RAILROAD RETIREMENT BOARD
<OFFICE NAME>
<OFFICE ADDRESS>
<OFFICE CITY, STATE, ZIP CODE>
WWW.RRB.GOV

Form Approved
OMB No. 3220-0082

CURRENT

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

RRB Claim Number:
Name of Claimant:
Claimant's SS No.:

To help us determine if is entitled to a Special Enrollment Period for Medicare Part B (Medical Insurance) and/or premium surcharge relief for Part B premiums, please answer the five items below and return this page to us using the enclosed envelope.

If you have any questions, please call the telephone number shown above.

Sincerely,

Enclosure: Envelope

EVIDENCE OF COVERAGE UNDER AN EMPLOYER GROUP HEALTH PLAN	
1. Has been covered under an employer Group Health Plan? ☐ Yes - Complete Items 2-5 ☐ No - Go to Item 5	
2. Enter the name of the employer Group Health Plan.	
3. Is still covered under the employer Group Health Plan? ☐ Yes - Enter the date coverage began. _____/_____/_____ ☐ No - Enter the dates of coverage: From _____/_____/_____ To ____/_____/_____	
4. Is the employee still working? ☐ Yes - Go to Item 5 ☐ No - Enter the date employment ended. _____/_____/_____	
5. **Employer Certification -** Knowing that anyone who makes a false or fraudulent statement for the purpose of obtaining benefits from the RRB is committing a crime punishable under federal law, I certify that the information is true, correct, and complete.	
Signature	
Print Your Name and Title	
Telephone Number ( )	Date

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

The Railroad Retirement Board (RRB) is authorized to collect the information requested on this form under Sections 7(b)6 and 7(d) of the Railroad Retirement Act. The information obtained from this form will be used for determining whether the claimant applying for Part B under Medicare may be entitled to a Special Enrollment Period and/or premium surcharge relief because of coverage under an employer Group Health Plan. Although you are not required to furnish this information, if you fail to do so, the claimant may not be considered eligible by the RRB to receive these benefits.

We estimate this form takes an average of 10 minutes per response to complete, including the time for reviewing the instructions, obtaining the 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 completion time, to the Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 N. Rush St., Chicago, IL 60611-1275.