

Program Letter

United States
Railroad Retirement Board
Office of Programs



Quality Reporting Service Center

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Letter No. 2017-02

Date: January 31, 2017
[Revised February 10, 2017]

CONTACT: Lavette Fargo
Policy and Systems

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TO: **Chief Executives Officers and Medical Contact Officials**

SUBJECT: **New Form RL-11D1, Request for Medical Evidence from Employers**

This applies to Disability Applicants only.

Please share this notice with all individuals within your organization who are responsible for medical matters.

Effective **February 1, 2017**, the Railroad Retirement Board (RRB) will ask employers (covered and non-covered) to furnish copies of any medical records that you may have on the employee within the last 18 months. Attached is a copy of the new Form RL-11D1, *Request for Medical Evidence from Employers* (https://www.rrb.gov/pdf/aandt/pl17-02_Attachment.pdf). Form RL-11D1 is a newly created letter used in initial filing for disability applicants or any time medical records are necessary to assist the RRB in determining whether disability benefits are payable.

The form will be mailed by an RRB field office and it will be accompanied with a copy of the applicant's signed Form G-197, *Authorization to Disclose Information to the Railroad Retirement Board*. The certifying official should return Form RL-11D1 to the Disability Benefits Division certifying that they have attached medical evidence **or** that they have no medical evidence for the employee. The official should also sign, date, and provide their contact information.

For Questions and Answers (Q&A) regarding the new Form RL-11D1, go to http://www.rrb.gov/aandt/pl/pl1702_Q&A.asp.

If you have additional questions, please contact the individual listed on the top of this program letter.

[Attachment](#)

ATTACHMENT

Form Approved
OMB No. 3220-0038



UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
OFFICE OF PROGRAMS/POLICY & SYSTEMS
844 NORTH RUSH STREET
CHICAGO, IL 60611-1275
WWW.RRB.GOV

OFFICE HOURS: M-T-TH-F 9:00 AM TO 3:30 PM
WEDS. 9:00 AM TO 12:00 PM - CLOSED FEDERAL HOLIDAYS

TOLL-FREE NUMBER: 1-877-772-5772

Month DD, YYYY

John S. Smith
Human Resources
Any Railroad Employer
123 Main Street
Any Town, IL 60000

In reply refer to
Thomas Trainman
A XXX-XX-XXXX

Dear Mr. Smith:

The employee named above has applied for disability benefits with the Railroad Retirement Board (RRB). To assist us in determining whether such benefits are payable, please furnish this office with any medical records you have on the employee within the last 18 months. Examples of records include, but are not limited to:

- Fitness for duty examinations;
- Transcripts of in-hospital and out-patient treatment;
- Transcripts of examinations for compensation or pension;
- Hospital admission and discharge summary; or
- X-ray or laboratory reports.

Authorization from the employee to release the medical information is enclosed. This is not an authorization to conduct a new examination.

Please complete, sign, and return the next page to the RRB **within 30 days** from the date of this letter.

Sincerely,

Jane Doe
Claims Representative

Enclosure
Form G-197

Please enter an "X" in the appropriate box:

- We do not have any medical records for the employee named above.
- We have attached medical records for the employee named above.

CERTIFICATION			
I certify that the information I gave the Railroad Retirement Board (RRB) on this form is true to the best of my knowledge. I know that if I make a false or fraudulent statement or withhold information from the RRB, I am committing a crime under Federal law, which may be punishable by fines, imprisonment, or both.			
Signature of Employer or Authorized Official	Month	Day	Year
Title of Employer or Authorized Official		Area Code	Business Telephone Number
Business Address (Number and Street)			
Please return this form and any medical records to:			
<p>US RAILROAD RETIREMENT BOARD Disability Benefits Division 844 North Rush Street Chicago, IL 60611-1275</p>			

PAPERWORK REDUCTION ACT NOTICE

The information requested on this form is authorized by Section 7(b)(6) of the Railroad Retirement Act and is needed to provide information necessary to complete processing for the claimant named and to determine the claimant's entitled to disability benefits under the Railroad Retirement Act. If you fail or refuse to furnish the requested information, non-payment of the annuity to the claimant may result.

We estimate this form takes an average of 20 minutes 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 and Compliance, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-1275.



Program Letter 2017-02 Questions and Answers (Q&A)

1. Is the Railroad Retirement Board (RRB) requesting medical information beyond the scope of the disability reason given by the employee when requesting benefits?

No. Form RL-11D1 is a newly created letter used in initial filings for disability applicants. Before deciding whether or not an employee applicant is disabled, the RRB develops a complete medical history. This allows the RRB to understand how an impairment affects the employee's ability to work, and includes information from railroad and non-railroad employers. Guidance about this process and the underlying authority may be found in the Code of Federal Regulations (CFR) CFR [§220.45\(b\)](#) and [§220.46\(e\)\(4\)](#).

2. A railroad (RR) and the RRB are not necessarily covered entities in connection with health information privacy (HIPPA). Should we assume that the employer consent is required to provide the medical records to the RRB, but the employee does not have to give consent for the RR to distribute their medical information to the RRB?

No. The consent of the employee, not the employer, is required to provide medical records to the RRB.

3. Does the RRB obtain consent from the employee who is filing for disability coverage prior to sending this letter out to the employing RR?

Yes. The employee completes and signs, Form G-197, *Authorization to Disclose Information to the Railroad Retirement Board*, when filing a disability application with the RRB which gives consent for the RRB to obtain any medical and educational records for the employee. The employee's signed Form G-197 is sent as an attachment with the Form RL-11D1.

* NOTE: Form RL-11D1 applies to Disability Applicants only.