



U.S. Railroad Retirement Board
844 North Rush Street
Chicago IL 60611-1275
Toll-Free Number: 1-877-772-5772
TTY: 1-312-751-4701
www.rrb.gov

Form AB-31 (12-19)

How Work Affects Your Disability Annuity

WORK IN THE RAILROAD INDUSTRY—Your annuity cannot be paid when you work for a railroad or other employer in the railroad industry.

EARNINGS OF MORE THAN \$990 (AFTER DEDUCTION OF DISABILITY-RELATED EXPENSES) FROM ANY WORK—Your annuity cannot be paid for any month you do any work and earn over \$990 after deduction of disability-related work expenses. **This earnings restriction applies until the month you reach full retirement age.**

Earnings. This includes wages before payroll deductions, commissions, and other payments for work (such as room and board) and earnings from self-employment.

Disability-Related Work Expenses. These are special expenses that you pay which are necessary in order for you to work (for example, prescription medications, medical services, attendant care, medical devices, equipment, prosthesis, or similar items or services). These expenses may be deductible from your monthly earnings. If you wish to deduct such expenses from your earnings, please contact the nearest office of the Railroad Retirement Board.

Penalties for Late Reports. If you earn over \$990 after deduction of disability-related work expenses a month and do not report it to us within two months, you will be penalized. In addition to withholding your monthly annuity, these penalties will apply:

- The first time that you report late, the penalty is one month's annuity.
- The second time that you report late, the penalty is one month's annuity for each month you earned over \$990 after deduction of disability-related work expenses.

End-of-the-Year Adjustment. If your annuity was adjusted because you reported earnings of over \$990 after deduction of disability-related work expenses, we will send you a form on which to report your earnings. Annuity payments that have been withheld will be paid if you earned less than \$12,375 after deduction of disability-related work expenses. (\$12,375 is $\$990 \times 12 \text{ months} + 50\% \text{ of } \990)

- If you earned \$12,375 or more after deduction of disability-related work expenses, you will not be entitled to an annuity for some months; the number depends on how much you earned.
- You will lose one month's annuity for each \$990 that you earned over \$11,880 ($\$990 \times 12 \text{ months}$). (Fractions of \$495 or more are counted as \$990.)
- Penalties for late reports apply to end-of-year adjustments.

WORK FOR YOUR LAST NONRAILROAD EMPLOYER—Your Tier II and supplemental annuity, if any, are subject to deductions for earnings from your last nonrailroad employer. The deduction is \$1 for each \$2 in earnings not to exceed 50% of these components.

SUBSTANTIAL GAINFUL ACTIVITY—Substantial gainful activity is (in general) work which results in earnings of over \$1,260 per month if not blind (\$2,110 if blind). It also refers to work activity involving the performance of significant physical or mental duties, or a combination of both, which are productive in nature. If you work and are receiving an annuity based on total and permanent disability, or if you have a disability freeze or early Medicare, you may be subject to a finding of substantial gainful activity.

RECOVERY FROM DISABILITY—Your annuity payments and your period of disability (disability freeze) may be terminated if, before you reach full retirement age, you recover from the disability on which your annuity was based or, you engage in substantial gainful activity. When a disability freeze is terminated, your Medicare coverage, if before full retirement age, will terminate. In addition, the amount of any increase in your annuity because of the disability freeze will no longer be payable.

A PERIOD OF DISABILITY ("DISABILITY FREEZE")

- Preserves your earnings record.
- Provides that all or part of the entire Tier I portion of your annuity will be taxed in the same manner as a social security benefit.
- **May** increase the monthly annuity rate payable to you and your survivors.
- **May** allow your dependents to be considered in your annuity payments.
- **May** provide early Medicare coverage.
- **May** only exist for periods before full retirement age (FRA).

YOU MUST MEET A DISABILITY AND AN EARNINGS REQUIREMENT

The Disability Requirement - You must have a permanent medical condition that prevents you from performing any *substantial work*. Another way to meet this requirement is to be at least age 55 and unable, because of *blindness*, to perform substantial gainful work that you used to do with some regularity over a period of time.

Permanent means that the condition has lasted, or is expected to last, for 12 consecutive calendar months. *Substantial gainful work* is any work generally done for pay or profit, involving the performance of significant physical or mental duties. Work may be substantial even if it is done part-time. In evaluating work, consideration is given to job duties, skill and experience required, in addition to pay. *Blindness* means either your eyesight must be no better than 20/200 in the better eye with the best correction, or visual fields in both eyes must be severely restricted.

The Earnings Requirement - You must meet *ONE* of the following:

- If your disability began at age 31 or later, you need to meet two provisions. First you must have earned railroad retirement or social security work credits for each year after the later of 1950 or age 21 up to the year disability began. Second, *unless you meet the definition of blindness*, you must have earned credit for 20 calendar quarters of railroad retirement or social security work during a 40 quarter period ending in or after the quarter in which disability began.
- If you do not meet these requirements but you were previously entitled to a period of disability that began before age 31, you must have earned railroad retirement or social security credits for half of the calendar quarters between the first quarter after age 21 and the quarter in which the current disability began (excluding the prior period(s) of disability). Benefits cannot be paid or increased under this provision before May 1983.
- If your disability began between ages 24 and 31, you must have earned railroad retirement or social security work credits for half of the calendar quarters between the first quarter after age 21 and the quarter in which disability began.

YOUR RIGHT TO FURTHER REVIEW

If you believe that this decision is not correct, you may request that the decision be reconsidered. Your request must be in writing and should explain why you disagree. If you wish this reconsideration, your request must be received by the Railroad Retirement Board (RRB) within 60 days from the date of this notice. You may send your request to any field office of the RRB, or you may send it directly to the following address: Railroad Retirement Board, Reconsideration Section, 844 North Rush Street, Chicago, Illinois 60611-2092. If you have any additional evidence to be considered, you should include it with your request.

If you disagree with the reconsideration decision, you may then appeal to the Bureau of Hearings and Appeals within 60 days from the date of the reconsideration decision. If you do not request a reconsideration within 60 days from the date of this notice, you may not file an appeal at a later date.

IMPORTANT INFORMATION for RRB Disability Claimants

You may be asked to take one or more specialized medical examinations before the Railroad Retirement Board (RRB) can determine if you qualify or continue to qualify for disability benefits. If such is the case, you will be contacted by QTC Medical Services, Inc. (QTC), a firm which the RRB has contracted with, to schedule specialized examinations performed at the RRB's expense.

When a medical examination is required, you will be contacted by telephone to arrange an appointment. A confirmation letter will also be issued. The letter will include the name and address of the doctor or facility, the date and time of the exam, and all other relevant information. The letter should be brought to the examination, but is not required, so you should attend the examination, whether you have the letter or not. All appointments are scheduled at the earliest possible date so that decisions on disability claims can be made as soon as possible.

If you cannot be contacted by a telephone call, a letter will be sent with details on how you should contact QTC to schedule an appointment. Please contact QTC as soon as possible to schedule an appointment.

Keeping appointments made for these medical examinations is in your best interest as it will prevent delays in the processing of your claim. If for any reason you cannot keep a scheduled appointment; or you need directions to the facility; or you have any questions or problems, call immediately the toll free number 1-800-856-3907, so QTC can assist you.

Your cooperation is appreciated.

**U.S. Railroad Retirement Board
Disability Section**

Vocational Report

Section 1 General Instructions

Be sure to read the Important Notice at the bottom of page 8.

Type or print legibly in ink. If you need more space than is provided to answer a question, attach a separate sheet of paper. If you do not know the answer to a question, print "Unknown" in the space provided for the answer. Additional forms may be obtained from the RRB office shown on page 9.

If you are completing this form on behalf of someone else, you must answer each question as it applies to the applicant.

Section 2 Identifying Information

Check the information entered by the Railroad Retirement Board (RRB) for Items 1 through 6 for accuracy.

- If the information is correct, go to Section 3.
- If the information is not correct, cross out the incorrect information and enter the correct information above it.
- If the information is missing, fill it in.

Employee Identification	1 Employee's Name	James C Mills
	2 Employee's Social Security Number	221-52-3482
	3 Employee's Railroad Retirement Claim Number, if different from Item 2	
Applicant Identification	4 Applicant's Name	JAMES C MILLS
	5 Applicant's Address (Include Street Address, City, State/Province, ZIP Code and Country)	2406 HUGGINS STREET COLUMBUS GA 31903
6 Daytime Telephone Number:		Alternate Telephone Number:

Section 3 Information About Your Work History

Work History 7 List all railroad and nonrailroad jobs you have had in the last 15 years before you stopped working and enter an "X" in the appropriate box to indicate whether the work was railroad or nonrailroad. If you have a 6th grade education or less and performed only heavy unskilled labor for 35 years or more, list all of the jobs you have had since you began to work. **NOTE 1:** If you list only one job in Item 7, do not complete pages 4 through 7. If you have more than 3 jobs to list, continue on another Form G-251. **NOTE 2:** Enter the appropriate job title(s) from Item 7a, b, and c, below, at the top of pages 2, 4, and 6.

Job Title	Type and Name of Business (Railroad or Nonrailroad)	Dates Worked				Hours per Week
		From		To		
		MO	YR	MO	YR	
a.	<input type="checkbox"/> Railroad <input type="checkbox"/> Nonrailroad					
b.	<input type="checkbox"/> Railroad <input type="checkbox"/> Nonrailroad					
c.	<input type="checkbox"/> Railroad <input type="checkbox"/> Nonrailroad					

Regular Occupation	8 Enter an "X" in the appropriate box: Are you applying for an employee occupational disability annuity?	<input type="checkbox"/> Yes - Go to Item 9 <input type="checkbox"/> No - Go to Item 12
	9 Enter the title of your usual railroad job in the last 5 years.	
	10 Enter the title of your usual railroad job in the last 15 years.	
	11 Enter an "X" in the appropriate box: Which job did you claim as your regular occupation?	<input type="checkbox"/> Job in Item 9 <input type="checkbox"/> Job in Item 10



Only complete pages 2 and 3 to provide a description of a job listed in Item 7a, _____.

Description of Job in Item 7a

12 Describe the essential duties of the position or occupation named in Item 7a. In that description include technical knowledge or skills involved; any handwritten or typed reports to be completed; any manipulative (manual dexterity) skills used; any driving and/or operating of machinery; and any supervisory responsibilities.

13 Describe the environmental conditions that the position described above exposes you to (i.e., walking on uneven terrain; heights; dangerous machinery; exposure to electric shock or high voltage; proximity to electromagnetic fields; temperature/humidity extremes; fumes; noxious gases; dust; excessive noise or vibration).

14 Indicate below the kind and amount of physical activity this job involved during a typical 8-hour workday. (The total hours shown should equal 8 hours or the exact number of hours worked daily.)

a. Check the number of hours a day spent:

(1) Standing/walking

(2) Sitting

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

b. Indicate in the chart below, the amount of time and a description of the physical action or activity involved during a typical 8-hour workday. If an action listed below does not apply to the position, enter "N.A." in the *Descriptive Comments* column.

Action	Amount of Time				Descriptive Comments
	Never	¹ Occasionally (Up to 1/3)	² Frequently (1/3 to 2/3)	Constantly	
(1) Balancing (With or without equipment in all weather conditions and on any surface, including uneven terrain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Twisting/Turning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Crouching/Squatting/Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5) Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(6) Reaching above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹Occasionally means occurring from very little up to one-third (approx. 2-1/2 hours) of an 8-hour workday; cumulative, not continuous.

²Frequently means occurring one-third (approx. 2-1/2 hours) to two-thirds (approx. 5 hours) of an 8-hour workday; cumulative, not continuous.



Description of Job in Item 7a (cont.)	Action	Amount of Time				Descriptive Comments	
		Never	¹ Occasionally (Up to 1/3)	² Frequently (1/3 to 2/3)	Constantly		
14 b. (7)	Climbing (Indicate what is climbed such as stairs, ladder, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(8)	Pushing/Pulling (Indicate what and how you pushed or pulled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(9)	Crawling under equipment to view, inspect, or repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(10)	Gripping/Holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(11)	Foot Control (Shifting of feet when using pedals, brakes, clutch, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(12)	Fine manipulation (Fingering; keypunch; keyboard; pressing buttons; picking/pinching/turning knobs; etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(13)	Lifting/lowering/carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. Indicate the objects you lift/lower/carry							
b. Check the weight of the objects you lift/lower/carry		Heaviest Weight Lifted					
		<input type="checkbox"/> 10 lbs <input type="checkbox"/> 20 lbs <input type="checkbox"/> 50 lbs <input type="checkbox"/> 100 lbs <input type="checkbox"/> Over 100 lbs Weight Most Often Lifted/Carried <input type="checkbox"/> Up to 10 lbs <input type="checkbox"/> Up to 25 lbs <input type="checkbox"/> Up to 50 lbs <input type="checkbox"/> Over 50 lbs					
15 a. Has your employer made permanent adjustments to this job to accommodate you?		<input type="checkbox"/> Yes - Go to Item 15b <input type="checkbox"/> No - Go to Item 16					
b. Describe any permanent accommodation(s) given (e.g., Job Duties, Work Schedule, Overtime Schedule, Attendance Schedule, etc.) and the start and end dates for each accommodation. If there is not an end date for the accommodation, enter "N/A."							
				From		To	
		Yes	No	Month	Year	Month	Year
<input type="checkbox"/>	<input type="checkbox"/>	Job Duties	▶				
<input type="checkbox"/>	<input type="checkbox"/>	Work Schedule	▶				
<input type="checkbox"/>	<input type="checkbox"/>	Overtime Schedule	▶				
<input type="checkbox"/>	<input type="checkbox"/>	Attendance Schedule	▶				
<input type="checkbox"/>	<input type="checkbox"/>	Other	▶				

¹Occasionally means occurring from very little up to one-third (approx. 2-1/2 hours) of an 8-hour workday; cumulative, not continuous.

²Frequently means occurring one-third (approx. 2-1/2 hours) to two-thirds (approx. 5 hours) of an 8-hour workday; cumulative, not continuous.



Only complete pages 4 and 5 to provide a description of a job listed in Item 7b, _____.
 Otherwise, go to page 8.

Description of Job in Item 7b

16 Describe the essential duties of the position or occupation named in Item 7b. In that description include technical knowledge or skills involved; any handwritten or typed reports to be completed; any manipulative (manual dexterity) skills used; any driving and/or operating of machinery; and any supervisory responsibilities.

17 Describe the environmental conditions that the position described above exposes you to (i.e., walking on uneven terrain; heights; dangerous machinery; exposure to electric shock or high voltage; proximity to electromagnetic fields; temperature/humidity extremes; fumes; noxious gases; dust; excessive noise or vibration).

18 Indicate below the kind and amount of physical activity this job involved during a typical 8-hour workday. (The total hours shown should equal 8 hours or the exact number of hours worked daily.)

a. Check the number of hours a day spent:

(3) Standing/walking

(4) Sitting

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

b. Indicate in the chart below, the amount of time and a description of the physical action or activity involved during a typical 8-hour workday. If an action listed below does not apply to the position, enter "N.A." in the *Descriptive Comments* column.

Action	Amount of Time				Descriptive Comments
	Never	¹ Occasionally (Up to 1/3)	² Frequently (1/3 to 2/3)	Constantly	
(1) Balancing (With or without equipment in all weather conditions and on any surface, including uneven terrain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Twisting/Turning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Crouching/Squatting/Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5) Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(6) Reaching above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹Occasionally means occurring from very little up to one-third (approx. 2-1/2 hours) of an 8-hour workday; cumulative, not continuous.

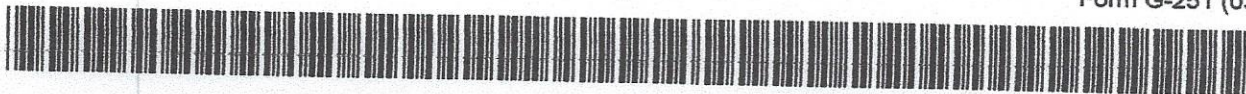
²Frequently means occurring one-third (approx. 2-1/2 hours) to two-thirds (approx. 5 hours) of an 8-hour workday; cumulative, not continuous.



Description of Job in Item 7b (cont.)	Action	Amount of Time				Descriptive Comments	
		Never	¹ Occasionally (Up to 1/3)	² Frequently (1/3 to 2/3)	Constantly		
18 b. (7)	Climbing (Indicate what is climbed such as stairs, ladder, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(8)	Pushing/Pulling (Indicate what and how you pushed or pulled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(9)	Crawling under equipment to view, inspect, or repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(10)	Gripping/Holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(11)	Foot Control (Shifting of feet when using pedals, brakes, clutch, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(12)	Fine manipulation (Fingering; keypunch; keyboard; pressing buttons; picking/pinching/turning knobs; etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(13)	Lifting/lowering/carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. Indicate the objects you lift/lower/carry							
b. Check the weight of the objects you lift/lower/carry		Heaviest Weight Lifted <input type="checkbox"/> 10 lbs <input type="checkbox"/> 20 lbs <input type="checkbox"/> 50 lbs <input type="checkbox"/> 100 lbs <input type="checkbox"/> Over 100 lbs Weight Most Often Lifted/Carried <input type="checkbox"/> Up to 10 lbs <input type="checkbox"/> Up to 25 lbs <input type="checkbox"/> Up to 50 lbs <input type="checkbox"/> Over 50 lbs					
19	a. Has your employer made permanent adjustments to this job to accommodate you?				<input type="checkbox"/> Yes – Go to Item 19b <input type="checkbox"/> No – Go to Item 20		
b. Describe any permanent accommodation(s) given (e.g., Job Duties, Work Schedule, Overtime Schedule, Attendance Schedule, etc.) and the start and end dates for each accommodation. If there is not an end date for the accommodation, enter "N/A."							
				From		To	
				Month	Year	Month	Year
<input type="checkbox"/>	<input type="checkbox"/>	Job Duties	▶				
<input type="checkbox"/>	<input type="checkbox"/>	Work Schedule	▶				
<input type="checkbox"/>	<input type="checkbox"/>	Overtime Schedule	▶				
<input type="checkbox"/>	<input type="checkbox"/>	Attendance Schedule	▶				
<input type="checkbox"/>	<input type="checkbox"/>	Other	▶				

¹Occasionally means occurring from very little up to one-third (approx. 2-1/2 hours) of an 8-hour workday; cumulative, not continuous.

²Frequently means occurring one-third (approx. 2-1/2 hours) to two-thirds (approx. 5 hours) of an 8-hour workday; cumulative, not continuous.



Only complete pages 6 and 7 to provide a description of a job listed in Item 7c, _____.
 Otherwise, go to page 8.

Description of Job in Item 7c

20 Describe the essential duties of the position or occupation named in Item 7c. In that description include technical knowledge or skills involved; any handwritten or typed reports to be completed; any manipulative (manual dexterity) skills used; any driving and/or operating of machinery; and any supervisory responsibilities.

21 Describe the environmental conditions that the position described above exposes you to (i.e., walking on uneven terrain; heights; dangerous machinery; exposure to electric shock or high voltage; proximity to electromagnetic fields; temperature/humidity extremes; fumes; noxious gases; dust; excessive noise or vibration).

22 Indicate below the kind and amount of physical activity this job involved during a typical 8-hour workday. (The total hours shown should equal 8 hours or the exact number of hours worked daily.)
 a. Check the number of hours a day spent:
 (5) Standing/walking 0 1 2 3 4 5 6 7 8
 (6) Sitting 0 1 2 3 4 5 6 7 8

b. Indicate in the chart below, the amount of time and a description of the physical action or activity involved during a typical 8-hour workday. If an action listed below does not apply to the position, enter "N.A." in the *Descriptive Comments* column.

Action	Amount of Time				Descriptive Comments
	Never	¹ Occasionally (Up to 1/3)	² Frequently (1/3 to 2/3)	Constantly	
(1) Balancing (With or without equipment in all weather conditions and on any surface, including uneven terrain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Twisting/Turning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Crouching/Squatting/Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5) Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(6) Reaching above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹Occasionally means occurring from very little up to one-third (approx. 2-1/2 hours) of an 8-hour workday; cumulative, not continuous.
²Frequently means occurring one-third (approx. 2-1/2 hours) to two-thirds (approx. 5 hours) of an 8-hour workday; cumulative, not continuous.



Description of Job in Item 7c (cont.)	Action	Amount of Time				Descriptive Comments	
		Never	¹ Occasionally (Up to 1/3)	² Frequently (1/3 to 2/3)	Constantly		
22 b. (7)	Climbing (Indicate what is climbed such as stairs, ladder, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(8)	Pushing/Pulling (Indicate what and how you pushed or pulled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(9)	Crawling under equipment to view, inspect, or repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(10)	Gripping/Holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(11)	Foot Control (Shifting of feet when using pedals, brakes, clutch, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(12)	Fine manipulation (Fingering; keypunch; keyboard; pressing buttons; picking/pinching/turning knobs; etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(13)	Lifting/lowering/carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. Indicate the objects you lift/lower/carry							
b. Check the weight of the objects you lift/lower/carry		Heaviest Weight Lifted					
		<input type="checkbox"/> 10 lbs <input type="checkbox"/> 20 lbs <input type="checkbox"/> 50 lbs <input type="checkbox"/> 100 lbs <input type="checkbox"/> Over 100 lbs					
		Weight Most Often Lifted/Carried					
		<input type="checkbox"/> Up to 10 lbs <input type="checkbox"/> Up to 25 lbs <input type="checkbox"/> Up to 50 lbs <input type="checkbox"/> Over 50 lbs					
23	a. Has your employer made permanent adjustments to this job to accommodate you?				<input type="checkbox"/> Yes – Go to Item 23b <input type="checkbox"/> No – Go to Item 24		
b. Describe any permanent accommodation(s) given (e.g., Job Duties, Work Schedule, Overtime Schedule, Attendance Schedule, etc.) and the start and end dates for each accommodation. If there is not an end date for the accommodation, enter "N/A."							
		Yes	No	From		To	
				Month	Year	Month	Year
<input type="checkbox"/>	<input type="checkbox"/>	Job Duties	▶				
<input type="checkbox"/>	<input type="checkbox"/>	Work Schedule	▶				
<input type="checkbox"/>	<input type="checkbox"/>	Overtime Schedule	▶				
<input type="checkbox"/>	<input type="checkbox"/>	Attendance Schedule	▶				
<input type="checkbox"/>	<input type="checkbox"/>	Other	▶				

¹Occasionally means occurring from very little up to one-third (approx. 2-1/2 hours) of an 8-hour workday; cumulative, not continuous.

²Frequently means occurring one-third (approx. 2-1/2 hours) to two-thirds (approx. 5 hours) of an 8-hour workday; cumulative, not continuous.



Section 4

Certification

Certification

24 Enter an "X" in the appropriate box:
I will have a guardian or other representative sign this report on my behalf.

- Yes - Go to Note and Item 25
 No - Go to Item 25

Note: If answered "Yes," the guardian or other representative of the applicant must sign this report.

25 I know that civil and criminal penalties may be imposed on me for false or fraudulent statements, or for withholding information to misrepresent a fact material to determining a right to a payment under the Railroad Retirement Act. I affirm that to the best of my knowledge, the information I have given represents the complete truth.

Signature
(First Name, Middle Initial, Last Name)

--	--	--

Date

Month	Day	Year

26 If this certification is signed by mark ("X") in Item 25, two witnesses who know the person signing must sign below, giving their full addresses.

a. **Signature of Witness**

Address (Number and Street)

City, State, ZIP Code

b. **Signature of Witness**

Address (Number and Street)

City, State, ZIP Code

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

The Railroad Retirement Board is authorized to collect the information on this form under Section 7(b)(6) of the Railroad Retirement Act. While you are not required to respond, your cooperation is needed to provide information necessary to complete processing of the claim. If you fail to provide us with the requested information, we may be unable to pay you any benefits (as explained in Section 2(a) of the Railroad Retirement Act).

We estimate this form takes an average of 40 to 50 minutes per response to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. 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. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing completion time, to Associate Chief Information Officer for Policy & Compliance, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-1275.



Before you return your report, check to make sure that:

- **Every** question that applies to you has been answered.
- You have entered "Unknown" in **any** answer space for which you were unable to answer a question.
- You have signed and dated the report.
- You have included **all** the needed proofs listed in the letter you received with this report.

When you received your report, you should have also received a pre-addressed envelope. If you do not have this envelope, you can use any envelope as long as it is addressed to the RRB office shown below. No matter which envelope you use, you must put the correct postage on the envelope. Be careful to provide enough postage because your report may weigh more than a standard letter. The U.S. Postal Service will not deliver your report unless it has the correct postage.

If you need information or assistance, contact:

U.S. RAILROAD RETIREMENT BOARD
JUDGE JAMESON FED BLDG, RM 101
2900 FOURTH AVE NORTH
BILLINGS, MT 59101-1266

☎ TELEPHONE NUMBER: 1-877-772-5772

If for some reason you cannot contact that office, you should contact:

U.S. RAILROAD RETIREMENT BOARD
844 NORTH RUSH STREET
CHICAGO, ILLINOIS 60611-1275



SELF-EMPLOYMENT AND SUBSTANTIAL SERVICE QUESTIONNAIRE

DO NOT WRITE IN THIS SPACE

APPROVED BY

Paperwork Reduction Act/Privacy Act Notices

The Railroad Retirement Board (RRB) is authorized to collect the following requested information under Section 7(b)(6) of the Railroad Retirement Act (RRA). This information is needed to determine whether your self-employment will affect your railroad retirement benefits under the RRA. You are not required to provide the information requested by this form. However, your failure to provide us with the requested information may result in our being unable to pay you any benefits.

The information you provide may be disclosed for purposes of verification to the employer(s) named in item 8. A complete listing of the persons, organizations and agencies to which the information you give us may be released is available at any office of the RRB.

We estimate this form takes between 40 and 70 minutes per response, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. 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. If you wish, send any comments regarding the accuracy of our estimate or any other aspects of this form including suggestions for improving the completion time, to the Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-1275.

SECTION 1-GENERAL INSTRUCTIONS

Always complete Sections 1-3 and Sections 5-7 of this form. Complete Section 4, as applicable, as explained in the instructions at the beginning of that section. Print all answers in ink or use a typewriter. If you are completing this form on behalf of someone else, you must answer each question as it applies to that person. If you need more space than is provided to answer a question, use Section 6 for this purpose. If you do not know the answer to a question, print "unknown" in the space provided for the answer. When entering dates, always use numbers. Also, be sure there is one number in each box. For example, you would enter June 6, 2020, as:

MONTH	DAY	YEAR
0 6	0 6	2 0 2 0

SECTION 2-INFORMATION THAT IDENTIFIES YOU

Look over the information entered by the RRB for Items 1, 2 and 3 to be sure it is correct. If it is correct, go to Item 4. If the information is not correct, line it out and enter the correct information.

- 1. RAILROAD RETIREMENT BOARD CLAIM NUMBER →
- 2. RAILROAD EMPLOYEE'S SOCIAL SECURITY NUMBER →
- 3. RAILROAD EMPLOYEE'S NAME →
- 4. YOUR NAME →

If you are also completing Form AA-1, Application for Employee Annuity or Form AA-3, Application for Spouse/Divorced Spouse Annuity, go to Item 7. Otherwise complete Items 5 and 6.

IDENTIFYING INFORMATION

- 5. MAILING ADDRESS →
STREET ADDRESS →
CITY AND STATE →
ZIP CODE →
- 6. DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE) → ☎

SECTION 3- INFORMATION ABOUT YOUR SELF-EMPLOYMENT

▼ 7a Enter the name of your business.

b Enter an "X" in the appropriate box to indicate your form of business.

<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Partnership	<input type="checkbox"/> Consultant
<input type="checkbox"/> Other (Describe): _____	

TYPE OF WORK

8a Enter an "X" in the appropriate box to indicate your job title.

<input type="checkbox"/> Owner/Partner	<input type="checkbox"/> Project Manager/Team Leader
<input type="checkbox"/> Sales Person	<input type="checkbox"/> Officer of Corporation
<input type="checkbox"/> Consultant/Independent Contractor	<input type="checkbox"/> Minister
<input type="checkbox"/> Other (Describe): _____	

b Describe the service you perform and the skill level required.

c Enter the name(s) and address(es) of the persons or organizations for whom you perform this service. (As used in this questionnaire, "person" means individual, organization, or company.)

▲

9a Are you a former employee of one or more of the person(s) listed in Item 8c? →

Yes - Go to Item 9b
 No - Go to Item 11

b List the name(s) of that employer(s).

FORMER SERVICE

10a Is the service you perform the same as the service you performed as an employee? →

Yes - Go to Item 11
 No - Go to Item 10b

b Explain how your current service differs from the service you performed as an employee.

▲

PLACE OF SERVICE

11 Where do you perform your service (i.e., home, your own office, premises of the "person" shown in Item 8c)?

ADVERTISE

12 Enter an "X" in the appropriate box:
Do you advertise your services? Yes No

SERVICE DATES

13 Enter the date you began performing your service.

MONTH	DAY	YEAR

14a Are your services scheduled to end? Yes - Go to Item 14b No - Go to Item 14c

b Enter the date your services are scheduled to end.

MONTH	DAY	YEAR

c Describe the agreement you have concerning the length of your service.

SERVICE HOURS

15a Do you determine your own work hours? Yes - Go to Item 16a No - Go to Item 15b

b Who determines your work hours?

16a Is your work activity supervised?

Yes - Go to Item 16b

No - Go to Item 17

b Describe the extent to which you are supervised.

c Provide the name and title of the person who supervises you.

SUPERVISION

17a In your work activity do you supervise people?

Yes - Go to Item 17b

No - Go to Section 4

b Explain why you supervise them.

c Describe their duties.

SECTION 4 - INFORMATION ABOUT SUBSTANTIAL SERVICE

Only complete Items 18 through 20 (and Item 21 if your RRB annuity began before this year) if you are claiming that you did not perform substantial service in self-employment for one or more months in that year. Otherwise, leave these items blank and go to Section 5. (Note: This is the only section on this form that may be left blank, as applicable.)

18 Enter the approximate value of the business and the percent of the business that you own.

\$ _____
_____ %

19 Enter the amount of your earnings from the business that would continue based solely on the capital you have invested in it without any service performed by you.

\$ _____

INVESTMENT

SUBSTANTIAL SERVICE	20	Enter a monthly breakdown of the amount of time you spent in this employment this year. If regular business hours varied during certain months of the year, state the reason for the variance(s) (i.e., vacation, sickness, etc.) in Section 6.	JAN	FEB	MAR	APR
			MAY	JUNE	JULY	AUG
			SEPT	OCT	NOV	DEC

SUBSTANTIAL SERVICE	21	Enter a monthly breakdown of the amount of time you spent in this employment last year. If regular business hours varied during certain months of the year, state the reason for the variance(s) (i.e., vacation, sickness, etc.) in Section 6.	JAN	FEB	MAR	APR
			MAY	JUNE	JULY	AUG
			SEPT	OCT	NOV	DEC

SECTION 5—INFORMATION ABOUT YOUR EARNINGS

NET INCOME	22	Enter a monthly breakdown of your net earnings after deduction of allowable business expenses under each month of this employment performed this year.	JAN	FEB	MAR	APR
			MAY	JUNE	JULY	AUG
			SEPT	OCT	NOV	DEC

NET INCOME	23	Enter a monthly breakdown of your net earnings after deduction of allowable business expenses under each month of this employment performed last year.	JAN	FEB	MAR	APR
			MAY	JUNE	JULY	AUG
			SEPT	OCT	NOV	DEC

INCOME REPORT	24a	Are the payments you receive reported to the Internal Revenue Service (IRS) by the person(s) for whom you perform the services?	<input type="checkbox"/> Yes - Go to Item 24b <input type="checkbox"/> No - Go to Item 25
	b	How are the payments reported to the IRS (i.e., as wages, non-employee compensation, etc.)?	

SELF EMPLOYMENT TAXES

25a Do you pay self-employment tax based on the income received for the services you provide?

- Yes - Go to Item 26
- No - Go to Item 25b

b State the reason you do not pay self-employment taxes.

FRINGE BENEFITS

26a Do you participate in a fringe benefit program (i.e., group medical insurance) of the person named in Item 8c?

- Yes - Go to Item 26b
- No - Go to Item 27

b Describe the fringe benefits.

CONTRACT

27a Is there a written contract in accordance with which you perform your services?

- Yes - Read 'Note' then Go to Item 28
- No - Go to Item 27b

Note: If answered "Yes," you must submit a copy of the contract.

b Describe the verbal agreement.

LOSS

28 Enter an "X" in the appropriate box:

Do you risk personal financial loss in your business?

- Yes
- No

NATURE OF PAYMENT

▼ 29a Do you receive money for your services?

Yes - Go to Item 29b

No - Go to Item 29c

b Indicate your pay schedule, then go to Item 29d.

Weekly Bi-Weekly Monthly

Other (Describe): _____

c Describe the payment or reimbursement you receive for your services.

d List any expenses you have that are not reimbursed.

SECTION 6-REMARKS

This section is to be used for the continuation of answers to other items. Be sure to include the item number at the beginning of the answer you wish to continue. You may also use this section to enter any additional information that you feel may be important to include.

▼ 30

REMARKS

SECTION 7-CERTIFICATION

CERTIFICATION

31 I certify that all the information I have provided in completing this form is true to the best of my knowledge. I know that if I have made a false or fraudulent statement on this form or if my refusal to provide this information reflects a fraudulent intent to obtain benefits not authorized by law, I am committing a crime which is punishable under Federal law by fine or imprisonment or both.

SIGNATURE

(First Name, Middle Initial, Last Name)

DATE

MONTH	DAY	YEAR

32 If this certification is signed by mark ("X") in Item 31, two witnesses who know the person signing must sign below, giving their full addresses and daytime telephone numbers.

a. Signature of Witness

Address (Number and Street)

City, State, ZIP Code

Daytime Telephone Number

Area Code

Telephone Number

Area Code	Telephone Number

b. Signature of Witness

Address (Number and Street)

City, State, ZIP Code

Daytime Telephone Number

Area Code

Telephone Number

Area Code	Telephone Number

MAIL THIS QUESTIONNAIRE TO THE ADDRESS SHOWN BELOW. MOST RAILROAD RETIREMENT BOARD OFFICES ARE OPEN TO THE PUBLIC FROM 9:00 AM THROUGH 3:30 PM MONDAY, TUESDAY, THURSDAY AND FRIDAY AND FROM 9:00 A.M. TO 12:00 P.M. ON WEDNESDAY.

REFER ANY QUESTIONS TO: _____