

11.1 Scope of Chapter

This part of the DCM contains instructions for completing forms used by the Disability Benefits Division (DBD). The forms in this chapter are arranged in alphabetical-numerical order. Some of the disability forms referred to 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 DBD such as Field Service (FS). The explanations for these forms are in FOM1. The forms used by DBD 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: Instructions for completing the form in infrequent or complex situations.
- Disposition: Instructions for disposing of the form, any copies of the form, and the folder for the form.

11.1A “AA” Forms

AA-1D Application For Determination of Employee Disability

Use

An employee uses Form AA-1D, *Application For Determination of Employee's Disability* as a supplement to Form AA-1, *Application for Employee Annuity* when applying for a disability annuity under the Railroad Retirement Act, or a period of disability (disability freeze or DF) under the Social Security Act, or to establish disability for Medicare entitlement.

Completion

See [FOM1 1710 AA-1D](#) for more information on how Form AA-1D should be completed.

Adjudication

Disability Benefits Division (DBD) examiners must consider and compare the information provided on the AA-1D to all relevant evidence sources in file when making a disability decision. If there are material inconsistencies on the AA-1D that may impact the outcome of the decision, the disability examiner must resolve the inconsistencies. If explanations are vague or incomplete, the disability examiner must develop for more information.

The disability examiner should pay particular attention to changes in job duties and non-work activities, educational achievement, special training, as well as the applicant's description of how the condition has affected his/her daily activities. Changes in job duties include, but are not limited to, hours worked and how the job was performed. This consideration also applies to forms as part of the adjudication process. See DCM [3.4.301](#) and [3.4.302](#) for more information.

NOTE: If any suspicious patterns or inconsistencies are noted, such as use of technical/descriptive terms or copied dialogue, that cannot be resolved while examining the disability claim, the disability examiner should notify his/her lead examiner or supervisor as soon as possible. See [DCM 8.8](#) for more information.

Section 1, General Instructions, contains the instructions and information that the applicant must read prior to completing the form.

Section 2, Identifying Information, will prefill from RRAILS.

Section 3, Information About Your Medical Condition, contains information about the applicant's medical condition. These items are not purely medical in nature, but can assist in the determination as to whether a physical or mental condition exists that prevents the performance of work. The disability examiners should consider the factors relevant to assessing the nature, intensity, persistence, and the limiting effects of the individual's symptoms. In addition, the disability examiner should:

- Consider if the primary and secondary conditions are consistent with and supported by the medical evidence in file:

For example: Due to alleged knee pain, an individual alleges extreme symptoms that limit his or her ability to stand and walk; however, the medical evidence does not contain objective medical evidence of a medically determinable knee impairment from an acceptable medical source that could reasonably be expected to produce the alleged symptoms.

- Consider dates when the condition began to affect the individual's ability to perform work and whether the medical evidence sufficiently show that the disability began before the dates when the individual states he/she could no longer perform work. This may include any work attempts. See [DCM 3.4.9](#), [DCM 3.4.200](#), and [DCM 10.5.3](#) for more information;
- Check if there is an Activities of Daily Living (ADL) in file if psychological or neurological impairments are listed. If an ADL is not in file, contact the field office to develop one.

Section 4, Information About Your Medical Care, contains information about the applicant's medical care, examinations, treatment, and testing. The disability examiner should check to see that medical evidence was requested from all

hospitals, clinics, and treating physicians listed in this section. In addition, the disability examiner should:

- Consider if the claimant documented recent or future surgeries as this may indicate a persistence and intensity of symptoms. Evidence for 3 months post-operative may be necessary;
- Review all medical sources listed. Determine if medical evidence has been received from the source and is sufficient for a determination. If all source medical has not been received and the medical evidence in file is not sufficient to make a determination, contact the field office to develop the additional medical sources;
- In Occupational cases where the individual claims disqualification by his/her railroad employer, note if there is a Form G-3EMP, *Report of Medical Condition by Employers*, or similar notice in file. If so, it is sufficient to make a rating with the medical evidence in file that confirms the impairment. If Form G-3EMP is not in file, contact the field office to develop for the form. See [DCM 13.7](#) and [DCM 4.10.1](#) for more information;
- Identify any claimed restrictions by a medical doctor;
- Review the type and dosage of all prescribed medications listed and consider their effects on the individual;
- Consider treatment, other than medication, that the individual receives or has received for relief of pain or other symptoms; and
- Consider any indication of non-compliance and the reasons given for non-compliance.

Section 5, Information About Your Education And Training, asks the applicant to enter the highest grade of school completed, and indicate if he/she is currently attending any technical, specialized, vocational schools to include online courses, or receiving any educational services, etc. The applicant's education will be considered with the residual functional capacity, age, and work experience at step 5 of the sequential evaluation. See [DCM 3.6.1](#) for more information. When considering education and recent vocational training, the disability examiner should consider education level, illiteracy, as well as the ability to communicate in English. See [DCM 5.2](#) and [DCM 5.4](#) for more information. The disability examiner should also consider:

- If the education provides for direct entry into skilled or semiskilled work (whether skills can transfer to other work);

NOTE: The shorter the period of education and the lesser the skill of the occupation it prepared the claimant for, the shorter time lapse we should consider that the education could provide for direct entry into that occupation.

The longer the period of education and the higher the skill of the occupation it prepared the claimant for, the longer time lapse we should consider that the education could provide for direct entry into that occupation.

Example: An applicant who completed a registered nurse bachelor's degree program two years ago would be more likely to have an education that provided for direct entry than a claimant who completed a six-month travel agent training course two years ago.

- The recency of education and the amount time that has passed between the completion of the education and the date of the adjudication; and
- When direct entry into skilled or semiskilled work is material to the disability determination or not.

NOTE: If any recent education is listed and direct entry into skilled or semiskilled work is material to the case, the disability examiner must develop and resolve any direct entry issues before making a decision. All findings must be documented in the rationale. Remember to cite the corresponding specific skilled or semiskilled occupation.

Rationale documentation example: 58-year-old applicant with a high school education completed an 18 month program for medical coding one year prior to filing and received a medical record coder certification. The RFC permits a full range of light work. The applicant retains the ability to perform light work and is denied by medical vocational rule 202.05. The applicant retains the ability to perform work as a medical record coder.

Section 6, Information About Your Daily Activities, asks the applicant about his/her daily activities, volunteer work, and social or recreational activities. This description from the applicant is an account of his/her current daily activities and how they have changed due to the individual's medical condition. During adjudication, the disability examiner should consider:

- If changes in the activities indicated are due to the applicant's medical condition;
- If the activities precipitate or aggravate the symptoms. For example, the applicant indicates that the activity cause them to be fatigued or suffer constant pain;
- If limitations in the daily activities are consistent with alleged impairment. For example, the applicant alleges an injured rotator cuff, but claims ADL limitations in walking; or the applicant lists playing racquet ball or golfing as a recreational activity, but alleges ADL limitations in standing or walking; and

- If reduced or structured activities minimize the symptoms.

Section 7, Information About Your Work And Earnings, asks the applicant for information on current work and earnings in addition to the previous year and next 12 months. The disability examiner should compare the information given with the applicant's date last work. If earnings are reported after the applicant's date last work, reconcile the earnings by contacting the employee and/or employer and reviewing the DEQY, SEQY or The Work Number. The disability examiner should also closely review the reported earnings and note:

- Whether there have been large earnings up until the time of the alleged onset date of disability, which may indicate a sudden traumatic injury;
- Cases where chronic impairments lasting over extended periods of time exist, but there is no indication that the applicant lost time or earnings during this chronic disease period;
- If self-employment is Substantial Gainful Activity. If so, use the three earnings test, NOT just gross/net earnings. See [DCM 10.4.5](#) for more information; and
- If an AA-4, *Self-Employment Questionnaire* and/or G-252, *Self-Employment/Corporate Officer Work and Earnings Monitoring* forms are in file in cases where self-employment is indicated. If forms are not in file, develop with field service, if needed. See [DCM 8.5.14](#) for more information.

Section 8, General Information, asks the applicant about Self-Employment, Worker's Compensation, Public Disability Benefits, Social Security Benefits, and Criminal Offenses. Examiners should consider statements made in connection with claims for other types of disability, such as private insurance benefits and develop for medical evidence from these sources, if needed.

NOTE: If the applicant is filing an AA-1 at the same time as filing the AA-1D, questions about "Self-Employment", "Worker's Compensation", "Public Disability Benefits", and "Social Security Benefits" will be skipped on the AA-1D. The disability examiner must review the AA-1 to determine if the applicant reported self-employment and verify that an AA-4 is in file. If an AA-4 form is not in file, ask the field office to develop for the form. The disability examiner should also review the AA-4 to determine if the applicant indicated that he/she was a corporate officer or owner/operator. If the applicant indicated corporate officer or owner/operator, verify that a form G-252 is in file. If the G-252 form is not in file, develop for the form. See [DCM 8.5.14](#) for more information.

If the applicant indicates on the AA-1 that he/she has filed or plans to file an application for social security benefits, the disability examiner should check the Social Security Administration's (SSA) queries to determine if the applicant is receiving any type of SSA benefits, including SSI, and release Form RR-5, *Request for SSA Medical Evidence*. See [DCM 11.4, RR-5](#) for more information.

If the applicant has indicated that he/she has been imprisoned or given a sentence of confinement due to a conviction for a criminal offense, and answered 'Yes' that his/her disability is related to confinement, then disability examiner must follow the felony conviction provisions in [DCM 6.4.5](#) in considering conditions that were worsened or newly acquired during the commission of a criminal offense and/or confinement.

Reminder: In an effort to control, prevent, and deter fraud, disability examiners must become familiar with the best practices to consider when examining disability claims that show particular elements outlined in [DCM 8.8.2](#). Examiners must note and attempt to resolve any responses that appear vague, generic, not specific, or otherwise suspicious or inconsistent when adjudicating claims. The presence of any one element may not necessarily be an indication of fraud, but should serve as a flag to the disability examiner that greater care is needed in adjudicating the disability claim.

Section 9, *Remarks*, is used for the continuation of answers to other items. Disability examiners should review for additional information that may be relevant to the disability determination.

Section 10, *Relinquishment Of Rights*, contains information advising that disability applicants are not required to relinquish rights to return to the his/her railroad employer prior to full retirement age.

Section 11, *Certification*, asks the applicant if an attorney or non-family member assisted him/her in completing the application and whether the applicant paid a fee for that assistance. The disability examiner should verify that a USTAR work item for *Facilitator Physician Tracking (PPT-FPT)* has been created. If a USTAR work item has not been completed notify the supervisor or lead. The disability examiner should consider if additional interview of the applicant is needed. See [DCM 8.7.2](#) for more information.

If the applicant indicates that he/she has or will have a guardian sign the application, check to see there is a Form AA-5, *Application for Substitution of Payee* in file. If no form is in file, have the FS develop for the form. See [FOM1 1710 AA-5](#) for more information.

NOTE: In cases where the examiner cannot reach or is not getting a response from the applicant, please note if the applicant has a guardian/representative signing the form for the applicant, before denying a claim for failure to comply.

Section 12, *How To Return Your Application*, explains how to return the application to the RRB field office.

Disposition

The disability examiner will use information collected on the AA-1D, along with other relevant information in file, to determine how the applicant functions on a day-to-day basis and make a disability determination. If the outcome of the decision is impacted by material discrepancies found on the AA-1D, an explanation as to how the conflicting information was resolved should be indicated in D-Brief. See [DCM 12.5](#) for information on D-Brief. The form should be imaged.

Receipt For Your Claim

The ***Receipt For Your Claim*** page of the Form AA-1D is detached and given to the applicant when the claim is officially filed. The text of the detached portion is appropriate only if a completed application has been received. FS will only date and release this receipt for an initial disability retirement claim after the employee's Form AA-1 is received.

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 Form 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

1. **Email the G-26F document to SSA.** For instructions on scanning and sending the form by email to SSA, click here [How To Scan and Email Documents](#)

2. **Send the G-26F document to IMAGING.**

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. |

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| "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> |

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| | <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. |

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| | 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 |
|-------------|----------------------------|
|-------------|----------------------------|

| | |
|-----------------------------------|---|
| "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-137, Medical Consultant Opinion](#)

Use

This form is currently used by Disability and RECON examiners (PEMS Staff) to refer disability cases to the medical consultant for an opinion.

Access

The form is on RRAILS.

NOTE: In a case where a combined physical and mental RFC is requested, the examiner may either open the Form G-137 on RRAILS to type in *Physical and Mental* (alerting the medical consultant that two types of RFC's are requested), or simply write in the words *Physical and Mental*. This is done in the top right hand margin of the Form G-137. If the form is opened on RRAILS it must be closed after any typed entry is made to preserve the form identification.

Completion

RRAILS pre-fills the claimant's Name, Examiner name, and Claim Number. The examiner enters the current date and after the claim number enters the applicable two-digit code. The two-digit code uses a series of alpha characters from A to Z to represent the month in which the Opinion is ordered and another series of alpha characters from A to H to represent the annuitant type (i.e., DBD commonly refers to this as the "suffix codes"). Use the following chart as a guide:

First Digit

| | |
|---|----------|
| If the initial order is within the month of | Use Code |
| January | A |
| February | B |
| March | C |
| April | D |
| May | E |
| June | F |
| July | G |
| August | H |
| September | I |
| October | J |
| November | K |
| December | L |
| If a secondary order is within the month of | Use Code |
| January | M |
| February | N |
| March | O |
| April | P |
| May | Q |

| | |
|---|---|
| June | R |
| July | S |
| August | T |
| September | U |
| October | V |
| November | W |
| December | X |
| If a third order is within a given month | Y |
| If a fourth or more order is within a given month | Z |

Second Digit

| If the Annuitant Type is | Use Code |
|--------------------------|----------|
| Employee | A |
| Widow | B |
| Surviving Child | C |
| Retirement Child | D |

Additional Code

If a fifth order is within a given month, use the original code for the initial order for that particular month for the first digit.

Use the following for the second digit:

| If the Annuitant Type is | Use Code |
|--------------------------|----------|
| Employee | E |
| Widow | F |
| Surviving Child | G |
| Retirement Child | H |

The DBD clerk enters the Form G-137, *Medical Consultant Opinion*, into the Financial Management Integrated System (FMIS) and will verify that the pre-filled entries of NAME, Examiner Name, Claim Number and codes (i.e., suffix codes), and Date are correct, making any necessary adjustments.

Sections A and C are self-explanatory.

Section B - In section B, if an onset date is requested, usually the examiner will check two boxes. The first box checked will be for Severity Assessment & RFC. The second box checked will be Onset Date with an entry of the alleged onset date. This date will be the earliest date for which a medical evaluation is needed. In most instances, this will be the date in item 11 on the AA-1d, *Application for Determination of Employee's Disability*, or the date in item 12 of the AA-17b, *Application for Determination of Widow(er)s Disability*, or the date in item 12 of AA-19a, *Application for Determination of Child's Disability*. However, there may be situations where a different date would be appropriate, as decided by the examiner.

EXAMPLE 1: It may be possible to establish an unsuccessful work attempt prior to an actual date last worked. In this instance, a date earlier than claimed in items, 11 and item(s) 12 may be appropriate.

EXAMPLE 2: A child may allege disability from age 10, but the earliest medical evidence in file is from age 14. In this instance, a date later than that claimed may be appropriate since the later onset date would have no effect on the rate or beginning date of the annuity.

Section B of the G-137 is also used when the examiner must evaluate whether there has been significant medical improvement since the date of the last medical assessment. The examiner checks the box labeled Re-evaluation for Significant Medical Improvement. The medical consultant reviews all the medical submitted with the case and makes a determination on the G-137 SUP (citing the supporting medical records in Part II of the SUP). The medical consultant must state whether there has been 'significant medical improvement' (using the specific wording) or no medical improvement. The medical consultant may provide a Severity Assessment & RFC on the G-137 SUP and cite the supporting medical in Part II of the G-137 SUP. In cases where the Listing of Impairments is either met or equaled, no RFC will be provided in Part I. The Listing of Impairments will be identified in Part II, and the medical consultant provides the onset date of 'significant medical improvement' in Part II of the SUP.

Section D - In many cases the examiner may opt to leave this section blank, unless there is a need to highlight a specific piece of medical for review. The submission of the G-137 carries with it the implied request that all medical in the file is to be reviewed by the medical consultant. If the examiner opts to fill in this section, then the treating doctor's name and the date signed in Section 13 – Certification of any Form G-250, *Medical Assessment*, in the disability file may be entered.

Additionally, the examiner may enter any other treating doctor's RFC's in file by name and date signed. All references to the G-250 or other treating doctors must be signed by an acceptable medical source, such as the following:

- licensed physician,
- osteopath,
- psychiatrist,
- licensed optometrist,
- licensed or certified clinical psychologist,
- and persons authorized to send copies or summaries of medical records from a hospital, clinic, sanitarium, mental institution or health care facility.

Examples of unacceptable medical sources may be those individuals not licensed to practice medicine or surgery (i.e., nurse practitioners, physician assistants, naturopaths, chiropractors, audiologists, and certain therapists). Their reports will be made part of the file and used to support the acceptable medical records.

Section E – In this section, list the doctor's name and the date of each consultative examination or Specialist Consultative Examination (SCE) for which a separate RFC has been provided by the doctor. If there is no separate RFC and the doctor has included the RFC in the written narrative, the examiner may direct the medical consultant to 'see the narrative for the RFC'.

Adjudication

As stated in [IB 17-20](#), *Reminder Concerning Adjudicating Medical Opinions*, once the G-137SUP, Medical Consultant Determination Worksheet, has been received back from the doctor providing the medical opinion, review it in its entirety to determine if it is acceptable. It is acceptable if the following conditions are met:

- all statements have been completed and descriptions are provided;
- all cited medical evidence is current (most current twelve months), supports the onset date and claimed impairment, and does not conflict with non-medical evidence;

Example – EE alleges lumbar degenerative disc disease. A lumbar spine magnetic resonance imaging study (MRI) shows a lumbar fusion. Form AA-1D, *Application for Determination of Employee's Disability*, states difficulty walking with ongoing pain. A treating source exam from December 2015 shows decreased range of motion, straight leg raise positive, difficulty getting on/off exam table, and slow antalgic gait. A

specialized orthopedic consultative exam shows the same findings as the treating source exam of December 2015.

If the consultative medical opinion states that the EE is restricted to at least 2 hours of standing/walking, based on the MRI and treating source evidence, be sure the specialized consultative exam findings are also discussed and the objective findings from that report are listed.

- the referenced explanation is supported by the evidence, and is clear, legible and refers to the findings; and
- the medical opinion has been signed and dated on the appropriate form(s) by the consulting doctor.

When review has been completed, the DBD examiner must:

- indicate if the medical opinion is accepted or rejected in the “RRB Use Only” box; and
- sign and date the form.

Disposition

| Step | Action |
|------|--|
| 1 | The examiner files Form G-137 on the right side of the folder on top of all other documents in file. |
| 2 | The examiner attaches a completed Route Slip to the front of the folder (G-26t white route slip for Post disability and RECON cases and G-26t.1 green route slip for Initial disability cases). If the medical opinion is being requested on an urgent basis, the examiner writes the word “URGENT” in the top margin of the G-137 and in the top margin of the route slip. The AFCS folder location charge is not changed at this time. |
| 3 | The disability and RECON examiners place the file in the designated pick up area in DBD for the DBD clerk. RECON examiners change the AFCS charge to DBD. |
| 4 | The DBD clerk picks up the case and charges the case to AFCS charge T0CE – Title DBD – Med Opin Contrtr (CEL) Offsite Vendor. |

| | |
|---|--|
| 5 | The DBD clerk will enter the form G-137 information into the Federal Management Integrated System (FMIS), verifying that the month and type suffix codes are correct. The DBD clerk will also enter the case information into an in-unit tracking system to verify release and return of the folder. |
| 6 | <p>All files for the Med Opin Offsite Vendor are boxed and picked up by a courier.</p> <p>The same courier returns the completed disability cases usually within 3-4 business days with the G-137 and G-137 SUP (for physical evaluation cases only) filed inside each case. NOTE: In cases where the disability examiner has requested a combined psychological (mental) and physical evaluation or a singular psychological evaluation, additional forms may be included with the G-137 and G-137 SUP. The additional enclosed forms are the SSA-2506-BK, <i>Psychiatric Review Technique</i>, and the SSA-4734-F4-SUP, <i>Mental Residual Functional Capacity Assessment</i>. The psychological SSA forms are completed only by the consultative doctors. (See DCM 11.5 SSA Forms)</p> |
| 7 | The DBD clerk verifies the return of the folder using the DBD in-unit tracking system and then passes the case on to the DBD examiner. RECON cases are either directly delivered to the RECON examiner or placed in the RECON bin in DBD for pick up by a RECON clerk. |
| 8 | The examiner reviews the form G-137 SUP received with the case and if acceptable pays for the medical opinion on the FMIS system. On page 4 of the G-137 SUP, box labeled <i>FOR RRB USE ONLY</i> , the examiner selects either box for <i>M/O Accepted</i> or <i>M/O Rejected</i> , and signs and dates in this box. The signature of the examiner and the date signed verify that the opinion was paid on FMIS. The FMIS screen showing set up of payment of the medical opinion is not filed in the folder. NOTE: There may be occasions when the examiner finds exception with the G-137 SUP and may need to return the case as a REJECT for additional review by the medical consultant. |

[G-137a, Medical Consultant Opinion – Continuation Sheet.](#)

Use

This form is used by the medical consultant when completing the Form G-137 SUP. G-137a accompanies the G-137 SUP and functions as an extra page to the G-137 SUP if the medical consultant's comments extend beyond Part II on the SUP. On page 4 of the G-137 SUP the consultant will check the box labeled

“Check if additional pages are included” and attach the G-137a with all additional comments. (As such, this is an optional use form and only used when needed).

Access

The form will be available on RRAILS. The medical consultant does not have access to RRAILS to obtain the G-137 SUP and G-137a. However, the consultant is provided with the current WORD versions of the G-137 SUP and G-137a for their use.

Completion

Completion of the form is self-explanatory for the medical consultant. The consultant must sign and date the G-137a.

Disposition

The form is filed on the right side of the disability folder below the G-137 SUP.

[G-137 SUP - Medical Consultant Determination Worksheet -](#)

Use

In response to the G-137, Medical Consultant Opinion, the medical consultant places a completed Form G-137 SUP (for evaluation of physical impairments only) in the file and returns it to DBD. The G-137 SUP must be signed and dated by the consultant, and the examiner must confirm that the signature is provided and the date signed is correct. **NOTE:** Additionally, examiners must verify that the evaluation provided by the medical consultant covers the entire time period from the alleged onset date of disability entered on G-137 to the present date.

Access

The form is on RRAILS. The medical consultant does not have access to RRAILS to obtain the G-137 SUP and G-137a. However, the consultant is provided with the current WORD versions of the G-137 SUP and G-137a for their use.

Completion

The medical consultant completes the form in accordance with standard medical procedure for providing residual functional capacity assessments and medical narratives. The examiner should also confirm that any question asked on the initiating G-137 was answered on the corresponding G-137 SUP or answered on other enclosed Form SSA-2506-BK, *Psychiatric Review Technique*, and the Form SSA-4734-F4-SUP, *Mental Residual Functional Capacity Assessment*.

Disposition

The form is filed on the right side of the folder above the G-137.

NOTE: Note to File - During the onsite meeting between the disability or RECON examiner and the medical consultant, the medical consultant may write their opinion on a Note to File. The Note to File is filed on the right side of the disability folder.

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</u> eight 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, Joint Freeze completed | Self-explanatory. |
| 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-226, Disability Customer Service Time Lapse Exclusion Case

Use

Form G-226, *Disability Customer Service Time Lapse Exclusion Case*, is used by the Disability Benefits Division examiner when extenuating circumstances exist that cause a delay in the disability decision. It is essential to exclude these types of cases from the timeliness statistics in order to accurately reflect the agency's performance in rating disability cases. Form G-226 must be completed by the initial examiner prior to sending the case to authorization. The form should only be approved by the Disability Director, supervisors, lead examiners, or an individual(s) designated by a management official. See [DCM 4.3.9](#) for guidance on when the exclusion applies.

Completion

| <u>Field</u> | <u>ENTRY AND/OR WHEN USED</u> |
|-----------------------------|--|
| RRB Claim Number | RRAILS will pre-fill. |
| Applicant Name | RRAILS will pre-fill. |
| Official Filing Date | Enter the actual or protected filing date. This date can be found on the application or on APPLE PF24 screen. |
| Reason for Exclusion | This section is divided into six parts with check boxes to designate a selection. |
| Claimant Delay | Check this box if a timely ordered consultative examination was excluded from the Consultative Medical Examination timeliness requirements due to one of the following reasons: |

| | |
|----------------|---|
| | <ul style="list-style-type: none"> • Claimant was a “no-show” for a scheduled examination appointment. • Claimant requested that the location or date of a scheduled appointment be changed. • The RRB requested that the location or date of a scheduled appointment be changed. • The contractor was unable, through no fault of its own, to contact the claimant in a timely manner. <p>See DCM 4.3.9.1A for examples of when to use this reason code.</p> |
| Recovery Delay | <p>Check this box if a medical assessment was delayed due to the recovery period status post (s/p) treatment or surgery.</p> <p>Be sure to enter the type of treatment/surgery <u>and</u> the date of the s/p treatment/surgery that caused the delay.</p> <p>See DCM 4.3.9.1B for examples of when to use this reason code.</p> |
| Evidence Delay | <p>Check this box if required evidence was not submitted timely and list the required evidence in the <u>Remarks</u> section of this form.</p> <p>Note: This can be medical or non-medical evidence that caused the delay.</p> <p>See DCM 4.3.9.1C for examples of when to use this reason code.</p> |
| Filing Delay | <p>Check this box if the case has a protected or deterred filing date. Fill in the actual physical date the form was completed in the first date field and the date the form was</p> |

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| | <p>either received or scanned into imaging in the second date field.</p> <p>See DCM 4.3.9.1D for examples of when to use this reason code.</p> |
| Confinement Delay | <p>Check this box if the applicant was confined to a correctional institution during the case development which caused a delay.</p> |
| Other Delay | <p>Check this box, if the examiner feels that the case should be excluded for a reason not covered by the guidelines listed above. Be sure to give a detailed explanation on why you feel the case should be excluded in the <u>Remarks</u> section of this form.</p> <p>See DCM 4.3.9.1F for examples of when to use this reason code.</p> |
| Remarks | <p>Use the remarks section for additional comments or as a continuation of explanations for the reasons for exclusions listed above.</p> <p>Note: Selecting “Evidence Delay” or “Other Delay” as a reason code requires entries to be made in the Remarks section.</p> |
| Examiner Name | <p>This field is prefilled from RRAILS with the name of the examiner initially opening the form.</p> |
| Date | <p>This field is prefilled from RRAILS with the date the examiner initially opens the form.</p> |
| Approved | <p>The Disability Director, supervisors, lead examiners, and individual(s) designated by a management official are authorized to</p> |

| | |
|-----------------------------|---|
| | check this box if they agree with the time lapse exclusion reason. |
| Denied | The Disability Director, supervisors, lead examiners, or individual(s) directed by a management official are authorized to check this box if they disagree with the time lapse exclusion reason. |
| Authorized Official Name | The Disability Director, supervisor, lead examiner, or individual directed by a management official who is approving or denying the exclusion will type or print their name after checking either the "Approved" or "Denied" box. |
| Authorized Official User ID | <p>This field is prefilled from RRAILS with the user ID of the individual who is signed on to RRAILS at the time either the Approved or Denied box is checked.</p> <p>Note: Make sure to review this under your own sign in name as it is not possible to change this field once either the "Approved" or "Denied" box is checked. This field should also match with the name that is typed or printed in the above mentioned Authorized Official Name field.</p> <p>If this form is completed manually, then this field should contain the signature of the Disability Director, supervisor, lead examiner, or individual directed by a management official who reviews the form.</p> |
| Date | <p>This field is prefilled from RRAILS when the either the "Approved" or "Denied" box is checked.</p> <p>Note: If this form is completed manually, then the Disability Director, supervisor, lead</p> |

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| | examiner, or an individual designated by a management official should enter in the date after signing his/her signature in the "User ID" box. |
|--|---|

Disposition

Examiner:

After completing Form G-226, the examiner must send the form to the *Disability Initial Authorization* folder. Then the examiner must also send an email to the Disability Initial supervisor with a cc to the Disability Post supervisor, Disability Director, Initial and Post lead examiners, and individuals designated by a management official to review the form. In this email, indicate that there is a G-226 in the *Disability Initial Authorization* folder for claim number xxx-xx-xxxx (enter the RRB claim number in place of the x's) which needs to be reviewed and approved.

Approved:

If the exclusion is approved, the examiner will receive email notification from the authorized individual stating that the form was approved and is on Imaging.

Denied:

If the exclusion is denied, the examiner will receive email notification from the authorized individual that the exclusion was denied. The examiner is then to update DBrief and/or OLDDS to reflect that the case was not excluded from timeliness.

See [DCM 4.3.9.2A](#) for further details.

Supervisor:

Only the Disability Director and Supervisors are authorized to approve Form G-226. After receiving an email from an examiner that a G-226 is in the *Disability Initial Authorization* folder, the director or supervisor will review the form and either approve or deny the exclusion.

Approved:

If the exclusion is approved, the director or supervisor will release the form to imaging and send an email back to the examiner advising that the exclusion was approved and imaged.

Denied:

If the exclusion is denied, the director or supervisor will send an email to the examiner with the reason for the denial.

See DCM [4.3.9.2B](#) for further details.

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-251, Vocational Report

G-251_Vocational_Report

Use

Form G-251, Vocational Report, is given to railroad employees who are applying for a disability annuity, a period of disability (disability freeze) and/or early Medicare. It is also given to a legal widow(er), a surviving divorced spouse, or a remarried widow(er) who is applying for a disability annuity and/or early Medicare, provided they have had some railroad or nonrailroad employment. It should not be routinely furnished to disabled children. However, there may be an occasional request from the Disability Benefits Division (DBD) to obtain a G-251 for a specific disabled child case.

It is not necessary to furnish Form G-251 for employees filing for a period of disability and/or early Medicare if they have previously filed a G-251 and have not worked since they last filed for disability.

Completion

See [FOM1 1720 “G”](#) Forms for more information on how Form G-251 should be completed.

Adjudication

Form G-251, Vocational Report, should be completed so that the last 15 years of work (from the date the form is completed) is reflected on the form. The DBD examiner will use several evidence sources to compare information, such as employment dates, job duties, hours worked, etc., that are provided by the applicant on Form G-251. The DBD examiner will also compare the information provided on Form G-251 to other source documents in file, including, but not limited to; Form AA-1D, *Application For Determination of Employee’s Disability*; Form G-626A, *Field Office Personal Observation Record*; wage records; Activities of Daily Living Report (ADL); and references to work in the medical evidence of record.

For employee Occupational cases, the DBD examiner will compare the information provided by the employee on Form G-251 with the employer’s description of the physical requirements and environmental factors as indicated on Form G-251A, Railroad Job Information (for more information on Form G-251A, see [DCM 11.2, G-251A, Railroad Job Information](#)). If there are material inconsistencies that may impact the outcome of the decision, the DBD examiner must resolve the inconsistencies. Actions to resolve include, but are not limited to:

- contacting the employee and reviewing the information provided on Form G-251; and/or
- contacting the employer and reviewing the information provided on Form G-251A. The employer should only be contacted for clarification, if after discussion with the employee material inconsistencies still exist.

After discussing the details of the job description in question, if the discrepancy between the employee and employer’s job descriptions cannot be resolved, use OccuBrowse or other sources of job information for the job duties in question.

NOTE: All conversations with the employee and the railroad employer must be documented and imaged.

The G-251 asks for information regarding essential job duties. An essential job duty is a key function of employment that is unique to that job position. Without the function, the position would not exist. For example, the essential job duty for a locomotive engineer would be to confer with the conductor or traffic control

center personnel via radiophone to issue or receive information or instructions concerning stops, delays, or oncoming trains. Essential job duties for a locomotive engineer would not include compiling payroll data, such as hours worked, taxes and employee identification number, from time sheets and other records.

The DBD examiner must consider the employee's essential job duties when assessing his/her functional capacity for work activities.

The G-251 also asks for information regarding permanent accommodations for the employee's regular railroad job. A permanent accommodation from railroad work is defined as changes in work at the request of the employer that impact the essential functions of the occupation for at least a 5 year period. The permanent accommodations listed are: Job Duties, Work Schedule, Overtime Schedule, Attendance Schedule, and Other. Dates are also requested regarding when the restriction began and ended.

- Review Items 15, 19, and 23 of the G-251 carefully to ensure the permanent accommodation for railroad work was in place for at least 5 years.
- If a G-251A response was received, compare the information provided on the employee's G-251 to be sure that the information pertaining to permanent restrictions is consistent. (See above concerning how to resolve inconsistencies).

Examples of Permanent Accommodations are as Follows:

- **Job Duties** – A 55-year old brake repairer files for an occupational disability annuity in December 2016 on the basis of degenerative disc disease of the lumbar spine. A 50-pound lifting restriction has been placed on him by his treating physician. His railroad employer has provided him with a permanent accommodation of no lifting of objects weighing over 50 pounds. His team of co-workers handles heavy lifting duties during his shift. The accommodation was place in June 2010 through the present.
- **Work Schedule** – A 48-year old ticket agent files for a total and permanent disability annuity in October 2016. She is status post cancer resection surgery. She experiences fatigue related to her ongoing cancer treatment since September 2011. Her employer has provided a permanent accommodation in work schedule, allowing her to go for treatments and doctor appointments since September 2011.

- **Mandatory Overtime** – A 50-year old railroad locomotive engineer files for an occupational disability annuity in April 2016. His job requires mandatory overtime as the need arises. The requirement has been in place since he started in January 1996.
- **Non-Mandatory Overtime** – A 47-year old locomotive engineer is an “extra board” hire since March 2009. Depending on the assignment and the shift he receives, he may be required to work overtime hours.
- **Attendance Schedule** – A 57-year old conductor with chronic kidney disease, who does not require treatment with dialysis, files for an occupational disability annuity in December 2015. His railroad employer has given him a permanent accommodation in his attendance schedule due to his symptoms. He is allowed to work a part-time schedule of 4 days a week. This accommodation has been in place since September 2010.

For Occupational disability cases, the employee may work over 40 hours per week, which may include mandatory overtime. Consider this in the evaluation. For Total and Permanent disability cases, work must be evaluated using a 40-hour workweek, as it is commonly done in the national economy.

The DBD examiner must consider the employee’s permanent job accommodations when assessing his/her functional capacity for work activities.

Disposition

The DBD examiner will explain how the applicant’s job duties impacted the disability decision in D-Brief. The form should be imaged.

G-251A, Railroad Job Information Form

G-251A_Railroad_Job_Information_Form

Use

Form G-251A is completed at the time of filing by the field office and released to the employee's railroad employer when an employee is eligible for an occupational disability annuity. By completing the form, the railroad employer is given the opportunity to provide job information about the employee to the Railroad Retirement Board. Effective April 3, 2017, the Railroad Retirement Board (RRB) introduced a revised Form G-251A in accordance with the Disability Program Improvement Plan that will ask railroad employers to provide job information about applicants who apply for an occupational disability benefit under Section 2 (a)(1)(iv) of the Railroad Retirement Act (45 U.S.C. §

231a(a)(1)(iv)). Collection of job information from the employers will assist the disability examiner with making an accurate disability determination. Prior to this date, the RRB used Form G-251a and G-251b Job Information reports to collect this information. Form G-251a was released to employers for employees with a generic job description attached. Generic job descriptions were used for a select number of railroad occupations and were some of the more common types of railroad jobs. The generic job description described how select occupations were generally performed in the railroad industry for employees. Form G-251b was released to employers for employees who did not have a generic job description.

Completion

See [FOM 1720 "G" Forms](#) for more information on how Form G-251A should be completed.

Adjudication

The disability examiner must wait 30 days from the original date the G-251A was released before adjudicating the claim.

In instances where the disability examiner determines that the employee's regular railroad occupation differs from the one entered on Form G-251A, the disability examiner should request that the field office release a new G-251A with the correct regular railroad job entered. If the request is made to the field office at least 30 days after the original G-251A was released, it is not necessary to wait an additional 30 days for receipt of the corrected form. For information on determining the employee's regular railroad occupation, see [DCM 3.2.2](#).

For employee Occupational cases, the DBD examiner will compare the information provided by the employer on Form G-251A with the employee's description of the physical requirements and environmental factors as indicated on Form G-251, Vocational Report (for more information on Form G-251, see [DCM 11.2, G-251, Vocational Report](#)). If there are material inconsistencies that may impact the outcome of the decision, the DBD examiner must resolve the inconsistencies. Actions to resolve include, but are not limited to:

- contacting the employer and reviewing the information provided on Form G-251A; and/or
- contacting the employee and reviewing the information provided on Form G-251. The employee should only be contacted for clarification, if after discussion with the employer material inconsistencies still exist.

After discussing the details of the job description in question, if the discrepancy between the employer and employee's job descriptions cannot be resolved, use OccuBrowse or other sources of job information for the job duties in question.

Section 1, Completion Instructions - The disability examiner should verify that the information on the upper right side on page 1 of the form, including if the regular railroad job determination is correct. It is acceptable for Form G-251A to be handwritten or typed by the field office.

Section 2, Disqualification Information - The disability examiner should check to see that a G-3EMP was released by the field office if the employer indicates the employee was disqualified. If the G-3EMP was not released to the railroad, contact the field office to have them release the form.

Section 3, Summary of Duties - This information should be compared to the job duties listed on Form G-251 by the disability examiner to verify that there is consistency between the employee and employer's descriptions.

Section 4, Machinery, Tools, Equipment - The disability examiner should verify that there is consistency between the employee provided the same information on Form G-251 regarding the use of machinery, tools, and equipment.

Section 5, Environmental Conditions - These conditions listed by the employer should be compared to the G-251 job description by the disability examiner to verify there is consistency between the railroad description and the employee's description.

Section 6, Job Accommodations - The disability examiner should compare the information provided by the employer and employee to verify there is consistency, and investigate if there is a discrepancy.

Section 7, Sensory Requirements - This should be compared to Form G-251 to verify consistency between the railroad description and the employee's description.

Section 8, Physical Actions - This must be compared to the G-251 job description provided by the employee to verify there is consistency between the railroad description and the employee's description. .

Section 9, Remarks - Provides space for continuation of answers that pertain to the various job actions.

Section 10, Employer Certification - Requests an employer certification. The disability examiner should check to verify that all items in this section are completed.

Disposition

The disability examiner will explain how employee's job duties for his/her regular railroad job as described on Form G-251 compares with the employer's description of the employee's G-251A in D-Brief. If the outcome of the decision is impacted by material discrepancies between the employee and employer job

description, an explanation as to how the conflicting information was resolved should be indicated in D-Brief. (See [DCM 12.5.5.2](#) for additional information on D-Brief.) The form should be imaged.

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

Use

Form G-254, Continuing Disability Report, is released to disability annuitants by the field office, at the request of the Disability Benefits Division (DBD). The Disability Benefits Division (DBD) will request the field office to secure Form G-254 when:

1. Determining if a disability annuitant continues to meet the requirements for a disability annuity prior to full retirement age; or
2. A report of work or a change in physical condition is received in headquarters, and the issue of continuing disability must be resolved. For Example: EDP policing, self-reporting, or third party reporting.

Completion

See [FOM 1720, G-254](#).

Adjudication

DBD examiners must compare the information provided on the G-254 to all relevant sources in file, including recent medical evidence submitted with the G-254, and information from employers regarding dates worked/earnings breakdowns. If there are material inconsistencies on the G-254 that may have an impact on the decision, the disability examiner must resolve the discrepancies.

NOTE: If any suspicious patterns or inconsistencies are noted, such as the use of technical/descriptive terms or copied dialogue that cannot be resolved while examining the disability claim, the disability examiner should notify their lead examiner or supervisor as soon as possible. For more information on the elements of fraud, refer to [DCM 8.8](#).

Section 1, General Instructions: The date entered in Section 1 is provided by the disability post examiner handling the continuing disability review (CDR) development. The examiner should consider the annuitant's onset date, ABD, and date of any prior G-254.

Section 2, Identifying Information: will prefill from RRAILS.

Section 3, Information about Your Work for an Employer: This section contains information about the annuitant's employment after the date provided in Section 1. The disability examiner should consider the relevant factors in assessing the nature, intensity, persistence, and the limiting effects of the individual's symptoms. In addition, the examiner should consider:

- Item 7: Consider all sources pertaining to work activity, such as the Detailed Earnings Query (DEQY), The Work Number (TWN), self-reported

- work, and any work report(s) from a third party. Make sure the annuitant provides information regarding the details of this work.
- Item 11: When the entry is “Yes” in regard to returning to work with the same hours, duty and pay as the annuitant had before their disabling conditions began, possible medical improvement should be considered as part of the CDR decision. An example would be an occupational case in which the employee was able to return to his regular railroad job.
 - Items 12 and 13: Consider whether the work was done under special conditions, such as a sheltered. For more information, refer to CFR 404.1573 or [DCM 5.2.12](#).
 - Item 14: If the annuitant does not list any impairment-related work expenses (IRWE), review Section 5 item 27 for possible M.D. co-pays and item 28 for possible prescription co-pays. When the employee earns over the annual Disability Work Deduction (DWD) amount, additional verification may be needed to determine if IRWE can be used to reduce the countable earnings for work deduction purposes. [FOM I 1125.5.2](#) provides a chart with yearly DWD amounts. For development of IRWE, refer to [DCM 10.8](#) and [FOM I 310.55.1](#) for more information.

Section 4, Information about Self-Employment: If the annuitant reports working in self-employment, the disability examiner should:

- Determine whether an AA-4, Self-Employment and Substantial Service Questionnaire, and possible G-252, Self-Employment/Corporate Office Work and Earnings Monitoring, should be developed for review. Refer to [DCM 10.4.5](#) for more information on self-employment determinations.

Section 5, Information about Your Condition before Full Retirement Age: Consider what the annuitant claims about their current medical condition(s) and review the following items listed below to determine if there is possible medical improvement:

- Types of treatment
- Medications
- Restrictions in Activities of Daily Living
- Whether a doctor has released the annuitant to return to work
- Report of recent higher education and how it might affect the disability annuity. Did the annuitant receive a degree since their disability annuity was awarded? Have they received any special training since their disability annuity was awarded? Refer to [DCM 5.4](#) for educational consideration and [DCM 3.6.1](#) under step 5 of the sequential evaluation process. In addition, please refer to Form AA-1d Section 5 instructions in [DCM 11.2](#) for more information on the effects of recent education and/or vocational training received to determine if this affects the employee’s ability to perform work.

Section 6, Continuation and Remarks: Review this section for any additional details regarding the information provided in the other sections of the G-254.

Section 7, Authorization and Certification: Identify who the report was completed by and verify the form is signed and dated.

Disposition

The Disability Post Section (DPS) examiners will review the G-254, along with all the other documentation needed for the CDR process, and prepare a decision for review, which will be authorized by another DPS examiner. The form should be imaged.

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-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.

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.

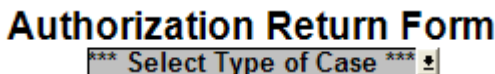
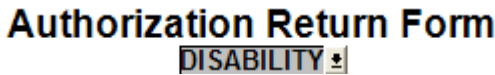
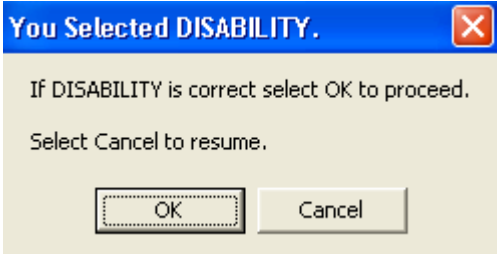
To return the screen resolution of your monitor back, follow the same instructions but move the slider arrow to the position that it was in originally.

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

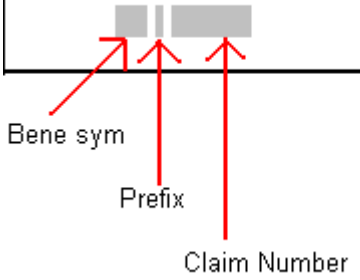

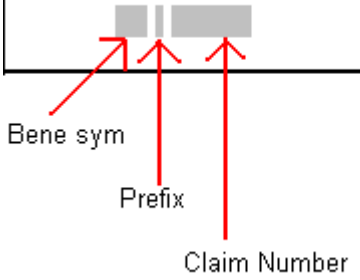

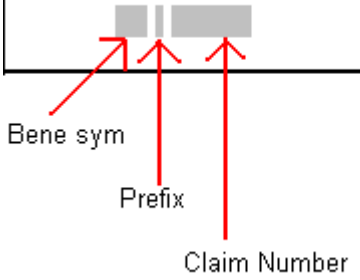

typed into the form. See [FOM1 1596.20](#) for instructions how to download information into the G-383 from RRAILS.

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> <div style="text-align: center;">  </div> <p>Click "DISABILITY" from the drop down menu. The image will change to the image shown below.</p> <div style="text-align: center;">  </div> <p>Press TAB on the keyboard.</p> <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.</p> <div style="text-align: center;">  </div> <p>NOTE: Clicking on Cancel will disable the rest of the Disability programming.</p> |

| | |
|----------|---|
| | <p>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.</p> |
| <p>3</p> | <p>Type the examiner’s name in the large box (REQUIRED) and the examiner’s adjudicating unit in the smaller box (OPTIONAL).</p> <div style="border: 1px solid #ccc; padding: 5px; margin: 10px 0;"> <p>Examiner Name / Unit <input style="margin-right: 10px;" type="text"/> <input style="width: 80px;" type="text"/></p> </div> <p>NOTE: The authorizer’s name and RRB unit number are prefilled next to “Authorizer Name / Unit”.</p> |
| <p>4</p> | <p>Select the Type of Action by clicking the appropriate radio buttons.</p> <p>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)</p> <div style="border: 1px solid #ccc; padding: 5px; margin: 10px 0;"> <p>Type of Action:</p> <p> <input checked="" type="radio"/> Occupational Only <input type="radio"/> Occupational and SF <input checked="" type="radio"/> T and P Only <input type="radio"/> T and P and SF <input type="radio"/> SF and/or Medicare Only <input type="radio"/> CDR <input checked="" type="radio"/> Widow <input checked="" type="radio"/> Child </p> <p> <input checked="" type="radio"/> Allowance <input checked="" type="radio"/> Denial </p> </div> <p>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).</p> <div style="border: 1px solid #ccc; padding: 5px; margin: 10px 0;"> <p>Type of Action:</p> <p> <input type="radio"/> Occupational Only <input checked="" type="radio"/> Occupational and SF <input type="radio"/> T and P Only <input type="radio"/> T and P and SF <input type="radio"/> SF and/or Medicare Only <input type="radio"/> CDR <input type="radio"/> Widow <input type="radio"/> Child </p> <p> <input checked="" type="radio"/> Allowance <input checked="" type="radio"/> Denial <input checked="" type="radio"/> Occ. Allowance/SF Denial </p> </div> <p>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)</p> <div style="border: 1px solid #ccc; padding: 5px; margin: 10px 0;"> <p>Type of Action:</p> <p> <input type="radio"/> Occupational Only <input type="radio"/> Occupational and SF <input type="radio"/> T and P Only <input checked="" type="radio"/> T and P and SF <input type="radio"/> SF and/or Medicare Only <input type="radio"/> CDR <input type="radio"/> Widow <input type="radio"/> Child </p> <p> <input checked="" type="radio"/> Allowance <input checked="" type="radio"/> Denial <input checked="" type="radio"/> TP Allowance/SF Denial </p> </div> |

| | |
|----------|--|
| | <p>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)</p> <div data-bbox="349 472 1372 640"> <p>Type of Action:</p> <p> <input type="radio"/> Occupational Only <input type="radio"/> Occupational and SF <input type="radio"/> T and P Only <input type="radio"/> T and P and SF <input checked="" type="radio"/> SF and/or Medicare Only <input type="radio"/> CDR <input type="radio"/> Widow <input type="radio"/> Child <input type="radio"/> Allowance <input type="radio"/> Denial <input type="radio"/> SF Denial/Medicare </p> </div> <p>e) If CDR was selected, no other radio button needs to be selected.</p> |
| <p>5</p> | <p>Select the appropriate reference manual(s) by clicking the appropriate box(es) on the left side. (OPTIONAL)</p> <div data-bbox="349 850 1372 1281"> <p>Procedure References Cited/Dates Issued/Sources</p> <p> <input type="checkbox"/> RCM: <input type="text"/> <input type="checkbox"/> FOM: <input type="text"/> <input type="checkbox"/> DCM: <input type="text"/> <input type="checkbox"/> TOM: <input type="text"/> <input type="checkbox"/> POMS: <input type="text"/> <input type="checkbox"/> Procedure Agenda <input type="text"/> <input type="checkbox"/> Other: <input type="text"/> </p> </div> <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> |
| <p>6</p> | <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> |
| <p>7</p> | <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> |

| | | | |
|--|--|--|--|
| | <table border="1"> <tr> <td data-bbox="347 222 704 348"> RRB Prefix/Claim #  </td> <td data-bbox="704 222 841 348"> Payee Code  </td> </tr> </table> | RRB Prefix/Claim #  | Payee Code  |
| RRB Prefix/Claim #  | Payee Code  | | |
| 8 | <p>Click in the area below “Authorizer Comments:” and begin typing a detailed explanation of why the claim is being returned.</p> <p></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, Tracing on Request for SSA Medical or Other Evidence

Use

This form is to be used when tracing on a Form RR-5 and Form G-26f, or 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 |

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

1. **Email the G-460 document to SSA.** For instructions on scanning and sending the form by email to SSA, click here [How To Scan and Email Documents](#)

2. **Send the G-460 document to IMAGING.**

G-626A, Field Office Personal Observation Record

See [FOM1 1720, G-626A](#).

Form G-626A is obtained by the field office for all initial disability applicants to record personal observations. Personal observations may be the result of an in-person or telephone interview. The G-626A must accompany the initial disability application package.

For more information on completion and disposition by the field office, see [FOM 1310](#). For more detail on the high risk questions with examples, see [FOM1 Article 13, Appendix E](#).

This procedure pertains to examiner handling of Item 1, which lists 5 criteria for possible high-risk scenarios. The five criteria are listed below with guidelines for examiner handling:

1. **Prior Earnings Fraud:** The applicant was previously reviewed for earnings fraud due to unreported work activity and such action was determined to be fraudulent. Disability examiners are required to review Contact Log and Imaging for any past history of fraud under the Railroad Retirement Act (RRA) and Railroad Unemployment Insurance Act (RUIA). **Note:** If there is a prior history of fraud under RUIA, there will be a contact alert message that reads "Prior RUIA Fraud G-626A required for Disability EE applicants - see FOM1 Article 13 Appendix E." In addition, check OLDDS to see if Form G-325A has been completed for a Continuing Disability Review (CDR) determination. In these cases, verify whether the CDR action was the result of fraud by the disability annuitant.
2. **LAG Earnings Needed:** The applicant needed lag earnings to attain 240 cumulative service months (except for settlement cases) and the employee is under age 51 **or** is entitled to a private pension from the railroad employer and is under age 56. Refer to [FOM1 209.10](#) for the definition of Lag. Disability examiners should review the DEQY to determine if a private pension is payable. In addition, the pension is indicated on the APPLE application, and sometimes also in the remarks section of APPLE.
3. **Possible Work/Earnings:** The field office staff identifies possible work/earnings from an incorporated business, limited liability corporation or self-employment with reported levels of income below the earnings

- limitations established for disability annuitants. Disability examiners should refer to [FOM1 1125.5.2](#) for the amount of disability work deductions applicable for a particular year.
4. **No Earnings in Last 5 Years:** Examiners can verify this information by checking EDMA, obtaining a DEQY and checking The Work Number to see if the applicant has had earnings in the last 5 years.
 5. **Uniform Responses/Patterns:** Entries on the disability application are uniform or other material information provided by the applicant appears inconsistent or is in need of further review. If this criteria appears to apply, examiners should review [DCM 8.8.2](#), Elements of Fraud, for further information.

G-841C, Background Medical Evidence Transmittal Memorandum

See [FOM1 1720, G-841C](#).

11.3 "RL" Forms

RL-11, Letter for G-3EMP Disqualification Request for Medical Evidence from Railroad Employers

See [FOM1 1745, RL-11](#).

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

See [FOM1 1745, RL-11B](#).

RL-11D, Letter Requesting Medical Records from Worker's Compensation Or Other Agency Or Institution

See [FOM1 1745, RL-11D](#).

RL-11D1, Request for Medical Evidence from Employers

See [FOM1 1745, RL-11D1](#). 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-213E, Continuing Disability

Use

Effective September 25, 2017, Form RL-213E is released by the Disability Benefits Division (DBD) to an employee disability annuitant acknowledging receipt and review of information submitted in response to any of the following forms that were released to them:

- G-254a, Continuing Disability Update Report;
- RL-4, Disability Reminder Notice - Retirement;
- RL-5, Disability Reminder Notice - Survivor; and
- RL-7, Disability Reminder Notice - Under Earnings.

After reviewing the response(s) submitted, DBD will release the RL-213E to the annuitant if it is determined that no other action is necessary. Prior to the above date, the RL-213E was only released in response to the Form G-254a.

Completion

The RL-213E is on RRAILS. RRAILS will prefill the name, address, and claim number. Verify that the entries are correct. The form has two dialog boxes and one drop down menu. In the first dialog box, select whether the form is going to a third party. If "No" is selected, the text prefills with "your condition," etc. If "Yes" is selected, a second dialog box appears that asks if the disabled person is the male or female employee or the male or female annuitant. Select the appropriate gender and status and the verb tense will prefill accordingly throughout the letter. From the drop down menu, select the form type the annuitant responded to.

Disposition

After completion of the necessary items, print the form from RRAILS and release to the applicant. Image a copy of the RL-213E to WorkDesk via the imaging button in RRAILS.

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:

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). It is not needed when, 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 |
|------------------------------------|---|
| 1. SS Claim Number(s) | Enter the social security claim number of the applicant |
| 2. RRB 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

1. Email the RR-5 document to SSA. For instructions on scanning and sending the form by email to SSA, click here:

[How To Scan and Email Documents.](#)

2. Send the RR-5 document to IMAGING.

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.

SSA-2506-BK, Psychiatric Review Technique Form (Social Security Administration)**Use**

SSA-2506-BK is used by SSA (Disability Determination Services doctors and Administrative Law Judges) in assessing mental impairments. The form is also used by the medical consultants of the Railroad Retirement Board when assessing mental impairments in disability cases. The form is not completed by RRB disability examiners, but is completed and forwarded from the RRB medical consultant in response to the request for G-137 Medical Consultant Opinion.

Disposition

The form is placed on the right side of the folder, usually directly above the G-137 series documents.

SSA-4734-F4-SUP, Mental Residual Functional Capacity Assessment (Social Security Administration)

Use

SSA-4734-F4-SUP is used by SSA (Disability Determination Services doctors and Administrative Law Judges) in assessing mental residual functional capacity in mental impairment cases. The form is also used by the medical consultants of the Railroad Retirement Board when assessing mental residual functional capacity in mental impairment cases. The form is not completed by RRB disability examiners, but is completed and forwarded from the RRB medical consultant in response to the request for G-137 Medical Consultant Opinion.

Disposition

The form is placed on the right side of the folder, usually directly above the G-137 series documents.