

OCCUPATIONAL DISABILITY CERTIFICATION	Beneficiary Name
	Beneficiary Claim Number
	Release Date

Paperwork Reduction Act and Privacy Act Notices

It is your responsibility as a disability annuitant to report to us any improvement in your impairment(s), work, earnings, and/or certain other events that may affect your right to receive disability benefits. If you do not return the signed certification to us within 30 days from the date of this notice, we will automatically conduct a Continuing Disability Review. In some cases, failure to report may constitute a criminal violation under title 45 Section 231(l) or under other criminal or civil statutes.

We estimate this form takes an average of 15 minutes per response to complete, including the time needed 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: Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 N. Rush Street, Chicago, IL 60611-1275.

Completion Instructions

- Enter your response to each question below for the period **<Beginning Date>** to **<Ending Date>**.
- Sign, date, and return this form, **within 30 days** of the Release Date noted above. Use the enclosed, self-addressed envelope.

1	(a) Has your condition and/or impairment improved enough that you are able to return to your railroad job?	<input type="checkbox"/> Yes – Explain in Item 1(b) <input type="checkbox"/> No
	(b)	
2	(a) Have you performed any work for a railroad during the period <Beginning Date> to <Ending Date> ?	<input type="checkbox"/> Yes – Explain in Item 2(b) <input type="checkbox"/> No
	(b)	

3	(a) Have you performed any work for a non-railroad during the period <Beginning Date> to <Ending Date> ?	<input type="checkbox"/> Yes – Explain in Item 3(b) <input type="checkbox"/> No
(b)		
4	(a) Have you been self-employed, including as a partner, owner, or co-owner, during the period <Beginning Date> to <Ending Date> ?	<input type="checkbox"/> Yes – Explain in Item 4(b) <input type="checkbox"/> No
(b)		
5	(a) Have you served as a director or officer of a corporation, or as a member of an LLC; did you own a company operated by a family member; or did you operate a company owned by a family member during the period <Beginning Date> to <Ending Date> ?	<input type="checkbox"/> Yes – Explain in Item 5(b) <input type="checkbox"/> No
(b)		
<p style="text-align: center;">Certification Statement</p> <p>By signing this certification, I confirm that the above is true to the best of my knowledge. I understand that civil and criminal penalties may be imposed on me for: (1) Providing false or fraudulent statements; (2) withholding information or misrepresenting a fact or facts material to determine a right to benefits under the Railroad Retirement Act; and/or (3) failing to promptly report work earnings to the Railroad Retirement Board.</p> <p>SIGNATURE _____ DATE _____</p>		