

Appendix A - Employee Annuities

<u>Employer</u>	<u>Restrictions, Conditions or Exceptions, if any</u>
-A-	
Akron & Barberton Belt RR	
Akron Union Passenger Depot Co.	Current examination conducted if applicant has current employee status.
Alameda Belt Line	
Aliquippa and Southern RR	
American Refrigerator Transit Co.	See Attachment 3 to this Appendix.
Atchison, Topeka and Santa Fe Ry.	Medical reports furnished for members of hospital associations. Release RL-11 direct to Chief Surgeon of Hospital Association (See Contact Official List) with copy to Contact Officer. Request that medical reports be returned through Contact Officer's office.
Atlanta & Saint Andrews Bay Ry.	Current examinations conducted at company stations.
-B-	
Bangor and Aroostook RR	
Beaufort and Morehead RR	
Berlin Mills Ry.	
Birmingham Southern RR	
Board of Trustees of the Galveston Wharves	Current examinations conducted if applicant disabled in service, lives in or able to travel to Galveston area, and not out of service over one year.
Buffalo Creek RR (Lessees)	

Burlington Northern, Inc.	Current examinations not usually conducted. Reports of past examinations will be furnished. Release RL-11 to the Chief Medical Officer in St. Paul, MN in all cases.
-C-	
Cape Fear Railways, Inc.	
Carbon County Ry. Co.	
Chattahoochee Valley Ry.	
Chessie System (B&O, C&O and all subsidiaries)	Current examinations not usually conducted. Release RL-11 to Chief Medical Officer, Chessie System, 100 N. Charles St., Baltimore, MD 21201.
Chicago and North Western Ry.	Current examination conducted if applicant can report to company dispensary at 127 N. Clinton St., Chicago, IL.
Chicago, Milwaukee, St. Paul and Pacific RR	Current examination <u>not</u> conducted for employees East of Mobridge, SD. For employees West of Mobridge, SD, see Milwaukee Hospital Assn.
Chicago Union Station Co.	Current examination conducted if applicant has current employee status and can report to Chicago Union Station Depot, Chicago, IL.
Colorado and Southern Ry.	
Colorado and Wyoming Ry.	
CONRAIL	See Attachment 2 to this Appendix.
-D-	
Delray Connecting RR	Current examination conducted if applicant has current employee status.
Denver and Rio Grande Western RR	
Duluth Union Depot and Transfer Co.	
-E-	

Elgin, Joliet and Eastern Ry.	
-F-	
Florida East Coast Ry.	Current examinations not conducted. Reports of past examinations will be furnished. Release RL-11 to Chief Medical Examiner, Florida East Coast Railway Company, 2442 Atlantic Blvd., Jacksonville, FL 32207
Fonda, Johnstown and Gloversville RR	Current examinations conducted if applicant has current employee status and located in vicinity of Gloversville or Amsterdam, NY.
Fort Worth and Denver RY.	In addition to request for employer medical evidence, develop medical from designated examiner unless medical evidence is available from "applicant" sources.
-G-	
Great Western Ry.	
Green Bay and Western RR	Current examination conducted if DLW is not more than 6 months before the date of the request and if applicant has not worked in any other employment since leaving railroad service.
-H-	
Harbor Belt Line RR	Most applicants retain rights with company from which assigned - namely, AT&SF, UP, and SP. Request medical report from company with which applicant retained rights. If applicant does not retain rights with one of companies named, request report from SP.
Houston Belt & Terminal Ry.	Current examination conducted if applicant has current employee status.
-I-	
Illinois Terminal RR	See Attachment 3 to this Appendix.
-K-	

Kelley's Creek and Northwestern RR	
-L-	
Long Island RR	
Los Angeles Union Passenger Terminal	
Ludington & Northern RY.	
-M-	
Manufacturer's Ry. Co. (St. Louis)	See Attachment 3 to this Appendix.
Milwaukee Hospital Assn.	Employees of Chicago, Milwaukee, St. Paul and Pacific RR West of Mobridge, SD are members. Medical evidence will only be furnished for disqualified operating employees and other employees treated in Surgeon's office in Seattle, WA. Members of the Milwaukee Hosp. Assn. who have been examined by "on-line" assn. doctors should be furnished Form G-250 to be completed by the "on line" assn. doctor. Form G-250 should indicate the doctor is n assn. doctor.
Missouri-Illinois RR	See Attachment 3 of this Appendix.
Missouri-Kansas-Texas RR	<p>For members of the Missouri-Kansas-Texas Employees Hospital Assn., release RL-11b to the Administrator, Missouri-Kansas-Texas Hospital:</p> <ol style="list-style-type: none"> (1) At Parsons, KS 67357 for members residing north of the Oklahoma-Kansas border; (2) At Denison, TX 75020 for members residing in Oklahoma and Texas. <p>In addition, if applicant disqualified by Missouri-Kansas-Texas Railroad Medical Director, release RL-11 to Medical Director, Missouri-Kansas-Texas, 101 E. Main St., Denison, TX 75020.</p>

Missouri Pacific RR Co. and all Subsidiary Companies	See Attachment 3 to this Appendix.
Monongahela Connecting RR	
-N-	
Northwestern Pacific RR	See Southern Pacific
Transportation Co.	
-O-	
Ogden Union Ry and Depot Co.	
-P-	
Pacific Fruit Express	No medical records available for off-line employees.
Pearl River Valley RR	
Petaluma and Santa Rosa RR	See Southern Pacific Transportation Co.
Pittsburgh & Conneaut Dock Co.	
Port Terminal Railroad Assn.	Current examination conducted if applicant has current employee status.
Portland Traction Co. Portland RR and Terminal Div.	
Pueblo Union Depot and RR	
-Q-	
Quanah, Acme & Pacific Ry.	
-R-	
Rahway Valley Co., Lessee	Do not request medical report if personal injury case.
Richmond, Fredericksburg and Potomac RR	Current examination conducted if applicant has current employee status and able to report to company medical examiner.

-S-	
Salt Lake City Union Depot and RR	
San Diego & Arizona Eastern Ry.	See Southern Pacific Transportation Co.
Southern Pacific Transportation Co.	<p>If applicant has terminated service but is still carried on roster and retains rights, examination will be conducted for the following period after termination of service:</p> <p>Less than 12 months service - same length of time as was in service.</p> <p>1 year but less than 10 years service - not in excess of 1 year.</p> <p>10 year but less than 25 years of service - not in excess of 18 months.</p> <p>25 or more years service - not in excess of 24 months.</p> <p>If applicant has resigned or has been discharged, employer will not conduct current examinations but will furnish report of last examination prior to leaving service.</p>
Staten Island Rapid Transit Ry.	See Attachment 1 to this Appendix.
St. Louis Refrigerator Car Co.	See Attachment 3 of this Appendix.
St Louis - San Francisco Ry.	Current examination conducted for member of hospital association only.
St. Louis Southwestern Ry. (Cotton Belt)	Current examinations are not available and G-3EMP cannot be completed. Complete medical records for in- or out-patients of the St. Louis Southwestern Ry. Hospital through 6/1972 are available on request, and will be furnished upon authorization by the employee. Address requests for these medical records to:
St. Louis-Southwestern Ry. P.O. Box 778 Tyler, Texas 75701	Lines Hospital Trust

St. Mary RR	
-T-	
Terminal RR Assn. of St. Louis	See Attachment 3 of this Appendix.
Tidewater Southern Ry.	
Toledo, Angola & Western Ry.	
Tooele Valley Ry.	
Trona Ry.	
-U-	
Union Pacific RR	<p>Furnish employee applicant:</p> <ol style="list-style-type: none"> 1.) Original of Form RL-11 (prepared in triplicate) addressed to the physician of the UPRREHA (Union Pacific Railroad Employees Hospital Association) who will conduct the examination. If the employee cannot report to the physician who last treated or examined him, he can be referred to <u>any</u> company physician for the examination. (Amend Form RL-11 so that the completed Forms G-3EMP are returned to the district office; 2.) Form G-3EMP (properly headed up) in duplicate; and 3.) An envelope pre-addressed to the district office. <p>Instruct the employee to present all of the above forms to the physician shown on Form RL-11 as soon as possible.</p> <p>Upon return of completed Forms G-3EMP, send the duplicate copy with a copy of Form RL-11 to the contact officer. Enter on the copy of Form RL-11, sent to the contact officer, the notation "Original report forwarded</p>

	to DBD." Forward the original Form G-3EMP with a copy of Form RL-11 to DBD.
Union RR (Pittsburgh, PA.)	Current examination conducted if applicant has current employee status.
United Transportation Union	Will conduct medical examinations for officers and employees who work at the international office. Forward Form RL-11 to the contact official.
-V-	
Visalia Electric RR	See Southern Pacific Transportation Co.
-W-	
Walla Walla Valley Ry.	
Ware Shoals RR	
Washington Terminal Co.	Current examination conducted if applicant has current employee status.
Western Pacific RR	
Wichita Union Terminal Ry.	
-Y-	
Youngstown and Northern RR	

Attachment 1 The Chessie System

The Chessie System, which includes the Baltimore and Ohio Railroad, the Chesapeake and Ohio Railway, and the Western Maryland Railway, requests that all forms RL-11 be released to the offices listed below for completion.

The following is a list of the Chessie medical offices, their mailing addresses, and the major cities located in each district. The medical district also includes areas adjacent to or between the cities listed. Released Form RL-11 to the office of district in which the applicant resides. Current examinations may be arranged at these locations.

Medical Examiner	Cities Located in Medical District
Regional Medical Examiner	Ashland, KY

Chessie System	Raceland, KY
Box 1800	Russell, KY
Operating Headquarters Bldg.	Portsmouth, OH
801 Madison Avenue	Charleston, WV
Hunting, WV	Huntington, WV
Chief Medical Officer	Washington, D.C.
Chessie System	Wilmington, DE
100 N Charles Street	Chicago, IL
Baltimore, MD 21201	E. St. Louis, IL
	Garrett, IN
	Indianapolis, IN
	Covington, KY
	Louisville, KY
	Newport, KY
	Stevens, KY
	Baltimore, MD
	Dearborn, MI
	Detroit, MI
	Flint, MI
	Grand Rapids, MI
	Ludington, MI
	Saginaw, MI
	St. Louis, MO

	New York, NY
	Chillicothe, OH
	Cincinnati, OH
	Columbus, OH
	Dayton, OH
	Fostoria, OH
	Hamilton, OH
	Lima, OH
	Toledo, OH
	Wallbridge, OH
	Philadelphia, PA
	Charlottesville, VA
	Newport News, VA
	Norfolk, VA
	Richmond, VA
	Parkersburgh, WV

Current examinations will not always be conducted; however, when the applicant has a current employee status and could report, at his own expense for examination by an employer medical examiner, enter the following postscript on Form RL-11:

"If requested, applicant can report for examination at _____."

Advise the applicant to comply promptly if the employer requests that he report for examination.

The following is a list of the medical examiners, their addresses, and the major cities located in each district. These facilities do NOT have a full time medical examiner, and current examinations can usually not be arranged. They may, upon receipt of Form RL-11, however, be able to provide records of pertinent past examinations.

Medical Examiner	Cities Located in Medical District
Medical Examiner Chessie System YMCA Building 720 Virginia Ave.	Cumberland, MD; Hagerstown, MD; Martinsburg, WV, Grafton WV, Fairmont, WV, Clarksburg, WV, Pittsburgh, PA, Connellsville, PA, Buffalo, NY, Rochester, NY
Medical Examiner Chessie System Metropolitan Building 39 S. Main Street Akron, OH 44308	Akron, OH; Youngstown, OH; Newark, OH, Zanesville, OH, New Castle, PA, Willard, OH

When the applicant does not indicate recent examination by a company doctor, release RL-11 to proper source, but do not wait for response from the Chessie - schedule appropriate examinations immediately.

Attachment 2 The CONRAIL System

CONRAIL will conduct a current medical exam for a disability applicant provided:

- (1) He has a current employee status, and
- (2) He can report to one of the CONRAIL medical offices listed below.

If the applicant can report to one of the medical offices listed below, indicate in a footnote on Form RL-11:

Applicant can report for examination at (location).

The employer will notify the applicant to contact the appropriate medical office within 10 days for an appointment. Explain to the applicant the importance of complying with the employer's request to report for examination.

If the applicant states he was disqualified by a CONRAIL medical officer, question him closely to find out where he was examined, when, and by what doctor. Enter this information in the space provided on Form RL-11.

CONRAIL medical offices are located in the following cities:

Chicago, IL

Conway, PA

Indianapolis, IN

Philadelphia, PA

Pittsburgh, PA

Selkirk, NY

DO NOT DIRECT FORM RL-11 TO THE CONRAIL MEDICAL OFFICER; SEND IT TO THE CONTACT OFFICIAL.

CONRAIL has closed many medical offices since they became an employer in April 1975. If an applicant, for a disability annuity claims employer disqualification for medical reasons prior to the closing of one of the medical facilities, send an RL-11 to the contact official and specifically request a copy of the disqualification notice in a post script to that letter.

Attachment 3 Other Railroads

Developing medical evidence for an employee of one of the employers listed below:

EMPLOYERS	
American Refrigerator Transit	Missouri Pacific RR
Illinois Terminal RR	St. Louis Refrigerator Car Co.
Manufacturers Ry. Co. (St. Louis)	Terminal RR Assn. of St. Louis

HOSPITAL ASSOCIATIONS	
Chief Surgeon	Chief Surgeon
Missouri Pacific Employee's Hosp. Assn.	Gulf Coast Lines Employee's Hosp. Assn.
St. Louis-Little Rock Hospitals, Inc.	1601 West Alabama
If treated in the Little Rock	Houston, TX 77006

Hospital, send request: Missouri Pacific Employee's Hosp. Assn. Little Rock, AR 72201	
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1. If applicant claims disqualification by employer, he should have a letter to that effect. If so, release RL-11 to disability contact officer as shown in contact official list.
2. If applicant is not disqualified by employer and is a member of one of the hospital associations shown above, release RL-11b direct to hospital association where treated. (If your experience indicates difficulty in securing medical reports from hospital association, schedule appropriate medical examination(s) with designated examiner simultaneously with release of request to hospital association.) 3. If applicant is not disqualified by employer and is not a member of one of the hospital associations shown above, schedule appropriate medical examination(s)..

Take the same tracer action on hospital associations as is taken on employers.

Appendix B - Field Guide

Appendix_B

Medical Evidence Development And Evaluation

The following guide is used by field offices to evaluate the adequacy of existing evidence and to determine which exams, tests, and X-rays are needed to supplement existing evidence.

Field Office Guide For Developing Medical Evidence

SYSTEM/IMPAIRMENT	EXAMINATION	LAB TEST and/or X-RAY
1. Musculoskeletal A. Inflammatory Arthritis	Orthopedic	Antinuclear Antibody, <u>or</u> Erythrocyte Sedimentation Rate, <u>or</u> Rheumatoid Factor

SYSTEM/IMPAIRMENT	EXAMINATION	LAB TEST and/or X-RAY
<p>B. Osteoarthritis</p> <p>C. Disorders of Spine</p> <p>D. Fractures</p> <p>E. Amputation</p> <p>F. Osteomyelitis</p>	<p>Orthopedic</p> <p>Orthopedic</p> <p>Orthopedic</p> <p>Orthopedic</p> <p>Orthopedic</p>	<p>X-ray of the most affected joints (maximum of three), you must specify the joints to be X-rayed.</p> <p>X-ray of the most affected joints (maximum of three), you must specify the joints to be X-rayed.</p> <p>X-ray of the portion of Spine affected.</p> <p>X-ray of the fractured area</p> <p>Erythrocyte</p> <p>Sedimentation Rate</p> <p>X-ray of the affected area (maximum of three), you must specify the area to be X-rayed.</p>
<p>2. Sensory</p> <p>A. Visual Disorders</p> <p>(1) Visual Acuity Ophthalmology</p> <p>(2) Visual Field Ophthalmology</p> <p>B. Hearing Disorders</p> <p>(1) Meniere's Disease</p>	<p>Otolaryngology (with audiometric and caloric test)</p>	

SYSTEM/IMPAIRMENT	EXAMINATION	LAB TEST and/or X-RAY
(2) Deafness	Otolaryngology (with audiometric test, and with air and bone condition pure tone studies)	
3. Respiratory		
A. Obstructive Disorders	Internist	Ventilatory Studies, Chest X-ray
B. Restrictive Disorders	Internist	Chest X-ray
C. Pulmonary Tuberculosis	Internist	Ventilatory Studies, Chest X-ray
D. Other Infectious Lung Diseases	Internist	Ventilatory Studies, Chest X-ray
E. Occupational Lung Diseases	Internist	Ventilatory Studies, Chest X-ray
F. Diseases of Larynx	Internist	
4. Cardiovascular		
A. Congestive Heart Failure	Internist	Electrocardiogram (EKG), Chest X-ray
B. Ischemic Heart	Internist	Electrocardiogram
C. Conduction Disturbances Arrhythmias	Internist	Electrocardiogram
D. Other Cardiovascular Conditions	Internist	Electrocardiogram
(1) High Blood Pressure	Internist	Electrocardiogram
(2) Aneurysms	Internist	Affected area, specify the area to be X-rayed.

SYSTEM/IMPAIRMENT	EXAMINATION	LAB TEST and/or X-RAY
(3) Chronic Venous Insufficiency	Internist	
(4) Arteriosclerosis Obliterans	Internist	Doppler Ultrasound Blood Flow Study
(5) Transient Ischemic Attacks	Internist or Neurologist	Electrocardiogram
5. Gastrointestinal		
A. Recurrent Upper Gastrointestinal Hemorrhage	Internist	
B. Stricture Stenosis Obstruction of Esophagus	Internist	
C. Peptic Ulcer	Internist	
D. Chronic Liver Disease	Internist	Liver Function Studies
E. Chronic Ulcerative Colitis	Internist	
F. Regional Enteritis	Internist	
6. Genito-Urinary		
A. Chronic Renal Failure	Internist	Serum Creatinine
B. Nephrotic Syndrome	Internist	Serum Albumin**
7. Hemo-Lymphatic		
A. Disorders of Red Blood Cell	Internist	Red Blood Cell Count
B. Disorders of White Blood Cell	Internist	Complete Blood Count
C. Hemorrhagic Disorders	Internist	Platelet Count**

SYSTEM/IMPAIRMENT	EXAMINATION	LAB TEST and/or X-RAY
D. Lymphomas	Internist	
E. Plasma Cell Disorders	Internist	Complete Blood Count, Serum Protein Electrophoresis**
8. Skin	Dermatologist	
9. Endocrine		
A. Thyroid Disorders	Internist	Thyroid Evaluation (T3-T4)
B. Diabetes Mellitus	Internist	Serum Glucose
C. Diabetes Insipidus	Internist	Urinalysis
D. Hyperparathyroidism	Internist	Serum phosphorus, Bone X-ray (maximum of three), you must specify the area to be X-rayed.
E. Hypoparathyroidism	Internist	Serum Phosphorus
10. Neurological		
A. Epilepsy (seizures)	Neurological*	Anti-convulsant serum level
B. Cerebrovascular Accident (stroke)	Neurological*	
C. Cerebral Palsy	Neurological*	
D. Head Injury	Neurological*	
E. Intracranial Tumor	Neurological*	
F. Parkinsonism	Neurological*	
G. Chorea	Neurological*	
H. Multiple Sclerosis	Neurological*	
I. Diseases of Spinal Cord	Neurological*	

SYSTEM/IMPAIRMENT	EXAMINATION	LAB TEST and/or X-RAY
J. Peripheral Neuropathy	Neurological*	
11. Mental		
A. Mental Retardation	I.Q. Evaluation	
B. Other Mental	Psychiatric*	
12. Malignant Tumors	Internist	
13. Multiple Organ Systems		
A. Systemic Lupus Erythematosus	Internist	Antinuclear Antibody
B. Obesity	Internist	
C. All other multiple systems disorders		Exams, tests, and X-rays of one or more body systems as necessary. You must specify the type of X-ray.

***All available medical evidence must be sent by overnight delivery to the contracted provider the same day the examination is ordered.** Appendix C - Medical Exam Reference Chart

NO.	DESCRIPTION
001	Dermatology (skin) exam
003	Otolaryngology (ear) exam including audiometric test with air and bone condition pure tone studies and with speech discrimination
005	Otolaryngology (ear) exam <u>with Caloric test [i.e. test measuring balance]</u> including audiometric test
007	Ophthalmology (eye) exam
011	I.Q. Evaluation with psychometric testing
012	Neurology exam
013	Psychiatry exam
014	Minnesota Multiphasic Personality Inventory (MMPI) test

016	Orthopedics exam
017	Internal medicine exam with Orthopedic involvement SCHEDULE THIS IF CONCURRENT ORTHOPEDIC <u>AND</u> NONORTHOPEDIC IMPAIRMENTS
018	Internal medicine exam
020	Serum Protein Electrophoresis
023	Arterial Blood Gas (Resting) test
024	Prothrombin Time and International Normalized Ratio (PT/INR)
026	Glycated Hemoglobin (also known as an “A1C” Test)
028	Hematocrit
030	Complete Blood Cell Count (CBC)
032	Serum Creatinine
033	Serum Albumin
034	Erythrocyte Sedimentation Rate
036	SMA series (SMA-12, etc.)
037	Anti-convulsant serum level
038	Liver Function Studies (SGPT, total protein, LDH, serum bilirubin and alkaline phosphatase)
039	Thyroid evaluation, T3-T4
040	Electro-encephalogram (EEG)
041	Ventilatory Function Studies (Pulmonary function test, spirometry)
042	Diffusing Capacity/Lungs (DLCO)

043	Stress (treadmill or bicycle) test with monitoring
044	Rheumatoid Factor
045	Electrocardiogram (EKG) with interpretation
046	Doppler Ultrasound Flow Detection Technique
047	Urinalysis (including chemical and microscopic examination)
048	Antinuclear Antibody
052/152	Left / Right ankle joint (X-ray) Anteroposterior, lateral views, and oblique
053/153	Left / Right upper arm (humerus) (X-ray) Anteroposterior, lateral views, and oblique
055	Chest, plain (X-ray)
058/158	Left / Right elbow (X-ray) Anteroposterior, lateral views and oblique
062/162	Left / Right foot (X-ray) Anteroposterior, lateral views and oblique
063/163	Left / Right forearm (radius and ulna) (X-ray) Anteroposterior, lateral views
067/167	Left/Right hand (X-ray) Anteroposterior, lateral views and oblique
068	Hip joints (right and left on one film) (X-ray) Anteroposterior view
073/173	Left/Right knee joint (X-ray) Anteroposterior, lateral views, and oblique
075/175	Left/Right lower leg (tibia and fibula) (X-ray) Anteroposterior and lateral views
079/179	Left/Right shoulder joint (X-ray) Anteroposterior view, internal and external rotation
085	Skull (X-ray) Anteroposterior, right and left lateral frontal and basal odontoid

087	Cervical spine (upper spine [i.e. neck area]) (X-ray) Anteroposterior and lateral views, odontoid
088	Dorsal spine (middle spine [i.e. upper-middle back area]) (X-ray) Anteroposterior and lateral views
089	Lumbar spine (lower spine [i.e. lower back area]) (X-ray) Anteroposterior and lateral views
092/192	Left/Right thigh (femur) (X-ray) Survey film
094/194	Left/Right wrist (X-ray) Anteroposterior and lateral views
101	Cardiology Exam
102	Oncology Exam
103	Otolaryngology Exam
104	Endocrinology Exam
105	Otolaryngology –ENG Exam
106	Otolaryngology –HINT Exam
107	Ophthalmology Exam
108	Pulmonology Exam
109	Gastroenterology Exam
110	Hematology Exam
111	Urology Exam
112	Neurologist Specialist Exam
113	Psychiatric Specialist Exam
116	Orthopedic Specialist Exam (Prior to July 1, 2015, this exam was limited only to Hearings Officers. Effective July 1, 2015, this limitation was removed).
123	Arterial Blood Gas (Exercise)
200	Functional Capacity Exam

Appendix D - Activities of Daily Living (ADL)Worksheet

See FOM1 1720 form G-31

Refer to RRAILS to view the current copy of a blank G-31.

Appendix E – Guide to High Risk Disability Case Interviews

Appendix_E

In an effort to enhance the application process, the Railroad Retirement Board will conduct comprehensive in-person interviews with disability applicants who meet one or more of the five following criteria shown below. Refer to [FOM 1310](#) for information on Field Service In-Person Interviews.

1. **Prior Earnings Fraud:** Applicant was previously reviewed for earnings fraud due to unreported work activity and such action was determined to be fraudulent (review Contact Log to determine if “Prior RUIA Fraud G-626A required for Disability EE applicants – see FOM 1 Article 13 Appendix E” alert message is present);
2. **LAG Earnings Needed:** Applicant needed lag earnings to attain 240 cumulative service months (except for settlement cases) and the employee is under age 51 at time of filing **or** is entitled to a private pension from the railroad employer and is under age 56 at time of filing (refer to [FOM 209.1](#) for the definition of Lag);
3. **Possible Work/Earnings:** 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. See [FOM1 1125.5.2](#) for the annual earnings limitation amount;
4. **No Earnings in Last 5 Years:** In the five years prior to filing date of the disability application, the applicant lacked railroad and/or social security earnings;
5. **Uniform Responses/Patterns:** Entries on the applicant’s disability application are uniform or other material information provided by the applicant appears inconsistent or is in need of further review in the opinion of the disability examiner and his/her supervisor (refer to [DCM 8.8.2](#), Elements of Fraud).

If a disability applicant meets one of the criteria indicated above, further interview by Field Service claims representative is required. Discuss the details of the criteria identified with the individual. Examples of identifying questions to ask when individuals meet one of the five criteria can be found below.

Through your interview (either in-person or over the telephone), you may learn that the individual meets another criteria. If so, you should pursue questions in that criteria, in addition to the other criteria initially identified. Use **Form G-626A, Field Office Personal Observation Record**, to record personal observations and additional information obtained from the interview. See [FOM1 1720](#) for information on Form G-626A. Identify which criteria the individual met in the remarks section of Form G-626A. Scan the G-626A and all relevant documents to imaging.

DBD staff will also review the G-626A when adjudicating the case. Should DBD staff have additional questions or need clarification on some of the responses, DBD staff may contact the Field Service claims representative for clarification and/or contact the disability applicant.

Examples

Criteria # 1 - Prior Earnings Fraud: Applicant was previously reviewed for earnings fraud by the RRB, OIG or external agency such as SSA due to unreported work activity and such action was determined to be fraudulent. (Review Contact Log to determine if “Prior RUIA Fraud G-626A required for Disability EE applicants – see FOM 1 Article 13 Appendix E ” alert message is present). Questions and statements to ask when individuals meet this criteria include, but are not limited to:

1. All types of work should be reported, including railroad and non-railroad jobs. This includes but is not limited to Self-Employment, Officer of a Company, Public Office and work for income or services. Does your application include all work you performed in the last fifteen years or that you intend to perform this year?

Criteria # 2 - Lag Earnings Needed: 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 51. Questions to ask when individuals meet this criteria include, but are not limited to:

1. Are you receiving or do you expect to receive a private railroad pension? (Based on response, ask questions per pension requirements. For example: Age, Years of Service, Specific Job (engineers only))
2. What are the age and service requirements for your Private Pension with your company? Did this influence your decision in any way?
3. What was your most pressing reason for filing at this time?
4. What prompted you to see a doctor at this time? (This should be asked if the applicant has little to no historical medical evidence)
5. Are you filing now because you expect your condition to last 12 months? What is the prognosis of your condition?

Criteria # 3 - Possible Work/Earnings: Field office staff identifies possible work/earnings from an incorporated business, limited liability corporation (LLC), or self-employment with minimal reported earnings. Questions to ask when individuals meet this criteria include, but are not limited to:

1. Are you aware that earnings are shown under your name? (This relates to identity theft)
2. Are the earnings correct and if so, what type of work did you perform?
3. Have you received any special payments (lump sum payouts/bonus)?
4. Did you receive special considerations or conditions to complete your work? If so, please describe them.
5. Does any member of your family own the business?

Criteria # 4 - No Earnings in 5 Years: In the five years prior to the filing date of the disability application, the applicant lacked railroad and/or social security earnings. Questions to ask when individuals meet this criteria include, but are not limited to:

1. You mentioned that you have not worked for several years. Have you had any income from other sources to assist with your living expenses?
2. Are you eligible for and/or receiving any State assistance, either due to your condition or services you may be performing, like providing homecare?
3. Are you receiving any additional pay or special considerations based on your impairment? (Examples: Payment of rent, utility bills, room and board, or receiving stipend in lieu of pay.)
4. Do you receive any assistance from friends or family?

Criteria # 5 - Uniform Responses/Patterns: Entries on the applicant's disability application are uniform or other material information provided by the applicant appears inconsistent or is in need of further review in the opinion of the disability examiner and his/her supervisor. Questions to ask when individuals meet this criteria include, but are not limited to:

1. Did anyone assist you with this form?
2. I am unclear on some of the terms you used in your application. Could you explain to me the meaning of (pick one from the application)?
3. If the person can't explain a term he/she used, follow-up by asking why they picked that term.
4. If any of the answers from questions above indicate that someone other than the family helped with answers to the application, a question to address this could be worded in the following manner: You advise that you received assistance from a

professional. How did you hear about this person and were you satisfied with their help? (If they were not satisfied, ask what issues they have.)

5. How do your conditions listed on your application impact on your ability to perform your job duties?