

<p align="center">U.S. RAILROAD RETIREMENT BOARD</p> <p align="center">NOTICE OF PROTECTION OF FILING DATE FOR SOCIAL SECURITY BENEFITS</p>		1. CLAIMANT'S (APPLICANT'S) NAME													
		2. CLAIMANT'S (APPLICANT'S) SSA NUMBER													
		3. SSA CLAIM NUMBER AND W/E'S NAME (If Different than 1 and 2)													
		4. RRB CLAIM NUMBER													
5. TO: SSA DISTRICT OFFICE		<p>THE PERSON NAMED IN ITEM 1 HAS FILED AN APPLICATION FOR AN ANNUITY UNDER THE RAILROAD RETIREMENT ACT. HE/SHE WISHES TO USE THE OFFICIAL FILING DATE OF THAT APPLICATION AS THE OFFICIAL FILING DATE OF AN APPLICATION FOR BENEFITS UNDER TITLE II OF THE SOCIAL SECURITY ACT, AS AMENDED.</p>													
6. OFFICIAL FILING DATE OF RRA APPLICATION	7. TYPE OF SSA APPLICATION: <table border="0"> <tr> <td><input type="checkbox"/> EMPLOYEE</td> <td rowspan="3">}</td> <td><input type="checkbox"/> DISABLED</td> <td><input type="checkbox"/> SPOUSE</td> <td><input type="checkbox"/> WITH CHILD(REN)</td> </tr> <tr> <td><input type="checkbox"/> WIDOW(ER)</td> <td><input type="checkbox"/> NOT DISABLED</td> <td colspan="2"><input type="checkbox"/> WIDOW(ER) WITH CHILD(REN)</td> </tr> <tr> <td><input type="checkbox"/> CHILD</td> <td><input type="checkbox"/> PARENT</td> <td colspan="2"></td> </tr> </table>		<input type="checkbox"/> EMPLOYEE	}	<input type="checkbox"/> DISABLED	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> WITH CHILD(REN)	<input type="checkbox"/> WIDOW(ER)	<input type="checkbox"/> NOT DISABLED	<input type="checkbox"/> WIDOW(ER) WITH CHILD(REN)		<input type="checkbox"/> CHILD	<input type="checkbox"/> PARENT		
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<input type="checkbox"/> CHILD		<input type="checkbox"/> PARENT													
8. CLAIMED DATE OF BIRTH	9. BIRTH EVIDENCE SUBMITTED TO RRB TYPE OF DOCUMENT: DATE RECORD MADE:														
10. CLAIMANT'S (APPLICANT'S) HOME ADDRESS															
11. TELEPHONE NUMBER ()															
12. RRB DISTRICT OFFICE		<p align="center">_____ (SIGNATURE OF RRB REPRESENTATIVE)</p> <p align="center">_____ (DATE)</p>													