UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

FORM APPROVED
OMB N0. 3220-0082

EMPLOYEE APPLICATION FOR MEDICARE

After completing through 1 Item 8, tab to the receipt on page 5 and complete the top half.

DO NOT WRITE IN THIS SPACE

OFFICIALLY FILED

MONTH	DAY	YEAR

OFFICE NUMBER

APPROVED

APPLICATION NUMBER

DATE CODED

MONTH	DAY	YEAR

CODED BY

Section 1 Identifying Information

Check the information entered by the Railroad Retirement Board (RRB) for Items 1 through 8 for accuracy.

- If the information is correct, go to Section 2.
- 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.

1	RAILROAD EMPLOYEE'S SOCIAL SECURITY NUMBER →	
2	EMPLOYEE'S RAILROAD RETIREMENT CLAIM NUMBER →	PREFIX: A / NUMBER:
3	YOUR NAME →	
4 a	MAILING ADDRESS →	
	CITY AND STATE →	
	ZIP CODE →	
4b	FOREIGN ADDRESS →	☐ YES ☐ NO
	(IF YES) COUNTRY ———	
5	YOUR DAYTIME TELEPHONE NUMBER →	Area Code / TELEPHONE NUMBER
6	YOUR DATE OF BIRTH →	MONTH / DAY / YEAR
7	YOUR SEX →	☐ MALE → **Go to Section 2** ☐ FEMALE → **Go to Item 8**
8	YOUR SURNAME AT BIRTH (IF DIFFERENT FROM ITEM 3) →	

Section 2 Information About Your Railroad Work And Military Service

9	Does your most recent Form BA-6 show that you have 120 or more months of railroad service? →	☐ YES → **Go to Section 3** ☐ NO → **Go to Item 10**

10	Do you have 60 or more months of railroad service after 1995?	☐ YES ➔ **Go to Section 3** ☐ NO ➔ **Go to Item 11**
11	Are you still working in the railroad industry?	☐ YES ➔ **Go to Item 13** ☐ NO ➔ **Go to Item 12**

12	Enter the date you last worked in the railroad industry.	MONTH	YEAR

13	Have you ever been in active military service in the U.S. Army, Navy, Air Force, U.S Space Force or Marines?	☐ YES ☐ NO

Note:*Please read the RB-3 booklet to find out where to get proof of military service. Creditable military service may be used to determine your eligibility for Medicare.*

Section 3 Information About Social Security Entitlement

14	Have you ever filed an application for social security benefits?	☐ YES ➔ **Go to Item 15** ☐ NO ➔ **Go to Section 4**
15	Did you file for social security benefits based on your own wage record?	☐ YES ➔ **Go to Section 4** ☐ NO ➔ **Go to Item 16**
16	Name of person on whose record you filed.	
17	Social security number of person on whose record you filed.	

Section 4 Request for Enrollment In Medicare Medical Insurance Part B

In addition to applying for Hospital Insurance under Medicare Part A, you may elect to enroll in Medicare Part B. This plan helps pay for physicians' services and certain other medical expenses not covered by the hospital plan (Part A). If you enroll in this medical plan, you will be required to make premium payments.

Initial Enrollment Period (IEP) is the 7-month period when you are first eligible for Medicare. This period begins 3 months before you turn 65, includes the month you turn 65, and ends 3 months after you turn 65. Coverage begins the month after you signs up during your IEP.

You are eligible for a Special Enrollment Period (SEP) if you are age 65 or older, or are under age 65, and disabled, did not elect to be enrolled in Medicare Part B coverage when you became eligible and are covered under an employer group health plan based on your own or your spouse's current employment.

The General Enrollment Period (GEP) is the time period every year from January 1 to March 31 when you can enroll in Medicare Part B for the first time if you missed your Initial Enrollment Period (IEP) and do not qualify for the Part B Special Enrollment Period (SEP).

18	Do you wish to enroll in Medicare Part B?	☐ YES ☐ NO
19	Type of Medicare Part B enrollment?	☐ IEP ☐ SEP ☐ GEP
19a.	**Complete this item only if you are filing in a Special Enrollment Period.** I want my Part B coverage to begin on the first day of: Month: _____ Year: _____	

		NOTE: *If you enroll during the last 7 months of a Special Enrollment Period, your Part B coverage will be effective the first day of the month after the month in which you enroll.*	

Section 5 Remarks

20 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 space to enter any additional information that you feel may be important to include.

Section 6 Certification

21 Will you have a guardian or other representative sign this application on your behalf? →

☐ YES → **Go to Note and Item 22**
☐ NO → **Go to Item 22**

Note: *If answered "YES," the guardian or other representative of the applicant must sign this application. That person must also complete and return Form AA-5, "Application for Substitution of Payee."*

22 I know that if I make a false or fraudulent statement in order to qualify for Medicare from the Railroad Retirement Board (RRB), I am committing a crime which is punishable under Federal law.

I certify that the information I gave to the RRB on this application is true to the best of my knowledge.

I agree to notify the RRB immediately:

- If there is a change in my marital status, or
- If I change my address.

YOUR SIGNATURE (First Name, Middle Initial, Last Name) →

DATE →

MONTH	DAY	YEAR

23 If this certification is signed by mark ("X") in Item 21, 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

b **Signature of Witness**

Address (Number and Street)

City, State, ZIP Code

Daytime Telephone Number → Area Code | Telephone Number

Section 7 How To Return Your Application

Before you return your application, 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 APPLICATION.
- YOU HAVE INCLUDED ***ALL*** THE NEEDED PROOFS LISTED IN THE LETTER YOU RECEIVED WITH THIS APPLICATION.

When you received your application, you should also have 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 on page 5 of this application. No matter which envelope you use, you must put the correct postage on the envelope. Be careful to provide enough postage, because your application and the accompanying forms may weigh more than a standard letter. The U.S. Postal Service will not deliver your application unless it has the correct postage.

Make one final check before you seal the envelope to ensure that the following are enclosed:

- NEEDED PROOFS
- THE APPLICATION FORM ITSELF
- ADDITIONAL FORMS YOU WERE ASKED TO COMPLETE

Note: *Make no entries on page 5, which is the receipt for your claim. After the RRB receives your application, they will complete the blanks on the receipt and send it back to you. When you receive it, you will know that the RRB has received your application and has started the work needed to determine if you are entitled to Medicare. If you do not receive the receipt within two weeks after you filed this application, please contact us so we can find out what is causing the delay.*

Receipt For Your Claim

APPLICANT'S NAME	RAILROAD RETIREMENT BOARD CLAIM NUMBER	DATE CLAIM RECEIVED
	A	

Your application for Medicare has been received and will be processed as quickly as possible. If you change your address, or if your marital status changes, you or your representative should report the change. Always give us your claim number when writing or calling about your claim. If you have any questions about your claim, we will be glad to help you. If you need to personally visit one of our field offices, please call for an appointment. You will not be refused service if you do not have an appointment, but our staff can serve you better when an appointment is made. RRB office hours can be found on our website at www.rrb.gov.

Always Report These Changes to the RRB

- **Change of Address** – To avoid delay in receipt of RRB correspondence, you should also file a regular change of address notice with your post office.
- **Change of Marital Status** – If you remarry or become divorced or your marriage ends due to the death of your spouse.

How to Report Changes

You can make your reports either by telephone, mail, or in person, whichever you prefer. When a change occurs after you are enrolled for Medicare, you or your representative should report the change at once.

To report any of the above changes, contact:

Telephone Number:

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

U S RAILROAD RETIREMENT BOARD
844 N RUSH ST
CHICAGO IL 60611-1275
(877) 772-5772

ATTESTATION

I understand that anyone who, knowingly and willfully — (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; or (2) makes any materially false, fictitious, or fraudulent statements or representations, or makes or uses any materially false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, in connection with the delivery of or payment for health care benefits, items, or services, shall be fined or imprisoned not more than 5 years, or both.

Signature (Do **not** print)	Date Signed							
	Month		Day		Year			

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

The Railroad Retirement Board (RRB) is authorized to collect the information requested on this form under Sections 7(b)6 and 7(d) of the Railroad Retirement Act. The information obtained from this form will be used for determining whether the claimant applying for Part B under Medicare may be entitled to a Special Enrollment Period and/or premium surcharge relief because of coverage under an employer Group Health Plan. Although you are not required to furnish this information, if you fail to do so, the claimant may not be considered eligible by the RRB to receive these benefits.

We estimate this form takes an average of 8 minutes per response to complete, including the time for reviewing the instructions, obtaining the data, and reviewing the completed form. 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: Railroad Retirement Board, ATTN: Bureau of Information Services/Policy & Compliance, 844 N. Rush St., Chicago, IL 60611-1275.