

**CLAIMANT APPEAL UNDER THE RAILROAD RETIREMENT ACT OR
 RAILROAD UNEMPLOYMENT INSURANCE ACT**

IMPORTANT: Read the "Important Notice" on the next page and the accompanying Form HA-2 before completing this form.

RRB Claim Number

Print Name (First, Middle Initial, Last)

RETURN the completed form to:

Bureau of Hearings and Appeals
 Railroad Retirement Board
 844 North Rush Street
 Chicago, Illinois 60611-1275

Print Address (Number, Street/Apt. No., Po Box)

City

State

ZIP Code

Telephone Number

()

Complete either Item A or B ➤

- 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 have no additional evidence.
- I intend to submit additional evidence as follows: _____

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.

IF CLAIMANT IS REPRESENTED

Name of Representative

Address

Telephone No.

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- Attorney Non-Attorney

Signature of Claimant

Date Signed

If this appeal is filed by a person other than the claimant, state below the relationship to the claimant. (For example, Executor, Administrator, Guardian, etc.)
