

# CURRENT

UNITED STATES OF AMERICA  
RAILROAD RETIREMENT BOARD

## Request for Verification of Date Last Worked – (Month/Year) Retirements

FORM APPROVED  
OMB NO. 3220-0005

The following is a list of your former employees who have recently filed an application for either an age and service or a disability annuity with the Railroad Retirement Board (RRB). The employees provided their *Date Last Worked* for your railroad: and, if applicable, the ending date of any *Pay For Time Lost* after the actual date last worked. If the employees are filing based on age and service, they provided their *Date Relinquished Rights* to railroad employment. The dates the employees provided on their applications are shown below. If these dates are correct, there is nothing you need to do. But if any of these dates are NOT correct, please cross them out and enter the correct date above them. When correcting a date, add an attachment explaining the correction.

Fax your correction to the Retirement and Survivor Benefits Division – Retirement Initial Section: (312) 751-7192.

BA No	SSN	Payroll Name	Job Title	Dept-Div	Location	Date Last Worked	Last Day of Pay For Time Lost, If Later Than Date Last Worked	Date Relinquished Rights, If Applicable

CERTIFICATION: I understand that civil and criminal penalties can be imposed against me for false and fraudulent statements or for withholding information to misrepresent a fact material to determine a right to payment under the Railroad Retirement Act. I certify that, to the best of my knowledge, the information which I have given is true, complete, and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_