

STUDENT QUESTIONNAIRE

INSTRUCTIONS

Refer to booklet G-316, *Railroad Retirement Benefits for Students Age 18-19 and in Elementary or Secondary School*, which explains information you will need to answer many of the questions on this questionnaire. Also be sure to read the important notices on page 3.

Based on your answer to a question, you may be told to skip to another item number, or even another section. Follow the instructions that tell you to "Go to" another item. These are designed to save you time by skipping items that do not apply to you. This helps you move through the form quickly, filling in only necessary information. If no "Go to" instructions are given, answer the next item in order. Do not skip any items unless directed to do so.

Type or print legibly in ink. When applicable, enter an "X" in the appropriate box.

SECTION A CHILD'S STATEMENT REGARDING SCHOOL ATTENDANCE

| | | | | | | | |
|---|--|---------------------|------|--|-----|-------|------|
| 1. Your Name | 2. Your Own Social Security Number | 3. RRB Claim Number | | | | | |
| 4. For months you are age 18 through age 19, were you, are you, or will you be, in full-time attendance at the elementary or high school level? | <input type="checkbox"/> Yes - "X" the appropriate box below <input type="checkbox"/> Elementary School <input type="checkbox"/> High School <input type="checkbox"/> Home School <input type="checkbox"/> No - Go to Item 18 | | | | | | |
| 5. Do you authorize the school to disclose information about your school attendance, past, present, and future to the Railroad Retirement Board? | <input type="checkbox"/> Yes - Complete Item 6 <input type="checkbox"/> No - Go to Item 18 | | | | | | |
| 6. Enter the name and mailing address of the school or home school. _____ _____ _____ | | | | | | | |
| 7. Enter the date the school year began and ended or will begin and end. | FROM | | | TO | | | |
| | Month | Day | Year | Month | Day | Year | |
| 8. Enter the number of hours per week you were, are, or will be scheduled to attend the school named in Item 6. Note: <i>If less than 20 hours per week, explain on a separate sheet of paper.</i> | | | | | | | |
| 9. a. Did you attend, or are you attending, the school named in Item 6 at the request of an employer (paid to attend school)? | | | | <input type="checkbox"/> Yes - Complete Item 9b <input type="checkbox"/> No - Go to Item 10 | | | |
| b. Enter the name of the employer. _____ | | | | | | | |
| 10. If you are studying at the high school level, enter the month and year of your expected date of graduation. | | | | | | Month | Year |

****Stop here. Give this form to your school official and ask them to complete Section B below and return to you.****

SECTION B <SCHOOL REGISTRAR/HOME SCHOOL TEACHER> CERTIFICATION

| | | |
|---|---|----------------------|
| 11. a. Is the school information provided in Section A, above, in agreement with your school records? | <input type="checkbox"/> Yes - Go to Item 12 <input type="checkbox"/> No - Complete Item 11b | |
| 11. b. Enter the correct information from your records. _____ _____ | | |
| 12. Knowing that anyone making a false statement or representation of a material fact for use in determining a right to payment under the Railroad Retirement Act commits a crime punishable under Federal Law, I certify that according to this school's records, the information given above is true. | | |
| Name of <School Registrar/Home School Teacher> (Print) | Signature of <School Registrar/Home School Teacher> | Telephone Number () |
| Name of School | | Date |

| SECTION C | | STUDENT AGE 18 ATTAINMENT OR MONITORING INFORMATION | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|------|------|-------|------|-----|------|--|
| <p>If you are also completing Form AA-19, Application for Child's Annuity, at this time, you may go to Section D. Otherwise, go to Item 13a.</p> <p>To update our records, for each item below, enter an "X" in the appropriate boxes and complete any applicable information.</p> | | | | | | | | | | | | | | |
| 13. a. Did you marry? | | | | | | | <input type="checkbox"/> Yes - Complete Item 13b <input type="checkbox"/> No - Go to Item 14a | | | | | | | |
| b. Enter the Date of Marriage. | | | | | | | Month | Day | Year | | | | | |
| 14. a. Did you file an application for social security benefits or railroad retirement benefits based on an earnings record other than the employee's? | | | | | | | <input type="checkbox"/> Yes - Complete Items 14b-c <input type="checkbox"/> No - Go to Item 15a | | | | | | | |
| b. Enter the name of the wage earner. | | | | | | | | | | | | | | |
| c. Enter the SSA or RRB Claim Number. | | | | | | | | | | | | | | |
| 15. a. Do you expect to earn more than the annual earnings exempt amount(s) during the dates of school attendance indicated in Item 7? <i>(Refer to the enclosed Form G-77 for the annual earnings exempt amounts by calendar year.)</i> | | | | | | | <input type="checkbox"/> Yes - Complete Items 15b-c <input type="checkbox"/> No - Go to Item 16a | | | | | | | |
| b. Enter the total expected earnings for each calendar year. | | | | | | | | | | | | | | |
| c. Enter the month and year these earnings begin and end. | | | | | | | FROM | | TO | | | | | |
| | | | | | | | Month | Year | | Month | Year | | | |
| | | | | | | | | | | | | | | |
| 16. a. Did you work for an employer in the railroad industry? | | | | | | | <input type="checkbox"/> Yes - Complete Items 16b-c <input type="checkbox"/> No - Go to Item 17 | | | | | | | |
| b. Enter the name of the employer. | | | | | | | | | | | | | | |
| c. Enter the date work began and ended. | | | | | | | FROM | | TO | | | | | |
| | | | | | | | Mo. | Day | Year | | Mo. | Day | Year | |
| | | | | | | | | | | | | | | |
| 17. Do you want to begin to receive your survivor benefits by direct deposit to your financial institution? | | | | | | | <input type="checkbox"/> Yes - Read Note then go to Item 18 <input type="checkbox"/> No or Not Applicable | | | | | | | |
| NOTE: If answered "Yes," attach a voided check or copy of a savings account statement to this form. | | | | | | | | | | | | | | |
| SECTION D | | STUDENT CERTIFICATION SECTION | | | | | | | | | | | | |
| <p>18. Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under Federal Law is committing a crime punishable under Federal Law, I certify that the school attendance information furnished in Section A, and, if applicable, the entitlement information furnished in Section C of this form are correct and Section B has been completed by my <School Registrar/Home School Teacher>.</p> <p>I have read Booklet G-316, Railroad Retirement Benefits for Students Age 18-19 and in Elementary or Secondary School, and I agree to immediately report any events which affect my entitlement as a student, to the RRB.</p> | | | | | | | | | | | | | | |
| Student's Signature | | | | | | | Telephone Number | | | Date | | | | |
| | | | | | | | () | | | | | | | |

DEFINITION OF "FULL-TIME ATTENDANCE"

For Railroad Retirement Act purposes, students are generally considered to be in full-time attendance in elementary or secondary school courses of at least 13 weeks duration with minimum attendance of 20 hours per week. High school level includes Technical and Vocational courses. The program must be in accordance with the law of the State or other jurisdiction in which the students reside. This includes enrollment in: (1) a public, private, or religious educational institution; (2) an independent study program administered by the school district in which the student resides; or (3) home school elementary or secondary education. This definition agrees with the Social Security Act definition of full-time student.

PAPERWORK REDUCTION ACT 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 (RRA) 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. Some of the information may have an effect on the amount of benefits which we can pay.

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

- 1) An attorney, the Office of the President, a Congressional office, a labor union, or to 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 Postal Service to issue payments and to investigate lost, forged, or stolen payments.
- 6) Your last employer to make sure that you are eligible to receive railroad retirement benefits and you continue to receive any available medical benefits, and to any railroad employer (or to 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, Centers 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 their organizations and if any previous benefits were paid incorrectly.
- 8) The Internal Revenue Service or to 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 Government Accountability Office for audits and for collecting overpayments owed to the RRB or Social Security Administration.
- 11) The U.S. Department of Labor as required by the Federal Coal Mine and Safety Act.
- 12) 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 Standards Review Organizations and State Licensing Boards when services provided by physicians or practitioners suggests unethical or unprofessional conduct.

We estimate it 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.

COMPUTER MATCHING AND PRIVACY PROTECTION ACT NOTICE

The Computer Matching and Privacy Protection Act of 1988 requires the RRB to advise you that information you have provided may be used, without your consent, in automated matching programs. These matching programs are a computer comparison of RRB records with records kept by other Federal, state, or local governmental agencies. Information from these programs can be used to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.