

**APPLICATION SUMMARY and CERTIFICATION FOR AN EMPLOYEE ANNUITY**

**RRB Claim Number** A 123-45-6789  
**Name** John Doe  
**Social Security Number** 123-45-6789

The following information was either supplied by or verified by you in support of your application for an Employee Annuity 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.

**Military Service**

I was in active military service.

**Recent Employment**

I did not work for an employer outside the railroad industry during the last six months or since leaving the railroad industry.

**Railroad Employment**

You have a current connection with the railroad industry.

I have worked for the following railroad, railroad labor organization or other employer in the railroad industry.

<u>Railroad Name</u>	<u>Date Last Worked</u>	<u>Date Rights Relinquished</u>
Union Pacific Railroad	02/29/2016	02/29/2016

**Name and Address**

John Doe  
123 Ave St.  
Marathon FL 02202

**Daytime Telephone Number**  
**Alternate Telephone Number**

555-123-4567  
555-789-1111

**Date of Birth**

01/01/01

**Type of Application Filed**

Employee Annuity

I am applying for a benefit based on my age and railroad service.

You have requested that any payment due you be sent using the Direct Express® Debit MasterCard®. Payments will be sent to the address shown above until the card is issued.

**Marriages**

I am currently married or separated.

**Family**

I do not have unmarried qualifying children.

I am not expecting a newborn.

**Other Government Benefits**

I am currently receiving a social security benefit.

I have not filed nor do I plan to file the next three months for social security benefits on an additional account number.

In the past month I have not filed nor do I plan to file in the next three months for railroad retirement benefits on any other account number.

I am not receiving nor do I expect to receive a pension or lump-sum payment based on my earnings after 1956 for an employer not covered by Social Security or Railroad Retirement.

**Other Benefits**

I expect to receive a railroad pension or lump-sum payment from Union Pacific Railroad.

**Miscellaneous Information**

The RRB has not been furnished with a court order to enforce my child support or alimony obligation.

The RRB has not been furnished with a court order to pay part of my present or future railroad retirement benefit to a spouse or former spouse as part of a property settlement in a divorce or legal separation proceeding.

I have not received nor do I expect to receive pay for time lost from my last railroad employer.

I have not received nor do I expect to receive sick pay under a wage continuation plan, established through company policy or a labor agreement, for a period after the actual day I last worked.

I have not filed nor do I expect to file a lawsuit or claim against any person or company for a personal injury where I also received sickness benefits as a result of that injury.

### **Earnings Information**

In 2016, I expect my total nonrailroad earnings will be less than \$15,720.

### **Criminal Offense Information**

Within the past 12 months I have not been imprisoned or been given a sentence of confinement due to a conviction for a criminal offense.

### **Beginning Dates and Filing Dates**

You have requested your annuity begin on the earliest date permitted by law, even if you will receive a reduced annuity.

This application will protect your filing date for Social Security benefits.

### **Medicare**

You are enrolled in the Medicare Medical Insurance Plan (Part B).

## **Application for Employee Annuity - Certification**

**RR Claim Number**

**A 123-45-6789**

**Name**

**John Doe**

**Social Security Number**

**123-45-6789**

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 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 I have made and initialed any corrections on the summary being returned to the RRB.

I have received and reviewed the booklets RB-1, Age and Service Employee Annuity, RB-9, Employee and Spouse Annuities - Events that Must be Reported, and Form G-77a, How Work Affects Your Railroad Retirement Benefits. I understand that I am responsible for reporting events that would affect my annuity as explained in the booklets and form. 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

- I return to work for a railroad or railroad labor organization or return to work in any capacity in the railroad industry.
- I receive a lump-sum payment or begin to receive a pension based on earnings that are not covered by the Social Security Administration or Railroad Retirement Board.
- I file for social security benefits based on any person's earnings record.
- Benefits I receive directly from the Social Security Administration are adjusted for a reason other than normal cost-of-living increases.
- I earn over the annual earnings exempt amount.
- 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.).
- 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.
- I receive anything of value in lieu of salary or wages for any work that I performed.
- I receive a settlement with credit for railroad service as "pay-for-time-lost" for months after 2/29/2016.
- My address changes.
- My financial organization or the account number at my financial organization changes.
- I am confined in a jail, prison, penal institution, or correctional facility due to a conviction for a criminal offense.
- My spouse who is receiving a benefit dies or our marriage ends in divorce or annulment;
- A qualifying child marries or leaves my custody or residence.

\_\_\_\_\_  
**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**