

<h1>Employee's Certification</h1>	<p>DO NOT WRITE IN THIS SPACE</p> <p>REVIEWED BY: _____</p>
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Instructions

Type or print all answers legibly in ink. If you need more space than is provided to answer a question, use Item 7, Remarks for this purpose. If you do not know the answer to a question, print "unknown" in the space provided for the answer.

Some items in this application will not apply to you so you will not need to answer them. Based on your answer to a question, you may be told to skip to another item number. Follow the instructions that tell you to "Go to" another item. These are designed to save you time and help you move through the report form quickly, filling in only necessary information. If no "Go to" instructions are given, answer the next item in order. Do not skip any items unless directed to do so.

Section 1 Identifying Information

Check the information entered by the Railroad Retirement Board (RRB) for Items 1 through 3 for accuracy.

- If the information is correct **go to Item 4.**
- If the information is not correct, cross out the incorrect information and enter the correct information above it.
- If the information is missing, fill it in.

Employee Identification	1 RAILROAD RETIREMENT CLAIM NUMBER ▶	
	2 SOCIAL SECURITY NUMBER ▶	
	3 NAME ▶	

Section 2 Marriage Information

Spouse's Name	4 Print the name of the person to whom you are currently married. ▶	
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Previous Marriages	5 Enter an "X" in the appropriate box: I was married before my current marriage. ▶	<input type="checkbox"/> Yes - Go to Item 6 <input type="checkbox"/> No - Go to Section 4
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6 Print the following information about your previous marriages, beginning with your most recent one. If you need more space, continue in Item 7, Remarks.					
Marriage Began		Spouse's Name	Marriage Ended		
Date	Place (City and State)		How	Date	Place (City and State)
			<i>(Check One)</i> <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment		
			<input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment		
			<input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment		

Section 3	Remarks
Remarks	<p>7 This section is to be used for the continuation of answers to other items. Be sure to include the item number at the beginning of the answer you wish to continue. You may also use this space to enter any additional information that you feel may be important to include.</p> <hr/> <hr/> <hr/> <hr/>

Section 4	Relinquishment of Rights by Disability Annuitants and Certification
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Relinquish-ment of Rights	<p>8 I recognize that my spouse may not begin to receive an annuity while I hold rights to return to work for a railroad employer. By signing this statement, I authorize the RRB to relinquish any rights I may have to return to work for a railroad employer. Based on this authorization, my rights will be relinquished if my spouse becomes entitled to a spouse's annuity. I understand this authorization remains in effect unless I revoke it in writing.</p>
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Certification	<p>9 I know that if I make a false or fraudulent statement or withhold information in order to receive benefits from the RRB, I am committing a crime under Federal law, which may be punishable by fines, imprisonment, or both.</p> <p>I certify that the information I gave the RRB on this certification is true to the best of my knowledge.</p>
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SIGNATURE (First Name, Middle Initial, Last Name) ▶							
DATE ▶	Month		Day		Year		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAYTIME TELEPHONE NUMBER ▶	Area Code			Telephone Number			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10 If this certification is signed by mark ("X") in Item 9, two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.

a	Signature of Witness
	Address (Number and Street, City, State, and ZIP Code)
	Daytime Telephone Number: ()
b	Signature of Witness
	Address (Number and Street, City, State, and ZIP Code)
	Daytime Telephone Number: ()

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

The Railroad Retirement Board is authorized to collect the information on this form by Section 7(b) (6) of the Railroad Retirement Act. This information is needed to determine your spouse's or former spouse's entitlement to benefits under the Railroad Retirement Act. You are not required to provide the information requested by this form, however, your failure to do so may result in your spouse or former spouse not receiving these benefits.

We estimate this form takes an average of 5 minutes 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 North Rush Street, Chicago, IL 60611-1275.