

RRB.gov outage for Sunday, February 26, 2017. [More](#)

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Field Office Locator



U.S. Railroad Retirement Board

- Home
- Our Agency
- Benefits
- Employers
- Resources
- Financial & Reporting
- News Room



Change in Service Hours for Field Offices

Effective at noon on June 1, 2016, U.S. Railroad Retirement Board (RRB) field offices around the country will be closed to the public on Wednesday afternoons.

[Read More](#)

Benefit Information



Retirement

Information about retirement annuities for railroad employees and the benefits available to their spouses and survivors.



Survivor

Information about survivor annuities for railroad employees and the benefits available to their spouses and survivors.



Disability

Information about disability annuities for railroad employees and the benefits available to their spouses and survivors.



Sickness

Information about sickness annuities for railroad employees and the benefits available to their



Unemployment

Information about unemployment annuities for railroad employees and the benefits available to



Benefit Online Services



Benefit Online Services

Conduct private and secure RRB business over the Internet

Login Required

- Get Retirement Annuity Rate Estimate
- Apply for Unemployment Benefits
- Claim Unemployment Benefits
- Claim Sickness Benefits
- View RUIA Account Statement
- View Service & Compensation History
- Access Online Retirement Application

No Login Required

- Request Duplicate Tax Statement
- Request Monthly Rate Verification
- Request Replacement Medicare Card
- Request Service & Compensation History
- Online Bill Payment

More Information

- ▶ [PIN Password \(PPW\) FAQ](#)
- ▶ [Login.gov FAQ](#)

View Presentations

- ▶ [Requesting a PRC](#)
- ▶ [Benefit Online Services](#)

Related Links

- ▶ [Security Information](#)
- ▶ [Call toll free with RRB National Telephone Service](#)
- ▶ [RRBVision Video Library](#)
- ▶ [Glossary of RRB Terms](#)
- ▶ [Railroad Retirement Handbook](#)



Login Required

Online services either use a Pin Password (PPW) account, or a Login.gov account. Please select the appropriate method depending on the application you are looking for.

RUIA & Service History

The following Internet services are intended for railroad employees who are not receiving annuities.

- Apply for Unemployment Benefits
- Claim Unemployment Benefits
- View RUIA Account Statement
- Claim Sickness Benefits
- View Service and Compensation History
- Get Retirement Annuity Rate Estimate

First time users must establish an account by requesting a Password Request Code (PRC) be mailed to their home address.

[Log In to your PPW Account](#)

[Request a PRC | Establish Internet Account \(after receiving PRC\)](#)
[Request New Password](#)

Online Retirement Application

Apply for your retirement application, lorem ipsum dolor sit amet, consectetur adipiscing elit.

- Online Retirement Application

[Sign In](#)

with LOGIN.GOV

Related Links

- ▶ [PIN Password \(PPW\) FAQ](#)
- ▶ [Login.gov FAQ](#)
- ▶ [Service & Compensation History Info](#)
- ▶ [Retirement Annuity Rate Estimate Info](#)
- ▶ [Unemployment Benefits Application Info](#)
- ▶ [Unemployment Benefits Claim Info](#)
- ▶ [Sickness Benefits Claim Info](#)
- ▶ [RUIA Account Statement Info](#)
- ▶ [Security Information](#)

View Presentations

- ▶ [Requesting a PRC](#)
- ▶ [Benefit Online Services](#)
- ▶ [Applying for Unemployment Benefits](#)
- ▶ [Filing Unemployment Claims](#)
- ▶ [Filing Sickness Claims](#)

More Information

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- ▶ [Glossary of RRB Terms](#)
- ▶ [Railroad Retirement Handbook](#)



U.S. Railroad Retirement Board



Railroad Retirement Board is working with login.gov to make accessing your information easy and secure.

To make a login.gov account you'll need to have an email address and phone number where we can reach you. You'll also need to verify your identity to access sensitive information about yourself.

[Get started](#)

Already have an account? [Sign in here](#)

You will need



**User goes through rest of the
login.gov experience**

Welcome, **George Washington** ▾

Logout

Your account is managed by
LOGIN.GOV

Account settings ▸

Another line item ▸

Introduction

Before you start your application, we recommend that you take a moment to prepare by reviewing a few items.

- [Read the Paperwork Reduction Act and Privacy Act Notices.](#)
- [Read booklet RB-1, Age and Service Employee Annuity.](#) This booklet explains information you will need to answer many of the questions in this application, including the requirements to receive a Retirement Annuity, how to apply for an annuity and what will happen after you file your application.
- Gather all the information you need to complete the application process. See [Checklist](#).

We anticipate that completing this application will take about 45 minutes. You can save your application and return to complete it at any time, until you submit it for processing. A partially completed application will be saved for 90 calendar days. After 90 days, if the application has not been submitted, it will be deleted and you will need to start the application process again.

Make sure to submit to the Railroad Retirement Board (RRB) any necessary proofs or additional forms you were asked to complete.

NOTE: After the RRB receives your application, a receipt form with information about your claim will be sent to the email address you provided. When you receive this receipt, this confirms the RRB received your application and started the work needed to determine if you are entitled to benefits. **If you do not receive the receipt by email within two days after you filed the application, please contact us so we can determine what is causing the delay and provide you with a response.**

If you have any questions or concerns, please contact an RRB representative at our toll free number, 877-772-5772.

[Start Application](#)[Cancel](#)

Paperwork Reduction Act and Privacy Act Notices

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

The RRB's authority for requesting this information is Section 7(b) of the Railroad Retirement Act (RRA) of 1974. Providing us with this information is voluntary on your part. However, if you fail to provide us with the requested information, we may be unable to pay you any benefits. The RRB needs this information to determine whether or not you are eligible to receive such benefits, and, if so, the amount you are entitled to receive. If your annuity application is approved and we begin to pay you benefits, information that we may request from you in the future will be used to determine whether you are entitled to continue to receive such benefits.

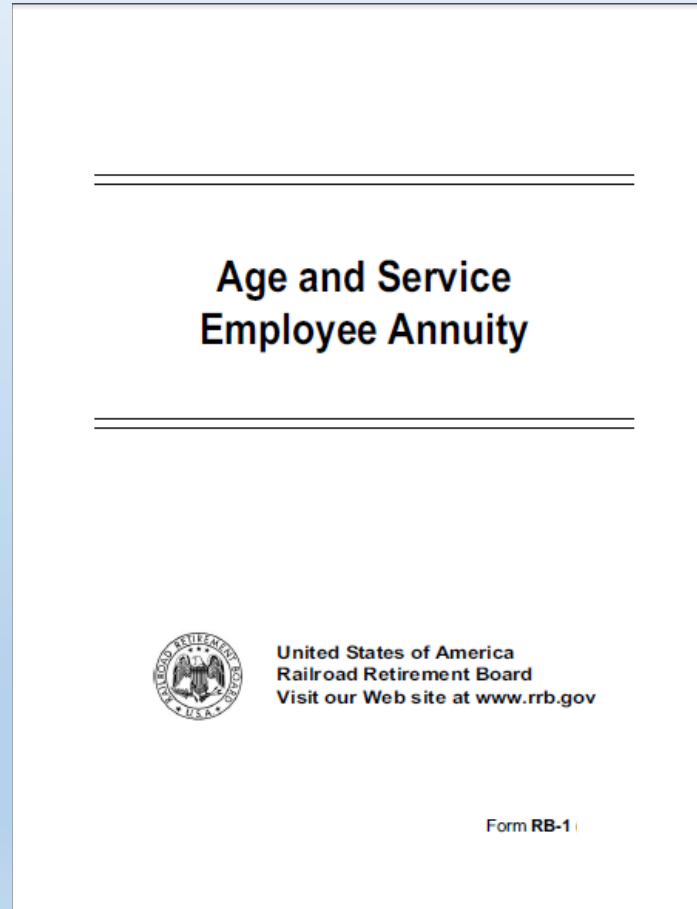
We estimate the application process takes an average of 45 minutes per response to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed application. Federal agencies may not conduct or sponsor and respondents are not required to respond to, 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 application process including suggestions for reducing the completion time to the Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 N. Rush St., Chicago, IL 60611-1275.

Computer Matching and Privacy Protection Act Notice

The Computer Matching and Privacy Protection Act of 1988 requires the Railroad Retirement Board (RRB) to advise you that information you have provided may be used, without your consent, in automated matching programs. These matching programs are a computer comparison of RRB records with records kept by other Federal, state or local government agencies. Information from these Matching programs can be used to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

[Close](#)

Informational Booklet RB-1, “Age and Service Employee Annuity”

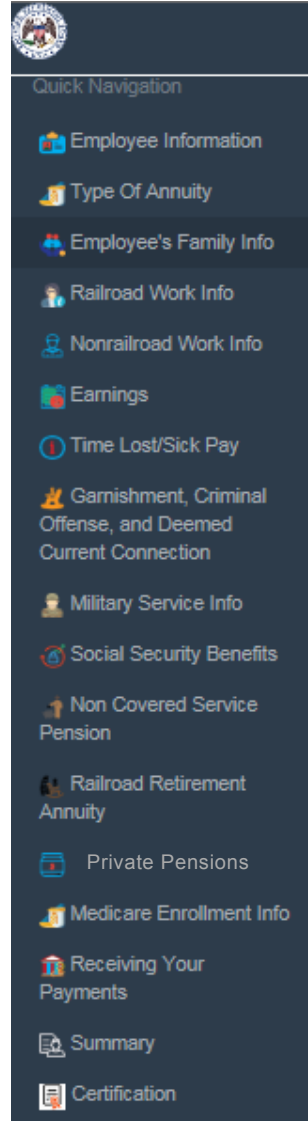


Checklist

CHECKLIST - Information Needed to Apply for an Annuity

- Information that Identifies You:
 - Date and Place of Birth
 - Social Security Number (SSN)
 - Email Address
- Marriage:
 - Name, Date of Birth and SSN of Current or Former Spouse(s)
 - Beginning and Ending Date(s) of Marriage(s)
 - Place(s) of Marriage
- Dependents (Minor or Disabled Children):
 - Name
 - Date of Birth
 - SSN
- Railroad Employment History:
 - Railroad Employer Name
 - Beginning and Ending Dates of Employment
 - Railroad Pension Information
- Nonrailroad Employment History:
 - Employer Name and Address
 - Beginning and Ending Dates of Employment
 - Earnings Amount for Last Year, This Year and Next Year
 - Employer Identification Number (EIN). This number can be found on the Form W-2 you received from your employer.
- Self-Employment History:
 - Business Type
 - Total Net Income
- If Choosing Direct Deposit for Receiving Your Payments:
 - Financial Institution Routing Number
 - Your Checking or Savings Account Number

Quick Access Bar (on all screens)



Step 1 – Employee Information

Application For Employee Annuity
Form AA-1 (xx-xx)

Form Approved
OMB No. 3220-0002

Logout

Employee Information ? Step 1 of 17

Employee's Name *	<input type="text" value="William Sweeney"/>
Employee's Email *	<input type="text" value="Nunc.mauris@dulnec.org"/>
Sex *	<input type="radio"/> Male <input type="radio"/> Female
If your name was different at birth, enter that name	<input type="text"/>
Date of Birth *	<input type="text" value="05/01/1994"/>
Does your name match the name on your Social Security (SSA) card?	<input type="text" value="-- Select --"/>
Mailing Address	
Do you currently live outside of the United States?	<input type="text" value="No"/>
Address 1 *	<input type="text" value="2087 Tempor Road"/>
Address 2	<input type="text"/>
City *	<input type="text" value="Pulle"/>
State *	<input type="text" value="Illinois"/>
ZIP Code *	<input type="text" value="90341"/>
Daytime Telephone Number *	<input type="text" value="(xxx)xxx-xxxx"/>
Alternate Telephone Number	<input type="text" value="(xxx)xxx-xxxx"/>

See Screen 6a for "No" response

See Screen 6a for "Yes" response

See Screen 6b for dropdown choices

Step 1 – Employee Information Input Values

Does your name match the name on your Social Security (SSA) card?

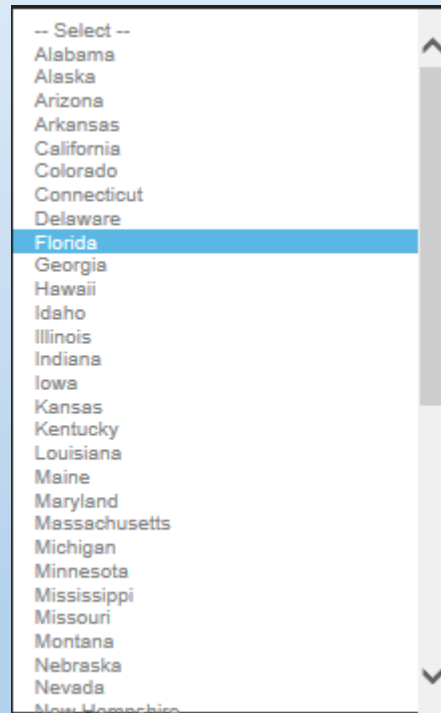
Name on SSA card

Do you currently live outside of the United States?

Address 1*	<input type="text" value="2087 Tempor Road"/>
Address 2	<input type="text"/>
City*	<input type="text" value="Pulle"/>
Province*	<input type="text" value="Quebec"/>
ZIP/Postal Code*	<input type="text" value="H3Z 2Y7"/>
Country*	<input type="text" value="Canada"/>
Daytime Telephone Number*	<input type="text" value="(555) 555-5555"/>
Alternate Telephone Number	<input type="text" value="(xxx)xxx-xxxx"/>

Step 1 – Employee Information Input Values

- States



Step 2 – Information About Type of Annuity

Application For Employee Annuity
Form AA-1 (xx-xx)

Form Approved
OMB No. 3220-0002

Logout

Information About Type of Annuity ? Step 2 of 17

Please read Part I of the RB-1 booklet for information about age and service annuities.

What type of annuity are you applying for?*

Do you want your annuity to begin on the earliest date permitted by law?*

- Select -

- Select -

See Screen 7a

See Screen 7b

* Indicates required field.

Previous Next Save

Step 2 – Type of Annuity Input Values

Information About Type of Annuity

What type of annuity are you applying for?*

– Select –
Full 60/30
Full Age
Reduced Age

- “Full 60/30” or “Full Age” selected

Will you accept a reduced age annuity if you are not eligible for a full age annuity?

– Select –
No
Yes

Step 2 – Type of Annuity Input Values

Information About Type of Annuity

Do you want your annuity to begin on the earliest date permitted by law?*

No

Select the date you want your annuity to begin.

MM/DD/YYYY

Sep 2016

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Step 3 – Employee’s Family Info

Application For Employee Annuity
Form AA-1 (xx-xx)

Form Approved
OMB No. 3220-0002

Logout

Employee's Family Info ?

Step 3 of 17

Select your current marital status.*

Are you expecting a newborn?

Do you have children who are unmarried and meet any of the following conditions?

Under Age 18.*

Age 18 through 19 and attending elementary or secondary school full-time.*

Age 18 or older with a continuing disability that began before age 22 and prevents any kind of employment.*

Click [+ Add](#) to enter spouse and children details.

Name	Relationship to Employee	Action
------	--------------------------	--------

* Indicates required field.

Previous Next Save

Step 3 – Employee’s Family Input Values

Employee's Family Info

Select your current marital status*

-- Select --
Married
Never Married
Other – Divorced/Widowed

- Current Marital Status = “Married or Other”

I was previously married. (Answer "No" if your only previous marriage was an earlier marriage to your current spouse.)

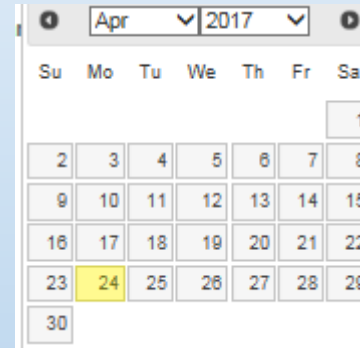
-- Select --
No
Yes

Step 3 – Employee’s Family Input Values

Employee's Family Info

Are you expecting a newborn?

Expected Delivery Date



Do you have children who are unmarried and meet any of the following conditions?

Under Age 18.*	<input type="text" value="Yes"/>	Number of children.*	<input type="text"/>
Age 18 through 19 and attending elementary or secondary school full-time.*	<input type="text" value="Yes"/>	Number of children.*	<input type="text"/>
Age 18 or older with a continuing disability that began before age 22 and prevents any kind of employment.*	<input type="text" value="Yes"/>	Number of children.*	<input type="text"/>

Step 3 – Add Family Member Input Values

Click **+ Add** to enter spouse and children details.

Employee's Family Member Details X

Relationship To Employee*

* Indicates required field.

– Select –
Spouse
Female Spouse
Male Spouse
Divorced Spouse
Deceased Spouse
Child
Natural Child/Student
Stepchild/Student
Adopted Child/Student
Other Child/Student

See Screens 8d and 8e
See Screens 8f and 8g
See Screen 8h
See Screen 8i. All "Child" screens except Screen 8j are the same.
See Screen 8j.

Save **Cancel**

Step 3 – Female/Male Spouse

Employee's Family Member Details

Relationship To Employee*

Spouse Name* Spouse Date of Birth*

Marriage Date*

Do you know this spouse's SSN?

Did this marriage begin outside the United States? *

Marriage Began City* Marriage Began State*

Marriage Began County*

Same as employee's mailing address

Currently reside outside of the United States?

Address 1 Address 2

City State

ZIP Code Phone Number

* Indicates required field.

See Screen 8e

See Screen 8e

Step 3 – Male/Female Spouse Input Values

Employee's Family Member Details

Do you know this spouse's SSN?	<input type="text" value="-- Select --"/>		
Do you know this spouse's SSN?	<input type="text" value="Yes"/>	Spouse SSN	<input type="text" value="XXX-XX-XXXX"/>
Do you know this spouse's SSN?	<input type="text" value="No"/>		
Spouse Father's Name	<input type="text"/>	Spouse Mother's Maiden Name	<input type="text"/>
Spouse Place of Birth	<input type="text"/>		

Step 3 – Male/Female Spouse Input Values

Employee's Family Member Details

Currently reside outside of the United States?

Address 1*	<input type="text" value="2087 Tempor Road"/>
Address 2	<input type="text"/>
City*	<input type="text" value="Pulle"/>
Province*	<input type="text" value="Quebec"/>
ZIP/Postal Code*	<input type="text" value="H3Z 2Y7"/>
Country*	<input type="text" value="Canada"/>
Daytime Telephone Number*	<input type="text" value="(555) 555-5555"/>
Alternate Telephone Number	<input type="text" value="(xxx)xxx-xxxx"/>

State

- Select --
- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida**
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire

Step 3 – Divorced Spouse

Employee's Family Member Details

Relationship To Employee*

Spouse Name* Spouse Date of Birth*

Marriage Date*

Do you know this spouse's SSN? **See Screen 8h**

Spouse Father's Name Spouse Mother's Maiden Name

Spouse Place of Birth

Did this marriage begin outside the United States? *

Marriage Began City* Marriage Began State* **See Screen 8h**

Marriage Began County*

How Marriage Ended **See Screen 8h** Marriage End Date

Marriage End City Marriage End State **See Screen 8h**

Same as employee's mailing address

Currently reside outside of the United States? **See Screen 8h**

Address 1 Address 2

City State

ZIP Code Phone Number

* Includes required field.

Step 3 – Divorced Spouse Input Values

Employee's Family Member Details

Spouse SSN unknown?	<input type="text" value="-- Select --"/> No Yes
Marriage began state	<input type="text" value="-- Select --"/> Alabama Alaska Arizona Arkansas California
Marriage end state	<input type="text" value="-- Select --"/> Alabama Alaska Arizona Arkansas California
How marriage ended?	<input type="text" value="-- Select --"/> Annulment Divorce
Currently reside outside of the United States?	<input type="text" value="-- Select --"/> No Yes

Marriage Began/Ended State

<input type="text" value="-- Select --"/> Alabama Alaska Arizona Arkansas California Colorado Connecticut Delaware Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Maine Maryland Massachusetts Michigan Minnesota Mississippi Missouri Montana Nebraska Nevada New Hampshire



Step 3 – Deceased Spouse

Employee's Family Member Details X

Relationship To Employee*

Spouse Name*

Marriage Date*

Do you know this spouse's SSN?

Did this marriage begin outside the United States? *

Marriage Began City*

Marriage Began County*

Spouse Date of Birth*

Marriage Began State*

* Indicates required field.

Step 3 – Child

Employee's Family Member Details X

Relationship To Employee*

Child's Name*

Child's Date of Birth*

Same as employee's mailing address

Currently reside outside of the United States?

Address 1

Address 2

City

State

ZIP Code

Phone Number

* Indicates required field.

Step 3 – Child

Employee's Family Member Details

Relationship To Employee*	<input type="text" value="Adopted Child/Student"/>		
Child's Name*	<input type="text"/>	Child's Date of Birth*	<input type="text" value="MM/DD/YYYY"/>
Child SSN	<input type="text" value="XXX-XX-XXXX"/>		
Date of Adoption*	<input type="text" value="MM/DD/YYYY"/>		

Same as employee's mailing address

Do you currently reside outside the United States?	<input type="text" value="-- Select --"/>		
Address 1	<input type="text"/>	Address 2	<input type="text"/>
City	<input type="text"/>	State	<input type="text" value="-- Select --"/>
ZIP Code	<input type="text"/>	Phone Number	<input type="text" value="(xxx)xxx-xxxx"/>

Step 4 – Information About Your Railroad Work

Application For Employee Annuity
Form AA-1 (xx-xx)

Form Approved
OMB No. 3220-0002

Logout

Information About Your Railroad Work ? Step 4 of 17

Please read Part I of the [RB-1](#) booklet to find out what railroad work is creditable. Creditable railroad work is used to determine your annuity eligibility and is also used in the annuity computation.

Click [+ Add](#) to enter your railroad employment details.

Organization Name	Employment Begin Date	Employment End Date	Action

* Indicates required field.

Previous Next

Row prefills once entire Screen 9a is completed.

Step 4 – Railroad Employment Info Input

Click [+ Add](#) to enter your railroad employment details.

Railroad Employment Info X

Railroad Employer*	<input type="text"/>	BA number of the railroad *	<input type="text"/>
Job Title*	<input type="text"/>		
Payroll Name *	<input type="text"/>	Payroll ID	<input type="text"/>
Department/Division *	<input type="text"/>	Division/Department Location *	<input type="text"/>

Enter the dates you worked for this employer. (If your railroad employment has not ended, enter the last date you will work for this employer in the "Employment End Date")

Employment Begin Date*	<input type="text" value="MM/DD/YYYY"/>	Employment End Date *	<input type="text" value="MM/DD/YYYY"/>
Date you gave up or will give up your seniority rights and all other rights to work for this employer*		<input type="text" value="MM/DD/YYYY"/>	

* Indicates required field.

[Save](#) [Cancel](#)

Step 5 – Information About Your Nonrailroad Work

Application For Employee Annuity
Form AA-1 (xx-xx)

Form Approved
OMB No. 3220-0002

Logout

Information About Your Nonrailroad Work ?

Step 5 of 17

Please read Part IV of the RB-1 booklet, which explains how Last Pre-Retirement Nonrailroad Employment, self-employment, and other earnings affect your annuity. Also read Part I of the booklet which explains "Current Connection."

Did you work for pay outside the railroad industry either during the last 6 months you worked in the railroad industry or after you left the railroad industry? (Do not include self-employment if your business is not incorporated. Include any employment for an incorporated business which you own or public service. If you are a Canadian citizen or permanent resident, include employment in Canada for the U.S. railroad employer performed January 1, 1983, or later.) *

Were you self-employed in a non-incorporated business during your last 6 months in the railroad industry or after you left the railroad industry? * See Screen 10b

* Indicates required field.

Previous Next Save

Step 5 – Nonrailroad Work Input Values

Information About Your Nonrailroad Work

Did you work for pay outside the railroad industry either during the last 6 months you worked in the railroad industry or after you left the railroad industry? (Do not include self-employment if your business is not incorporated. Include any employment for an incorporated business which you own or public service. If you are a Canadian citizen or permanent resident, include employment in Canada for the U.S. railroad employer performed January 1, 1983, or later.) *

Yes

Note: If you had Last Pre-Retirement Nonrailroad Employment (LPE) after your annuity would begin, complete Form G-19F, Earnings Information Request, only when one of the following applies:

- (1) The annuity beginning date (ABD) is before January 1 of this year or
- (2) the ABD is January 1, or later, of this year, and you ceased working in LPE after the ABD month.

Step 5 – Nonrailroad Work Input Values

Information About Your Nonrailroad Work

Were you self-employed in a non-incorporated business during your last 6 months in the railroad industry or after you left the railroad industry?*

Note: Complete and return to the RRB, Form AA-4, Self-Employment and Substantial Service Questionnaire.

See Screen 10c

Are you still self-employed?*

See Screen 10c

Are you still self-employed?*

See Screen 10c

Date last self-employed

Step 5 – Nonrailroad Work Input Value

Click [+ Add](#) to enter your nonrailroad employment details.

Information About Your Nonrailroad Work X

Employment Type *

* Indicates required field.

[See Screen 10d-f for all types](#)

[Save](#) [Cancel](#)

<p>– Select –</p> <p>Nonrailroad with qualifying federal government agency</p> <p>Nonrailroad without qualifying federal government agency</p> <p>Seasonal</p> <p>Self-employment</p>

Step 5 – Nonrailroad Work Input Values

Information About Your Nonrailroad Work

Employment Type *

Company Name *

Address 1 Address 2

City State

ZIP Code Foreign Country

Employment Begin Date* Employment End Date

Are you still working in last pre-retirement nonrailroad employment (LPE)?

LPE Salary (\$)

Pay Period *

Employer Identification Number

* Indicates required field.

See Screen 10e

See Screen 10e

Step 5 – Nonrailroad Work Input Values

Information About Your Nonrailroad Work

Are you still working in last pre-retirement nonrailroad employment (LPE)?

-- Select --
No
Yes

Pay Period

-- Select --
Weekly
Bi-Weekly
Monthly
Yearly

Step 5 – Nonrailroad Work – Self-Employment

Information About Your Nonrailroad Work

Employment Type *

Company Name *

Address 1 Address 2

City State

ZIP Code Foreign Country

* Indicates required field.

Save Cancel

Company's State

- Select --
- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire

Step 6 – Information About Your Earnings

Application For Employee Annuity Form AA-1 (xx-xx) Form Approved OMB No. 3220-0002 [Logout](#)

Information About Your Earnings ? Step 6 of 17

Please read Part IV of the RB-1 booklet to find out how earnings can affect an age and service annuity.

Earnings for 2016
Do you expect your annuity to begin before January 1, 2017?*

-- Select --

Earnings for 2017
Do you expect your total earnings from all employment in 2017 to be more than \$12000.00? (If all your earnings are from only railroad employment before your date last worked, answer "No.") *

-- Select --

Earnings for 2018
Do you expect your total earnings from all employment in 2018 to be more than \$12000.00? (If all your earnings will be from only railroad employment before your date last worked, answer "No.") *

* Indicates required field.

[Previous](#) [Next](#) [Save](#)

Step 6 – Earnings for 2016 Input Values

Information About Your Earnings

Earnings for 2016

Do you expect your annuity to begin before January 1, 2017?*

Yes

Were your total earnings from all employment in 2016 more than \$12000.00? (If all your earnings were from only railroad employment before your date last worked, answer "No.")

No
Yes

Prefills exempt amount.

Enter your total earnings for 2016 *

\$

Did you earn more than the 2016 monthly earnings exempt amount of \$900.00 in all employment in every month of 2016?

Yes

Did you earn more than the 2016 monthly earnings exempt amount of \$900.00 in all employment in every month of 2016?

No

Indicate each month in 2016 that you did not earn more than the monthly earnings exempt amount from all employment.

JAN FEB MAR APR MAY JUN
 JUL AUG SEP OCT NOV DEC

Step 6 – Earnings for 2017 Input Values

Information About Your Earnings

Earnings for 2017

Do you expect your total earnings from all employment in 2017 to be more than **\$12000.00**? (If all your earnings are from only railroad employment before your date last worked, answer "No.")*

Enter the total amount you expect to earn 2017 *

Step 6 – Earnings for 2017 Input Values

Information About Your Earnings

Earnings for 2017

Do you expect to earn more than the monthly earnings exempt amount of \$900.00 in employment for hire, or to perform substantial services in self-employment in every month in 2017?

Indicate each month in 2017 that you did not earn, or do not expect to earn, more than the monthly earnings exempt amount.

JAN FEB MAR APR MAY
 JUN
 JUL AUG SEP OCT NOV
 DEC

Step 6 – Earnings for 2018 Input Values

Information About Your Earnings

Earnings for 2018

Do you expect your total earnings from all employment in 2018 to be more than **\$12000.00**? (If all your earnings will be from only railroad employment before your date last worked, answer "No.")*

– Select –
No
Yes

Earnings for 2018

Do you expect your total earnings from all employment in 2018 to be more than **\$12000.00**? (If all your earnings will be from only railroad employment before your date last worked, answer "No.")*

Yes

Enter the total amount that you expect to earn 2018 *

\$ (Enter total dollar amount)

Indicate each of the first four months in 2018 that you expect to earn LESS than the 2017 monthly earnings exempt amount of \$900.00.

JAN FEB MAR APR

Step 7 – Information About Your Pay for Time Lost and Sick Pay

Application For Employee Annuity Form AA-1 (xx-xx) Form Approved OMB No. 3220-0002 [Logout](#)

Information About Your Pay For Time Lost And Sick Pay ? Step 7 of 17

Please read Part II of the RB-1 booklet to find out when sick pay or pay for time lost are creditable.

Pay For Time Lost

Did you receive or do you expect to receive pay for time lost from your last railroad employer? * See Screen 12a

Note: If answered "Yes" and you received an injury settlement or elected to receive "dismissal pay", you will need to provide a copy of your settlement or election with your application.

Sick Pay

Did you receive or do you expect to receive sick pay under a railroad wage continuation plan (other than your own regular salary) that was established through a company policy or labor agreement and this pay was for a period after the actual date you last worked for the railroad? (Answer "No" if you were carried on the payroll and just received your regular salary.) * See Screen 12b

Have you filed or do you expect to file a lawsuit or claim against any person or company for a personal injury where you also received sickness benefits as a result of that injury? * See Screen 12b

* Indicates required field. [Previous](#) [Next](#) [Save](#)

Step 7 – Pay For Time Lost Input Values

Pay For Time Lost

Did you receive or do you expect to receive pay for time lost from your last railroad employer?*

Note: If answered "Yes" and you received an injury settlement or elected to receive "dismissal pay," you will need to provide a copy of your settlement or election with your application.

Select the dates for which these payments were made or will be made. *

To*

Sep 2016						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Sep 2016						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Step 7 Railroad Sick Pay Input Values

Sick Pay

Did you receive or do you expect to receive sick pay under a railroad wage continuation plan (other than your own regular salary) that was established through a company policy or labor agreement and this pay was for a period after the actual day you last worked for the railroad? (Answer "No" if you were carried on the payroll and just received your regular salary.)*

Yes

Enter the dates for which these payments were made or will be made for up to 6 months after your actual day last worked*

MM/DD/YYYY To* MM/DD/YYYY

Enter the name of the sick pay plan, if known

- Lawsuit Input Values

Sick Pay

Have you filed or do you expect to file a lawsuit or claim against any person or company for a personal injury where you also received sickness benefits as a result of that injury? *

Yes

Name of the person/company

Currently reside outside of the United States?

-- Select --

Address 1 Address 2

City State

-- Select --

ZIP Code

Step 8 Information About Garnishment, Criminal Offense, and Deemed Current Connection

Application For Employee Annuity
Form AA-1 (xx-xx)

Form Approved
OMB No. 3220-0002

Logout

Information About Garnishment, Criminal Offense, and Deemed Current Connection ? Step 8 of 17

Garnishment or Property Settlement

Are you party to a court order to enforce either your child support or alimony obligation, or to pay part of your present or future railroad retirement benefit to a spouse or former spouse as a part of a property settlement in a divorce or legal separation proceeding? (NOTE: Reference to pension rights may be found in the property settlement.) *

See Screen 13a

Criminal Offense

Within the past 12 months, have you been imprisoned or given a sentence of confinement due to a conviction for a criminal offense?*

See Screen 13b

Deemed Current Connection

Please read Part I of the RB-1 booklet for an explanation of a deemed current connection.

Do you have at least 25 years of railroad service and have indicated on this application nonrailroad employment that could break your current connection?*

See Screen 13c

* Indicates required field.

Previous Next Save

Step 8 – Garnishment or Property Settlement Input Values

Garnishment or Property Settlement

Are you party to a court order to enforce either your child support or alimony obligation, or to pay part of your present or future railroad retirement benefit to a spouse or former spouse as a part of a property settlement in a divorce or legal separation proceeding? (NOTE: Reference to pension rights may be found in the property settlement.) *

Which situation applies? Child Support or Alimony Property Settlement

Yes

Step 8 – Criminal Offense Input Values

Criminal Offense

Within the past 12 months, have you been imprisoned or given a sentence of confinement due to a conviction for a criminal offense?*

Yes

Date of the conviction

Date of the sentence of confinement Date the confinement began

Has the confinement ended?

Has the confinement ended? Date the confinement ended*

Step 8 Deemed Current Connection

Deemed Current Connection

Please read Part I of the [RB-1](#) booklet for an explanation of a deemed current connection.

Do you have at least 25 years of railroad service and have indicated on this application nonrailroad employment that could break your current connection? *

Were you separated from your last railroad employer involuntarily and through no fault of your own on or after October 1, 1975? *

Were you on furlough, leave of absence or absent because of injury status with your last railroad employer on October 1, 1975, and never called back to work? *

Did you decline an offer to work in the railroad industry in the same "class or craft" as your last railroad job? *

Were you separated from your last railroad employer involuntarily and through no fault of your own on or after October 1, 1975? *

Did you decline an offer to work in the railroad industry in the same "class or craft" as your last railroad job? *


Note: If you answered "No" to this question, you must submit the required proofs as soon as possible. This will preserve your rights under the deemed current connection provisions. The required proofs are explained in the [RB-1](#) booklet.

Step 9 – Information About Your Military Service

Application For Employee Annuity
Form AA-1 (xx-xx)


Form Approved
OMB No. 3220-0002

Logout

Information About Your Military Service  Step 9 of 17

Please read Part I of the RB-1 booklet for information about military service. Creditable military service is used to determine, in part, your annuity eligibility. It can also be used in your annuity computation.

Were you in active military service for the United States such as the Army, Navy, Air Force, or Marines?*

-- Select -- 

See Screen 14a

* Indicates required field.

Previous Next Save

Step 9 – Military Service Input Values

Information About Your Military Service

Were you in active military service for the United States such as the Army, Navy, Air Force, or Marines?*

Yes



Note: If answered "Yes," you must submit proof of your military service, such as your discharge certificate or separation papers, as explained in the [RB-1](#) booklet.

Did you have voluntary military service during the period June 15, 1948, through December 15, 1950?

Yes



Did you have nonrailroad earnings after leaving the military service stated above and before returning to the railroad?

-- Select --

No

Yes

Step 10 – Information About Your Social Security Benefits

Application For Employee Annuity
Form AA-1 (xx-xx)

Form Approved
OMB No. 3220-0002

Logout

Information About Your Social Security Benefits ? Step 10 of 17

Please read Part V of the RB-1 booklet to see how this application can protect your rights to social security benefits, and to see what effect your receipt of social security benefits will have upon your railroad retirement annuity.

Have you filed, or do you plan to file within the next 90 days, an application for social security benefits?*

Do you want this application to be used to protect the filing date for social security benefits?*

* Indicates required field.

Previous Next Save

Step 10 –Social Security Benefits Input Values

Information About Your Social Security Benefits

Have you filed, or do you plan to file within the next 90 days, an application for social security benefits?*

Yes

Are you currently receiving social security benefits?*

No

Do you want this application to be used to protect the filing date for social security benefits?*

-- Select --
No
Yes

Are you currently receiving social security benefits?*

Yes

Are all or part of your social security benefits described above based on the earnings of someone other than yourself?*

Yes

Name of the person on whose earnings your social security benefits are based

(Enter Name)

Social security number of the person on whose earnings your social security benefits are based

(xxx-xx-xxxx)

Step 11 – Information About Your Noncovered Service Pension

Application For Employee Annuity
Form AA-1 (xx-xx)

Form Approved
OMB No. 3220-0002

Logout

Information About Your Noncovered Service Pension (NCSP) ? Step 11 of 17

Please read Part V of the [RB-1](#) booklet for information concerning noncovered service pensions.

Are you receiving or expect to receive a pension or annuity or lump sum in excess of contributions based on any work after 1956 not covered by social security or railroad retirement?*

-- Select --

* Indicates required field.

Previous Next Save

Step 11 – Noncovered Service Pension Input Values

Employer Information About Your Noncovered Service Pension (NCSP)

Are you receiving or expect to receive a pension or annuity or lump sum in excess of contributions based on any work after 1956 not covered by social security or railroad retirement?*

Click [+ Add](#) to enter pension details.

Employer Name	Non-profit Organization	Payment Type Code	Employment Begin	Employment End	Action
---------------	-------------------------	-------------------	------------------	----------------	--------

Line prefills once all questions in Step 11 are completed.

Step 11 – Noncovered Service Pension Input Values

Click **+ Add** to enter pension details.

Employer Information About Your Noncovered Service Pension (NCSP) X

Type of Payment*
Lump Sum
Recurring
Recurring and Lump Sum

Employer's Name*

Employment Begin Date

Filing Status

Non-profit Organization?

Employment End Date

* Indicates required field.

See Screens 16c-e
See Screens 16f-g
See Screen 16h

Step 11 – Lump-Sum Input

Employer Information About Your Noncovered Service Pension (NCSP) ✕

Type of Payment*

Employer's Name* Non-profit Organization?

Employment Begin Date Employment End Date

Filing Status See Screen 16d

Lump-sum pension rates

Lump-sum amount

Lump sum covers period from Lump sum covers period to

Lump Sum Payment

Date the lump sum was paid Earliest date the lump sum was eligible to be paid

Does the lump-sum payment equal your employee contributions plus interest?

Is the lump-sum paid in a foreign currency? * See Screen 16e

Step 11 – Lump-Sum Payment Input Values

Employer Information About Your Noncovered Service Pension (NCSP)

Type of payment*	<input type="text" value="Lump Sum"/>	Non-profit organization?	<input type="text" value="No"/>
Employer's Name*	<input type="text"/>		
Employment begin date	<input type="text" value="MM/DD/YYYY"/>	Employment end date	<input type="text" value="MM/DD/YYYY"/>
Filing Status	<input type="text" value="-- Select --"/>		

Filing Status	<ul style="list-style-type: none">-- Select --AwardedNot Awarded
---------------	--

Step 11 – Lump-Sum Payment Input Values

Employer Information About Your Noncovered Service Pension (NCSP)

Is the lump sum paid
in a foreign
currency? *

No
Yes

Step 11 – Recurring Payment Input

Employer Information About Your Noncovered Service Pension (NCSP) X

Type of Payment*

Employer's Name* Non-profit Organization?

Employment Begin Date Employment End Date

Filing Status

Recurring Pension

NCBP Claim Number Date Pension Begins

Pension Period Earliest Eligible Date

Recurring Pension Rates

Current rate of recurring pension

Effective date of the current rate Has the rate changed since annuity begin date?

* Indicates required field.

See Screen 16g1

See Screen 16g2

See Screen 16g3

See Screen 16g4 and 16g5 if "Yes" is selected

Step 11 – Recurring Payment Input Values

Employer Information About Your Noncovered Service Pension (NSCP)

1 Non-profit Organization?
No
Yes

2 Filing Status
Awarded
Not Awarded

3 Pension Period
Yearly
Monthly
Biweekly
Weekly

4 Has the rate changed since annuity begin date?
No
Yes

5 Effective date of the current rate	<input type="text" value="MM/DD/YYYY"/>	Has the rate changed since annuity begin date?	<input type="text" value="Yes"/>
Previous rate 1	<input type="text" value="(Enter total dollar amount)"/>	Effective date of the previous rate 1	<input type="text" value="MM/DD/YYYY"/>
Previous rate 2	<input type="text" value="(Enter total dollar amount)"/>	Effective date of the previous rate 2	<input type="text" value="MM/DD/YYYY"/>

Step 11 – Recurring and Lump-Sum Input

Employer Information About Your Noncovered Service Pension (NCSP)

Type of Payment*

Employer's Name* Non-profit Organization?

Employment Begin Date Employment End Date

Filing Status

Recurring Pension

NCSP Claim Number Date Pension Begins

Pension Period Earliest Eligible Date

Recurring Pension Rates

Current rate of recurring pension

Effective date of the current rate Has the rate changed since the RR annuity beginning date?

Step 11 – Recurring and Lump-Sum Input

Employer Information About Your Noncovered Service Pension (NCSP)

Lump-Sum Pension Rates

Lump-Sum Amount

Lump sum covers period from Lump sum covers period to

Lump-Sum Payment

Date the lump sum was paid Earliest date the lump sum was eligible to be paid

Does the lump-sum payment equal your employee contributions plus interest?

Is the lump sum paid in a foreign currency? *

* Indicates required field.

Step 12 – Information About Other Railroad Retirement Annuity

Application For Employee Annuity
Form AA-1 (xx-xx)

Form Approved
OMB No. 3220-0002

Logout

Information About Other Railroad Retirement Annuity

Step 12 of 17

?

Please read Part V of the RB-1 booklet for an explanation of the effect of your employee annuity on any other railroad retirement annuity.

Have you filed within the last 30 days, or do you intend to file within the next 90 days, for an annuity based on another person's railroad earnings record?*

-- Select --

See Screen 17a

* Indicates required field.

Previous Next Save

Step 12 – Other Railroad Retirement Annuity Input Values

Information About Other Railroad Retirement Annuity

Have you filed within the last 30 days, or do you intend to file within the next 90 days, for an annuity based on another person's railroad earnings record?*

Other Person's Name

Other Person's Railroad Retirement Claim Number

Step 13 – Information About Private Pensions

Application For Employee Annuity
Form AA-1 (xx-xx)

Form Approved
OMB No. 3220-0002

Logout

Information About Private Pensions

Step 13 of 17

?

Are you receiving or do you expect to receive a recurring pension or lump-sum pension payment from one or more railroad employers? *

-- Select --

* Indicates required field.

Previous Next Save

Step 13 – Private Pension Input Values

Information About Private Pensions

Are you receiving or do you expect to receive a recurring pension or lump-sum pension payment from one or more railroad employers? *

Click [+ Add](#) to enter your private pension details

See Screen 18b

Step 13 – Private Pension Input Values

Private Pension Info X

Select the correct option that describes the recurring pension or lump-sum pension you are receiving or expect to receive from any railroad employer.*

Lump sum in lieu of Recurring
Lump-Sum Small Benefit
Recurring

See Screen 18c
See Screen 18d
See Screen 18e

* Indicates required field.

Step 13 – Private Pension Input Values

Private Pension Info X

Select the correct option that describes the recurring pension or lump-sum pension you are receiving or expect to receive from any railroad employer.*

Name of the railroad employer from which you are receiving or expect to receive a recurring pension or lump sum from.*

BA Number

Job category which most accurately applies to the job or position which qualified you for this pension.*

Date your pension began, or will begin, or the date of your lump-sum pension payment.*

Is this pension based on a collective bargaining (union) agreement? *

* Indicates required field.

Step 13 – Private Pension Input Values

Private Pension Info X

Select the correct option that describes the recurring pension or lump-sum pension you are receiving or expect to receive from any railroad employer.*

Name of the railroad employer from which you are receiving or expect to receive a recurring pension or lump sum from.*

BA Number

Job category which most accurately applies to the job or position which qualified you for this pension.*

Date your pension began, or will begin, or the date of your lump-sum pension payment.*

Is this pension based on a collective bargaining (union) agreement? *

* Indicates required field.

Step 13 – Private Pension Input Values

Private Pension Info X

Select the correct option that describes the recurring pension or lump-sum pension you are receiving or expect to receive from any railroad employer.*

Name of the railroad employer from which you are receiving or expect to receive a recurring pension or lump sum from.*

BA Number

Job category which most accurately applies to the job or position which qualified you for this pension.*

See Screen 18f

Date your pension began, or will begin, or the date of your lump-sum pension payment.*

Is the recurring pension you are receiving or expect to receive less than \$43 a month?

See Screen 18f

Is this pension based on a collective bargaining (union) agreement?

See Screen 18f

* Indicates required field.

Step 13 – Private Pension Input Values

Private Pension Info

Select the correct option that describes the recurring pension or lump-sum pension you are receiving or expect to receive from any railroad employer.*

Recurring 

Job category which most accurately applies to the job or position which qualified you for this pension.*

-- Select --
Agreement
Non Agreement
Salaried
Other

Is the recurring pension you are receiving or expect to receive less than \$43 a month?

-- Select --
No
Yes

Is this pension based on a collective bargaining (union) agreement?

-- Select --
No
Yes

Step 14 – Information About Medicare – Under Age 65

Application For Employee Annuity
Form AA-1 (xx-xx)

Form Approved
OMB No. 3220-0002

Logout

Information About Medicare ⓘ

Step 14 of 17

Based on your date of birth you have not met the 64 years and 5 months of age requirement. You can skip this step and proceed to the next step.

* Indicates required field.

Previous Next

Step 14 – Information About Medicare – Age 65 or Over

Application For Employee Annuity Form AA-1 (xx-xx) Form Approved OMB No. 3220-0002

Information About Medicare ? Step 14 of 17

Based on your date of birth you meet the 64 years and 5 months of age requirement. Please read Part VI of the [RB-1](#) booklet for an explanation of the Medicare program.

Do you have a Medicare card that shows entitlement to Medicare medical insurance (Part B)? *

No
Yes

* Indicates required field.

Previous Next Save

See Screen 19b

Step 14 – Information About Medicare Input Values

Information About Medicare

Do you have a Medicare card that shows entitlement to Medicare medical insurance (Part B)? *

Choose your Medicare Claim Number Type

- Railroad Retirement Social Security

Medicare Claim Number
(If this is a railroad retirement filing, enter the prefix.
If this is a social security filing, enter the suffix.)

Prefix	Claim Number	Suffix
--------	--------------	--------

Step 14 – Information About Medicare Input Values

Information About Medicare

Do you have a Medicare card that shows entitlement to Medicare medical insurance (Part B)? *

No

Have you filed for Part B within the last three months?*

-- Select --

No

Yes

Do you have a Medicare card that shows entitlement to Medicare medical insurance (Part B)? *

No

Have you filed for Part B within the last three months?*

No

Do you wish to enroll in Part B?

-- Select --

See Screen 19d for "Yes"

Note: You understand that by selecting "No" you are electing not to enroll in Part B and that the premium rate may be higher if you do enroll later in Part B.

Step 14 – Information About Medicare Input Values

Information About Medicare

Do you have a Medicare card that shows entitlement to Medicare medical insurance (Part B)? *

No

Have you filed for Part B within the last three months?*

No

Do you wish to enroll in Part B?

Yes

Note: You understand that by selecting "No" you are electing not to enroll in Part B and that the premium rate may be higher if you do enroll later in Part B.

Are you currently covered by an Employer Group Health Plan (EGHP) based on your own or your spouse's current employment?

– Select –
No
Yes

Do you wish to enroll in Part B?

Yes

Note: You understand that by selecting "No" you are electing not to enroll in Part B and that the premium rate may be higher if you do enroll later in Part B.

Are you currently covered by an Employer Group Health Plan (EGHP) based on your own or your spouse's current employment?

No

Were you previously covered by an EGHP based on your own or your spouse's current employment?

– Select –
No
Yes

See Screen 19e for "Yes"

Step 14 – Information About Medicare Input Values

Information About Medicare

Are you currently covered by an Employer Group Health Plan (EGHP) based on your own or your spouse's current employment?

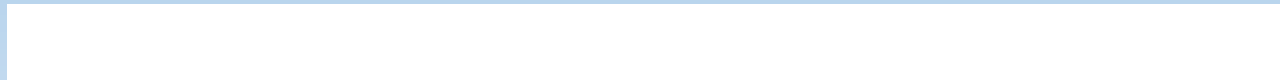
Were you previously covered by an EGHP based on your own or your spouse's current employment?

Beginning Date of EGHP coverage Ending Date of EGHP coverage

Date Employment Stopped

Do you wish to enroll in a Special Enrollment Period?

See Screen 19f



Step 14 – Information About Medicare Input Values

Information About Medicare

Do you wish to enroll in a Special Enrollment Period?

Are you enrolling in Part B while either still covered by an EGHP or during the first full month after your EGHP coverage?

Part B Effective Date

Do you wish to enroll in a Special Enrollment Period?


Are you requesting premium surcharge relief for the months of EGHP coverage?

Step 15 – Receiving your Payments

Application For Employee Annuity
Form AA-1 (xx-xx)

Form Approved
OMB No. 3220-0002

Logout

Receiving Your Payments  Step 15 of 17

Please read Part VII of the [RB-1 booklet](#) for an explanation of Direct Deposit and the Direct Express® Debit MasterCard®.

Choose how you want to receive your payments.*

- Direct Deposit **See Screen 20a**
- Direct Express® Debit MasterCard®
- Neither Direct Deposit nor Direct Express® Debit MasterCard®

* Indicates required field.


Previous Next Save

Step 15 – Payments Input Values

Receiving Your Payments

Choose how you want to receive your payments.*

- Direct Deposit
- Direct Express® Debit MasterCard®
- Neither Direct Deposit nor Direct Express® Debit MasterCard®

Routing Transit Number* 

Account Number*

Account Type*

- Checking
- Savings

Financial Institution Name

Step 16 – Summary

☰ Application For Employee Annuity
Form AA-1 (xx-xx)

Form Approved
OMB No. 3220-0002

[Log out](#)

Summary
Step 16 of 17

This is a summary of the information you provided. If you wish to edit any of the information previously entered, please click on the edit button located next to the corresponding step below. Also, please remember to submit the required forms listed below.

▾ Identifying Information
[Edit](#)

Employee's Name	William Sweeney
Employee's Email	Nunc.mauris@duinec.org
Sex	M
Date of Birth	5/1/1994
Does your name match the name on your Social Security (SSA) Card?	Y
Mailing Address	
Do you currently live outside of the United States?	N
Address 1	2087 Tempor Road
Address 2	
City	Pulle
State/Province*	IL

Step 16 – Summary, continued

Summary

▶ Information About Type of Annuity	Edit
▶ Information About You and Your Family	Edit
▶ Information About Your Railroad Work	Edit
▶ Information About Your Nonrailroad Work	Edit
▶ Information About Your Earnings	Edit
▶ Information About Your Pay For Time Lost And Sick Pay	Edit
▶ Information About Garnishment, Criminal Offense, and Deemed Current Connection	Edit
▶ Information About Your Military Service	Edit
▶ Information About Your Social Security Benefits	Edit
▶ Information About Your Noncovered Service Pension (NCSP)	Edit
▶ Information About Other Railroad Retirement Annuity	Edit
▶ Information About Private Pensions	Edit
▶ Information About Medicare	Edit
▶ Receiving Your Payments	Edit

Forms Required For Submission

- Proof of Age
- W-4P
- G-77a
- AA-4
- G-209

Certification

Application For Employee Annuity
Form AA-1 (xx-xx)

Form Approved
OMB No. 3220-0002

Logout

Certification

Before selecting "Submit," please read the following statement.

See Attachment 22A

I agree with the certification above

Return to Summary Submit

Attachment 22A

I understand that my application will be signed electronically when I select the "Submit" box. I also understand that my electronic signature means that I intend to file for an annuity and have provided accurate information. The information I provided will be used to process my application.

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 or withhold information, 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 reviewed the booklets RB-1, *Age and Service Employee Annuity*, and RB-9, *Employee and Spouse Annuities - Events that Must be Reported*. I understand that I am responsible for reporting events that would affect my annuity as explained in the booklets. Failure to report any of the events listed below or other events that may affect my annuity may result in a penalty deduction from my annuity, as well as criminal and/or civil prosecution.

I agree to immediately notify the RRB, if

- **Railroad Work** – I return to work for a railroad or railroad labor organization or return to work in any capacity in the railroad industry.
- **Railroad Work** – I change the date I will cease working for current railroad employer.
- **Social Security** – I file for social security benefits based on **any** person's earnings record.
- **Social Security** – Benefits I receive directly from the Social Security Administration are adjusted for a reason other than normal cost-of-living increases.
- **Public Pension** – I receive a lump-sum payment or begin to receive a pension based on earnings not covered by the Social Security Administration or the Railroad Retirement Board.
- **Pension** – I receive a lump-sum payment or begin to receive a monthly pension from my railroad employer.
- **Other Benefits** – I begin to receive worker's compensation or a public disability benefit.
- **Settlement** – I receive a settlement with credit for railroad service as "pay-for-time-lost" for months after the last day I worked for a railroad employer.
- **Employment** – There is a change in my status with my last nonrailroad employer.
- **Employment** – I perform work, including self-employment, for a family owned, controlled or managed business, including a business operated, managed or owned by me, a family member, friend or close associate, whether for pay or not, and without regard to how the business is organized (e.g., sole proprietorship, partnership, corporation, LLC, etc.).
- **Employment** – I become a corporate officer of, own or operate a corporation (including a corporation owned by a family member or friend), whether for pay or not.
- **Employment** – I receive anything of value in lieu of salary or wages for any work that I performed.
- **Earnings** – I work for any employer or perform any self-employment work.
- **Earnings** – My earnings for this year change.
- **Address** – My address changes, even if my payments are sent to a financial organization.
- **Bank Account** – My financial organization or the account number at my financial organization changes.
- **Criminal Offense** – I am confined in a jail, prison, penal institution, or correctional facility due to a conviction for a criminal offense.
- **Spouse** – My spouse who is receiving a benefit dies or our marriage ends in divorce or annulment.
- **Child** – A qualifying child marries or leaves my custody or residence.

If you are not FRA, in most cases, we calculate how much to reduce your annuity because of your earnings based on either the earnings estimate you gave us when you applied for benefits, or on reports submitted by employers to the Social Security Administration. As a reminder, you should report your earnings (1) when we ask for a report of your earnings or (2) if any of the following happens:

- You stop working;
- You start working and expect to earn more than the annual exempt amount;
- Your employment is not covered under the Social Security Act (i.e., FICA taxes are not deducted from your pay);
- You work for a railroad or railroad labor organization; or
- You return to work for your last pre-retirement nonrailroad employer.

If you change your address, or if there is some other change that may affect your application, you or your representative should report the change at once. If you have any questions, we will be glad to help you. You can report changes either by telephone, mail, or in person, whichever you prefer. You can contact our local office at 877-772-5772. Most Railroad Retirement Board offices are open to the public from 9:00 AM to 3:30 PM, Monday, Tuesday, Thursday, Friday and 9:00 AM to 12:00 PM Wednesday.

When you select "Submit", you will be sending this completed application electronically to the Railroad Retirement Board. Please make sure that everything is correct. **You will not be able to change the information once the application is submitted.**

Confirmation and Printing

Confirmation

Are you sure you want to submit this application?

Confirmation

Do you want to print this application?

Confirmation

Your application has been successfully submitted for processing. Within the next two days, you will receive an email receipt indicating the RRB has received your application and has begun processing it.

Application Submission Confirmation

Dear Eve Gentry,

Your completed application has been submitted to the Railroad Retirement Board successfully.

If you have any questions or concerns, please contact an RRB representative at our toll free number, 877-772-5772.