

APPLICATION FOR DETERMINATION OF CHILD'S DISABILITY

DO NOT WRITE IN THIS SPACE

OFFICIALLY FILED			OFFICE NUMBER		
MONTH	DAY	YEAR			
APPROVED _____					
APPLICATION NUMBER			DATE CODED		
			MONTH	DAY	YEAR
CODED BY _____					

Section 1 General Instructions

Before you complete this application, be sure to read Part I of booklet RB-19a, Child's Disability Benefits, which explains information you will need to answer many of the questions in this application.

Please read "Important Notices" on page 13 of this application.

Print all answers in ink or use a typewriter. If you need more space than is provided to answer a question, use Section 9 for this purpose. If you do not know the answer to a question, print "unknown" in the space provided for the answer.

When entering dates, always use numbers. Also, be sure there is one number in each box. For example, you would enter February 12, 2000, as:

MONTH	DAY	YEAR
0 2	1 2	0 0

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, or even another section. Follow the instructions that tell you to "Go to" another item. These are designed to save you time and help you move through the application 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.**

If you are completing this application on behalf of someone else, you must answer each question as it applies to **the applicant**.

Section 2 Identifying Information

Check the information entered by Railroad Retirement Board (RRB) for Items 1 through 9 for accuracy.

- ▶ If the information is correct, **go to Section 3.**
- ▶ 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	EMPLOYEE'S NAME →	
	2	EMPLOYEE'S SOCIAL SECURITY NUMBER →	
	3	EMPLOYEE'S RAILROAD RETIREMENT CLAIM NUMBER →	
Applicant Identification	4	CHILD'S NAME →	
	5	a STREET ADDRESS →	
		b CITY AND STATE →	
		c ZIP CODE →	
		d COUNTY →	
	6	DAYTIME TELEPHONE NUMBER →	
	7	CHILD'S SOCIAL SECURITY NUMBER →	
	8	CHILD'S DATE OF BIRTH →	
9	CHILD'S GENDER →	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	

Section 3 Information About The Child's Medical Condition

Medical Condition	10	Describe the child's medical condition. Enter the exact diagnosis if known and any secondary condition.			
When Condition Began	11	Enter the date this condition began to affect the child. _____ →	Month	Day	Year
When Condition Became Severe	12	Enter the date this condition began to severely interfere with the child's activities. _____ →	Month	Day	Year
How Condition Affects Work	13	Enter an "X" in the appropriate box: Has this condition kept the child from working? _____ →	<input type="checkbox"/> Yes → Go to Item 14 <input type="checkbox"/> No → Go to Item 15		
	14	Describe how this condition has kept the child from working.			
Current Work Status	15	Enter an "X" in the appropriate box: Does this condition prevent the child from working now ? _____ →	<input type="checkbox"/> Yes → Go to Item 17 <input type="checkbox"/> No → Go to Item 16		
	16	Enter the date this condition no longer prevented work. _____ →	Month	Day	Year

Section 4 Information About The Child's Medical Care

Medical Care or Examination	17	Enter an "X" in the appropriate box: Has the child received any medical care, or been examined for this condition since the date in Item 12? _____ →	<input type="checkbox"/> Yes → Go to Item 18 <input type="checkbox"/> No → Go to Section 5		
Medical Care Before 22	18	Enter information about each doctor or medical facility from whom the child received treatment or care before age 22 .			
		a NAME OF FACILITY	ADDRESS AND ZIP CODE		
		ATTENDING PHYSICIAN'S NAME			
		Enter an "X" in the appropriate box: INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/>			
		PATIENT NUMBER	Area Code	Telephone Number	
	DATES TREATED OR TESTED	DESCRIBE TYPE OF TREATMENT OR TESTING			

Medical Care Before 22 (Cont.)	18	b NAME OF FACILITY		ADDRESS AND ZIP CODE			
		ATTENDING PHYSICIAN'S NAME					
		Enter an "X" in the appropriate box: INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/>					
		PATIENT NUMBER					
		DATES TREATED OR TESTED		DESCRIBE TYPE OF TREATMENT OR TESTING			
		c NAME OF FACILITY		ADDRESS AND ZIP CODE			
		ATTENDING PHYSICIAN'S NAME					
		Enter an "X" in the appropriate box: INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/>					
		PATIENT NUMBER					
DATES TREATED OR TESTED		DESCRIBE TYPE OF TREATMENT OR TESTING					
<p>Note: <i>If the child received more medical care before age 22, use Section 9 to discuss additional treatment or care. Include the dates for each period of care.</i></p>							
Other Medical Care	19	Enter information about any other doctor or medical facility from whom the child has received treatment or care since the date in Item 12.					
		a NAME OF FACILITY		ADDRESS AND ZIP CODE			
		ATTENDING PHYSICIAN'S NAME					
		Enter an "X" in the appropriate box: INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/>					
		PATIENT NUMBER					
		DATES TREATED OR TESTED		DESCRIBE TYPE OF TREATMENT OR TESTING			

Other Medical Care (Cont.)	19	b NAME OF FACILITY		ADDRESS AND ZIP CODE			
		ATTENDING PHYSICIAN'S NAME					
		Enter an "X" in the appropriate box: INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/>					
		PATIENT NUMBER		Area Code		Telephone Number	
		DATES TREATED OR TESTED		DESCRIBE TYPE OF TREATMENT OR TESTING			
<p>Note: <i>If the child received more medical care, use Section 9 to discuss additional treatment or care. Include the dates for each period of care.</i></p>							
Activity Restriction	20	Enter an "X" in the appropriate box: A medical doctor restricted the child's daily activities since the date in Item 12. _____ →			<input type="checkbox"/> Yes → Go to Item 21 <input type="checkbox"/> No → Go to Item 25		
	21	Enter the name of the medical doctor who imposed the restriction. _____ →					
	22	Enter the date the restriction began. _____ →				Month	Year
	23	Describe the restriction.					
	24	Enter the address of the medical doctor in Item 21, if it has not previously been printed in Items 18 or 19. →					
Medication	25	Enter an "X" in the appropriate box: Medication has been prescribed for the child? _____ →			<input type="checkbox"/> Yes → Go to Item 26 <input type="checkbox"/> No → Go to Section 5		
	26	Enter the name or type of medication and the dosage from the prescription label. Enter information for all medications prescribed for the child.					
		NAME/TYPE:	DOSAGE: (grams, number of pills, etc.)		FREQUENCY:		

Daily Activities (Cont.)	31	What are the child's activities on a typical day, in terms of physical and mental exertion, and contact with others?
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Section 6 Information About The Child's Education And Training

Schooling and Training	32	Enter an "X" in the appropriate box: Has the child ever attended any type of school or received some type of special training? _____	<input type="checkbox"/> Yes → Go to Item 33 <input type="checkbox"/> No → Go to Section 7
------------------------	----	---	---

First School Attended	33	Enter the name and address of the first school the child attended. _____	NAME STREET ADDRESS CITY AND STATE ZIP CODE
-----------------------	----	--	--

First School Attended	34	Describe the type of school or training.	
-----------------------	----	--	--

First School Attended	35	Enter the dates the child attended school or training. If the child is still in attendance at this school, draw a line in the "To" boxes. _____	From	To					
			<table border="1"> <tr> <th>Month</th> <th>Year</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Month	Year			<table border="1"> <tr> <th>Month</th> <th>Year</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Month
Month	Year								
Month	Year								

First School Attended	36	Enter the highest level the child achieved. _____
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Second School Attended	37	Enter the name and address of the second school the child attended. If none, enter "NONE" and go to Item 45. _____	NAME STREET ADDRESS CITY AND STATE ZIP CODE
------------------------	----	---	--

Second School Attended	38	Describe the type of school or training.	
------------------------	----	--	--

Second School Attended	39	Enter the dates the child attended school or training. If the child is still in attendance at this school, draw a line in the "To" boxes. _____	From	To					
			<table border="1"> <tr> <th>Month</th> <th>Year</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Month	Year			<table border="1"> <tr> <th>Month</th> <th>Year</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Month
Month	Year								
Month	Year								

Second School Attended	40	Enter the highest level the child achieved. _____
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Third School Attended	41	Enter the name and address of the third school the child attended. If none, enter "NONE" and go to Item 45. →	SCHOOL'S NAME STREET ADDRESS CITY AND STATE ZIP CODE												
	42	Describe the type of school or training.													
	43	Enter the dates the child attended school or training. If the child is still in attendance at this school, draw a line in the "To" boxes. →	<table border="1"> <tr> <th colspan="2">From</th> <th colspan="2">To</th> </tr> <tr> <th>Month</th> <th>Year</th> <th>Month</th> <th>Year</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	From		To		Month	Year	Month	Year				
	From		To												
Month	Year	Month	Year												
44	Enter the highest level the child achieved. →	<div style="border: 1px solid black; border-radius: 15px; padding: 5px; display: inline-block;"> Note: If the child attended more than three schools, complete Item 45 and use Section 9 to discuss the other schools. </div>													
Problems in School	45	Describe any special problems or difficulties the child had in school.													

Section 7 Information About The Child's Work Activities

Any Work	46	Enter an "X" in the appropriate box: Has the child ever worked? →	<input type="checkbox"/> Yes → Go to Item 47 <input type="checkbox"/> No → Go to Section 8											
Most Recent Job	47	Enter the title of the child's most recent job. →												
	48	a Enter the employer's name and address. →	EMPLOYER'S NAME											
		b Describe the type of business.	STREET ADDRESS											
			CITY AND STATE											
	c Is this a sheltered employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	ZIP CODE												
49	Enter the dates the child worked at this job. If the child is still working at this job, draw a line in the "To" boxes. →	<table border="1"> <tr> <th colspan="2">From</th> <th colspan="2">To</th> </tr> <tr> <th>Month</th> <th>Year</th> <th>Month</th> <th>Year</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	From		To		Month	Year	Month	Year				
From		To												
Month	Year	Month	Year											
50	Enter the number of hours worked each week. →													
51	Describe the child's basic duties and responsibilities for the job. Include any difficulties the child had or has performing the full range of duties.													
52	Enter an "X" in the appropriate box: Did the child's duties differ from those of other workers with the same job title? →	<input type="checkbox"/> Yes → Go to Item 53 <input type="checkbox"/> No → Go to Item 54												

Most Recent Job (Cont.)	53	Describe how the child's duties differed from those of other workers with the same job title.						
	54	Describe the amount of supervision and assistance the child received.						
	55	Explain why the child stopped working at this job. If the child is still working, go to Item 56.						
Second Most Recent Job	56	Enter the title of the child's second most recent job. If none, enter "NONE" and go to Item 65. →						
	57	a	Enter the employer's name and address. →	EMPLOYER'S NAME				
		b	Describe the type of business.	STREET ADDRESS				
		c	Is this a sheltered employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	CITY AND STATE				
			ZIP CODE					
	58	Enter the dates the child worked at this job. →	From	Month	Year	To	Month	Year
59	Enter the number of hours worked each week. →							
60	Describe the child's basic duties and responsibilities for the job. Include any difficulties the child had or has performing the full range of duties.							
61	Enter an "X" in the appropriate box: Did the child's duties differ from those of other workers with the same job title? →	<input type="checkbox"/> Yes →	Go to Item 62			<input type="checkbox"/> No →	Go to Item 63	
62	Describe how the child's duties differed from those of other workers with the same job title.							
63	Describe the amount of supervision and assistance the child received.							

Second Most Recent Job (Cont.)	64	<p>Explain why the child stopped working at this job.</p> <div style="text-align: center; border: 1px solid black; border-radius: 15px; padding: 5px; margin: 10px auto; width: fit-content;"> Note: <i>If the child had more than two jobs, use Section 9 to discuss the other jobs.</i> </div>																									
Work for an Employer Last 12 Months	65	<p>Enter an "X" in the appropriate box: Has the child worked for pay for an employer in the last 12 months? (Do not include any self-employment.) →</p>	<input type="checkbox"/> Yes → Go to Item 66 <input type="checkbox"/> No → Go to Item 68																								
	66	<p>Enter the child's earnings, before any deduction, for each month the child has already worked this year. Then, starting with the current month, enter the child's expected gross earnings for that month and each remaining month this year.</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td>JANUARY</td><td>FEBRUARY</td><td>MARCH</td><td>APRIL</td><td>MAY</td><td>JUNE</td></tr> <tr> <td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>JULY</td><td>AUGUST</td><td>SEPTEMBER</td><td>OCTOBER</td><td>NOVEMBER</td><td>DECEMBER</td></tr> <tr> <td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE							JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER						
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Self-employment Last 12 Months	68	<p>Enter an "X" in the appropriate box: Has the child been self-employed in the last 12 months? →</p>	<input type="checkbox"/> Yes → Go to Item 69 <input type="checkbox"/> No → Go to Item 71																								
	69	<p>Enter the child's earnings, before any deduction, this month and for each month the child worked this year. Then, starting with the current month, enter the child's expected earnings for that month and each remaining month this year.</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td>JANUARY</td><td>FEBRUARY</td><td>MARCH</td><td>APRIL</td><td>MAY</td><td>JUNE</td></tr> <tr> <td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>JULY</td><td>AUGUST</td><td>SEPTEMBER</td><td>OCTOBER</td><td>NOVEMBER</td><td>DECEMBER</td></tr> <tr> <td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE							JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER						
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Work Next 12 Months	71	<p>Enter an "X" in the appropriate box: Does the child expect to work during the next 12 months? (Include self-employment, if any.) →</p>	<input type="checkbox"/> Yes → Go to Item 72 <input type="checkbox"/> No → Go to Section 8																								

Work Next 12 Months (Cont.)	72	Enter the name and address of the person or company for whom the child expects to work. (If self-employed, enter "Self.") _____ →	
	73	Enter the dates the child expects to work. (For example, "June and July," "Indefinitely Starting 12-98," etc.) _____ →	
	74	Enter the gross amount the child expects to earn. (If self-employed, enter the net amount.) _____ →	

Section 8 General Information

Filing AA-3, AA-18, or AA-19	75	Enter an "X" in the appropriate box: Are you filing Form AA-3 , Form AA-18 , or Form AA-19 , at this time? _____ →	<input type="checkbox"/> Yes → Go to Item 89	<input type="checkbox"/> No → Go to Item 76
	Guardianship	76	Enter an "X" in the appropriate box: Has the court appointed a legal guardian for the child? _____ →	<input type="checkbox"/> Yes → Go to Item 77
77		Enter an "X" in the appropriate box: Are you the court appointed guardian for the child? _____ →	<input type="checkbox"/> Yes → Go to Item 79	<input type="checkbox"/> No → Go to Item 78
78		Enter the name, address, and daytime telephone number of the guardian. _____ →	NAME STREET ADDRESS CITY AND STATE ZIP CODE	Area Code Telephone Number
79		Enter an "X" in the appropriate box: Is the child currently in your care? _____ →	<input type="checkbox"/> Yes → Go to Item 82	<input type="checkbox"/> No → Go to Item 80
80		Enter the name, address, and daytime telephone number of the guardian. _____ →	NAME STREET ADDRESS CITY AND STATE ZIP CODE	Area Code Telephone Number
Child's Marital Status	81	Enter the guardian's relationship to the child. _____ →		
	82	Enter an "X" in the appropriate box: Has the child married? _____ →	<input type="checkbox"/> Yes → Go to Item 83	<input type="checkbox"/> No → Go to Item 87
	83	Enter the date the child married. _____ →	Month Day Year	
	84	Enter an "X" in the appropriate box: Is the child still married? _____ →	<input type="checkbox"/> Yes → Go to Item 87	<input type="checkbox"/> No → Go to Item 85
	85	Enter the date the child's marriage ended. _____ →	Month Day Year	
	86	Enter an "X" in the appropriate box: Was the child's marriage annulled? _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Benefits	87	Enter an "X" in the appropriate box: Have you filed, or do you expect to file, for monthly social security disability benefits or SSI for the child? _____ →	<input type="checkbox"/> Yes → Go to Item 88	<input type="checkbox"/> No → Go to Item 89
	88	Enter the social security claim number and suffix under which you have filed or will file. _____ →		Suffix
Criminal Offense	89	Enter an "X" in the appropriate box: Within the last 12 months, has the child been imprisoned or given a sentence of confinement due to a conviction for a criminal offense? _____ →	<input type="checkbox"/> Yes → Go to Item 90	<input type="checkbox"/> No → Go to Item 98
	90	Enter the date of the conviction. _____ →	Month Day Year	

Section 10

Certification

Certification

99

Enter an "X" in the appropriate box:
A guardian or other representative will sign this application on behalf of the child applicant. →

- Yes → **Go to Note and Item 100**
 No → **Go to Item 99**

Note: *If answered "Yes," the guardian or other representative of the applicant must sign this application. That person must also complete and return **Form AA-5, Application for Substitution of Payee.***

100

I know that if I make a false or fraudulent statement in order to receive benefits from the RRB, or if I fail to disclose earnings or report employment of any kind to the RRB, I am committing a crime which is punishable under Federal law. I have received the booklet, **RB-19a, Child's Disability Benefits**. I understand that I am responsible for reporting any events that would affect my annuity, as explained in that booklet.

I certify that the information I gave to the RRB on this application is true to the best of my knowledge.

I agree to immediately notify the RRB:

- If the child performs work for any employer, railroad or nonrailroad, or performs any self-employment work.
- If the child reported estimated earnings and the amount changes;
- If the child's condition improves and a doctor advises the child is able to work;
- If the child dies;
- If the child marries;
- If an application is filed for social security benefits for the child based on **any** person's earnings records;
- If the child's address changes;
- If I am receiving payments on behalf of the child and the child leaves my care;
- If the child is confined in a jail, prison, penal institution, or correctional facility due to a conviction for a criminal offense.

I know that if I am receiving a disability annuity and fail to report work and earnings promptly, I am committing a crime punishable by Federal law and may result in criminal prosecution and/or penalty deductions in my annuity payments.

Signature →
(First Name, Middle Initial,
Last Name)

--

Date →

Month	Day	Year

101

If this certification is signed by mark ("X") in Item 100, 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 (include area code)

Area Code

Telephone Number

b Signature of Witness

Address (Number and Street)

City, State and ZIP Code

Daytime Telephone Number (include area code)

Area Code

Telephone Number

Section 11 How To Return Your Application

Before you return your application, check to make sure that:

- **Every** question that applies to you has been answered.
- You have entered “unknown” in **any** answer space for which you were unable to answer a question.
- You have signed and dated the application.
- You have included **all** the needed proofs listed in the letter you received with this application.

When you received your application, you should also have received a pre-addressed return envelope. If you do not have this envelope, you can use any envelope as long as it is addressed to the RRB office shown on page 14 of this application. No matter which envelope you use, you must put the correct postage on the envelope. Be careful to provide enough postage, because your application and the accompanying forms may weigh more than a standard letter. The U.S. Postal Service will not deliver your application unless it has the correct postage.

Make one final check before you seal the envelope to ensure that the following are enclosed:

- NEEDED PROOFS
- THE APPLICATION FORM ITSELF
- ADDITIONAL FORMS YOU WERE ASKED TO COMPLETE

Note: *Make no entries on page 14, which is the receipt for your claim. After the RRB receives your application, they will complete the blanks on the receipt and send it back to you. When it is returned to you, you will know that the RRB has received your application and has started the work needed to determine if you are entitled to benefits. If you do not receive the receipt within two weeks after you filed this application, please contact us so we can find out what is causing the delay.*

Important Notices

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

The information asked for in this form is needed to determine your entitlement to benefits under the Railroad Retirement Act. The RRB’s authority for requesting this information is Section 7(b)(6) of the Railroad Retirement Act.

We estimate this form takes an average of 45 to 65 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 the completion time, to Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-2092.

COMPUTER MATCHING AND PRIVACY PROTECTION ACT NOTICE

The Computer Matching and Privacy Protection Act of 1988 requires the RRB to advise you that information you have provided may be used, without your consent, in automated matching programs. These matching programs are a computer comparison of RRB records with records kept by other Federal, state, or local governmental agencies. Information from these matching programs can be used to establish or verify a person’s eligibility for federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Receipt For Your Claim

Employee's Name

Applicant's Name

Railroad Retirement Board Claim Number

Date Claim Received

Your application for a railroad retirement child's disability annuity has been received and will be processed as quickly as possible. If you change your address, or if there is some other change that may affect your claim, you or your representative should report the change. The changes to be reported are listed below. Always give us your claim number when writing or calling about your claim. If you have any questions about your claim, we will be glad to help you. If you need to personally visit one of our field offices, please call for an appointment. You will not be refused service if you do not have an appointment, but our staff can serve you better when an appointment is made. Most offices are open to the public from 9:00 AM to 3:30 PM, Monday through Friday.

Always Report These Changes To The RRB

- **Work**—If the child performs work for any employer, railroad or nonrailroad, or performs any self-employment work.
- **Earnings**—If the child reported estimated earnings and the amount changes.
- **Improvement in the Child's Condition**—If the child's condition improves and a doctor advises the child is able to work.
- **Death**—If the child dies.
- **Marriage**—If the child marries.
- **Social Security**—If an application is filed for social security benefits for the child based on **any** person's earnings record.
- **Address**—If the child's address changes.
- **Child in Your Care**—If you receive payment on behalf of the child, and the child leaves your care.
- **Criminal Offense**—If the child is confined in a jail, prison, penal institution, or correctional facility due to a conviction for a criminal offense.

How To Report Changes

When a change occurs after the child becomes entitled to a disability annuity, it should be reported at once. You or your representative can make the reports by telephone, mail, or in person, whichever you prefer.

To report any of the above changes, contact:



Telephone Number:

If for some reason you cannot contact that office, you should contact:



U S RAILROAD RETIREMENT BOARD
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