



Proof of Disability

September 20, 2011

U.S. Railroad Retirement Board Phone: (312) 751-7139
844 North Rush Street TTY: (312) 751-4701
Chicago Illinois, 60611-2092 Web: <http://www.rrb.gov>

1325.5 General

The field office has overall responsibility for developing medical evidence as part of the disability claim. While instructions and guidance are provided here, the use of good judgment is equally important. Thorough and prompt development will facilitate the determination of the claim.

1325.5.1 Use of Evidence

Medical evidence submitted to the Railroad Retirement Board (RRB) becomes the property of the RRB unless otherwise specified. It is placed permanently into the claim file established for that claim number along with all other claim material, award/adjustment forms and correspondence for that claim number.

Disability claims examiners use the medical evidence in making a disability determination. If a joint freeze determination is required, a Social Security Administration disability claims examiner will also examine the medical evidence.

1325.5.2 Age and Relevance of Medical Evidence

Only recent medical records relating to the applicant's claimed disability should be developed. Evidence is considered to be recent when treatment or examination was within the last 12 months. However, it may be necessary to develop older evidence to establish that a child's disability began before age 22, or that a widow(er)'s disability began within the prescribed period.

1325.5.3 Protection of Medical Evidence Under the Privacy Act

Medical evidence submitted to the RRB is protected from disclosure to third parties by the provisions of the Privacy Act. See FOM-I 130 for the conditions under the Privacy Act that allow disclosure. Because of the sensitivity of medical evidence, a strict interpretation of the Privacy Act must be applied before releasing evidence in file or even disclosing the existence of such evidence in file. However, medical records maintained by the physician who conducted an examination either at RRB expense/direction or the applicant's, are the property of that physician and may be disclosed by the physician at his discretion.

1325.5.4 Access to Medical Evidence Under the Freedom of Information Act

The right of an individual to gain access to information about him held by an agency that was established in the Freedom of Information Act (FOIA) extends to medical evidence. That is, an applicant or annuitant may examine or obtain copies of medical information



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about himself. However, a physician's warning that release of the information would be harmful to the person must be respected. See instructions in FOM-I 130.40.8 for handling requests for copies of medical evidence in RRB possession.

1325.10 Descriptions and Sources Of Medical Evidence

Medical evidence consists of reports and records from acceptable medical sources about the disability. This section lists possible sources for medical evidence and describes what the evidence from these sources should contain in order to facilitate the disability determination.

1325.10.1 Personal Physician Records

- A. Description - Medical evidence from the applicant's personal physician which shows history, diagnosis, laboratory and clinical findings, treatment and response to treatment is most helpful in arriving at a proper disability determination. A statement or opinion that the applicant is disabled will not satisfy the requirement that he be disabled within the meaning of the RRA. However, the trend has been to give greater weight to the opinions of personal physicians who have treated a patient over a period of time.

Reports from personal physicians are acceptable in the following forms:

- Form G-250, Report of Physical Examination;
- Form G-250a, Medical Assessment of Residual Functional Capacity;
- Form G-260, Report of Seizure Disorder (if epilepsy is alleged);
- Narrative report on the physician's business stationery;
- Copies of the physician's patient records.

To be useful, the report should include the items listed in the paragraph above. It also should be noted that during appeals of disability denials, appellants often provide significantly more detailed personal physician reports than the reports from the same physicians submitted at initial application development. Obviously, it is important to get the best report possible the first time around.

- B How to obtain - When it is established that a person intends to file an application for disability, he should be furnished one or more Forms G-250 and G-250a (or Form G-260 if a seizure disorder is alleged), with instructions to have it completed by his personal physician(s), making sure the physician(s) signs and



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dates the narrative report and Form G-250a or Form G-260. Field offices are encouraged to furnish these forms before an application is filed, if possible. If the applicant can bring this piece of evidence with him when he files, the field office can better determine what additional evidence may be necessary and can begin the process of obtaining it sooner. However, do not refuse or delay an application for disability until the applicant furnishes personal physician records.

If the applicant needs assistance in securing personal physician records, the field office may send Forms G-250 and G-250a (or G-260) to the doctor. Even though assistance in obtaining this evidence may be given, the RRB bears no responsibility for charges by the personal physician in furnishing it.

1325.10.2 Records from Hospitals or Other Institutions

- A. Description - Records from hospitals or other institutions, such as mental health facilities, sanatoriums, etc., are usually comprehensive in nature and can be enormously valuable. The most desirable hospital/institution record consists of a copy of the discharge summary or final report which includes history, clinical course, physical and laboratory findings, therapy and response. If such a report or summary is not available, a copy of admission history, physical findings, laboratory and x-ray findings, as well as diagnosis, should be obtained. The absence of specific values such as lab test results, blood pressure, etc., frequently necessitates a specialized examination that otherwise would not have been required.
- B. How to obtain - Unless the applicant furnishes adequate records as described in A above, the field office should request records directly from the hospital or institution. Form RL-11b should be used for requesting hospital or institution records for any disability applicant, including a disabled child. Note that Form G-197, authorizing the release of medical information to the RRB only needs to be used in cases where the hospital or institution requests a witness' signature verifying the authorization. Medical evidence should be requested from the claimant's alleged onset of disability through the current date.

Based on experience with the particular hospital or institution, pend the request for a reasonable period, not to exceed 20 days. If no response is received, send Form RL-11c to trace the request. Allow 10 days for a response to the tracer; if none, the district manager must decide whether additional efforts by telephone are worthwhile. If efforts to obtain the records are abandoned, inform DBD.

There are provisions for the payment of hospital records if a bill is received. See FOM-I 1330.15.2.



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1325.10.3 Employer Records

- A. Description - Many employers, through their medical departments or affiliated hospital associations, furnish valuable medical evidence at no cost to the RRB. Employers also can inform us whether the applicant was disqualified from service because of physical condition. This disqualification can be completed by someone other than the company doctor. Do not question whether the railroad source has the authority to furnish any part of the information, unless the title of the person signing the G-3EMP is not specified. The employee is usually notified by letter from the employer. Such a disqualification is very important in determining occupational disability cases. Employers also conduct periodic examinations of certain classes of employees to determine their suitability for continued employment in their crafts.

Medical evidence should be requested from the applicant's employer if any of the following are met:

- Applicant claims disqualification by his employer due to physical condition;
 - Applicant was examined by his employer within the last 18 months.
- B. How to obtain - The field office should request medical evidence directly from the employer. Send a Form Letter RL-11, with Form G-3EMP, to the appropriate disability contact official as listed in EDM. Note that the applicant must sign the enclosure Form G-197, authorizing the release of medical information to the RRB.

The Form Letter RL-11 requests an employer to return the completed Form G-3EMP to the field office. This arrangement applies to all employers. Use the completed Form G-3EMP to determine what additional medical evidence may be required, and develop accordingly.

When Form G-3EMP has been outstanding for more than 30 days, initiate tracer action by sending an e-mail to the field office servicing the area in which the contact official is located; that office will contact the proper railroad official to expedite completion of Form G-3EMP.

1325.10.4 Records from Other Agencies

Sometimes an applicant for benefits under the RRA has also applied for benefits with another agency. By obtaining copies of medical evidence developed by that agency, we may be able to make a disability determination quicker, at less cost and more accurately than otherwise.



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A. Social Security Administration (SSA)

1. Description - If an applicant has filed for disability benefits at SSA for Title II or Title XVI benefits, the medical evidence can be obtained from SSA. Such evidence may be sufficient for a rating under the RRA. SSA has procedures for notifying RRB and sending copies of medical evidence when a rating is made on an employee whose earnings record is earmarked for railroad work. Unless you know that SSA medical evidence is in RRB files, the field office should request copies directly from SSA.

When you request medical records from SSA, also request the applicant to have Forms G-250 and G-250a completed by the personal physician as a record of the current medical condition. If Forms G-250 and G-250a cannot be secured, inform DBD. Do not schedule specialized examinations unless requested by DBD.

2. How to obtain - Release Form RR-5 to SSA's Great Lakes Programs Service Center either by regular mail or as email attachment (see FOM-I-1750, RR-5 Instructions); send a copy to DBD. No tracer action by the field office is required.

When an applicant has applied for disability benefits at SSA, but hasn't been rated, you may be able to obtain copies of medical evidence from the state agency that makes disability determinations for SSA (usually titled something like Disability Determination Section of the Department of Human Resources for the applicant's state of domicile).

B. Department of Veterans Affairs

1. Description - In addition to obtaining medical evidence from VA hospitals where applicants may have been treated, medical evidence may be available from the VA regional office if the veteran is receiving VA disability benefits. Since the veteran may be receiving benefits based on a condition unrelated to the disabling condition, the evidence VA has may not be current. Judgment should be used to determine the usefulness of such evidence.
2. How to obtain - The field office should request copies of medical evidence by sending Form RL-11a to the VA hospital or regional office where the applicant was treated or examined. Note that the applicant must sign the enclosure Form G-197, authorizing the VA to release medical evidence to the RRB.



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Pend the request for a reasonable period not to exceed 30 days. If no response is received, send Form RL-11c to trace the request. Allow 15 days for a response to the tracer; if none, the district manager must decide whether additional efforts are worthwhile. If efforts to obtain VA records are abandoned, inform DBD.

C. Worker's Compensation/Public Disability Benefit/Public Service Pension

1. Description - Medical evidence should be requested from an agency that pays worker's compensation, a public disability benefit, or a public service pension based on disability, when the applicant has received or expects to receive such payment. However, evidence should be requested only if the agency is considered a "key" source. A key source would have records of treatment or examination of the employee since or shortly before the earliest possible disability onset date.

A branch of the armed forces that is paying a military disability retirement benefit will probably not be a key source for medical evidence. The veteran will usually have more recent records at a VA facility. Request medical evidence from a service organization only if it is the sole source of evidence, and the condition on which the disability benefit is based began at or near the alleged disability onset date.

Do not request medical evidence from the paying agency if the applicant has been rated disabled or denied a disability by SSA, because that evidence will probably be included in SSA's records.

2. How to obtain - Use Form RL-11d to request medical evidence. The applicant's authorization is required on Form G-197, as well as the claim number of the Worker's Compensation/public disability benefit or public service pension. Form G-214 (Worker's Compensation and Public Disability Benefit Questionnaire) requests the benefit claim number and the name and address of the agency paying benefits. Form G-208 (Public Service Pension Questionnaire) does not request that information. When a Form AA-17b applicant also completes Form G-208, add the public service pension claim number and the address of the agency paying benefits in the remarks section of Form G-208.

Send the Form Letter RL-11d to the address shown on Forms G-214 or G-208. Send all requests for Federal civil service records to the following address for the Office of Personnel Management:

Office of Personnel Management



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Chief of Disability Claims Division
1900 E Street NW
Room 3468
Washington, DC 20415

If you do not receive a report after 30 days, use Form RL-11c to trace your request. If the evidence has not been received within 15 days of the tracer, the district manager must decide whether additional efforts are worthwhile. If efforts are abandoned, inform DBD.

D. Other Agency or Institution

1. Description - An applicant may be receiving other welfare type benefits based on disability. Medical evidence may be available from the paying agency. Usually agencies are willing to provide copies of medical evidence because benefits they pay will be reduced by benefits paid by RRB.
2. How to obtain - Form RL-11d can be used to request medical records from the agency paying benefits. The applicant must sign enclosure Form G-197, authorizing the release of medical data to the RRB. Pend the request for a reasonable period not to exceed 30 days. If no response is received, send Form RL-11c to trace the request. Allow 15 days for a response to the tracer; if none, the district manager must decide whether additional efforts are worthwhile. If efforts are abandoned, inform DBD.

1325.10.5 Evaluation of Existing Source Evidence

Available medical evidence should be evaluated for its adequacy for a proper disability determination; that is, it must be substantial in quality and quantity, and it must reflect the applicant's current condition. Quality and quantity should be judged based on the information for the particular body system contained in FOM-I 1320, and on the requirements for the impairment as shown in FOM-I Article 13, Appendix B.

EXAMPLE: Congestive heart failure, an impairment of the cardiovascular system, should show congestion around the heart cavity such as edema or enlargement of the heart, which can only be detected in a chest x-ray. Appendix B shows that an EKG is also required to diagnose this disease. Therefore, recent existing source evidence must show that these two procedures have been performed and that the results indicate congestive heart disease. Furthermore, consideration must be given to the possibility that the applicant's condition has improved and that a current examination may be needed to reflect current condition.



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Assistance in evaluating evidence on hand may be obtained by telephone from a disability claims examiner in the Disability Benefits Division (DBD). If the medical evidence from existing sources appears sufficient (FOM-I 1325.20.3), forward it to DBD per instructions in FOM-I 1325.20.6. A disability claims examiner will review the evidence and advise if any additional development is necessary.

When it appears that existing evidence will not be adequate, arrange for a specialized examination through QTC Medical Services, Inc.

1325.10.6 Specialized Medical Examinations

If the medical evidence obtained from the above sources does not appear sufficient for disability rating purposes, the field office will arrange for a specialized medical examination through QTC Medical Services, Inc. QTC will be responsible for obtaining the requested examinations and forwarding the examinations directly to DBD. DBD will be responsible for approving the examination and for vouchering payment.

The field office will utilize the Federal Financial System (FFS) to secure medical examinations through QTC

See FOM-I 1330.20 for instructions and guidance in arranging for specialized examination through QTC.

1325.15 Applicant's Responsibility

While the field office has overall responsibility for gathering medical evidence, the applicant is expected to submit or assist the field office in obtaining existing medical evidence in support of his claim for disability. It is also the applicant's responsibility to furnish information about his condition and treatment he has received.

1325.15.1 Railroad Retirement Board Regulations

Railroad Retirement Board (RRB) regulations state that the applicant or his representative is responsible for obtaining and submitting the evidence required to prove eligibility for, or right to continue to receive annuity payments. With regard to medical evidence to support a disability claim, the applicant's responsibility is not absolute.

Unlike other types of evidence, medical evidence is not always easily obtainable nor is it inexpensive. Disabled persons are less likely to be able to help themselves. Therefore, the applicant's responsibility for medical evidence must be balanced with humaneness.



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Furthermore, it is administratively to the RRB's advantage to be able to obtain reports in the form and content which fulfill the adjudicatory and other needs of the RRB. The decision making process is made more efficient and accurate by our ability to secure institutional records and examination reports directly from the provider.

In summary, the applicant should provide some, but not necessarily all, evidence of the claimed disability if he is capable of doing so. The RRB will assist him when necessary in obtaining the required evidence. The applicant's responsibility also includes his cooperation with the field office in securing evidence.

1325.15.2 Evidence an Applicant Should Submit

It is reasonable to require the applicant to obtain and submit personal physician records if such records exist. By doing so, the applicant's responsibility is established and good faith is demonstrated, which gives the RRB a basis for efforts to develop additional evidence.

If an applicant has not seen a physician from whom relevant evidence can be obtained, he should not be refused the opportunity to file a disability claim. Non-medical factors will be used in such a case to determine if further development of medical evidence at RRB expense is warranted.

Assistance should be provided to an applicant who needs help in getting a report from his doctor. See FOM-I 1325.10.1.B.

Any other records or reports in the applicant's possession should be accepted. If he volunteers to obtain records from other sources, you may prefer to allow him to do so. Consideration must be given to the most expedient means of obtaining the kind of records we need without imposing too great a burden on the applicant.

1325.15.3 Abandonment for Lack of Cooperation

Development of medical evidence should not be abandoned for lack of cooperation from the applicant until the district manager has determined that:

- The applicant has been contacted in person or by telephone;
- The importance of his cooperation to his claim has been explained;
- The lack of cooperation is willful as opposed to unintentional or uncontrollable;
AND
- The applicant is not likely to cooperate further.



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If the applicant cannot be contacted in person or by telephone, send a letter to his last known address advising that his claim is still pending and requires his cooperation; request that he contact the field office within 2 weeks. Abandon if no response is received in that time period.

When a case is abandoned, submit a report covering actions taken and the reason for abandonment. The claim will be decided based on the information and evidence that has been developed.

1325.20 Field Office Responsibility

Field offices are responsible for fully developing claims for benefits under the RRA, including disability claims, so that these claims may be properly adjudicated by the Disability Benefits Division (DBD). The objective is to submit a complete package with sufficient supporting medical evidence as soon as possible.

1325.20.1 Assisting the Applicant

In addition to giving information and advice to the applicant, the field office must obtain certain information from him in order to help him pursue his claim. The applicant's trust and cooperation must be gained. You should explain the sequence of events, how decisions are made and when and how he will be notified of the disability determination. A field office is in the position to assure a cooperating applicant that the RRB is doing its part in developing and carefully considering his claim and to encourage a non-cooperating applicant. Once a determination is made, the applicant may come back to the field office for explanation or to request reconsideration or later to appeal.

NOTE 1: It is important to make the applicant aware of possible delays that can occur due to circumstances that arise during the disability determination process. For example, an applicant should be informed that medical procedures, such as surgery, which occur subsequent to the application for a disability annuity can require additional medical evaluation before a disability decision is made. In some instances this will require a three month waiting period and additional medical examinations to determine the effect the surgery had on the disabling condition.

NOTE 2: Disability applicants residing outside the United States pose special challenges for field offices and there is a possibility of significant delays as a result of obtaining required evidence. Consequently, field office personnel are encouraged to attempt to anticipate issues which may delay a disability rating.

Many applications from individuals residing outside the United States involve those residing in Canada or Mexico. When an application from a resident of Canada or Mexico is filed, field office personnel should routinely ask the applicant whether (s)he



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lives within approximately 100 miles of the United States and, if so, if (s)he owns a valid passport and is able to travel to the United States if it is determined that a specialized examination and/or testing is needed. However, assure the applicant if a specialized examination and/or testing becomes necessary that reasonable attempts will be made to schedule it as close as possible to their residence. Regardless, notify DBD of the applicants' answers through APPLE (FOM-I 1581.11.4), Form G-626, Form G-230, or E-mail in all situations. It is also highly recommended that Contact Log be updated.

1325.20.2 Obtaining Medical Evidence Directly from the Source

FOM-I 1325.10 describes different types of medical evidence and shows which ones that the field office should generally obtain directly from the source of that evidence.

1325.20.3 Reviewing Evidence for Sufficiency

Throughout the disability development process the field offices have to review medical evidence for sufficiency in two respects:

- Does it represent the best evidence available from that source?
- Does the accumulation of medical evidence appear to provide enough evidence for a disability determination to be made?

If the evidence is not sufficient in either respect, then decisions must be made as to whether to re-request the needed evidence or what additional evidence must be obtained.

Medical evidence should also be reviewed for the following:

- Completeness of reports and forms;
- That the evidence pertains to the applicant;
- Reports are signed and dated;
- Applicant's name and claim number are shown on each item (not necessarily each page).

1325.20.4 Contracting for Specialized Examinations

When it is decided that all existing medical evidence that can be obtained does not provide sufficient evidence for a disability determination, the field office must arrange for specialized examinations to be conducted at RRB expense. Examiners from DBD are



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available to assist the field office in determining if and what kind of additional medical evidence should be developed. If there is any uncertainty, check with DBD before arranging for specialized examinations. See FOM-I 1330.20 for procedure about specialized examinations.

1325.20.5 Following-up, Tracing, Carrying Through

Several initiatives have been taken to speed up the development of medical evidence. Since the field office is no longer responsible for tracing, forwarding or submitting bills for consultative examinations, more energy can be directed at the development of treating source medical evidence and non-medical evidence. Therefore, the field office should adhere to the tracing requirement found in the Code of Federal Regulations (Section 220.45(b)).

While a disability claim is being developed, the application with all available evidence should be submitted to DBD as soon as it is taken. The field office should keep its file in its pending file with call-up dates while waiting for the outstanding evidence to assure that time is not wasted. Requests for evidence should be pending for up to 20 calendar days. If there is no response after 20 calendar days, send a tracer or second request and pend it for 10 calendar days. The tracer or second request will have more effect if it is also supported by a telephone call to the provider. If a response is still not received in 10 calendar days (unless experience indicates that a longer period is advisable in a particular case), abandon efforts to secure that piece of evidence. Refer to FOM-I 1325.15.3 for procedures when abandoning for lack of cooperation from the applicant.

It is the field office's obligation to carry a disability claim to completion. When the office has completed its development, it should so indicate to DBD, e.g., when submitting the last piece of evidence, state on the transmittal that no further evidence will be submitted. When the office cannot complete its development and the case is abandoned, a memorandum to that effect should be sent to DBD explaining why it cannot be completed and what efforts were made to complete it.

1325.20.6 Transmittal of Disability Application and Medical Evidence

Procedures for submission of applications and medical evidence differ as to whether the application is for a monthly disability annuity or for a disability freeze in order to gain other benefits, such as early Medicare, O/M, early VDB, etc. However in all instances, all medical evidence being obtained, whether attached or to be submitted should be listed individually on the transmittal sheet (G-626 or G-230).

A. Application for monthly disability annuity



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1. Application - An application for a monthly disability annuity should be submitted to DBD as soon as possible.

At the time the application is submitted, it is important to indicate on the transmittal (Form G-626) whether all medical evidence is attached or additional medical evidence is being developed. The transmittal should include a list of all medical evidence attached and all medical evidence to be submitted. If consultative examination(s) are scheduled through QTC Medical Services, Inc., the type(s) of examination(s) or examination(s) number should be noted in the "Remarks" section of the transmittal. In addition, when an order is made on FAME a screen print of the ordered information is automatically generated. This screen print should be included with the application package. If all evidence is attached, so indicate in the "Remarks" section of the transmittal. Items of medical evidence being developed that are not shown in the check boxes as "To Be Submitted" should be listed in the "Remarks" section of the transmittal. If specialized examinations have been or will be scheduled, indicate which exams and the dates the exams were ordered through QTC Medical Services, Inc.

2. Medical evidence - Submit all available medical evidence with the application. Each piece of medical evidence must be date stamped

Any additional medical evidence received should be date stamped and submitted to DBD under cover of Form G-26b. Be sure the employee's claim number is shown on the Form G-26b and each item of medical evidence attached. Also on the Form G-26b, indicate in "Remarks":

- What medical evidence is attached;
- What medical evidence is still being developed;
- Expected date outstanding evidence will be submitted;
- If specialized examinations were ordered through QTC Medical Services, Inc.

NOTE: If the medical evidence is being submitted to DBD by fax, it is not necessary to send copies of the medical evidence to headquarters. The faxed medical evidence is sufficient for the file kept in headquarters.



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After initially pending the case for 20 calendar days, follow up on any additional medical evidence being developed at 10 calendar day intervals until the case is closed.

- B. Application for disability freeze (DF) only. - When an application for a DF only is being developed from an annuitant on the rolls or from an applicant who is also filing an application separately for a monthly annuity not based on disability, it is not necessary for the application for DF only to reach DBD before the complete medical evidence package. Also, if medical evidence is being developed for a disabled child for inclusion in the O/M, hold the O/M application(s) until all development is completed. No action can be taken on the application until a determination is made with respect to the disability. The filing date of the application will protect any retroactivity.

Field offices should hold DF or O/M applications for alleged disabled children only until all evidence, medical and non-medical, is gathered and ready for submission. The application and supporting evidence should be submitted together under cover of the appropriate transmittal, Form G-230 or Form G-659a. The "Remarks" section of the transmittal should list all medical evidence being submitted. The "Remarks" section of the transmittal should be prominently marked in red with a statement such as "Application for Freeze Only," "Application for Medicare Only" or "Application for Inclusion of DAC in O/M," to indicate that this is not an application for a monthly annuity.

1325.20.7 Abandonment of Disability Development

No phase of disability development should be abandoned until the district manager has determined that all avenues have been explored and further action would be unproductive. When the manager decides the case should be abandoned, submit a report to DBD covering development actions taken and reasons for abandonment. See FOM-I 1325.15.3 before abandoning a case for lack of cooperation from the applicant.

1325.20.8 Public Relations with Medical Community

In order for the field office to discharge many of its responsibilities in disability development, it must have good relations with providers of medical evidence in the territory assigned to the field office. Telephone and in-person contacts to explain the existence, purpose and importance of railroad retirement programs will enhance the office's ability to obtain copies of medical records and narrative reports in a timely manner. Let them know what is expected from them and that their assistance is appreciated.



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Occasional letters of appreciation to administrators of institutions that provide records or to doctors who provide narrative reports and RFC assessments for the patients will pay dividends. You may also consider nominating a doctor or organization for a RRB public service award. The Administrative Manual contains procedures for nomination under the Incentive Awards system.

When problems of a general nature arise with a provider, the district manager should contact the provider and work out a solution. Assistance on these problems can be obtained from the regional office, from DBD and the Program Services Section (PSS) of BFS.

These public relations efforts will result in better service to disability applicants through better and more timely development of medical evidence.

1325.25 Disability Benefits Division Responsibility

The Railroad Retirement Act (RRA) charges the Railroad Retirement Board (RRB) with responsibility to make decisions with regard to eligibility for benefits under the provisions of the RRA. RRB regulations and Board orders assign this responsibility to the Disability Benefits Division (DBD). For effective and efficient operations in carrying out this responsibility, the section is administratively organized into components with division of responsibility.

1325.25.1 Disability Benefits Division

DBD makes determinations as to whether the disability provisions of the RRA are met. Inherent in that responsibility is the decision whether evidence submitted is sufficient for a determination to be made. Therefore, disability claims examiners in the section will review medical evidence submitted by field offices for sufficiency. If the examiner decides that additional evidence is necessary, (s)he will send an E-mail to the field office requesting specific evidence, or the examiner may order a specialized examination through QTC Medical Services, Inc.

Disability claims examiners are available for advice and guidance to field offices. They also should be consulted when problems arise with assignments sent to field offices.

1325.30 Field Service Responsibility

Through Operations - Field Service, field offices may obtain guidance and assistance on procedural and policy matters. Interaction between field offices and the section will lead to improved procedures and policies, and will help identify training needs which the section should fulfill.