



**RAILROAD RETIREMENT BOARD**  
844 NORTH RUSH STREET, ROOM 901  
CHICAGO, IL 60611-1275

Form Approved  
OMB No. 3220-0082

E-MAIL: [chicago@rrb.gov](mailto:chicago@rrb.gov)

**PROPOSED**

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  
FACSIMILE NUMBER: 1-312-751-7136

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, or via facsimile to the number shown above.

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

Sincerely,

Enclosure: Envelope

<b>EVIDENCE OF COVERAGE UNDER AN EMPLOYER GROUP HEALTH PLAN</b>	
1. Has _____ been covered under an employer Group Health Plan? <input type="checkbox"/> Yes - Complete Items 2-5 <input type="checkbox"/> 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? <input type="checkbox"/> Yes - Enter the date coverage began. ____/____/_____ <input type="checkbox"/> No - Enter the dates of coverage: From ____/____/____ To ____/____/_____	
4. Is the employee still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(See page 2 for additional information)</b> Employment Start Date: ____/____/____ End Date: ____/____/_____	
5. <b>Employer Certification</b> - 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

**Further explanation for question 4.**

In general, an individual has “current employment status” if he/she is **actively working** as an employee, is the employer (including a self- employed individual), or is associated with the employer in a business relationship.

An individual also has “current employment status” if he or she is **not actively working, but meets all of the following conditions:**

- retains employment rights in the industry;
- employment has not been terminated by the employer (if the employer provides the coverage); or membership in the employee organization has not been terminated (if the employee organization provides the coverage);
- is not receiving disability benefits from an employer for more than 6 months

**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.