

Application for Employer Reporting Internet Access

General Instructions – This form may be used by employers covered under the Railroad Retirement and Railroad Unemployment Insurance Acts to add, modify, or terminate employee access to the Railroad Retirement Board's (RRB) Employer Reporting System (ERSNet). You may request system access for one or more employees, and you may authorize different levels of access for each employee. You may also request that an individual employee file online reports on behalf of one or more subsidiary or affiliate employers. In each case, your employees must certify that they will adhere to the RRB's security guidelines, which include the use of an authoritative electronic signature. The *Security Guidelines* are under *Part VIII, Chapter 8* of the *Reporting Instructions* on the RRB's website.

- To request new or modified system access, complete the entire form.
- To terminate an employee's access, complete only Sections A, B(1-4), D1, and E.

Making representations on this form to gain unauthorized access to the RRB Employer Reporting System or using an authorized access for fraudulent purposes is a violation of federal law punishable by fine, imprisonment, or both.

We estimate this form takes an average of 10 to 20 minutes per response to complete, including the time needed for reviewing the instructions, getting the needed 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 the completion time, to: Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 N. Rush Street, Chicago, IL 60611-1275.

Section A Employer Information

In this section, enter the BA number, name, and address of the employer whose reports will be accessed online.

Special Instructions to Request Access on Behalf of Multiple Employers – If you are requesting the **same level of access** for the employee listed in Section B on behalf of multiple employers, list all affected BA numbers in Item 1. If you are requesting **different levels of access** for this employee for different employers, file a separate application for each level of access.

1. **BA Number(s):**

2. **Name and Address of Employer** – *If you are requesting access on behalf of multiple employers, provide only the name and address of the employer serving as primary contact for this account.*

Section B Employee Information

1. Name:

2. Title

3. Telephone Number
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4. E-Mail Address

5. I have read the document "*Security Guidelines*" and agree to comply with these guidelines. I understand that my logon, if used to file forms, has the same status as my signature on a paper document. I also understand that providing false or fraudulent information through the RRB Employer Reporting System is a violation of federal law punishable by fine, imprisonment, or both.

Signature: _____

Date: _____

Section F Forms and Levels of Access

Check one box for each form. **Note:** Employee's level of access **will apply for all employers** listed in Section A.1.

Form BA-3, Annual Report of Creditable Compensation	<input type="checkbox"/> R	<input type="checkbox"/> U	<input type="checkbox"/> A	<input type="checkbox"/> X
Form BA-4, Report of Creditable Compensation Adjustments	<input type="checkbox"/> R	<input type="checkbox"/> U	<input type="checkbox"/> A	<input type="checkbox"/> X
Form BA-6a, Form BA-6 Address Report			<input type="checkbox"/> A	<input type="checkbox"/> X
Form BA-9, Report of Separation Allowance or Severance Pay	<input type="checkbox"/> R	<input type="checkbox"/> U	<input type="checkbox"/> A	<input type="checkbox"/> X
Form BA-11, Report of Gross Earnings	<input type="checkbox"/> R	<input type="checkbox"/> U	<input type="checkbox"/> A	<input type="checkbox"/> X
Form G-73a.1, Notice of Death of Railroad Retirement Annuitant	<input type="checkbox"/> R			<input type="checkbox"/> X
Form G-88A.1, Request for Verification of Last Date Carried on Payroll	<input type="checkbox"/> R	<input type="checkbox"/> U	<input type="checkbox"/> A	<input type="checkbox"/> X
Form G-88A.2, Notice of Retirement and Request for Service Needed for Eligibility	<input type="checkbox"/> R	<input type="checkbox"/> U	<input type="checkbox"/> A	<input type="checkbox"/> X
Form G-88P, Employer's Supplemental Pension Report	<input type="checkbox"/> R	<input type="checkbox"/> U	<input type="checkbox"/> A	<input type="checkbox"/> X
Form G-117A, Designation of Contact Officials			<input type="checkbox"/> A	<input type="checkbox"/> X
Form GL-129a, Record of Employer Determination on Employee Protest of Service and Compensation			<input type="checkbox"/> A	<input type="checkbox"/> X
Form ID-3s, Request for Lien Information; Report of Settlement			<input type="checkbox"/> A	<input type="checkbox"/> X
Form ID-3u, Request for Section 2(f) Information			<input type="checkbox"/> A	<input type="checkbox"/> X
Form ID-4E, Notice of RUIA Claim Determinations	<input type="checkbox"/> R		<input type="checkbox"/> A	<input type="checkbox"/> X
Form ID-4K, Prepayment Notice of Employees' Applications and Claims for Benefits under RUIA	<input type="checkbox"/> R		<input type="checkbox"/> A	<input type="checkbox"/> X
Form ID-6, Report of Tier I Tax Transactions	<input type="checkbox"/> R			<input type="checkbox"/> X
Form ID-6Y, Annual Summary of Tier I Tax Transactions	<input type="checkbox"/> R			<input type="checkbox"/> X
Form ID-30b, Notice of Lien	<input type="checkbox"/> R			<input type="checkbox"/> X
Form ID-40Q, Quarterly Notice to Employers – Railroad Unemployment Insurance Act	<input type="checkbox"/> R			<input type="checkbox"/> X
Form ID-40R/S, Annual Notice to Employers – Railroad Unemployment Insurance Act and Annual Proclamation	<input type="checkbox"/> R			<input type="checkbox"/> X
Form RL-5a, Notice to Employer of Annuity Award	<input type="checkbox"/> R			<input type="checkbox"/> X
Form SI-5F (SUP), Status Report – Personal Injury Claims	<input type="checkbox"/> R		<input type="checkbox"/> A	<input type="checkbox"/> X