

<b>CLAIMANT APPEAL UNDER THE RAILROAD RETIREMENT ACT OR RAILROAD UNEMPLOYMENT INSURANCE ACT</b>			
<p><b>IMPORTANT:</b> Read the "Important Notice" on the next page and the accompanying Form HA-2 before completing this form.</p> <p><b>RETURN the completed form to:</b></p> <p style="text-align: center;">Bureau of Hearings and Appeals                      Railroad Retirement Board                      844 North Rush Street                      Chicago, Illinois 60611-1275</p>	RRB Claim Number		
	Print Name (First, Middle Initial, Last)		
	Print Address (Number, Street/Apt. No., Po Box)		
	City	State	ZIP Code
	Telephone Number (     )		
<p><b>Complete either Item A or B</b> ➤</p>	<input type="checkbox"/> A. I hereby appeal the reconsideration decision reported in a letter dated _____. <input type="checkbox"/> B. I hereby appeal the Hearings Officer's decision reported in a letter dated _____.		
<p>This appeal is based on what I believe to be mistakes of fact or errors of law. Details of these mistakes are as follows.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;"><i>(Attach additional sheets if necessary.)</i></p>			
<input type="checkbox"/> I have no additional evidence. <input type="checkbox"/> I intend to submit additional evidence as follows: _____			
<p>I certify that the information I have provided is true to the best of my knowledge. I know that if I have made a false or fraudulent statement on this form or with any of the supporting evidence submitted, I am committing a crime which is punishable under Federal law by fine or imprisonment or both.</p>			
<b>IF CLAIMANT IS REPRESENTED</b>		Signature of Claimant	
Name of Representative		Date Signed	
Address			
Telephone No. (     )			
<input type="checkbox"/> Attorney <input type="checkbox"/> Non-Attorney		<p><i>If this appeal is filed by a person other than the claimant, state below the relationship to the claimant. (For example, Executor, Administrator, Guardian, etc.)</i></p> <p>_____</p>	

## PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

### ***Collection and Use of Information from Your Appeal Form***

Under section 7(b)(6) of the Railroad Retirement Act of 1974 and section 5(b) of the Railroad Unemployment Insurance Act, the Railroad Retirement Board (RRB) is authorized to ask you for the information on this form. You are not required to provide us with this information, however, if you do not do so, we cannot process your appeal.

Although the information which we request is almost never used for any purpose other than the processing of your appeal, the RRB does have the authority to release some or all of the following information to the indicated individuals, organizations, and/or agencies without your approval:

- 1) Information may be release to 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) Information may be released to 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) Information may be released to a person who will receive benefits on your behalf if the RRB decides that some medical condition keeps you from receiving your own benefits.
- 4) Information (including medical records) may be released to people or organizations who are working for the RRB.
- 5) Information may be released to your last employer to make sure that you are eligible to receive benefits under the Railroad Retirement Act or under the Railroad Unemployment Insurance Act.
- 6) Information may be released in certain cases for law enforcement purposes and for court proceedings.

A complete list of the persons, organizations or agencies to which the information you gave us may be released is published in the Federal Register. The current list is available in any office of the RRB, if you wish to see it.

We estimate this form takes an average of 20 minutes per response, 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.