

PUBLIC SERVICE PENSION QUESTIONNAIRE

SECTION 1 - IDENTIFYING INFORMATION

Check the information entered for Items 1 through 4. If it is not correct, cross out the incorrect information and enter the correct information above it. Fill in missing information.

| | | |
|---|--|--|
| 1 | Railroad Employee's Claim Number with Prefix | |
| 2 | Railroad Employee's Social Security Number | |
| 3 | Railroad Employee's Name | |
| 4 | Your Name | |

SECTION 2 - GENERAL ENTITLEMENT INFORMATION

This section must always be completed if you are/were employed by the Federal, State, or Local Government in the USA, its territories, or the Commonwealth of Puerto Rico. A form must be completed for each Public Service Pension you are receiving.

| | | | | | | | | | | | | | | |
|-------|---|---|------|--|----|--|-------|------|-------|------|--|--|--|--|
| 5 | <p>Enter an "X" in the appropriate box: I am receiving, or will receive, a pension, annuity, or a lump-sum payment in lieu of an annuity based on my own earnings from Federal, State, or local public service. Answer "No" if your only government pension payments are or will be Social Security, Railroad Retirement, Veteran's Affairs, Worker's Compensation or Black Lung Benefits.</p> | <input type="checkbox"/> Yes - Go to Item 6 <input type="checkbox"/> No - Go to Section 8 | | | | | | | | | | | | |
| 6 | Enter the beginning and ending dates of the period in which you were employed in a position covered by your Public Service Pension Plan. | <table border="1" style="width: 100%; text-align: center;"> <tr> <td colspan="2">From</td> <td colspan="2">To</td> </tr> <tr> <td>Month</td> <td>Year</td> <td>Month</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> | From | | To | | Month | Year | Month | Year | | | | |
| From | | To | | | | | | | | | | | | |
| Month | Year | Month | Year | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

SECTION 3 - EMPLOYED BY STATE OR LOCAL GOVERNMENT

Complete this Section if you are/were employed by a State or Local Government. If not, **go to Section 4.**

| | | | | | | | | |
|-------|--|---|-------|-----|------|--|--|--|
| 7 | <p>Enter an "X" in the appropriate box: My employer is an instrumentality of two or more states organized as a corporation to carry on a government function.</p> | <input type="checkbox"/> Yes - Go to Section 8 <input type="checkbox"/> No - Go to Item 8 | | | | | | |
| 8 | Enter the date you last worked in public service employment. If the date is before July 1, 2004, go to item 9. If the date is after June 30, 2004, go to item 10 | <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> | Month | Day | Year | | | |
| Month | Day | Year | | | | | | |
| | | | | | | | | |
| 9 | <p>Enter an "X" in the appropriate box: On my last day of public service employment, social security (FICA) taxes were being deducted from my earnings.</p> | <input type="checkbox"/> Yes - Go to Section 8 <input type="checkbox"/> No - Go to Section 5 | | | | | | |
| 10 | <p>Enter an "X" in the appropriate box: Were social security (FICA) taxes deducted from your public service employment for the last 60 months?</p> | <input type="checkbox"/> Yes - Go to Item 11 <input type="checkbox"/> No - Go to Section 6 | | | | | | |
| 11 | <p>Enter an "X" in the appropriate box: Were social security (FICA) taxes deducted from your public service employment after March 2, 2004?</p> | <input type="checkbox"/> Yes - Go to Section 8 <input type="checkbox"/> No - Go to Section 6 | | | | | | |

SECTION 4 - FEDERAL EMPLOYMENT

Complete this Section if you are/were a Federal employee.

| | | | | | | | | |
|-------|---|---|-------|-----|------|--|--|--|
| 12 | <p>Enter an "X" in the appropriate box: I was hired after 12/31/1983 and receive, or expect to receive, a pension based in part on my federal service.</p> | <input type="checkbox"/> Yes - Go to Section 8 <input type="checkbox"/> No - Go to Item 13 | | | | | | |
| 13 | I was hired under Civil Service Retirement System (CSRS) and elected Federal Employees Retirement System (FERS). | <input type="checkbox"/> Yes - Go to Item 14 <input type="checkbox"/> No - Go to Section 5 | | | | | | |
| 14 | Enter your FERS Election Date. NOTE: A dated copy of your FERS election is required. | <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> | Month | Day | Year | | | |
| Month | Day | Year | | | | | | |
| | | | | | | | | |

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|---|--|---------|-----------------------|--|------|------|
| If the date in Item 14 is in 1998, go to Item 15 | | | | | | |
| If the date in Item 14 is before 7-1-1988, go to Section 8 | | | | | | |
| 15 | Enter an "X" in the appropriate box: I worked under FERS for 60 months after my election. | | | <input type="checkbox"/> Yes - Go to Section 8 <input type="checkbox"/> No - Go to Section 6 | | |
| SECTION 5 - ELIGIBILITY IN JULY 1983 OR EARLIER | | | | | | |
| If you could have qualified for this pension in July 1983 or earlier, complete the following section, otherwise, go to Section 6. | | | | | | |
| NOTE: You must submit a statement from your employer giving the earliest date on which you could have retired. | | | | | | |
| 16 | Enter the earliest date you could have qualified for this pension if you had stopped working (e.g., early retirement or reduction in force). | | | Month | Day | Year |
| | | | | | | |
| If the date you entered in Item 16 is November 1982 or earlier and you are the employee's wife , widow, or divorced wife/surviving divorced wife who was married to the employee for 20 or more years, go to Section 8. | | | | | | |
| If the date you entered in Item 16 is November 1982 or earlier and you are the employee's husband , widow(er), or divorced husband/surviving divorced husband who was married to the employee for 20 or more years <u>and</u> you were receiving at least one-half support from the railroad employee at the time she became entitled to a retirement or disability annuity or died, go to Section 8. You must submit <i>Form G-134, Statement Regarding Contributions And Support.</i> | | | | | | |
| If the date you entered in Item 16 is after November 1982 and before August 1983, go to Item 17. | | | | | | |
| 17 | Enter an "X" in the appropriate box: I was receiving at least one-half support from the railroad employee at the time (s)he became entitled to a retirement or disability annuity or died. (If "Yes," you must submit <i>Form G-134, Statement Regarding Contributions and Support.</i>) | | | <input type="checkbox"/> Yes - Go to Note <input type="checkbox"/> No - Go to Section 6 | | |
| NOTE: If the date you entered in Item 16 is in December 1982 or in July 1983, go to Item 18. | | | | | | |
| 18 | Enter an "X" in the appropriate box: My eligibility for a pension was delayed until the first full month following the month in which all other requirements were met. | | | <input type="checkbox"/> Yes - Go to Section 8 <input type="checkbox"/> No - Go to Section 6 | | |
| SECTION 6 - PUBLIC SERVICE PENSION INFORMATION | | | | | | |
| 19 | Enter the date you began to receive, or expect to receive, your pension. If a future date is unknown, enter the earliest date you are eligible to receive the pension. | | | Month | Day | Year |
| | | | | | | |
| 20 | Enter the name and address of the agency or organization that pays or will pay your pension. | Name | Address | | | |
| | | Address | City, State, ZIP Code | | | |
| 21 | Enter the name of your public service pension employer. | | | | | |
| 22 | Enter your public service pension claim number. | | | | | |
| Complete Items 23 through 27 if you are receiving a periodic payment. | | | | | | |
| 23 | Enter an "X" in the appropriate box: How often do you receive your pension? | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly | | |
| 24 | Enter your current pension rate. Enter the amount after reduction for early retirement or survivor benefits, but before deductions for health insurance, bonds, or other allotments. Do not include Medicare reimbursement. | | | \$ | | |
| 25 | Enter an "X" in the appropriate box: My pension rate has changed since my railroad retirement annuity beginning date. | | | <input type="checkbox"/> Yes - Go to Item 26 <input type="checkbox"/> No - Go to Item 27 | | |
| 26 | Show the amount(s) of you pension rate and the date(s) of the change(s) from you annuity beginning date. Use Section 7 if you need more space. | Amount | Month | Day | Year | |
| | | \$ | | | | |
| | | \$ | | | | |
| 27 | If you are receiving a pension from a State or local government, enter the effective date of your next scheduled increase. | | | Month | Day | Year |
| | | | | | | |

Complete Items 28 and 29 if you received a lump-sum payment.

| | | |
|----|--|----|
| 28 | Enter the amount of your lump-sum payment. | \$ |
|----|--|----|

| | | | | | | | |
|----|--|-------|-----|------|-------|-----|------|
| 29 | If the lump-sum payment was in lieu of a periodic pension, enter the specific time period the annuity would have been payable. | From | | | To | | |
| | | Month | Day | Year | Month | Day | Year |
| | | | | | | | |

SECTION 7 - REMARKS

| | |
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| 30 | 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 section to enter any additional information that you feel may be important. |
|----|--|

SECTION 8 - CERTIFICATION

| | | |
|----|---|--|
| 31 | Enter an "X" in the appropriate box: I will have a guardian or other representative sign this statement on my behalf. | <input type="checkbox"/> Yes - Go to Note <input type="checkbox"/> No - Go to Item 32 |
|----|---|--|

NOTE: If answered "Yes," the guardian or other representative must sign this statement in item 32.

| | | | | | | | | | | | |
|-----------|---|-------|-----|------|--|--|--|-----------|------------------|--|--|
| 32 | <p>I understand that civil and criminal penalties may be imposed upon me for false or fraudulent statements, or for withholding information in order to receive benefits under the Railroad Retirement Act. I affirm that to the best of my knowledge, the information I have provided on this form is true, complete, and correct.</p> <p>I understand that entitlement to a Public Service Pension based on my own employment may affect the amount of my railroad retirement annuity. I agree to notify the Railroad Retirement Board if I become entitled to a Public Service Pension, or if the amount of any pension currently payable to me changes.</p> <p>Signature (First Name, Middle Initial, Last Name)</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Date</p> <table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table> <p>Daytime Telephone Number</p> <table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="text-align: center;">Area Code</td> <td style="text-align: center;">Telephone Number</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table> | Month | Day | Year | | | | Area Code | Telephone Number | | |
| Month | Day | Year | | | | | | | | | |
| | | | | | | | | | | | |
| Area Code | Telephone Number | | | | | | | | | | |
| | | | | | | | | | | | |

33 If this certification is signed by mark "X" in Item 32, 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, ZIP Code | | | | | | | | | |
| Daytime Telephone Number | | | | | | | Area Code | | Telephone Number |
| | | | | | | | | | |
| b. Signature of Witness | | | | | | | | | |
| Address (Number and Street) | | | | | | | | | |
| City, State, ZIP Code | | | | | | | | | |
| Daytime Telephone Number | | | | | | | Area Code | | Telephone Number |
| | | | | | | | | | |

Paperwork Reduction and Privacy Act Notice

This notice is given under the Paperwork Reduction Act of 1995 and the Privacy Act of 1974. The Privacy Act requires that the Railroad Retirement Board (RRB) tell you the following whenever we ask you for information:

1. The law which allows us to ask for the information;
2. Whether that law requires you to give us the information and what, if anything, might happen to you if you do not give it to us;
3. The reason why the information is requested; and,
4. The persons, organizations, and agencies to which we may release the information without your permission.

The RRB's authority for requesting this information is Section 7(b) of the Railroad Retirement Act of 1974. Providing us with this information is voluntary on your part. However, if you fail to provide us with the requested information, we may be unable to pay you any benefits. The RRB needs this information to determine whether or not you are eligible to receive such benefits, and, if so, the amount you are entitled to receive. If your annuity application is approved and we begin to pay you benefits, information that we may request from you in the future will be used to determine whether you are entitled to continue to receive such benefits.

Although the information we request is almost never used for any purpose other than the payment of benefits under the Railroad Retirement Act, the RRB does have the authority to release information to the individuals, organizations, and/or agencies indicated below without your approval:

1. An attorney, the Office of the President, a Congressional office, a labor union or the Department of State's embassy or consular offices if they allege to be representing you at your request.
2. Other people who are receiving benefits based on the same railroad retirement account as you are if the information affects their payments from the RRB.
3. A person who will receive benefits on your behalf if the RRB decided that some medical condition keeps you from receiving your own benefits; such information may also be released to determine whether such a medical condition exists and who is suitable to receive such benefits for you.
4. Information (including medical records) may be released to people or organizations who are working for the RRB.
5. The U.S. Treasury Department or U.S. Postal Service to issue checks and to investigate lost, forged, or stolen checks.
6. Your last employer (or its insurance company) to make sure that you can receive any private retirement or insurance benefits which may be offered by the employer.
7. The Social Security Administration, Center for Medicare & Medicaid Services, Pension Benefit Guarantee Corporation, Office of Personnel Management, Department of Veterans Affairs, or Federal, State, or local welfare or public aid agencies to determine if you can receive benefits from these organizations and if any previous benefits were paid incorrectly.
8. The Internal Revenue Service or state and local taxing authorities for figuring your taxes and for use in audits.
9. Your last address and the name of your last employer may be released to the Department of Health and Human Services to be used in the Parent Locator Service.
10. The General Accountability Office for audits and collecting overpayments owed to the RRB or the Social Security Administration.
11. The U.S. Department of Labor as required by the Federal Coal Mine and Safety Act.
12. Information can be released, in certain cases, for law enforcement purposes and for court proceedings.
13. Information about the determination and recovery of an overpayment made to you may be released to any other person from whom any portion of the overpayment is being recovered.
14. Your name and address may be released to a Member of Congress to inform you about current or proposed legislation, which could affect the railroad retirement system.
15. Professional Standard Review Organizations and State Licensing Boards when services provided by physicians or practitioners suggests unethical or unprofessional conduct.

We estimate the application process takes an average of 15 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 any comments regarding the accuracy of our estimates 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 N. Rush Street, Chicago, Illinois 60611-1275.