

SSA CERTIFICATION OF TITLE II MONTHLY BENEFITS TO RRB FOR PAYMENT OR ADJUSTMENT

RRB CLAIM NUMBER & SYMBOL/PREFIX: 000-00-0000 A

RRB EMPLOYEE'S SSN (if different than RRB claim number)

RR EMPLOYEE'S NAME: John Doe

SSA CLAIMANT'S SSN & BIC: 000-00-0000 A DOE: 11/75 LAF: E

SSA CLAIMANT'S NAME: John Doe DOB: 00/00/10

SSA CLAIMANT'S RRB STATUS: [X] 60/120 MONTHS OR MORE [] SPOUSE OF RRB EMPLOYEE [] CHILD OF RRB EMPLOYEE [] SURVIVOR OF RRB EMPLOYEE

HI/SMI INFORMATION: HI EFF DATE: 11/75

SMI EFF DATE: 11/75 PREMIUM RATE: 6.70 11/75 7.20 06/76

BENEFIT PAYMENT INFORMATION FROM SSA RECORDS

OVERPAYMENT INVOLVED: [] YES [] NO UNDERPAYMENT INVOLVED: [] YES [] NO

Table with 6 columns: NEW RATE, FROM, TO, PRIOR RATE, FROM, TO. Contains handwritten entries for rates and dates.

WHAT SSA NEEDS FROM RRB (type of request): [] RRHI/SMI [] CLAIMS WITHDRAWAL [] O/P [] U/P [] ONE CHECK ONLY PMT/DEFERRAL [] END STAGE RENAL DISEASE MEDICARE CLAIM

[X] OTHER: Enter "Section 205(g) Case" if applicable

COMPLETED BY: DATE: