**Proposed**

United States of America
Railroad Retirement Board

Form Approved
OMB No. 3220-0200

## DESIGNATION OF CONTACT OFFICIALS

*(See Instructions for Completing and Submitting This Form on Page 3)*

| EMPLOYER NAME | |
|---|---|
| EMPLOYER BA NUMBER | DATE |

### (1) EXECUTIVE OFFICER

*Executive of the organization to whom all general correspondence should be addressed with respect to administration of RRA and RUIA.*

| NAME | TITLE | |
|---|---|---|
| STREET ADDRESS LINE 1 | STREET ADDRESS LINE 2 | CITY, STATE, & ZIP |
| TELEPHONE NUMBER | FACSIMILE NUMBER | EMAIL ADDRESS |

### (2) SERVICE AND COMPENSATION

*Responsible for submitting service and compensation reports, including Forms BA-3, BA-4, BA-6A, BA-9, BA-11, BA-15, and G-440. Handles correspondence and other matters related to service and compensation reporting, and RUIA tax contributions, including Forms AA-12, DC-1, G-88A.1, G-88A.2, GL-4, GL-4A, GL-24, GL-77A, GL-99, GL-129, GL-129A, GL-130, GL-131, GL-132, GL-132A, ID-40Q, ID-40R/S, UI-41, & UI-41A.*

| NAME | TITLE | |
|---|---|---|
| STREET ADDRESS LINE 1 | STREET ADDRESS LINE 2 | CITY, STATE, & ZIP |
| TELEPHONE NUMBER | FACSIMILE NUMBER | EMAIL ADDRESS |

### (3) RAILROAD RETIREMENT AWARDS

*May receive notices of RRA annuity awards. Also handles correspondence related to annuity awards, including Forms G-73A.1, RL-13G, and RL-27.*

| NAME | TITLE | |
|---|---|---|
| STREET ADDRESS LINE 1 | STREET ADDRESS LINE 2 | CITY, STATE, & ZIP |
| TELEPHONE NUMBER | FACSIMILE NUMBER | EMAIL ADDRESS |

### (4) SUPPLEMENTAL ANNUITY

*Handles correspondence related to supplemental annuity awards, including Form G-88p.*

| NAME | TITLE | |
|---|---|---|
| STREET ADDRESS LINE 1 | STREET ADDRESS LINE 2 | CITY, STATE, & ZIP |
| TELEPHONE NUMBER | FACSIMILE NUMBER | EMAIL ADDRESS |

### (5) RRA ANNUITY ESTIMATES

*Receives reports of annuity estimates for employees who have at least 120 months of creditable railroad service or at least 60 months if service was rendered after 1995.*

| NAME | TITLE | |
|---|---|---|
| STREET ADDRESS LINE 1 | STREET ADDRESS LINE 2 | CITY, STATE, & ZIP |
| TELEPHONE NUMBER | FACSIMILE NUMBER | EMAIL ADDRESS |

**(6) SECTION 2(f) – RUIA**

*Receives and submits notices related to the reimbursement of RUIA benefits under Section 2(f) of the RUIA, including Form ID-3U.*

| NAME | TITLE | |
|---|---|---|
| STREET ADDRESS LINE 1 | STREET ADDRESS LINE 2 | CITY, STATE, & ZIP |
| TELEPHONE NUMBER | FACSIMILE NUMBER | EMAIL ADDRESS |

**(7) SECTION 2(f) BILL PAYMENT – RUIA**

*Receives as well as makes payments on Pay for Time Lost and Guarantee Payments under Section 2(f) of RUIA either through PAY.gov or by paper billing documents.*

| NAME | TITLE | |
|---|---|---|
| STREET ADDRESS LINE 1 | STREET ADDRESS LINE 2 | CITY, STATE, & ZIP |
| TELEPHONE NUMBER | FACSIMILE NUMBER | EMAIL ADDRESS |

**(8) SECTION 12(o) – RUIA**

*Receives notices of lien and handles various types of correspondence under Section 12(o) of RUIA, including Forms ID-30B and ID-3S.*

| NAME | TITLE | |
|---|---|---|
| STREET ADDRESS LINE 1 | STREET ADDRESS LINE 2 | CITY, STATE, & ZIP |
| TELEPHONE NUMBER | FACSIMILE NUMBER | EMAIL ADDRESS |

**(9) SECTION 12(o) BILL PAYMENT – RUIA**

*Receives and makes payment on bills for Personal Injury Cases under Section 12(o) of RUIA either through PAY.gov or by paper billing documents.*

| NAME | TITLE | |
|---|---|---|
| STREET ADDRESS LINE 1 | STREET ADDRESS LINE 2 | CITY, STATE, & ZIP |
| TELEPHONE NUMBER | FACSIMILE NUMBER | EMAIL ADDRESS |

**(10) TIER I TAX REPORT – RUIA**

*Receives notices of Tier I taxes due on RUIA sickness benefits creditable as Tier I compensation, including Forms ID-6 and ID-6Y.*

| NAME | TITLE | |
|---|---|---|
| STREET ADDRESS LINE 1 | STREET ADDRESS LINE 2 | CITY, STATE, & ZIP |
| TELEPHONE NUMBER | FACSIMILE NUMBER | EMAIL ADDRESS |

**(11) PREPAYMENT CLAIMS VERIFICATION – RUIA**

*Receives notices of applications and claims filed under the RUIA, notices of RUIA claim determination, and requests for separation allowance information, including Forms ID-4K, ID-4E and ID-13E*

| NAME | TITLE | |
|---|---|---|
| STREET ADDRESS LINE 1 | STREET ADDRESS LINE 2 | CITY, STATE, & ZIP |
| TELEPHONE NUMBER | FACSIMILE NUMBER | EMAIL ADDRESS |

## (12) RAILROAD HIRING

*Handles matters pertaining to the employee placement program under the RUIA.*

| NAME | TITLE | |
|---|---|---|
| STREET ADDRESS LINE 1 | STREET ADDRESS LINE 2 | CITY, STATE, & ZIP |
| TELEPHONE NUMBER | FACSIMILE NUMBER | EMAIL ADDRESS |

## (13) DISABILITY

*Handles Forms G-3EMP, G-251 and G-251A requests for job duties.*

| NAME | TITLE | |
|---|---|---|
| STREET ADDRESS LINE 1 | STREET ADDRESS LINE 2 | CITY, STATE, & ZIP |
| TELEPHONE NUMBER | FACSIMILE NUMBER | EMAIL ADDRESS |

## (14) VERIFICATION OF EMPLOYER GROUP HEALTH PLAN

*Receives correspondence related to coverage under an employer's Group Health Plan including Form RL-311-F.*

| NAME | TITLE | |
|---|---|---|
| STREET ADDRESS LINE 1 | STREET ADDRESS LINE 2 | CITY, STATE, & ZIP |
| TELEPHONE NUMBER | FACSIMILE NUMBER | EMAIL ADDRESS |

## (15) CERTIFICATION

*The above officials of this employer are authorized to serve in the capacities indicated and to act as trusted referees for the RRB in accordance with National Institute of Standards and Technology Special Publication 800-63A guidelines for online reporting access.*

| **PRINT NAME** | **SIGNATURE** | |
|---|---|---|
| **TITLE** | **TELEPHONE NUMBER** | **DATE** |

### INSTRUCTIONS

The form must be signed by an official with signature authority to sign RRB forms for the employer listed on the top right of page 1. The head of the company or any person designated as a Contact Official on a previous Form G-117A, *Designation of Contact Official*, has signature authority. Provide signature, title, telephone number, and date.

The information requested on this form is used to both establish an RRB contact official for the items described above, to change a contact official, or an official's address. One contact official may be designated to serve in all capacities. If one contact official is designated to serve in all capacities, complete box one and write "same" in all other boxes. Please notify the RRB immediately of any change in official(s) or address. Include, on an attachment, the names of subsidiary or affiliated companies for which the above designated contact officials are authorized to act and any other information related to the designations. If different contact officials are to be designated for subsidiary or affiliated companies, use a separate Form G-117a. Completed forms can be emailed to QRSC@rrb.gov or mailed to the Railroad Retirement Board, Office of Programs, P&S - Quality Reporting Service Center, 844 North Rush Street, Chicago, Illinois 60611-1275.

### PAPERWORK REDUCTION ACT/PRIVACY ACT NOTICES

The Railroad Retirement Board (RRB) is authorized to collect the information requested on this form under Section 7(b)6 of the Railroad Retirement Act of 1974 and Section 5(b) of the Railroad Unemployment Insurance Act. Although you are not required to provide the requested information, cooperation in doing so will assist the RRB in providing information to employers to meet their fiscal and regulatory obligations toward benefit programs as well as support the RRB administration of those programs.

We estimate this form takes an average of 15 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: Railroad Retirement Board, ATTN: Bureau of Information Services/Policy & Compliance, 844 N. Rush Street., Chicago, IL 60611-1275.