

Screen facsimiles:
 NHRR screen:

Ln	0	1	2	3	4	5	6	7	7	8
No	1	234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890								0
1	C	MCS	TRANSFER TO:	NH RAILROAD EMPLOYMENT						NHRR
2	0	NH	SSSSSSSSSS	SSSSS	SSSSSSSSSS	CL	SSSSSSSSSS	SSSSS	SSSSSSSSSSSS	
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:	XXXXXXXXXX					
7	*	IF EMPLOYEE LIVING, REC'D RRB SICKNESS/UNEMPLOYMENT IN LAST 18 MOS (Y/N):	X							
8	0	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:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
13	E	WORK LOCATION:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
14	S	DEPT OCCUPATION:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
15	E									
16	R	IF CLAIMANT EVER RECEIVED RRB BENEFITS:								
17	V	RR APPLICANT:	SSSSSSSSSS S	SSSSSSSSSSSSSSSSSS		CLAIM NO:	XXXXXXXXXX			
18	E	RR EMPLOYEE NAME:	XXXXXXXXXX X	XXXXXXXXXXXXXXXXXXXX		SSN:	XXXXXXX			
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:

Ln	0	1	2	3	4	5	6	7	7	8
No	1	234567890123456789012345678901234567890123456789012345678901234567890								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 SSSSSSSSSSSSSS SSN: SSSSSSSS								
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: XXXXXXXXXXXXX								
7	*	IF EMPLOYEE LIVING, REC'D RRB SICKNESS/UNEMPLOYMENT IN LAST 18 MOS (Y/N): X								
8	0	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: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
14	S	DEPT OCCUPATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
15	E									
16	R	IF CLAIMANT EVER RECEIVED RRB BENEFITS:								
17	V	RR APPLICANT: SSSSSSSSSS S SSSSSSSSSSSSSSSSS					CLAIM NO: XXXXXXXXXXXXX			
18	E	RR EMPLOYEE NAME: XXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX					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:

Ln	0	1	2	3	4	5	6	7	8
No	1	23456789012345678901234567890123456789012345678901234567890123456789							0
1	C	MCS	TRANSFER TO:	SP RAILROAD EMPLOYMENT				CLRR	
2	0	NH	SSSSSSSS	SSSS	SSSSSSSSSS	CL	SSSSSSSS	SSSS	SSSSSSSSSS
3	L								
4	U	RR EMPLOYEE:	SSSSSSSSSS S	SSSSSSSSSSSSSSSS	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:	XXXXXXXXXX				
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:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
13	E	WORK LOCATION:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
14	S	DEPT OCCUPATION:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
15	E								
16	R	IF CLAIMANT EVER RECEIVED RRB BENEFITS:							
17	V	RR APPLICANT:	SSSSSSSSSSSS S	SSSSSSSSSSSSSSSSSSSS	CLAIM NO:	XXXXXXXXXX			
18	E	RR EMPLOYEE NAME:	XXXXXXXXXX X	XXXXXXXXXXXXXXXXXXXX	SSN:	XXXXXXXXXX			
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) *****							