

RETIREMENT CONTACT FORM				1	RRB CLAIM NUMBER A	2	DATE RELEASED						
				PLEASE COMPLETE THE APPLICABLE DATA AND SIGN FORM AFTER READING THE IMPORTANT NOTICES ON THE REVERSE SIDE.				3	SOCIAL SECURITY NUMBER				
3	958	2	BA		5	NAME							
4					6	PAYROLL NUMBER		7	JOB TITLE				
					8	WORK LOCATION		9	DEPT. OR DIVISION				
10		RRB FILING DATE		11		DATE LAST WORKED (Last day on payroll as employee)		12			DATE RIGHTS RELINQUISHED (If applicable)		
				MO	DAY	YR			MO	DAY	YR		
<p>THIS EMPLOYEE HAS FILED AN APPLICATION FOR AN ANNUITY UNDER THE RAILROAD RETIREMENT ACT, AND HAS INFORMED THE RAILROAD RETIREMENT BOARD (RRB) THAT (S)HE STOPPED WORKING AND RELINQUISHED HIS (HER) RIGHTS (IF APPLICABLE) ON THE DATES SHOWN IN ITEMS 11 AND 12 OF THE FOLLOWING ITEMS. ONLY THOSE MARKED WITH AN "X" APPLY TO THIS INDIVIDUAL.</p>													
13		NOTIFICATION											
THIS IS FOR YOUR INFORMATION ONLY. YOU MAY RETAIN THIS FORM FOR YOUR RECORDS.													
14		VERIFICATION											
<p>PLEASE CHECK THE INFORMATION IN ITEMS 11 AND 12 AGAINST YOUR RECORDS AND MAKE ANY NECESSARY CORRECTIONS. IF A DATE CORRECTION IS REQUIRED, COMPLETE ITEM 15, IF APPLICABLE, AND RETURN THIS FORM TO THE RRB AS SOON AS POSSIBLE, AS CORRECTIONS COULD AFFECT THIS EMPLOYEES ANNUITY.</p> <p>IF NO DATE CORRECTION IS REQUIRED, AND ITEM 15 IS NOT APPLICABLE, NO FURTHER ACTION IS NECESSARY. YOU MAY RETAIN THIS FORM FOR YOUR RECORDS.</p>													
15		SERVICE INFORMATION						CURRENT YR		PRIOR YR			
<p>Information about this employee's lag service is required in order to establish annuity eligibility. In the box to the right, "CURRENT YEAR" refers to the year shown in item 11. "PRIOR YEAR" is the year before. If this form will be submitted before your annual report for the prior year, complete items about the prior year as well.</p> <p>A. Current Year: If the employee had service in all months through the date in item 11, check "YES." Otherwise, check "NO." Prior Year: If the employee had service in all 12 months, check "YES." Otherwise check "NO."</p> <p>If the answer to either question in A is "NO," complete items B through E in the applicable column. Otherwise, go to "Employer Certification."</p> <p>B. Enter the number of months in which the employee did have service.</p> <p>C. For the months in which the employee did NOT have service, enter the number of months in which (s)he was furloughed or on authorized leave of absence.</p> <p>D. Enter the total creditable Tier 2 compensation.</p> <p>E. If the employment relationship ceased on a date earlier than item 12 (or if item 12 shows "DISABILITY" and the employment relationship has ceased) enter that date.</p>							A	YES		YES			
							A	NO		NO			
							B						
							C						
							D	\$			\$		
E	MO	DAY	YR										
REMARKS:							EMPLOYEE CERTIFICATION—The information in this report is correct to the best of my knowledge and belief.						
							SIGNATURE						
							TITLE				DATE		
NOTE: IF EMPLOYEE RETURNS TO COMPENSATED SERVICE. NOTIFY THE RRB IMMEDIATELY													



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

May be used for window
envelope if folded properly.

PAPERWORK REDUCTION ACT NOTICE

The Railroad Retirement Board's (RRB) authority for requesting this information is Section 9 of the Railroad Retirement Act (RRA). The information requested is needed and used by the RRB to determine your employee's eligibility for a retirement annuity under Section 2 of the RRA (45 U.S.C. Sec. 231A). Furnishing this information is required by Law [(Section 7B(6) of the RRA (45 U.S.C. Sec. 231F (B) 16)].

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. We estimate this form takes an average of 5 minutes per response, including the time for reviewing the instructions, getting the data needed, and reviewing the completed form. If you wish, send any comments regarding the accuracy of our estimate or any other aspects of this form, including suggestions for reducing the completion time, to the Chief of Information Management, Railroad Retirement Board, 844 N. Rush St., Chicago, IL 60611-2092 **and** to the Office of Management and Budget, Paperwork Reduction Project (3220-0005), Washington, D.C. 20503. Please do **not** return this form to either of these addresses.