



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

**CURRENT**

OFFICE HOURS: 9:00 AM TO 3:30 PM  
MONDAY THROUGH FRIDAY

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

In reply refer to

Enclosed are the forms and booklets you will need to file for Medicare with the Railroad Retirement Board (RRB).

You must complete the forms shown below and return them to the RRB address shown above. If any of the forms are missing, contact us at 1-877-772-5772 to request them.

**Insert Form(s)**

You must submit the following evidence with your completed application(s):

**Insert Proof(s)**

If you have previously submitted any of the proofs to the RRB, do not submit the proof again. Instead, on a separate sheet of paper, explain why you are not submitting the proof at this time. If additional proof is needed, we will contact you.

Please keep the following booklet and/or leaflet for future reference:

**Insert Booklet/Leaflet**

Sincerely,

Enclosure(s)