	1. RRB Claim No.
RAILROAD RETIREMENT BOARD REPORT OF	2. Date 01-10-2014
HEALTH INSURANCE INFORMATION SSA JURISDICTION	3. RRB Medicare Claim No.
	4. RR Employee's SSA No.
7. SSA PROGRAM SERVICE CENTER	5. Beneficiary's SSA No.
	6. Beneficiary's Name, Address, and Telephone No.
SECTION A: RRB REPORT OF TRANSFER OF HI AND SMI DATA—NOT ELIGIBLE FOR HI AS QRRB	
8. Date Application Filed at RRB	9. Reason Applicant is not QRRB
10. SMI Election Data on RRB Application Form	
Yes No No Response	
	OF JURISDICTION—NO LONGER A QRRB
11. Hi Coverage Effective	12. Reason RRB Jurisdiction Ended and Date of Event that ended it:
13. First SMI Coverage Period	Death of RR Employee, Date:
Effective:	Beneficiary Divorced, Date:
Terminated:	
14. Second SMI Coverage Period Effective:	Beneficiary Remarried, Date:
Terminated:	, Date:
15. Premium Rate	
16. Premium paid through	17. Remarks
18. Premium Payment Method	
Deduction Direct State	
Docusion Payment Buy-In 19. Certified By Date	Telephone No. Section
Date Date	1-877-772-5772 5000
20. New Claim Number	ON ABOUT CONTINUING HI/SMI ELIGIBILITY 21. Name on Newly Established HI/SMI Record
22. Date Claim Filed	23. Date Forwarded to Reviewing Office
24. SSA DO	25. Date
SECTION D: PC REPORT OF INFORMATION ABOUT CONTINUING HI/SMI ELIGIBILITY	
Record HI/SMI entitlement dates on the MBR, complete the following and forward one copy to: RAILROAD RETIREMENT BOARD, MEDICARE SECTION, 844 N RUSH STREET, CHICAGO, IL 60611-2092	
Keep one copy for folder documentation.	
26. Date of PC Action to Remove RR Juris from the MBR:	