

Do Not Write In This Space

MONTH

DAY

YEAR

OFFICE NUMBER

NEXT-TO -LAST ER

DATE CODED

APPLICATION NUMBER

MONTH

DAY

YEAR

CODED BY

Form AA-1 (05-04) Destroy Prior Editions

Information About You and Your Family								
Sex	6	Enter an "X" in the box that shows your sex. _____ →	<input type="checkbox"/> Male <input type="checkbox"/> Female					
	7	Enter your name at birth if different from Item 3. _____ →						
Birthday	8	Enter your date of birth. _____ →	Month	Day	Year			
Marital Status	9	Enter an "X" in the box that shows your current marital status. _____ →	<input type="checkbox"/> Never Married Go to Item 16 <input type="checkbox"/> Married or Separated Go to Item 10 <input type="checkbox"/> Other Go to Item 14					
Current Marriage	10	Enter your spouse's full name before your marriage. _____ →						
	11	Enter your spouse's date of birth. _____ →	Month	Day	Year			
	12	Enter the date of your marriage. _____ →	Month	Day	Year			
13	Enter your spouse's social security number. If none, enter "To Be Submitted." _____ →							
Previous Marriage History	14	Enter an "X" in the appropriate box: I was previously married. (Answer "No" if your only previous marriage was an earlier marriage to your current spouse.) _____ →	<input type="checkbox"/> Yes → Go to Item 15 <input type="checkbox"/> No → Go to Item 16					
	15	Give the following information for your previous marriage(s). Use Section 21 if you have more than one previous marriage.						
		a	(i) MARRIAGE BEGAN		(ii) NAME OF FORMER SPOUSE	(iii) MARRIAGE ENDED		
			DATE	CITY & STATE		REASON	DATE	CITY & STATE
					<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT <input type="checkbox"/> OTHER - Explain in Section 21			
	(iv) Enter your former spouse's date of birth. _____ →		Month	Day	Year			
	(v) Enter the Social Security Number of former spouse shown in Section 15a(ii). _____ →		If unknown, enter unknown and complete Item 15b.					
b	Enter your former spouse's							
	• Place of birth _____ →							
	• Father's name _____ →							
	• Mother's maiden name _____ →							

Please read Chapter 2 of the **RB-1** booklet for an explanation of family members who could qualify you for the Special Guaranty Computation.

16	Enter an "X" in the appropriate box: I have children who are unmarried and meet any of the following conditions: _____ → (1) Under age 18. (2) Age 18 through 19 and attending elementary or secondary school full-time. (3) Age 18 or older with a continuing disability that began before age 22 and prevents any kind of employment.	<input type="checkbox"/> Yes → Go to Note and Item 17 <input type="checkbox"/> No → Go to Item 18
Note: If you have a child that meets the disability requirements, also complete Form AA-19a, Application for Determination of Child's Disability.		
17	Enter in each box the number of children who meet each condition. _____ →	<input type="checkbox"/> Under age 18. <input type="checkbox"/> Age 18 through 19 and attending elementary or secondary school full-time. <input type="checkbox"/> Age 18 or older with a continuing disability that began before age 22 and prevents any kind of employment.

Do not complete Item 18 if you have never married; **go to Item 19.**

Garnishment or Property Settlement	18	Enter an "X" in the appropriate box: a. The RRB has been furnished with an order to enforce either my child support or alimony obligation, or to pay part of my present or future railroad retirement benefit to a spouse or former spouse as a part of a property settlement in a divorce or legal separation proceeding. (NOTE: Reference to pension rights may be found in the property settlement.)	<input type="checkbox"/> Yes → Go to Item 18b <input type="checkbox"/> No → Go to Item 19	
		b. Which situation applies? _____	<input type="checkbox"/> Child Support or Alimony <input type="checkbox"/> Property Settlement	

Criminal Offense	19	Enter an "X" in the appropriate box: Within the past 12 months, I have been imprisoned or given a sentence of confinement due to a conviction for a criminal offense. _____	<input type="checkbox"/> Yes → Go to Item 20 <input type="checkbox"/> No → Go to Section 4			
	20	Enter the date of the conviction. _____	Month	Day	Year	
	21	Enter the date of the sentence of confinement. _____	Month	Day	Year	
	22	Enter the date the confinement began. _____	Month	Day	Year	
	23	Enter an "X" in the appropriate box: Has the confinement ended? _____	<input type="checkbox"/> Yes → Go to Item 24 <input type="checkbox"/> No → Go to Section 4			
	24	Enter the date confinement ended. _____	Month	Day	Year	

Information About Type of Annuity

Please read Chapter 1 of the **RB-1** booklet for information about age and service annuities. Also read the **RB-1d** booklet if you are applying for a disability annuity.

Type of Annuity	25	Enter an "X" in the box that shows the type of annuity you are filing for. _____	<input type="checkbox"/> FULL AGE ANNUITY <input type="checkbox"/> FULL 60130 AGE ANNUITY <input type="checkbox"/> DISABILITY ANNUITY		} Go to Item 26
			<input type="checkbox"/> REDUCED AGE ANNUITY—LESS THAN 30 YRS' SERVICE		
	26	Enter an "X" in the appropriate box: I am eligible for and will accept a reduced age annuity if I am not eligible for a full age or a disability annuity. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Information About Military Service

Please read Chapter 3 of the **RB-1** booklet for information about military service. Creditable military service is used to determine, in part, your annuity eligibility. It can also be used in your annuity computation.

Military Service	27	Enter an "X" in the appropriate box: I was in active military service, such as the Army, Navy, Air Force or Marines, of the United States. _____	<input type="checkbox"/> Yes → Go to Note and Item 28 <input type="checkbox"/> No → Go to Section 6	
	<p>Note: If answered "Yes," you must submit proof of your military service, such as your discharge certificate or separation papers, as explained in the RB-1 booklet.</p>			
	28	Enter an "X" in the appropriate box: I had voluntary military service during the period June 15, 1948, through December 15, 1950. _____	<input type="checkbox"/> Yes → Go to Item 29 <input type="checkbox"/> No → Go to Item 30	
	29	Enter an "X" in the appropriate box: I had nonrailroad earnings after leaving the military service stated in Item 28 and before returning to the railroad. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Military Service Monthly Benefits	30	Enter an "X" in the appropriate box: I have filed, or plan to file, a claim for monthly benefits with another federal agency based on military service performed before January 1, 1957. (Answer "No" if the other federal agency is the Department of Veterans Affairs, the Social Security Administration, or the Railroad Retirement Board.) →	<input type="checkbox"/> Yes → Go to Item 31 <input type="checkbox"/> No → Go to Section 6			
	31	Enter the name of the other federal agency. →				
	32	Enter the date you filed a claim with the agency named in Item 31 and go to Item 33. If you have not already filed a claim with that agency, enter the date you plan to file and go to Section 6. →	Month	Day	Year	
	33	Enter the claim number of the monthly benefit you have already filed for. →				

Information About Your Railroad Work

Please read Chapter 4 of the **RB-1** booklet to find out what railroad work is creditable. Creditable railroad work is used to determine your annuity eligibility and is also used in the annuity computation.

Railroad Work Before 1937	34	Enter an "X" in the appropriate box: I have less than 360 months of railroad work after 1936. →	<input type="checkbox"/> Yes → Go to Item 35 <input type="checkbox"/> No → Go to Item 36			
	35	Enter an "X" in the appropriate box: I worked in the railroad industry before 1937. →	<input type="checkbox"/> Yes → Go to Note and Item 36 <input type="checkbox"/> No → Go to Item 36			
<p>Note: To obtain credit for your railroad service before 1937, complete and return to the RRB, Form AA-15, Employee's Statement of Service Performed Before January 1, 1937, to Employers Under the Railroad Retirement Act</p>						

Last Railroad Employment	36	Enter the name of the railroad company or railroad labor organization that last employed you. →						
	37	Enter your payroll name and identification number for that employer. →						
	38	Enter your last job title for that employer. →						
	39	Enter your last division or department and its location. →						
	40	Enter the dates you worked for that employer. (If your railroad employment has not ended, enter the last date you will work for that employer in the "TO" date.) →	FROM			TO		
			Month	Day	Year	Month	Day	Year
41	Enter the date you gave up or will give up your seniority rights and all other rights to work for the employer shown in Item 36. (Make no entry if you have not given up your rights because you are filing for a disability annuity.) →	Month	Day	Year				

Other Railroad Employment	42	Enter an "X" in the appropriate box: I worked for another employer in the railroad industry or a railroad labor organization this year or last year. →	<input type="checkbox"/> Yes → Go to Item 43 <input type="checkbox"/> No → Go to Item 49			
	43	Enter the name of that employer. →				
	44	Enter your payroll name and identification number for that employer. →				
	45	Enter your last job title for that employer. →				

Other Railroad Employment (Cont.)	46	Print your last division or department and its location for that employer. _____ →						
	47	Enter the dates you worked for that employer. (If your railroad employment has not ended, enter the last date you will work for that employer in the "TO" date.) _____ →	FROM			TO		
			Month	Day	Year	Month	Day	Year
	48	Enter the date you gave up or will give up your seniority rights and all other rights to work for the employer shown in Item 43. (Make no entry if you have not given up your rights because you are filing for a disability annuity.) _____ →	Month	Day	Year			

Railroad Seniority Rights	49	Enter an "X" in the appropriate box: I still have seniority or other rights to work for a railroad employer or railroad labor organization not listed in Item 36 or Item 43. _____ →	<input type="checkbox"/> Yes → Go to Item 50 <input type="checkbox"/> No → Go to Section 7					
	50	Print the name of any employer indicated in Item 49 with whom you still have rights to return to work. _____ →						

Section 7 Information About Pay For Time Lost

Please read Chapter 6 of the **RB-7** booklet to find out what payments can be creditable as pay for time lost.

Pay For Time Lost	51	Enter an "X" in the appropriate box: I received or expect to receive pay for time lost from my last railroad employer. _____ →	<input type="checkbox"/> Yes → Go to Note and Item 52 <input type="checkbox"/> No → Go to Section 8					
	<p>Note: If Item 51 is "Yes" and you received an injury settlement or elected to receive "dismissal pay," enclose a copy of your settlement or election with your application. If your case is still pending, briefly explain it in Section 2 I.</p>							
	52	Enter the dates for which these payments were made or will be made. _____ →	FROM			TO		
			Month	Day	Year	Month	Day	Year

Information About Railroad Sick Pay

Please read Chapter 5 of the **RB-1** booklet to find out when sick payments can be creditable to Tier I.

	53	Enter an "X" in the appropriate box: I received or expect to receive sick pay under a railroad wage continuation plan (other than my own regular salary) that was established through a company policy or labor agreement and this pay was for a period after the actual day I last worked. (Answer "No" if you were carried on the payroll and just received your regular salary.) _____ →	<input type="checkbox"/> Yes → Go to Item 54a <input type="checkbox"/> No → Go to Section 9						
	54	a	Enter the name of the sick pay plan, if known. _____ →						
	b	Enter the dates for which these payments were made or will be made for up to six months after your actual day last worked. _____ →	FROM			TO			
			Month	Day	Year	Month	Day	Year	

Section 9 Information About Your Nonrailroad Work

Please read Chapter 8 of the **RB-I** booklet for information about "Last Pre-Retirement Non-Railroad Employment, self-employment, and other earnings." This chapter explains how this employment affects your annuity. Also read Chapter 9 of the booklet.

Nonrailroad Work	55	Enter an "X" in the appropriate box: I worked for pay outside the railroad industry either during the last 12 months I worked in the railroad industry or after I left the railroad industry. (Include any employment for an incorporated business which you own, or elected public service. Do not include self-employment. If you are a Canadian citizen or permanent resident, include employment in Canada for the U.S. railroad employer January 1, 1983, or later.) _____	<input type="checkbox"/> Yes → Go to Note and Item 56 <input type="checkbox"/> No → Go to Item 66					
	<p>Note: If you expect your annuity to begin before January 1 of this year and you had last pre-retirement nonrailroad employment after your annuity would begin, complete Form G-19L, Annual Earnings Questionnaire: Last Pre-Retirement (Non-Railroad) Employment, Self-Employment, and Other Earnings.</p>							
Most Recent Nonrailroad Work	56	Enter the name and address of your current or most recent nonrailroad employer. _____						
	57	Enter your current or most recent job title for that employer. _____						
	58	Enter your average monthly salary for that employer. (SHOW DOLLARS ONLY) _____	\$					
	59	Enter the dates you worked for that employer. (If you have not set the date you expect to stop working, leave the "TO" date blank and check the box "I am still working.") _____	FROM Month Day Year			TO Month Day Year		
			<input type="checkbox"/> I am still working					
Next Most Recent Nonrailroad Work	60	Enter an "X" in the appropriate box: The employer named in Item 56 is a Federal Government agency that is listed in Chapter 9 of the RB-I booklet. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	61	Enter the name and address of your next most recent nonrailroad employer during your last 12 months in the railroad industry or after you left the railroad industry. _____	If none, enter "NONE" and go to Item 66					
	62	Enter your last job title for that employer. _____						
	63	Enter your average monthly salary for that employer. (SHOW DOLLARS ONLY) _____	\$					
	64	Enter the dates you worked for that employer. (If you have not set the date you expect to stop working, leave the "TO" date blank and check the box "I am still working.") _____	FROM Month Day Year			TO Month Day Year		
		<input type="checkbox"/> I am still working						
	65	Enter an "X" in the appropriate box: The employer named in Item 61 is a Federal Government agency that is listed in Chapter 9 of the RB-I booklet. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No					

Self-Employment	If you are employed and your business is incorporated, answer Item 66 "No." Make sure Items 55-65 are also completed. If your business is not incorporated, answer Item 66 "Yes" and go to Item 67.			
	66	Enter an "X" in the appropriate box: I was self-employed during my last 12 months in the railroad industry or after I left the railroad industry. _____	<input type="checkbox"/> Yes → Go to Item 67 <input type="checkbox"/> No → Go to Section 10	
	<div style="border: 1px solid black; border-radius: 15px; padding: 5px; text-align: center;"> Note: If answered "Yes," complete and return to the RRB, Form AA-4, Self-Employment and Substantial Service Questionnaire. </div>			
67	Enter an "X" in the appropriate box: I am still self-employed. _____	<input type="checkbox"/> Yes → Go to Section 10 <input type="checkbox"/> No → Go to Item 68		
68	Enter the date you were last self-employed. _____	MONTH	DAY	YEAR

Section 10 Deemed Current Connection

Please read Chapter 9 of the **RB-1** booklet for an explanation of a deemed current connection.

Deemed Current Connection	69	Enter an "X" in the appropriate box: I have at least 25 years of railroad service and I have indicated nonrailroad employment in Items 55-68 that could break my current connection. _____	<input type="checkbox"/> Yes → Go to Item 70 <input type="checkbox"/> No → Go to Section 11	
	70	Enter an "X" in the appropriate box: I was separated from my last railroad employer involuntarily and through no fault of my own on or after October 1, 1975. _____	<input type="checkbox"/> Yes → Go to Item 72 <input type="checkbox"/> No → Go to Item 71	
	71	Enter an "X" in the appropriate box: I was on furlough, leave of absence or absent because of injury status with my last railroad employer on October 1, 1975 and was never called back to work. _____	<input type="checkbox"/> Yes → Go to Item 72 <input type="checkbox"/> No → Go to Section 11	
	72	Enter an "X" in the appropriate box: I declined an offer to work in the railroad industry in the same "class or craft" as my last railroad job. _____	<input type="checkbox"/> Yes → Go to Section 11 <input type="checkbox"/> No → Go to Note and Section 11	
<div style="border: 1px solid black; border-radius: 15px; padding: 5px; text-align: center;"> Note: If you answered either Item 70 or Item 71 "Yes" and Item 72 "No," submit the required proofs as soon as possible. This will preserve your rights under the deemed current connection provisions. The required proofs are explained in the RB-1 booklet. </div>				

Section 11 Information About When Your Annuity Will Begin

Please read Chapter 10 of the **RB-1** booklet to find out what determines your annuity beginning date.

Annuity Beginning Date	73	Enter an "X" in the appropriate box: I want my annuity to begin on the earliest date permitted by law. _____	<input type="checkbox"/> Yes → Go to Section 12 <input type="checkbox"/> No → Go to Item 74	
	74	Enter the date you want your annuity to begin. _____	Month	Day

Section 12 Information About Your Earnings

Please read Chapter 11 of the **RB-1** booklet to find out how earnings can affect an age and service annuity. Also refer to **Form G-77a, How Work Affects Your Railroad Retirement Benefits**, for the exempt amounts to use when answering Items 75-87. If you have attained full retirement age or will attain full retirement age this year or next year, please read the **RB-1** booklet before answering Items 75-87.

If you are applying for a disability annuity but are eligible for and would accept a reduced age annuity if the disability annuity is denied, answer Items 75-87 which apply to the reduced age annuity. Otherwise, go to Section 13.

Earnings Last Year	75	Enter an "X" in the appropriate box: I expect my annuity to begin before January 1 of this year. _____	<input type="checkbox"/> Yes → Go to Item 76 <input type="checkbox"/> No → Go to Item 80
(Year)	76	Enter an "X" in the appropriate box: My total earnings from all employment last year were more than the annual earnings exempt amount. (If all your earnings are from only railroad employment before your date last worked, answer "No.") _____	<input type="checkbox"/> Yes → Go to Item 77 <input type="checkbox"/> No → Go to Item 80
	77	Enter your total earnings for last year. (SHOW DOLLARS ONLY) _____	\$
	78	Enter an "X" in the appropriate box: I earned more than the monthly earnings exempt amount in employment for hire, or performed substantial services in self-employment in every month last year. _____	<input type="checkbox"/> Yes → Go to Item 80 <input type="checkbox"/> No → Go to Item 79
	79	Enter an "X" next to each month last year in which you did not earn more than the monthly earnings exempt amount or perform substantial services in self-employment. _____	<div> <input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR </div> <div> <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG </div> <div> <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC </div>
	80	Enter an "X" in the appropriate box: I expect my total earnings from all employment this year to be more than the annual earnings exempt amount. (If all your earnings are from only railroad employment before your date last worked, answer "No.") _____	<input type="checkbox"/> Yes → Go to Item 81 <input type="checkbox"/> No → Go to Item 84
	81	Enter the total amount you expect to earn this year. (SHOW DOLLARS ONLY) _____	\$
	82	Enter an "X" in the appropriate box: I expect to earn more than the monthly earnings exempt amount in employment for hire, or to perform substantial services in self-employment in every month this year. →	<input type="checkbox"/> Yes → Go to Item 84 <input type="checkbox"/> No → Go to Item 83
	83	Enter an "X" next to each month this year in which you did not earn, or do not expect to earn, more than the monthly earnings exempt amount or perform substantial services in self-employment. _____	<div> <input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR </div> <div> <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG </div> <div> <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC </div>
Earnings Next Year	84	Enter an "X" in the appropriate box: I am filing this application in September, October, November, or December. _____	<input type="checkbox"/> Yes → Go to Item 85 <input type="checkbox"/> No → Go to Section 13
(Year)	85	Enter an "X" in the appropriate box: I expect my total earnings from all employment next year to be more than this year's annual earnings exempt amount. →	<input type="checkbox"/> Yes → Go to Item 86 <input type="checkbox"/> No → Go to Section 13

Earnings Next Year (Cont.)	86	Enter the total amount that you expect to earn next year. (SHOW DOLLARS ONLY) _____ →	\$
	87	Enter an "X" next to each of the first four months of next year in which you expect to earn less than this year's monthly earnings exempt amount. _____ →	<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR
(Year)			

Information About Social Security Benefits

Please read Chapter 12 of the **RB-I** booklet to see how this application can protect your rights to social security benefits, and to see what effect your receipt of social security benefits will have upon your railroad retirement annuity.

Social Security Filing Date	88	Enter an "X" in the appropriate box: I also want this application used to protect my filing date for social security benefits. (Answer "Yes" only if you are age 62 or older, disabled, or otherwise eligible for social security old age, disability, or survivor benefits and you have not filed an application for such benefits.) _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	89	Enter an "X" in the appropriate box: I have filed, or plan to file within the next 90 days, an application for social security benefits. _____ →	<input type="checkbox"/> Yes → Go to Item 90 <input type="checkbox"/> No → Go to Section 14		
	90	Enter the date you became, or will become, eligible for these social security benefits. _____ →	Month	Year	
	91	Enter an "X" in the appropriate box: I have received my first social security payment. _____ →	<input type="checkbox"/> Yes → Go to Item 92 <input type="checkbox"/> No → Go to Item 93		
	92	Enter the current total monthly amount of your social security benefits (before reduction for work or Medicare premiums). _____ →	\$		
	93	Enter an "X" in the appropriate box: All or part of my social security benefits described above are based on the earnings of someone other than myself. _____ →	<input type="checkbox"/> Yes → Go to Item 94 <input type="checkbox"/> No → Go to Section 14		
	94	Enter the social security number of the person on whose earnings your social security benefits are based. _____ →			
95	Enter the name of the person on whose earnings your social security benefits are based. _____ →				

Section 14 Information About Noncovered Service Pension

Please read Chapter 13 of the **RB-I** booklet for information concerning noncovered service pensions. Complete Items 96 and 97 only if your date of birth is January 2, 1924, or later. Otherwise, **go to Section 15**.

Noncovered Service Pension	96	Enter an "X" in the appropriate box: I am receiving or expect to receive a pension or annuity or lump sum in excess of contributions based on any work after 1956 not covered by social security or railroad retirement. _____ →	<input type="checkbox"/> Yes → Go to Item 97 <input type="checkbox"/> No → Go to Section 15		
	97	Enter an "X" in the appropriate box: The beginning date of the pension or annuity is January 1, 1986, or later. _____ →	<input type="checkbox"/> Yes → Go to Note and Section 15 <input type="checkbox"/> No → Go to Section 15		
<div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;"> Note: Complete Form G-209, Employee Non-Covered Service Pension Questionnaire. </div>					

Information About Other Railroad Retirement Annuity

Please read Chapter 14 of the **RB-I** booklet for an explanation of the effect of your employee annuity on any other railroad retirement annuity.

Other Railroad Annuity	98	Enter an "X" in the appropriate box: I have filed within the last 30 days, or intend to file within the next 90 days, for an annuity based on another person's railroad earnings record. _____ →	<input type="checkbox"/> Yes → Go to Item 99 <input type="checkbox"/> No → Go to Section 16						
	99	Enter the full name of that other person. _____ →							
	100	Enter that other person's Railroad Retirement Board claim number, including the letter prefix. _____ →	Prefix		If only six numbers, enter here				

Information About Supplemental Annuity

Please read Chapter 15 of the **RB-I** booklet for an explanation of what is required to be eligible for a supplemental annuity.

Supplemental Annuity Eligibility	101	Enter an "X" in the appropriate box: I am now, or will be, eligible for a supplemental annuity from the Railroad Retirement Board (before reduction for a company pension). _____ →	<input type="checkbox"/> Yes → Go to Item 102 <input type="checkbox"/> No → Go to Section 17			
	102	Enter an "X" in the appropriate box: I am receiving, or expect to receive, a monthly pension or lump-sum pension payment from one or more former railroad employers. _____ →	<input type="checkbox"/> Yes → Go to Item 103 <input type="checkbox"/> No → Go to Section 17			
	103	Enter the name of the last railroad employer with whom you still hold pension rights. _____ →				
	104	Enter an "X" in the box which most accurately applies to the job or position which qualified you for this pension. _____ →	<input type="checkbox"/> Salaried <input type="checkbox"/> Non-Agreement <input type="checkbox"/> Agreement <input type="checkbox"/> Other			
	105	Enter the date your pension began, or will begin, or the date of your lump-sum pension payment. _____ →	Month	Day	Year	
	106	Enter the name of the second to last railroad employer with whom you still hold pension rights. (If this employer is now part of the employer in Item 103, leave this item blank and go to Item 109.) _____ →	If none, enter "NONE" and go to Item 109 _____			
	107	Enter an "X" in the box which most accurately applies to the job or position which qualified you for this pension. _____ →	<input type="checkbox"/> Salaried <input type="checkbox"/> Non-Agreement <input type="checkbox"/> Agreement <input type="checkbox"/> Other			
	108	Enter the date your second pension began, or will begin, or the date of your lump-sum pension payment. _____ →	Month	Day	Year	
	109	Enter an "X" in the appropriate box: The pension described in Item 103 or Item 106 is based on a collective bargaining (union) agreement. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 17 Information About Medicare

Complete this section only if you are 64 years and 5 months of age or older.

Please read Chapter 16 of the RB-I booklet for an explanation of the Medicare program.

Medicare Enrollment					
110	Enter an "X" in the appropriate box: I have a Medicare card that shows entitlement to Medicare medical insurance (Part B). _____ →		<input type="checkbox"/> Yes → Go to Item 111 <input type="checkbox"/> No → Go to Item 112		
111	Enter your Medicare claim number. _____ → (If this is a railroad retirement filing, enter the prefix. If this is a social security filing, enter the suffix).		<div style="text-align: center;">Go to Section 18</div>		
112	Enter an "X" in the appropriate box: I have filed for Part B within the last three months. _____ →		<input type="checkbox"/> Yes → Go to Item 113 <input type="checkbox"/> No → Go to Item 114		
113	Enter the social security number or railroad retirement claim number under which you filed. _____ → (If this is a railroad retirement filing, enter the prefix. If this is a social security filing, enter the suffix.) Date of filing _____ →		<div style="text-align: center;">Go to Section 18</div>		
114	Enter an "X" in the appropriate box: I wish to enroll in Part B. _____ →		<input type="checkbox"/> Yes → If you are under age 65 years and 4 months, go to Section 18. If you are older than age 65 years and 3 months, go to Item 115. <input type="checkbox"/> No → I understand that I elected not to enroll in Part B and that the premium rate may be higher if I do enroll later in Part B. Go to Section 18.		
115	Enter an "X" in the appropriate box: I am currently covered by an employer group health plan (EGHP) based on my own or my spouse's current employment. _____ →		<input type="checkbox"/> Yes → Go to Item 117 <input type="checkbox"/> No → Go to Item 116		
116	Enter an "X" in the appropriate box: I was previously covered by an EGHP based on my own or my spouse's current employment. _____ →		<input type="checkbox"/> Yes → Go to Item 118 <input type="checkbox"/> No → Go to Section 18		
117	The beginning date of my EGHP coverage is: _____ → If applicable, the date employment will stop for the person whose employment qualifies me for EGHP coverage is: _____ →		Month	Day	Year
			Month	Day	Year
			Go to Item 119		
118	The beginning and ending dates of my EGHP coverage and the date last worked in the employment which qualified me for EGHP coverage are:	EGHP Beginning Date _____ → EGHP Ending Date _____ → Date Employment Stopped _____ →	Month	Day	Year
			Month	Day	Year
			Go to Item 119		
119	Enter an "X" in the appropriate box: I wish to enroll in a special enrollment period. _____ →		<input type="checkbox"/> Yes → Go to Item 120 <input type="checkbox"/> No → Go to Item 121		
120	Enter an "X" in the appropriate box: a. I am enrolling in Part B while either still covered by an EGHP or during the first full month after my EGHP coverage. _____ →		<input type="checkbox"/> Yes → Go to Item 120b <input type="checkbox"/> No → Go to Section 18		
	b. I am requesting a Part B effective date of _____ →		Month	Day	Year
			Go to Section 18		
121	Enter an "X" in the appropriate box: I am requesting premium surcharge relief for the months of EGHP coverage. _____ →		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 18 Disability Medicare

If you are filing for a disability annuity, **go to Section 19**.

If you are less than 64 years and 5 months of age, and you are *not* filing for a disability annuity, you may be entitled to Medicare benefits based on your being totally disabled for all employment and being entitled to an annuity before age 63.

If your entitlement begins *after* age 63, you may not be entitled to early Medicare, but you may be entitled to have your Tier I benefit treated as a social security benefit for taxation purposes. See Form TB-85, **Information About the Taxation of Railroad Retirement Annuities**, Part 6, Section 6A.

Disability Medicare	122	Enter an "X" in the appropriate box: I expect my annuity to begin before I reach age 63. _____ →	<input type="checkbox"/> Yes → Go to Item 123 <input type="checkbox"/> No → Go to Section 19
	123	Enter an "X" in the appropriate box: I am totally disabled for work in all regular employment. _____ →	<input type="checkbox"/> Yes → Go to Note and Section 19 <input type="checkbox"/> No → Go to Section 19
Note: Complete and return Form AA-1d, Application for Determination of Employee's Disability , to apply for Medicare based on disability.			

Information About You If You Are Disabled

Answer Items 124-126 **ONLY** if you are applying for a disability annuity. Otherwise, **go to Section 20**. If you are applying for a disability annuity, also complete and return **Form AA-1d, Application for Determination of Employee's Disability**.

You are asked about your children to determine if you are entitled to a special annuity computation.

Please read Chapter 17 of the **RB-I** booklet for an explanation of worker's compensation benefits and public disability benefits.

Child Living With You	124	Enter an "X" in the appropriate box: After 1950 I had living with me at least one of my own or my spouse's children, who was under age 3. _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No
Worker's Compensation	125	Enter an "X" in the appropriate box: Since my disability began, I have received, or expect to receive, worker's compensation benefits. _____ →	<input type="checkbox"/> Yes → Go to Note and Item 126 <input type="checkbox"/> No → Go to Item 126
Note: Proof of the amount(s) and effective date(s) of your worker's compensation benefit is required.			
Public Disability Benefits	126	Enter an "X" in the appropriate box: Since my disability began, I have received, or expect to receive, disability benefits under a Federal, state, or local government plan or law. (Answer "No" if your benefits are social security, veterans affairs, or welfare.) _____ →	<input type="checkbox"/> Yes → Go to Note and Section 20 <input type="checkbox"/> No → Go to Section 20
Note: Proof of the amount(s) and effective date(s) of your public disability benefit is required.			

Section 20	Direct Deposit
-------------------	-----------------------

Please read Chapter 20 of the **RB-1** booklet for an explanation of Direct Deposit.

Benefits are generally paid by Direct Deposit to your bank, savings and loan, credit union, or other financial institution. To provide the information we need to correctly deposit your payments, attach a voided personal check and **go to Section 21**, or call your financial institution for the information you need to complete Items 127-131. If you do not have a bank account, or receiving your payments by Direct Deposit would cause you a hardship **go to Item 132**.

Direct Deposit	127	Enter the name of your financial institution. _____→																	
	128	Enter the telephone number of your financial institution. _____→	Area Code	Telephone Number															
	129	Enter the routing transit number of your financial institution. _____→																	
	130	Enter your account number. _____→																	
	131	Enter an "X" in the appropriate box: Type of account for the above account number. _____→	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Go to Section 21																
132	Check this box if you do not have a checking or savings account, or if Direct Deposit would cause you a hardship. _____→	<input type="checkbox"/>																	

Section 21 **Remarks**

[illegible]

Section 22 Certification

Certification

134

Enter an "X" in the appropriate box:
I will have a guardian or other representative
sign this application on my behalf. _____ ➔

☐ YES ➔ Go to Note and Item 135☐ NO ➔ Go to Item 135

Note: If answered "Yes," your guardian or other representative must sign this application. That person must also complete and return **Form AA-5, Application for Substitution of Payee.**

135

I know that if I make a false or fraudulent statement in order to receive benefits from the Railroad Retirement Board (RRB), I am committing a crime which is punishable under Federal law. I have received the booklets, **RB-7, Age and Service Employee Annuity** and **RB-9, Employee and Spouse Annuities—Events That Must Be Reported**. I understand that I am responsible for reporting events that would affect my annuity as explained in these booklets. I certify that the information I gave the RRB on this application is true to the best of my knowledge.

I agree to immediately notify the RRB:

- IF I begin to receive a pension based on earnings that are not covered by the Social Security Administration;
- IF I begin to receive benefits directly from the Social Security Administration;
- IF I am disabled and begin to receive worker's compensation or public disability benefits;
- IF I am entitled to a supplemental annuity and begin to receive a pension or lump-sum payment from my railroad employer;
- IF I am entitled to a vested dual benefit and begin to receive a benefit based on military service performed entirely before 1957;
- IF I go to work for any employer in the railroad industry;
- IF I am filing in advance of the date(s) shown in Item(s) 40 (and 47), and there is a change in a date;
- IF I return to work for the nonrailroad employer(s) named in Items 56 and 61 or, if there is a change in my earnings from these employers;
- IF benefits I receive directly from the Social Security Administration are adjusted for a reason other than normal cost-of-living increases;
- IF my address changes; or
- IF I am confined in a jail, prison, penal institution, or correctional facility due to a conviction for a criminal offense.

Also, if I am covered by the earnings restriction provisions of the Railroad Retirement Act, I agree to immediately notify the RRB if I earn more than the annual earnings exempt amount. Failure to report my earnings on a timely basis may result in a penalty deduction from my annuity, and/or criminal prosecution.

SIGNATURE

(First Name, Middle Initial,
Last Name) _____ ➔

Month			Day			Year		

DATE _____ ➔

136

If this certification is signed by mark ("X") in Item 135, two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.

a. Signature of Witness

Address (Number and Street)

City, State, ZIP Code

Daytime Telephone Number - - - - - ➔

Area Code

Telephone Number

b. Signature of Witness

Address (Number and Street)

City, State, ZIP Code

Daytime Telephone Number - - - - - ➔

Area Code

Telephone Number

Section 23 How To Return Your Application

Before you return your application, check to make sure that:

- **Every** question that applies to you has been answered.
- You have entered "unknown" in **any** answer space for which you were unable to answer a question.
- You have signed and dated the application.
- You have included **all** the needed proofs listed in the letter you received with this application.

When you received your application, you should also have received a pre-addressed return envelope. If you do not have this envelope, you can use any envelope as long as it is addressed to the RRB office serving your location. No matter which envelope you use, you must put the correct postage on the envelope. Be careful to provide enough postage, because your application and the accompanying forms may weigh more than a standard letter. The U.S. Postal Service will not deliver your application unless it has the correct postage.

Make one final check before you seal the envelope to ensure that the following are enclosed:

- needed proofs
- the application form itself
- additional forms you were asked to complete

Note: After the RRB receives your application, a receipt form with information about your claim will be sent to you. When you receive it, you will know that the RRB has received your application and has started the work needed to determine if you are entitled to benefits. If you do not receive the receipt within two weeks after you have filed this application, please contact us so we can find out what is causing the delay.

Application For Determination Of Employee's Disability

Do Not Write In This Space

Officially Filed

Month	Day	Year

Office Number

--	--	--

Approved

--

Date Coded

Application Number	Month	Day	Year

Coded by

--

Section 1 General Instructions

Before you complete this application, be sure to read Part 1 of booklet RB-1d, Employee Disability Benefits, which explains information you will need to answer many of the questions in this application.

Please read "Important Notices" on page 13 of this application.

Type or print legibly in ink. If you need more space than is provided to answer a question, use Section 9 for this purpose. If you do not know the answer to a question, print "Unknown" in the the space provided for the answer.

When entering dates, always use numbers. Also, be sure there is one number in each box. For example, you would enter June 06, 2007, as:

Month	Day	Year
0 6	0 6	2 0 0 7

Some items in this application will not apply to you so you will not need to answer them. Based on your answer to a question, you may be told to skip to another item number or even another section. Follow the instructions that tell you to "Go to" another item. These are designed to save you time and help you move through the application form quickly, filling in only necessary information. If no "Go to" instructions are given, answer the next item in order. **Do NOT skip any items unless directed to do so.**

If you are completing this application on behalf of someone else, you must answer each question as it applies to **the applicant**.

Section 2 Identifying Information

Check the information entered by the Railroad Retirement Board (RRB) for Items 1 through 5 for accuracy.

- ▶ If the information is correct, **go to Section 3.**
- ▶ If the information is not correct, enter the correct information.
- ▶ If the information is missing, fill it in.

Employee
Identification

1 Employee's Name

2 Employee's Railroad Retirement Claim Number

A

3 Employee's Social Security Number

4a Employee's Street Address

b City and State

c ZIP Code

d County

5 Daytime Telephone Number



Section 3 Information About Your Medical Condition

Medical Condition	6 Describe the medical conditions causing you to file. Enter the exact diagnosis if known and any secondary condition. Also enter if no medical records are being forwarded for each condition described.				
When Condition Began	7 Enter the date this condition began to affect your ability to work. ▶	Month	Day	Year	
How Condition Affects Work	8 Enter an "X" in the appropriate box: Have you worked since the date in Item 7? ▶	<input type="checkbox"/> Yes ▶	Go to Item 9		
		<input type="checkbox"/> No ▶	Go to Item 11		
	9 Enter an "X" in the appropriate box: Has your condition caused you to change any aspect of your work (such as job duties, hours of work, attendance, etc.)? ▶	<input type="checkbox"/> Yes ▶	Go to Item 10		
		<input type="checkbox"/> No ▶	Go to Item 11		
	10 Explain what the changes in your work circumstances were, the dates they occurred, and why your condition made these changes necessary.				
	CHANGES	DATES	CONDITION		
When Unable To Work	11 Enter the date you could no longer work because of your condition. ▶	Month	Day	Year	
	12 Describe how your condition prevents you from working.				
Current Work Status	13 Enter an "X" in the appropriate box: Does your condition prevent you from working now? ▶	<input type="checkbox"/> Yes ▶	Go to Section 4		
		<input type="checkbox"/> No ▶	Go to Item 14		
	14 Enter the date you again became able to work. ▶	Month	Day	Year	

Section 4 Information About Your Medical Care

Medical Care or Examination	15a Enter an "X" in the appropriate box: Have you received medical care or been examined for your condition since the date in Item 7? ▶	<input type="checkbox"/> Yes ▶			
		<input type="checkbox"/> No ▶			
	b Enter an "X" in the appropriate box: Are you scheduled for any additional medical care for your condition (i.e., surgeries, etc.) after you file this application? ▶	<input type="checkbox"/> Yes ▶	Explain below		
		<input type="checkbox"/> No ▶	Go to Item 16		
	Explain: _____ _____ _____				
Treatment or Testing	16 Enter an "X" in the appropriate box: Have you been treated or tested (inpatient or outpatient) at a hospital, institution, or clinic, including a Department of Veterans Affairs or other government facility? ▶	<input type="checkbox"/> Yes ▶	Go to Item 17		
		<input type="checkbox"/> No ▶	Go to Item 18		

17 Enter information about each hospital, institution, or clinic where you have received treatment or care since the date in Item 7.

a Name of Facility	Address of Facility (Street Address, City, State, and ZIP Code)
Attending Physician's Name	
Enter an "X" in the appropriate box: Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/>	
Patient Number	Telephone Number (Include Area Code) ()

Dates Treated or Tested	Describe Type of Treatment or Testing
-------------------------	---------------------------------------

b Name of Facility	Address of Facility (Street Address, City, State, and ZIP Code)
Attending Physician's Name	
Enter an "X" in the appropriate box: Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/>	
Patient Number	Telephone Number (Include Area Code) ()

Dates Treated or Tested	Describe Type of Treatment or Testing
-------------------------	---------------------------------------

c Name of Facility	Address of Facility (Street Address, City, State, and ZIP Code)
Attending Physician's Name	
Enter an "X" in the appropriate box: Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/>	
Patient Number	Telephone Number (Include Area Code) ()

Dates Treated or Tested	Describe Type of Treatment or Testing
-------------------------	---------------------------------------

18 Enter an "X" in the appropriate box:
Has your personal physician or other doctor treated
you since the date in Item 7?

☐ Yes ► **Go to Item 19**
☐ No ► **Go to Item 20**

19 Enter information about each personal physician or other doctor who has treated you.

a Name of Physician		Address of Physician (Street Address, City, State, and ZIP	
Patient Number		Telephone Number (Include Area Code)	
		()	
Dates Treated or Examined	Describe Type of Treatment or Examination		
b Name of Physician		Address of Physician (Street Address, City, State, and ZIP	
Patient Number		Telephone Number (Include Area Code)	
		()	
Dates Treated or Examined	Describe Type of Treatment or Examination		

20 Enter an "X" in the appropriate box:
Has your railroad employer referred you to a medical source
for examination or treatment since the date in Item 7?

☐ Yes ► **Go to Item 21**
☐ No ► **Go to Item 22**

21 Enter information about this examination or treatment.

Name of Medical Source		Address of Source (Street Address, City, State, and ZIP Code)	
Attending Physician's Name			
Enter an "X" in the appropriate box: Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/>			
Patient Number		Telephone Number (Include Area Code)	
		()	
Dates Treated or Examined	Describe Type of Treatment or Examination		

Railroad Employer Examination (cont)	22 Enter an "X" in the appropriate box: Have you been medically disqualified for work by your employer? ▶ <div style="float: right;"> <input type="checkbox"/> Yes ▶ Go to Note then Item 23 <input type="checkbox"/> No ▶ Go to Item 23 </div>		
	<div style="border: 1px solid black; border-radius: 15px; padding: 5px; display: inline-block;"> Note: If answered "Yes," you must submit a copy of the Disqualification Notice. </div>		
Activity Restriction	23 Enter an "X" in the appropriate box: Has a medical doctor restricted your daily activities since the date in Item 7? ▶ <div style="float: right;"> <input type="checkbox"/> Yes ▶ Go to Item 24 <input type="checkbox"/> No ▶ Go to Item 28 </div>		
	24 Enter the name of the medical doctor who imposed the restriction. ▶		
	25 Enter the date the restriction began. ▶	Month <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	Year <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto; display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>
	26 Describe the restriction.		
	27 Enter the address of the medical doctor in Item 24 if it has not previously been entered in Items 17, 19, or 21. ▶	Address (Street Address, City, State, and ZIP Code)	
Medication	28 Enter an "X" in the appropriate box: Has medication been prescribed for you? ▶ <div style="float: right;"> <input type="checkbox"/> Yes ▶ Go to Item 29 <input type="checkbox"/> No ▶ Go to Section 5 </div>		
	29 Enter from the prescription labels the following information for all medications prescribed for you: Name or type of medication, dosage, and frequency. (For example, Penicillin, 1.5 gram tablet, 3 times a day.)		
	Name/Type	Dosage (Grams, Number of Pills, Etc.)	Frequency
Section 5 Information About Your Education And Training			
Schooling	30a Enter the highest grade of school you completed. ▶		
	b Enter the last year that you attended school. ▶		
	31 Enter an "X" in the appropriate box: Have you attended technical school? ▶ <div style="float: right;"> <input type="checkbox"/> Yes ▶ Go to Item 32 <input type="checkbox"/> No ▶ Go to Item 35 </div>		
	32 Describe the type of technical school you attended.		
	33 Enter an "X" in the appropriate box: Have you received a certification or license from the technical school you attended? ▶ <div style="float: right;"> <input type="checkbox"/> Yes ▶ Go to Item 34 <input type="checkbox"/> No ▶ Go to Item 35 </div>		
	34 Enter an "X" in the appropriate box: Is the certification or license you received currently valid? ▶ <div style="float: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		

Schooling (Cont)	<p>35 Enter an "X" in the appropriate box: Did you receive specialized training?</p> <div style="text-align: right;"> <input type="checkbox"/> Yes ▶ Go to Item 36 <input type="checkbox"/> No ▶ Go to Section 6 </div>		
<p>36 Enter the type of specialized training you received and the period of time you received it.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px; height: 80px; vertical-align: top;">Type</td> <td style="width: 40%; padding: 5px; height: 80px; vertical-align: top;">Dates</td> </tr> </table>		Type	Dates
Type	Dates		
<p>37 Enter an "X" in the appropriate box: Have you used any of this training in your work?</p> <div style="text-align: right;"> <input type="checkbox"/> Yes ▶ Go to Item 38 <input type="checkbox"/> No ▶ Go to Section 6 </div>			
<p>38 Describe when and how you have used this training in your work.</p> <div style="height: 100px;"></div>			

Section 6

Information About Your Daily Activities

Activities	<p>39 Check the one box after each activity listed below that best describes your ability to do that activity.</p> <ul style="list-style-type: none"> • EASY – I can easily do the activity. • HARD – I can do the activity with difficulty or with help. • NOT AT ALL – I cannot do the activity even with help. 																																																																																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Activity</th> <th style="width: 10%;">Easy</th> <th style="width: 10%;">Hard</th> <th style="width: 10%;">Not At All</th> <th style="width: 10%;"></th> <th style="width: 30%;">Explanation - Explain each "HARD" answer.</th> </tr> </thead> <tbody> <tr><td>Sitting</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>▶</td><td></td></tr> <tr><td>Standing</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>▶</td><td></td></tr> <tr><td>Walking</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>▶</td><td></td></tr> <tr><td>Eating</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>▶</td><td></td></tr> <tr><td>Bathing</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>▶</td><td></td></tr> <tr><td>Dressing (Tying Shoes, Combing Hair, etc.)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>▶</td><td></td></tr> <tr><td>Other Bodily Needs</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>▶</td><td></td></tr> <tr><td>Indoor Chores (Meal Preparation, Laundry, Cleaning, etc.)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>▶</td><td></td></tr> <tr><td>Outdoor Chores (Shopping, Yardwork, etc.)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>▶</td><td></td></tr> <tr><td>Driving a Motor Vehicle</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>▶</td><td></td></tr> <tr><td>Using Public Transportation</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>▶</td><td></td></tr> <tr><td>Conducting Personal Business (Talking to and Dealing with Other People)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>▶</td><td></td></tr> <tr><td>Reading English (For example, newspapers and magazines)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>▶</td><td></td></tr> <tr><td>Writing English (For example, notes and letters)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>▶</td><td></td></tr> </tbody> </table>		Activity	Easy	Hard	Not At All		Explanation - Explain each "HARD" answer.	Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶		Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶		Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶		Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶		Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶		Dressing (Tying Shoes, Combing Hair, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶		Other Bodily Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶		Indoor Chores (Meal Preparation, Laundry, Cleaning, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶		Outdoor Chores (Shopping, Yardwork, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶		Driving a Motor Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶		Using Public Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶		Conducting Personal Business (Talking to and Dealing with Other People)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶		Reading English (For example, newspapers and magazines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶		Writing English (For example, notes and letters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶	
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Activities (cont)	40 Enter any additional information that describes your daily activities during a normal day (i.e., a typical day from the time you get up until you go to bed).
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Section 7 Information About Your Work And Earnings

Work for an Employer Last 12 Months	<p>41 Enter an "X" in the appropriate box: Have you worked for pay for a railroad or nonrailroad employer in the last 12 months? (Do not include any self-employment.)</p> <p style="text-align: right;"> <input type="checkbox"/> Yes ► Go to Item 42 <input type="checkbox"/> No ► Go to Item 44 </p>																								
	<p>42 Enter your earnings before any deductions for each month you have already worked this year. Then starting with the current month, enter your expected gross earnings for this month and each remaining month this year.</p> <table border="1" style="width: 100%;"> <tr> <td>January</td><td>February</td><td>March</td><td>April</td><td>May</td><td>June</td></tr> <tr> <td style="height: 30px;"></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <table border="1" style="width: 100%;"> <tr> <td>July</td><td>August</td><td>September</td><td>October</td><td>November</td><td>December</td></tr> <tr> <td style="height: 30px;"></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	January	February	March	April	May	June							July	August	September	October	November	December						
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	<p>43 Enter your earnings before any deductions for each month last year.</p> <table border="1" style="width: 100%;"> <tr> <td>January</td><td>February</td><td>March</td><td>April</td><td>May</td><td>June</td></tr> <tr> <td style="height: 30px;"></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <table border="1" style="width: 100%;"> <tr> <td>July</td><td>August</td><td>September</td><td>October</td><td>November</td><td>December</td></tr> <tr> <td style="height: 30px;"></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	January	February	March	April	May	June							July	August	September	October	November	December						
January	February	March	April	May	June																				
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Work Next 12 Months	<p>44 Enter an "X" in the appropriate box: Do you expect to work during the next 12 months? (Include self-employment, if any.)</p> <p style="text-align: right;"> <input type="checkbox"/> Yes ► Go to Item 45 <input type="checkbox"/> No ► Go to Section 8 </p>																								
	<p>45 Enter the name and address of the person or company for whom you expect to work. (If self-employed, enter "Self.")</p> <p style="text-align: right;">►</p>																								
	<p>46 Enter the date(s) you expect to work. (For example: "June and July"; Indefinitely starting 11-89; etc.)</p> <p style="text-align: right;">►</p>																								
	<p>47 Enter the gross amount you expect to earn. (If you are self-employed, enter the net amount.)</p> <p style="text-align: right;">►</p>																								

Section 8

General Information

Filing AA-1	<p>48 Enter an "X" in the appropriate box: Are you filing Form AA-1 at this time?</p>	▶	<input type="checkbox"/> Yes	▶		Go to Item 54								
			<input type="checkbox"/> No	▶		Go to Item 49								
Self-Employment	<p>49 Enter an "X" in the appropriate box: Have you been self-employed in the last 12 months?</p>	▶	<input type="checkbox"/> Yes	▶		Go to Note and Item 50								
			<input type="checkbox"/> No	▶		Go to Item 50								
NOTE: If answered "Yes," also complete and return to the RRB Form AA-4, Self Employment Questionnaire.														
Worker's Compensation	<p>50 Enter an "X" in the appropriate box: Since the date in Item 7, have you received, or expect to receive, worker's compensation payments?</p>	▶	<input type="checkbox"/> Yes	▶		Go to Note and Item 51								
			<input type="checkbox"/> No	▶		Go to Item 51								
NOTE: Proof of the amount(s) and effective date(s) of your worker's compensation is required.														
Public Disability Benefits	<p>51 Enter an "X" in the appropriate box: Since the date in Item 7, have you received, or do you expect to receive, disability benefits under a Federal, state, or local government plan or law based on employment not covered under the Social Security Act? (Answer "No" if your benefits are railroad retirement, social security, Veterans Affairs or welfare benefits.)</p>	▶	<input type="checkbox"/> Yes	▶		Go to Note and Item 52								
			<input type="checkbox"/> No	▶		Go to Item 52								
NOTE: Proof of the amount(s) and effective date(s) of your public disability is required.														
Social Security Benefits	<p>52 Enter an "X" in the appropriate box: Have you filed, or expect to file, for monthly social security disability benefits or SSI?</p>	▶	<input type="checkbox"/> Yes	▶		Go to Item 53								
			<input type="checkbox"/> No	▶		Go to Item 54								
	<p>53 Enter the social security claim number under which you have filed or will file.</p>	▶	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> </tr> </table>											
Criminal Offense	<p>54 Enter an "X" in the appropriate box: Within the past 12 months, have you been imprisoned or given a sentence of confinement due to a conviction for a criminal offense?</p>	▶	<input type="checkbox"/> Yes	▶		Go to Item 55								
			<input type="checkbox"/> No	▶		Go to Section 9								
	<p>55 Enter the date of the conviction.</p>	▶	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">Month</td> <td style="width: 15%; text-align: center;">Day</td> <td style="width: 25%; text-align: center;">Year</td> <td style="width: 45%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>				Month	Day	Year					
Month	Day	Year												
	<p>56 Enter an "X" in the appropriate box: Is your disability related to the commission of the criminal offense?</p>	▶	<input type="checkbox"/> Yes <input type="checkbox"/> No											
	<p>57 Enter the date of the sentence of confinement.</p>	▶	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">Month</td> <td style="width: 15%; text-align: center;">Day</td> <td style="width: 25%; text-align: center;">Year</td> <td style="width: 45%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>				Month	Day	Year					
Month	Day	Year												
	<p>58 Enter the date that confinement began.</p>	▶	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">Month</td> <td style="width: 15%; text-align: center;">Day</td> <td style="width: 25%; text-align: center;">Year</td> <td style="width: 45%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>				Month	Day	Year					
Month	Day	Year												
	<p>59 Enter an "X" in the appropriate box: Is your disability related to your confinement?</p>	▶	<input type="checkbox"/> Yes <input type="checkbox"/> No											
	<p>60 Enter an "X" in the appropriate box: Has the confinement ended?</p>	▶	<input type="checkbox"/> Yes	▶		Go to Item 61								
			<input type="checkbox"/> No	▶		Go to Section 11								
	<p>61 Enter the date confinement ended.</p>	▶	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">Month</td> <td style="width: 15%; text-align: center;">Day</td> <td style="width: 25%; text-align: center;">Year</td> <td style="width: 45%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>				Month	Day	Year					
Month	Day	Year												

Section 9**Remarks**

Remarks

62 This section is to be used for the continuation of answers to other items. Be sure to include the item number at the beginning of the answer you wish to continue. You may also use this space to enter any additional information that you feel may be important to include.

Section 10 Relinquishment Of Rights By Disability Annuity Applicant Only

I authorize the RRB to relinquish any rights I may have to return to work for a railroad employer, which will affect the payment of my own or my spouse's annuity. Based on this authorization, my rights will be relinquished when I reach full retirement age (FRA) or at age 60-FRA if I become entitled to a supplemental annuity or if my spouse becomes entitled to a spouse's annuity. I understand this authorization remains in effect unless my disability annuity terminates before FRA or before a supplemental or spouse's annuity becomes payable. My rights will also be relinquished if I am eligible for a reduced age and service annuity and choose to receive this type of annuity if my disability is denied.

Section 11 Certification

Certification

63 Enter an "X" in the appropriate box:

Will you have a guardian or other representative sign this application on your behalf?

☐ Yes **Go to Note and Item 64**☐ No **Go to Item 64**

NOTE: If answered "Yes," the guardian or other representative of the applicant must sign this application. That person must also complete and return **Form AA-5, Application for Substitution Of Payee**.

64 I know that if I make a false or fraudulent statement in order to receive benefits from the RRB or if I fail to disclose earnings or report employment of any kind to the RRB, I am committing a crime which is punishable under Federal law. I have received booklets, **RB-1d, Employee Disability Benefits**, and **RB-9, Employee and Spouse Events That Must Be Reported**. I understand that I am responsible for reporting any events that would affect my annuity, as explained in these booklets.

I certify that the information I gave to the RRB on this application is true to the best of my knowledge.

I agree to immediately notify the RRB:

- If I work for any employer, railroad or nonrailroad, or perform any self-employment work;
- If my condition improves;
- If I am confined in a jail, prison, penal institution, or correctional facility due to a conviction for a criminal offense;
- If I begin to receive worker's compensation payments (or any other public benefit based on disability), or if the amount of my payment changes;
- If my address changes.

I know that if I am receiving a disability annuity and fail to report work and earnings promptly, I am committing a crime punishable by Federal law that may result in criminal prosecution and/or penalty deductions in my annuity payments.

Signature

(First Name, Middle Initial,
Last Name)



--	--	--	--	--	--	--	--

Date

Month		Day		Year			

65 If this certification is signed by mark ("X") in Item 64, two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.

a. Signature of Witness

Address (Number and Street)

City, State, and ZIP Code

Daytime Telephone Number (include area code)

()

b. Signature of Witness

Address (Number and Street)

City, State, and ZIP Code

Daytime Telephone Number (include area code)

()

Section 12 How To Return Your Application

Before you return your application, check to make sure that:

- ▶ **Every** question that applies to you has been answered.
- ▶ You have entered “unknown” in **any** answer space for which you were unable to answer a question.
- ▶ You have signed and dated the application.
- ▶ You have included **all** the needed proofs listed in the letter you received with this application.

When you received your application, you should also have received a pre-addressed return envelope. If you do not have this envelope, you can use any envelope as long as it is addressed to the RRB office shown on page 12. No matter which envelope you use, you must put the correct postage on the envelope. Be careful to provide enough postage, because your application and the accompanying forms may weigh more than a standard letter. The U.S. Postal Service will not deliver your application unless it has the correct postage.

Make one final check before you seal the envelope to ensure that the following are enclosed:

- ▶ NEEDED PROOFS
- ▶ THE APPLICATION FORM ITSELF
- ▶ ADDITIONAL FORMS YOU WERE ASKED TO COMPLETE

Note: *Make no entries on page 12, which is the receipt for your claim. After the RRB receives your application, they will complete the blanks on the receipt and send it back to you. When it is returned to you, you will know that the RRB has received your application and has started the work needed to determine if you are entitled to benefits. If you do not receive the receipt within a month after you filed this application, please contact us so we can find out what is causing the delay.*

Receipt For Your Claim

Employee Applicant's Name	Date Claim Received

Your application for railroad retirement disability benefits has been received and will be processed as quickly as possible. If you change your address or if there is some other change that may affect your claim, you or your representative should report the change. The changes to be reported are listed below. Always give us your claim number when writing or calling about your claim. If you have any questions about your claim, we will be glad to help you.

If you need to personally visit one of our field offices, please call for an appointment. You will not be refused service if you do not have an appointment, but our staff can serve you better when an appointment is made. Most offices are open to the public from 9:00 AM to 3:30 PM, Monday through Friday.

Always Report These Changes to the RRB

- **WORK** – If you work for any employer, railroad or nonrailroad, or perform any self-employment work.
 - **CONDITION** – If your condition improves.
 - **WORKER'S COMPENSATION** (*or any other benefit based on disability*) – If you begin to receive worker's compensation payments (or any other public benefit based on disability), or if the amount of your payment changes.
 - **CRIMINAL OFFENSE** – If you are confined in a jail, penal institution, or correctional facility due to a conviction for a criminal offense.
 - **ADDRESS** – If your address changes.
-

How To Report Changes

When a change occurs after you are entitled to disability benefits, you should report the change at once. You can make your reports by telephone, mail, or in person, whichever you prefer.

To report any of the above changes, contact:



Telephone Number:

(9:00 AM – 3:30 PM)

If for some reason you cannot contact that office, you should contact:



US RAILROAD RETIREMENT BOARD
844 N RUSH STREET
CHICAGO IL 60611-2092

Important Notices

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

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.

- 1) The law which allows us to ask for the information;
- 2) whether that 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.

The RRB's authority for requesting this information is Section 7(b) of the Railroad Retirement Act (RRA) of 1974. Providing us with this information is voluntary on your part. However, if you fail to provide us with the requested information we may be unable to pay you any benefits. The RRB needs this information to determine whether or not you are eligible to receive such benefits and, if so, the amount you are entitled to receive. If your annuity application is approved and we begin to pay you benefits, information that we may request from you in the future will be used to determine whether you are entitled to continue to receive such benefits.

Although the information we request is almost never used for any purpose other than the payment of benefits under the RRA, the RRB does have the authority to release the following information to the indicated individuals, organizations, and/or agencies without your approval:

- 1) Information may be released to an attorney, the Office of the President, a Congressional office, a labor union or the Department of State's embassy or consular offices if they allege to be representing you at your request.
- 2) Information may be released to other people who are receiving benefits based on the same railroad retirement account as you are, if the information affects their payments from the RRB.
- 3) Information may be released to a person who will receive benefits on your behalf if the RRB decided that some medical condition keeps you from receiving your own benefits; such information may also be released in determining whether such a medical condition exists and who is suitable to receive such benefits for you.
- 4) Information (including medical records) may be released to people or organizations who are working for the RRB.
- 5) Information may be released to the U.S. Treasury Department or Postal Service to issue payments and to investigate lost, forged, or stolen payments.
- 6) Information may be released to your last employer to make sure that you are eligible to receive railroad retirement benefits and you continue to receive any available medical benefits, and to any railroad employer (or to its insurance company) to make sure that you can receive any private retirement or insurance benefits which may be offered by the employer.
- 7) Information may be released to the Social Security Administration, Centers for Medicare & Medicaid Services, Pension Benefit Guarantee Corporation, Office of Personnel Management, Department of Veterans Affairs, or Federal, State, or local welfare or public aid agencies to determine if you can receive benefits from their organizations and if any previous benefits were paid incorrectly.
- 8) Information may be released to the Internal Revenue Service or to State and local taxing authorities for figuring your taxes and for use in audits.
- 9) Your last address and the name of your last employer may be released to the Department of Health and Human Services to be used in the Parent Locator Service.
- 10) Information may be released to the Government Accountability Office for audits and for collecting overpayments owed to the RRB or Social Security Administration.
- 11) Information may be released to the U.S. Department of Labor as required by the Federal Coal Mine and Safety Act.
- 12) Information may be released in certain cases for law enforcement purposes and for court proceedings.
- 13) Information about the determination and recovery of an overpayment made to you may be released to any other person from whom any portion of the overpayment is being recovered.
- 14) Your name and address may be released to a Member of Congress to inform you about current or proposed legislation which could affect the railroad retirement system.
- 15) Information may be released to Professional Standard Review Organizations and State Licensing Boards when services provided by physicians or practitioners suggest unethical or unprofessional conduct.

We estimate this form takes an average of 35 to 60 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.

Computer Matching And Privacy Protection Act Notice

The Computer Matching and Privacy Protection Act of 1988 requires the 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.

Vocational Report

Section 1 General Instructions

Be sure to read the Important Notice at the bottom of page 5.

Type or print legibly in ink. If you need more space than is provided to answer a question, attach a separate sheet of paper. If you do not know the answer to a question, print "Unknown" in the space provided for the answer. Additional forms may be obtained from the RRB office shown on page 6.

If you are completing this form on behalf of someone else, you must answer each question as it applies to **the applicant**.

Section 2 Identifying Information

Check the information entered by the Railroad Retirement Board (RRB) for Items 1 through 6 for accuracy.

- If the information is correct, **go to Section 3**.
- If the information is not correct, cross out the incorrect information and enter the correct information above it.
- If the information is missing, fill it in.

Employee Identification	1 Employee's Name	
	2 Employee's Social Security Number	
	3 Employee's Railroad Retirement Claim Number, if different from Item 2	
Applicant Identification	4 Applicant's Name	
	5 Applicant's Address (Include Street Address, City, State, ZIP Code and County)	
	6 Daytime Telephone Number	

Section 3 Information About Your Work History

Work History	7 List all railroad and nonrailroad jobs you have had in the last 15 years before you stopped working and enter an "X" in the appropriate box to indicate whether the work was railroad or nonrailroad. If you have a 6 th grade education or less and performed only heavy unskilled labor for 35 years or more, list all of the jobs you have had since you began to work. NOTE: If you list only one job in Item 7, <u>do not</u> complete pages 3 and 4. If you have more than 3 jobs to list, continue on another Form G-251.						
	Job Title	Type and Name of Business (Railroad or Nonrailroad)	Dates Worked				Hours per Week
			From To				
			MO	YR	MO	YR	
	a.	<input type="checkbox"/> Railroad <input type="checkbox"/> Nonrailroad					
b.	<input type="checkbox"/> Railroad <input type="checkbox"/> Nonrailroad						
c.	<input type="checkbox"/> Railroad <input type="checkbox"/> Nonrailroad						
Regular Occupation	8 Enter an "X" in the appropriate box: Are you applying for an employee occupational disability annuity?						
	<input type="checkbox"/> Yes - Go to Item 9 <input type="checkbox"/> No - Go to Item 12						
	9 Enter the title of your usual railroad job in the last 5 years.						
	10 Enter the title of your usual railroad job in the last 15 years.						
	11 Enter an "X" in the appropriate box: Which job did you claim as your regular occupation?						
<input type="checkbox"/> Job in Item 9 <input type="checkbox"/> Job in Item 10							

Only complete this page to provide a description of a job listed in Item 7a.																																				
Description of Job in Item 7a	12 a. In the job described in Item 7a, did you: (circle all that apply) <div style="display: flex; justify-content: space-between;"> <div>1 Use machines, tools or equipment of any kind?</div> <div>2 Use technical knowledge or skills?</div> <div>3 Do any writing, complete reports, or perform similar duties?</div> <div>4 Use manipulative skills, i.e., manual dexterity?</div> <div>5 Have supervisory responsibilities?</div> </div>																																			
	b. Describe your basic duties (explain what you did and how you did it) below. Also, explain all circled answers in Item 12a by giving a full description of: the type of machines, tools, or equipment you used and the exact operation you performed; the technical knowledge or skills involved; the type of writing you did, and the nature of any reports; the manipulative skills used; and the number of people you supervised and the extent of your supervision. If more space is needed attach a sheet of paper.																																			
	13 a. Environmental Hazards (circle the hazards you were exposed to) <div style="display: flex; justify-content: space-between;"> <div>1 Walking on Uneven Terrain</div> <div>2 Heights</div> <div>3 Dangerous Machinery</div> <div>4 Extremes of Temperature</div> <div>5 Fumes or Noxious Gases</div> <div>6 Dust</div> <div>7 Excessive Noise or Vibration</div> </div>																																			
	b. If you circled any of the hazards in Item 13a, briefly explain your exposure.																																			
	14 Indicate below the kind and amount of physical activity this job involved during a typical 8-hour workday. (The total hours shown should equal 8 hours or the exact number of hours worked daily.)																																			
	a. Circle the number of hours a day spent: (1) Standing/walking (2) Sitting					<table border="1" style="width: 100%; text-align: center;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> </table>				0	1	2	3	4	5	6	7	8	0	1	2	3	4	5	6	7	8									
	0	1	2	3	4	5	6	7	8																											
0	1	2	3	4	5	6	7	8																												
b. Circle how often a day you had to: (1) Bend (2) Crouch/Squat (3) Kneel (4) Reach above shoulder level (5) Climb • Circle what you climbed (6) Push/Pull • Briefly explain what and how you pushed and pulled					<table border="1" style="width: 100%; text-align: center;"> <tr> <td>Never</td><td>Occasionally¹</td><td>Frequently²</td><td>Constantly</td></tr> <tr> <td>Never</td><td>Occasionally</td><td>Frequently</td><td>Constantly</td></tr> <tr> <td>Never</td><td>Occasionally</td><td>Frequently</td><td>Constantly</td></tr> <tr> <td>Never</td><td>Occasionally</td><td>Frequently</td><td>Constantly</td></tr> <tr> <td>Never</td><td>Occasionally</td><td>Frequently</td><td>Constantly</td></tr> <tr> <td>Stairs</td><td>Vertical ladder</td><td>Step ladder</td><td></td></tr> <tr> <td>Never</td><td>Occasionally</td><td>Frequently</td><td>Constantly</td></tr> </table>				Never	Occasionally ¹	Frequently ²	Constantly	Never	Occasionally	Frequently	Constantly	Never	Occasionally	Frequently	Constantly	Never	Occasionally	Frequently	Constantly	Never	Occasionally	Frequently	Constantly	Stairs	Vertical ladder	Step ladder		Never	Occasionally	Frequently	Constantly
Never	Occasionally ¹	Frequently ²	Constantly																																	
Never	Occasionally	Frequently	Constantly																																	
Never	Occasionally	Frequently	Constantly																																	
Never	Occasionally	Frequently	Constantly																																	
Never	Occasionally	Frequently	Constantly																																	
Stairs	Vertical ladder	Step ladder																																		
Never	Occasionally	Frequently	Constantly																																	
c. (1) Name the objects you lift and carry																																				
(2) Circle how often a day you lift and carry					<table border="1" style="width: 100%; text-align: center;"> <tr> <td>Never</td><td>Occasionally</td><td>Frequently</td><td>Constantly</td></tr> </table>				Never	Occasionally	Frequently	Constantly																								
Never	Occasionally	Frequently	Constantly																																	
(3) Circle the weight of the objects you lift and carry					Heaviest Weight Lifted 10 lbs 20 lbs 50 lbs 100 lbs Over 100 lbs																															
					Weight Most Often Lifted/Carried Up to 10 lbs Up to 25 lbs Up to 50 lbs Over 50 lbs																															
¹ Occasionally means occurring from very little up to one-third (approx. 2-1/2 hours) of an 8-hour workday; cumulative, not continuous. ² Frequently means occurring one-third (approx. 2-1/2 hours) to two-thirds (approx. 5 hours) of an 8-hour workday; cumulative, not continuous.																																				

Only complete this page to provide a description of a job listed in Item 7b. Otherwise go to page 5.

Description of Job in Item 7b

15 a. In the job described in Item 7b did you: (circle all that apply)

- | | | | | |
|---|--------------------------------------|--|--|--------------------------------------|
| 1 Use machines, tools or equipment of any kind? | 2 Use technical knowledge or skills? | 3 Do any writing, complete reports, or perform similar duties? | 4 Use manipulative skills, i.e., manual dexterity? | 5 Have supervisory responsibilities? |
|---|--------------------------------------|--|--|--------------------------------------|

b. Describe your basic duties (explain what you did and how you did it) below. Also, explain all circled answers in Item 15a by giving a full description of: the type of machines, tools, or equipment you used and the exact operation you performed; the technical knowledge or skills involved; the type of writing you did, and the nature of any reports; the manipulative skills used; and the number of people you supervised and the extent of your supervision. If more space is needed attach a sheet of paper.

16 a. Environmental Hazards (circle the hazards you were exposed to)

- | | | | | | | |
|-----------------------------|-----------|-----------------------|---------------------------|--------------------------|--------|--------------------------------|
| 1 Walking on Uneven Terrain | 2 Heights | 3 Dangerous Machinery | 4 Extremes of Temperature | 5 Fumes or Noxious Gases | 6 Dust | 7 Excessive Noise or Vibration |
|-----------------------------|-----------|-----------------------|---------------------------|--------------------------|--------|--------------------------------|

b. If you circled any of the hazards in Item 16a, briefly explain your exposure.

17 Indicate below the kind and amount of physical activity this job involved during a typical 8-hour workday. (The total hours shown should equal 8 hours or the exact number of hours worked daily.)

a. Circle the number of hours a day spent:

- | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|---|
| (1) Standing/walking | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| (2) Sitting | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

b. Circle how often a day you had to:

- | | | | | |
|--|--------|---------------------------|-------------------------|------------|
| (1) Bend | Never | Occasionally ¹ | Frequently ² | Constantly |
| (2) Crouch/Squat | Never | Occasionally | Frequently | Constantly |
| (3) Kneel | Never | Occasionally | Frequently | Constantly |
| (4) Reach above shoulder level | Never | Occasionally | Frequently | Constantly |
| (5) Climb | Never | Occasionally | Frequently | Constantly |
| • Circle what you climbed | Stairs | Vertical ladder | Step ladder | |
| (6) Push/Pull | Never | Occasionally | Frequently | Constantly |
| • Briefly explain what and how you pushed and pulled | | | | |

c. (1) Name the objects you lift and carry

- | | | | | |
|---|-------|--------------|------------|------------|
| (2) Circle how often a day you lift and carry | Never | Occasionally | Frequently | Constantly |
|---|-------|--------------|------------|------------|

(3) Circle the weight of the objects you lift and carry	Heaviest Weight Lifted				
	10 lbs	20 lbs	50 lbs	100 lbs	Over 100 lbs

Weight Most Often Lifted/Carried				
Up to 10 lbs	Up to 25 lbs	Up to 50 lbs	Over 50 lbs	

¹Occasionally means occurring from very little up to one-third (approx. 2-1/2 hours) of an 8-hour workday; cumulative, not continuous.

²Frequently means occurring one-third (approx. 2-1/2 hours) to two-thirds (approx. 5 hours) of an 8-hour workday; cumulative, not continuous.

Only complete this page to provide a description of a job listed in Item 7c. Otherwise go to page 5.

Description of Job in Item 7c	18 a. In the job described in Item 7c, did you: (circle all that apply) <div style="display: flex; justify-content: space-between;"> <div> 1 Use machines, tools or equipment of any kind? </div> <div> 2 Use technical knowledge or skills? </div> <div> 3 Do any writing, complete reports, or perform similar duties? </div> <div> 4 Use manipulative skills, i.e., manual dexterity? </div> <div> 5 Have supervisory responsibilities? </div> </div>																																				
	b. Describe your basic duties (explain what you did and how you did it) below. Also, explain all circled answers in Item 18a by giving a full description of: the type of machines, tools, or equipment you used and the exact operation you performed; the technical knowledge or skills involved; the type of writing you did, and the nature of any reports; the manipulative skills used; and the number of people you supervised and the extent of your supervision. If more space is needed attach a sheet of paper.																																				
	19 a. Environmental Hazards (circle the hazards you were exposed to) <div style="display: flex; justify-content: space-between;"> <div> 1 Walking on Uneven Terrain </div> <div> 2 Heights </div> <div> 3 Dangerous Machinery </div> <div> 4 Extremes of Temperature </div> <div> 5 Fumes or Noxious Gases </div> <div> 6 Dust </div> <div> 7 Excessive Noise or Vibration </div> </div>																																				
	b. If you circled any of the hazards in Item 19a, briefly explain your exposure.																																				
	20 Indicate below the kind and amount of physical activity this job involved during a typical 8-hour workday. (The total hours shown should equal 8 hours or the exact number of hours worked daily.)																																				
a. Circle the number of hours a day spent: (1) Standing/walking (2) Sitting					<table border="1" style="width: 100%; text-align: center;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> </table>					0	1	2	3	4	5	6	7	8	0	1	2	3	4	5	6	7	8										
0	1	2	3	4	5	6	7	8																													
0	1	2	3	4	5	6	7	8																													
b. Circle how often a day you had to: (1) Bend (2) Crouch/Squat (3) Kneel (4) Reach above shoulder level (5) Climb • Circle what you climbed (6) Push/Pull • Briefly explain what and how you pushed and pulled					<table border="1" style="width: 100%; text-align: center;"> <tr> <td>Never</td><td>Occasionally¹</td><td>Frequently²</td><td>Constantly</td> </tr> <tr> <td>Never</td><td>Occasionally</td><td>Frequently</td><td>Constantly</td> </tr> <tr> <td>Never</td><td>Occasionally</td><td>Frequently</td><td>Constantly</td> </tr> <tr> <td>Never</td><td>Occasionally</td><td>Frequently</td><td>Constantly</td> </tr> <tr> <td>Never</td><td>Occasionally</td><td>Frequently</td><td>Constantly</td> </tr> <tr> <td>Stairs</td><td>Vertical ladder</td><td>Step ladder</td><td></td> </tr> <tr> <td>Never</td><td>Occasionally</td><td>Frequently</td><td>Constantly</td> </tr> </table>					Never	Occasionally ¹	Frequently ²	Constantly	Never	Occasionally	Frequently	Constantly	Never	Occasionally	Frequently	Constantly	Never	Occasionally	Frequently	Constantly	Never	Occasionally	Frequently	Constantly	Stairs	Vertical ladder	Step ladder		Never	Occasionally	Frequently	Constantly
Never	Occasionally ¹	Frequently ²	Constantly																																		
Never	Occasionally	Frequently	Constantly																																		
Never	Occasionally	Frequently	Constantly																																		
Never	Occasionally	Frequently	Constantly																																		
Never	Occasionally	Frequently	Constantly																																		
Stairs	Vertical ladder	Step ladder																																			
Never	Occasionally	Frequently	Constantly																																		
c. (1) Name the objects you lift and carry																																					
(2) Circle how often a day you lift and carry					<table border="1" style="width: 100%; text-align: center;"> <tr> <td>Never</td><td>Occasionally</td><td>Frequently</td><td>Constantly</td> </tr> </table>					Never	Occasionally	Frequently	Constantly																								
Never	Occasionally	Frequently	Constantly																																		
(3) Circle the weight of the objects you lift and carry					Heaviest Weight Lifted 10 lbs 20 lbs 50 lbs 100 lbs Over 100 lbs																																
					Weight Most Often Lifted/Carried Up to 10 lbs Up to 25 lbs Up to 50 lbs Over 50 lbs																																

¹Occasionally means occurring from very little up to one-third (approx. 2-1/2 hours) of an 8-hour workday; cumulative, not continuous.
²Frequently means occurring one-third (approx. 2-1/2 hours) to two-thirds (approx. 5 hours) of an 8-hour workday; cumulative, not continuous.

Section 4	Certification						
Certification	<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <p>21 Enter an "X" in the appropriate box: I will have a guardian or other representative sign this report on my behalf.</p> <div style="border: 1px solid black; border-radius: 10px; padding: 10px; margin-top: 10px; text-align: center;"> <p>Note: If answered "Yes," the guardian or other representative of the applicant must sign this report.</p> </div> </div> <div style="width: 30%;"> <p><input type="checkbox"/> Yes – Go to Note and Item 22 <input type="checkbox"/> No – Go to Item 22</p> </div> </div>						
	<p>22 I know that civil and criminal penalties may be imposed on me for false or fraudulent statements, or for withholding information to misrepresent a fact material to determining a right to a payment under the Railroad Retirement Act. I affirm that to the best of my knowledge, the information I have given represents the complete truth.</p> <div style="display: flex; align-items: flex-start; margin-top: 10px;"> <div style="width: 35%;"> <p>Signature (First Name, Middle Initial, Last Name)</p> </div> <div style="width: 60%; border: 1px solid black; height: 40px; margin-left: 10px;"></div> </div> <div style="display: flex; align-items: flex-start; margin-top: 10px;"> <div style="width: 35%;"> <p>Date</p> </div> <div style="width: 60%; border: 1px solid black; padding: 5px; margin-left: 10px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">Month</td> <td style="width: 10%; text-align: center;">Day</td> <td style="width: 40%; text-align: center;">Year</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table> </div> </div>	Month	Day	Year			
Month	Day	Year					
	<p>23 If this certification is signed by mark ("X") in Item 22, two witnesses who know the person signing must sign below, giving their full addresses.</p> <hr style="border-top: 1px dashed black;"/> <p>a. Signature of Witness</p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Address (Number and Street)</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">City, State, ZIP Code</div> <p>b. Signature of Witness</p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Address (Number and Street)</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">City, State, ZIP Code</div>						
<p style="text-align: center;">PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICE</p> <p>The Railroad Retirement Board is authorized to collect the information on this form under Section 7(b)(6) of the Railroad Retirement Act. While you are not required to respond, your cooperation is needed to provide information necessary to complete processing of the claim. If you fail to provide us with the requested information, we may be unable to pay you any benefits (as explained in Section 2(a) of the Railroad Retirement Act).</p> <p>We estimate this form takes an average of 30 to 40 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, IL 60611-2092.</p>							

Before you return your report, check to make sure that:

- **Every** question that applies to you has been answered.
- You have entered "unknown" in **any** answer space for which you were unable to answer a question.
- You have signed and dated the report.
- You have included **all** the needed proofs listed in the letter you received with this report.

When you received your report, you should have also received a pre-addressed envelope. If you do not have this envelope, you can use any envelope as long as it is addressed to the RRB office shown below. No matter which envelope you use, you must put the correct postage on the envelope. Be careful to provide enough postage because your report may weigh more than a standard letter. The U.S. Postal Service will not deliver your report unless it has the correct postage.

If you need information or assistance, contact:

U.S. RAILROAD RETIREMENT BOARD
CELEBREZZE FEDERAL BLDG, ROOM 907
1240 E. 9TH STREET
CLEVELAND, OH 44199-2001

 TELEPHONE NUMBER: 1-877-772-5772

If for some reason you cannot contact that office, you should contact:

U.S. RAILROAD RETIREMENT BOARD
844 NORTH RUSH STREET
CHICAGO, ILLINOIS 60611-2092