

**APPLICATION SUMMARY FOR (A SPOUSE ANNUITY/  
A DIVORCED SPOUSE ANNUITY/MEDICARE)**

**Employee's Name**  
**RR Claim No.**  
**Social Security Number**  
**Date of Birth**

The following information was either supplied by or verified by you in support of your application for (a Spouse Annuity/a Divorced Spouse Annuity/Medicare) under the Railroad Retirement Act. Review the information for accuracy. If there are any errors, notify the Railroad Retirement Board (RRB) immediately, and no later than 10 days from the date you receive this summary.

This information is certified by you to be true and correct to the best of your knowledge. You have been informed and you acknowledge that making a false or fraudulent statement or withholding information, in order to receive benefits from the RRB, is a crime under Federal law and may be punishable by fines, imprisonment or both.

**Applicant Information**

**Name and Address**  
**Daytime Telephone Number**  
**Alternative Telephone Number**  
**Social Security Number**  
**Date of Birth**

**Type of Application Filed** (Spouse Annuity/Divorced Spouse Annuity/Medicare)

**Application Filing Date**

- 1 You applied for this benefit based on your relationship to the employee and you have the following children in your care.

Name	SS Number	DOB
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- 2 You have requested that any payment due you be sent to the following bank account:
- |                |
|----------------|
| Bank Name      |
| Routing Number |
| Account Number |
| Account Type   |

- 3 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.

4 Any payment due you will be sent to the address shown above.

### **Applicant's Marriages**

5 You are currently married to or separated from the employee.

6 You were married before your marriage to the employee.

7 You were not married before your marriage to the employee.

8 You have remarried since your divorce from the employee.

9 You have not remarried since your divorce from the employee.

### **Criminal Offense Information**

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

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

### **Other Government Benefits**

12 You are currently receiving a social security benefit.

13 You have filed or plan to file in the next three months for Social Security benefits on your own account.

14 You have filed or plan to file in the next three months for Social Security benefits on the account of:

Name

Social Security Number

15 You have not filed nor do you plan to file in the next three months for Social Security benefits on any account number.

16 You have not filed nor do you plan to file in the next three months for Social Security benefits on an additional account number.

17 You are not receiving a social security benefit.

- 18 In the past month you have filed or plan to file in the next three months for Railroad Retirement benefits based on your own earnings.
- 19 In the past month you have filed or plan to file in the next three months for Railroad Retirement benefits based on the account of:  
Name  
Claim Number
- 20 In the past month you have not filed nor do you plan to file in the next three months for Railroad Retirement benefits on any other account number.
- 21 You are currently receiving a railroad retirement annuity.
- 22 You are not currently receiving a railroad retirement annuity.
- 23 You are receiving a pension based on your earnings from a Federal, state or local government agency.
- 24 You received a lump-sum payment instead of a monthly pension from a Federal, state or local government agency.
- 25 You are not receiving nor do you expect to receive a pension or lump-sum payment based on your earnings from a Federal, state or local government agency.
- 26 You expect to receive a pension or lump-sum payment based on your earnings from a Federal, state or local government agency.

### Earnings Information

- 27 In (last year), your total earnings were (actual earnings).
- 28 In (last year), your earnings were less than (annual exempt amount).
- 29 In (last year), you earned more than (monthly exempt amount) in each month.
- 30 In (last year), you earned less than (monthly exempt amount) in the following months:  
January February March April May June July August September October  
November December
- 31 In (current year), you expect your total earnings will be (estimated earnings amount).
- 32 In (current year), you expect your total earnings will be less than (annual exempt amount).

- 33 In (current year), you expect to earn more than (monthly exempt amount) in each month.
- 34 In (current year), you expect to earn less than (monthly exempt amount) in the following months:  
January February March April May June July August September October  
November December
- 35 In (next year), you expect your total earnings will be (estimated earnings amount).
- 36 In (next year), you expect your total earnings will be less than (annual exempt amount).

### **Railroad Work and NonRailroad Work**

- 37 You worked for a railroad, railroad labor organization or other employer in the railroad industry.  
Railroad Name      Date Last Worked      Date Rights Relinquished
- 38 You have not worked for a railroad, railroad labor organization or other employer in the railroad industry.
- 39 You worked for the following employers outside the railroad industry in the six months before you expect your annuity to begin.
- |                |                               |
|----------------|-------------------------------|
| (Company Name) | from 99/99/9999 to 99/99/9999 |
| (Company Name) | from 99/99/9999 to 99/99/9999 |
| (Company Name) | from 99/99/9999 to 99/99/9999 |
- 40 You have not worked for an employer outside the railroad industry in the six months before you expect your annuity to begin.
- 41 You worked for the following employers as a seasonal employee:
- |                |                               |
|----------------|-------------------------------|
| (Company Name) | from 99/99/9999 to 99/99/9999 |
| (Company Name) | from 99/99/9999 to 99/99/9999 |
| (Company Name) | from 99/99/9999 to 99/99/9999 |
- 42 You were self-employed during the last 12 months.

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

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

- 44 You have requested your annuity begin on the earliest date permitted by law, as long as it does not result in a reduced annuity.
- 45 You have requested your annuity begin on the earliest date permitted by law.
- 46 You have selected mm/dd/yyyy for the beginning date of your annuity.
- 47 This application will protect your filing date for Social Security benefits.
- 48 You do not want this application to protect your filing date for Social Security benefits.

### **Medicare**

- 49 You are enrolled in the Medicare Medical Insurance Plan (Part B).
- 50 You wish to enroll in the Medicare Medical Insurance Plan (Part B).
- 51 You do not wish to enroll in the Medicare Medical Insurance Plan (Part B) at this time.
- 52 You are requesting a special enrollment period based on coverage by an employer group health plan.
- 53 You are requesting premium surcharge relief based on coverage by an employer group health plan.

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*(Printed if application type is Spouse or Spouse with child and spouse is FRA or older.)*

Your application for (a Spouse Annuity/a Divorced Spouse Annuity/Medicare) has been released for processing.

You have received and reviewed the booklets RB-30, *Spouse/Divorced Spouse Annuity* and RB-9, *Events that Affect Employee and Spouse Annuities*. It is your responsibility to report events that would affect your annuity as explained in the booklets. Failure to report any of the events listed below or other events that may affect your annuity may result in a penalty deduction from your annuity, as well as criminal and/or civil prosecution.

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*(Printed if application type is Spouse or Spouse with child and spouse is under FRA.)*

Your application for (a Spouse Annuity/a Divorced Spouse Annuity/Medicare) has been released for processing.

You have received and reviewed the booklets RB-30, *Spouse/Divorced Spouse Annuity*, RB-9, *Events that Affect Employee and Spouse Annuities*, and Form G-77a, *How Work Affects Your Railroad Retirement Benefits*. It is your responsibility to report events that would affect your annuity as explained in the booklets and form. Failure to report any of the events listed below or other

events that may affect your annuity may result in a penalty deduction from your annuity, as well as criminal and/or civil prosecution.

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*(Printed if application type is Medicare only.)*

Your application for Medicare has been received and will be processed as quickly as possible.

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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. The hours RRB offices are open to the public can be found on our website at [www.rrb.gov](http://www.rrb.gov) or by calling 877-772-5772.

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### Always Report These Changes to the RRB

- **Marriage** – If you remarry.
- **Marriage** – If your marriage to the employee ends by death or divorce.
- **Social Security** – If you file for social security benefits based on **any** person's earnings record.
- **Social Security** – If benefits you receive directly from the Social Security Administration are adjusted for a reason other than normal cost-of-living increases.
- **Public Pension** – If you receive a lump-sum payment or begin to receive a monthly pension based on your earnings at an agency of the Federal, state or local government.
- **Public Pension** – If the amount of your pension based on your earnings from a Federal, state or local government agency changes.
- **Earnings** – If your earnings change.
  - On your application you told us you expect your total nonrailroad earnings for (current year) to be \$\_\_\_\_\_.
  - On your application you told us you expect your total nonrailroad earnings for (current year) to be less than \$\_\_\_\_\_.
  - You are earning more than \$\_\_\_\_\_ a month.
  - You are not earning more than \$\_\_\_\_\_ a month.
- **Railroad Work** – If you go to work for a railroad or railroad labor organization or work in any capacity in the railroad industry. *(Print on all receipts.)*
- **Employment** – If you return to work for \_\_\_\_\_.
- **Employment** – If you change the date of last nonrailroad employment. On your application you said your last day of employment with \_\_\_\_\_ would be \_\_\_\_\_.
- **Employment** – If you cease working for \_\_\_\_\_.
- **Employment** – If you perform work, including self-employment, for a family owned, controlled or managed business, including a business operated, managed or owned by you, 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** – If you 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** – If you receive anything of value in lieu of salary or wages for any work that you performed.

- **Settlement** – If you receive a settlement with credit for railroad service as “pay-for-time-lost” for months after \_\_\_\_\_.
- **Address** – If your address changes, even if your payments are sent to a financial organization.
- **Address** – If your address changes. *(Print if application type is Medicare Only.)*
- **Bank Account** – If your financial organization or the account number at your financial organization changes.
- **Criminal Offense** – If you are confined in a jail, prison, penal institution, or correctional facility due to a conviction for a criminal offense.
- **Children in Your Care** – If a child on whose basis you are entitled to an annuity marries, dies or leaves your care and custody.
- **Death or Disability** – Your representative should notify the RRB immediately if you die or become unable to handle your own benefits.

### How to Report Changes

When a change occurs after you have begun receiving your annuity, you should report the change at once. You or your representative can make the reports by telephone, mail or in person, whichever you prefer.

*(Print if applicant is applying for a spouse benefit and is under 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.

To report any changes or ask questions, you should contact:

(Field Office Address and Toll-Free Telephone Number)

If for some reason you are unable to contact that office, you should contact:

U.S. Railroad Retirement Board  
844 N Rush Street  
Chicago, Illinois 60611-1275  
<https://www.rrb.gov>