

RRB REPORT OF EVENTS AFFECTING SSA PAYMENTS	2. SSA CLAIM NO.
1. SSA Program Service Center <i>To:</i> ATTENTION: RRB CONTACT	3. RRB CLAIM NO.
	4. BEN SS NO.
	5. BEN NAME

I. CLAIMS ACTION

6. **RRB CANNOT PROCESS**

<input type="checkbox"/> RR employee has less than 120 months of RR Service	<input type="checkbox"/> Possibility of entitlement to RR annuity remote (see Remarks)
<input type="checkbox"/> RR employee deceased – SSA has jurisdiction of survivor benefits	<input type="checkbox"/> No RR service under the number
	<input type="checkbox"/> _____

7. **PAYEE DISCREPANCY SS BENEFITS CERTIFIED TO RRB PAYEE**

RRB Payee: _____ RRB Payee: _____
Address: _____ Address: _____

Phone: _____

Attached are copies of documents supporting RRB payee. Notify if SSA will accept RRB payee.

8. **TRANSFER TO SSA – RRB NO LONGER HAS AUTHORITY TO PAY SS BENEFITS**

BECAUSE
SS benefits paid from _____ to _____
DOE to HIB/SMIB / _____ SMIB paid thru _____
 Payment Method For Medicare - **CHOOSEONE**

9. **SS BENEFIT WITHDRAWAL – FORWARD YOUR DETERMINATION AS SOON AS POSSIBLE**

	RRB AMT.		SSA AMT.		TOTAL
If withdrawal approved:	_____	+	_____	=	\$0.00
If withdrawal not approved	_____	+	_____	=	\$0.00

No apparent advantage to withdrawal.
 No apparent disadvantage to withdrawal
 RRB accrual would offset SS benefit overpayment
 RRB accrual would not offset SS benefit overpayment

Status of SS Payment: Not processed In force Suspended eff.
 _____ checks returned.
Request for withdrawal (see attached)

II. POST ENTITLEMENT ACTION

10. **POST ENTITLEMENT EVENT**

Event: _____ RRB is continuing payments. _____
Date: _____ RRB has stopped payments effective: _____
SS Benefits paid thru _____

ADVISE IF SUSPENSION, ADJUSTMENT, OR REINSTATEMENT IS IN ORDER

11. **OVERPAYMENT RECOVERY (Amount of O/P - \$ _____)**

By cash remittance of \$ _____

OVERPAID AMOUNT TRANSFERRED TO APPROPRIATE SSA TRUST FUND.

III. MISCELLANEOUS

12. **CHANGE OF NAME AND/OR ADDRESS**

13. **REMARKS:**

CERTIFIED BY _____	DATE _____	FOR DIRECTOR OF OPERATIONS
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