



UNITED STATES OF AMERICA  
**RAILROAD RETIREMENT BOARD**  
COMPENSATION & EMPLOYER SERVICES CENTER  
844 NORTH RUSH STREET  
CHICAGO, IL 60611-1275  
WWW.RRB.GOV

OFFICE HOURS: M-T-TH-F 9:00 AM TO 3:30 PM  
WEDS. 9:00 AM TO 12:00 PM - CLOSED FEDERAL HOLIDAYS

TOLL-FREE NUMBER: 1-877-772-5772

In reply refer to

BA No.                      SSN:                      Payroll ID:

Employee's Name:

Report Year      Service Months      RUIA 1      Tier 1      Tier 2

Please review your records and complete the items below. See next page for instructions.

1. Employee's SSN: \_\_\_\_\_
2. Employee's Full Name: \_\_\_\_\_
3. Employee's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State, ZIP Code
4. Employee's Previous or Maiden Name: \_\_\_\_\_

If you have any questions contact QRSC at (312) 751-4992 or [QRSC@rrb.gov](mailto:QRSC@rrb.gov).

Sincerely,

Chief of Compensation and Employer Services

**Completion Instructions**

- If the name and SSN shown on Form GL-24 are correct:
  1. Write "Correct" on item 1 and 2;
  2. Provide the employee's mailing address in item 3; and
  3. If applicable, provide the employee's previous or maiden name in item 4.
  
- If the SSN and/or employee's name on Form GL-24 are incorrect:
  1. Provide the employee's correct SSN in item 1;
  2. Provide the employee's correct name in item 2;
  3. Provide the employee's mailing address; and
  4. If applicable, provide the employee's previous or maiden name in item 4.

Advise your employee to contact SSA and complete Form SS-5, Application for a Social Security Card, which is used to notify SSA of a change in the employee's name and/or SSN. If a correction is not filed at SSA, we may be delayed in crediting the service and compensation to the employee's record.

Fax the completed form to 1-312-751-7123 or return it to:

U.S. Railroad Retirement Board  
Policy and Systems  
Compensation and Employer Services Center  
844 N Rush Street  
Chicago IL 60611-1275