

Proposed



RAILROAD RETIREMENT BOARD
RECONSIDERATION SECTION
844 NORTH RUSH STREET
CHICAGO, IL 60611-1275
WWW.RRB.GOV

Form Approved
OMB No. 3220-0082

TOLL-FREE NUMBER: 1-877-772-5772

WEDS. 9:00 AM TO 12:00 PM - CLOSED FEDERAL HOLIDAYS

Month Day, Year

RRB Claim Number:

Name of Claimant:

Claimant's SS No.:

To help us determine if _____ is eligible to enroll in a Special Enrollment Period for Medicare Medical Insurance Part B and/or premium surcharge relief for Part B premiums, please answer the **five** items below and return this page to us using the enclosed envelope.

If you have any questions, please call the telephone number shown above.

Sincerely,

Enclosure: Envelope

EVIDENCE OF COVERAGE UNDER AN EMPLOYER GROUP HEALTH PLAN	
1. Is (or was) _____ covered under an employer Group Health Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Enter the name of the employer Group Health Plan.	
3. Provide the date the applicant's coverage began. <i>*If your company has changed healthcare providers during the beneficiary's employment, please include earliest date of coverage.</i> _____/_____ Month Year	
4. Has the coverage ended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the date the applicant's coverage ended. _____/_____ Month Year	

5. When did the employee work for your company? (See below for additional information)					
From		To		Still Employed	
_____ / _____		_____ / _____		_____ / _____	
Month / Year		Month / Year		Month / Year	
6. Attestation – I certify that the information I gave to the RRB on this application is true to the best of my knowledge. I know that if I make a false or fraudulent statement in order to qualify for Medicare from the Railroad Retirement Board (RRB), I am committing a crime punishable by Federal law that may result in prosecution and/or penalty deductions in my annuity payments.					
Signature					
Print Your Name and Title					
Telephone Number ()				Date	

RRB Claim Number:
 Name of Claimant:
 Claimant’s SS No.:

Further explanation for question 5.

In general, an individual has “current employment status” if they are **actively working** as an employee, are the employer (including a self- employed individual), or are associated with the employer in a business relationship.

An individual also has “current employment status” if they are **not actively working, but meets all of the following conditions:**

- retains employment rights in the industry;
- employment has not been terminated by the employer (if the employer provides the coverage); or membership in the employee organization has not been terminated (if the employee organization provides the coverage);
- is not receiving disability benefits from an employer for more than 6 months

Paperwork Reduction Act and Privacy Act Notices
<p>This notice is given under the Paperwork Reduction Act of 1995 and the Privacy Act of 1974. The Privacy Act requires that the Railroad Retirement Board (RRB) tell you the following whenever we ask you for information.</p> <ol style="list-style-type: none"> 1) The law which allows us to ask for the information 2) Whether the law requires you to give us that information and what, if anything, might happen to you if you do not give it to us; 3) The reason why the information is requested; and 4) The persons, organizations, and agencies to which we may release the information without your permission. <p>The RRB is authorized to collect the information on this form under section 7(b) and 7(d) of the Railroad Retirement Act and sections 226, 1836 and 1840 of the Social Security Act, as amended. The information of this form is needed to enable the RRB to determine your eligibility to monthly benefits and entitlement to hospital and/or medical insurance coverage. While you do not have to furnish the information requested on this form, no hospital or medical insurance can be provided until an application has been received. Failure to provide all or part of the information requested could prevent an accurate and timely decision on your claim and could result in the loss of hospital or medical insurance.</p> <p>Although the information you furnish on this form is almost never used for any other purpose than stated above, there is a possibility that for the administration of the Railroad Retirement, Social Security, and the Center for Medicare & Medicaid Services programs, information may be disclosed to another person or to another government agency as follows:</p> <ol style="list-style-type: none"> 1) Beneficiary identification, enrollment status and premium deductions information may be released to the Social Security Administration and the Centers for Medicare & Medicaid Services to correlate action with the administration of Title II and Title XVIII (MEDICARE) of the Social Security Act.

- 2) Beneficiary identification may be disclosed to third party contacts to determine if incapacity of the beneficiary or potential beneficiary to understand or use benefits exist, and to determine the suitability of a proposed representative payee.
- 3) Jurisdictional clearance, premium rate, coverage election, paid-thru date, and amount of payment in arrears may be released to the Social Security Administration and the Centers for Medicare & Medicaid Services to assist in administering Title XVIII of the Social Security Act
- 4) The last address information may be disclosed to the Department of Health and Human Services in conjunction with the Parent Locator Service.
- 5) Beneficiary identification, entitlement data and rate information may be referred to the Department of State and embassy officials to aid in the development of applications, supporting evidence and continued eligibility of beneficiaries and potential beneficiaries living abroad.
- 6) Records may be released to the Government Accountability Office for auditing purposes and for collection of debts arising from overpayments under Title XVIII of the Social Security Act, as amended.
- 7) Disclosure may be made to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual.
- 8) Pursuant to a request from an employer covered by the Railroad Retirement Act or the Railroad Unemployment Insurance Act, information regarding the RRB's determination of Medicare entitlement, entitlement data and present address may be released to the requesting employer for the purposes of determining entitlement to and rates of supplemental benefits payable under private employer welfare benefit plans.

We estimate this form takes an average of 5 minutes per response to complete, including the time for reviewing the instructions, obtaining the data, and reviewing the completed form. 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.

Computer Matching and Privacy Protection Act Notice

The Computer Matching and Privacy Protection Act of 1988 requires the Railroad Retirement Board (RRB) to advise you that information you have provided may be used, without your consent, in automated matching programs. These matching programs are a computer comparison of RRB records with records kept by other Federal, state, or local governmental agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.