

**APPLICATION SUMMARY and CERTIFICATION**

**Employee's Name** John Public  
**RR Claim No.** A 123-45-6789

The following information was either supplied by or verified by you in support of your application for Lump Sum Death Payment under the Railroad Retirement Act. After you have reviewed the information, make any changes on the summary, initial the change and sign the certification on the last page. Return the certification and all pages of the summary to the RRB.

**Employee Information**

**Social Security Number** 123-45-6789  
**Date of Birth** 10-17-1971  
**Date of Death** 04-06-2018

**Military Service**

The employee was not in active military service after September 7, 1939

**Recent Employment**

The employee has not worked in the last three years.

The employee's net earnings from self-employment were less than \$400 in each of the last three years.

**Railroad Employment**

The employee had a current connection with the railroad industry.

**Employee's Family**

The employee was not survived by a widow(er) who is eligible for monthly benefits.

The employee was not survived by a surviving divorced spouse who is eligible for monthly benefits.

The employee was not survived by children or grandchildren who are eligible for monthly benefits.

The employee was not survived by a parent who is eligible for monthly benefits.

**Applicant Information**

**Name and Address** Jane Public  
**Social Security Number** 987-65-4321  
**Daytime Telephone Number** 555-151-8121  
**Type of Application Filed** Lump Sum Death Payment

You applied for this benefit based on being responsible for the payment of the employee's burial expenses.

You have requested that any payment due you be sent to the following bank account:

Bank Name	Citibank Financial Services
Routing Number	00020050358
Account Number	25987
Account Type	Checking

**Burial Expense Information**

Total <b>funeral home</b> expenses:	\$9,000.00
Amount paid with your own money:	\$4,000.00
Amount paid with the employee's money:	\$1,000.00
Amount remaining unpaid:	\$4,000.00

**Reimbursement**

You have not and will not receive money or property to reimburse you for the burial expenses you paid.

**Application for Lump Sum Death Payment - Certification**

<b>Employee's RR Claim Number</b>	A 123-45-6789
<b>Employee's Name</b>	John Public
<b>Employee's Social Security Number</b>	123-45-6789

<b>Applicant's Name</b>	Jane Public
<b>Applicant's Social Security Number</b>	987-65-4321

I certify that the information I have given to the Railroad Retirement Board (RRB) in relation to this application is true to the best of my knowledge. I know that if I make a false or fraudulent statement in order to receive benefits from the RRB, I am committing a crime under Federal law, which may be punishable by fines, imprisonment, or both.

I have received and reviewed a summary of the information I provided. I understand that I have an obligation to advise the RRB immediately if there are any errors in the summary I received, and have made and initialed any corrections on the summary being returned to the RRB.

I agree not to request or accept reimbursement from another party for that part of the burial expenses for which I am reimbursed by the lump-sum death payment.

I have received and reviewed the booklet *RB-21, Lump-Sum Death Payment, Residual Lump-Sum, and Annuities Unpaid at Death*.

**Completed Proposed**

\_\_\_\_\_  
**Signature** (First Name, Middle Initial, Last Name)

\_\_\_\_\_  
**Date** (Month/Day/Year)

If this certification is signed by mark ("X"), two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Address** (Street, City, State and ZIP Code)

\_\_\_\_\_  
**Address** (Street, City, State and ZIP Code)

(\_\_\_\_\_)\_\_\_\_\_  
**Daytime Telephone Number**

(\_\_\_\_\_)\_\_\_\_\_  
**Daytime Telephone Number**

