year) will be less than \$_____.
- You are earning more than \$_____.
- You are not earning more than \$_____.
- **Address** – If your address changes, even if your payments are sent to a financial organization. (*Printed on employee and disabled employee applications.*)
- **Address** – If your address changes. (*Printed if application type is Medicare only.*)
- **Bank Account** – If your financial organization or the account number at your financial organization changes.
- **Criminal Offense** – If you are confined in a jail, prison, penal institution, or correctional facility due to a conviction for a criminal offense.
- **Death or Disability** – Your representative should notify the RRB immediately if you die or become unable to handle your own benefits.
- **Spouse** – If your spouse who is receiving a benefit dies or your marriage ends in divorce or annulment.
- **Child** – If a qualifying child marries or leaves your custody or residence.

How to Report Changes

When a change occurs after you have begun receiving your annuity, you should report the change at once. You or your representative can make the reports by telephone, mail or in person, whichever you prefer.

(Printed if application is for an employee or disabled employee annuity and applicant is under FRA.)

In most cases, we calculate how much to reduce your annuity because of your earnings based on either the earnings estimate you gave us when you applied for benefits, or on reports submitted by employers to the Social Security Administration. As a reminder, you should report your earnings (1) when we ask for a report of your earnings or (2) if any of the following happens:

- You stop working;
- You start working and expect to earn more than the annual exempt amount;
- Your employment is not covered under the Social Security Act (i.e., FICA taxes are not deducted from your pay);
- You work for a railroad or railroad labor organization; or
- You return to work for your last pre-retirement nonrailroad employer.

To report any changes or ask questions, you should contact:

(Field Office Address and Toll-Free Telephone Number)

If for some reason you are unable to contact that office, you should contact:

U.S. Railroad Retirement Board
844 N Rush Street
Chicago, Illinois 60611-1275
<http://www.rrb.gov>