

Railroad Employment Questionnaire

Social Security Number:

A. Complete whenever the deceased worked for the railroad industry on or after January 1937.

1. How many months did the deceased work for the railroad industry after 1936?	2. How many months did the deceased work for 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
4. If the deceased's railroad service totals at least 120 months, or 60 months after 1995, 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 for 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. Complete whenever a claim for Social Security benefits is filed and the claimant or claimant's spouse worked in the railroad industry 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, or 60 months after 1995, 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. Complete 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. Complete 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 Statement Collection and Use of Personal Information

Sections 205(i) and 205(o) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed.

We will use the information you provide to coordinate Social Security claims processing with the Railroad Retirement Board (RRB) and determine benefits eligibility. We may also share the information for the following purposes, called routine uses:

- To the RRB, for the purpose of administering provisions of the Social Security Act relating to railroad employment; and
- To Federal, State, or local agencies (or agents on their behalf), for administering income or health maintenance programs including programs under the Social Security Act.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0089, Claims Folders System, as published in the FR on October 31, 2019, at 84 FR 58422. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** You may send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**