

**CURRENT  
G-88A.2 (INTERNET)**

**ERS**

United States  
Railroad Retirement Board

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You are accessing a United States Government, Railroad Retirement Board (RRB) computer system, which is restricted to authorized users only. Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to/from this system constitutes a violation of Title 18, United States Code, Section 1030 and may subject the individual(s) to criminal and civil penalties pursuant to Title 26, United States Code, Sections 7213(a) 7431 and other appropriate laws.

This system may be monitored for all lawful purposes, including ensuring use is authorized for management of the system, to facilitate protection against unauthorized access, and to verify security procedures, survivability, and operational security. Monitoring includes, but is not limited to, active attacks by authorized RRB entities to test or verify the security of this system. During monitoring, information may be examined, recorded, copied and used for authorized purposes.

Only RRB approved and licensed hardware and software that has been scanned for viruses will be permitted on this network. Use of this RRB system, authorized or unauthorized, constitutes consent to monitoring. Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to/from this system constitutes a violation of Title 18, United States Code, Section 1030 and may subject the individual(s) to criminal penalties pursuant to that statute, as well as criminal and civil penalties pursuant to Title 26, United States Code, Sections 7213(a), 7431, and other appropriate laws.

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U.S. Railroad Retirement Board  
844 North Rush Street  
Chicago Illinois, 60611-1275  
Telephone: (312) 751-7139 TTY: (312) 751-4701  
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## ERS Login Screen

ERS

United States  
Railroad Retirement Board

Please Login

User ID: |

Password:

Log In

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Submission of your User ID and Password will serve as your signature for certifying the information you submit while logged on this system.

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 Chicago IL 60611-1275

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Date posted: 10/25/2007  
Date updated: 10/25/2007

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U.S. Railroad Retirement Board  
Form G-88A2 (03-13)

Form Approved  
OMB No. 3220-0-005

**Form G-88A.2: Item Selection**

**BNSF**  
**BA Number: 1621**

| SSN                       | Employee Name     | Status            |
|---------------------------|-------------------|-------------------|
| <a href="#">*****6418</a> | BRADLEY J VOLKMAN | response required |
| <a href="#">*****4391</a> | MARK A ZABROCKI   | response required |
| <a href="#">*****1686</a> | STEVEN R LUND     | response required |
| <a href="#">*****3897</a> | J T SENTENN       | response required |
| <a href="#">*****6770</a> | T J WHITE         | response required |
| <a href="#">*****2260</a> | T A TAYLOR        | response required |
| <a href="#">*****0154</a> | T R CARROLL       | response required |
| <a href="#">*****2150</a> | G A KNIPP         | response required |

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## Form G-88a.2

|                                                                                                                        |                                    |                                       |                       |                            |                                            |
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U.S. Railroad Retirement Board  
Form G-88A2 (03-13)

Form Approved  
OMB No. 3220-0005

Form G-88A.2: Notice of Retirement and Request for Service Needed for Eligibility

SECTION 1 - IDENTIFYING INFORMATION

|                                           |                      |                                              |                      |
|-------------------------------------------|----------------------|----------------------------------------------|----------------------|
| 1. Social Security No.                    | XXX-XX-6416          |                                              |                      |
| 2. Name of Employee                       | BRADLEY J VOLKMAN    |                                              |                      |
| 3. BA No.                                 | 1621                 | 4. Payroll Number                            |                      |
| 5. Job Title                              |                      | 6. Work Location                             |                      |
| 7. Dept. or Div.                          |                      | 8. RRB Filing Date                           | 8/21/2018 2:41:15 PM |
| 9. Date Last Worked or Paid for Time Lost | 8/13/2018            | 10. Date Rights Relinquished (If applicable) | 8/13/2018            |
| 11. Date Released                         | 8/10/2018 1:06:31 PM |                                              |                      |

Paperwork Reduction Act Notice

SECTION 2 - EMPLOYER INSTRUCTIONS

Employer Instructions

|                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12. Date Last Worked or Paid for Time Lost on Your Records →                                                                                                                                                                                                                                                             | 8/14/2018                                                                                                                                                                                                                                                                                                                                                                                             |
| 13. Check the months the employee had service. The "Current Year" refers to the year shown in item 9. "Prior Year" is the year before. If this form will be submitted before your annual report for the prior year, complete items about the prior year as well. Do not report service months after the date in item 10. |                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                          | J F M A M J J A S O N D TOTAL MONTHS                                                                                                                                                                                                                                                                                                                                                                  |
| Current Year                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8 |
| Prior Year                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0                                                                                         |
| 14. REMARKS                                                                                                                                                                                                                                                                                                              | <div> date rights relinquished 8/14/2018<br/> retired 8/15/2018 </div>                                                                                                                                                                                                                                                                                                                                |

NOTE: IF EMPLOYEE RETURNS TO COMPENSATED SERVICE NOTIFY THE RRB IMMEDIATELY.

Submit

Reset Record

Exit/No Action



## Paperwork Reduction Act Notice

The Railroad Retirement Board's (RRB) authority for requesting this information is Section 7(b)(6) of the Railroad Retirement Act (RRA)(45 U.S.C. 231f(b)(6)). The information requested is used by the RRB to determine your employee's eligibility for a retirement annuity under Section 2 of the RRA (45 U.S.C. Sec. 231a).

We estimate this form takes an average of 5 minutes per response, 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 any comments regarding the accuracy of our estimates or any other aspects of this form, including suggestions for reducing the completion time, to: Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-1275.

[Close Window](#)



## Employer Instructions

**This employee filed an application for an annuity and has informed the RRB that (s)he relinquished employment rights (if applicable) and stopped working on the date shown in item 9. Complete Items 12 and 13 and return the form within 10 days of the date released by the RRB. The employee cannot be awarded an annuity until we receive this information**

**This employee's service months and compensation must also be included on your Form BA-3, Annual Report of Creditable Compensation. If you have any questions, refer to the "Reporting Instructions to Employers" or telephone the Quality Reporting Service Center at (312) 751-4992.**

[Close Window](#)

## INSTRUCTIONS FOR FILING FORM DC-2

Each year, by the last day of February, employee representatives are required to submit an annual report of creditable service and compensation earned in the previous calendar year to Assessment and Training, Compensation and Employer Services Center, 844 North Rush Street, Chicago, Illinois 60611-2092. Upon termination of employee representative status, the last report of compensation shall be marked "Final Report."

### Complete Form DC-2 as follows:

#### *Item*

1. Enter the calendar year for which the report is made.
2. Enter the reporting lodge number. If unknown, leave blank.
3. Enter your social security number.
4. Enter your last name, followed by your first and middle initials.
5. Enter either your business or home address.
6. Enter the full name of the railway labor organization which you serve or of which your subordinate lodge or division is a part.
7. Enter the full name of the subordinate lodge or division of the railway labor organization which you serve, if any.
- 8a. Enter on line(s) (1) and (2) the title(s) of your position(s) as an employee representative.
  - b. Enter an "X" to indicate the month(s) in which you have earnings. If service is reported for all 12 months, this detail may be omitted.
  - c. Enter the total service months. Add the number of "X's" and enter the total for each position.
  - d. Enter your creditable Tier I compensation, up to the annual Tier I maximum.
  - e. Enter your creditable Tier II compensation, up to the annual Tier II maximum.
- 9-11. No entry. For RRB use only.
12. Enter an "X" in the box which indicates whether or not your duties have changed. If your answer is "No," explain the difference in duties in the space provided.
13. Enter in the appropriate box, the name, title, and address of the person who has custody of the records from which this report was made.
14. Enter the city, state, and zip code of the Internal Revenue Office with which you file your Form CT-2, Employee Representative's Quarterly Railroad Retirement Tax Return.
15. Enter your signature, telephone number, facsimile number (if applicable), and the date signed.

### PAPERWORK REDUCTION ACT NOTICE

We estimate this form takes an average of 30 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: Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-2092.