

**SAMPLE**



UNITED STATES OF AMERICA  
**RAILROAD RETIREMENT BOARD**

Office of Programs  
Policy and Systems  
844 North Rush Street  
Chicago, Illinois 60611-1275  
Fax No. (312) 751-7123

BA NO. **8444** Payroll ID No. **0123456789**

REPORTED FOR YEAR	SM	RUJA 1	RUJA 2	TIER 1 COMP	TIER 2 COMP
2011	12	\$ 15,960.00	\$ 20,287.80	\$ 61,387.28	\$ 61,387.28

SSN	NAME	
<b>123-45-6789</b>	<b>Railroader</b>	<b>Bob</b>

Service and compensation reported for the above employee cannot be credited because the name you reported for this account does not agree with the name established in our records.

Please review your records and complete items 1, 2, and 3 listed below. If the employee is a married female, also complete item 4.

Return this letter to the address shown above.

1. Employee's Social Security Number: \_\_\_\_\_
2. Employee's Full Name: \_\_\_\_\_
3. Employee's Mailing Address:
   
\_\_\_\_\_
   
Street
   
\_\_\_\_\_
   
City, State, and Zip Code
4. Female Employee's Maiden or Previous Name: \_\_\_\_\_

Chief of Compensation  
and Employer Services