



RRB Medicare Debt Collection

To complete, you will need the notice or bill you received from the Railroad Retirement Board.

Indicate if payment is being made by an individual or a business. Individual Business

Name
First Name M.I. Last Name

Business Name

Address 1

Address 2

Address 3

City Country

State Province/District

ZIP/Postal Code

Billing Document Number B5

Payment Amount \$

Check this box if the amount you are paying is less than the total amount of the overpayment or debt. The Railroad Retirement Board (RRB) will treat a payment of less than the total amount due as a monthly installment payment plan request.

The RRB will assume you are requesting an installment agreement, if a monthly installment agreement does not already exist for this account. The RRB will also assume the amount being paid is the minimum amount you agree to pay each month. The amount paid each month must be large enough to recover the total amount due within 36 months. In a few days, we will contact you to discuss the request for an installment agreement. You must provide a telephone number where we will be able to reach you between the hours of 9:00 a.m. and 3:30 p.m. Central Time.

Telephone Number