

## Request for SSA Medical Evidence

1. SS Claim Number(s)

2. RR Claim Number

TO:

**Disability Review Section  
Great Lakes Program Service Center  
Social Security Administration  
PO Box 87755  
Chicago, IL 60680**

3. RR Employee's Name

4. Disabled Person's Name

5. Filed at SS District Office

6. Disabled Person's Date of Birth

### PART I – RRB REQUEST

The person named in Item 4 has applied for disability benefits under the Railroad Retirement Act. This person has indicated that an application for disability benefits under the Social Security Act has also been filed under the claim number(s) shown in Item 1. Check both Title II and Title XVI (SSI) entitlement.

Please return one copy of this form with SSA-415, your decision on SSA-831, and copies of your medical and non-medical evidence to the RRB address shown below.

Requesting Office

Date of Release

Signature of RRB Representative

### PART II – SSA REPLY

We are unable to locate the requested information for the individual named above.

SSA-415 plus medical and non-medical evidence attached.

Other \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

REPLY TO:

**Railroad Retirement Board  
Disability Benefits Division  
844 North Rush Street  
Chicago, IL 60611-2092**

Signature of SS Representative

Date