



**TEXAS**  
**Health and Human**  
**Services**

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.