

RRB FORM G-37e (1-93)
JURISDICTION MESSAGE

DATE

TO: SOCIAL SECURITY ADMINISTRATION

CHIEF, PROGRAM SERVICE CENTER, _____

(CITY)

(STATE)

SSA NO.

NAME OF WAGE EARNER

DOB

DOD

(JURISDICTION DETERMINATION REVERSAL.)

RRB HAS JURISDICTION OF SURVIVOR BENEFITS PAYABLE ON THIS ACCOUNT.

SSA HAS JURISDICTION OF SURVIVOR BENEFITS PAYABLE ON THIS ACCOUNT.

RRB

CLAIM NUMBER: _____

FROM

SURVIVOR BENEFITS DIVISION
RAILROAD RETIREMENT BOARD
CHICAGO, ILLINOIS_____
(SENDER)_____
(UNIT)_____
(EXT.)