

PROPOSED

FUNERAL DIRECTOR'S STATEMENT OF BURIAL EXPENSES

Railroad Retirement Claim Number

Employee's Social Security Number

Deceased Employee's Name

This form can be used in any case in which proof of payment of burial expenses is required. The G-273a **MUST** be used whenever there are any funeral home charges which have not been paid.

The G-273a must be taken to the funeral home which handled the arrangements for the employee's funeral. The form must be completed, signed, and dated by the funeral home director. **The funeral home director should return the completed form directly to the Railroad Retirement Board (RRB) at the following address: Railroad Retirement Board, 844 N. Rush Street, Chicago, Illinois 60611-1275.**

This report is authorized by law (45 U.S.C. 231f(b)(6)). While you are not required to respond, failure to do so may prevent or delay payment of benefits.

1	Date of Death	➤	MONTH	DAY	YEAR		

2	Enter the total amount of your charges, after any discounts, including cash advances, for this service.	➤	\$
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3 List below all payments that you have received or expect to receive, except payments from the RRB. Include payments from personal funds, the Department of Veterans Affairs, insurance policies, fraternal organizations and unions. **If paid by prearrangement, please show the name of the person who made the prearrangement and any beneficiary, not the insurance company or financial institution making the final payment. If there was a pre-need agreement, please attach a copy of the contract.**

RECEIVED/EXPECTED FROM	ADDRESS AND TELEPHONE NUMBER	BENEFICIARY (IF ANY)	DATE	AMOUNT
a				
b				
c				

4	Is there still a balance due?	➤	<input type="checkbox"/> Yes	Go to Item 5
			<input type="checkbox"/> No	Go to Item 7

5	Has any person or organization taken responsibility for the burial expenses?	➤	<input type="checkbox"/> Yes	Go to Item 6
			<input type="checkbox"/> No	Go to Item 7

6 Give the name, telephone number, and address of the person or organization that has taken responsibility for the burial expenses.

Name	Area Code	Telephone Number
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Address

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7	Has any other funeral home furnished services in connection with the deceased employee's burial? ➤	<input type="checkbox"/> Yes <input type="checkbox"/> No	Go to Item 8 Go to Item 10
8. Give the name, telephone number, and address of the other funeral home that furnished services.			
Name		Area Code	Telephone Number
Address			
9.	Are the expenses for the funeral home listed in Item 8 included in the total in Item 2? ➤	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If there are outstanding funeral home expenses, *and the payment is assigned to the funeral home or the funeral home applied for the payment*, the payment will be deposited directly into the funeral home's account at the bank, savings and loan, credit union or other financial institution. Either complete the following items or write "void" across a blank check and attach it to this form. (An application can be filed by a funeral home at the expiration of the 90-day period following the death of the employee if no one assumed responsibility for payment of all or any part of the expenses incurred by the funeral home during that 90-day period.)

10	Has the payment been assigned to the funeral home or has the funeral home applied for the payment? ➤	<input type="checkbox"/> Yes <input type="checkbox"/> No	Go to Item 11 Go to Item 17											
11	Print the name of your financial institution. ➤													
12	Enter the telephone number of your financial institution. ➤	Area Code	Telephone Number											
13	Enter the 9-digit routing transit number of your financial institution. ➤													
14	Enter the account number. ➤													
15	Enter the type of account for the above account number. ➤	<input type="checkbox"/> Checking <input type="checkbox"/> Savings												
16	Remarks													

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17 CERTIFICATION OF FUNERAL DIRECTOR

- I am an authorized funeral director and prepared for burial or buried the body of the employee named at the top of this form.
- I understand that this statement may be used in connection with an application for benefits payable under the Railroad Retirement Act.
- If the payment I receive from the RRB is greater than the unpaid expenses, I will either return the payment or refund the excess to the RRB.

Signature	Name and Address of Funeral Home	
Print Name		
Title		
Date	Area Code	Telephone Number

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

The Railroad Retirement Board (RRB) is authorized to collect the information on this form under section 7 (b) (6) of the Railroad Retirement Act. The information asked for on this form is needed to determine eligibility for reimbursement for the payment of burial expenses incurred by your funeral home. Although you are not required to furnish this information, no payments can be made unless you complete and return this form.

A complete listing of the persons, organizations and agencies to which the information you give us may be released is available at any office of the RRB.

We estimate this form takes an average of 10 minutes per response to complete, including the time 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 completion time, to: Railroad Retirement Board, ATTN: Bureau of Information Services/Policy & Compliance, 844 N. Rush St., Chicago, IL 60611-1275.