

RRB PRIORITY ACTION FAX SHEET TO SSA
(Use for Priority Action Items Only)

Date of Fax:

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Social Security Claim Number:

Beneficiary Name:

RRB Claim Number:

To: Processing Service Center (PSC) - Use first 3 digits of SSN when you Choose One

See the attached forms and take necessary action as indicated below.

Comments:

RRB Unit: Theatre Building, Suite 301

Unit Supervisor:

Contact:

Telephone No.:

Facsimile No.:

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