

RAILROAD EMPLOYMENT QUESTIONNAIRE

DATE

NAME OF PERSON ON WHOSE RECORD SOCIAL SECURITY BENEFITS ARE CLAIMED

SOCIAL SECURITY NUMBER

A. To be completed whenever the deceased worked the railroad industry on or after January 1937.

1. HOW MANY MONTHS DID THE DECEASED WORK IN THE RAILROAD INDUSTRY AFTER 1936?	2. HOW MANY MONTHS DID THE DECEASED WORK IN THE RAILROAD INDUSTRY BEFORE 1937? (IF NONE, ENTER "NONE")	3. DID THE DECEASED WORK IN THE RAILROAD INDUSTRY DURING THE LAST 18 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO (if "yes" also complete C below.)
4. IF THE DECEASED'S RAILROAD SERVICE TOTALS AT LEAST 120 MONTHS, HAD THE DECEASED EVER FILED A CLAIM FOR A DISABILITY OR RETIREMENT ANNUITY WITH THE RAILROAD RETIREMENT BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "yes", enter the R.R.B. Claim Number _____		R.R.B. CLAIM NUMBER
5. HAS ANY SURVIVOR OF THE DECEASED EVER RECEIVED A LUMP-SUM OR RESIDUAL PAYMENT OR A SURVIVOR'S MONTHLY ANNUITY FROM THE RAILROAD RETIREMENT BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "yes," also complete D below.)	6. IF THE DECEASED EVER FILED AN APPLICATION FOR SOCIAL SECURITY BENEFITS DID THE DECEASED WORK IN THE RAILROAD INDUSTRY AT ANY TIME AFTER FILING FOR SOCIAL SECURITY BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "yes," also complete C below.)	

B. To be completed whenever a claim for Social Security benefits is filed and the claimant or claimant's spouse worked in the railroad industry on or after January 1, 1937.

1. NAME OF PERSON HAVING RAILROAD EMPLOYMENT	SOCIAL SECURITY NUMBER		
2. HOW MANY MONTHS DID THE PERSON NAMED IN B(1) ABOVE WORK IN THE RAILROAD INDUSTRY AFTER 1936?	3. HOW MANY MONTHS DID THE PERSON NAMED IN B(1) ABOVE WORK IN THE RAILROAD INDUSTRY BEFORE 1937? (if none, enter "none.")	4. DID THE PERSON NAMED IN B(1) ABOVE WORK IN THE RAILROAD INDUSTRY DURING THE LAST 18 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "yes," also complete C below.)	
5. IF THE RAILROAD SERVICE TOTALS AT LEAST 120 MONTHS, DID THE PERSON NAMED ABOVE EVER FILE A CLAIM FOR A DISABILITY OR RETIREMENT ANNUITY WITH THE RAILROAD RETIREMENT BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "yes", enter the R.R.B. Claim Number _____		R.R.B. CLAIM NUMBER	
6. DID THE PERSON NAMED IN B(1) ABOVE RECEIVE ANY RAILROAD SICKNESS BENEFITS OR ANY RAILROAD UNEMPLOYMENT BENEFITS DURING THE LAST 18 MONTHS?		<input type="checkbox"/> YES <input type="checkbox"/> NO (If "yes," also complete C below.)	

C. To be completed if item A(3) or A(6) or B(4) or B(6) is checked "yes."

NAME OF RAILROAD EMPLOYER	FROM	TO
WORK LOCATION	DEPARTMENT AND OCCUPATION	

D. To be completed when the claimant for Social Security benefits has received a lump-sum from the R.R.B. or has received or is receiving a monthly R.R.B. annuity based on another individual's railroad employment.

1. NAME OF SOCIAL SECURITY CLAIMANT--R.R.B. ANNUITANT	2. R.R.B. CLAIM NUMBER
3. NAME AND SOCIAL SECURITY NUMBER OF RAILROAD EMPLOYEE ON WHOSE RECORD THE R.R.B. CLAIM WAS FILED	
NAME	SOCIAL SECURITY NUMBER
4. RELATIONSHIP OF S.S. CLAIMANT TO RAILROAD EMPLOYEE (Wife, widow, parent, child, etc.)	5. TYPE OF R.R.B. BENEFIT (Monthly, lump-sum or residual)
6. HAS THE RAILROAD RETIREMENT BOARD NOTIFIED THE ABOVE SOCIAL SECURITY CLAIMANT - R.R.B. ANNUITANT THAT THE AMOUNT OF THE R.R.B. ANNUITY MAY BE AFFECTED BY ENTITLEMENT TO SOCIAL SECURITY BENEFITS? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

PRIVACY ACT/PAPERWORK ACT NOTICE: Your response to this request is voluntary; however, failure to provide all or any of the information requested may, affect the final decision on your claim. The information requested on this form is authorized by sections 205(i) and 205(o) of the Social Security Act. The information you furnish will enable the Social Security Administration to insure proper credit is given for railroad industry employment and to facilitate any required coordination with the Railroad Retirement Board.

PAPERWORK REDUCTION ACT STATEMENT: The **Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 5 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

REMARKS
