

EMPLOYEE’S CERTIFICATION

INSTRUCTIONS

The following information was either supplied by or verified by you. 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.

EMPLOYEE INFORMATION

Railroad Retirement Claim Number	A 123-45-6789
Employee’s Social Security Number	123-45-6789
Employee’s Name	John Doe

YOUR MARRIAGE INFORMATION

I am currently married to Justine Doe.

I was married before my current marriage.

The following is a list of my marriages before my current marriage.

Date Began	Name	How Ended	Date Ended
01/28/1993	Jane Doe	Annulment	02/14/1993

RELINQUISHMENT OF RIGHTS BY DISABILITY ANNUITANTS AND CERTIFICATION

I recognize that my spouse may not begin to receive an annuity while I hold rights to return to work for a railroad employer. 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.

Certification

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.

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 the Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-1275.