

11.1 Scope of Chapter

This part of the DCM contains instructions for completing forms used by the disability programs section. The forms in this chapter are arranged in alphabetical-numerical order. Some of the disability used forms mentioned in this DCM chapter, have hyperlinks to FOM1 where the actual forms are fully explained. This is because some forms are handled by work units other than the disability programs section such as Field Service (FS). The explanations for these forms are in FOM1. The forms exclusively used by the disability programs section are explained in detail in this DCM chapter.

Generally the instructions for a specific form are broken down into the following categories:

- Use: A brief statement of the form's purpose and when it is used.
- Completion: Item by item instructions for normal completion of the form.
- Special Situations: Special instructions for completing the form in infrequent or complex situations.
- Disposition: Instructions for disposing of the form and any copies, and the folder.

11.2 "G" Forms

G-3EMP, Report of Medical Condition By Employer

See FOM1 1720, G-EMP.

G-26F, Disability Coordination Material

Use

Disability examiners use the G-26F when transmitting documents to SSA. The form should be attached on top of all medical and non-medical documents being forwarded to SSA.

Access

The form can be found on RRAILS.

Completion

Complete as follows:

Item	Entry
RR Claim Number	Enter the railroad claim number of the applicant
RR Employee's SS No.	Enter the RR employee's social security number
Wage Earner's SS No.	Enter the social security number of the person whose wage record the applicant is filing under at SSA
RR Employee's Name	Enter the name of the railroad employee
Wage Earner's Name	Enter the name of the person whose wage record the applicant is filing under at SSA.
Disabled Person's Name and Date of Birth	Enter the name of the disabled applicant and that person's date of birth
Remarks	Enter any information that is pertinent to this transmittal

Disposition

Print the form from RRAILS. Prepare an original and one copy. The original can be forwarded to SSA either by mail or by fax. SSA's fax number is 866-572-0051. The copy should be filed on the right side of the folder.

G-26t (02-15) - DPS Route Slip

Use

Form G-26t is a white color form and is used by disability examiners to route folders in the Disability Post Section (DPS) of DBD. This form is attached to a claim folder or folder packet. This is a stocked form and is not in RRAILS. For a copy of this form, contact DBD.

Completion

The following will describe when and how the items should be completed:

ITEM	ENTRY AND WHEN USED
"Medical Consultant"	Enter an "X" in this box if the folder is being forwarded to the medical consultant's office. Check the "Physical" and/or "Mental" box as appropriate.

	Also, fill in the filing date of the disability application.
"Single Freeze"	Enter an "X" in this box when the folder is being referred to the medical consultant and the case involves a single freeze disability determination.
"Dual Freeze"	Enter an "X" in this box when the folder is being referred to the medical consultant and the case involves a dual freeze disability determination.
"Widow(er)"	Enter an "X" in this box when the folder is being referred to the medical consultant and the case involves a widow(er) disability determination.
"Child"	Enter an "X" in this box when the folder is being referred to the medical consultant and the case involves a child disability determination.
"Continuance/Cessation"	Enter and "X" in this box when the folder is being referred to the medical consultant for a continuing disability review determination.
"Previously reviewed by Dr."	<u>Enter an "X" in this box when the folder is being referred to the medical consultant for a reconsideration disability determination and the case was previously reviewed by a medical consultant. Also, enter the name of the doctor who previously reviewed the case.</u>
"Additional M/E requested by Dr."	<u>Enter an "X" in this box when the folder is being referred to the medical consultant and additional medical evidence was obtained per a medical consultant. Enter the name of the medical consultant who requested the additional medical evidence.</u>
"Reconsideration"	<u>Enter and "X" in this box when the folder is being referred to the medical consultant and the case involves a reconsideration disability determination.</u>
"OCC/T&P"	<u>Enter an "X" in this box when the folder is being referred to the medical consultant and the case involves an Occupational or Total and Permanent (T&P) disability determination.</u>
"Urgent"	<u>Enter an "X" in this box when the folder is being referred to the medical consultant and the case</u>

	<u>involves a terminal illness (TERI), compassionate allowance (CAL), or other special handling.</u>
"Reject Dr."	Enter an "X" in this box when the folder is being referred back to the medical consultant because the examiner disagrees with the medical consultant. Enter the name of the medical consultant who previously reviewed the case.
"Routing Order"	Enter an "X" in this box when the folder is being routed to at least one of the destinations shown in the column under this heading.
"Review"	Enter a number in this box when the folder needs to be reviewed for a disability rating determination. The number should indicate the sequence of the routing order.
"Senior Examiner"	Enter a number in this box when you are routing the folder to a senior examiner. The number should indicate the sequence of the routing order. Also, enter in the Automated Folder Control System (AFCS) location of the senior examiner on the line.
"Claims Examiner"	Enter a number in this box when you are routing the folder to a disability rating examiner. The number should indicate the sequence of the routing order. Also, enter in the AFCS location of the rating examiner on the line.
"Supervisor, DBD"	Enter a number in this box when the folder is being routed to the disability post and CDR unit supervisor. The number should indicate the sequence of the routing order. Enter in the AFCS location of the supervisor on the line.
"Copying"	Enter a number in this box when routing the folder for copying. The number should indicate the sequence of the routing order. Use a paperclip or rubber band for the material to be copied.
"Medicare Section"	Enter a number in this box when the folder is being routed to the Medicare section. The number should indicate the sequence of the routing order.
"Recon Section"	Enter a number in this box when the folder is being routed to the Reconsideration (RECON) section.

	The number should indicate the sequence of the routing order.
"Claim Files"	Enter a number in this box when you are routing the folder to claim files. The number should indicate the sequence of the routing order.
"Other"	Enter a number in this box when you are routing the folder to a location not listed on this form. Enter the desired destination and the AFCS code of that location on the line. The number should indicate the sequence of the routing order.
"Dormant"	Enter an "X" in this box when the folder is being sent to the dormant cabinets. The call-up date and charge to entries must be completed.
"Call-up Date"	Enter the date that the folder should be called up from dormant. If the folder is returning to dormant, cross out the date on the top line and enter the new call-up date.
"Charge To"	Enter the Automated Folder Control System (AFCS) code you want the folder charged to after the dormant call-up date expires.
"Remarks"	Enter any remarks, instructions, comments, etc. you may have regarding this folder.
"Examiner Name Date"	Enter your name and the current date.

G-26t.1 (02-15) - DIS Route Slip

Use

Form G-26t.1 is a green color form and is used by disability examiners to route folders in the Disability Initial Section (DIS) of DBD. This form is attached to a claim folder or folder packet. This is a stocked form and is not in RRAILS. For a copy of this form, contact DBD.

Completion

The following will describe when and how the items should be completed:

ITEM	ENTRY AND WHEN USED
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"Medical Consultant"	Enter an "X" in this box if the folder is being forwarded to the medical consultant's office. Check the "Physical" and/or "Mental" box as appropriate. Also, fill in the filing date of the disability application.
"OCC"	Enter an "X" in this box when the folder is being referred to the medical consultant and the case involves an Occupational disability determination.
"T&P"	Enter an "X" in this box when the folder is being referred to the medical consultant and the case involves a Total and Permanent (T&P) disability determination.
"Widow(er)"	Enter an "X" in this box when the folder is being referred to the medical consultant and the case involves a widow(er) disability determination.
"Child"	Enter an "X" in this box when the folder is being referred to the medical consultant and the case involves a Child disability determination.
"Divorced or Remarried Widow"	Enter an "X" in this box when the folder is being referred to the medical consultant and the case involves a Divorced or Remarried Widow disability determination.
"Additional M/E requested by Dr."	Enter an "X" in this box when the folder is being referred to the medical consultant and additional medical evidence was obtained per a medical consultant. Enter the name of the medical consultant who requested the additional medical evidence.
"Urgent"	Enter an "X" in this box when the folder is being referred to the medical consultant and the case involves a terminal illness (TERI), compassionate allowance (CAL), or other special handling.
"Reject Dr."	Enter an "X" in this box when the folder is being referred back to the medical consultant because the examiner disagrees with the medical consultant. Enter the name of the medical consultant who previously reviewed the case.
"Routing Order"	Enter an "X" in this box when the folder is being

	routed to at least one of the destinations shown in the column under this heading.
"Review"	Enter a number in this box when the folder needs to be reviewed for a disability rating determination. The number should indicate the sequence of the routing order.
"Senior Examiner"	Enter a number in this box when you are routing the folder to a senior examiner. The number should indicate the sequence of the routing order. Also, enter the Automated Folder Control System (AFCS) location of the senior examiner on the line.
"Claims Examiner"	Enter a number in this box when you are routing the folder to a disability rating examiner. The number should indicate the sequence of the routing order. Also, enter the AFCS location of the rating examiner on the line.
"Supervisor, DBD"	Enter a number in this box when the folder is being routed to the disability initial unit supervisor. The number should indicate the sequence of the routing order. Enter in the AFCS location of the supervisor on the line.
"Physicians Tracking"	Enter a number in this box when the folder is being routed for physicians tracking. The number should indicate the sequence of the routing order.
"Copying"	Enter a number in this box when routing the folder for copying. The number should indicate the sequence of the routing order. Use a paperclip or rubber band for the material to be copied.
"Medicare Section"	Enter a number in this box when the folder is being routed to the Medicare section. The number should indicate the sequence of the routing order.
"Recon Section"	Enter a number in this box when the folder is being routed to the Reconsideration (RECON) section. The number should indicate the sequence of the routing order.
"Claim Files"	Enter a number in this box when you are routing the folder to claim files. The number should indicate the sequence of the routing order.

"Other"	Enter a number in this box when you are routing the folder to a location not listed on this form. Enter the desired destination and the AFCS code of that location on the line. The number should indicate the sequence of the routing order.
"Dormant"	Enter an "X" in this box when the folder is being sent to the dormant cabinets. The call-up date and charge to entries must be completed.
"Call-up Date"	Enter the date that the folder should be called up from dormant. If the folder is returning to dormant, cross out the date on the top line and enter the new call-up date.
"Charge To"	Enter the AFCS code you want the folder charged to after the dormant call-up date expires.
"Remarks"	Enter any remarks, instructions, comments, etc. you may have regarding this folder.
"Examiner Name Date"	Enter your name and the current date.

G-197, Authorization To Disclose Information to the Railroad Retirement Board

See FOM1 1720, G-197.

G-219, Simultaneous Processing Disability Decision and Disability Freeze

Use

Effective April 23, 2015 and later, Form G-219, *Simultaneous Processing Disability Decision and Disability Freeze*, is a mandatory form that must be completed by the disability examiners in the Disability Benefits Division (DBD) when processing Occupational or Total & Permanent disability cases. The purpose of this form is to confirm that concurrent adjudication (i.e., simultaneous rating of both the disability decision AND period of disability [disability freeze or DF]) has been considered within **90 days** of the application filing date. The form is part of the disability determination process. The G-219 is on RRAILS.

Completion

ITEM	ENTRY AND WHEN USED
RRB Claim Number	RRAILS will pre-fill.
Applicant Name	RRAILS will pre-fill.
Application Filing Date	RRAILS will pre-fill the applicant's application filing date. This date can be found on the paper application (found either in the claim folder or in Imaging) or in APPLE. NOTE: This date is the date from which the 90 day time frame begins.
SECTION 1	This section is divided into three parts: Occupational Decision; Total & Permanent Decision; and Other.
Check the appropriate box:	The disability examiner must select (check) <u>only one of the following eight</u> reasons to describe the status of the disability case as shown below and then print the G-219 for signature. Examiners need to decide if the case is either Occupational, Total & Permanent or Other before selecting a reason.
Occupational decision – Evidence is not sufficient to complete the concurrent decision	Self-explanatory.
Occupational decision – Evidence is sufficient for concurrent decision, Single Freeze completed	Self-explanatory.
Occupational decision – Evidence is sufficient for concurrent decision,	Self-explanatory.

Joint Freeze completed	
Occupational decision – Evidence is sufficient for concurrent decision, Joint Freeze deferred	Self-explanatory.
Total & Permanent decision – Concurrent decision, Single Freeze completed	Self-explanatory.
Total & Permanent decision – Concurrent decision, Joint Freeze completed	Self-explanatory.
Total & Permanent decision – Joint Freeze deferred	Self-explanatory.
Other –	Select this box item for those disability cases that will be deferred for any other reason(s) not stated above such as a disability freeze earnings denial; and/or 1974 Act Medicare; and/or Financial Interchange (FI). Be very specific as to the reason why you are checking this box item. Type or write the reason in the space provided.
SECTION 2	This section only contains the Comments box item.
Comments	The examiner and/or authorizer must enter any comments or information that they may have to document specific notes or actions concerning the case for future case adjudicative action(s) and/or reference (documentation). Examiner and/or authorizer must enter claim file (case) status and any next steps to take in order to complete case adjudication.

	Type or write the information in the space provided.
Examiner Name and Date	Self-explanatory.
Authorizer Name and Date	Self-explanatory.

Disposition

The disability examiner prints out a copy of the G-219, then signs and dates, and sends an electronic copy of the form to the review folder. Upon receipt of the G-219, the disability authorizer confirms that the examiner checked the appropriate box during the authorization process. After the review is completed, the authorizer signs and dates, and sends the electronic copy of the G-219 to Imaging for electronic documentation. The paper G-219 is filed down on the right side of the folder.

G-250, Medical Assessment

See FOM1 1720, G-250.

G-250A, Medical Assessment Of Residual Functional Capacity

See FOM1 1720, G-250A.

G-250(sup), Request For Medical Information From Treating Source In Cardiovascular Cases

Use

Form G-250(sup) should be included with all G-250's sent to treating physicians whenever a cardiovascular impairment is claimed by the applicant. This includes cases where the cardiovascular problem is not the primary impairment.

Completion

Prepare an original only. Send each form with each G-250 being sent to each treating physician.

Disposition

Mail the forms directly to the treating physician. As in all cases where development action is being initiated by headquarters, coordination between headquarters and the field office is necessary.

G-252, Self-Employment/Corporate Officer Work and Earnings Monitoring

Use

Form G-252 should be used in disability cases in which the disability claims examiner has questions concerning the annuitant's claim of self-employment and/or work as a corporate officer. It will be used when the information contained on the AA-4, Self-Employment and Substantial Service Questionnaire, and within the file, do not provide sufficient information regarding the annuitant's claims. It will be released by the Disability examiner. Refer to DCM 8.5.14, Using Form G-252, Self-Employment/Corporate Officer Work and Earnings Monitoring.

Access

The form is on RRAILS only.

Completion

Prepare an original only. The examiner is to complete Items 1-6, and 11-12.

Items 11-12 – The disability claims examiner will need to enter the year(s) being requested. Box items are shown for two years worth of information. If there are three or more years needed, the annuitant can enter those years in Section 7 – Remarks and/or on a separate sheet of paper (see Note below).

In some situations, the annuitant may need to show their work and earnings information from their ABD based on conflicting, confusing and/or discrepant information from other sources (i.e., AA-4, G-254, letters, or questionnaires, etc.). This means that the annuitant may need to show more than 2 years worth of information based on what the disability examiner determines is necessary (i.e., specific year(s) or period in question, or all year(s) from annuitant's ABD).

NOTE: If the information being requested in items 11-12 are for the same year as the information included in an AA-4 that has already been submitted, check the box prior to item 11. This will prevent the annuitant from completing duplicate information.

Disposition

After completion of the necessary items, print the form from RRAILS. The form is to be released with Form RL-252, Cover Letter for Form G-252, and a return envelope. An e-mail should be released to the corresponding field office group mailbox informing them of the release of these forms and the years entered in items 11 and 12.

G-254, Continuing Disability Report

See FOM 1720, G-254.

G-260, Report Of Seizure Disorder

See FOM1 1720, G-260.

G-321, Employee Initial Rating Checklist

Use

Form G-321 is used by initial disability examiners as a job aid to evaluate items for consideration or action when processing employee disability claims. This is an optional use form.

Access

The form is on RRAILS only.

Completion

Items 1-43 of Form G-321 are completed by the disability examiner if the employee disability claim is for an occupational disability. Items 1-32 and 44-56 are completed by the disability examiner if the employee disability claim is for a total and permanent disability.

Disposition

After completion of the necessary items, print the form from RRAILS. File the form on the left side of the folder. The form is not imaged. The form may be discarded after review.

G-321a, Widow/Child Information Checklist

Use

Form G-321a is used by initial disability examiners as a job aid to evaluate items for consideration or action when processing widow and children disability claims. This is an optional use form.

Access

The form is on RRAILS only.

Completion

Items 1-7, 9, 10 and 12-21 are completed by the disability examiner if the disability claim is for a widow(er). Items 1-17 and 21 of Form G-321a are completed by the disability examiner if the disability claim is for a child.

Disposition

After completion of the necessary items, print the form from RRAILS. File the form on the left side of the folder. The form is not imaged. The form may be discarded after review.

G-383, Authorization Return Form

Use

Form G-383 is used by authorizers to identify adjudicative actions that may be incorrect, inconsistent, or incomplete with current procedure **or** if the authorizer disagrees with the proposed disability rating or continuing disability determination. This form is part of and initiates the reviewer return process (DCM 3.4.303) and is meant to:

- Track adjudicative issues and provide significant data to the Training Section regarding areas that may require additional training or clarification of current procedure, and
- Identify adjudicative issues which should be addressed by the rating claims examiner before a disability determination is authorized.

Form G-383 is a Microsoft Word document.

Access

Access Form G-383 from the Main Screen for RRAILS. Ensure that the RRAILS Shelf is open.

IMPORTANT: The G-383 is best viewed using a screen resolution of 1024 x 768 pixels. Monitors currently set to a screen resolution of 800 x 600 pixels result in images that appear larger than in other screen resolution settings. As a result, users may have difficulty viewing this form when the screen resolution is set to 800 x 600 pixels.

Adjustments to your monitor's screen resolution are done through the "Control Panel" in Microsoft Windows. In order to change the screen resolution of your monitor, click on the START button and look for "Control Panel."

1. "Control Panel" IS visible

Click on Control Panel / Display (icon) / Settings (tab) / move the slider arrow in the Screen Resolution area to 1024 x 768 pixels using your mouse. Click the APPLY button. After the resolution is temporarily set, click OK to make the resolution change permanent.

To return the screen resolution of your monitor back, follow the same instructions but move the slider arrow to the position that it was in originally.

2. "Control Panel" IS NOT visible

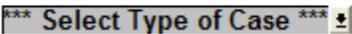
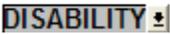
Click on Settings / Control Panel / Display (icon) / Settings (tab) / move the slider arrow in the Screen Resolution area to 1024 x 768 pixels using your mouse. Click the APPLY button. After the resolution is temporarily set, click OK to make the resolution change permanent.

To return the screen resolution of your monitor back, follow the same instructions but move the slider arrow to the position that it was in originally.

Completion

The claim number, prefix, and beneficiary symbol (bene sym) can either be prefilled into the G-383 by downloading it from RRAILS or it can be manually typed into the form. See FOM1 1596.20 for instructions how to download information into the G-383 from RRAILS.

Completion of Form G-383 is generally self-explanatory and shall be done using the following steps:

Step	Action
1	<p>To open Form G-383, either:</p> <p>a) Double click on G-383 Authorization Return Form in the RRAILS shelf,</p> <p>Or</p> <p>b) Single click on G-383 Authorization Return Form in the RRAILS shelf AND then click the Open button.</p>
2	<p>Click on ***Select Type of Case*** or the down arrow.</p> <p style="text-align: center;">Authorization Return Form </p> <p>Click "DISABILITY" from the drop down menu. The image will change to the image shown below.</p> <p style="text-align: center;">Authorization Return Form </p> <p>Press TAB on the keyboard.</p>

Then either press ENTER on the keyboard OR use the mouse and click on OK to verify that the Disability version of the G-383 should be opened.



NOTE: Clicking on Cancel will disable the rest of the Disability programming.

If Disability was inadvertently selected and you wanted to enable the Medicare, Retirement, or Survivor programming instead, click on the word DISABILITY (as shown in the second image above). Then select of the correct version of the form. Otherwise just close the G-383 Word Document.

3

Type the examiner's name in the large box (REQUIRED) and the examiner's adjudicating unit in the smaller box (OPTIONAL).

A form field labeled "Examiner Name / Unit". It consists of a large text input box followed by a smaller text input box, separated by a vertical line.

NOTE: The authorizer's name and RRB unit number are prefilled next to "Authorizer Name / Unit".

4

Select the **Type of Action** by clicking the appropriate radio buttons.

- a) If the "Occupational Only," "T and P Only," "Widow," or "Child" radio button was selected, then also select either the "Allowance" or "Denial" radio button. (REQUIRED)

A screenshot of a form section titled "Type of Action:". It contains two rows of radio buttons. The first row has four buttons: "Occupational Only", "Occupational and SF", "T and P Only", and "T and P and SF". The second row has three buttons: "SF and/or Medicare Only", "CDR", and "Child". Below these are two more buttons: "Allowance" and "Denial". Red boxes highlight "Occupational Only", "T and P Only", "Widow", and "Child". Pink boxes highlight "Allowance" and "Denial".

- b) If the "Occupational and SF" radio button was selected, then also select the "Allowance" (if both disability determinations are allowances), "Denial" (if both are denials), or "Occ. Allowance/SF Denial" radio button. (REQUIRED).

Type of Action:

Occupational Only
 Occupational and SF
 T and P Only
 T and P and SF
 SF and/or Medicare Only
 CDR
 Widow
 Child

Allowance
 Denial
 Occ. Allowance/SF Denial

c) If the “T and P and SF” radio button was selected, then also select the “Allowance” (if both disability determinations are allowances), “Denial” (if both are denials), or “TP Allowance/SF Denial” radio button. (REQUIRED)

Type of Action:

Occupational Only
 Occupational and SF
 T and P Only
 T and P and SF
 SF and/or Medicare Only
 CDR
 Widow
 Child

Allowance
 Denial
 TP Allowance/SF Denial

d) If the “SF and/or Medicare Only” radio button was selected, then also select the “Allowance” (if both disability determinations are allowances), “Denial” (if both are denials), or “SF Denial/Medicare” (if the single freeze is denied based on earnings but Medicare is allowed based on the 1974 Railroad Retirement Act amendments or government employment) radio button. (REQUIRED)

Type of Action:

Occupational Only
 Occupational and SF
 T and P Only
 T and P and SF
 SF and/or Medicare Only
 CDR
 Widow
 Child

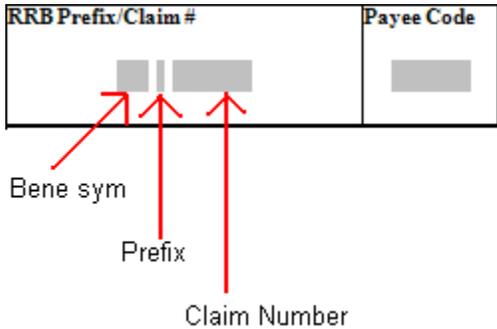
Allowance
 Denial
 SF Denial/Medicare

e) If CDR was selected, no other radio button needs to be selected.

5 Select the appropriate reference manual(s) by clicking the appropriate box(es) on the left side. (OPTIONAL)

Procedure References Cited/Dates Issued/Sources

RCM:
 FOM:
 DCM:
 TOM:
 POMS:
 Procedure Agenda
 Other:

	<p>If a reference manual is selected, then cite the section(s) of the manual by typing it in the space provided on the right side. (REQUIRED)</p> <p>If a reference is not listed, click the “Other” box and type the appropriate information in the space provided.</p>
6	<p>Click in the “Save Changes” box OR press ENTER.</p> <p>All selections and typed information will then fill into the G-383.</p>
7	<p>Type in the bene sym, prefix, claim number, and if necessary, the payee code if it was not prefilled into the G-383.</p> 
8	<p>Click in the area below “Authorizer Comments:” and begin typing a detailed explanation of why the claim is being returned.</p>  <p>NOTE: The “Authorizer Comments:” box will expand in height to accommodate comments of any length.</p>

Disposition

The authorizer will prepare three copies of the G-383. Copies should be distributed to the:

- Rating examiner with the claims folder.

NOTE: The authorizer shall log the claim file into the rating examiner’s AFCS location and return the claim file to the rating examiner’s work station.

- Rating examiner’s supervisor, and
- Disability training specialist.

The authorizer shall prepare and distribute a fourth copy of the G-383 for his or her supervisor if the case being returned was completed by an examiner in the Initial Section of the Disability Benefits Division.

See DCM 3.4.303 for additional information about the reviewer return process.

G-405, Notice of Medicare Entitlement Action

See RCM 11_G405

G-460, Fax Sheet Tracing on Request For SSA Medical or Other Evidence

Use

This form is to be used when tracing on a RR-5 or G-26f, requesting medical evidence or other types of documentation with the Social Security Administration. The form is to be used for the first tracing of those forms.

Access

The form is on RRAILS only.

Completion

Complete the form as follows:

Item	Entry
SSA Claim Number	Enter the SS claim number of the applicant. This will usually be a social security number followed by a one or two letter suffix.
RRB Claim Number	Enter the RRB claim number of the applicant. This would usually be a social security number preceded by a one, two or three letter prefix
RR Employee's Name	Enter the name of the railroad employee
Disabled Person's Name	Enter the name of the disabled person who is applying for disability benefits
Disabled Person's Date of Birth	Enter the date of birth of the disabled person who is filing for disability benefits
Date of (RR-5/G-26f) Sent to SSA	Select either RR-5 or G-26f depending on which form you are tracing. After making the selection enter the date the original form was released

Remarks	Enter any remarks that are pertinent to the case (i.e. congressional or critical case) or that should be known by SSA
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Sign and date the form next to the appropriate spaces and print. The bottom half of the form SSA Reply will be completed by SSA.

Disposition

After printing the form, it should be faxed to SSA at 866-572-0051. Make an original plus one copy of this form.

G-325.1, Disability Decision Rationale

Use

Form G-325.1 is used to give rationales and citation of used listings, standards, rules etc. for disability determinations in post entitlement cases.

Completion

Items 1-5 of this form are completed by the disability examiner. Items 6 and 7 are completed by the reviewing disability examiner.

Item	Entry
1	<u>Claimant</u> - Enter the first name of the person for whom the determination is made.
2	<u>RRB Claim No.</u> - Enter the six or nine digit RRB claim number.
3	<u>Basis for Decision</u> - Show the basis for the decision. Make a statement of causes and effects that documents the considerations and conclusions in reaching the decision. (See DCM 5.1.6 for more detailed information). If you are using a listing in your decision, state whether it is met or equaled. If you are applying a vocational rule as a framework, that should be stated.
4	<u>Explanation of Actual Onset Date (If Different from Claimed Onset Date)</u> - Complete this item only when the applicant is found disabled and the onset date determined is earlier or later than the onset date shown in the application being adjudicated.
5	<u>Signature of Disability Examiner</u> - The name of the disability examiner who completed items 1-4 and the date are entered by

	RRAILS.
6	<u>Any Additional Rationale by Reviewing Examiner</u> - This item is used by the reviewing disability examiner when there is additional rationale to be offered that leads to a similar decision. If there is no additional rationale, leave this item blank.
7	<p><u>Signature of Reviewing Examiner</u> - The reviewing examiner 's name and the date are entered by RRAILS.</p> <p><u>Citations of Listings Standards, Rules, etc.</u> - Identify any established and published criteria used in reaching the decision. Any published criteria, including manual references, may be entered. Specifically, enter listings (whether met or equaled) and/or vocational rules used (whether applied strictly or as a framework).</p>

Disposition

File the forms on the left side of the claim folder. In all cases the form must be imaged.

If:

- The case is a "self-auth" case, the examiner sends the form to imaging.
- The case is being reviewed, the examiner sends the form to the post auth folder and the reviewer sends the form to imaging.
- The case is a joint disability freeze case, the form is saved until after SSA signs off on the case and then sent to imaging.

11.3 "RL" Forms

RL-11, Letter Requesting an Employer Medical Officer To Furnish Information About An Applicant's Physical Condition

See FOM1 1745, RL-11.

RL-11B, Letter Requesting A Transcript Of Hospital Records

See FOM1 1745, RL-11B.

RL-11D, Letter Tracing Original Request for Medical Records

See FOM1 1745, RL-11D.

RL-27, Notice to Employer of Disability Annuity Application Denial

Use

Use the RL-27 to notify railroad employers when an employee disability annuity application is denied. The RL-27 is only released to the railroad employers listed below:

RAILROAD	BA NUMBER
Amtrak	8301
Arkansas Midland	3889
Bessemer & Lake Erie	1303
Birmingham Southern	4507
Florida Central	2586
Florida Midland	5511
Florida Northern	5522
Indiana Harbor Belt	4217
Kankakee, Beaverville & Southern	2337
Lake Terminal	4221
McKeesport Connecting	4334
Metro North Commuter	3345
MG Rail, Inc.	3357
Mid-Michigan	4268
Pinsly RR Co.	7105
Pioneer Valley Co.	3113
Pittsburgh & Conneaut Dock	4249
Transtar	9237
Union RR Co. (Pitts PA)	4351

Completion

The RL-27 is available on RRAILS. The initial examiner should complete the RL-27. Enter the BA number in the block on the left side of the form. The BA number and RR employer name can be found on the EMPLOYEE/ SPOUSE WORK INFORMATION screen on APPLE. On that screen the BA number is listed under ER NO. Enter the RRB claim number, name, address, date last worked, occupation, and location on the right side of the form. Send it to the imaging folder and notate in "Remarks" on the route slip that a RL-27 was completed.

Disposition

The authorizer should print out one copy of the RL-27 after authorizing the case, send the RL-27 to imaging, and put the printed copy in the outgoing mail tray.

RL-69, RRB Medical Consultants for DF/CDR

Purpose

This letter is used when scheduling examinations for the purpose of a disability freeze (DF) decision or a continuing disability review (CDR). This letter provides information to the annuitant as to whom the RRB contracts with for scheduling exams, and alerts them that the medical provider may be calling them by telephone to schedule an appointment.

Completion

Use RRAILS features as usual to open the letter with annuitant information included. Click on the greeting and then press the tab key. Dialogue boxes will open asking for information to complete the rest of the letter. Enter the requested information and click on "OK".

Completion of the dialogue boxes will provide an explanatory sentence as to whether this is a DF decision or a CDR decision and an explanatory sentence as to why additional medical information is needed.

Disposition

Release original to the annuitant. Make a copy for the file. Send to imaging.

RL-121f, Disability Allowance Notice

Purpose

The RL-121f is a notice to claimants informing them that their claim for a disability has been approved or that additional information has been reviewed in

order to determine whether an earlier onset date can be established. The letter is released when the disability rating is approved.

Access

This letter is available on RRAILS

Information regarding the navigation of the RRAILS screens, dialogue boxes, and the text and order of paragraphs on the letter is contained in DCM 12.4.

Completion

Required entries on the RL-121f are described below.

In all cases:

- Enter the name and address;
- Enter the claim number;
- Enter the disability onset date; and
- Sign the Director of Operations' name above the typed name.

An explanation of how the onset date was determined must always be given in the case of an employee, widow, or survivor child in which the onset date is different from that claimed. Examiners may compose a special paragraph or use a code paragraph. In the following situations, other information will also need to be given.

- The letter must state that the difference between the claimed onset date and the determined onset date has no effect on the ABD, if this is the case.
- The letter must state that additional information is being developed in an attempt to substantiate an earlier onset date, if this is the case.
- The letter must always include the reconsideration paragraph.

Other situations:

- The applicant must be told that the first payment should be received within 45 days of the estimated annuity beginning date if the annuity beginning date is in the future. This could occur in employee and widow cases in which the waiting period has not expired. The estimated annuity beginning date would be a date six months after the disability onset date. In advanced filing dates, the estimated annuity beginning date would be the day after the last day of compensated service. Also, state that the applicant should receive a letter explaining more about the monthly benefits at that time.

- There must be a statement that factors other than the onset date affect the ABD.

In the case of an employee, widow, or survivor child in which a disability annuity is already being paid and additional medical evidence has been requested in order to determine whether an earlier onset date is possible, the type of information to be included in the letter is determined by the situation, as shown below.

- In cases in which additional information has been requested but has not been received, this must be stated in the letter. Include the statement that there will be no change in the current annuity.
- Give an explanation in cases in which additional information has been received, but there is no change in the onset date. Include the statement that there will be no change in the current annuity.
- The letter must give both the old and the new onset dates in cases in which a new onset date is set as a result of additional information. Explain that another letter will be sent concerning payment adjustments.
- Give an explanation in cases in which an onset date is established that is later than the date claimed.
- Always include the reconsideration paragraph.

Disposition

The original letter, with envelope, is for the annuitant. The initial disability examiner types the letter on RRAILS and sends it to an authorization folder. The authorizer approves the letter, prints out 2 copies, and sends to imaging before releasing one to the annuitant and placing the other in the file.

RL-250, Request for Medical Assessment

See FOM1 1745, RL-250.

RL-252, Cover Letter for Form G-252

Use

This form is to be released in conjunction with Form G-252, Self-Employment/Corporate Officer Work and Earnings Monitoring.

Access

The form is on RRAILS only.

Completion

The name, address and claim number are to be completed. Also select from the drop-down menu, the appropriate response for the second sentence in paragraph one. The dropdown concerns whether the person is self-employed, a corporate officer or both.

Disposition

Upon completion of the necessary items, print the form. The form should be sent to the addressee along with Form G-252, Self-Employment/Corporate Officer Work and Earnings Monitoring and a return envelope. This form is to be imaged and a paper copy is to be placed on the right side of the folder.

RL-259 Letter to US Embassy to Request Medical Exam for Applicant

Use

Form RL-259, Letter to US Embassy to Request Medical Exam for Applicant, is used by DBD staff to secure a specialized medical examination for an individual residing in a foreign country (other than Canada or, in some situations, Mexico). The form is released to the US Embassy or Consulate that P&S - RAC provided to DBD. (See DCM 4.3.6)

Access

The form can be found in RRAILS.

Completion

Move through the letter using the TAB button.

The name and address of the embassy or consulate are typed in the area below the RRB seal. Do not use abbreviations unless indicated by P&S - RAC.

The name and claim number of the individual are typed below "In reply refer to".

Ensure that the claimant's name and full address were prefilled in the appropriate area of the body of the letter.

List the names of all of the specialized medical examinations being requested in the ***** Narrative Here ***** area.

Type the total number of specialized medical examinations in the pop-up box that will appear:

How many exams have you requested?

OK

Cancel

Type the total cost of all requested specialized medical examinations in the space provided after "\$". The total cost of all specialized medical examinations can be found by accessing the EXMC table of FFS. See DCM 12.2.2 for instructions how to access FFS. After FFS is accessed, access the EXMC table by typing "N" in the ACTION field and then typing "EXMC" in the TABLEID field. (The first 4 characters of your USERID will be shown. Do not change the USERID.) The screen should look like this:

```
ACTION: N TABLEID: EXMC USERID: KLOT

1. ENTER 'N' IN THE ACTION FIELD
2. ENTER TABLE ID FOR REFERENCE TABLES
   ENTER 'SUSF' TO CREATE/MODIFY/APPROVE/SCHEDULE DOCUMENTS

COMMON TABLE ACTIONS:  N = NEXT TABLE
                        S = SCAN (AFTER KEY FIELDS ARE ENTERED)
                        E = END

COMMONLY USED REFERENCE TABLES:
  ALLT - STATUS OF ORGANIZATION BUDGET (FUND 8237) / OIG (FUND 8018)
  RQST - STATUS OF REQUISITIONS
  OBLH - OBLIGATION HEADER
  OBLL - OBLIGATION LINE
  DXRF - DOCUMENT CROSS REFERENCE
```

Press ENTER. The screen will look like this:

```

ACTION: S TABLEID: EXMC USERID: KLOT
EXAM COST REFERENCE TABLE
KEY IS TRANS CODE, EXAM NUMBER

```

TRANS	EXAM	COST	DESCRIPTION
----	----	-----	-----
01-			
02-			
03-			
04-			
05-			
06-			
07-			
08-			
09-			
10-			
11-			
12-			
13-			
14-			
15-			

Press ENTER again and the first page of examinations will be shown. Press ENTER again to page through the list of examinations.

Disposition

Upon completion of the necessary fields and items, print the form and send it to the addressee. This form is to be imaged and a paper copy is to be placed on the right side of the claims folder.

11.4 "RR" Forms

RR-5, Request for SSA Medical Evidence

Use

Form RR-5, Request for SSA Medical Evidence, is used by Field Service and Disability staff to secure medical evidence and the disability decision from SSA when a disability applicant has filed for or is receiving disability benefits under Title II (Disability Insurance Benefit; DIB) or Title XVI (Supplemental Security Income: SSI), except when it is known that the SSA evidence is in the RRB claim folder. In most cases Field Service will release the form at the time of the applicant's filing. Disability may need to release the form in cases where it is determined the person has filed at SSA after having already filed at RRB.

Access

The form can be found on RRAILS.

Completion

Complete the RR-5 as follows:

Item	Entry
Claim Number(s)	Enter the social security claim number of the applicant
Claim Number	Enter the RRB claim number of the applicant
3. RR Employee's Name	Enter the name of the railroad employee
4. Disabled Person's Name	Enter the name of the applicant filing for disability benefits
5. Filed at SS District Office	Enter the location of the SS field office where the applicant applied for SS benefits if known. Otherwise leave blank
6. Disabled Person's Date of Birth	Enter the applicant's date of birth

At the end of Part I the examiner should ensure the name of the requesting office and the date the form is being released is correct and their name is entered. SSA will complete Part II of the form.

Disposition

Print an original and one copy of the form from RRAILS. (Only one needs to be printed if the other is sent to SSA as an email attachment.) Forward the original to SSA's Great Lakes Program Service Center (GLPSC) either by:

- E-mail (attachment) to [.ARC.PCO.DPB@ssa.](mailto:ARC.PCO.DPB@ssa)

Type "RR-5" in the subject line. Do not include the SSA disability examiner's name, claimant's name, social security number, or other personally identifiable information in the subject line. If known, type the name of the SSA disability examiner who is assigned those terminal digits and enter the full claim number in the body of the E-mail.

- fax (SSA's fax number is 866-572-0051) or
- mail to

Disability Program Branch
Great Lakes Program Service Center
Social Security Administration
Post Office Box 87755
Chicago, Illinois 60680

If properly folded, Form RR-5 may be inserted in a window envelope since SSA's address is printed on the form.

File the copy on the right side of the claim folder.

The adjudicating headquarters office is responsible for tracing for Form RR-5. See DCM 4.3.8C2 for tracing instructions.

11.5 SSA Forms

SSA-831-U3, Disability Determination and Transmittal (Social Security Administration)

Use

SSA-831-U3 is used to record joint freeze (JF) and Financial Interchange (FI) disability decisions. It is available on RRAILS. (See DCM 6.7.3 to determine when a JF and FI decision is made.) Instructions for items to be completed by the RRB disability examiner or reconsideration specialist are shown below.

Completion

RRB entries are 1 - 7, 9, 12, 15 - 16, 19 - 20, 25A, 27 (partial), 28 - 31, and 34

Item	Entry
1	"DRS" is pre-filled
2	DDS code "992" is pre-filled
3	Self-explanatory
4	Enter the employee's SSA number in the block labeled "SSN". Leave the block labeled BIC empty.
5	Self-explanatory
6	Self-explanatory. Entry is only made for a widow or child with claim numbers ending in 30 (FI cases).

7	Check the FZ box for employees; check the DWD box for widows; check the CDB-D box for children.
9	Self-explanatory
12	"RRB" is pre-filled
15	Complete if the decision is a grant and enter onset date. Check and complete Box B if the decision is a closed period of disability and enter the date the disability ceased.
16A & 16B	Enter primary and secondary (if any) diagnoses. Leave Body Sys Box Blank. Enter 6-digit diagnostic code in CODE NO box. (See DCM 3, Appendix B for diagnostic codes.)
19	<p>Complete in denial cases</p> <ul style="list-style-type: none"> • Check box A if the railroad employee's DF insured status ends after the date of adjudication and in all widow and child cases. • Check box B where the date that insured status is last met before the date of the current determination and the railroad employee is found not disabled on or before the date last insured (DLI). Enter the DLI after checking this box.
20	For employee, enter railroad job title, years of railroad service, and years of education. For widows and children, enter the corresponding information with job title and years of service for last non-railroad job in PRW period, if applicable. In all cases, enter "(91-40)" after the job title.
25A	Self-explanatory
27	Enter RRB letter number to be released (e.g. RL-210 or RL-260 for employees, NLN for widow or child) in the far right of the box. SSA fills out the other portions of this item.
28A	Check box for employees and enter first full month of disability above the box.
28B	Check box only for widows and children with a closed period of disability.
28C	Check box in all allowances and enter onset date.

28D	Check box for all allowances that are not closed periods.
28E	Check box in all cases that are closed periods of disability and enter the last day of the second month after the disability ceased.
29	If the railroad employee is not insured for a SSA Disability Insurance Benefit (DIB; cash annuity), enter the SSA letter number to be released (e.g. "SSA-810" or "SSA 813.1"). Enter "NLN" for railroad employees who are insured for a DIB as well as widows and children.
30	RRAILS should pre-fill your name. All decisions must be signed or initialed.
31	Self-explanatory
34	For employees enter onset date and Medicare effective date. If applicable, enter "20/40 insured for DIB". For widows and children, type "FI#" (FI Number) and "dependent RR annuitant", and enter the claimant's SS# and whether the annuitant is a widow or child.

NOTE: The SSA disability examiners will complete items 8, 10-11, 13-14, part of 16, 17-18, 21-24, 26-27, 32-33, 35-38 as appropriate for the type of decision.

Disposition

The form is placed on the left side in the claims folder before sending to SSA for JF or FI decision. Items 32, 33, and 37 will be completed when SSA agrees with the decision proposed by RRB. SSA will make a copy of the SSA-831 for their records. The form remains in the file when returned to RRB.