



UNITED STATES OF AMERICA  
**RAILROAD RETIREMENT BOARD**  
<OFFICE NAME>  
<OFFICE ADDRESS>  
<OFFICE CITY, STATE, AND ZIP CODE>  
WWW.RRB.GOV

**PROPOSED**

OFFICE HOURS: M-T-TH-F 9:00 AM TO 3:30 PM  
WEDS. 9:00 AM TO 12:00 PM - CLOSED FEDERAL HOLIDAYS

TOLL-FREE NUMBER: 1-877-772-5772

In reply refer to

This is in regard to your occupational disability benefits from the Railroad Retirement Board (RRB). 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. When you filed for your disability annuity you received application booklets, RB-1D, *Employee Disability Benefits*, RB-1D.1, *How Work and Earnings Can Affect Employees Initially Awarded Disability Annuities*, and RB-9, *Employee and Spouse Events that Must be Reported*. You may have also received Form RL-4, *Annual Disability Reminder*, and Form RL-7, *Important Reminder About Your Railroad Retirement Benefits*. These were provided to you to remind you of your responsibility to report to us events that may affect your disability benefits.

At this time we have enclosed Form RL-8A, *Occupational Disability Certification*, for your completion. After entering your response to each question, sign the certification, date, and return it in the enclosed self-addressed envelope. The RRB may contact you for additional information or clarification based on your responses to ensure the continuance of your disability annuity. If you do not return the signed certification to us **within 30 days** from the date of this letter, we will automatically conduct a Continuing Disability Review.

If you have any questions concerning this letter or the enclosed certification, please contact an RRB representative at our toll-free number.

Enclosures  
Form RL-8A  
Self-Addressed Envelope

RL-8 (xx-xx)