

REQUEST FOR VERIFICATION OF DATE LAST WORKED - (MONTH) RETIREMENTS

The following is a list of your former employees that have recently filed an application for either an age and service or a disability annuity with the Railroad Retirement Board (RRB). The employees provided their *Date Last Worked* for your railroad: and, if applicable, the ending date of any *Pay For Time Lost* after the actual date last worked. If the employees are filing based on age and service, they provided their *Date Relinquished Rights* to railroad employment. The dates the employees provided on their applications are shown below. If these dates are correct, there is nothing you need to do. But if any of these dates are NOT correct, please cross them out and enter the correct date above them. When correcting a date, add an attachment explaining the correction. Fax your correction to the Retirement Benefits Division - RIS: (312) 751-7192.

BA No	SSN	Payroll Name	Job Title	Dept-Div Location	Date Last Worked	Last Day of Pay For Time Lost, If Later	Date Relinquished Rights, If Applicable

Certification: The information on this form is correct to the best of my knowledge and belief.

Title _____

Signature: _____

Date: _____