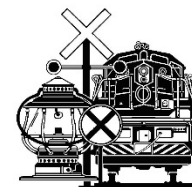




# U. S. Railroad Retirement Board

Policy and Systems  
Compensation & Employer Services Center  
844 North Rush Street  
Chicago, IL 60611-1275



## Request to Resolve Service Months Reported After Employee Retired

Date:

BA No:	Social Security No:
ABD:	Name:

You reported creditable service for periods after the annuity beginning date (ABD) for the employee identified above. A potential overpayment exists because an annuity is not payable for any month in which an annuitant is properly credited with railroad service. Therefore, it is necessary that we verify the reason the service months were reported. Under each reported service month shown, enter the reason it was reported as creditable service using the reason codes below. When you have completed the form, sign and date the Certification Statement and mail it to the above address or fax it to (312) 751-7190.

REASON CODES: **1** = Employee worked; **2** = Employee was paid for vacation taken; **3** = Employee received separation allowance; **4** = Employee was awarded pay for time lost; **5** = Employee was paid dismissal allowance; **6** = Employee was paid guarantee pay; **7** = Service month reported in error; **8** = Employee received payment in lieu of vacation; **9** = Other (Explain in Remarks):

Year	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
Reported Months													<b>0</b>
Reason Reported													

Remarks: \_\_\_\_\_

Year	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
Reported Months													<b>0</b>
Reason Reported													

Remarks: \_\_\_\_\_

Year	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
Reported Months													<b>0</b>
Reason Reported													

Remarks: \_\_\_\_\_

Year	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
Reported Months													<b>0</b>
Reason Reported													

Remarks: \_\_\_\_\_

**CERTIFICATION STATEMENT** - This signed form should be used in lieu of Form BA-4, Report of Creditable Compensation Adjustments, to correct the employee's service record. I understand that civil and criminal penalties can be imposed against me for false or fraudulent statements or for withholding information to misrepresent a fact material to determining a right to payment under the Railroad Retirement Act. I certify that, to the best of my knowledge, the information which I have given is true, complete, and correct.

\_\_\_\_\_  
SIGNATURE

( )  
TELEPHONE NO.

\_\_\_\_\_  
DATE