



TO: Railroad Retirement Board

FROM: Texas Health and Human  
Services Commission

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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.

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

- Yes  
 No

Comments:

.....

\_\_\_\_\_  
Signature—Eligibility Worker

\_\_\_\_\_  
Date

Area Code	Telephone No.
	.....

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

\*Explanation of Deductions or Additions:

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Comments:

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Area Code	Telephone No.
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Signature—Railroad Retirement Board Official                      Date

**RETURN FORM TO:**

Eligibility Specialist	Address	Telephone No.	Fax No.
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