

**Application Summary**

**Identifying Information**

Employee's Name

Employee's Email

Sex

If different, enter your name at birth

Date of Birth

Does your name match the name on your Social Security (SSA) Card?

Name on SSA Card

**Mailing Address**

Do you currently live outside of the United States?

Address 1

Address 2

City

State/Province

ZIP/Postal Code

Country

Daytime Telephone Number

Alternate Telephone Number

**Information About Type of Annuity**

What type of annuity are you applying for?

Will you accept a reduced age annuity if you are not eligible for a full age annuity?

Do you want your annuity to begin on the earliest date permitted by law?

**Information About You and Your Family**

Select your current marital status

Where you previously married?

Are you expecting a new born?

Expected Delivery Date

Do you have children who are unmarried and meet any of the following conditions?

Under Age18

Number of children

Age 18 through 19 and attending elementary or secondary school full-time.

Number of children

Age 18 or older with a continuing disability that began before age 22 and prevents any kind of employment.

Number of children

Name	Relationship to Employee
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**Information About Your Railroad Work**

Organization Name	Employment Begin Date	Employment End Date
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**Information About Your Nonrailroad Work**

Did you work for pay outside the railroad industry either during the last 6 months you worked in the railroad industry or after you left the railroad industry?  
Were you self employed in a non-incorporated business during your last 6 months in the railroad industry or after you left the railroad industry?

Employer Name	Employment Begin Date	Employment End Date
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**Information About Your Earnings**

**Earnings for (Prior Year)**

Do you expect your annuity to begin before January 1, (Current Year)?  
Were your total earnings from all employment in (Prior Year) more than \$(Prior year annual exempt amount)?

Enter your total earnings for (Prior Year)

Did you earn more than the (Prior Year) monthly earnings exempt amount of \$(Prior year monthly exempt amount) in all employment in every month of (Prior Year)?

Indicate each month in (Prior Year) which you did not earn more than the monthly earnings exempt amount from all employment.

JAN FEB MAR APR MAY JUN  
JUL AUG SEP OCT NOV DEC

**Earnings for (Current Year)**

Do you expect your total earnings from all employment in (Current Year) to be more than \$(Current year annual exempt amount)?

Enter the total amount you expect to earn (Current Year)

Do you expect to earn more than the monthly earnings exempt amount of \$(Current year monthly exempt amount) in employment for hire, or to perform substantial services in self-employment in every month (Current Year)?

Indicate each month in (Current Year) which you do not expect to earn more than the monthly earnings exempt amount from all employment.

JAN FEB MAR APR MAY JUN  
JUL AUG SEP OCT NOV DEC

**Earnings for (Next Year)**

Do you expect your total earnings from all employment in (Next Year) to be more than \$(Next year annual exempt amount)?

Enter the total amount that you expect to earn (Next Year).

Indicate each of the first four months in (Next Year) which you expect to earn LESS than the (Next Year) monthly earnings exempt amount of \$ (Next year monthly exempt amount).

JAN FEB MAR APR

## Information About Your Pay For Time Lost And Sick Pay

### Pay For Time Lost

Did you receive or expect to receive pay for time lost from your last railroad employer?

Note: If answered "Yes" and you received an injury settlement or elected to receive "dismissal pay", you will need to provide a copy of your settlement or election with your application.

Select the dates for which those payments were made or will be made.

### Railroad Sick Pay

Did you receive or expect to receive sick pay under a railroad wage continuation plan (other than your own regular salary) that was established through a company policy or labor agreement and this pay was for a period of time after the actual date you last worked for the railroad?

Enter the dates for which these payments were made or will be made for up to 6n months after your actual day last worked.

Enter the name of the sick pay plan, if known

Have you filed or do you expect to file a lawsuit or claim against any person or company for a personal injury where you also received sickness benefits as a result of that injury?

Name of the person/company

Currently reside outside of the United States?

Address 1

Address 2

City

State

ZIP Code

## Information About Garnishment, Criminal Offense, and Deemed Current Connection

### Garnishment or Property Settlement

Are you party to a court order to enforce either your child support or alimony obligation, or to pay part of your present or future railroad retirement benefit to a spouse or former spouse as a part of a property settlement in a divorce or legal separation proceeding. (NOTE:

Reference to pension rights may be found in the property settlement.)?

Which situation applies?

Child Support or Alimony

Property Settlement

### Criminal Offense

Have you been imprisoned or given a sentence of confinement due to a conviction for a criminal offense?

Date of the conviction

Date of the sentence of confinement

Date the confinement began

Has the confinement ended?

Date the confinement ended

**Deemed Current Connection**

Do you have at least 25 years of railroad service and have indicated nonrailroad employment that could break your current connection?

Were you separated from your last railroad employer involuntarily and through no fault of your own on or after October 1, 1975?

Did you decline an offer to work in the railroad industry in the same "class or craft" as your last railroad job?

**Information About Your Military Service**

Were you in active military service – such as the Army, Navy, Air Force or Marines, for the United States?

Did you have voluntary military service during the period June 15, 1948 through December 15, 1950?

Did you have nonrailroad earnings after leaving the military service stated above and before returning to the railroad?

**Information About Your Social Security Benefits**

Have you filed, or do you plan to file within the next 90 days, an application for social security benefits?

Are you currently receiving social security benefits?

Are all or part of your social security benefits described above based on the earnings of someone other than yourself?

Name of the person that your social security benefits are based on.

Social security number of the person that your social security benefits are based on.

Do you want this application to be used to protect the filing date for Social Security Benefits?

**Information About Your Noncovered Service Pension (NCSP)**

Are you receiving or expect to receive a pension or annuity or lump sum in excel of contributions based on any work after 1956 not covered by social security or railroad retirement?

Employer Name	Non-profit Organization	Payment Type Code	Employment Begin	Employment End
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**Information About Other Railroad Retirement Annuity**

Have you filed within the last 30 days, or do you intend to file within the next 90 days, for an annuity based on another person's railroad earnings record?

Other Person's Name

Other Person's Account Number

**Information About Private Pensions**

Are you receiving or do you expect to receive a monthly pension or lump sum pension payment from one or more railroad employers?

Employer Name	Pension Begin Date
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**Information About Medicare**

Do you have a Medicare card that shows entitlement to Medicare medical insurance (Part B)?

Have you filed for Part B within the last three months?

Do you wish to enroll in Part B?

Are you currently covered by an Employer Group Health Plan (EGHP) based on your own or your spouse's current employment?

**Receiving Your Payments**

Choose how you want to receive your payments.

Routing Transit Number

Account Number

Account Type

Financial Institution Name