

UNITED STATES OF AMERICA RAILROAD RETIREMENT BOARD <OFFICE NAME> <OFFICE ADDRESS> <CITY, STATE, ZIP CODE> WWW.RRB.GOV

CURRENT

In reply refer to	72
The Railroad Retirement Board is required to review the status of your disability. Please complete the enclosed Form G-254, which asks about your work activity and any changes in your medical condition.)
Return the completed form within 30 days from the date of this letter to the Railroad Retirement Board office located at . If you have any questions contact that office at .	
Sincerely,	

Enclosure Form G-254