

<p>APPEAL UNDER THE RAILROAD RETIREMENT ACT OR THE RAILROAD UNEMPLOY- MENT INSURANCE ACT</p> <p>IMPORTANT: PLEASE READ FORM HA-2 BEFORE COMPLETING THIS FORM</p>	PRINT NAME (First, Middle Initial, Last)		SOCIAL SECURITY NUMBER	
			RRB CLAIM NUMBER (R.R.A. Appeals Only)	
	PRINT ADDRESS (Number, Street/Apt. No., P.O. Box)		TELEPHONE NO. AREA CODE ()	
	CITY	STATE	ZIP CODE	

Before completing this form read the information contained on the back of this form.

COMPLETE EITHER ITEM A OR B BELOW:

- A. I hereby appeal the reconsideration decision reported in a letter dated _____
- B. I hereby appeal the hearings officer's decision reported in a letter dated _____

This appeal is based on what I believe to be mistakes of fact or errors of law. Details of these mistakes are as follows:

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

I INTEND TO SUBMIT ADDITIONAL EVIDENCE AS FOLLOWS: (if none, so state)

I certify that the information I have provided is true to the best of my knowledge. I know that if I have made a false or fraudulent statement on this form or with any of the supporting evidence submitted, I am committing a crime which is punishable under Federal law by fine or imprisonment or both.

THIS FORM SHOULD BE SENT TO THE BUREAU OF HEARINGS AND APPEALS, RAILROAD RETIREMENT BOARD, 844 NORTH RUSH STREET, CHICAGO, ILLINOIS 60611-2092, OR TO ANY OFFICE OF THE RAILROAD RETIREMENT BOARD. SEE FORM HA-2 FOR INFORMATION ON TIME LIMITATIONS.

<p>IF CLAIMANT IS REPRESENTED:</p> <p>Name of Representative _____</p> <p>Address _____</p> <p>Phone No. () _____</p> <p><input type="checkbox"/> Attorney <input type="checkbox"/> Non-Attorney</p>	<p>SIGNATURE OF CLAIMANT _____</p> <p>DATE SIGNED _____</p> <p>IF THIS APPEAL IS FILED BY A PERSON OTHER THAN CLAIMANT, STATE RELATIONSHIP TO THE CLAIMANT BELOW:</p> <p style="text-align: center;">(EXECUTOR, ADMINISTRATOR, GUARDIAN, ETC.)</p>
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COLLECTION AND USE OF INFORMATION FROM YOUR APPEAL FORM—PRIVACY ACT NOTICE

Under section 7 (b)(6) of the Railroad Retirement Act of 1974 and section 5(b) of the Railroad Unemployment Insurance Act, the Railroad Retirement Board (RRB) is authorized to ask you for the information on the reverse side of this form. You are not required to provide us with this information; however if you do not do so, we cannot process your appeal. Federal agencies may not conduct or sponsor, and respondents are not required to respond to a collection of information unless it displays a valid OMB number.

Although the information which we ask for on this form is almost never used for any purpose other than the processing of your appeal, the RRB does have the authority to release some or all of the information without your approval in the following ways:

- 1) Information may be released to an attorney, Congressman's office, labor union or to the Department of State's embassy or consular offices if they claim to be representing you at your request.
- 2) Information may be released to other people who are receiving benefits based on the same railroad retirement account as the one on which you are claiming benefits if the information might affect their payments from the RRB.
- 3) Information may be released to a person who is receiving benefits on your behalf if the RRB decides that some medical condition keeps you from receiving your own benefits.
- 4) Information may be released to your last employer to make sure you are eligible to receive benefits under the Railroad Retirement Act or under the Railroad Unemployment Insurance Act.
- 5) Information (including medical records) may be released to people or organizations who are working for the RRB.
- 6) Information may be released in certain cases for law enforcement purposes and for court proceedings.

A complete list of the persons, organizations or agencies to which the information you gave us may be released is published in the Federal Register. The current list is available in any office of the RRB, if you wish to see it.

ESTIMATED COMPLETION TIME

We think this form takes an average of 20 minutes per response, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. If you wish, send comments regarding the accuracy of our estimate or any other aspects of this form, including suggestions for reducing completion time, to the Chief of Information Management, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-2092 and to the Office of Management and Budget, Paperwork Reduction Project (3220-0007), Washington, DC 20503. Please *do not* return this form to either of these addresses.