TEXAS
Health and Human Services

| TO: Railroad Retirement Board | FROM: |
|---|---|
| | |

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The individual listed below is being considered for assistance. A signed authorization to furnish information is enclosed. Please provide the following information on the retirement benefit received by:

| Name | Payee (if different) |
|---|---|
| Address | |
| Railroad Retirement No. | Social Security No. |

**TAX SENSITIVE INFORMATION (Check appropriate box.)**

☐ **Yes**

☐ **No**

Comments:

| Area Code | Telephone No. |
|---|---|
| | |

Signature–Eligibility Worker

Date

**RRB–Please Complete and Return Page 2**

# RAILROAD RETIREMENT VERIFICATION PAGE

## Please complete and return this page only.

### TO BE COMPLETED BY RAILROAD RETIREMENT BOARD REPRESENTATIVE:

| Name | Payee (if different) |
|---|---|
| | |

| EFFECTIVE DATE | GROSS MONTHLY AMOUNT | MONTHLY MEDICARE AMOUNT | OTHER DEDUCTIONS OR ADDITIONS AMOUNT* | NET MONTHLY CHECK AMOUNT |
|---|---|---|---|---|
| | | | | |

*Explanation of Deductions or Additions:

Comments:

| Area Code | Telephone No. |
|---|---|
| | |

Signature–Railroad Retirement Board Official

Date

### RETURN FORM TO:

| Eligibility Specialist | Address | Telephone No. | Fax No. |
|---|---|---|---|
| | | | |