CURRENT

RIGHTS REQUEST FORM

Billing Document ID:
Overpayment Amount:
Letter Date:
Employee's Name:
Your Name:
Full Address:

Daytime Phone:
(Please enter any missing information or correct any errors.)

YOUR REQUEST CHOICES *(Place an "X" opposite your request choice)*

____ REVIEW OF THE FACTS ONLY

____ WAIVER ONLY
(Waiver requests made at any time will be accepted. However, if the request is not received within 60 days, any amounts collected prior to the request will not be waived.)

____ BOTH REVIEW OF THE FACTS AND WAIVER

Your remarks: *(Use the back of this form if necessary.)*

____

____

____

____

____

____

If you wish to request your rights, sign this form and return it in the enclosed self-addressed return envelope to:

Railroad Retirement Board
Retirement Survivor Debt Collections
PO Box 979018
St. Louis MO 63197-9000

Your Signature: ______________________________ Date Signed: ____________________

For RRB Use Only: { }

G-66BA (03-13)