

Justification  
**Medicare**

RRB Forms AA-6, AA-7, AA-8, AA-23, AA-24, and RL-311-F

1. Circumstances of the collection - Under Section 7(d) of the Railroad Retirement Act (45 U.S.C. 231f), the Railroad Retirement Board (RRB) administers the Medicare program for persons covered by the railroad retirement system. The regulations are contained in 42 CFR 406 and 407.
2. Purposes of collecting/consequences of not collecting the information - To obtain information needed to determine whether individuals who have not yet filed for benefits under the Railroad Retirement Act, are qualified for Medicare under Title XVIII of the Social Security Act, the RRB uses the forms shown below.
  - AA-6, Employee Application for Medicare
  - AA-7, Spouse/Divorced Spouse Application for Medicare
  - AA-8, Widow/Widower Application for Medicare
  - AA-23, Application For Medicare – Medical Insurance (Part B) Program
  - AA-24, Application for Medicare Part B – Special Enrollment Period (Exceptional Conditions)
  - RL-311-F, Evidence of Coverage Under An Employer Group Health Plan

When conducting an in-person interview at a field office, or a telephone interview, with an applicant for enrollment in Medicare, completion of Forms AA-6, AA-7 and AA-8 is accomplished by means of an on-line computer application called Application Express – APPLE. Section 217.17(f)(3) (20 CFR §217.17(f)(3)) provides for an alternative signature.

In all other cases, the field office mails a printed version of Form AA-6, Form AA-7, or Form AA-8 to the applicant along with transmittal letter Form RL-9, which is used to list and explain any enclosed forms and also to request any necessary proofs for supporting the claim. Informational booklets RB-20, Medicare for Railroad Workers and Their Families, and Form RB-3, Furnishing Evidence to Support Your Claim, are also enclosed. The RB-3 describes the types of records that can be used as acceptable evidence when an application is filed and explains where the applicant can obtain these records.

When mailing Form AA-7, the field office also encloses Form G-346, Employee's Certification (OMB 3220-0140), for completion by the employee to certify the spouse's entitlement to benefits. Before release, the field office completes all identifying information on the transmittal letter and forms. The completed form is mailed back to the field office in the pre-addressed envelope provided for that purpose.

**The RRB proposes the following changes to Form AA-6:**

- Question 4, removed "COUNTY" due to this data no longer being in use,
- Question 13, added "U.S. Space Force" to the list of military service options,
- Section 4, added the following clarifying language:

"Initial Enrollment Period (IEP) is the 7-month period when you are first eligible for Medicare. This period begins 3 months before you turn 65, includes the month you

turn 65, and ends 3 months after you turn 65. Coverage begins the month after you signs up during your IEP.

You are eligible for a Special Enrollment period (SEP) enrollment if you are age 65 or older, or under age 65 and disabled, and did not select to be enrolled in Medicare Part B coverage when you became eligible and are covered under an employer group health plan based on your own or your spouse's current employment.

The General Enrollment Period (GEP) is the time period every year from January 1 to March 31 when you can enroll in Medicare Part B for the first time if you missed your Initial Enrollment Period (IEP) and do not qualify for the Part B Special Enrollment Period (SEP).",

- Question 19, added "GEP" as an option to allow for all potential options, and
- Page 6, added "Attestation Section" for individual to provide additional details pertaining their enrollment.

**NOTE: Identified oversight of minor updates to proposed Form AA-6 and corrected in the justification.**

**The RRB proposes the following changes to Form AA-7:**

- Question 5, removed "COUNTY" due to this data no longer being in use,
- Question 18, added "U.S. Space Force" to the list of military service options,
- Section 5, added the clarifying language:

"Initial Enrollment Period (IEP) is the 7-month period when you are first eligible for Medicare. This period begins 3 months before you turn 65, includes the month you turn 65, and ends 3 months after you turn 65. Coverage begins the month after you signs up during your IEP.

You are eligible for a Special Enrollment period (SEP) enrollment if you are age 65 or older, or under age 65 and disabled, and did not select to be enrolled in Medicare Part B coverage when you became eligible and are covered under an employer group health plan based on your own or your spouse's current employment.

The General Enrollment Period (GEP) is the time period every year from January 1 to March 31 when you can enroll in Medicare Part B for the first time if you missed your Initial Enrollment Period (IEP) and do not qualify for the Part B Special Enrollment Period (SEP).",

- Question 27, added "GEP" as an option to allow for all potential options, and
- Page 8, added "Attestation Section" for individual to provide additional details pertaining their enrollment.

**NOTE: Identified oversight of minor updates to proposed Form AA-7 and corrected in the justification.**

**The RRB proposes the following changes to Form AA-8.**

- Section 1, updated to reflect “2024” in the data example,
- Question 5, removed “COUNTY” 5 due to this data no longer being in use, and
- Added “Attestation Section” for individual to provide additional details pertaining their enrollment.

**NOTE: Identified oversight of minor updates to proposed Form AA-8 and corrected in the justification.**

To determine if a qualified railroad retirement beneficiary, who wants to enroll for supplementary medical insurance coverage under Medicare, is entitled to a Special Enrollment Period (SEP) and/or premium surcharge relief because of coverage under a Group Health Plan (GHP), the RRB needs to obtain information regarding the claimant’s GHP coverage, if any. This information includes:

- whether the claimant has been covered under a GHP;
- the beginning and ending dates of GHP coverage; and
- the date the employee’s employment was terminated.

The RRB use **Form RL-311-F, Evidence of Coverage Under An Employer Group Health Plan**, to obtain the information needed to determine if a qualified railroad retirement beneficiary is entitled to a SEP and/or premium surcharge relief because of coverage under an GHP. Form RL-311-F is released to the employer of the qualified railroad retirement beneficiary to obtain the basic information needed by the RRB to either establish GHP coverage for the applicant who is filing their initial enrollment in Part B coverage, as well as for the individual who wishes to re-enroll in Part B and claim coverage under a GHP or to verify existing coverage for the individual claiming premium surcharge relief based on GHP coverage.

See “Efforts to identify duplication” of Form RL-311-F below for more information.

**The RRB proposes the following changes to Form RL-311-F:**

- Removed the option to return the form by facsimile,
- Changed “Medicare Part B (Medical Insurance)” to “Medicare Medical Insurance (Part B)” and replaced ‘is entitled’ with ‘is eligible’ in the form’s introductory paragraph,
- Minor revisions to Question 1.

- Added a note to Question 2 advising to include previous coverage dates if healthcare providers were changed during the beneficiary's employment,
- Minor changes to Question 3.
- Changed Question 4 to replace 'working with employed' with 'an employment start date for the employee',
- Changed Question 5 from "see below for additional information" to "see page 2 for additional information.",
- Added "Attestation Section" for individual to provide additional details pertaining their enrollment, and
- Updated gender pronouns to reflect gender neutral "they" designations instead of male and female pronouns on page 2 disclaimer in Question 5.

**NOTE: Identified oversight of minor updates to proposed Form RL-311-F and corrected in the justification.**

The RRB **created Form AA-23, Application For Medicare – Medical Insurance (Part B) Program** to obtain information from qualified railroad retirement beneficiaries and determine if they are eligible to enroll through the Initial Enrollment Period (IEP), Special Enrollment Period (SEP), or General Enrollment Period (GEP).

When conducting an in-person interview at a field office or telephone interview with an applicant for enrollment into Medicare, completion of Form AA-23 is accomplished by means of printing the form from the Railroad Retirement Action Information Linking System (RRAILS) application. If the beneficiary has an entry in the Payment Rate and Entitlement History (PREH) application, some of the form's fields will prefill with the beneficiary's information, such as their Railroad Retirement Board claim number, the beneficiary's name, and their address. If the beneficiary does not have information in the PREH application, the field office staff member will need to fill out the fields manually.

After consulting with the beneficiary to determine their Medicare enrollment type (SEP, GEP, or IEP) along with their desired Medicare Part B effective date, if they wish to enroll in it, the field office mails the completed, printed version of Form AA-23 to acquire the beneficiary's written signature. The mailing also includes the transmittal letter Form RL-9, which is used to list and explain any enclosed forms and to request any necessary proofs for supporting the claim

Informational booklets RB-20, Medicare for Railroad Workers and Their Families, and Form RB-3, Furnishing Evidence to Support Your Claim, are also enclosed. The RB-3 describes the types of records that can be used as acceptable evidence when an application is filed and explains where the applicant can obtain these records.

Before release, the field office completes all identifying information on the transmittal letter and forms. The completed and signed form is mailed back to the field office from the beneficiary in the pre-addressed envelope provided for that purpose.

Due to Form AA-23 being utilized for multiple enrollments, it is utilized year-round by field office staff as periods for Medicare enrollments through the SEP, GEP, or IEP differ depending on the person's eligibility.

**See “Efforts to identify duplication” of Form AA-23 in paragraph 4 for more information.**

**The RRB proposes to add new Form AA-23 to the clearance.**

The RRB created **Form AA-24, Application for Medicare Part B – Special Enrollment Period (Exceptional Conditions)**, to obtain the information needed to determine if a qualified railroad retirement beneficiary is entitled to a SEP because of an exceptional condition. The form is necessary to address the expansion of Medicare enrollment possibilities within the SEP.

When conducting an in-person interview at a field office or telephone interview with an applicant for enrollment into Medicare, completion of Form AA-24 is accomplished by means of printing the form from the Railroad Retirement Action Information Linking System (RRAILS) application. If the beneficiary has an entry in the Payment Rate and Entitlement History (PREH) application, some of the form's fields will prefill with the beneficiary's information, such as their Railroad Retirement Board claim number, the beneficiary's name, and their address. If the beneficiary does not have information in the PREH application, the field office staff member will need to fill out the fields manually.

After consulting with the beneficiary to determine if they are eligible to enroll in Medicare through Special Enrollment Period (SEP) exceptional conditions, the field office mails the completed, printed version of Form AA-24 to acquire the beneficiary's written signature. The mailing also includes the transmittal letter Form RL-9, which is used to list and explain any enclosed forms and to request any necessary proofs for supporting the claim.

Informational booklets RB-20, Medicare for Railroad Workers and Their Families, and Form RB-3, Furnishing Evidence to Support Your Claim, are also enclosed. The RB-3 describes the types of records that can be used as acceptable evidence when an application is filed and explains where the applicant can obtain these records.

Before release, the field office completes all identifying information on the transmittal letter and forms. The completed and signed form is mailed back to the field office from the beneficiary in the pre-addressed envelope provided for that purpose.

Due to Form AA-24 being utilized for SEP exceptional conditions, which can occur at any point in the year, it is utilized year-round by field office staff to process Medicare enrollments.

**See “Efforts to identify duplication” of Form AA-24 in paragraph 4 for more information.**

**The RRB proposes to add new Form AA-24 to the clearance.**

3. Planned use of improved information technology or technical/legal impediments to further burden reduction - Due to agency technology limitations, this information collection does not allow for electronic submission as described in the Government Paperwork Elimination Act

(GPEA). However, we will reevaluate electronic signatures after the completion of our IT Modernization project.

4. Efforts to identify duplication – This information collection does not duplicate any other RRB information collection and to our knowledge, no other agency uses forms similar to AA-6, AA-7 and AA-8 and does use forms similar to AA-23, AA-24 and RL-311-F as follows:
  - Form AA-23 is similar to Centers for Medicare and Medicaid Services’ Form CMS L564/R297, *Application for Medicare Part A and Part B – Special Enrollment Period (Exceptional Conditions)*, (OMB No. 0938-0787).
  - Form AA-24 is similar to Centers for Medicare and Medicaid Services’ Form CMS-10797, *Application for Medicare Part A and Part B – Special Enrollment Period (Exceptional Conditions)*, (OMB No. 0938-1426).
  - Form RL-311-F is equivalent to Centers for Medicare and Medicaid Services’ Form CMS L564/R297, *Request for Employment Information* (OMB No. 0938-0787).
5. Small business respondents - N.A.
6. Consequences of less frequent collection - Not applicable since the information is collected only once from each respondent.
7. Special circumstances – None
8. Public comments/consultations outside the agency - In accordance with 5 CFR 1320.8(d), comments were invited from the public regarding this information collection. The notice to the public was published on page 8165 of the January 24, 2025, Federal Register. No comments or requests for additional information were received from the public.
9. Payments or gifts to respondents - N.A.
10. Confidentiality - Privacy Act System of Records RRB-20, Health Insurance and Supplementary Medical Insurance Enrollment and Premium Payment System (Medicare) - RRB. In accordance with OMB Circular M-03-22, a Privacy Impact Assessment for this information collection was completed and can be found at <https://www.rrb.gov/sites/default/files/2017-06/PIA-BPO.pdf>.
11. Sensitive questions - N.A.
12. Estimate of respondent burden - The current burden for this collection is shown below:

**Current Burden**

<b>Form Number</b>	<b>Annual Responses</b>	<b>Time (Minutes)1/</b>	<b>Burden (Hours)</b>
AA-6	180	8	24
AA-7	50	8	7
AA-8	10	8	1

RL-311-F	2,000	10	333
<b>Total</b>	<b>2,240</b>		<b>365</b>

**Proposed Burden**

Form Number	Annual Responses	Time (Minutes)1/	Burden (Hours)
AA-6	180	8	24
AA-7	50	8	7
AA-8	10	8	1
AA-23	1000	5	1
AA-24	600	10	2
RL-311-F	2,000	10	333
<b>Total</b>	<b>3,840</b>		<b>368</b>

1/Except for new proposed Forms AA-23 and AA-24, the RRB has been collecting the information on these forms since OMB approved the information collection. Based on a sampling done when the form was originally created, the office calculated the estimated time, which includes time for getting the needed data and reviewing the completed form.

	<u>Responses</u>	<u>Hours</u>
<b>Total Burden Change</b>	3,840	368
<b>Program Change</b>	1,600	3

13. Estimate of annual cost to respondents or record keepers - N.A.
14. Estimate of cost to Federal Government - N.A.
15. Explanation for change in burden – The overall annual responses increased from 2,240 to 3,840 and overall burden hours increased from 365 to 368 due to adding Forms AA-23 and AA-24 to the clearance.
16. Time schedule for data collections and publications - The results of this collection will not be published.
17. Request to not display OMB expiration date - The RRB started an extensive multi-year IT Modernization Initiative at the beginning of Fiscal Year 2019 to transform our operations into the 21st Century using multiple contractor services to improve mission performance, expand service capabilities, and strengthen cybersecurity and modernization is still in progress. The RRB hired a new CIO on November 4, 2024 who will be briefed the modernization initiative status and if requested, the RRB will provide OMB with any updates to the consolidated project timeline.

Given that the forms in this collection are seldom revised; the costs associated with redrafting, reprinting, and distributing forms to keep the appropriate OMB expiration date in place; and our desire to reevaluate after the completion of the modernization project, **the RRB requests the authority to not display the expiration date on the forms.**

18. Exceptions to Certification Statement - None