Screen facsimiles:

NHRR screen:

|  |  |  |  |
| --- | --- | --- | --- |
| LnNo | 0  1 | 1 2 3 4 5 6 7 7  234567890123456789012345678901234567890123456789012345678901234567890123456789 | 8  0 |
| 1 | C | MCS TRANSFER TO: NH RAILROAD EMPLOYMENT NHRR |  |
| 2 | 0 | NH SSSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS |  |
| 3 | l |  |  |
| 4 | u | RR EMPLOYEE: SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSS SSN: SSSSSSSSSS |  |
| 5 | m | MONTHS WORKED IN RR AFTER 1936: XXX BEFORE 1937: XXX LAST 18 MOS (Y/N): X |  |
| 6 | n | EVER FILE FOR RRB RET/DISAB (Y/N): X IF YES, CLAIM NO: XXXXXXXXXXX |  |
| 7 | \* | IF EMPLOYEE LIVING, REC'D RRB SICKNESS/UNEMPLOYMENT IN LAST 18 MOS (Y/N): X |  |
| 8 | o | IF RRB EMPLOYEE DECEASED, SURVIVOR EVER RECEIVE RRB BENEFITS (Y/N): X |  |
| 9 | n | EMPLOYEE WORK IN RR AFTER APPLYING FOR SOC SEC BENEFITS (Y/N): X |  |
| 10 | e |  |  |
| 11 |  | IF RR EMPLOYMENT IN LAST 18 MONTHS OR WORK AFTER FILING FOR SS BENEFITS: |  |
| 12 | r | RR EMPLOYER: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |  |
| 13 | e | WORK LOCATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |  |
| 14 | s | DEPT OCCUPATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |  |
| 15 | e |  |  |
| 16 | r | IF CLAIMANT EVER RECEIVED RRB BENEFITS: |  |
| 17 | v | RR APPLICANT: SSSSSSSSSSSS S SSSSSSSSSSSSSSSSSSS CLAIM NO: XXXXXXXXXXX |  |
| 18 | e | RR EMPLOYEE NAME: XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX SSN: XXXXXXXX |  |
| 19 | d | RELATIONSHIP: XXXXXXXXXX |  |
| 20 |  | BENEFIT TYPE: X SELECT 1. MONTHLY 2. LUMP-SUM 3. RESIDUAL |  |
| 21 |  | HAS RRB NOTIFIED APPLICANT THAT RRB MAY BE AFFECTED BY ENTITLEMENT TO |  |
| 22 |  | SOCIAL SECURITY BENEFITS (Y/N): X |  |
| 23 |  |  |  |
| 24 |  | \*\*\*\*\*\*\*\*\*\*\*\*\*\*(Line 24 Reserved for Operating Systems Information)\*\*\*\*\*\*\*\*\*\*\* |  |

SPRR screen:

|  |  |  |  |
| --- | --- | --- | --- |
| LnNo | 0  1 | 1 2 3 4 5 6 7 7  234567890123456789012345678901234567890123456789012345678901234567890123456789 | 8  0 |
| 1 | C | MCS TRANSFER TO: SP RAILROAD EMPLOYMENT SPRR |  |
| 2 | 0 | NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS |  |
| 3 | l |  |  |
| 4 | u | RR EMPLOYEE: SSSSSSSSSS S SSSSSSSSSSSSSSS SSN: SSSSSSSSS |  |
| 5 | m | MONTHS WORKED IN RR AFTER 1936: XXX BEFORE 1937: XXX LAST 18 MOS (Y/N): X |  |
| 6 | n | EVER FILE FOR RRB RET/DISAB (Y/N): X IF YES, CLAIM NO: XXXXXXXXXXX |  |
| 7 | \* | IF EMPLOYEE LIVING, REC'D RRB SICKNESS/UNEMPLOYMENT IN LAST 18 MOS (Y/N): X |  |
| 8 | o | IF RRB EMPLOYEE DECEASED, SURVIVOR EVER RECEIVE RRB BENEFITS (Y/N): X |  |
| 9 | n | EMPLOYEE WORK IN RR AFTER APPLYING FOR SOC SEC BENEFITS (Y/N): X |  |
| 10 | e |  |  |
| 11 |  | IF RR EMPLOYMENT IN LAST 18 MONTHS OR WORK AFTER FILING FOR SS BENEFITS: |  |
| 12 | r | RR EMPLOYER: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |  |
| 13 | e | WORK LOCATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |  |
| 14 | s | DEPT OCCUPATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |  |
| 15 | e |  |  |
| 16 | r | IF CLAIMANT EVER RECEIVED RRB BENEFITS: |  |
| 17 | v | RR APPLICANT: SSSSSSSSSSSS S SSSSSSSSSSSSSSSSSSS CLAIM NO: XXXXXXXXXXX |  |
| 18 | e | RR EMPLOYEE NAME: XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX SSN: XXXXXXXX |  |
| 19 | d | RELATIONSHIP: XXXXXXXXXX |  |
| 20 |  | BENEFIT TYPE: X SELECT 1. MONTHLY 2. LUMP-SUM 3. RESIDUAL |  |
| 21 |  | HAS RRB NOTIFIED APPLICANT THAT RRB MAY BE AFFECTED BY ENTITLEMENT TO |  |
| 22 |  | SOCIAL SECURITY BENEFITS (Y/N): X |  |
| 23 |  |  |  |
| 24 |  | \*\*\*\*\*\*\*\*\*\*\*\*\*\*(Line 24 Reserved for Operating Systems Information)\*\*\*\*\*\*\*\*\*\*\* |  |

##### CLRR screen:

|  |  |  |  |
| --- | --- | --- | --- |
| LnNo | 0  1 | 1 2 3 4 5 6 7 7  234567890123456789012345678901234567890123456789012345678901234567890123456789 | 8  0 |
| 1 | C | MCS TRANSFER TO: SP RAILROAD EMPLOYMENT CLRR |  |
| 2 | 0 | NH SSSSSSSSS SSSSS SSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSS |  |
| 3 | l |  |  |
| 4 | u | RR EMPLOYEE: SSSSSSSSSS S SSSSSSSSSSSSSSS SSN: SSSSSSSSSS |  |
| 5 | m | MONTHS WORKED IN RR AFTER 1936: XXX BEFORE 1937: XXX LAST 18 MOS (Y/N): X |  |
| 6 | n | EVER FILE FOR RRB RET/DISAB (Y/N): X IF YES, CLAIM NO: XXXXXXXXXXX |  |
| 7 | \* | IF EMPLOYEE LIVING, REC'D RRB SICKNESS/UNEMPLOYMENT IN LAST 18 MOS (Y/N): X |  |
| 8 | o | IF RRB EMPLOYEE DECEASED, SURVIVOR EVER RECEIVE RRB BENEFITS (Y/N): X |  |
| 9 | n | EMPLOYEE WORK IN RR AFTER APPLYING FOR SOC SEC BENEFITS (Y/N): X |  |
| 10 | e |  |  |
| 11 |  | IF RR EMPLOYMENT IN LAST 18 MONTHS OR WORK AFTER FILING FOR SS BENEFITS: |  |
| 12 | r | RR EMPLOYER: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |  |
| 13 | e | WORK LOCATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |  |
| 14 | s | DEPT OCCUPATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |  |
| 15 | e |  |  |
| 16 | r | IF CLAIMANT EVER RECEIVED RRB BENEFITS: |  |
| 17 | v | RR APPLICANT: SSSSSSSSSSSS S SSSSSSSSSSSSSSSSSSS CLAIM NO: XXXXXXXXXXX |  |
| 18 | e | RR EMPLOYEE NAME: XXXXXXXXXX X XXXXXXXXXXXXXXXXXXX SSN: XXXXXXXXX |  |
| 19 | d | RELATIONSHIP: XXXXXXXXXX |  |
| 20 |  | BENEFIT TYPE: X SELECT 1. MONTHLY 2. LUMP-SUM 3. RESIDUAL |  |
| 21 |  | HAS RRB NOTIFIED APPLICANT THAT RRB MAY BE AFFECTED BY ENTITLEMENT TO |  |
| 22 |  | SOCIAL SECURITY BENEFITS (Y/N): X |  |
| 23 |  |  |  |
| 24 |  | \*\*\*\*\*\*\*\*\*\*\*\*\*\*(Line 24 Reserved for Operating Systems Information)\*\*\*\*\*\*\*\*\*\*\* |  |