

Check No.

8,510,479
SYMBOL 2074

RAILROAD RETIREMENT BOARD
RETURNED CHECK NOTICE
TERMINATION OR SUSPENSION OF PAYMENTS

5-5-76
Date Returned

15-51
000

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSER -- REQUEST IDENTIFICATION



PAY TO THE

MONTH	DAY	YEAR
05	01	76

ELEANOR R HOFF
N HAMPTON CONV CTR
5TH & WASHINGTON STS
EASTON PA 18042

79

WA564996

DOLLARS	CTS.
8510479	09

RR REG INV

41
476

NOT NEGOTIABLE

⑆0000⑆⑆0051⑆

TERMINATION

INSURANCE ANNUITANT

Prefix JA, W or WC

- 41 Beneficiary died
- 42 Beneficiary (child) attained age 18 or disabled child (18 or over) recovered from disability
- 44 Beneficiary (child) married or adopted, or widow or parent remarried
- 48 Widow's current annuity terminated by last child's attainment of age 18 or disabled child's recovery from disability
- 45 Widow's current annuity terminated by last child's death, marriage or adoption
- 46 Beneficiary entitled to equal or greater benefits
- 47 Benefit ceased full time annuitant
- Other (See Remarks)

SPOUSE ANNUITANT

Prefix MA or MH

- 51 Spouse died
- 58 Spouse under age 65 no longer has "child" in her care
- 57 Spouse divorced
- 59 Annuitant's or pensioner's benefit terminated

RET. ANNUITANT OR PENSIONER

Prefix A or H

- 01 Annuitant or pensioner died
- 08 Annuitant recovered from disability

SUSPENSION

INSURANCE ANNUITANT

Prefix JA, W or WC

- 11 Beneficiary in employer service
- 12 Beneficiary under age 72-- earnings exceed \$1200 per year
- 14 Widow does not have entitled child in her care
- 18 Payee not determined
- 16 Withdrawn for investigation
- 18 Recovery of an erroneous payment
- Other (See Remarks)
- 08 Undeliverable

SPOUSE ANNUITANT

Prefix MA or MH

- 52 Spouse worked in employer service
- 58 Annuitant's benefit suspended
- 58 Other (See Remarks)

RET. ANNUITANT OR PENSIONER

Prefix A or H

- 02 Annuitant returned to employer service
- 07 Annuitant returned to last person service
- 09 Disability annuitant earned more than \$100 in a month
- 06 Other (See Remarks)

Remarks:

MECHANICAL ADJUSTMENTS

7/1973 RR ACT & 12/1973 SS ACT AMENDMENTS

(11% INCREASE IN TWO STEPS)

TYPE	CLAIM NUMBER
O/M	A 5 6 4 9 9 6

6/74 OM PIA		6/74 PT PIA		74 SPC MIN		SS SAV CL MAX	RIB LIMITATION ON WIA		E DRC
AMW	PIA	AMW	PIA	YC	PIA		RED RATE /INC	82½% PIA	
272	202.10	272	202.10	19					

PAY CDE	TYP BEN	MONTHLY RATE BEFORE SMI			ADJUSTMENT CHECKS			72 COMP RATE	REDUCTIONS			
		OLD RATE	NEW RATE	EFF	DATE	SMI	AMOUNT		AGE	SS BEN	ACT AJ	MIL SERV
1	W	114.40	122.40	3-74	4-1-74	6.30	116.10	106.26		91.90		
1	W	122.40	127.00	6-74	7-1-74	6.70	120.30	106.26		95.30		

PAY CDE	TYP BEN	MONTHLY RATE BEFORE SMI			ADJUSTMENT CHECKS			72 COMP RATE	REDUCTIONS			
		OLD RATE	NEW RATE	EFF	DATE	SMI	AMOUNT		AGE	SS BEN	ACT AJ	MIL SERV

T 12 (12 1974)

RRR FORM G-268

CLM NO WA 564996

ADDRESS CHANGE

PREVIOUS SURNAME, 5 LETTERS - HOFF

BATCH NO 129 10-17-73

NEW RECORD - N HAMPTON CONV CTR
5TH & WASHINGTON STS
EASTON PA 18042

PAYEE CODE 1
GEO CODE 110

REGULAR 1972 PIA		SPEC. MIN. PIA		REDETERMINATION SAVING CLAUSE MAX.	CLAIM NUMBER
AMW	PIA	YRS. COV.	PIA		
272	182.00	19		A	564996

ARF NOT CONSIDERED IN ADJUSTMENT

MECHANICAL
ADJUSTMENT

FOR
OCTOBER
1972

SS ACT
AMENDMENTS

PAY. CODE	TYPE BEN.	MONTHLY RATE AFTER SMI			ADJUSTMENT CHECK		
		OLD RATE	NEW RATE	EFF.	DATE	SMI DEDUCT.	CHECK AMT.
1	W	100.45	108.60	01-73	06-01-73	5.80	141.20
REDUCTIONS				S S CLAIM NO. AND SUFFIX		RIB LIMIT ON WIA	
AGE	S S BEN.	ACT. ADJ.		EE RED. RATE		82 1/2% x PIA	
	85.80			179-20-1028 A			

PAY. CODE	TYPE BEN.	MONTHLY RATE AFTER SMI			ADJUSTMENT CHECK		
		OLD RATE	NEW RATE	EFF.	DATE	SMI DEDUCT.	CHECK AMT.
REDUCTIONS				S S CLAIM NO. AND SUFFIX			
AGE	S S BEN.	ACT. ADJ.					

T-12 (3-73)

MECHANICAL ADJUSTMENT
TRANSFERRING SMI PREMIUM COLLECTION
FROM SSA TO RRB

RRB CLAIM NO.
A 564996

PAY CODE	TYPE BEN.	MONTHLY RATES			ADJUSTMENT CHECK			
		BEFORE SMI	SMI PREM.	AFTER SMI	DATE	SMI DEDUCT.	CHECK AMT.	
1	WA	106.25	5.80	100.45	04-01-73		100.45	
FORMER SSA HI NUMBER			HIB EFF. DATE	CURRENT SMI		TERMINATED SMI		
179-20-1028 A			07-66	EFF. DATE	CODE	BEGAN	ENDED	
				07-66	1			

PAY CODE	TYPE BEN.	MONTHLY RATES			ADJUSTMENT CHECK			
		BEFORE SMI	SMI PREM.	AFTER SMI	DATE	SMI DEDUCT.	CHECK AMT.	
FORMER SSA HI NUMBER			HIB EFF. DATE	CURRENT SMI		TERMINATED SMI		
				EFF. DATE	CODE	BEGAN	ENDED	

T-9 (4-73)

MECHANICAL ADJUSTMENT
1972 R.R. ACT AMENDMENTS
(20% INCREASE)

CLAIM NUMBER
A 564996

PAY. CODE	TYPE OF BEN.	MONTHLY RATE AFTER SMI			ADJUSTMENT CHECK		
		OLD RATE	NEW RATE	EFF.	DATE	SMI DEDUCT.	CHECK AMT.
1	W	88.55	106.25	09-72	11-01-72		123.95
1971 COMP. RATE		1972 COMP. RATE		REDUCTIONS			
88.50		106.20		AGE	MIL. SER.	ACT. ADJ.	

PAY. CODE	TYPE OF BEN.	MONTHLY RATE AFTER SMI			ADJUSTMENT CHECK		
		OLD RATE	NEW RATE	EFF.	DATE	SMI DEDUCT.	CHECK AMT.
1971 COMP. RATE		1972 COMP. RATE		REDUCTIONS			
				AGE	MIL. SER.	ACT. ADJ.	

T-3 (11-72)

1971 RRA AMEND ADJUSTMENT EFFECTIVE JAN 1, 1971

RUIA RECOVERY

CLAIM NO. A - 564996

PC	BEN	1970 COMP	R E D U C T I O N S				RATE AFTER SMIB		SEP 1 CHECK
			AGE	MS	ACT	SMIB	OLD	NEW	
1	W	80.50					80.55	88.55	144.55

RRB FORM G-364e (7-70)

DETERMINATION OF AWARD
INSURANCE ANNUITY

1. VOUCHER NO. 10 22 70 888

2. FINAL CERT. SUSP./REINSTATE. REINST.-RECERT. RECERT. REINSTATE. SUSP./REINSTATE. RECERT. FORM PARTIALLY COMPLETED

3. CLAIM NO. WA 564996

4. DECEASED EMPLOYEE

5. EMPLOYEE'S SSA NO. 715-14-5137

6. EMPLOYEE'S MARITAL STATUS AT DEATH
MALE: MARRIED S.W.D.
FEMALE: MARRIED S.W.D.

7. DATE OF BIRTH: [] [] [] [] [] []
8. DATE OF DEATH: 06-62

9. RRA: COMPLETELY INSURED PARTIALLY INSURED

12. MILITARY SERVICE REDUCTION
(A) MONTHS OF M/S: [] TOTAL MONTHS OF SERVICE: []
(B) INCREASE RESULTING FROM M/S \$ []
(C) AMOUNT OF OTHER BENEFITS \$ []
(D) M/S RATIO: [] REDUCTION \$ []

16. BENEFICIARY DATA		RELATIONSHIP OR NAME	DATE OF BIRTH	DATE CLAIM FILED	CHECK		SS BENEFIT					
PC	SYM				OWN	OTHER	1967 RATE	1969 SS BEN.	REDUCTION EFFECTIVE MO. YR.			
1	W		11-00-97		X	179	20	1028	\$ 52.90	\$ 62.40	06-62	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2
									\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2
									\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2
									\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2
									\$	\$		<input type="checkbox"/> 1 <input type="checkbox"/> 2

AMR AMC MO. EARN. \$232.00

INC. YRS. 20

BASIC AMOUNT \$ 71.28

MAXIMUM \$207.15 \$ 190.03

10. SPOUSE MINIMUM (ROUNDED) \$ AMC \$ 000

11. SSA AMW PIA
\$ 272 \$ 137.80

O/M MAXIMUM TABLE MAX.\$ NO 1P1 1P1 SAVING CLAUSE \$

13. MILITARY SERVICE USED

M/S BEFORE 1937 OR AFTER 6-63

M/S AFTER 1936 AND BEFORE 7-63

USED-NO REDUCTION

USED REDUCTION

NOT USED

14. ORIGINAL ANNUITY BEGINNING DATE: 06-01-62

15. PORTION OF ANNUITY WAIVED

17. RR ACT FORMULA COMPUTATION

PC	SYM	BASIC RATE	TABLE OR MIN. INC. (+)	RED. FOR 1967 SS BEN. (-)	ANN. BEFORE 1970 INCREASE	1970 INCREASE (+)	RED. FOR 1969 SS BEN. (-)	RED. FOR AGE (-)	RED. FOR M/S (-)	RR FORMULA ANNUITY (UNROUNDED)
1	W	\$ 71.28	\$ 13.34	\$ 9.15	\$ 75.50	\$ 11.33	\$ 6.33	\$	\$	\$ 80.50

18. SS ACT FORMULA COMPUTATION

ORIGINAL BENEFIT	OTHER BEN. <input type="checkbox"/> RA <input type="checkbox"/> SS	RED. FOR AGE	ADJUSTED BENEFIT	TOTAL O/M GUARANTY
\$	\$	\$	\$	(A) TOTAL OF ORIGINAL BEN. COLUMN \$
				(B) TOTAL OF ADJUSTED BEN. COLUMN \$
				(C) 10% x (A) \$
				(D) TOTAL GUARANTY (B) + (C) \$

19. MONTHLY ANNUITY

RR <input checked="" type="checkbox"/> O/M <input type="checkbox"/>	ACTUARIAL ADJUST.	MONTHLY ANN. PAYABLE (ROUNDED)
(UNROUNDED)	\$	\$ 80.55

23. PAYMENT SUMMARY

PC	SYM	ACCRUED PAYMENTS				DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)				NET AMOUNT DUE
		MO. RATE	FROM	TO	AMOUNT	MO. RATE	FROM	TO	AMOUNT	
1	W	\$ 80.55	01-01-70	08-31-70	\$ 644.40	\$ 75.55	01-01-70	08-31-70	\$ 604.40	\$ 40.00

24. SMIB CODE: 7

25. SMIB EFFECTIVE DATE: [] [] [] [] [] []

SMIB PREM. \$ []

20. AGE REDUCTION COMPUTATION

(A) RR FORMULA

X .003 X \$ = \$

X .003 X \$ = \$

X .003 X \$ = \$

X .003 X \$ = \$

(B) O/M FORMULA

X .003 X \$ = \$

X .003 X \$ = \$

X .003 X \$ = \$

X .003 X \$ = \$

21. SMIB ENROLLMENT CODES

1ST ENROLL. NO RESPONSE NOT ENROLLED 1ST TERM. DUAL ANNU-ITANT

2ND ENROLL. 2ND TERM. SSA JURISDICTION PREM. PAID BY STATE

22. REMARKS

BENEFICIARIES IN P/S FOR THIS PC 01

TOTAL FAMILY IN P/S AND SUSP 01

26. CERTIFICATION OF PAYMENT

ONE PAYMENT ONLY RECURRING PAYMENT

PAYEE CODE: 1

NAME & ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT WHOSE NAME ALSO APPEARS BELOW

ELEANOR R HOFF
140 1 N UNION ST
EASTON PA 18042

DATE	CK	LAST PREVIOUS MONTHLY RATE	MONTHLY RATE OR SHARE	SMIB PREMIUM	MONTHLY RATE PAID	NET AMOUNT PAID
10-01-70	CK	\$ 80.55	\$ 80.55	\$	\$ 80.55	\$
11-01-70	CK				\$ 80.55	
10-22-70	CK					\$ 40.00

REPRESENTATIVE PAYEE: A. Court appointed payee B. Payee-neither court appointed nor parent for child C. Parent for child(ren)

CLAIMS EXAMINER: 800

DATE COMPUTER: [] [] [] [] [] []

DATE AUTHORIZER: [] [] [] [] [] []

DATE: [] [] [] [] [] []

DATAFORM FORMS INC., MINGO, ILLINOIS 60521

TYPE OF BEN. W	MONTHLY RATE PAID			ADJUST. CHECK		CLAIM NUMBER		
	OLD RATE 68.35 73.35	NEW RATE 75.55	EFF. DATE 0268	DATE 0668	AMOUNT 82.15	A-564996		
BASIC RATE 71.28	AMC AMW 300	INCREASE 13.34	SSA BEN. 9.15	SUP. ANN.	EARLY RET.	MS	SMIB 7	ACT. ADJ.
BASIC AMT. 71.28	SSA BEN. 52.90	SUP. ANN.	SS ACCOUNT NO. 715-14-5137	SS CLAIM NO. 179-20-1028				

MECHANICAL

ADJUSTMENT

RECORD

R R
FORMULA

TYPE OF BEN.	MONTHLY RATE PAID					ADJUST. CHECK		
	OLD RATE	NEW RATE	EFF. RATE	NEW RATE	EFF. DATE	DATE	AMOUNT	
BASIC AMT.	BASIC RATE	AMC AMW	INCREASE	REDUCTIONS FOR				
				SSA BEN.	EARLY RET.	MS	SMIB	ACT. ADJ.
SSA BEN.	EMP. RATE - SPOUSE ANN. BASED	SS ACCOUNT NO.		SS CLAIM NO.				

AMEND EFF 11-66 SUPP 0 SMIB 7 PC1 WA 564996

A/C 21 OLD RATE 66.80 NEW RATE 68.35 SSA NO 715-14-5137

RED 0 1-1-67 69.90 NEW RR RATE 68.35 6.55 REDUCTION 2.99

BEN SSA NO 179-20-1028 SSA CL NO 179-20-1028A SSA AMT 45.60

SSA JURISD HIB EFF SMIB UNK EHOFF WA 564996

8212255

FORM NO. G-364
(2-61)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

**DETERMINATION OF AWARD
INSURANCE ANNUITY**

3. CLAIM NO. **A-564996**

4. DECEASED EMPLOYEE
EDWARD HOFF

5. EMPLOYEE'S S.S.A. NO.
715-14-5137

6. DATE OF BIRTH **2-24-88** 7. DATE OF DEATH **6-5-62**

1. ADMINISTRATIVE VOUCHER NO.

2. FINAL CERTIFICATION RECERTIFICATION
 SUBJECT TO RECERT. REINSTATEMENT
 REINST. RECERT.

8. MILITARY SERVICE QUARTERS 9. TOTAL QUARTERS **40+** 10. EMPLOYEE'S MARITAL STATUS AT DEATH
 MALE FEMALE MAR. S.W.D. MAR. S.W.D.

11. EMPLOYEE DIED INSURED

QC ONLY
 ANNUITY OR PEN. ONLY
 BA ON QC HIGHER
 BA ON ANNUITY OR PEN. HIGHER
 PARTIALLY ONLY

12. RRA S S A

AMR	INCREMENT YEARS	BASIC AMT.	PIA
AMC \$		\$	\$
MO. EARN. 232.00	20	66.71	99.00

13. MILITARY SERVICE

A. INCREASE RESULTING FROM MS \$

B. AMOUNT OF OTHER BENEFITS \$

C. RATIO-MS INCREASES Q/C \$

14. MAXIMUM AND MINIMUM PROVISIONS

RRA	O/M
<input type="checkbox"/> \$193.60 <input type="checkbox"/> 2-2/3 x BA \$ _____ <input type="checkbox"/> SP. MIN. \$ _____ <input type="checkbox"/> \$16.95	<input type="checkbox"/> NO I.P.I. <input type="checkbox"/> I.P.I. <input checked="" type="checkbox"/> MAXIMUM \$

MS NOT USED
 MS INCREASED BENEFITS, NOT REDUCED
 MS INCREASED BENEFITS, REDUCED FOR OTHER BENEFITS
 WAIVED ANNUITY IN EXCESS OF \$

15. SYMBOL	NAME	DATE OF BIRTH	CLAIM FILED	R.R. RETIREMENT ACT		SOCIAL SECURITY ACT			ACT. ADJ. <input checked="" type="checkbox"/>	SSA NUMBER
				NORMAL ANNUITY	ADJUST. ANNUITY	ORIG. BEN.	<input type="checkbox"/> RA <input checked="" type="checkbox"/> SA	ADJUST. BEN.		
W	WIDOW	11/17/97	6/14/62	\$	\$66.80	\$	<input checked="" type="checkbox"/>	\$41.60	\$	179-20-1028

16. REMARKS:
RL-43C TT-500

17. CERTIFICATION OF PAYMENT ONE PAYMENT ONLY RECURRING PAYMENT

SYMBOL	NAME AND ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT WHOSE NAME ALSO APPEARS BELOW	MONTHLY RATE	BEGINNING DATE	TO	NO. MOS.	NET AMOUNT PAID
W	ELEANOR R. HOFF AS UNREMARKED WIDOW 155 HILLSIDE ST. PHILADELPHIA, PA. 1459 LEHIGH ST. EASTON, PA.	\$66.80	6-1-62	7/31/62	2	\$133.60

EXAMINER **589**
RJ Wagner
COMPUTER

I, THE UNDERSIGNED OFFICER OF THE RAILROAD RETIREMENT BOARD, HEREBY CERTIFY PURSUANT TO LAWFULLY DELEGATED AUTHORITY THAT THE FOREGOING STATEMENTS ARE MY DECISION OF FACT AND LAW AS TO BENEFIT(S) TO BE PAID AND THAT ALL INDICATED BENEFIT(S) ARE IN ACCORDANCE WITH THE PROVISIONS OF THE RAILROAD RETIREMENT ACT OF 1927, AS AMENDED.

DATE **8/14 1962** SIGNATURE **K. J. Stumm - 74**
AUTHORIZATION OFFICER

ms 8/16

10. STATE LAW OF

New Jersey, Pennsylvania + Florida

Statutory provisions:

New Jersey recognized Common Law marriages ~~since~~ prior to Dec. 1, 1939.

Pennsylvania + Florida both recognize Common Law marriages to date.

Claims Examiner <i>R. J. Wagner</i>	Date <i>JUL 25 1962</i>	Supervisor (Reviewer)	Date
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DETERMINATION

Based on evidence in file it is determined that the widow named in item 2 *is* (is or is not) the common-law widow of the employee because *of the reasons given on this form.*

Determination by <i>R. J. Wagner</i>	Date <i>JUL 25 1962</i>	Approved by <i>L. Brown</i>	Date <i>AUG 13 1962</i>
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COMMON-LAW MARRIAGE SUMMARY 4-22-59	1. Name of Employee EDWARD HOFF	3. Claim No. A-564996
	2. Name of Widow ELEANOR R. HOFF	4. State of Employee's Domicile FLORIDA

5. The parties:	EDWARD HOFF	ELEANOR R. HOFF
(a) Were legally capable of entering into a valid marriage	YES	YES
(b) Mutually agreed to become husband and wife:	YES	YES
(c) Intended to marry:	YES	YES
(d) Considered themselves as husband and wife:	YES	YES
(e) Cohabited:	YES	YES
(f) Held themselves out to the public as husband and wife:	YES	YES
(g) Contracted the marriage in a state which recognizes common-law marriages:	YES	YES
(h) Did cohabit with any other person	NO	NO

6. If the parties entered into a ceremonial marriage that was void because of a legal impediment, give date of ceremonial marriage (also answer item 5): **N/A**

7. Show State in which marriage was contracted: **NEW JERSEY**

8. If the parties began cohabiting in a State which does not recognize common-law marriage but later resided in a State which does, give the following information:

(a) State of residence: _____ From _____ To _____

(b) While residing in this state, did they enter into a new agreement? **N/A**

9. If at least one party was not legally capable of entering into a valid marriage, give:

(a) Name of person subject to impediment: **N/A**

(b) Type of impediment: _____

(c) Date impediment was removed: _____

(d) Name of person entering into marriage in good faith: _____

OTHER PERTINENT INFORMATION

Employee showed Eleanor Hoff as his wife both on AA-1 and AA-1a.

6-26 SP-11

RRB FORM NO. G-659a
(3-54)

1. SOCIAL SECURITY ACCOUNT NUMBER
715-14-5137

2. CLAIM NUMBER
A-564996

FIELD CHECK LIST FOR CLAIM
FOR SURVIVOR BENEFITS

3. NAME OF DECEASED EMPLOYEE
Edward George Hoff

4. FIELD OFFICE: Jersey City, NJ PREPARED BY: Julie A. Walsh, Capt DATE: June 29, 1962

5. NAMES AND ADDRESSES OF SURVIVORS	DATE OF BIRTH	RELATIONSHIP	APPLICATION					FORM NUMBER
			REQUIRED		RECEIVED			
			YES	NO	MAIL	PER-SUN	EM-PLOYER	
Eleanor R. Hoff 155 Hudson street Phillipsburg, N.J.	11/17/1897	Widow		X				
NOTICE OF DEATH								

6. ITEM	REQUIRED	ATTACHED	WILL BE SUBMITTED	PREVIOUSLY SUBMITTED	REMARKS
PROOF OF DEATH of Annuitant				✓	See our G-659a of 6/18/62
PROOF OF MARRIAGE	✓	✓			Attached 2 Forms
PROOF OF AGE OF: Self	✓	✓			G-12da completed by Annuitant's slip-ticker and 4 affidavits which applicant requested be submitted for further proof of common-law marriage
Proof of death of Annuitant's first wife	✓	✓			
PROOF OF RELATIONSHIP OF: Form					
FORM G-467					
FORM RL-94-F					
PROOF OF APPOINTMENT OF GUARDIAN					
PROOF OF PAYMENT OF BURIAL EXP.					

4064796

RRB FORM NO. G-659a
(3-54)

FIELD CHECK LIST FOR CLAIM
FOR SURVIVOR BENEFITS

1. SOCIAL SECURITY ACCOUNT NUMBER

715-14-5137

2. CLAIM NUMBER

unknown

3. NAME OF DECEASED EMPLOYEE

Edward George Hoff

4. FIELD OFFICE:

Jersey City, N.J.

PREPARED BY:

Eveline A. Walsh

DATE:

6/18/62

5. NAMES AND ADDRESSES OF SURVIVORS

DATE OF BIRTH

RELATIONSHIP

REQUIRED

APPLICATION RECEIVED

FORM NUMBER

YES

NO

MAIL

PER-SON

EM-PLOYER

Eleanor R. Hoff
155 Hudson Street
Phillipsburg, New Jersey

11/17/1897

Widow

X

X

ea
17

6. ITEM

REQUIRED

ATTACHED

WILL BE SUBMITTED

PREVIOUSLY SUBMITTED

REMARKS

PROOF OF DEATH

✓

✓

PROOF OF MARRIAGE

✓

G-124

2, G-124 of
6/28/62

PROOF OF AGE OF:

self

✓

6/28/62

PROOF OF RELATIONSHIP OF:

FORM G-467

FORM RL-94-F

✓

✓

PROOF OF APPOINTMENT OF GUARDIAN

PROOF OF PAYMENT OF BURIAL EXP.

2 Forms G-124a will
be submitted.

WR



APPLICATION FOR WIDOW'S OR WIDOWER'S INSURANCE ANNUITY

(THIS MAY ALSO BE CONSIDERED AN APPLICATION FOR ANY INSURANCE BENEFITS PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT, AS AMENDED)

ALL ITEMS REQUIRING AN ANSWER MUST BE ANSWERED OR MARKED "UNKNOWN." RETURN THIS FORM TO THE RAILROAD RETIREMENT BOARD,

(DO NOT WRITE IN THIS SPACE)

OFFICIALLY FILED 251
Date June 14 1962
By William A. Walsh, Sup.
Jersey City Field Office

I, Eleanor Marguerite Hoff, hereby apply for any annuities or lump sums payable to me under the provisions of the Railroad Retirement Act, as amended.

INFORMATION ABOUT DECEASED EMPLOYEE

1. Name: Edward George Hoff (PRINT FIRST - MIDDLE - MAIDEN LAST NAME IF FEMALE - LAST NAME) 715-14-5137 (SOCIAL SECURITY ACCOUNT NO.)
2. Date and place of birth: Feb. 24, 1888 (MONTH - DAY - YEAR) Hoboken (CITY OR TOWN) New Jersey (STATE OR FOREIGN COUNTRY)
3. Date and place of death: June 5, 1962 (MONTH - DAY - YEAR) Tampa (CITY OR TOWN) Florida (STATE OR FOREIGN COUNTRY)

4. In what State or foreign country did the deceased employee have his fixed, permanent home when he died?
Florida

5. Was the deceased employee survived by:
(a) An unmarried child under age 18? No (YES OR NO) If "Yes," give name and address of such child:

(b) An unmarried child, age 18 or older, who is unable to engage in any regular employment because of a disability which began before age 18? No (YES OR NO) If "Yes," give name and address of such child:

6. (a) Did the deceased employee serve in the active military or naval service of the United States after September 7, 1939? No (YES OR NO) If "Yes," answer (1), (2), and (3) below:

(1) Give: _____ (BRANCH OF SERVICE) _____ (DATE OF ENTRY)
_____ (PLACE OF ENTRY) _____ (DATE OF DISCHARGE) _____ (PLACE OF DISCHARGE)
_____ (MILITARY ORGANIZATION OR VESSEL AT TIME OF DISCHARGE) _____ (SERIAL NO. - IF NONE, GIVE RANK)

(2) Was the deceased employee receiving a monthly benefit from any Federal agency other than the Railroad Retirement Board? _____ (YES OR NO) If "Yes," give name of agency: _____

(3) Have you or any other person received, or do you or any other person expect to receive, benefits by reason of the death of the employee from any Federal agency other than the Railroad Retirement Board? _____ (YES OR NO)
If "Yes," give name of agency: _____

(b) Did the employee, after September 15, 1940, serve in the active military or naval service of a country allied with the United States during World War II? No (YES OR NO) If "Yes," was the employee a citizen of the United States at the time he entered such service? _____ (YES OR NO) If your answer to both questions is "Yes," give the name of the country for which he served: _____

Date of entry into service _____ Date of discharge _____

7. List all of the employment performed by the deceased employee during the last 3 years in which he worked:

NAMES OF PERSONS OR COMPANIES FOR WHOM THE EMPLOYEE WORKED	ADDRESSES	WORK BEGAN		WORK ENDED	
		MONTH	YEAR	MONTH	YEAR
<u>Lehigh Valley R.R. Co</u>	<u>Easton Pa</u>	<u>before</u>	<u>1937</u>	<u>Jan</u>	<u>1954</u>
<u>Alpena Chevrolet</u>	<u>Tampa, Florida</u>	<u>Nov</u>	<u>1954</u>	<u>about</u>	<u>1960</u>

8. Did the deceased employee receive income, as a self-employed person (whether as sole owner or partner), from a trade or business during the year in which he died or during the 2 years preceding the year of his death? No.
(YES OR NO)

If "Yes," give the following information:

(a) Kind of trade or business: _____
 (b) Period of self-employment: From _____ to _____

9. Give the following information about each marriage of the deceased employee, including the marriage in effect at the time of his death:

DATE OF MARRIAGE (MONTH-DAY-YEAR)	TO WHOM MARRIED	PLACE OF MARRIAGE (TOWN OR CITY) (COUNTY) (STATE OR FOREIGN COUNTRY)	HOW MARRIAGE ENDED (DEATH, DIVORCE, ANNULMENT)	MARRIAGE ENDED (MONTH-DAY-YEAR) (PLACE)
<u>about 1914</u>	<u>Memie Merda</u>	<u>Gaston</u> <u>Northampton, Pa.</u>	<u>Sept 27, 1917</u> <u>death</u>	<u>Sept 27, 1917</u> <u>Gaston, Pa.</u>
<u>Jan 28, 1930</u>	<u>Eleanor M. Rath</u>	<u>Newark</u> <u>Essex, New Jersey</u>	<u>death</u>	<u>June 5, 1962</u> <u>Tempe Florida</u>

INFORMATION ABOUT APPLICANT

10. If you are the employee's widow, give your full maiden name: Eleanor Marguerite Rath
 11. Your date and place of birth: Nov. 17, 1897 Allentown, Lehigh Pa.
 (MONTH-DAY-YEAR) (TOWN OR CITY) (COUNTY) (STATE OR FOREIGN COUNTRY)
 12. Were you married before your marriage to the deceased? No. If "Yes," give the following information about each of your previous marriages:

DATE OF MARRIAGE (MONTH-DAY-YEAR)	TO WHOM MARRIED	PLACE OF MARRIAGE (TOWN OR CITY) (COUNTY) (STATE OR FOREIGN COUNTRY)	HOW MARRIAGE ENDED (DEATH, DIVORCE, ANNULMENT)	MARRIAGE ENDED (MONTH-DAY-YEAR) (PLACE)

13. Was your marriage to the deceased employee performed by a clergyman or authorized public official? No.
(YES OR NO)
 If "No," explain: This was a common law marriage

14. Have you remarried since the death of the deceased employee? No. If "Yes," when did you remarry?
 (YES OR NO)

15. Were you and the deceased employee living together at the same address when the deceased employee died?
Yes If "No," answer (a), (b), and (c):
 (YES OR NO)
 (a) State why you and the deceased employee were not living together and when you separated: _____

(b) Was the deceased employee under order by any court to contribute to your support?
 _____ If "Yes," a certified copy of the court order should be furnished.
 (YES OR NO)
 (c) Was the deceased employee contributing to your support? (Contributions may be in cash or in kind, such as your living rent free in a house owned by the deceased employee.)
 _____ If "Yes," state how often he contributed and in what amounts:
 (YES OR NO)
 16. (To be answered by widower only.) Were you receiving at least one-half of your support from the deceased employee when she died or when her retirement annuity began?
 _____ If "Yes," have you filed proof of such support? _____

(YES OR NO)

16. (To be answered by widower only.) Were you receiving at least one-half of your support from the deceased employee when she died or when her retirement annuity began?

If "Yes," have you filed proof of such support? (YES OR NO)

17. Have you ever had a social security account number of your own? Yes If "Yes," give: Eleanor L. Huff 179-20-1028-A

18. Have you received or do you expect to receive benefits under the Railroad Retirement Act based on the employment of someone other than the deceased employee? No If "Yes," give name of person on whose account you received or expect to receive

benefits and his RRB claim number:

19. Have you received, or do you expect to receive, benefits under the Social Security Act based on

(a) your own employment? Yes - Receiving 41.60 per month

(b) any other person's employment (not your own or the deceased employee's)? No

(c) If (b) is answered "Yes," give name of person on whose account you received or expect to receive benefits and his social security account number:

20. In the present calendar year did you work, or do you expect to work, in employment for hire or as a self-employed person? (This includes all work even though it may or may not be covered under the Social Security Act or the Railroad Retirement Act.) No If "Yes," give the following information:

(a) For the present calendar year, give:

Table with columns for months (JAN-DEC) and rows for employer information.

(b) If you were employed in the railroad industry this year (or expect to be so employed), give the date last worked (and the months you still expect to work, if any) in such employment. (If you have not worked and do not expect to work in such employment, write "None.") None

(c) For this entire year (January 1 through December 31) do you expect your total earnings from employment for hire and self-employment to exceed \$1200? No If "Yes," answer (1), (2), and (3) below:

- (1) For this year I expect that my total earnings from employment for hire and self-employment will be \$
(2) List the months since January 1 of this year in which your monthly earnings did not exceed \$100 and in which you did not render services as a self-employed person: (If none, write "None.")

(3) Are you now working for more than \$100 a month or rendering services as a self-employed person? (YES OR NO)

21. Answer this question only if the employee died before January 1 of this year.

(a) During the preceding calendar year did you work in employment for hire? If "Yes," give the following information about all such employment, including employment in the railroad industry:

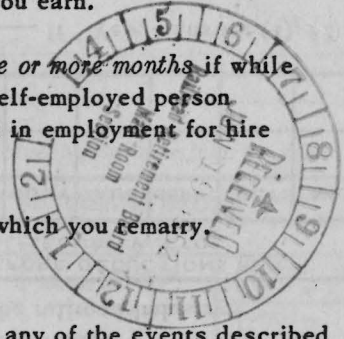
Table with columns for months (JAN-DEC) and rows for company information.

(b) During the preceding calendar year were you self-employed? If "Yes," answer (1), (2), and (3) below:

- (1) Give your net earnings from self-employment for the preceding year: \$
(2) State kind of trade or business:
(3) List the months of the preceding year in which you did not render services as a self-employed person:
(If none, write "None.")

APPLICANT'S AGREEMENT

- I. A widow's or widower's insurance annuity is not payable to you for any month in which you work for a railroad or other employer covered by the Railroad Retirement Act, regardless of how much you earn.
- II. All or part of a widow's or widower's insurance annuity is not payable to you for one or more months if while under age 72 you work in employment for hire or perform substantial services as a self-employed person and have earnings in excess of \$1200 for the taxable year. This applies to all work in employment for hire and self-employment, whether or not covered by the Social Security Act.
- III. A widow's or widower's insurance annuity ends with the month before the month in which you remarry.

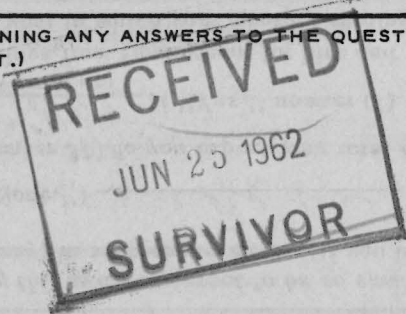


QUESTIONS 22 and 23 MUST BE ANSWERED

22. Do you agree to notify the Railroad Retirement Board promptly of the occurrence of any of the events described above? Yes
(YES OR NO)
23. Do you agree to notify the Railroad Retirement Board promptly if you receive monthly benefits under the Social Security Act based on your own employment or the employment of any other person, or if you learn you could receive such benefits upon filing an application? Yes
(YES OR NO)

REMARKS: (THIS SPACE MAY BE USED FOR EXPLAINING ANY ANSWERS TO THE QUESTIONS. IF MORE SPACE IS REQUIRED, ATTACH A SEPARATE SHEET.)

B. H. explained



CERTIFICATION: Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: If this application has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.

SIGNATURE OF APPLICANT:

Eleanor P Hoff
(SIGN IN INK OR INDELIBLE PENCIL. DO NOT PRINT)
155 Hudson Street
(STREET AND NUMBER)
Phillipsburg
(CITY) *6*
(ZONE NUMBER)
Warren *New Jersey*
(COUNTY) (STATE)

TELEPHONE NUMBER AT WHICH I CAN BE REACHED:

None
(IF NONE, WRITE "NONE")

DATE SIGNED *June* *14* *1962*
(MONTH) (DAY) (YEAR)

1. _____
(NAME)

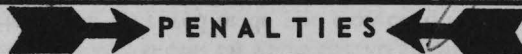
(STREET AND NUMBER)

(CITY) (ZONE) (STATE)

2. _____
(NAME)

(STREET AND NUMBER)

(CITY) (ZONE) (STATE)



PENALTIES

SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR, OR BOTH."

CLAIM FOLDER COPY

Form No. G-96 (1-55)
 RAILROAD RETIREMENT BOARD UNITED STATES OF AMERICA
TERMINATION OR SUSPENSION OF PAYMENTS

SSA NO.
 715-14-5137

RRB CLAIM NO.
 A564996

VOU. NO.

NAME OF PAYEE
 EDWARD HOFF

PLATE IMPRESSION

CONTROL NO. (FOR USE OF PLATE FILES UNIT ONLY)

DATE PAYMENTS SHOULD HAVE BEEN (SHOULD BE) STOPPED
 6-1-62

EMPLOYER'S NAME
 1211

TERMINATION

SUSPENSION

INSURANCE ANNUITANT

SPOUSE ANNUITANT

INSURANCE ANNUITANT

SPOUSE ANNUITANT

- 41 Beneficiary died*
- 42 Beneficiary (child) attained age 18 or disabled child (18 or over) recovered from disability*
- 44 Beneficiary (child) married or adopted, or widow or parent remarried*
- 43 Widow's current annuity terminated by last child's attainment of age 18 or disabled child's recovery from disability
- 45 Widow's current annuity terminated by last child's death, marriage or adoption
- 46 Beneficiary entitled to equal or greater benefits*
- Other (See Remarks)

- 51 Spouse died
- 53 Spouse under age 65 no longer has "child" in her care
- 57 Spouse divorced
- 59 Annuitant's or pensioner's benefit terminated

RET. ANNUITANT OR PENSIONER

- 01 Annuitant or pensioner died
- 08 Annuitant recovered from disability

- 11 Beneficiary in employer service*
- 12 Beneficiary under age 72—earnings exceed \$1,200 per year*
- 14 Widow does not have entitled child in her care
- 16 Payee not determined
- 16 Withdrawn for investigation
- 16 Recovery of erroneous payment
- Other (See Remarks)

- 52 Spouse worked in employer service
- 58 Annuitant's benefit suspended
- 56 Other (See Remarks)

RET. ANNUITANT OR PENSIONER

- 02 Annuitant returned to employer service
- 07 Annuitant returned to last person service
- 09 Disability annuitant earned more than \$100 in a month
- 06 Other (See Remarks)

REMARKS
 died 6-1-62

*DATE OF BIRTH OF BENEFICIARY

DATE
 6-25-62
 UNIT AND INITIALS
 W. J. K.

HEADQUARTERS CHECK LIST FOR DEVELOPMENT OF CLAIMS FOR SURVIVOR BENEFITS

CLAIM NO. _____

EXAMINER *ESK*

DATE *6-25-62*

FORMS TO BE RELEASED (✓)

_____ (DATE RELEASED) _____

FORM G-659A _____ (DATE RELEASED) _____

FORM G-73A *6-25-62* (DATE RELEASED) _____

FORM RL-94-F TO: *RR-14 RR-3 att.*

(FIELD OFFICE) (DATE RELEASED) _____

NAME _____

ADDRESS _____

CITY _____ STATE _____

REMARKS:

ITEMS TO BE REQUESTED

- 1. FORM AA-17
- 2. FORM AA-18
- 3. FORM AA-19
- 4. FORM AA-20
- 5. FORM AA-21
- 6. FORM G-467
- 7. PROOF OF DEATH
- 8. PROOF OF MARRIAGE

9. PROOF OF AGE OF:

10. PROOF OF RELATIONSHIP OF:

PREPARE FORM G-96 (✓)

EMPLOYEE $\frac{(01)}{(CODE)}$ _____ (DATE RELEASED) _____

SPOUSE $\frac{(59)}{(CODE)}$ _____ (DATE RELEASED) _____

EFFECTIVE _____

DATE OF EMPLOYEE'S DEATH: _____

NAME OF EMPLOYER: _____

REMARKS:

EMPLOYEE'S PAYMENTS PREVIOUSLY SUSPENDED BECAUSE _____

PREPARE FORM RL- _____

TO: _____ ITEM NUMBERS _____

NAME _____

ADDRESS _____

CITY _____ STATE _____

PREPARE FORM RL- _____

TO: _____ ITEM NUMBERS _____

NAME _____

ADDRESS _____

CITY _____ STATE _____

C

A 564996

227

30 00

14954

16420

CLAIM NO.

CODE-
TYPE BEN

AMC OR AMR

SERVICE
YRS. MOS.

BASIC AMT

RATE PAID
MAY 1959RATE PAID
BEG JUNE 1959

CLAIM FOLDER CARD

ADJUSTMENT OF MONTHLY RATE -- 1959 RRA AMENDMENTS EFFECTIVE JUNE 1, 1959

CODE FOR TYPE OF BENEFICIARY IN PAY STATUS
(SURVIVOR CASES ONLY)

ONE DIGIT ONLY

1 - WIDOW AGE 60
2 - WIDOW UNDER 60
3 - CHILD UNDER 18
4 - PARENT
7 - WIDOWER
8 - DISABLED CHILD

THREE-DIGIT CODES

1ST DIGIT: 0 - NO WIDOW
1 - WIDOW WITH CHILDREN
2ND DIGIT: 0 - NO CHILDREN
ANY OTHER CODE INDICATES
NUMBER OF CHILDREN
3RD DIGIT: 0 - NO PARENTS
1 - ONE PARENT - OTHER
PARENT WITHHELD
2 - TWO PARENTS

WHERE A FAMILY GROUP RECEIVES
BENEFITS IN A COMBINED CHECK,
THE MAY 1959 AND JUNE
1959 RATES SHOWN ABOVE ARE
THE TOTAL MONTHLY RATES OF
ALL BENEFICIARIES IN THE
FAMILY GROUP WHO WERE IN A
PAY STATUS ON JUNE 1, 1959

TABCO 680128

A 564996

CLAIM NO.

CODE-TYPE BENEF

13577

RATE PAID JUNE 1956

14954

RATE PAID BEG. JULY 1956

SEPT 17708

CLAIM FOLDER CARD

ADJUSTMENT OF MONTHLY RATE EFFECTIVE JULY 1956

CODE FOR TYPE OF BENEFICIARY IN PAY STATUS
(SURVIVOR CASES ONLY)

ONE DIGIT ONLY

1 - WIDOW AGE 60
2 - WIDOW UNDER 60
(CHILD)
4 - PARENT
7 - WIDOWER

THREE-DIGIT CODES

1ST DIGIT: 0 - NO WIDOW
1 - WIDOW WITH CHILDREN
2ND DIGIT: 0 - NO CHILDREN
ANY OTHER CODE INDICATES
NUMBER OF CHILDREN
3RD DIGIT: 0 - NO PARENTS
1 - ONE PARENT - OTHER
PARENT WITHHELD
2 - TWO PARENTS

WHERE THE TOTAL ANNUITIES OF AN EMPLOYEE AND
SPOUSE WERE EQUAL TO THE OVER-ALL MINIMUM
FOR JUNE 1956 AND THE SPOUSE'S ANNUITY WAS
DECREASED EFFECTIVE JULY 1, 1956, THE DECREASE
RESULTED EITHER FROM A NEW PRORATION UNDER THE
OVER-ALL MINIMUM GUARANTEE BASED ON NEW RATES
UNDER THE REGULAR RRA FORMULA, OR BECAUSE THE
TOTAL OF THE REGULAR RRA RATES EFFECTIVE
JULY 1, 1956 EXCEEDS THE RATES UNDER THE OVER-
ALL MINIMUM.

WHERE A FAMILY GROUP RECEIVES BENEFITS IN A
COMBINED CHECK, THE JUNE 1956 AND JULY 1956
RATES SHOWN ABOVE ARE THE TOTAL MONTHLY RATES
OF ALL BENEFICIARIES IN THE FAMILY GROUP WHO
WERE IN A PAY STATUS ON JULY 1, 1956.

IBM 890180-0

CLAIM SUMMARY RECORD

CLAIM NO. (1-7)

A564996

SECTION I
RETIREMENT ANNUITIES

SECTION II
SURVIVOR ANNUITIES

A. EMPLOYEE - "A"					B. SPOUSE - "A"					ANNUITANT "A" EMPLOYEE "D" PENSIONER "H"							
0-3-	NEW INACTIVE APPLICATION	N.C.	1-0-4	NEW ACTIVE APPLICATION	N.C.	2-0-4	NEW SURVIVOR APPLICATION	N.C.									
0-0-4	NEW ACTIVE APPLICATION	N.C.	1-1-4	REACTIVATED - NO PREV. AWARD	N.C.	2-1-4	REACTIVATED - NO PREV. AWARD	N.C.									
0-1-4	REACTIVATED - NO PREV. AWARD	N.C.	1-2-5	REACTIVATED - PREVIOUS AWARD	P.C.	2-2-5	REACTIVATED - PREVIOUS AWARD	P.C.									
0-2-5	REACTIVATED - PREVIOUS AWARD	P.C.	1-...0	FINAL CERTIFICATION		2-...0	FINAL CERTIFICATION										
0-...0	FINAL CERTIFICATION		1-...1	CLOSED WITHOUT AWARD		2-...1	CLOSED WITHOUT AWARD										
0-...1	CLOSED WITHOUT AWARD		1-...5	PARTIAL CERTIFICATION		2-...5	PARTIAL CERTIFICATION										
0-...5	PARTIAL CERTIFICATION																
(8)	(9)	DATE (10-13)	(14)	EXAMINER	✓	(8)	(9)	DATE (10-13)	(14)	EXAMINER	✓	(8)	(9)	DATE (10-13)	(14)	EXAMINER	✓
0		01-25-44	4	clh	✓	1						2					
0		3/38	6	to	✓	1						2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					

SECTION III
TICKLER DATES

SECTION IV
ERRONEOUS PAYMENT DATA

A. ORGANIZATION UNIT					B. REASON FOR CALL-UP		CLASS	DATE	AMOUNT	AMT. RECOV.	BALANCE	✓
0	DIV. OF DISABILITY DETERMINATIONS				RELEASE RL-50b							
1	DIV. OF RETIREMENT ANNUITIES				INVESTIGATION OF EMP. & EARN.							
3	DIV. OF SURVIVOR ANNUITIES				EMPLOYEE ATTAINS AGE 65							
7	DIV. OF ADM. SERV. - AUDIT				TRACE REL. OF RIGHTS - 65							
8	DIV. OF ADM. SERV. - CORRESPONDENCE				PROBABLE ELIGIBILITY - SPOUSE							
					PROOF OF AGE							
					RELEASE OF RL-69							
					4% L. SUM LIQUIDATED							
					DEFERRED LUMP-SUM PAYABLE							

6	8	CALL-UP DATE	EXAM.	DATE COMPLETED	EXAM.	✓	REASON FOR CALL-UP
1	11-1-59	RP				✓	2 YRS. FROM EMP. DEATH
							WIDOW OR PARENT ATTAIN 65
							EXCLUDED BENEF. INITIAL AWARD
							ERRONEOUS PAYMENTS
							ERRONEOUS PAYMENTS TRACER
							REINSTATEMENT OF PAYMENTS

SECTION V
REOPENING DATA

REOPENED UNDER B.O. _____
 DATE _____
 SIGNATURE _____
 INITIAL DECISION AFFIRMED
 DATE _____
 SIGNATURE _____

SECTION VI
CLAIM SUMMARY

PAYEE MR. - MRS. - MISS _____
 ADDRESS _____
 NAMES AND ADDRESSES OF OTHERS TO BE NOTIFIED
 338-16

FORM NO. 6-363
(9-50)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
PAYMENT SUMMARY
FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
DECEMBER 18, 1950

EXAMINER

338

CLAIM NO.

A-564996

COMPUTER

3/22/51

SYMBOL	ACCRUED PAYMENTS					DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					NET AMOUNT DUE
	NO. RATE	FROM	TO	NO. NOS.	AMOUNT	NO. RATE	FROM	TO	NO. NOS.	AMOUNT	
	135.77	1-11-54	3-31-54	2	20362.05						

REMARKS:

W

FORM NO. 6-354 (5-52) UNITED STATES OF AMERICA RAILROAD RETIREMENT BOARD DETERMINATION OF AWARD RETIREMENT ANNUITY FORM APPROVED BY COMPTROLLER GENERAL, U.S. JUNE 30, 1952		1. ADMINISTRATIVE VOUCHER NO. <p style="text-align: center; font-size: 1.5em;">44558</p>		3. CLAIM NO. <p style="text-align: center; font-size: 1.5em;">A-564996</p>	
		2. <input checked="" type="checkbox"/> FINAL CERTIFICATION <input type="checkbox"/> SUBJECT TO RECERTIFICATION		4. EMPLOYEE'S NAME <p style="text-align: center; font-size: 1.5em;">EDWARD HOFF</p>	
				5. EMPLOYEE'S S.S.A. NO. <p style="text-align: center; font-size: 1.5em;">715-14-5137</p>	
6. DATE ANNUITY APPLICATION FILED <p style="text-align: center; font-size: 1.5em;">1-14-54</p>		7. DATE OF LAST EMPLOYER SERVICE <p style="text-align: center; font-size: 1.5em;">1-10-54</p>		8. DATE OF LAST PERSON SERVICE 	
9. DATE ALL EMPLOYEE RIGHTS RELINQUISHED <p style="text-align: center; font-size: 1.5em;">1-10-54</p>		10. DATE OF EMPLOYEE'S BIRTH <p style="text-align: center; font-size: 1.5em;">2-24-88</p>		11. DATE ANNUITY BEGINS <p style="text-align: center; font-size: 1.5em;">1-11-54</p>	
12. PERMANENT DISABILITY ESTABLISHED FOR: (A) REGULAR OCCUPATION YES <input type="checkbox"/> NO <input type="checkbox"/> (B) REGULAR EMPLOYMENT YES <input type="checkbox"/> NO <input type="checkbox"/>		26. RETIREMENT ANNUITY BASED ON SERVICE AFTER 1936 (A) MO. (B) FACTOR (C) (YRS. MO. SERV.) (D) NORMAL ANNUITY <p style="font-size: 1.2em;">249.24 15 112</p>		OFFICE OF DIRECTOR OF RESEARCH 3 SEX- MAR 11 TYPE RET 12-13 YR LW 14. XSS 14. "V" NO 55 14. 17 BA NO 18. 20 OCCUP 21 "X" 1899 21. 22 YR BIRTH 23. 24 AGE 25 CAU RET 26. 28 SUB COMP 29. 31 MO COMP 32. 34 SUB SERV 35-38 TOT SERV 39 TYPE SERV 40. 41 C/B 42. 46 ANN < 11/51 47. 50 ACCRUAL 51 "X" OPT 55 "X" MIN 51. 55 ANN < DED OR SSAM 56 "X" PIA CONV 58 "X" SSAM CONV 56. 58 PIA 59. 63 NET ANN 65 TYPE MIN 66 "X" ENT > 11/51 & > ACCR TYPE DED 67. 68 AGE SPOU S.S.A. NO. 71 CAU TERM 72. 75 EFF DATE TERM 78. 79 STATE 80 CLASS	
13. EMPLOYEE QUALIFIES UNDER SECTION 2(A) OF THE RAILROAD RETIREMENT ACT OF 1937, AS AMENDED		17. NORMAL ANNUITY \$ <p style="font-size: 1.5em;">135.77</p>			
14. (MONTHLY) \$ (TOTAL) COMP. <p style="font-size: 1.5em;">227.95</p>		15. FACTOR <p style="font-size: 1.5em;">4.5257</p>		16. (YRS.) (MONS.) SERV. <p style="font-size: 1.5em;">30</p>	
18. MINIMUM ANNUITY UNDER SECTION 3(E) OF THE ACT. E-65 <input type="checkbox"/> S-20 <input type="checkbox"/> CC <input type="checkbox"/> S-5 <input type="checkbox"/> CC <input checked="" type="checkbox"/>		19. <input type="checkbox"/> REDUCED ANNUITY UNDER SECTION 2(A)3 OF THE ACT (/180 DEDUCTED FROM ITEMS 17 OR 18)		27. PORTION OF RETIREMENT ANNUITY BASED ON SERVICE BEFORE 1937 (ITEM 17, 18, 19 OR 20 MINUS ITEM 26(D), 26(E), 26(F) OR 26(G))	
20. REDUCED ANNUITY UNDER SECTION 4(I) OF THE ACT Z/RATIO % \$ Z (YEARS AND MONTHS OF MILITARY SERVICE USED FOR WHICH OTHER BENEFITS OF \$ ARE PAYABLE) \$ DEDUCTED FROM ITEMS 17, 18, OR 19)		28. OVER-ALL SSA MINIMUM UNDER SECTION 3(E) OF THE ACT (A) REQ'D AT LEAST QTRS. (B) INDIVIDUAL HAS (C) START. DATE (D) CLOS. DATE (E) TOTAL WAGES AND COMPENSATION (F) DIVISOR (H) INC. YRS. (I) PIB (G) AVER. MONTHLY WAGE (J) PIA (K) CHECK MAXIMUM PAYABLE <input type="checkbox"/> \$40 <input type="checkbox"/> \$150 <input type="checkbox"/> 80% AVERAGE WAGE \$		29. REMARKS: <p style="font-size: 1.5em;">High Valley, & Co Trainman C.T. Easton, Pa</p>	
21. REDUCED ANNUITY UNDER SECTION 3(B) OF THE ACT (A) SSA OLD AGE INSURANCE BENEFIT \$ (B) PORTION OF RETIREMENT ANNUITY BASED ON SERVICE BEFORE 1937 (SEE ITEM 27) \$		22. MINIMUM ANNUITY UNDER SECTION 3(E) OF THE ACT BASED ON SOCIAL SECURITY ACT FORMULA (SEE ITEM 28(P))		(L) RELATIONSHIP ORIGINAL BENEFIT ANY OTHER BENEFIT ADJUSTED BENEFIT EMPLOYEE \$ \$ \$ \$ <input type="checkbox"/> WIFE \$ \$ \$ \$ <input checked="" type="checkbox"/> HUSBAND \$ \$ \$ \$ <input type="checkbox"/> CHILD(REN) NUMBER: \$ \$ \$ \$	
23. <input type="checkbox"/> REDUCED ANNUITY UNDER SECTION 2(A)3 OF THE ACT AFTER MINIMUM BASED ON SOCIAL SECURITY ACT (/180 DEDUCTED FROM ITEM 22)		24. REDUCED ANNUITY UNDER JOINT AND SURVIVOR OPTION (A) EMPLOYEE AGE % I (B) SPOUSE: DATE OF BIRTH AGE % \$ I		(M) TOTAL SSA INSURANCE BENEFITS IF RAILROAD SERVICE WERE INCLUDED AS EMPLOYMENT UNDER SOCIAL SECURITY ACT \$ (N) TOTAL INSURANCE BENEFITS NOW PAYABLE UNDER SOCIAL SECURITY ACT ON BASIS OF WAGES \$ (O) ADDITIONAL AMOUNT WHICH WOULD BE PAYABLE UNDER SOCIAL SECURITY ACT IF RAILROAD SERVICE WERE INCLUDED AS SOCIAL SECURITY EMPLOYMENT \$ (P) OVER-ALL SSA MINIMUM EFFECTIVE: EMPLOYEE \$ SPOUSE \$	
25. RETIREMENT ANNUITY PAYABLE MONTHLY (ITEM 17, 18, 19, 20, 21, 22, 23 OR 24)		29. REMARKS: <p style="font-size: 1.5em;">High Valley, & Co Trainman C.T. Easton, Pa</p>		65 TYPE MIN 66 "X" ENT > 11/51 & > ACCR TYPE DED 67. 68 AGE SPOU S.S.A. NO. 71 CAU TERM 72. 75 EFF DATE TERM 78. 79 STATE 80 CLASS	
30. CERTIFICATION OF PAYMENT		FINAL PAYMENT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
NAME AND ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT WHOSE NAME ALSO APPEARS BELOW <p style="font-size: 1.5em;">EDWARD HOFF 1221 EAST HILLSBORO AVE. TAMPA 4, FLA.</p>		MONTHLY RATE <p style="font-size: 1.5em;">135.77</p>		BEGINNING DATE <p style="font-size: 1.5em;">1-11-54</p>	
CLAIMS EXAMINER <p style="font-size: 1.5em;">C. Paulait #338</p>		NET AMOUNT PAID <p style="font-size: 1.5em;">362.85</p>			
COMPUTER <p style="font-size: 1.5em;">3/17/54 3/14/54</p>		I, THE UNDERSIGNED OFFICER OF THE RAILROAD RETIREMENT BOARD, HEREBY CERTIFY PURSUANT TO LAWFULLY DELEGATED AUTHORITY THAT THE FOREGOING STATEMENTS ARE MY DECISION OF FACT AND LAW AS TO BENEFIT(S) TO BE PAID AND THAT ALL INDICATED BENEFIT(S) ARE IN ACCORDANCE WITH THE PROVISIONS OF THE RAILROAD RETIREMENT ACT OF 1937, AS AMENDED. DATE <u>MAR 26 1954</u> 19____ SIGNATURE <u>[Signature]</u> AUTHORIZATION OFFICER			

RRB FORM G-367 (6-52) ESTABLISHMENT OF PRIOR SERVICE AND OTHER BASIC DATA FOR AWARDS UNDER ACT OF 1937	NAME		CLAIM NO. (1-6) A-
	LAST (50-61)	FIRST (64-67)	MIDDLE (70)
	ADDRESS		S.S.A. NO. (1-9)
			DATE OF BIRTH (29-31)
			FORM RL-
			ESTAB. YES <input type="checkbox"/> NO <input type="checkbox"/>

1. SERVICE PRIOR TO JANUARY 1, 1937

	AA-2P'S		NAME OF EMPLOYER (INITIALS ONLY)	TOTAL MONTHS CREDITED	TOTAL C MONTHS	M MONTHS BY PERIODS			
	RELEASED	RECEIVED				EMP. NO.	M	5% OR CLAIMED ABSENCE	NET
1				282	144	1	145	7	138
2									
3									
4									
5									
6									
7									
TOTAL SERVICE PRIOR TO 1-1-37				282					

2. COMPUTATION OF AVERAGE COMPENSATION

	MONTHS	EQUIVALENT		CRED. MONTHS	COMPENSATION	AVERAGE
		YEARS	MOS.			
1 TEST PERIOD	84				\$17189.22	\$204.63
2 MAXIMUM ALLOWABLE EMPLOYER SERVICE AND COMPENSATION PRIOR TO 1937	172				\$35196.36	
3 PERIOD JANUARY 1, 1937 THROUGH LAST MONTH OF SERVICE	188	15	8		\$46866.48	
4 TOTAL EMPLOYER SERVICE	360	30	-	360	\$2062.84	\$227.95
5 CREDITABLE MILITARY SERVICE AFTER 1936 INCLUDING MONTHS OVERLAPPING WITH EMPLOYER SERVICE					\$	
6 CREDITABLE MILITARY SERVICE AFTER 1936 EXCLUDING MONTHS OVERLAPPING WITH EMPLOYER SERVICE						
7 CREDITABLE MILITARY SERVICE PRIOR TO 1937: FROM _____ TO _____						
8 TOTAL SERVICE PERIOD					\$	\$
9 MILITARY SERVICE USED FOR OTHER BENEFITS: FROM _____ TO _____					\$	
10 TOTAL, EXCLUDING ITEM 9					\$	\$
11 DIFFERENCE BETWEEN ITEMS 8 AND 10						

ESTABLISHMENT OF PRIOR SERVICE RECORD

CLAIMS EXAMINER	DATE	COMPUTER	VERIFIER	COMPUTER	VERIFIER
-----------------	------	----------	----------	----------	----------

COMPUTATION OF ANNUITY

3. DISPOSITION		4. SUBSEQUENT SERVICE (1944 WAGE REGISTER - FOR USE ONLY IN ESTABLISHMENT OF PRIOR SERVICE)	REMARKS:
DISP'N	DATE		
12	14-17		
(1)	(2)		
		TOTAL THROUGH 1944 _____	
		BASE YEAR 1944 _____	
		INITIALS	

RRB FORM G-367 (3-8)

ESTABLISHMENT OF PRIOR SERVICE AND OTHER BASIC DATA FOR AWARDS UNDER ACT OF 1937

NAME: HOFF, EDWARD
 LAST (50-61) FIRST (64-67) MIDDLE (70)

ADDRESS: 111 SOUTH 4th. ST. EASTON, PENN.

CLAIM NO. (1-6): _____
 S. S. A. NO. (1-9): 715-14-5137

DATE OF BIRTH (29-31): 2-24-88
 ESTAB. YES NO

FORM RL-72A

1. SERVICE PRIOR TO JANUARY 1, 1937

	AA-2P'S		NAME OF EMPLOYER (INITIALS ONLY)	TOTAL MONTHS CREDITED	TOTAL C MONTHS	M MONTHS BY PERIODS			
	RELEASED	RECEIVED				EMP. NO.	M	5% OR CLAIMED ABSENCE	NET
1			L. V. R. L. Co	282	144	1	145	7	138
2									
3									
4									
5									
6									
7									
TOTAL SERVICE PRIOR TO 1-1-37				282					

2. COMPUTATION OF AVERAGE COMPENSATION

	MONTHS	EQUIVALENT		CRED. MONTHS	COMPENSATION	AVERAGE
		YEARS	MOS.			
1 TEST PERIOD	84				\$ 17189.22	\$ 204.63
2 MAXIMUM ALLOWABLE EMPLOYER SERVICE PRIOR TO 1937						
3 PERIOD JANUARY 1, 1937 THROUGH YEAR OF ATTAINMENT OF AGE 65 - <u>last month of service</u> 19 <u> </u>					\$	
4 TOTAL EMPLOYER SERVICE					(WEIGHTED)	\$
5 CREDITABLE MILITARY SERVICE AFTER 1936 INCLUDING MONTHS OVERLAPPING WITH EMPLOYER SERVICE					\$	
6 CREDITABLE MILITARY SERVICE AFTER 1936 EXCLUDING MONTHS OVERLAPPING WITH EMPLOYER SERVICE						
7 CREDITABLE MILITARY SERVICE PRIOR TO 1937: _____ TO _____						
8 TOTAL SERVICE PERIOD					(WEIGHTED)	\$
9 MILITARY SERVICE USED FOR OTHER BENEFITS: _____ TO _____					\$	
10 TOTAL, EXCLUDING ITEM 9					(WEIGHTED)	\$
11 DIFFERENCE BETWEEN ITEMS 8 AND 10						

ESTABLISHMENT OF PRIOR SERVICE RECORD

COMPUTATION OF ANNUITY

ADJUDICATOR: Charles P. Sacaris DATE: 1/6/52 COMPUTER: _____ VERIFIER: _____ COMPUTER: _____ VERIFIER: _____

3. DISPOSITION

4. SUBSEQUENT SERVICE

DISP'N	DATE
12	14-17
(1)	(2)

(1944 WAGE REGISTER - FOR USE ONLY IN ESTABLISHMENT OF PRIOR SERVICE)

TOTAL THROUGH 1944 _____

BASE YEAR 1944 _____

INITIALS _____

REMARKS:

DEC - 2 - 1952

FORM NO. G-230 (9-7)
 UNITED STATES OF AMERICA
 RAILROAD RETIREMENT BOARD
**CHECK LIST COVERING APPLICATION
 FOR ANNUITY AND RELATED DOCUMENTS**

SOCIAL SECURITY ACCOUNT NUMBER 715-14-5137 CLAIM NUMBER

NAME EDWARD HOFF

ADDRESS 1221 EAST HILLSBORO AVE
 TAMPA 4 FLORIDA

DATE OF BIRTH FEB-24-1888

APPLICATION RECEIVED
 PERSONALLY FROM APPLICANT *
 VIA MAIL FROM APPLICANT
 FROM EMPLOYER (CARRIER-FILED)
1/14/54 Phillipsburg, NJ
 DATE FIELD OFFICE

HAS FORM G-88a BEEN SENT TO LAST EMPLOYER(S)?
 YES Lehigh Valley 1/14/54 NO
 INITIALS OF EMPLOYER(S) DATE

PREPARED BY William A. Long DATE 1/14/54

HAS FORM G-88b BEEN SENT TO LAST NON-RAILROAD EMPLOYER?
 YES None NO
 NAME OF LAST EMPLOYER DATE

REMARKS
 * after 1-20-54 address will be as shown above.
 address until that date is 111 SOUTH FOURTH ST-EASTON, NJ
 age + service annuity - Beginning date = Earliest.
 wife's D/Birth 11-6-94 - Spouse info furnished.
 Prior Service + D/Birth per RL 7A - 12-2-52.
 Copy 2-230 to Scranton PA. D.O.

SECTION A: FORMS AND DOCUMENTS REQUIRED FROM APPLICANTS

TYPE OF FORM OR DOCUMENT	FIELD OFFICE ONLY				HEADQUARTERS OFFICE ONLY	
	REQUIRED	ATTACHED	PRE-VIOUSLY SUBMITTED	DATE TO BE SUB-MITTED	TO BE RE-QUESTED	INSTRUCTIONS TO TYPISTS
1. PREVIOUS FORM AA-1			0			
2. PROOF-DATE OF BIRTH	✓		✓			
3. FORM AA-15	✓		✓			
4. G-108						
5. RP-4-37						
6. G-157						
7. C-30						
8. G-88	✓	✓				
9. AA-1-A	✓	✓				
10.						
11.						
12.						
13.						
14.						
15.						

**SECTION B: FORMS TO BE RELEASED TO EMPLOYERS AND TO OTHER UNITS
 FOR USE BY HEADQUARTERS OFFICE ONLY**

FORM	TO BE RELEASED	INSTRUCTIONS TO TYPISTS
1. G-73		
2. G-88a		
3. G-88b		
4. G-88c		
5. RL-1		
6. C-50		
7. AA-2P		
8. OE-5		
9. G-215		
EXAMINER		
DATE		

JAN 25 1954

THIS FORM IS TO BE FILLED IN BY RAILROAD RETIREMENT ACT ANNUITANT OR PENSIONER

FORM APPROVED BUDGET BUREAU NO. 70-R198 (11-51) FORM NO. AA-1a UNITED STATES OF AMERICA RAILROAD RETIREMENT BOARD

ALL ITEMS RELATING TO YOU MUST BE ANSWERED. RETURN THIS FORM TO THE RAILROAD RETIREMENT BOARD

REQUEST FOR INFORMATION REQUIRED UNDER THE 1951 AMENDMENTS TO THE RAILROAD RETIREMENT ACT

Enter on this line your Railroad Retirement Board Claim Number _____

1. Give your name EDWARD (None) HOFF (FIRST) (MIDDLE) (LAST)

Address 1221 EAST HILLSBORO AVE - TAMPA FLA. (STREET AND NUMBER) (TOWN OR CITY) (ZONE) (COUNTY) (STATE)

2. Give your date of birth: Month FEBRUARY Day 24 Year 1888

3. Do you have a social security account number of your own? YES (YES OR NO)

(a) If "Yes," give your name as shown on your social security account card

EDWARD (None) HOFF (FIRST) (MIDDLE) (LAST)

and your social security account number 715-14-5137

(b) If you have a social security account number but do not know what it is, give the following information:

Your father's name _____ (FIRST) (MIDDLE) (LAST)

Your mother's name _____ (FIRST) (MIDDLE) (MAIDEN LAST NAME)

Your place of birth _____ (TOWN OR CITY) (COUNTY) (STATE)

4. Have you worked since 1936 in employment covered by the Social Security Act? No - None (YES OR NO)

5. Are you now single, married, divorced or widowed? MARRIED (STATE WHICH)

6. If you are a widow or widower, give the date of death of your husband or wife _____ (DATE)

7. Have you any children, including stepchildren or adopted children, under 18 years of age and unmarried? No (YES OR NO) If "Yes," how many? _____

IF YOU ARE NOW MARRIED, FILL IN ITEM 8

8. Give your wife's or husband's ELEANOR MAE (None) HOFF (FIRST NAME) (MIDDLE NAME) (LAST NAME)

and date of birth: Month NOV Day 6 Year 1894

Present address SAME ABOVE (STREET AND NUMBER) (TOWN OR CITY) (ZONE) (STATE)

Date of marriage: Month OCT Day 12 Year 1928

Signed Edward Hoff (SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

Date JANUARY 14 - 1954 (MONTH) (DAY) (YEAR)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

APPLICATION FOR EMPLOYEE ANNUITY UNDER
THE RAILROAD RETIREMENT ACT

A564996

*Officially Filed
January 14-1954
William R. Hony
P. Bung - N.Y.
7-5-14-5137*

ALL ITEMS ON THIS FORM MUST BE ANSWERED. THE COMPLETED FORM IS TO BE RETURNED TO THE RAILROAD RETIREMENT BOARD,

1. Social Security Account No. 7-5-14-5137

2. Name (PRINT) EDWARD (None) HOFF 3. Race white
If married woman, (FIRST) (MIDDLE) (LAST) 4. Sex male
give maiden name (MALE OR FEMALE)

5. Date of birth FEB-24-1888 6. Place of birth (PRINT) HOBOKEN - N.J.
(MONTH) (DAY) (YEAR) (TOWN OR CITY) (COUNTY) (STATE)

7. Father's GEORGE EDWARD HOFF
(FIRST NAME) (MIDDLE NAME) (LAST NAME)
Mother's EMMA (UNKNOWN) HUISER
(FIRST NAME) (MIDDLE NAME) (MAIDEN LAST NAME)

8. Are you now single, married, divorced, or widowed? MARRIED If now married give wife's ELEANOR MAE KOTH
(STATE WHICH) (FIRST NAME) (MIDDLE NAME) (MAIDEN LAST NAME)

9. Are you applying for an annuity to begin before age 65? NO (a) If so, are you totally and permanently disabled for regular employment for hire? —, or are you disabled for work in your regular occupation? —; (b) what is your principal disabling condition? —; (c) what was your regular occupation in employer service during the last 5 years? —; (d) during the last 15 years? —; (e) have you been disqualified for employment by a medical officer of your last employer under the Railroad Retirement Act? —

10. Do you claim compensated service for any employer under the Railroad Retirement Act prior to January 1, 1937? YES If "Yes," have you filed with the Board a statement of such service on Form AA-15? YES

11(a). Give the following information to cover the last 18 months you worked for employers under the Railroad Retirement Act. (If more space is required, continue under "Remarks.")

LAST EMPLOYER		NEXT TO LAST EMPLOYER	
NAME OF EMPLOYER	<u>LEHIGH VALLEY</u>	NAME OF EMPLOYER	<u>—</u>
PAYROLL NAME	<u>EDWARD HOFF</u>	PAYROLL NAME	<u>—</u>
LAST OCCUPATION	<u>BRATENMAN</u>	LAST OCCUPATION	<u>—</u>
LAST DEPARTMENT	<u>TRANSPORTATION</u>	LAST DEPARTMENT	<u>—</u>
LAST DIVISION OR LOCATION	<u>NY DIV - EASTON PA</u>	LAST DIVISION OR LOCATION	<u>—</u>
WORKED FROM	<u>1912</u> TO <u>JAN 10-1954</u>	WORKED FROM	<u>—</u> TO <u>—</u>
(DATE)	(DATE)	(DATE)	(DATE)

11(b). If you have stopped work for the purpose of receiving an annuity, give the last date on which you last worked for an employer under the Act JANUARY 10-1954

12. Do you still hold rights to return to the service of employer(s) under the Railroad Retirement Act? NO
If so, give the names of all such employer(s) —

13. If you no longer hold such rights, give name of employer(s) under the Railroad Retirement Act with whom you last held rights LEHIGH VALLEY RR.

Date you relinquished these rights: Month JANUARY Day 10 Year 1954

14(a). Give the following information if you have performed any service for any person, company, or institution (other than an employer under the Railroad Retirement Act) (1) during the period of your last service for an employer under the Railroad Retirement Act (see item 11(a)), or (2) after such period. If "None," so state. (If more than 2, continue under "Remarks")

NAME	ADDRESS	WORK BEGAN		WORK ENDED	
		MONTH	YEAR	MONTH	YEAR
None, what do I owe.					
No self employment.					

14(b). Do you still hold rights to return to the service of any person, company, or institution, not an employer under the Railroad Retirement Act? No - None

15. Have you signed Railroad Retirement Board Form G-88, Employee's Certificate of Termination of Service and Relinquishment of Rights, and forwarded it to your employing officer? YES If so, give date forwarded 1/14/54 Name and location of employing officer LEHIGH VALLEY

16(a). Do you claim that service in the land or naval forces of the United States should be included in your service? No If "Yes," give _____ (DATE OF ENTRY) _____ (PLACE OF ENTRY)

 (BRANCH OF SERVICE) (MILITARY ORGANIZATION OR VESSEL) (SERIAL NUMBER - IF NONE, GIVE RANK)

 (PLACE OF DISCHARGE) (DATE OF DISCHARGE)

16(b). Are you receiving or have you applied for pension, disability compensation or other gratuitous benefits by reason of this service? _____ If so, give your Veterans Administration "C" number _____ If you do not have a Veterans Administration "C" number, state the nature of any benefits you are receiving or have applied for _____

17. (ANSWER THIS QUESTION ONLY IF YOU ARE APPLYING FOR A DISABILITY ANNUITY.) If you are granted a disability annuity AND if you continue to receive such annuity until you reach age 65, do you authorize the Railroad Retirement Board to relinquish for you, effective at age 65, any rights that you may then hold with employers under the Act and with the person, company, or institution (if any) by whom you were LAST employed prior to the date your annuity begins? _____

18. Are you applying for an annuity to begin on the earliest date permitted by law? YES If you wish a later date give: Month _____ Day _____ Year _____ (THE EARLIEST BEGINNING DATE PERMITTED BY LAW IS ORDINARILY THE DAY FOLLOWING THE LAST DAY OF COMPENSATED SERVICE BUT NOT MORE THAN 6 MONTHS PRIOR TO THE FILING DATE OF THE APPLICATION.)

REMARKS: (IF ADDITIONAL SPACE IS REQUIRED, ATTACH A SEPARATE SHEET.) _____

NOTE: Signature made by mark (X) must be witnessed by two persons to whom the applicant is known, giving their place of residence in full.

(NAME) _____
 (ADDRESS) _____
 (NAME) _____
 (ADDRESS) _____

19. Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

Edward Hoff
 (SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)
1221 EAST HILLSBORO AVE
 (STREET AND NUMBER)
Tampa - 4 - Florida
 (CITY) (ZONE NUMBER) (STATE)
JANUARY 14 - 1954

PENALTIES:.....SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

READ INSTRUCTIONS BEFORE FILLING OUT THIS FORM

Do not write in this space

EMPLOYEE'S STATEMENT OF COMPENSATED SERVICE RENDERED PRIOR TO JANUARY 1, 1937, TO EMPLOYERS UNDER THE RAILROAD RETIREMENT ACT OF 1937.

This statement is not an application for an annuity but will be preserved for use in connection with annuity applications based in whole or in part on service prior to January 1, 1937. Under the Railroad Retirement Act of 1937 service prior to January 1, 1937, can be credited toward an annuity only for individuals who on August 29, 1935, were in the active compensated service of or in an employment relation to an employer under that Act. Only such individuals should fill out this form. Individuals who have already provided the Board with a record of service prior to January 1, 1937, need not fill out this form.

LEHIGH VALLEY RAILROAD COMPANY

1. Social Security Account No. 715-14-5137

2. Name Edward Hoff 3. Race White
(PRINT) (First) (Middle) (Last)

Address 111 So 4th St Easton Northampton Pa 4. Sex Male
(Street and number) (Town or city) (County) (State) (Male or female)

5. Date of birth Feb 24 1888 6. Place of birth Hoboken N.J.
(Month) (Day) (Year) (PRINT) (Town or city) (County) (State)

7. Father's Edward Hoff Mother's Emma Niebel
(First name) (Middle name) (Last name) (First name) (Middle name) (Maiden last name)

8. Were you on August 29, 1935, in the active compensated service of an employer under the Act? yes If not, were you
(Yes or no)

on August 29, 1935: on furlough and ready and willing to serve? no; on leave of absence? no; or absent
(Yes or no) (Yes or no)

on account of sickness or disability? no
(Yes or no)

9. Statement of service prior to January 1, 1937, for all employers under the Act. (Use a separate block for each employer. Start with a new line of entries within the block only when your occupation changed, or your location changed, or when you resumed service after a break of three calendar months or more. If you need more blocks use the back of this form.)

(a) Lehigh Valley Railroad Company Edward Hoff
(Name of employer under the Act) (Your pay-roll name)

OCCUPATION	DATE BEGAN		DATE ENDED		DEPARTMENT	LOCATION OR DIVISION
	Month	Year	Month	Year		
<u>Trainman</u>	<u>Dec</u>	<u>1912</u>			<u>Transp.</u>	<u>Lehigh Divn.</u>

(b) _____
(Name of employer under the Act) (Your pay-roll name)

OCCUPATION	DATE BEGAN		DATE ENDED		DEPARTMENT	LOCATION OR DIVISION
	Month	Year	Month	Year		

(Additional blocks are provided on the back of this form) 16-7468

Date Jan 2 1942 (Signed) Edward Hoff
(Month) (Day) (Year) (Sign in ink or indelible pencil—do not print)

REPORT OF CONTACT
(Use ink or typewriter)

ACCOUNT NUMBER AND SYMBOL

WA 564996 715-14-5137

REVIEWING OFFICE

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

TO: NE MAT SE GL MAM WN BDI DIO SA

Edward Hoff

PERSON(S) CONTACTED AND ADDRESSES:

WE OR SE PERSON OTHER (Specify)

CONTACT MADE:

DO BO CS HOME PHONE: OTHER

DATE OF CONTACT

SUBJECT

death of widow

See attached SSA 719 re death of
Eleanor Hoff widow of Edward Hoff

DO NOT WRITE IN MARGIN

SIGNATURE

Alan Bush

DISTRICT OFFICE

123 North 13th Street
Pittsburgh, Pennsylvania

CR FR SR CLAIMS CLERICAL

OTHER (Specify)

DATE OF REPORT

5-18-76

PAGE 1 OF 1

RRB: WA564996 Edward Hoff
SSN - 715-14-5137

STATEMENT OF DEATH BY FUNERAL DIRECTOR

TOE 210

NOTICE.—Whoever makes or causes to be made any false statement or representation of material fact for use in determining a right to payment under the Social Security Act is subject to fine, imprisonment or both, under Federal law.

1. NAME OF DECEASED <i>ELEANOR M. HOFF</i>		2. SOCIAL SECURITY NUMBER <i>179-20-1028</i>	
3. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE		4. DATE OF DEATH OF DECEASED <i>APR. 21, 1976</i>	

5. NAME AND ADDRESS OF DECEASED'S NEXT OF KIN. (IF NO RELATIVE'S ADDRESS IS KNOWN, STATE NAME AND ADDRESS OF PERSON WHO ARRANGED FOR BURIAL.)

NAME OF NEXT OF KIN <i>MR. MARTIN ROTH</i>		RELATIONSHIP <i>Nephew</i>	
ADDRESS (No. and Street, P.O. Box) <i>315 N. Church St.</i>			
CITY AND STATE <i>ALLENTOWN, PENNA.</i>		ZIP CODE	TELEPHONE NUMBER OF NEXT OF KIN (If available) <i>432-7865</i>

I hereby certify that I am an authorized funeral director and prepared for burial or buried the body of the person named above. I understand this statement may be used in connection with an application for social security benefits.

NAME OF FUNERAL DIRECTOR OR FIRM <i>PEARSON FUNERAL SERVICE</i>		SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED REPRESENTATIVE OF FIRM <i>Lester D. Pearson</i>	
ADDRESS (No. and Street, P.O. Box) <i>1901 LINDEN ST.</i>		TITLE <i>OWNER</i>	
CITY, STATE, AND ZIP CODE <i>Bethlehem PENNA. 18017</i>		TELEPHONE NUMBER <i>866-1031</i>	DATE <i>APR. 22, 1976</i>

For Social Security Use Only - DO NOT WRITE IN THIS SPACE

DO Processed 04/23/76 (Date) NE MAT SE GL WN MAM DIO

PLEASE TYPE OR PRINT CLEARLY

A 564996

FOLDER RECORD OF ACTION TAKEN

FORM RELEASED _____

RELEASED TO _____

OTHER ACTION:

No Res. due

DT

(DATE)

(EXAMINER)

480 08796

MASTER BENEFIT ADJUSTMENT RECORD CONTROL FOR RESEARCH USE ONLY STATISTICAL SERVICES

CLAIM NO. WA-564996

ACCOUNT NO. _____

REJECT INFORMATION:

Type of Reject:

	ACCOUNTING DATE	CODE
TRANSACTION	_____	_____
RECONCILIATION	_____	_____
POST EDIT	4-70	6-8-25-46
OTHER	_____	_____

Action Taken:

TYPE OF FILE 10 20 29 30 40 50 60 80

TYPE OF BENEFIT 1 2 3 4 5 6 7 8 9

INSERT INT. RECERT. T&R REIN.

DELETION G-420A G-247

REMARKS: W 18(6-9) 1378 W 30(4-8) 00000 W 34(6) 2

This Action Void After 10 MONTH 70 YEAR PROCESSED BY M Clough

RRB FORM G-268

ADDRESS CHANGE

CLM.NO. WA-

564996

SURNAME, 5 LETTERS - HOFF

BCH.NO. 086 1/12/7

NEW RECORD - 40 1 N UNION ST
EASTON PA 18042

PAYEE CODE

FORM APPROVED BUDGET BUREAU NO. 70-R274.3	UNITED STATES RAILROAD RETIREMENT BOARD 944 RUSH STREET, CHICAGO, ILLINOIS 60611 ANNUAL REPORT	FORM G-19a (1-66)	1. AFTER 1964 DID YOU MARRY? <input type="checkbox"/> YES <input type="checkbox"/> NO
(CORRECT ANY ERROR IN THE NAME AND ADDRESS SHOWN BELOW)			IF "YES", GIVE DATE OF MARRIAGE <i>Common Law wife</i>
DO NOT BEND OR FOLD THIS CARD	ELEANOR R HOFF 506 E JAMES ST EASTON PA	A564996	2. AFTER 1964 DID YOU BEGIN TO RECEIVE MONTHLY BENEFITS FROM THE SOCIAL SECURITY ADMINISTRATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
	<i>Per plus 5-19-66</i>		IF "YES", FURNISH SSA CLAIM NO. <i>454128</i>
			MONTHLY RATE \$ 50 <i>41.60</i>
			DATE BENEFITS BEGAN <i>11 March yr. 59</i>
			3. DO YOU HAVE A SOCIAL SECURITY ACCOUNT NUMBER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			IF "YES", GIVE THAT NUMBER <i>179-20-1028</i>
INSTRUCTIONS			NOTICE WHOEVER MAKES A FALSE STATEMENT IN CONNECTION WITH THIS REPORT IS LIABLE TO A PENALTY.
1. ANSWER ALL QUESTIONS ON BOTH SIDES OF THIS CARD. 2. SIGN AND DATE THE CARD. 3. PROMPTLY RETURN THE COMPLETED CARD IN THE ENCLOSED ENVELOPE.			OVER

A 564996 Easton Pa.
Feb. 16th/66.
Sir. Enclosing the slip you
send for me to fill out, I don't
have to fill it out as I am
retired and am not well and
able to work, I work the last
in 1962 for 5 months at a private
home the man died so I have
not been able to work since
due to my heart I am living
in the housing project on town
ment so I signed the card
not working, hope it will be
satisfactory. Railroad check is #66.80
since 1962. Remain

Mrs. Eleanor R. Hoff.
506 E. James St.,
Easton Pa.
(18042)

NAM
Q

HILLSBOROUGH COUNTY HEALTH DEPARTMENT

1420 Tampa Street
P.O. Box 1731
Tampa 1, Florida

John S. Neill, M.D., M.P.H.
Director

Plant City
Co. Office Bldg.

A-564996

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
FLORIDA
STATE FILE NO. _____
REGISTRAR'S NO. 1793

BIRTH NO. _____		PLACE OF DEATH a. COUNTY Hillsborough		CODE NO. 39-062	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Florida		b. COUNTY Hillsborough		
b. CITY, TOWN, OR LOCATION Tampa			c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY, TOWN, OR LOCATION Tampa			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
d. NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			e. LENGTH OF STAY IN 10 Yrs. 9		d. STREET ADDRESS 4302 Marguerite				
NAME OF DECEASED (Type or print) First Middle Last EDWARD G. HOFF				4. DATE OF DEATH Month Day Year June 5, 1962					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 24, 1888		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor			10b. KIND OF BUSINESS OR INDUSTRY Lehigh Valley Railroad		11. BIRTHPLACE (State or foreign country) New Jersey		12. CITIZEN OF WHAT COUNTRY? USA		
3. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown					
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 715-14-5137		17. INFORMANT'S SIGNATURE Address: <u>3200 N. Central Ave Tampa, Fla.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u>								INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. (Probably) ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>6/4/62</u> to <u>6/5/62</u> and last saw <u>her</u> alive on <u>6/4/62</u> Death occurred at <u>12:20A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>J. J. Jaglaris, M.D.</u>			(Degree or title)			22b. ADDRESS <u>Tampa, Fla.</u>		22c. DATE SIGNED <u>6/8/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6/7/62		23c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery		23d. LOCATION (City, town, or county) (State) Estom, Pennsylvania			
24. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Duval</u>			ADDRESS Funeral Homes Tampa, Florida		25. DATE RECD. BY LOCAL REG. June 7, 1962		26. REGISTRAR'S SIGNATURE <u>Frances Chappell</u>		

This is to certify that the foregoing is a true and correct copy of a copy of a Death Certificate in my custody, and on file in the Office of the Division of Vital Statistics, at the Hillsborough County Health Department.

Witness my hand and seal this the **JUN 8 1962**

Division of Vital Statistics
of the Hillsborough County Health Department

John S. Neill, M.D.
Local Registrar of Vital Statistics

(Fee for this Certificate, \$1.00)

Nº 495378

This to Certify that the following is a true and correct copy of a certificate of death filed in the Division of Vital Statistics, Pennsylvania Department of Health, as directed by Act 66 of the General Assembly, 1953, P. L. 304.

JUN 18 1962
(Date)

C. L. Wilbar Jr.
(Secretary of Health)



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

762
36
Primary
Dist No.

File No. 96721-17
Registered No. 586

1. PLACE OF DEATH a. County <u>Northampton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. State <u>Pa.</u> b. County <u>Northampton</u>	
b. City (If outside corporate limits, write RURAL and give township) or Borough <u>Easton</u>		c. City (If outside corporate limits, write RURAL and give township) or Borough <u>Easton</u>	
d. Full Name of Hospital or Institution (If not in hospital or institution, give street address or location) <u>225 S. 5th St.</u>		d. Street Address (If rural, give location) <u>Easton</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mamie</u> b. (Middle) <u>Murta</u> c. (Last) <u>Hoff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24 - 1917</u>		
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5. SEX <u>Female</u>	6. COLOR or RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 1, 1889</u>	9. AGE (in yrs. last birthday) <u>27</u>	If Under 1 Yr. Months <u>9</u> Days <u>23</u>	If Under 24 Hrs. Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (also give State or foreign country) <u>Penna.</u>	12. CITIZEN OF WHAT COUNTRY? <u>Born - Penna.</u>
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13. FATHER'S NAME <u>Edward Murta</u>	14. MOTHER'S MAIDEN NAME <u>Sarah Richelderfer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S OWN SIGNATURE <u>Mrs. Edward Murta</u>	ADDRESS <u>Easton, Pa.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL Between ONSET and DEATH <u>36 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septic Endometritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>following miscarriage.</u>		
II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Pyemia</u>		20. AUTOPSY? <u>10 days</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN AND TOWNSHIP) (COUNTY) (STATE)
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21d. TIME (Month) (Day) (Year) Hour OF INJURY	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug. 19, 1917, to Sept. 24, 1917, that I last saw the deceased alive on Sept. 23, 1917, and that death occurred at 4:15 A.M. E.S.T., from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. Quincy</u>	M.D. or D.O.	23b. ADDRESS <u>Easton, Pa.</u>	23c. DATE SIGNED <u>9-27-17</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept. 27, 1917</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Easton Cemetery</u>	24d. LOCATION (Town, township and county) (State)
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DATE REC'D by LOCAL REG. <u>9-27-17</u>	REGISTRAR'S SIGNATURE <u>J. H. Warner</u>	25. SIGNATURE OF FUNERAL DIRECTOR <u>Walter H. Ashton</u>	ADDRESS <u>Easton, Pa.</u>
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RRB annotation

PAYMENT CENTER PLEASE ADVISE CURRENT DISTRICT OFFICE OF CLAIMS STATUS (PREPARE OA-C556) PRIOR CERTIFICATION (SEE OVER)

DISTRICT OFFICE RAILROAD RETIREMENT BOARD		CODE	REQUEST DATE 07 02 62	TYPE ACTION A-OAS	BLOCK NUMBER 2-17745	ACCOUNT NUMBER 715-14-5137
NAME OF A/N HOLDER HOFF, EDWARD			SEX M	DATE OF BIRTH 02 24 88	P	DATE OF APPL.
MULTIPLE A/N		MULTIPLE A/N		MILITARY SERVICE FROM THRU		V
LAG INFORMATION FURNISHED BY DISTRICT OFFICE				FAMILY COMPOSITION		PRIOR CERTIFICATION RR3
TYPE	PERIOD	AMOUNT	EIN	TYPE	PERIOD	AMOUNT
AUXILIARY OR SURVIVOR DATA						FORM 805
SEX	DATE OF BIRTH	P	MO. ELECT.	SEP CHK		
DED. DATA						
REMARKS A564996						
IDENTIFYING INFORMATION -- ACCOUNT NUMBER UNKNOWN						
F						M
N						N
P						
B						E

REQUEST FOR E/R ACTION

FORM OA-C790 (IDP) 1-62

SS-5 REMOVED BY

DATE

PAYMENT CENTER PLEASE ADVISE CURRENT DISTRICT OFFICE OF CLAIMS STATUS (PREPARE OA-C556) PRIOR CERTIFICATION (SEE OVER)

DISTRICT OFFICE RAILROAD RETIREMENT BOARD		CODE	REQUEST DATE 07 02 62	TYPE ACTION A-OAS	BLOCK NUMBER 2-17745	ACCOUNT NUMBER 715-14-5137
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MULTIPLE A/N		MULTIPLE A/N		MILITARY SERVICE FROM THRU		V
LAG INFORMATION FURNISHED BY DISTRICT OFFICE				FAMILY COMPOSITION		PRIOR CERTIFICATION RR3
TYPE	PERIOD	AMOUNT	EIN	TYPE	PERIOD	AMOUNT
AUXILIARY OR SURVIVOR DATA						FORM 805
SEX	DATE OF BIRTH	P	MO. ELECT.	SEP CHK		
DED. DATA						
REMARKS A564996						
IDENTIFYING INFORMATION -- ACCOUNT NUMBER UNKNOWN						
F						M
N						N
P						
B						E

REQUEST FOR E/R ACTION

FORM OA-C790 (IDP) 1-62

SS-5 REMOVED BY

DATE

RRB FORM NO. RL-43c (7-59) U.S. RAILROAD RETIREMENT BOARD 844 PUSH STREET, CHICAGO 11, ILLINOIS NOTICE OF INSURANCE ANNUITY AWARD	IN REPLY REFER TO: RRB CLAIM NO. SA-564996 NAME OF EMPLOYEE Edward Hoff	DATE AUG 21 1962
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An insurance annuity has been awarded under the Railroad Retirement Act to each person listed below beginning **June 1, 1962.**

<u>Name</u>	<u>Monthly Rate</u>
Eleanor R. Hoff	\$66.80

The enclosed check covers the amount due through **July 31, 1962.**

Succeeding checks will be mailed to reach you about the fifth day of each month and will cover the amount due for the preceding month.

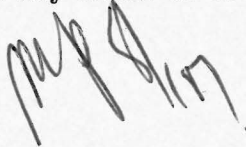
Since there is a survivor entitled to an insurance annuity beginning with the month in which the employee died, a lump-sum benefit is not payable under the Railroad Retirement Act.

Be sure to read the back of this notice and the enclosure for the conditions under which this benefit is not payable and for other important information.

If you have any questions, you may write us or call upon any of the Board offices shown on the enclosed list.

Enclosures **500**
 Check G-74
 T-83

11 8/16/62



D. M. Smith
 D. M. Smith
 Director of Retirement Claims

**RATE ATTACHMENT
FOR MONTHS AFTER JULY, 1961**

BASIC AMT. *	PIA \$ 99	MAX. SSA FORMULA \$ 217.60					MAX. O/M (UNROUNDED) \$ 239.36			
	FAMILY COMPOSITION	W or M	C-1	C-2	C-3	C-4	C-5	TOTAL 1 MO.	TOTAL 2 MOS.	TOTAL 3 MOS.
85.00	W (Age 60 or over)	89.90						89.90	179.80	269.70
85.00	1-C		81.70					81.70	163.40	245.10
85.00	M and 1-C	98.10	65.40					163.50	327.00	490.50
85.00	2-C's		81.70	81.70				163.40	326.80	490.20
#	M and 2-C's	102.60	68.40	68.40				239.40	478.80	718.20
#	3-C's		79.80	79.80	79.80			239.40	478.80	718.20
#	M and 3-C's	79.80	53.20	53.20	53.20			239.40	478.80	718.20
#	4-C's		59.90	59.90	59.90	59.90		239.60	479.20	718.80
#	M and 4-C's	65.30	43.60	43.60	43.60	43.60		239.70	479.40	719.10
#	5-C's		47.90	47.90	47.90	47.90	47.90	239.50	479.00	718.50

* IF THE BASIC AMOUNT COMPUTED FOR THIS CASE IS EQUAL TO OR GREATER THAN THE BASIC AMOUNT SHOWN IN THIS COLUMN FOR THE APPLICABLE FAMILY GROUP, THE O/M WILL NOT APPLY. IF A "#" IS SHOWN, THE O/M RATE FOR THE APPLICABLE FAMILY GROUP IS GREATER THAN \$194.00, THE MAXIMUM (ROUNDED) UNDER THE RRA FORMULA.

6/29/62 5B

RRB FORM NO. G-73a (9-61)

REQUEST FOR CERTIFICATION OR TRANSFER - SURVIVOR CLAIM

1 WAGE REQUEST FORWARDED TO SSA *RR-3*
DATE JUN 27 1962

2 NAME OF DECEASED EMPLOYEE (LAST - FIRST - MIDDLE)
HOFF EDWARD

3 RRB CLAIM NO.
A 564996.0 L

4 FORMER ADDRESS (STREET AND NUMBER, CITY, ZONE NO., AND STATE)
2428 FREEMSBURG AVE EASTON PA.

5 SSA ACCOUNT NO.
715-14-5137

6 DATE OF DEATH 6-5-62 **7** DATE OF BIRTH 2-2-88 **8** FEMALE **9** PRIOR S.M. 192

10 OASI LAG EMPLOYERS AND ADDRESSES FROM TO

11 MILITARY SERVICE
BRANCH _____
FROM _____ TO _____
FROM _____ TO _____
VERIFIED BY SSA RRB PROOF ATTACHED

12 FILING DATE OF APPL. OR D.L.W. 1-14-54 **13** DEC'D WAS A PENSIONER \$ _____ (AMT. OF PEN.) (AV. MO. EARN.)

14 EFFECTIVE DATE(S) OF ANNUITY 1-11-54 DEC'D REC'D ANN. BEFORE 1948 BASED ON AT LEAST 10 YRS. SERVICE (AV. MO. COMP.)

15 DISABILITY FREEZE ESTABLISHED FROM _____ TO _____ BEGINNING DATE OF WAITING PERIOD _____
16 WAGE DATA (1) SS (2) NO SS
17 LAG CODES (1) (2) (3) (4)

18 YEAR BEFORE DEATH LAG YR SM COMP. **19** YEAR OF DEATH LAG YR SM COMP.

20 PREVIOUS CER-1 NOTATION:
SSA RR-1 DIB RR-6 OAIB RR-10 LC SURV.
RRB G-73a G F G-438 UI-87 AA-11a NO NUMBER REC'D. YES

21 COMPUTER PROCESSING CODES:
CODE TYPE
(21) "A" CASE
(22) "A" CASE WITH AMC
(23) INITIAL "D"
(24) AME (PENSIONER)
(25) PA (PENSIONER)
(46) RRB TRANSFER

22 JURISDICTIONAL DATA
A RRB DOES NOT HAVE JURISDICTION
B RESIDUAL PAID ELECTION MADE
C RESIDUAL PAID-NO ELECTION SA OR LSDP TO _____
D CLAIMS MATERIAL ATTACHED
SIGN _____
DATE _____

23 REMARKS:

DEV. S!

CERTIFICATION OF SERVICE AND COMPENSATION - BASIC AMOUNT AND PIA DETERMINATIONS

A. NAME ON RECORD HOFF		B. NAME ON REQUEST	C. ACCOUNT NUMBER 715 14 5137	D. R. R. B. CLAIM NUMBER A564996	E. EMPLOYER NUMBER(S)	F. PAYROLL IDENT. NUMBER(S)	G. YR. LAST ACT.	2. A. TOTAL TO DATE S. M. COMPENSATION 54 188 46866 48		B. TOTAL THRU YEAR ATTAINED AGE 65 S. M. COMPENSATION 187 46566 02		YEAR AGE 65 53	C. TYPE OF CLAIM RET. <input checked="" type="checkbox"/> SURV. G-563 <input type="checkbox"/>	D. TOTAL WAGES AND COMPENSATION 52242.86				
H. D/O/B MO. YR. 02 88	I. D/O/D MO. YR. 06 62	J. INC. ACCT.	K. INAC. ACCT.	L. GROSS RESIDUAL WITH MILITARY SER.	M. GROSS RESIDUAL W/O MIL. SER. 2583 50	N. ADDITIONAL EMPLOYERS:	O. ADJUSTMENT YEARS ADJ. BEF. 60 <input checked="" type="checkbox"/> 15 40	E. CREDITABLE MILITARY SERVICE		F. TOTAL THRU 1946 103 23238 29		G. PRIOR S. M.	H. COMPENSATION LAST REPORTED	I. SERVICE AND COMPENSATION CERTIFIED THRU:				
P. OCCUPATION FOR LAST 5 YEARS						Q. FACTORS USED IN COMPUTING GROSS RESIDUAL 4% OF COMPENSATION - 1937 THRU 1946 7% OF COMPENSATION - 1947 THRU 1958 7½% OF COMPENSATION - 1959 THRU 1961 8% OF COMPENSATION - YEARS AFTER 1961						J. TOTAL INCLUDING MILITARY SERVICE		K. TOTAL QTRS. COV. AFTER 1946 29 38		L. INCREMENT YRS. AFTER 1946 10 10	M. G-438 PREPARED <input type="checkbox"/>	N. ANNUAL EMP. QTRLY EMP.

3. YEAR	A. MOS. SERV.	C. MONTHS EMPLOYED CODE	D. TOTAL Q.C.	E. MIL. SERV. Q.C.	F. COMP. Q.C.	G. WAGE Q.C.	H. INC. YR.	I. D/O D/F	J. WAGES AND COMPENSATION	K. COMPENSATION	L. WAGES	4. A. YR.	B. MOS. SER.	C. TOT. Q.C.	D. M/S Q.C.	E. COMP. Q.C.	F. WAGE Q.C.	G. INC. YR.	H. D/O D/F	I. WAGES AND COMPENSATION	J. COMPENSATION	K. WAGES	5. ENTITLEMENT DETERMINATIONS	
																							A. 120 SERV. MOS.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
1947	12				4					3341 39		37	10											B. CURRENT CONNECT. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
1948	12				4					3320 39		38	11											C. REQUIRED QTRS. COV. _____
1949	12				4					3432 39		39	10											D. ACQUIRED QTRS. COV. _____
1950	12				4					3514 39		40	12											E. INSURED STATUS:
1951	12				4					3109 39		41	12											COMPLETELY <input checked="" type="checkbox"/> FULLY <input checked="" type="checkbox"/>
1952	12				4					3230 39		42	12											PARTIALLY <input type="checkbox"/> CURRENTLY <input type="checkbox"/>
1953	12				4					3379 85 39		43	12											F. FIRST QTR. INSURED 3-31-53
1954	1				1					300 46		44	12											G. DATE ATTAINED RETIREMENT AGE 2-23-53
1955						4						45	11											
1956						2						46	1											
1957						1						47												
1958												48												
1959					0							49												
1960												50												
1961												51												
1962												52												
1963												53												
1964						10						54												

6. MONTHS EMPLOYED (R.R.B.)												7. RAILROAD RETIREMENT ACT - COMPUTATIONS							
YEAR	J	F	M	A	M	J	J	A	S	O	N	D	CLOSING DATE	WAGES AND/OR COMPENSATION	DIVISOR	AVERAGE MONTHLY WAGE	INC. YRS.	BASIC AMT. - EFF.	
																		6-59	7-56
1954													1-53	44436.01	192	2.30			
1955													1-62	52242.86	225	232.00	20	66.71	

REMARKS:
Shortlisted
11/10/62
10/6/67

8. SOCIAL SECURITY ACT - COMPUTATIONS															
1958 METHOD												1958 PIA			
YEAR	J	F	M	A	M	J	J	A	S	O	N	D	1-1-	1954 PIA FORMULA	1954 PIA
1952													1-1-		
1953													1-1-		
1954													1-1-		
1955													1-1-		

9. TRIAL COMPUTATIONS - R.R.B.							
C/D	DIVIDEND	D/M	AMW	I/Y	BASIC AMT./PIA	FORMULA	
1 62	46866 48	204	229 00	17	64 62	BA	

10. CERTIFY THAT THIS REPORT OF SERVICE AND COMPENSATION AND RELATED DATA IS CORRECT ACCORDING TO THE PROVISIONS OF THE RAILROAD RETIREMENT AND SOCIAL SECURITY ACTS AND TO THE RECORDS OF THE BUREAU OF WAGE AND SERVICE RECORDS. THE USE OF THIS DATA TO DETERMINE ELIGIBILITY FOR AND THE AMOUNT OF RETIREMENT OR SURVIVOR BENEFITS IS AUTHORIZED.

DATE **7-17-62** FOR DIRECTOR WAGE AND SERVICE RECORDS

1952 PIA FORMULA				1952 PIA			
YEAR	J	F	M	A	M	1-1-	1954 PIA
1952						1-1-	
1953						1-1-	
1954						1-1-	

49150

DATAFOLD FORM, INC. CHICAGO, ILL.

3

6/26/62 SB

RL-121a
(2-62)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

844 RUSH STREET

CHICAGO 11, ILLINOIS

Aug 6, 1962

BUREAU OF RETIREMENT CLAIMS

Eleanor R. Hoff
1459 Lehigh Street
Easton, Pennsylvania

In reply refer to
RRB Claim No. SA-564996

The answer to your question about your claim is given in the paragraph or paragraphs marked with an "X." The other paragraphs do not apply to your case.

- 1. We are checking the deceased employee's railroad service before 1937.
- X 2. We have asked for a report on the deceased employee's earnings after 1936, which has not yet been received.
- 3. We are checking with the Social Security Administration on whether you may be eligible for benefits under the Social Security Act.
- 4. We need additional information. One of our field offices will either write to you about this or otherwise get in touch with you.
- X 5. PLEASE INFORM US OF YOUR CORRECT ADDRESS, SINCE YOU PREVIOUSLY INDICATED IT TO BE 155 HUDSON, PHILLSBURG N.J.

Very truly yours,

Eleanor R. Hoff.
1459 Lehigh St.
Easton, Pa.

D. M. Smith
D. M. Smith

Director of Retirement Claims

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

Aug 6, 1962

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5. PLEASE INFORM ~~US~~ US OF YOUR CORRECT ADDRESS, SINCE YOU PREVIOUSLY INDICATED IT TO BE 155 HUDSON, PHILLSBURG N.J.

Very truly yours,

[Handwritten signature]

[Handwritten signature]
D. M. Smith
Director of Retirement Claims

A-564996

July 28th / 62

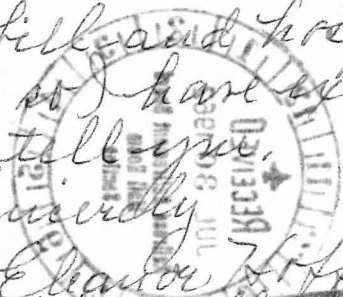
NOTICE OF DEATH
DECLASSED

Easton Pa. *L*

Dear Sir, In regards to my pension from
 the Railroad Bureau retirement claims
 I made my claim in Phillipsburg for
 my pension, and they said I was turned
 down, my husband died in June 5th
 and was buried June 11th which I was
 a common law wife and my name
 was Eleanor Roth before becoming a common
 law wife, for 32 yrs I was his common
 law wife, and he lived in Easton Pa.
 for 23 yrs and after taking his retirement
 for 9 yrs in Tampa Fla. I would like
 to know the reason why I was turned
 down 32 yrs is a long time so kindly
 let me know what reason I am not
 entitled for the pension, please let me
 know as Mr. Edward Hoff had know
 insurance and left me with not any
 thing and I am stuck with the
 undertakers bill and hospital bill in
 Tampa Fla. so I have so plained
 every I can tell you.

Sincerely

Mrs. Eleanor Hoff
 1459 Lehigh St.
 Easton Pa



JULY 26, 1962

SSA
PAYMENT CENTER
165 N. CANAL ST.
CHICAGO 6, ILL.

RE: EDWARD HOFF, 715-14-5137, A-564996, DOD 6-5-62. RRB HAS
JURISDICTION. 702 IS NOT IN FILE. SURVIVOR BENEFITS CANNOT BE PAID
UNTIL WE RECEIVE 702. PLEASE SUBMIT.

D. M. SMITH
DIRECTOR OF RETIREMENT CLAIMS
RRB
CHICAGO ILL.

RWAGNER: SB
RC 2333
EXT. 448

ngorski



G-73a

o/s

Common Law
marriage looks
ok

RRB FORM G-91 (5-57) DESCRIPTION AND CERTIFICATION AS TO ACCEPTABILITY OF EVIDENCE SUBMITTED		1. DATE <i>6/29/64</i>	2. S.S.A. OR CLAIM NUMBER <i>SA-564996</i>
DESCRIPTION OF DOCUMENT		3. FILE NAME OF EMPLOYEE <i>Edward George Hoff</i>	
		4. KIND OF DOCUMENT <i>Original Certified Certificate of Baptism</i>	5. ON OFFICIAL STATIONERY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SEAL USED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
7. NAME OF ISSUING AGENCY, INSTITUTION OR ORGANIZATION <i>Rev. G. F. Gardner* (see below) Allentown, Pennsylvania</i>		8. DESCRIBE ANY ERASURES, ALTERATIONS OR INTERLINEATIONS APPEARING ON DOCUMENT <i>None</i>	
9. IF DATE RECORD WAS MADE IS NOT SHOWN, DESCRIBE BRIEFLY THE CONDITION OF THE DOCUMENT			
INFORMATION ON DOCUMENT			
		EMPLOYEE	BENEFICIARY
10. NAME			<i>Eleanora Margaret Roth</i>
11. AGE OR DATE OF BIRTH			<i>born November 17, 1897</i>
12. PLACE OF BIRTH			<i>City of Allentown Lehigh County, Pa.</i>
13. NAME OF FATHER			<i>William Roth</i>
14. MOTHER'S MAIDEN NAME			<i>Rebecca Kester</i>
15. DATE OF DEATH			-
16. MARRIAGE		DATE	PLACE
			-
17. OTHER PERTINENT INFORMATION (Include address of person in whose interest document was furnished if: (a) this form is prepared in the field and (b) the address is not shown on other material being forwarded)			
<i>Baptism Witnessed by: Mrs. Maggie Burger Baptized: February 26, 1898 * Certificate bears seal - which undoubtedly, bears name of church, however cannot be read as imprinted paper colored to border on certificate.</i>			
UNIT OR FIELD OFFICE <i>Jersey City N. J.</i>		SIGNATURE AND TITLE <i>Julius A. Walsh, Dist. Dir. Jersey City, N. J.</i>	
18. (FOR USE OF BUREAU OF RETIREMENT CLAIMS ONLY)			
<input type="checkbox"/> MARRIAGE <input type="checkbox"/> DEATH <input type="checkbox"/> AGE OR DATE OF BIRTH OF _____ <input type="checkbox"/> RELATIONSHIP OF _____			
DOCUMENT ESTABLISHES:			
UNIT		SIGNATURE AND TITLE	

FORM APPROVED BUDGET BUREAU NO. 70-1118.4	FORM NO. G-124a (10-53) UNITED STATES OF AMERICA RAILROAD RETIREMENT BOARD	CLAIM NO.
NOTE: ALL ITEMS ON THIS FORM REQUIRING AN ANSWER MUST BE ANSWERED OR MARKED "UNKNOWN."	STATEMENT REGARDING MARRIAGE	SOCIAL SECURITY ACCOUNT NO. 715-14-5137
		EMPLOYEE'S NAME Edward George Hoff

I, George R. Waugh, understand that this statement will be considered in connection with an application by Edmond Hoff for payment of benefits under the Railroad Retirement Act on account of the employment of the employee named above.

- What is your relationship to the employee? Step Brother
To the applicant? Step Brother
(MOTHER, CHILD, COUSIN, ETC. - IF NOT RELATED, STATE "NONE")
- How long have you known the employee? Life long The applicant? 3 or 4 years
- How often and on what occasions did you meet the employee?
The applicant? 3 or 4 times a year
- Were ~~one~~ the employee and applicant generally known as husband and wife? Yes
- Did ~~do~~ you consider them husband and wife? Yes
Give facts and reasons for such belief. Because my brother said they were married. And we believe him

6. By what name or names ~~was~~ (is) the wife known?

FIRST NAME	LAST NAME
<u>Edmond</u>	<u>Hoff</u>

7. Did you hear them refer to each other as husband and wife? Yes
When and where? Always

8. Did either of them ever deny their marriage? No

9. Did ~~do~~ they maintain a home and live together as husband and wife? Yes
(YES OR NO)
WHERE (CITY AND STATE) Newark New Jersey WHEN About 1931
Easter Pass 2 or 3 years

10. Did they live together continuously? Yes If not, explain _____

EMPLOYEE OR SILENT PARTNER	TO WHOM MARRIED	OF MARRIAGE DATE AND PLACE	TERMINATED HOW MARRIAGE	MARRIAGE TERMINATED DATE AND PLACE

If so, state the following information regarding all such marriages:
II. Has either the employee or applicant entered into any other marriage? _____

11. Has either the employee or applicant entered into any other marriage? Yes (YES OR NO)

If so, give the following information regarding all such marriages:

STATE WHETHER EMPLOYEE OR APPLICANT	TO WHOM MARRIED	DATE AND PLACE OF MARRIAGE	HOW MARRIAGE TERMINATED	DATE AND PLACE MARRIAGE TERMINATED
Employee	Marion Hoff (Trust)	1916 Eaton Penn	Death	Sept 24 1917 Eaton Penn

(This space may be used for explaining any answers to the questions. If you need more space attach a separate sheet.)

REMARKS:



CERTIFICATION

Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: If this statement has been signed by mark (X), two witnesses who know the person making this statement must sign below, giving their full addresses.

SIGNATURE: George B Vaught
(SIGN IN INK OR INDELIBLE PENCIL-DO NOT PRINT)

ADDRESS: 41 Park Pl
(STREET AND NUMBER)
Truiston N.J
(CITY) (ZONE NUMBER)
Essex N.J.
(COUNTY) (STATE)

- (NAME) _____
(STREET AND NUMBER) _____
(CITY) (ZONE) (STATE) _____
- (NAME) _____
(STREET AND NUMBER) _____
(CITY) (ZONE) (STATE) _____

TELEPHONE NUMBER AT WHICH I CAN BE REACHED: Essex 3 0438
(IF NONE, WRITE "NONE")
DATE SIGNED June 23 1962
(MONTH) (DAY) (YEAR)

PENALTIES: SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY... INDIVIDUAL... WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

NOTE: ALL ITEMS ON THIS FORM
REQUIRING AN ANSWER MUST BE
ANSWERED OR MARKED "UNKNOWN."

STATEMENT REGARDING MARRIAGE

I, Fred Vought, understand that this statement will
be considered in connection with an application by Eleanor Hoff for payment
of benefits under the Railroad Retirement Act on account of the employment of the employee named
above.

- What is your relationship to the employee? Step Brother
(MOTHER, CHILD, COUSIN, ETC. - IF NOT RELATED, STATE "NONE")
To the applicant? Step Bro Marriage
(MOTHER, CHILD, COUSIN, ETC. - IF NOT RELATED, STATE "NONE")
- How long have you known the employee? Life Time The applicant? 32 years
- How often and on what occasions did you meet the employee? 3-4 times a year
The applicant? Same 3-4 yrs
- Were ~~(are)~~ the employee and applicant generally known as husband and wife? Yes
- Did ~~(do)~~ you consider them husband and wife? Yes
Give facts and reasons for such belief. Because my Brother said they was married
then we believe in

6. By what name or names was (is) the wife known?
FIRST NAME Eleanor Hoff LAST NAME _____

7. Did you hear them refer to each other as husband and wife? Yes
When and where? Always

8. Did either of them ever deny their marriage? No

9. Did ~~(do)~~ they maintain a home and live together as husband and wife? Yes
WHERE (CITY AND STATE) Newark New Jersey WHEN About 1931
Easton Penn. 20 years

10. Did they live together continuously? Yes If not, explain _____

EMPLOYEE OR STATE MEMBER	DATE AND PLACE	DATE AND PLACE	TERMINATED FROM MARRIAGE	MARRIAGE TERMINATED DATE AND PLACE

11. Has either the employee or applicant entered into any other marriage? Yes (YES OR NO)

If so, give the following information regarding all such marriages:

STATE WHETHER EMPLOYEE OR APPLICANT	TO WHOM MARRIED	DATE AND PLACE OF MARRIAGE	HOW MARRIAGE TERMINATED	DATE AND PLACE MARRIAGE TERMINATED
Employee	Marion Hoff (m. inta)	1916 Easton Pa.	Death	Sept. 24, 1917 Easton Pa.

(This space may be used for explaining any answers to the questions. If you need more space attach a separate sheet.)

REMARKS:



CERTIFICATION

Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: If this statement has been signed by mark (x), two witnesses who know the person making this statement must sign below, giving their full addresses.

SIGNATURE: Erud Knight
(SIGN IN INK OR INDELIBLE PENCIL-DO NOT PRINT)

1. _____ (NAME)

(STREET AND NUMBER)

(CITY) (ZONE) (STATE)

ADDRESS: 89 Morison Ave
(STREET AND NUMBER)
Maplewood
(CITY) (ZONE NUMBER)
Essex New Jersey
(COUNTY) (STATE)

2. _____ (NAME)

(STREET AND NUMBER)

(CITY) (ZONE) (STATE)

TELEPHONE NUMBER AT WHICH I CAN BE REACHED: 3-0-2-2276
(IF NONE, WRITE "NONE")
DATE SIGNED: June 23, 1962
(MONTH) (DAY) (YEAR)

PENALTIES:.....SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."



Commonwealth of Pennsylvania

ss:

County of Northampton

On this 11th day of June 1962, personally appeared before me the subscriber, one of the Alderman in and for said County duly authorized to administer oaths, Mrs. Estella M. Peters who being duly sworn according to law, doth depose and say, That I am the sister of Eleanor Roth Hoff and for the past thirty-two (32) years, my sister Eleanor Hoff lived with Edward G. Hoff as man and wife. I always thought that they were married.

and further deponent saith not.

Sworn to and subscribed before me this

11th day of June 1962

EDWARD THOMAS ALDERMAN, ALDERMAN



My Commission expires 1st Mon. Jan. 1958

My Commission expires first Monday of January, 19

Mrs. Estella M. Peters,
1102 Mahant St.,
Allentown, Pa.



Commonwealth of Pennsylvania

County of NORTH

ss:

On this 10 day of JUNE 1962, personally appeared before me the subscriber, one of the ALDERMAN in and for said County duly authorized to administer oaths, JAMES M. REILLY who being duly SWORN according to law, doth depose and say, That I HAVE KNOWN EDWARD G. HOFF, FOR THE LAST TWENTY-ONE (21) YEARS ^{KNOW HIM} AND TO BE MARRIED TO ELEANOR HOFF FOR AT LEAST THAT LENGTH OF TIME.

and further deponent saith not.

Sworn to and subscribed before me this

10 day of JUNE 1962

[Signature]



DAVID THOMAS REIBMAN, ALDERMAN
Second Ward, Easton, Northampton Co., Pa.

My Commission expires first Monday of January, 1963

[Signature]
RD # 2 Easton Pa.



Commonwealth of Pennsylvania

ss:

County of Northampton

On this 11th day of June 19 62, personally appeared before me
the subscriber, one of the Alderman in and for said County
duly authorized to administer oaths, David C. Heller
who being duly sworn according to law, doth depose and say, That I have
known Edward G. Hoff, for the past nineteen (19) years and know him
to be married to Eleanor Hoff for at least that length of time.

and further deponent saith not.

Sworn to and subscribed before me this

11th day of June 19 62

DAVID C. HELLER, ALDERMAN

Second Ward, Easton, Northampton Co., Pa.

My Commission expires 1st Mon. Jan. 1956

My Commission expires first Monday of January, 19

SEAL

David C. Heller

2425. Greentree Ave.

Easton Pa.



Commonwealth of Pennsylvania

} ss:

County of Northampton

On this 11th day of June 19 62, personally appeared before me
the subscriber, one of the Alderman in and for said County
duly authorized to administer oaths, Charles Crouse
who being duly sworn according to law, doth depose and say, That I have
known Edward G. Hoff, for the past twelve (12) years and know him
to be married to Eleanor Hoff for at least that length of time.

and further deponent saith not.

Sworn to and subscribed before me this

11th day of June 19 62

[Signature]
THOMAS H. ... ALDERMAN
3rd Ward, Easton, Northampton Co., Pa.
My Commission expires 1st Mon. Jan. 1966
My Commission expires first Monday of January, 19

SEAL

Charles Crouse

226 Bushkill st

Easton Pa

RRB FORM NO. G-26 (2-61)

DATE

ROUTE SLIP

6-26-62

TO

SB

- | | |
|---|---|
| <input type="checkbox"/> PER YOUR REQUEST | <input type="checkbox"/> PREPARE REPLY FOR MY SIGNATURE |
| <input type="checkbox"/> PER OUR CONVERSATION | <input type="checkbox"/> TAKE APPROPRIATE ACTION |
| <input type="checkbox"/> FOR YOUR INFORMATION | <input type="checkbox"/> SEE ME ABOUT THIS |
| <input type="checkbox"/> FOR YOUR APPROVAL | <input type="checkbox"/> NOTE AND RETURN TO ME |
| <input type="checkbox"/> FOR YOUR SIGNATURE | <input type="checkbox"/> COMMENT AND RETURN |
| <input type="checkbox"/> NOTE AND FILE | |

COMMENTS

FROM (FOLD HERE FOR RETURN)

SA

ROOM NO.

NOTE: ALL ITEMS ON THIS FORM RE-
QUIRING AN ANSWER MUST BE ANSWERED
OR MARKED "UNKNOWN."

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

SOCIAL SECURITY ACCOUNT NO.

STATEMENT OF MARITAL
RELATIONSHIP

715-14-5137

EMPLOYEE'S NAME

Edward George Hoff

I, Eleanor Margerite Hoff, understand that the information given by me will be used in connection with an application filed for benefits payable under the Railroad Retirement Act on account of the employment of the employee named above. Name of person with whom you were living Edward George Hoff

1. (a) When did you begin living together? January 28 1930
(MONTH) (DAY) (YEAR)

(b) Where? Newark New Jersey
(CITY OR TOWN) (STATE)

2. (a) Did you live together continuously since that time? yes
(YES OR NO)

(b) Where have you lived together and for what periods of time?

CITY OR TOWN	STATE	DATES	
		FROM	TO
51 Parkland St. Newark	New Jersey	Jan 28, 1930	April 1930
41 South 4th St. Easton	Pennsylvania	April 1930	Nov 1945
940 So. West Ave. Miami	Florida	Nov 1945	Jan 1947
41 South 4th St. Easton	Pennsylvania	Jan 1947	Jan 1954
4302 Margaret St. Tampa, FL	Florida	Jan 1954	June 5, 1962

(c) If question 2(a) is answered "No," give the periods of separation and reasons why you did not live together Always lived together

3. (a) Did you have an understanding as to your relationship when you began living together? yes
(YES OR NO)

(b) If "Yes," and if it was in writing, furnish a copy; if it was not in writing, what did you say to each other about your living together? We had nothing in writing but just agreed to live together as man and wife and we intended to legally marry but time went on and we were never legally married

(c) Was this understanding later changed? No never
(YES OR NO)

(d) If "Yes," what were the changes and when and why were they made?

4. (a) Did you have any understanding as to how long you would live together? yes
(YES OR NO)

(b) If "Yes," what did you say to each other about how long you would live together? From the very first Jan 28, 1930 we agreed and said we would live together until death

(c) Did you have any understanding as to how your relationship could be ended? No
(YES OR NO)

(d) If "Yes," what did you say to each other on this subject?

5. (a) Did you believe that your living together made you legally married? No
 (YES OR NO)

(b) If "Yes," why did you believe so?

6. Why did you not have a ceremonial marriage? Because it was just neglect had we never did take steps to get married

7. (a) Was there an agreement or promise that a ceremonial marriage would be performed in the future? Yes
 (YES OR NO)

(b) If "Yes," explain why the ceremony was not performed. Just been in me kept putting it off for no definite reason

8. (a) By what names were you known before you began living together?
Eleanor (FIRST NAME) Margaret Koch (LAST NAME) Eleanor M. Koch (FIRST NAME) Koch (LAST NAME)

(b) By what name or names were you known after you began living together?
Eleanor R. Hoff (FIRST NAME) Hoff (LAST NAME) Eleanor M. Koch (FIRST NAME) Koch (LAST NAME)

(c) By what name or names was the person with whom you lived known?
Edward (FIRST NAME) Hoff (LAST NAME) Edward G. Hoff (FIRST NAME) Hoff (LAST NAME)

(d) If you both did not use the same last name, state reasons. Used my maiden name at my work until Jan. 28, 1951 when I applied for a social security card they changed it to Eleanor R. Hoff because I was known as Eleanor Hoff or Eleanor R. Hoff from January 1930 when we began living together

9. (a) Were there any deeds or contracts executed, insurance policies taken out, bank accounts opened, etc., after you started living together? Yes
 (YES OR NO)

(b) If "Yes," give the following information:

TYPE OF PAPER	DATE MADE OUT	WERE YOU SHOWN AS THE OTHER'S HUSBAND OR WIFE
Benefit assignment of Railway Employees Ins. Policy # 582-537152	Application dated February 18, 1954 to be effective March 1, 1954	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>

10. (a) Did you have joint business dealings with other persons or joint charge accounts in stores? Yes
 (YES OR NO)

(b) If "Yes," give the names and addresses of such persons or stores:

NAME OF STORE OR PERSON	ADDRESS	DATE OF TRANSACTION
<u>Lawbach's Dept Store</u>	<u>Easton, Pa</u>	<u>Between 1930 & 1954</u>

11. (a) Did either of you ever attempt to keep secret your living together? No
 (YES OR NO)

(b) If "Yes," when and why?

12. (a) How did you introduce the person with whom you were living to relatives, friends, neighbors, business acquaintances and others? as my husband

(b) How did that person introduce you to relatives, friends, neighbors, business acquaintances and others? as his wife

13. (a) How was mail addressed to you? Mrs Edward Hoff or Mrs Eleanor Hoff

(b) How was mail addressed to the person with whom you were living? Mr. Edward G. Hoff or Edward Hoff

14. List below the names of your employers or the other person's employers and neighbors who knew of your relationship:

NAME	ADDRESS
Mrs. Anna Martin, Easton Dress Shop	11 Church St., Easton, Pa (my employer)
Mr. David Keller (my husband's Co-worker)	2428 Freemansburg ave., Easton, Pa
Mr. James Kelly (" " ")	Jacks Township, Easton, Pa
Mr. Charles Crouse (" " ")	226 Bushkill St., Easton, Pa.
Mrs. Lucy De Marco (neighbor)	344 Bushkill St., Easton, Pa

15. List below your closest relatives (other than children):

NAME	ADDRESS	RELATIONSHIP
Mrs Estella Peters	1102 Walnut St., Allentown, Pa	Sister

16. List below the closest relatives of the person with whom you were living (other than children):

NAME	ADDRESS	RELATIONSHIP
George Dougherty	41 Park Place, Livingston, N.J.	Step-brother
Fred Dougherty (address unknown)	Maplewood, N.J.	Step-brother

17. (a) Did you ever have any children? No If "Yes," list below: (YES OR NO)

NAME	AGE	ADDRESS	NAME OF OTHER PARENT

(b) Did the person with whom you were living have any children? Yes If "Yes," list below: (YES OR NO)

NAME	AGE	ADDRESS	NAME OF OTHER PARENT
(Mrs. Allen) <u>Marjorie Reid</u>	<u>about 47</u>	<u>unknown - last known living in Norfolk, Va.</u>	<u>Mamie Reid</u>
<u>Maurice Hoff</u>	<u>born Sept 1917</u>	<u>deceased 7/1959</u>	<u>"</u>

18. (a) Did you ever live with any other person as husband and wife? No If "Yes," give the following information: (YES OR NO)

DATES	KIND OF RELATIONSHIP (CEREMONIAL, ETC.)	NAME OF PERSON	HOW RELATIONSHIP ENDED (DEATH, DIVORCE)	DATE AND PLACE RELATIONSHIP ENDED

(b) Did the person with whom you were living ever live with anyone else as husband and wife? No If "Yes," give the following information: (YES OR NO)

DATES	KIND OF RELATIONSHIP (CEREMONIAL, ETC.)	NAME OF PERSON	HOW RELATIONSHIP ENDED (DEATH, DIVORCE)	DATE AND PLACE RELATIONSHIP ENDED
<u>about 1914</u>	<u>Ceremonial</u>	<u>Mamie Merda</u>	<u>death</u>	<u>Phillipsburg Pa</u>

19. If either of you had an earlier ceremonial or common-law marriage that ended after you began living together, answer the following questions:

(a) Did you at the time you began living together know that the earlier marriage was still in effect? No If "Yes," when and how did you first learn that this marriage had not yet ended? (YES OR NO)

When and how did the person with whom you were living first learn of it? _____

(b) Where were you both living at the time the earlier marriage ended? _____

Where were you both living at the time you learned it ended? _____

(c) After you both learned that the earlier marriage had ended, did you say or do anything about your relationship? _____ (YES OR NO)

If "Yes," describe what each of you said and did at the time _____

CERTIFICATION

Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: If this statement has been signed by mark (X), two witnesses who know the person making this statement must sign below, giving their full addresses.

1. _____ (NAME)
 _____ (STREET AND NUMBER)
 _____ (CITY) _____ (ZONE) _____ (STATE)

2. _____ (NAME)
 _____ (STREET AND NUMBER)
 _____ (CITY) _____ (ZONE) _____ (STATE)

SIGNATURE: Eleanor R. Hoff
 (SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

ADDRESS: 155 Hudson Street (STREET AND NUMBER)
Phillipsburg (CITY) _____ (ZONE NUMBER)
Warren (COUNTY) _____ (STATE)

TELEPHONE NUMBER AT WHICH I CAN BE REACHED: None

DATE SIGNED: June (MONTH) 24th (DAY) 1962 (YEAR)

PENALTIES:.....SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

June 14, 1962

*Mrs Eleanor Hoff
155 Hudson St.
Phillipsburg, N.J.*

In reply refer to
RRB Claim No.
Name of Deceased Employee
Edward G. Hoff
SSA 715-14-5137

Dear

In order that we may determine whether any benefits may be payable under the Railroad Retirement Act by reason of the death of the person named above, please fill in all of the items listed on the following pages.

If you do not know the answer to any item, write "Unknown" in the item.

Please return the completed form to the Railroad Retirement Board in the enclosed envelope. This form is *not* an application for benefits.

Very truly yours,

Thompson

Enclosure
Envelope

NAME OF EMPLOYEE

LAST OCCUPATION

LOCATION

DATE

TIME

DAY

MONTH

YEAR

(DATE OF BIRTH)

(DATE OF DEATH)

(DATE OF DEATH)

(SOCIAL SECURITY ACCOUNT NO.)

(RRB CLAIM NO.)

1. Deceased employee's (a) 715-14-5137 (SOCIAL SECURITY ACCOUNT NO.) (b) unknown (R.R.B. CLAIM NO.)

(c) Feb. 24, 1888 (DATE OF BIRTH) June 5, 1964 (DATE OF DEATH) Tampa, Florida (PLACE OF DEATH)

2. How many years did the deceased employee work in the railroad industry:

(a) Before 1937 26 years (b) After 1936 17 years

3. Give the following information for each employer, including employers outside the railroad industry, for whom the deceased employee worked during the 3-year period ending with the month of last employment: (If he worked for himself, write "self-employed" in the first column.)

NAME OF EMPLOYER	LAST OCCUPATION	LOCATION	Work Began		Work Ended	
			Month	Year	Month	Year
<u>Lehigh Valley Rd</u>	<u>Conductor</u>	<u>Easton, Pa</u>	<u>Sept</u>	<u>1937</u>	<u>Jan</u>	<u>1954</u>
<u>Empire Chevrolet</u>	<u>Night Watchman</u>	<u>Numbers Ave Tampa, Florida</u>	<u>Nov</u>	<u>1954</u>	<u>about</u>	<u>1960</u>

4. Did the deceased employee serve in active military or naval service of the United States? No If "Yes," give (YES OR NO)

(DATE OF ENTRY) (DATE OF DISCHARGE) (BRANCH OF SERVICE)

5. Was the deceased employee receiving a monthly pension or annuity under the Railroad Retirement Act? Yes (YES OR NO)

If he was receiving an annuity, did it begin before 1948? No (YES OR NO)

6. Give the following information regarding the deceased employee's widow or widower, children (including adopted children or stepchildren), and parents (including an adopting parent or step-parent). If any child of the deceased employee, under age 18, is not living with its surviving parent, include the name and address of the person with whom such child is living:

NAME OF SURVIVOR	SURVIVOR'S ADDRESS	DATE OF BIRTH	RELATIONSHIP TO DECEASED
<u>Clara M. Hoff</u>	<u>155 Hudson St Phillipsburg, N.J.</u>	<u>Nov 17, 1897</u>	<u>Widow</u>
<u>Marjorie Reid</u>	<u>(Exact address unknown) Norfolk Virginia (last known to be in Norfolk, Va in 1958 - present whereabouts unknown)</u>	<u>about 47</u>	<u>Daughter</u>

7. Are there any children named in item 6 who are 18 years of age or older and unable to engage in any regular employment because of a permanent disability that began before age 18? No If "Yes," give the name of each such child: (YES OR NO)

8. Is a child of the employee expected to be born? No If "Yes," give the anticipated date of birth: (YES OR NO) (MONTH-YEAR)

9. If a widower, parent, step-parent or adopting parent is listed in item 6 above, was any such survivor receiving at least one-half of his or her support from the deceased employee when the employee died? _____ If "Yes," give the name of each such survivor: _____

10. If a widow or widower is listed in item 6 above, (a) give the date she (he) married the deceased employee Jan 28, 1930.

(b) Was she (he) in receipt of a wife's (husband's) annuity? No
(YES OR NO)

(c) Were the employee and his wife (her husband) living together at the same address at the time of the employee's death? Yes If "No," also answer (1), (2), and (3) below:
(YES OR NO)

(1) State why the husband and wife were not living together and date they separated:

(2) Was the employee under order by any court to contribute to the support of his wife (her husband)? _____
(YES OR NO)

(3) Was the employee contributing to the support of his wife (her husband)? (Contributions may be in cash or kind, such as living rent-free in a house which the employee owned.) _____
(YES OR NO)

11. If the deceased employee was not survived by a child, give the following information about any surviving grandchildren of the deceased employee:

Children of deceased child: Maurice K. Hoff - deceased Feb. 1959

NAME OF GRANDCHILD	ADDRESS	DATE OF BIRTH
<i>Edward Hoff</i>	<i>715 So. MacArthur Drive Miami, Key Biscayne, Florida</i>	<i>age 15</i>
<i>Donna Hoff</i>	<i>"</i>	<i>age 5</i>
<i>Kathleen Hoff</i>	<i>"</i>	<i>age 4</i>

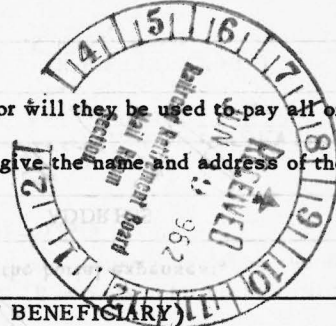
12. (a) Have the deceased employee's burial expenses been paid? partially
(YES OR NO)

(b) Give the name and address of any person(s) who paid or will pay all or part of the burial expenses:

NAME	ADDRESS
<i>Gleason M. Hoff</i>	<i>155 Hudson St. Phillipsburg, N.J.</i>

13. Were funds of the deceased employee used or will they be used to pay all or any part of the burial expenses of the deceased employee? Yes
(YES OR NO)

14. Were proceeds from an insurance policy or benefits from a fraternal organization used or will they be used to pay all or any part of the burial expenses of the deceased employee? No If "Yes," give the name and address of the beneficiary named, if any. (If none, write, "None.")
(YES OR NO)



(NAME OF BENEFICIARY)

(ADDRESS OF BENEFICIARY)

15. Give the name and address of the administrator or executor of the estate of the deceased employee, if any: (If none, write "None.")

(NAME)

(ADDRESS)

16. Has anyone filed an application for benefits under the Social Security Act by reason of the death of the deceased employee? No If "Yes," give the name and address of each such person:
(YES OR NO)

17. What is your relationship, if any, to the deceased employee? Widow - Common Law

(NAME OF SPONSOR)

(ADDRESS)

(DATE OF BIRTH)

REMARKS: (This space may be used for explaining any answers to questions.)

Signature of person furnishing information

Eleanor R. Hoff

155 Hudson St. Phelpsburg, Ill

(ADDRESS)

None
(TELEPHONE NUMBER)

Date Signed

June 14, 1962

Ben

SSA

TO Claims Files 88 6/26SB
FROM B&SR - Claims Section
Certification Unit

Please associate with claim
folder A 564996 and forward
to Survivor Benefits.

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
REQUEST FOR SSA CLAIM FILE

1 BLOCK NO.

2 NAME OF DECEASED EMPLOYEE (LAST-FIRST-MIDDLE)

HOFF EDWARD

3 RRB CLAIM NO.

A 564996

4 FORMER ADDRESS (STREET AND NUMBER, CITY, ZONE NO., AND STATE)

2428 FREEMSBURG AVE EASTON PA.

5 SS ACCOUNT NO.

715-14-5137

6 DATE OF DEATH

6-5-62

7 DATE OF BIRTH

2-24-88

8 GENERAL INSTRUCTIONS: THIS FORM WILL BE PREPARED BY THE RRB WHEN RRB HAS JURISDICTION OF SURVIVOR'S CLAIM BASED ON THE COMBINED RR AND SS EARNINGS RECORD OF THE DECEASED RR EMPLOYEE IDENTIFIED ABOVE AND (1) RRB RECORDS SHOW THAT THE DECEASED WAS RECEIVING AN OAIB OR DIB, OR (2) RRB RECEIVES FORM OA-C790 OR RR-790 FROM BOASI D/O. UPON THE RECEIPT OF THIS FORM, BOASI RECORDS WILL BE ANNOTATED TO SHOW THAT RRB HAS JURISDICTION. ITEM NO. 11 BELOW WILL BE USED BY D/O AND PC TO TRANSMIT CLAIMS MATERIAL TO RRB.

9 (Prepare in Triplicate)

TO: CHIEF, PAYMENT CENTER *Chicago 6 Illinois* Date *JUN 27 1962*

RRB records show that the identified above was receiving an

OAIB or DIB. Please use this form to transfer your claims file after you have completed any required internal action.

This copy for D/O
(PC will show D/O and forward checked copy)

This copy to accompany RRB OA-C790

Joseph V. Martin, Director
Bureau of Wage and Service Records

By *J. Hamilton*

10 (Prepare one copy only)

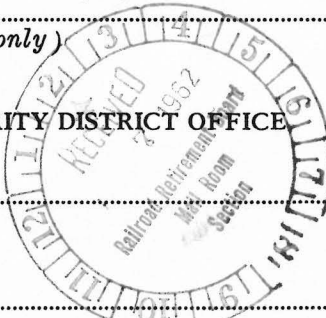
TO: MANAGER,
SOCIAL SECURITY DISTRICT OFFICE

Date.....

Please use this form to transfer your survivor claims material to RRB. If you do not have any claims material, return these forms so we may cancel our control.

Joseph V. Martin, Director
Bureau of Wage and Service Records

By.....



FOLD HERE

11 TO: Railroad Retirement Board Bureau of Wage and Service Records 844 Rush Street Chicago 11, Illinois Date *7/7/62*

The requested claims material is attached.

No claims material in this office.

M Benjamin
CHIEF, PAYMENT CENTER

MANAGER, DISTRICT OFFICE

X By *838*

By.....

UNDEPOSITED CHECK NOTICE - FORM 1664 X
Department, Division of Disbursement (Rev. 8/59)

- Reason For Return
- | | |
|-----------------------|-------------------------|
| 1. Moved | 7. Wrong |
| 2. For Better Address | 8. By Your Office |
| 3. No Such City | 9. Joint Payee Deceased |
| 4. Re-Married | 10. Other |
| 5. Unclaimed | 11. Letter |
| 6. Deceased | |

Chicago REGIONAL DISBURSING OFFICE.

No. 2,600,051
SYMBOL I071

Deceased
7-9-62
Date returned

15-51
000

JUL -3 1962

EDWARD HOFF
242B FREEMANSBRG AV
EASTON PA

SOCSEC INS
OBJECT
715-14-5137
ACCT. NO.

DOLLARS	CTS.
89	00

NOT NEGOTIABLE

5-5-62
noted form # RR3

50% conc
7-23-62

FORM OA-C528b (12-61) CH

DISTRICT OFFICE Easton, Pa.		DETERMINATION OF TERMINATION OF ENTITLEMENT OR SUSPENSION OF PAYMENTS BASED ON SUPPORTING EVIDENCE ON FILE		CLAIM NO. 715-14-5137-A	
TEMP. DED. CODE		ADJMT. CODING		DATE 7/9/62	
Edward Hoff			CR. BLOCK NO. T1384 JUN 1962		
MONTHLY RATE 89.00		SHOULD HAVE BEEN (SHOULD BE) STOPPED 6/62		DATE OF BIRTH	
LAST DR. BL. NO. X		TREASURY REQUESTED TO DISCONTINUE PAYMENT 7/62		PAYEE FILE	
				DIARY FILE	
				CROSS-REF. ACCOUNT NO.	
<input type="checkbox"/> 0. Investigation pending determ. of cont. disability <input type="checkbox"/> 1. Worked outside the United States <input type="checkbox"/> 2. Worked and expects net earnings to exceed \$1200 <input type="checkbox"/> 3. OAI B worked and expects net earnings to exceed \$1200		<input type="checkbox"/> 4. Failure to have a child entitled to benefits in your care <input type="checkbox"/> 5. OAI B worked outside the United States		<input type="checkbox"/> 7. Refused VR Services <input type="checkbox"/> 8. Payee not determined <input type="checkbox"/> 9.	
<input type="checkbox"/> 0. Benefits payable by some other agency <input checked="" type="checkbox"/> 1. Death of beneficiary <input type="checkbox"/> 2. Dependent terminated due to death of insured individual <input type="checkbox"/> 3. Divorce Marriage Remarriage <input type="checkbox"/> 4C. Attained age 18 and not disabled <input type="checkbox"/> 4. Child attained age 18 and not disabled [] <input type="checkbox"/> 5. Beneficiary entitled to other benefits <input type="checkbox"/> 6C. Child no longer disabled <input type="checkbox"/> 9.		<input type="checkbox"/> 6. Death Marriage of child <input type="checkbox"/> 7C. Adoption <input type="checkbox"/> 7. Adoption of child <input type="checkbox"/> 8H. DIB no longer disabled <input type="checkbox"/> 8. Mother terminated- Child no longer disabled <input type="checkbox"/> X. DIB attained age 65		(Clerk) <i>SBR</i> (Date) _____ (Reviewer) <i>Red H</i> (Date) <i>7/10/62</i>	

PREVIOUS DISTRICT OFFICE Tampa Fla *	DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION PLATE CHANGE OR HOLD CHECK REQUEST	NEW DISTRICT OFFICE Easton Pa
DATE 6/6/62	WAGE EARNER	CLAIM NO.
CORRECT: <input checked="" type="checkbox"/> Address <input type="checkbox"/> Name <input type="checkbox"/> Designation <input type="checkbox"/> Claim No. <input type="checkbox"/> REPLACE CHECK <input type="checkbox"/> HOLD CHECK No. Dated Amount \$ Last Sch. No.		For minor children of For As gdn. of
<input type="checkbox"/> Mail Current Month's Check With Double Endorsement Instructions.		STATE AND COUNTY CODE 39590

FORM OA-C610 (10-61)

PREVIOUS DISTRICT OFFICE Easton Pa	DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION PLATE CHANGE OR HOLD CHECK REQUEST	NEW DISTRICT OFFICE Tampa Fla
DATE 9/5/61	WAGE EARNER	CLAIM NO.
CORRECT: <input type="checkbox"/> Address <input type="checkbox"/> Name <input checked="" type="checkbox"/> Designation <input type="checkbox"/> Claim No. <input type="checkbox"/> REPLACE CHECK <input type="checkbox"/> HOLD CHECK No. Dated Amount \$ Last Sch. No.		<input type="checkbox"/> As unremarried widow. For minor children of For As gdn. of
<input type="checkbox"/> Mail Current Month's Check With Double Endorsement Instructions.		STATE AND COUNTY CODE 10280

FORM OA-C610 (5-59)

ack ack

PREVIOUS DISTRICT OFFICE Tampa 2 Fla *	DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION PLATE CHANGE OR HOLD CHECK REQUEST	NEW DISTRICT OFFICE Easton Pa
DATE 5/5/61	WAGE EARNER	CLAIM NO.
CORRECT: <input checked="" type="checkbox"/> Address <input type="checkbox"/> Name <input type="checkbox"/> Designation <input type="checkbox"/> Claim No. <input type="checkbox"/> REPLACE CHECK <input type="checkbox"/> HOLD CHECK No. Dated Amount \$ Last Sch. No.		<input type="checkbox"/> As unremarried widow. For minor children of For As gdn. of
<input type="checkbox"/> Mail Current Month's Check With Double Endorsement Instructions.		STATE AND COUNTY CODE A-39590

FORM OA-C610 (5-59)

cja

CONVERSION OF BENEFIT RATES

CLAIM NUMBER	NAME	ACCRUED PAYMENT	NEW MONTHLY RATE	NEW P.I.A.
715 14 5137A	E HOFF		8900	8900

Benefit rate increased under the Social Security Amendments of 1958.

PREVIOUS DISTRICT OFFICE	DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION BUREAU OF OLD-AGE AND SURVIVORS INSURANCE PLATE CHANGE OR HOLD CHECK REQUEST	NEW DISTRICT OFFICE
DATE		CL. NO. W. E.
CORRECT: <input type="checkbox"/> Designation <input type="checkbox"/> Address <input type="checkbox"/> Name <input type="checkbox"/> Claim No. <input type="checkbox"/> HOLD CHECK <input type="checkbox"/> REPLACE CHECK No. _____ Dated _____ Amount \$ _____ Last Sch. No. _____	EDWARD HOFF 715-14-5137 A 4302 MARGUERITE ST TAMPA 3 FLA	<input type="checkbox"/> As unmarried widow For minor children of For DEC 28 '56 A As gdn. of

PREVIOUS DISTRICT OFFICE	DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION BUREAU OF OLD-AGE AND SURVIVORS INSURANCE PLATE CHANGE OR HOLD CHECK REQUEST	NEW DISTRICT OFFICE
DATE		CL. NO. W. E.
CORRECT: <input type="checkbox"/> Designation <input type="checkbox"/> Address <input type="checkbox"/> Name <input type="checkbox"/> Claim No. <input type="checkbox"/> HOLD CHECK <input type="checkbox"/> REPLACE CHECK No. _____ Dated _____ Amount \$ _____ Last Sch. No. _____	EDWARD HOFF 715-14-5137 A 4302 MARGUERITE ST TAMPA 3 FLA	<input type="checkbox"/> As unmarried widow For minor children of For NOV 27 '56 A As gdn. of

Form OA-C526 (6-55)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

BENEFIT SUMMARY

Form approved by
Comptroller General, U. S., October 25, 1950

Class of action _____

CLAIM SYMBOL	MONTHLY BENEFIT		ACCRUED BENEFIT		DEDUCTIONS		NET AMOUNT DUE	REMARKS
	Begin: Date	Monthly Rate	Period		Effective			
			From	To	From	To		
A	7/56	82 ⁹⁰ -	1/56	6/56	497 ⁴⁰ -		497 ⁴⁰	715-14-5137 (Account Number)
							1-4348	

(Clerk)
(Signature)

(Date)
7-24

(Reviewer)
(Signature)

(Date)
7/24

DETERMINATION OF AWARD

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
Form approved by Comptroller General, U. S.
November 19, 1954

(The terms below are used as defined in title II of the Social Security Act or are used pursuant thereto)

DISTRICT OFFICE Tampa 2, Fla.		AREA OFFICE Chicago 6, Ill.		CLAIM NUMBER 715-14-5137-A	
1. INSURED INDIVIDUAL Edward Hoff			W <input checked="" type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/>	DATE OF BIRTH 2/24/88	DATE CLAIM FILED 5/15/56
2. REQUIRED QUARTERS 6		INDIVIDUAL HAS AT LEAST 6	CURRENT QUARTERS 6	3. STARTING DATE 12/31/54	4. CLOSING DATE 7/1/56
5. TOTAL WAGES AND/OR SELF EMPLOYMENT INCOME 4000.50			DIVISOR 18	PRIMARY AMOUNT 82.90	
6. SYMBOL	NAME	DATE OF BIRTH	DATE CLAIM FILED	ORIGINAL BENEFIT	ANY OTHER BENEFITS
7. MAXIMUM TO BE USED 200.00		1 1/2 X PIA		80% AVERAGE WAGE	
10. DEDUCTIONS Sec. 203 (b) Sec. 203 (c)		BECAME ENTITLED		D. O. AND R. O. CODE 656-4	
11. REMARKS					

1-4348

ORIGINAL AWARD BUR. VOU. No. DATE	HF
-----------------------------------	----

12. CERTIFICATION OF PAYMENT		DATE OF ENTITLEMENT TO MONTHLY BENEFITS	MONTHLY BENEFIT	LUMP-SUM DEATH PAYMENT
Symbol A	Name and address of payee as the claimant or as representative of the claimant Edward Hoff 3701 1/2 Nebraska Ave. Apt. #6 Tampa 3, Fla.	7/55	82.90	

TYPE OF BENEFIT	OLD-AGE	PAYABLE
-----------------	----------------	---------

wk 7/55 - 12/55

Pursuant to lawfully delegated authority, I certify that, on application by or on behalf of the claimant named above as payee and the supporting evidence forwarded herewith, the foregoing statements are my determination of fact and decisions as to the benefit to be paid as indicated.

By: Alice V. Simon (Claims Representative) Date: **6/18/56**

I certify that pursuant to lawfully delegated authority I have verified the above statements with the supporting evidence on file in this office; that I have computed all amounts and that same are correct as shown; and that the indicated benefit is in accordance with the provisions of title II of the Social Security Act, as amended.

Approved: B. Dukowitz 519 (Claims Authorizer) Date: **7/20/56**

SEARCH SLIP

Diary Due
Block No.

Last Name *Am 7/26*
Date

Claim No. *715-14-5137*

OPERATING UNIT	Claims Folder Charged To	When Located Route To	SEARCHING STEPS	Record Located	No. Record
Adjustment -Adj.	<input checked="" type="checkbox"/>		Charge-Out in Current File	<input checked="" type="checkbox"/>	
<i>Asy</i> -			Holding Folder Control (FRC)		
Award Process -			Cross Reference Card File		
Cl. Authoriz. -CL		<input checked="" type="checkbox"/>	Payee Card Files		
Check Cancel -CC			Misfile Search		
Correspondence -Cor.			Unit Search		
Cons. CA -CR			Freeze Search		
Every D & A -DR			DAO Verification		
ing & Files			DO Verification		

1/D 7/26 P.M

600 (10/59)

* U.S. GOVERNMENT PRINTING OFFICE 1959 : OF-529875

RRB FORM G-37 (6-6)

RRB Chicago

TELETYPE MESSAGE

(OFFICIAL BUSINESS ONLY)

cl

JULY 26, 1962

SSA
PAYMENT CENTER
165 N. CANAL ST.
CHICAGO 6, ILL.

RE: EDWARD HOFF, ~~715-14-5137~~, A-56496, DOD 6-5-62. RRB HAS JURISDICTION. 702 IS NOT IN FILE. SURVIVOR BENEFITS CANNOT BE PAID UNTIL WE RECEIVE 702. PLEASE SUBMIT.

D. M. SMITH
DIRECTOR OF RETIREMENT CLAIMS
RRB
CHICAGO, ILL.

RWAGNER: SB
RC 2333
EXT. 448

R.J.W.

Pa.
Chicago
adv

STATEMENT OF DEATH BY FUNERAL DIRECTOR

1. NAME OF DECEASED <i>Edward Hoff</i>		2. SOCIAL SECURITY ACCOUNT NUMBER <i>715-14-5137</i>	
3. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	4. RACE <i>W</i>	5. DATE OF DEATH OF DECEASED <i>6-5-62</i>	
6. NAME AND ADDRESS OF DECEASED'S NEXT OF KIN. (IF NO RELATIVE'S ADDRESS IS KNOWN, STATE NAME AND ADDRESS OF PERSON WHO ARRANGED FOR BURIAL.)			
NAME <i>Eleanor Hoff</i>		RELATIONSHIP <i>Wife</i>	
STREET ADDRESS <i>155 Hudson St.</i>		ZONE <i>P'burg</i>	STATE <i>N.J.</i>

I hereby certify that the undersigned is an authorized funeral director and prepared for burial or buried the body of the person named above. I understand this statement may be used in connection with an application for Federal old-age, survivors, or disability insurance benefits.

NOTICE.—Whoever makes or causes to be made any false statement or representation of a material fact for use in determining the right to or the amount of Federal old-age, survivors, or disability insurance benefits or in determining an individual's disability is subject under the Social Security Act to not more than a \$1,000 fine or 1 year of imprisonment, or both.

FORM OA-C721
(1-59)

NAME OF FUNERAL DIRECTOR OR FIRM (TYPE OR PRINT) <i>Adams Funeral Home</i>		
STREET ADDRESS OF FUNERAL DIRECTOR OR FIRM <i>226 Bushkill St.</i>		
CITY <i>Easton</i>	ZONE NUMBER	STATE <i>Pa.</i>
WRITTEN SIGNATURE OF FUNERAL DIRECTOR, MEMBER OF FIRM, OR AUTHORIZED EMPLOYEE <i>Robley W. Adams</i>		
TITLE <i>F.D.</i>	DATE OF THIS STATEMENT <i>6-7-62</i>	

UNIT DESTINATION	
<input type="checkbox"/> ADJ	<input type="checkbox"/> COR
<input checked="" type="checkbox"/> CC	<input type="checkbox"/> CR
<input type="checkbox"/> CL	<input type="checkbox"/> DR

Chap

Form OA-C668
(11-60)

Form Approved
Budget Bureau No. 72-R597

**CLAIMANT'S REPORT TO
SOCIAL SECURITY ADMINISTRATION**

PRINT NAME OF PERSON ABOUT WHOM REPORT IS MADE

Edward Hoff

SOCIAL SECURITY CLAIM NUMBER

715-14-5137-A

Fill in Only the item being reported.

1. CHANGE OF ADDRESS. (Fill in new address at bottom.)

Check if change is for: more than 6 months 6 months or less

Enter date of marriage

2. MARRIAGE
Show new name

3. DEATH

Enter date of death

4. DIVORCE (of spouse from insured individual)

Enter date divorce final

5. CHILD OR OTHER CLAIMANT LEFT YOUR CARE

Enter date child left your care

6. CHILD LEGALLY ADOPTED

Enter date of adoption

BY
 Stepparent Grandparent Aunt Uncle Other

7. WORK OUTSIDE THE UNITED STATES:

I worked on 7 or more calendar days a month beginning with the month of

Month & Year

SIGNATURE of person making this report

Edward Hoff

Date signed **6/1/62**

P.O. Box or street

2428 Freemansburg Ave.

City

Easton, Pa.

Zone No.

State

GPO 1960 O-572938

ASSIGNMENT RECORD

(UNIT SUBUNIT)

Unit

Date

Date of disposition *6-7-62*

*510-5076-509 to opt acct m/m
Hcw 30 + RR 3 to B0
7/7/62 838*

Reiler 7/10/62

39 590

UNIT DESTINATION	
<input type="checkbox"/> ADJ	<input type="checkbox"/> COR
<input type="checkbox"/> CC	<input type="checkbox"/> CR
<input type="checkbox"/> CL	<input type="checkbox"/> DR

INCOMING CORRESPONDENCE ASSIGNMENT RECORD
(MAIL AND DISTRIBUTION SUBUNIT)

Referred to _____
Received by _____
Searcher _____
Final disposition _____

REMARKS: _____

10/2/61

Form OA-C668 (11-60) Form Approved Budget Bureau No. 72-R597

CLAIMANT'S REPORT TO SOCIAL SECURITY ADMINISTRATION

PRINT NAME OF PERSON ABOUT WHOM REPORT IS MADE
Edward Hoff

SOCIAL SECURITY CLAIM NUMBER
715-14-5137A

Fill in Only the item being reported.

1. CHANGE OF ADDRESS. (Fill in new address at bottom.)
Check if change is for: more than 6 months 6 months or less

2. MARRIAGE
Show new name _____ Enter date of marriage _____

3. DEATH
Enter date of death _____

4. DIVORCE (of spouse from insured individual)
Enter date divorce final _____

5. CHILD OR OTHER CLAIMANT LEFT YOUR CARE
Enter date child left your care _____

6. CHILD LEGALLY ADOPTED
BY _____
 Stepparent Grandparent Aunt Uncle Other
Enter date of adoption _____

7. WORK OUTSIDE THE UNITED STATES:
I worked on 7 or more calendar days a month beginning with the month of _____
Month & Year _____

SIGNATURE of person making this report
Edward Hoff

Date signed 8/29/61

P.O. Box or street
4302 MARGUERITE ST.

City Tampa Zone No. _____ State FLA.

GPO · 1960 O-572938

t _____
e _____
tion 9/10/61, D.F.

U. S. GOVERNMENT PRINTING OFFICE : 1958-O-478250

Tampa, Fla

cc

UNIT DESTINATION	
<input type="checkbox"/> ADJ	<input type="checkbox"/> COR
<input type="checkbox"/> CC	<input type="checkbox"/> CR
<input type="checkbox"/> CL	<input type="checkbox"/> DR

INCOMING CORRESPONDENCE ASSIGNMENT RECORD
(MAIL AND DISTRIBUTION SUBUNIT)

Referred to

Received by

Searcher

Final disposition

REMARKS:

Form OA-C668 (11-60) Form Approved Budget Bureau No. 72-R597

CLAIMANT'S REPORT TO SOCIAL SECURITY ADMINISTRATION

PRINT NAME OF PERSON ABOUT WHOM REPORT IS MADE
Edward Hoff

SOCIAL SECURITY CLAIM NUMBER
715-14-5137-A

Fill in Only the item being reported.

1. CHANGE OF ADDRESS. (Fill in new address at bottom.)
Check if change is for: more than 6 months 6 months or less

2. MARRIAGE Enter date of marriage
Show new name

3. DEATH Enter date of death

4. DIVORCE (of spouse from insured individual) Enter date divorce final

5. CHILD OR OTHER CLAIMANT LEFT YOUR CARE ... Enter date child left your care

6. CHILD LEGALLY ADOPTED Enter date of adoption
BY Stepparent Grandparent Aunt Uncle Other

7. WORK OUTSIDE THE UNITED STATES:
I worked on 7 or more calendar days a month beginning with the month of _____ Month & Year

SIGNATURE of person making this report
Edward Hoff

Date signed **4-28-61**

P.O. Box or street
2428 Freemansburg Ave.

City **Easton, Pennsylvania** Zone No. _____ State _____

position ⁹¹⁰ *5/15/61/900*

590

39070
n/Easton, Pa.

CLAIMS AUTHORIZATION ROUTE SLIP

_____ Reconsideration
L- _____ NAN-Files
_____ Unit Chief
_____ Translator
_____ Review

Remarks: _____

Mimeo-503

_____ 1.1.814
Reviewer

TRANSMITTAL SLIP FOR CLAIMS FOLDERS

Date 11/18, 19 57

TO: CPC Location _____

ATTENTION: _____

FROM: PPC

BY: do

REMARKS:
Your folder returned

TRANSMITTAL SLIP FOR CLAIMS FOLDERS

Date 11-5-, 19 59

TO: 715-14-5137 Location _____

ATTENTION: _____

FROM: CL- ABTH. II

BY: BEAMER

REMARKS:
WIFE ON A/W 179-20-1028
IS NOW ENTITLED TO 1958 PIA
OF \$52.00 REDUCED TO
\$41.60.

Whenever a claims folder (or a block of folders) is transferred from one person or unit to another, it must be accompanied by this form.

INCOMING CORRESPONDENCE ASSIGNMENT RECORD

(MAIL AND DISTRIBUTION SUBUNIT)



Tampa 3 Fla
Dec. 4/54.

Dear Sir,
In regards to are new address which I am sending please correct it on your files as I am know longer at the Nebraska address, recieved check O.K. today Dec 4/54 so I am sending the new address so by the time the Dec. check is due, you will be able to send it to my new address.

Thank you sincerely

Mr. Edward Hoff (This is the new address)
4302 Marguerite St.
Tampa 3 Fla.



PLEASE WRITE YOUR CLAIM NUMBER

HERE: a 564 996

AND RETURN TO US. THANK YOU

S.S.A. No. (715-14-5137)

INCOMING CORRESPONDENCE ASSIGNMENT RECORD

(MAIL AND DISTRIBUTION SUBUNIT)

16-24471-6 GPO

Referred to _____ Unit _____
 Received by _____ Date _____
 Searcher *6/10/56* _____
 Final disposition *sd* _____

 _____ Date of disposition *12/5/56 ps*

REMARKS:

Form OA-C611a (7-56)

CLAIMANT'S REPORT TO SOCIAL SECURITY ADMINISTRATION

FILL IN ONLY THE ITEM BEING REPORTED. (Be sure to sign your name and address)

PRINT NAME OF CLAIMANT ABOUT WHOM YOU ARE REPORTING

EDWARD HOFF

GIVE CLAIM NUMBER

715-14-5137-A

1. REPORT HERE CHANGE OF ADDRESS. (Fill in new address at bottom.) Check if change is for:

more than 6 months 6 months or less

2. REPORT HERE IF WORKING IN THE UNITED STATES and expect total earnings for the taxable year to exceed \$1,200. I worked as an employee for more than \$80 a month or rendered substantial services in self-employment beginning with the month

of _____, 19 _____

3. REPORT HERE IF WORKING OUTSIDE THE UNITED STATES. I worked on 7 or more calendar days a month beginning with the month of _____, 19 _____

4. IF CLAIMANT MARRIES, fill in date of marriage and new name

(Date) _____ (New name) _____

5. IF CLAIMANT DIED, show date of death

6. IF INSURED INDIVIDUAL AND SPOUSE DIVORCED, show date of divorce

7. IF CHILD OR OTHER CLAIMANT NOT IN YOUR CARE, show month such person left your care

8. IF CHILD IS LEGALLY ADOPTED, give date of adoption

Check box showing relationship, if any, of adopting parent to child.

Stepparent Grandparent
 Aunt Uncle Other

SIGNATURE of person making this report

Date signed

Edward Hoff

11-9-56

P. O. box or street

4302 MARGUERITE ST.

City

Zone No.

County

State

TAMPA

3

FLA.

REQUEST FOR EARNINGS OR EARNINGS RECORD INFORMATION	IN REPLY REFER TO FILE <i>14:AO:C5</i>	DATE <i>7/10/56</i>
	TO: DIVISION OF ACCOUNTING OPERATIONS	ACCOUNT NUMBER <i>715-14-5137</i>
FROM: AREA OFFICE <i>CHICAGO</i>	DATE OF BIRTH <i>2/24/88</i>	DATE OF DEATH
		DATE OF FILING <i>5/15/56</i>

1. Recertified Form OA-C794 [Return original OA-C794 plus any attachments to DAO. If railroad compensation involved return RR-1 or RR-10 to DAO.]
- a. Retro before 9/54.
- b. Starting date Closing date
- c. M. S.—From to
- d. Deemed deductions—scout and give breakdown for all earnings after (Closing date)
2. Recomputation
- a. Lag recomp. qtrs. (Show quarters needed)
- b. Special 7/1/50 recomp. 7/1/50 special. (Starting date)
- c. Railroad recomp. RR-all to (Closing date)
- d. Lag S/E Income Tax Year ending
- e. Drop-out recomp. if 6Q/C after 6/53
- f. Work recomp. to (Starting date) (Closing date)
3. Miscellaneous (*See Remarks*)
- a. Photocopy of record.
- b. Identification of employers.
- c. Photocopy of SS-4 for
- d. Photocopy of SS-5 for
- e. Furnish following earnings information

4. REMARKS: *Please indicate quarter of first eligibility on attached OA-C794*

82A
 ATTACHMENTS:
 Form (s) *OA-C794 certified 5/23/56*
 Form OAC-L5025 (9-54) 16-14702-6 U. S. GOVERNMENT PRINTING OFFICE: 1955-O-352517

Requested by: *[Signature]*
 Approved: *[Signature]* *519*

EARNINGS CERTIFICATION - P. I. A. DETERMINATION

1	ACCOUNT NUMBER			NAME OF A/N HOLDER	EMPLOYER NAME	EMPLOYER NUMBER		EARNINGS AMOUNTS	PERIOD		ENTRY
							MO.		YR.		
	715	14	5137	HOFF	000000			1249.38		09	9
	715	14	5137	HOFF	DEMPSEY	59	0708059	785.00	06	55	1
	715	14	5137	HOFF	DEMPSEY	59	0708059	699.00	03	55	1
	715	14	5137	HOFF	DEMPSEY	59	0708059	617.00	09	55	1

4

39108 DATE OF BIRTH 02 188 SEX COLOR

WAGES FOUND IN SCOUTING — OAR-5015A ATTACHED SEE CLAIM UNDER A/N _____

TOTALS IN BLOCK 3 MAY INCLUDE R.R. COMP. - SEE R.R. FORM ATTACHED NO RECORD IN DAO RE ALLEGED SEI FOR 195 _____

QTR. OF FIRST ELIGIBILITY 9/55 NOTE DIFFERENCE IN NAME _____

NUMBER OF Q/C TOWARD A CURRENTLY INSURED STATUS: _____ TOTALS IN BLOCK 3 INCLUDE EARNINGS POSTED TO ACTIVE AND INACTIVE RECORDS. INACTIVE A/N _____

RECOMPUTATION _____

DROP-OUT - NO WAGES FOR _____

POSTED AMOUNT USED FOR IN LIEU OF ALLEGED LAG FOR SAME PD. _____

TAPE OR WORK SHEET ATTACHED _____

LAG Q/C ASSUMED FOR 12/55 AND/OR 3/56 + 6/56

19	19	19	19
1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

2 EARNINGS TOTALS FOR LAST FOUR YEARS AND CURRENT YEAR

YR.	EARNINGS	YR.	EARNINGS	YR.	EARNINGS	1	2	3	4	YR.	EARNINGS	1	2	3	4	YR.	EARNINGS	1	2	3	4
51		52		53		N	N	N	N	54		N	N	N	N	55	2101.00	C	C	C	N
											2815.50	L									

S.E. Q/C I/Y WAGE QTRS. OF COV. EARNINGS AFTER 1936 TO DATE EARNINGS AFTER 1950 TO DATE EXCESS OF MAX.

3 3 3350.38 2101.00

714.50 L 714.50 L

DISABILITY - SEE ATTACHED

DATE OF BIRTH USED _____

3

STARTING DATE	CLOSING DATE	EARNINGS	D/M	I/Y	Q/C	1952 P.I.A.	1954 P.I.A.	REMARKS	NO. MOS. M.S. INCL.
A. 12/31/50	FILING OR DEATH 1/1 56	2815.50	18		3		69.70	USE ONE HIGHEST	
B. 12/31/50	FILING OR DEATH 1/1		24					USE TWO HIGHEST	
C. AGE 22 AFTER 1950	DEATH 1/1		18					USE ONE HIGHEST	
D. AGE 22 AFTER 1950	DEATH 1/1		24					USE TWO HIGHEST	
E. 12/31/50	FILING OR DEATH							NO	
F. 12/31/50	FIRST ELIG.							DROP-OUT	
G. AGE 22 AFTER 1950	DEATH							OUT	
H. 12/31/36	FILING OR DEATH							NO	
I. 12/31/36	FIRST ELIG.							DROP-OUT	
J. 12/31/36	FILING OR DEATH 1/1							DROP-OUT	
K. 12/31/36	FIRST ELIG. 1/1					37.40		OUT MAX	
L. DEATH BEFORE 9/1/50					6			NO DROP-OUT	
M. LINE	ALTERNATIVE C. D. 1/1								
N. 12/31/ (DISAB. FREEZE PD. EXCL.)	FILING OR DEATH OR FIRST ELIG. 1/1							DROP-OUT	

DIFFERENCE BETWEEN TOTALS DUE TO:

EXCLUSION OF EARNINGS IN EXCESS OF MAXIMUM EXCLUSION OF EARNINGS AFTER CLOSING DATE

REMARKS: R R B annuitant

6 ADDITIONAL OR CORRECTED BENEFIT COMPUTATIONS

UNPOSTED EARNINGS OR CORRECTION FOR (PERIODS)	EARNINGS	EARNINGS
PERIODS 2/56 6/56	691.50	
PERIODS	493.50	

STARTING DATE	CLOSING DATE	EARNINGS	D/M	I/Y	Q/C	1954 P.I.A.
12/31/54	7/1/56	4000.50	18		6	82.90

7 DISTRICT OFFICE REMARKS:

1185.00
2815.50
4000.50

5 I CERTIFY THAT THE BENEFIT DATA SHOWN IN BLOCKS 2 AND 3 IS CORRECT ACCORDING TO THE LAW AND TO THE RECORDS OF THE SOCIAL SECURITY ADMINISTRATION.

J. L. FAY DATE 5-23-56 BY H.K. Platt
ASSISTANT DIRECTOR

NOTE: "L" DENOTES LAG AMOUNTS NOT YET POSTED TO THIS ACCOUNT. one CORRECTIONS BLOCKS 2 AND 3 H.K.P.

NOTE: "MAX" IN LINES H-K IS NOT A TRUE P.I.A. - IT IS AN OPTIMUM ASSUMPTION. 0673 2477/B

REQUEST FOR EARNINGS OR EARNINGS RECORD INFORMATION

IN REPLY REFER TO FILE

14: AO: C5

DATE

7/10/56

TO:

DIVISION OF ACCOUNTING OPERATIONS

ACCOUNT NUMBER

715-14-5137

NAME OF WAGE EARNER

EDWARD HOFF

FROM: AREA OFFICE

CHICAGO

DATE OF BIRTH

2/24/87

DATE OF DEATH

DATE OF FILING

5/15/56

1. Recertified Form OA-C794 [Return original OA-C794 plus any attachments to DAO. If railroad compensation involved return RR-1 or RR-10 to DAO.]

- a. Retro before 9/54.
- b. Starting date Closing date
- c. M. S.—From to
- d. Deemed deductions—scout and give breakdown for all earnings after (Closing date)

2. Recomputation

- a. Lag recomp. qtrs. (Show quarters needed)
- b. Special 7/1/50 recomp. 7/1/50 special. (Starting date)
- c. Railroad recomp. RR-all to (Closing date)
- d. Lag S/E Income Tax Year ending
- e. Drop-out recomp. if 6Q/C after 6/53
- f. Work recomp. to (Starting date) (Closing date)

3. Miscellaneous (See Remarks)

- a. Photocopy of record.
- b. Identification of employers.
- c. Photocopy of SS-4 for
- d. Photocopy of SS-5 for
- e. Furnish following earnings information

4. REMARKS: Please indicate quarter of first eligibility on attached OA-C794

82A ATTACHMENTS:

Form(s) OA-C794 certified 5/23/56

Requested by *[Signature]*

FILE

In replying, Address: SOCIAL SECURITY ADMINISTRATION

304 Tampa St.
 Tampa 2, Fla.
 May 29, 1956

A claim for insurance payments under the Social Security Act, based upon wages paid to the individual named below, has been presented to this office. Your cooperation in promptly filling out and returning this statement will be greatly appreciated. If you believe any of the amounts shown are not wages or any of the employment is not covered under the Social Security Act, outline your reasons under "Remarks" on the back of this form. An envelope, requiring no postage, is enclosed for your use.

Dempsey Chevrolet, Inc.
 1720 E. Hillsboro Ave.
 Tampa 10, Fla.

Hugh L Johnson
 Manager.

Enclosure.

STATEMENT OF EMPLOYER

This is to certify that wages in the amounts shown have been PAID during the calendar year(s) to—

PLEASE DO NOT WRITE IN MARGIN

1. Edward Hoff (Name of wage earner) 715-14-5137 (Social security account number)

(Include the cash value of all remuneration paid in any medium other than cash unless the service was performed by an employee as a domestic in a private home, or by an employee in agricultural labor or work not in the course of the employer's trade or business. As to homeworkers, "in kind" wages paid in a quarter are to be included only if the homemaker has been paid cash wages of \$50 or more in that quarter. If no wages were paid in the quarters checked below or the amounts are unknown, write "None" or "Unknown.")

2. PERIOD	WAGES PAID YEAR 19 <u>55</u>	WAGES PAID YEAR 19 <u>56</u>	WAGES PAID YEAR 19 <u> </u>	WAGES PAID YEAR 19 <u> </u>
January 1-March 31, inclusive.....	\$ <u>699.00</u>	\$ <u>691.50</u>	\$ <u> </u>	\$ <u> </u>
April 1-June 30, inclusive.....	\$ <u>785.00</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
July 1-September 30, inclusive.....	\$ <u>617.00</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
October 1-December 31, inclusive.....	\$ <u>714.50</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>

3. A wage earner's benefit is not payable for a month in which he earns more than \$75 and is under 75 years of age. The last month the wage earner earned more than \$75 (whether or not paid) was May 1956 (Month) (Year)

4. BUSINESS NAME OF EMPLOYER (Type or print) <u>Dempsey Cher. Inc</u>	8. EMPLOYEE'S OCCUPATION ² <u>Nightwatchman</u>
5. STREET ADDRESS OF EMPLOYER <u>1720 E. Hillsboro</u>	9. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM <u>Adrielle Sumner</u>
6. CITY STATE <u>Tampa Fla</u>	10. TITLE <u>Sec</u>
7. NATURE OF BUSINESS ¹ <u>chevrolet agency</u>	11. EMPLOYER'S FEDERAL IDENTIFICATION NO. <u>59 059</u>
	12. DATE THIS STATEMENT FILLED OUT <u>6/8/56</u>

¹ Please use specific terms, such as radio manufacturing, drug wholesaling, retail grocery store, physician's office, private home, farm, etc.
² Please use specific terms, such as file clerk, traveling or city salesman, farm worker, maid, plumber, attorney, etc.

REMARKS

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
SOCIAL SECURITY ADMINISTRATION
Division of Old-Age and Survivors Insurance

Form approved by
Bureau of Census No. 75-1000-1

In typing, Address: SOCIAL SECURITY ADMINISTRATION

304 TAMPA ST.
TAMPA 2, FLA.
MAY 23, 1956

has been presented to this office. Your cooperation in promptly filling out and returning this statement will be greatly appreciated. If you believe any of the amounts shown are not correct or any of the information is not covered under the Social Security Act, outline your reasons under "Remarks" on the back of this form. An envelope, returning to postage is enclosed for your use.

Dempsey Chevrolet, Inc.
1320 E. Wallis Ave.
Tampa 10, Fla.

STATEMENT OF EMPLOYER

This is to certify that wages in the amount shown have been PAID during the calendar year(s) in
Edward Hoff
VIA-1A-8137

WEEK END	WEEK END	WEEK END	WEEK END	WEEK END

U. S. GOVERNMENT PRINTING OFFICE 16-6788-5

TAMPA 2, FLORIDA
JUN 5 1956
DASI DISTRICT OFFICE

Handwritten notes:
5123 Mr. Int. Ate
of Del. Mr. W. Cant
for 1945-6
Blak 3-1-37
39
39

(XXXX)

In replying, Address: SOCIAL SECURITY ADMINISTRATION

PLEASE

*we have sent you 2 of
 these already - hope you
 are getting them*

304 Tampa St.
 Tampa 2, Fla.
 June 15, 1956

A claim for insurance payments under the Social Security Act, based upon wages paid to the individual named below, has been presented to this office. Your cooperation in promptly filling out and returning this statement will be greatly appreciated. If you believe any of the amounts shown are not wages or any of the employment is not covered under the Social Security Act, outline your reasons under "Remarks" on the back of this form. An envelope, requiring no postage, is enclosed for your use.

Dempsey Chevrolet, Inc.
 1720 E. Hillsboro
 Tampa, Fla.

Hugh L. Johnson
 Manager.

Enclosure.

STATEMENT OF EMPLOYER

This is to certify that wages in the amounts shown have been PAID during the calendar year(s) to—

PLEASE DO NOT WRITE IN MARGIN

1. Edward Hoff 715-14-5137
 (Name of wage earner) (Social security account number)
 (Include the cash value of all remuneration paid in any medium other than cash unless the service was performed by an employee as a domestic in a private home, or by an employee in agricultural labor or work not in the course of the employer's trade or business. As to homeworkers, "in kind" wages paid in a quarter are to be included only if the homemaker has been paid cash wages of \$50 or more in that quarter. If no wages were paid in the quarters checked below or the amounts are unknown, write "None" or "Unknown.")

2. PERIOD	WAGES PAID	WAGES PAID	WAGES PAID	WAGES PAID
	YEAR 19-56	YEAR 19-----	YEAR 19-----	YEAR 19-----
January 1-March 31, inclusive	\$ 691.50	\$ -----	\$ -----	\$ -----
April 1-June 30, inclusive	\$ 493.50 <i>1183.00</i>	\$ -----	\$ -----	\$ -----
July 1-September 30, inclusive	\$ -----	\$ -----	\$ -----	\$ -----
October 1-December 31, inclusive	\$ -----	\$ -----	\$ -----	\$ -----

3. A wage earner's benefit is not payable for a month in which he earns more than \$75 and is under 75 years of age.

The last month the wage earner earned more than \$75 (whether or not paid) was _____ (Month) _____ (Year)

4. BUSINESS NAME OF EMPLOYER (Type or print) <u>Dempsey Chevrolet, Inc.,</u>	8. EMPLOYEE'S OCCUPATION ² <u>Nightwatchman</u>
5. STREET ADDRESS OF EMPLOYER <u>1720 E. Hillsboro Ave.</u>	9. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM <i>Adrielle C. Sumner</i>
6. CITY STATE <u>Tampa, Fla.</u>	10. TITLE <u>Sec. Treas.</u>
7. NATURE OF BUSINESS ¹ <u>Chevrolet Dealership</u>	11. EMPLOYER'S FEDERAL IDENTIFICATION NO. <u>59 XXXX 070859</u>
	12. DATE THIS STATEMENT FILLED OUT <u>6/16/56</u>

¹ Please use specific terms, such as radio manufacturing, drug wholesaling, retail grocery store, physician's office, private home, farm, etc.
² Please use specific terms, such as file clerk, traveling or city salesman, farm worker, maid, plumber, attorney, etc.

REMARKS

In addition, please give us following monthly breakdown of wages paid:

July 1955 257.50

August 1955 87.50

September 1955 271.00

6 1700

Dodge Chevrolet, Inc.
Tampa, Fla.

STATEMENT OF EMPLOYER

This is to certify that wages in the amount shown have been PAID during the calendar year(s) to Edward Hoff, 118-14-8137. (Includes the cash value of all remuneration paid in any medium other than cash unless the service was performed by an employee as a domestic in a private home, or by an employer in agricultural labor or work not in the course of the employer's business, in that wages paid in a quarter are to be included only if the amount was paid each week of \$50 or more in that quarter. If no wages were paid in the quarters checked below in the amounts listed below, check "None".)

WAGES PAID	WAGES PAID	WAGES PAID	WAGES PAID	WAGES PAID
			88	
			87.50	
			87.50	

U. S. GOVERNMENT PRINTING OFFICE 16-6788-5

TAMPA 2, FLORIDA
JUN 18 1956
OASD DISTRICT OFFICE

1. NAME OF SPECIFIC FIRM, SUCH AS RADIO MANUFACTURER, THAT WHOLESALE, RETAIL, SERVICE, PRIVATE HOME, AND THE LIKE ARE APPLICABLE, SUCH AS THE DATE, LOCATION, TYPE, WORK, AND OTHER DETAILS, AS APPROPRIATE.

2. STREET ADDRESS OF EMPLOYER

3. CITY

4. BUSINESS NAME OF EMPLOYER (TYPE OF BUSINESS)

5. THE LAST MONTH THE WAGE STATEMENT WAS PAID

6. DATE THIS STATEMENT FILED OUT

7. NATURE OF BUSINESS

8. EMPLOYER'S SIGNATURE

9. DATE

10. SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM

11. EMPLOYER'S FEDERAL IDENTIFICATION NO.

12. SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM

(OVER)

**CERTIFICATION OF EMPLOYEE'S COPY OF FORM W-2
(WITHHOLDING TAX STATEMENT—FEDERAL TAXES)**

EDWARD HOFF

(Name of wage earner)

715-14-5137

(Social security account number)

PLEASE DO NOT WRITE IN THE MARGIN

YEAR	EMPLOYER'S NAME, ADDRESS, AND IDENTIFICATION NUMBER	TOTAL FICA WAGES	FICA TAX	TOTAL WAGES
(1) 1955	DEMPSEY CHEVROLET, Inc. 1720 E. HILLSBORO AVE. TAMPA 10, FLA. EIN 59-0708059	\$ 2815.50	\$ 56.33	\$ 2815.50
(2)		\$	\$	\$
(3)		\$	\$	\$
(4)		\$	\$	\$
(5)		\$	\$	\$
(6)		\$	\$	\$

ANSWER THE FOLLOWING QUESTION:

I. Are the name of wage earner and the social security number shown above the same as those appearing on all of the Forms W-2 indicated in items 1 through 6? Yes No

If "No," explain differences under "Remarks" below:

Remarks: _____

I have personally examined the employee's copies of Forms W-2 (Withholding Tax Statement) described above and certify their contents in connection with an application for insurance benefits under the provisions of Title II of the Social Security Act, as amended. The entries contained therein were free from erasures, interlineations, or other alterations. In my opinion, the forms submitted appear to be true and exact copies prepared by the employers.

Certified on 5/16/56
(Date)

BY Alice V. Simmons
(Signature)
CLAIMS REPRESENTATIVE
(Official title)

Edward				Hoff	715-14-5137
EMPLOYER	FIRST NAME	MIDDLE NAME	LAST NAME		FOR OFFICE USE ONLY
	111 South 4th		RFB ANNUITANT		L.V.
STREET AND NUMBER					
Easton, Penna.					
AGE AT LAST BIRTHDAY	POST OFFICE	DATE OF BIRTH (SUBJECT TO VERIFICATION)		STATE	
49	February 24, 1888	Hoboken, Hudson, New Jersey		Easton, Penna.	
George Hoff				PLACE OF BIRTH	
Emma Nible				FATHER'S FULL NAME	
				Trainman	
MOTHER'S FULL MAIDEN NAME					
SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> COLOR: WHITE <input checked="" type="checkbox"/> NEGRO <input type="checkbox"/> OTHER <input type="checkbox"/>					
(MARK (X) WHICH) (MARK (X) WHICH) SPECIFY					
TYPED BY		522	REVIEWED BY	133-399	DATE ISSUED
					1-20-37
U. S. SOCIAL SECURITY ACT					
QA-702					

APPLICATION FOR OLD-AGE INSURANCE BENEFITS

IF YOU NEED HELP IN COMPLETING THIS APPLICATION, CALL AT, WRITE TO, OR TELEPHONE YOUR DISTRICT OFFICE OF THE SOCIAL SECURITY ADMINISTRATION

(Do not write in this space)

MAY 15 1956

LAST FIELD OFFICE

All items on this form requiring an answer must be answered or marked "Unknown."

NOTICE.—Whoever makes or causes to be made any false statement or representation in connection with an application for Federal old-age and survivors insurance benefits is subject to not more than a \$1,000 fine or one year of imprisonment, or both.

I, EDWARD HOFF 715-14-5137
(Name as it appears on my Social Security account number card) (Social Security account number)

hereby apply for the insurance benefits payable to me under the provisions of Title II of the Social Security Act, as amended.

1. When were you born? Month 2 Day 24 Year 1888
2. Where were you born? HOBOKEN N.Y.
(City or town) (County) (State or foreign country)

3. (a) Are you married?
Yes No
 If "Yes," give the following information about your wife or husband:

WIFE'S MAIDEN NAME OR HUSBAND'S NAME	AGE	DATE OF BIRTH	DATE OF YOUR MARRIAGE	THE SOCIAL SECURITY ACCOUNT NUMBER (If she or he is age 65 or over)
<u>ELEANOR ROTH</u>	<u>58</u>	<u>11-17-97</u>	<u>1928</u>	

- (b) If you are a married woman, is your husband receiving at least one-half his support from you?
Yes No

4. How many children do you have, including stepchildren and adopted children, who are under 18 years of age and unmarried? (If none, write "None") NONE
(Number)

5. (a) Before you were age 65, were you unable to do substantial work for at least 6 months because of disability?
Yes No
 If "Yes," answer (b) and (c).

- (b) Are you still unable to do substantial work because of disability?
Yes No

- (c) Have you ever filed a Social Security application to establish a period of disability?
Yes No

6. (a) Were you in the active military or naval service of the United States after September 7, 1939?
 If "Yes," answer (b) and (c). Yes No

(b) Give dates of service _____

- (c) Have you received, or do you expect to receive, a benefit from any other Federal agency?
Yes No

If "Yes," list all such agencies _____

7. (a) Did you work in the railroad industry any time on or after January 1, 1937?
 If "Yes," answer (b), (c), and (d). Yes No

- (b) Did you work in the railroad industry before 1937?
Yes No

- (c) Does your total service in the railroad industry add up to at least 120 months?
Yes No

- (d) Are you receiving a retirement annuity under the Railroad Retirement Act?
Yes No

8. Give names of your employers during the last 12 months. (If self-employed, write "Self-employed.")

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	WORK BEGAN		WORK ENDED	
		Month	Year	Month	Year
<u>DEMPSEY CHEVROLET Co.</u>	<u>TAMPA, FLA.</u>	<u>1</u>	<u>1955</u>	<u>5-12</u>	<u>-56</u>

PLEASE DO NOT WRITE IN MARGIN

9. May we ask your employers for a report of your wages if we find it necessary?
Yes No

10. About how much have you earned from employment and self-employment this year? \$ 1169.00

11. If you were self-employed last year or the year before*, give:

Year	Kind of Trade or Business	Amount of Net Earnings
-----	-----	<input type="checkbox"/> Less than \$400 \$400 or more <input type="checkbox"/>
-----	-----	<input type="checkbox"/> Less than \$400 \$400 or more <input type="checkbox"/>

Your benefits are not payable for one or more months if you work while under age 72 for more than \$80 a month in employment or render substantial services in self-employment, and have earnings in excess of \$1,200 for the taxable year. This applies to all employment and self-employment, whether or not covered by the Social Security Act.

12. (a) Do you expect your total earnings to exceed \$1,200 this year?
If "Yes," answer (b) and (c). Yes No

(b) How much do you expect your total earnings to be this year? \$-----

(c) Are you now working as an employee for more than \$80 a month or rendering substantial services in self-employment?
Yes No

13. What were your total earnings last year? \$-----

14. List each of the last 13 months (counting the present month) in which you neither earned more than \$80 a month in employment nor rendered substantial services in self-employment. NONE - I RETIRED
ON 5/15/56 AND WILL NOT RETURN TO WORK.
(Do not list any month before you were age 65)

An annual report must be filed with the Social Security Administration within 2 months and 15 days after the end of any year in which you have earnings of more than \$1,200, if you are under age 72 during any part of that year.

15. Do you agree to file the annual report when required?
Yes No

IF YOU DO NOT REPORT AS AGREED ABOVE, YOU MAY LOSE ADDITIONAL MONTHS' BENEFITS.

REMARKS: (This space may be used for explaining any answers to the questions.)

Knowing that anyone who makes a false statement or misrepresents in connection with Federal old-age and survivors insurance benefits is committing a crime punishable under Federal law, I certify that the above statements are true.

If this application has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.

1. _____
(Name)

(Street and number)

(City) (Zone number) (State)

2. _____
(Name)

(Street and number)

(City) (Zone number) (State)

Signature of applicant (write in ink):
Edward Hoff

(First name) (Middle initial) (Last name)

Address:
3701 1/2 NEBRASKA AVE., APT. #5

(Street and number)
TAMPA 3 FLA.

(City) (Zone number) (State)

Telephone number at which I can be reached:
NONE

(If none, write "None")

Date:
5/15/56

(Month) (Day) (Year)

*The yearly period referred to in this and subsequent items is the same 12-month period you use in figuring your income taxes. If you use a fiscal year (one that does not end on December 31), enter here the month your fiscal year ends _____
(Month)

PLEASE DO NOT WRITE IN MARGIN

End SSA

SSA-OASI

NO CLAIM NUMBER

a-564996

14:AO:05

7/20/56

Railroad Retirement Board
Attention: Bureau of Retirement Claims
844 Rush Street, Chicago 11, Illinois

Area Office, Chicago

RRB No. _____

SSA No. 715-14-5137

EDWARD HOFF INSURED INDIVIDUAL
(Claimant's Name & Relationship)
3701 1/2 NEBRASKA AVE.
APT. #5, TAMPA 3, FLA.

6/11

Our records show that we previously advised your office as to the benefit status of the above claimant.

This is to notify you that the above claimant is now entitled to the following:

1. 82.90
(Amount of Benefit)
2. 7/55
(First Month of Entitlement)
3. 5/15/56
(Date Application Filed)

Should you require additional information, please contact this office.

M. Benjamin
M. Benjamin
Chief

Form 728

5/7/30

Tampa 3 Fla.

CHANGE OF ADDRESS

Sept 11/55.

Dear Sir,

I have made a mistake in the zone number on my card for change of address after Sept. 30th/55. The address is

Mr. Edward Hoff.
3701 1/2 Nebraska Ave.,
Tampa 3 Fla.
Apt 5

Change the zone to 3 instead of 4. sorry we made the mistake on the card I filled out so change it on your file

Thanking you

P.S. Post master is very strict on the zone number

Sincerely
Edward Hoff

5-155a (10-52) NOTICE TO CHANGE OR CORRECT ADDRESS ON BOARD RECORDS

DO NOT FILL OUT AND RETURN THIS CARD UNLESS YOU HAVE CHANGED YOUR ADDRESS OR THE RECORDS OF THE BOARD ARE INCORRECT

NAME EDWARD HOFF CLAIM NO. A564996
(PRINT OR TYPE)
 OLD ADDRESS 712 E-LAKE AVE, TAMPA, FLORIDA
(NUMBER AND STREET) (CITY, ZONE, AND STATE)
 NEW ADDRESS 370 1/2 NEBRASKA AVE TAMPA 4, FLORIDA
(NUMBER AND STREET) (CITY, ZONE, AND STATE)
 WRITE SIGNATURE Edward Hoff Apt 5

BE SURE TO SIGN YOUR NAME ON THIS LINE

A signature by mark must be witnessed by two persons who can write. The witnesses should write their names and addresses in the spaces below.

E. J. Lynn 3711 Nebraska Ave.
(WITNESS'S SIGNATURE) (ADDRESS)
E. P. King 3709 1/2 Nebraska Ave
(WITNESS'S SIGNATURE) (ADDRESS)

RAILROAD RETIREMENT BOARD
 844 RUSH STREET
 CHICAGO 11, ILLINOIS
 OFFICIAL BUSINESS
 RETURN AFTER 5 DAYS

PENALTY FOR PRIVATE USE TO AVOID
 PAYMENT OF POSTAGE. \$300
 (RRB Chgo.)



Edward Hoff. A-564996
712 E Lake Ave 775-14-5137
Tampa 3 Fla 2-24-88 LV
old address 1-10-54



DIVISION OF DISBURSEMENT, TREASURY DEPARTMENT

Paid by checks numbered from _____ to _____ dated _____ 19____ drawn on the Treasurer of the United States.

ADDRESS CORRECTION

FILE ONLY

DEC 16 1954

\$135.77*


A-564996

EDWARD HOFF

712 E LAKE AVE

TAMPA FLA

CLAIMS FOLDER COPY


RRB FORM G-268
(4-54)

FOR BOARD USE ONLY

UNEMPLOYMENT INSURANCE CLAIMS
TRANSMITTED BY COUNTERSIGNING AGENT
RAILROAD RETIREMENT BOARD
UNITED STATES OF AMERICA
FORM NO. 11-2
12-501

INSTRUCTIONS TO COUNTERSIGNING AGENTS
MAKE TWO COPIES OF THIS FORM.
SEND THE ORIGINAL WITH THE
LISTED CLAIMS FASTENED TO IT
TO THE REGIONAL OFFICE OF THE
RAILROAD RETIREMENT BOARD.
KEEP THE DUPLICATE.

MODEL RISE IN NO. 10-6087
FORM 11-2-50

REMARKS (4)	PERIOD BEGINNING DATE (3)	NAME OF CLAIMANT (2)	SOCIAL SECURITY ACCOUNT NO. (1)
1			
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CONFIRMATION OF REQUEST FOR CHANGE OF ADDRESS

6-156a (6-3)

Name Edward Hoff Social Security Account No. _____ Claim No. A-564996

Address as now shown on Board records
3709 1/2 Nebraska Ave Tampa Fla
 (Number and Street) (City and State)

Enter any CHANGE in address here and mail
712 E. Lake Ave Tampa, Fla.
 (Number and Street) (City and State)

Edward Hoff
 (Sign your name on this line exactly as you do when you endorse your checks)

If endorsement is made by mark (X) it must be witnessed by two persons who can write, giving their place of residence in full.

 (Name of witness) (Address)

 (Name of witness) (Address)



NAME OF EMPLOYER OF COUNTERSIGNING AGENT AND NAME AND LOCATION OF COUNTERSIGNING AGENT'S OFFICE

SIGNATURE OF COUNTERSIGNING AGENT

TRANSMIT TO _____ REGION _____ DATE TRANSMITTED _____

FILE ONLY Tampa Fla.
CHANGE OF ADDRESS. Nov. 13/54.

Dear Sir,

NOV 23 1954

Am sending you notice to send a card to change my address as we have found a cheaper need sorry to cause you this trouble in such a short time as we are now living at.

Mr. Edward Hoff.

712 E. Lake Ave.

Tampa Fla.

Claim No. is - C. 564996.

Hope to receive card to fill out and have witnessed. Thanking you for your trouble.

Sincerely,

Edward Hoff.

712 E. Lake Ave.

Tampa Fla.

(Will have signature on return card.)

P-156 side
11-23-54
as per request

INSTRUCTIONS TO COUNTER AGENTS
MAKE TWO COPIES OF THIS SEND THE ORIGINAL WITH LISTED CLAIMS PASTED TO THE REGIONAL OFFICE RAILROAD RETIREMENT BOARD KEEP THE DUPLICATE.

STANDARD MODEL NO. 10-8087-A

1	SOCIAL SECURITY ACCOUNT NO.
2	
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TRANSMIT TO _____ REGION _____ DATE TRANSMITTED _____

NAME OF EMPLOYER OF COUNTERSIGNING AGENT AND NAME AND LOCATION OF COUNTERSIGNING AGENT'S OFFICE _____

SIGNATURE OF COUNTERSIGNING AGENT _____

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

October 15, 1954

BUREAU OF RETIREMENT CLAIMS

FILE ONLY

Mr. Edward J. Scher
712 Ninth Street
Logansport, Indiana

In reply refer to
R.R.B. No. A-565594
Yard Clerk
439-07

NOV 15 1954

Dear Sir:

The annuity you are receiving was awarded under the Railroad Retirement Act on the basis of permanent disability.

The Act provides that such satisfactory proof of permanent disability, and of the continuance of such disability until age 65, shall be made from time to time as prescribed by the Board.

Please answer each question on the back of this letter so that we may determine whether or not you are entitled to continue to receive a disability annuity. When you have completed the form, sign it in the space provided for your signature and return it to the Railroad Retirement Board, 844 Rush Street, Chicago 11, Illinois. Your failure to furnish this information within 30 days from the date of this letter may result in the suspension of the annuity you are now receiving.

You are reminded that the completion of this form does not relieve you of informing the Board if you earn more than \$100 a month either in work for hire or in self-employment, or if you work for pay of less than \$100 a month in any type or types of employment that you have not previously reported.

Very truly yours,

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

1. Describe any present disability or unfavorable condition in the state of your health. _____

Lumbago; Mitral Insufficiency; Cough; Bld Pressure Sys 160 Dias 75

2(a). Have you been treated by a physician during the past 12 months? Yes If "Yes," give name and address of physician H.M.Shultz, M.D. 412 4th ST., Logansport, Ind

Feb 16, 1954

2(b). Are you now taking medicine? No If "Yes," state for what disability _____

Has your treatment been continuous since you were awarded a disability annuity? NO

3. If you have not been under medical treatment during the past 12 months, give (a) date you last consulted or were attended by a physician Feb 16, 1954; (b) name and address of the physician H.M.Shultz, M.D. 412 4th Street Logansport, Ind

(c) nature of disability for which you were treated Lumbago Mitral Insufficiency

4. Since 7-22-1953, have you (a) been employed, or (b) earned compensation in self-employment? No If your answer is "Yes," give the following information; include self-employment and show "Self-Employed" under "Name and Address of Employer" for that kind of employment:

NAME AND ADDRESS OF EMPLOYER	EMPLOYMENT BEGAN	EMPLOYMENT ENDED	KIND OF WORK

5. Give amount of your earnings, if any, for all employment (including self-employment) for each month since 7-22-1953

YEAR	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC:
19												
19												
19												

NOTE: If this questionnaire is signed by mark (X), two witnesses who know the annuitant must sign below giving their full addresses.

Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

SIGNATURE OF ANNUITANT:

Edward L. Scher
(SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)
DATE SIGNED November 2 1954
(MONTH) (DAY) (YEAR)

(NAME) _____

(ADDRESS) _____

(NAME) _____

(ADDRESS) _____

PENALTIES:SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

RBB FORM G-268
(4-54)

CLAIMS FOLDER COPY

04650

FILE ONLY
SEP 28 1954

\$135.77*

A-564996

EDWARD HOFF

3709 1/2 NEBRASKA AVE

TAMPA 4 FLA

ADDRESS CORRECTION

FOR BOARD USE ONLY

FORM NO. 11-2
(8-50)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
UNEMPLOYMENT INSURANCE CLAIMS
TRANSMITTED BY COUNTERSIGNING AGENT

INSTRUCTIONS TO COUNTERSIGNING AGENTS
MAKE TWO COPIES OF THIS FORM.
SEND THE ORIGINAL, WITH THE
LISTED CLAIMS PASTERED TO IT,
TO THE REGIONAL OFFICE OF THE
RAILROAD RETIREMENT BOARD.
KEEP THE DUPLICATE.

BUCKET BUREAU NO. 10-REGT. 4
FORM VAEHOAFD

REMARKS (4)	PERIOD BEGINNING DATE (3)	NAME OF CLAIMANT (2)	SOCIAL SECURITY ACCOUNT NO. (1)
1			
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G-156a
(6-3)

CONFIRMATION OF REQUEST FOR CHANGE OF ADDRESS

Name Edward Hoff Social Security Account No. _____
 Claim No. A-564996

Address as now shown on Board records
1221 E. Hillsboro Ave Tampa - Fla.
 (Number and Street) (City and State)

Enter any CHANGE in address here and mail
3709 1/2 Nebraska Ave Tampa 4 - Fla
 (Number and Street) (City and State) *new*

Edward Hoff
 (Sign your name on this line exactly as you do when you endorse your checks)

If endorsement is made by mark (X) it must be witnessed by two persons who can write, giving their place of residence in full.

 (Name of witness) (Address)

 (Name of witness) (Address)



NAME OF EMPLOYER OF COUNTERSIGNING AGENT AND NAME AND LOCATION OF AGENT'S OFFICE

SIGNATURE OF COUNTERSIGNING AGENT

DATE TRANSMITTED REGION NUMBER OF TRANSMIT

ADDRESS CORRECTION

FILE ONLY

SEP 16 1954

\$135.77*

EDWARD HOFF

A-564996

3709 1/2 NEBRASKA AVE

TAMPA 4 FLA

CLAIMS FOLDER COPY

RRB FORM G-268
(4-54)

ew

13313

Tampa 4. Fla.
Sept. 6. /54.

CHANGE OF ADDRESS

Friend Mr. La Motte

In reply to this letter I wish to make a change in my address from 1221 E. Hellebros Ave. to ~~37~~ 3709 1/2 Nebraska Ave. Tampa 4. Fla. I am living at the latter address and in reply refer to P. R. B. No. Q. 564996 I have no card to fill out to send to make the change of address hoping this will be satisfactory if not kindly let me know if it is correct as I wrote for the exchange in addresses.

The correct address is

Edward Hoff.

3709 1/2 Nebraska Ave.
NW Tampa 4. Fla.

If you have a card to fill out kindly send one in return.

H. 156
as per requested
released 9-9-54
Plate files
S.R.

15-8A
(15-83)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

APR 1 1954

Mr. Edward Hoff
1221 East Hillsboro Avenue
Tampa 4, Florida

In reply refer to
R.R.B. No. A-564996

You have been awarded an annuity under the Railroad Retirement Act and should receive your first check within three weeks from the date of this letter.

The monthly rate of your annuity is	\$	135.77
The beginning date of your annuity is		January 11, 1954
The first check will cover the amount due through		March 31, 1954
The amount of the first check will be	\$	362.05
Your annuity is based on the following:		
Number of years of service		30
Average monthly compensation	\$	227.95

We are enclosing a certificate of annuity and a leaflet which explains how annuities are computed. If you have any questions about your annuity, you may write to this office or call at any of the Board offices shown on the enclosed list. Please take this letter with you if you go to a Board office.

Very truly yours,
Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

Enclosures
Certificate of Annuity
RB-6
T-83

RB-15 on

e n

BE SURE TO READ THE OTHER SIDE OF THIS LETTER

RRB FORM NO. 6-259 (3-50) W		CLAIM NO. A-564996	S.S.A. NO. 715-14-5137
REPORT OF CERTIFICATION OF ANNUITY		NAME Edward Hoff	
		<input checked="" type="checkbox"/> INIT. <input type="checkbox"/> RECERT. <input type="checkbox"/> REINST.	CERT. UNDER SEC. 2(a)1
		MONTH(S) ANNUITY NOT PAYABLE	
<input type="checkbox"/> RATE REQUIRED	ANNUITY RATE	FROM	TO
INITIAL	DATE	135.77	1-11-54
REGION	TOTAL	REMARKS	
	<i>None</i>		
PREVIOUSLY REQUESTED			
ADDITIONAL OFFSET OR CREDIT		INITIAL EH	DATE 3-23-54 <small>RRB Chicago</small>

1-28 Dec 54

K

FORM APPROVED
BUDGET BUREAU NO. 70-R047.3

FORM NO. G-88a
(1-53)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

CLAIM NO.
2564996

SOCIAL SECURITY ACCOUNT NO.
715-14-5137

THIS SIDE TO BE COMPLETED
BY THE EMPLOYER

EMPLOYER'S SUPPLEMENTAL REPORT
OF
SERVICE AND COMPENSATION

DATE RELEASED

A. EMPLOYER

Lehigh Valley Railroad Company
143 Liberty Street,
New York, N.Y.

B. EMPLOYEE IDENTIFICATION

NAME <u>Hoff</u> <u>Edward</u>		DATE LAST WORKED <u>1-10-54</u>	DATE RIGHTS RELINQUISHED <u>1-10-54</u>
ADDRESS <u>111 So. 4th St., Easton, Pa.</u>		OCCUPATION <u>Trainman</u>	LOCATION <u>Easton, Pa.</u>
PAYROLL NAME <u>Edward Hoff</u>		DEPARTMENT OR DIVISION <u>CT NY</u>	

C. STATEMENT OF SERVICE MONTHS AND COMPENSATION

(1) EMPLOYERS REPORTING COMPENSATION TO THE BUREAU OF WAGE AND SERVICE RECORDS ANNUALLY: IF THIS REPORT IS SUBMITTED BEFORE MAY 1, REPORT THE EMPLOYEE'S CREDITABLE COMPENSATION BEGINNING WITH JANUARY 1 OF THE PRECEDING CALENDAR YEAR AND ENDING WITH THE DATE LAST WORKED. IF SUBMITTED AFTER APRIL 30, REPORT THE EMPLOYEE'S CREDITABLE COMPENSATION BEGINNING WITH JANUARY 1 OF THE CURRENT CALENDAR YEAR AND ENDING WITH THE DATE LAST WORKED.

(2) EMPLOYERS REPORTING COMPENSATION TO THE BUREAU OF WAGE AND SERVICE RECORDS QUARTERLY: REPORT THE EMPLOYEE'S CREDITABLE COMPENSATION BEGINNING WITH THE MONTH DETERMINED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE AND ENDING WITH THE DATE LAST WORKED:

WHEN THIS REPORT IS SUBMITTED FROM	SHOW COMPENSATION BEGINNING WITH
JAN. 1 THROUGH FEB. 28	JULY OF PRECEDING YEAR
MARCH 1 " APRIL 30	OCTOBER " " "
MAY 1 " SEPT. 30	JANUARY OF CURRENT YEAR
OCT. 1 " DEC. 14	APRIL " " "
DEC. 15 " DEC. 31	JULY " " "

MONTH	YEAR 1953	YEAR 1954
JAN.	\$300.00	\$300.00
FEB.	79.51	
MARCH	300.00	
APRIL	300.00	
MAY	300.00	
JUNE	300.00	
JULY	300.00	
AUG.	300.00	
SEPT.	300.00	
OCT.	300.00	
NOV.	300.00	
DEC.	300.00	
TOTAL	\$3379.51	300.00

D. ALLOWANCES FOR PERIODS AFTER DATE LAST WORKED

PERIOD COVERED		AMOUNT	REASON FOR PAYMENT
FROM	TO		
1/11/54	1/31/54	\$301.94	1954 Vacation

REMARKS
\$119.98 of 1954 vacation included with creditable compensation for January 1954.

E. CERTIFICATION

CERTIFICATION BY EMPLOYEE'S SUPERVISOR OR BY NATIONAL REPORTING OFFICER OF LABOR ORGANIZATION
SUPERVISOR OF EMPLOYEE: THE ENTRIES IN SECTION B OF THIS REPORT ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
NATIONAL REPORTING OFFICER: THIS REPORT IS RENDERED BY THE PROPER LOCAL LODGE OFFICER.

CERTIFICATION BY RETIREMENT CONTACT OFFICIAL OR BY LOCAL LODGE OFFICER OF LABOR ORGANIZATION
THE INFORMATION FURNISHED IN THIS REPORT IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THE COMPENSATION SHOWN HEREIN, TOGETHER WITH ANY COMPENSATION PREVIOUSLY REPORTED, DOES NOT EXCEED \$300 FOR ANY CALENDAR MONTH.

SIGNATURE L. P. Zeigler
TITLE Superintendent
DATE January 22, 1954

SIGNATURE C. h. Wagner
TITLE Chief of Personnel
DATE Jan. 25, 1954 *UNIT _____

*IF THIS REPORT IS BY A LOCAL LODGE OFFICER OF A LABOR ORGANIZATION, IDENTIFICATION OF LOCAL LODGE UNIT SHOULD BE FURNISHED.

NOTE: SHOULD THIS EMPLOYEE RETURN TO COMPENSATED SERVICE THE BOARD SHOULD BE NOTIFIED IMMEDIATELY.

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

EMPLOYEE'S CERTIFICATE OF TERMINATION OF
SERVICE AND RELINQUISHMENT OF RIGHTS

SOCIAL SECURITY ACCOUNT NO.

715-14-5137

THIS SIDE
TO BE
COMPLETED
BY THE
EMPLOYEE

IMPORTANT:

IF YOU ARE UNDER AGE 65 AND YOU ARE CLAIMING A DISABILITY ANNUITY, DO NOT COMPLETE ITEMS 4 AND 5(e) AS IT IS NOT NECESSARY FOR YOU TO RELINQUISH RIGHTS TO RETURN TO SERVICE.

1. NAME AND ADDRESS OF EMPLOYEE

EDWARD HOFF
111 SOUTH FOURTH ST
EASTON - PA *

5(a) HAVE YOU BEEN EMPLOYED BY ANY PERSON, INSTITUTION OR COMPANY SINCE LEAVING THE SERVICE OF AN EMPLOYER*?

YES NO

IF YOUR ANSWER IS "YES," FILL OUT THE SPACES BELOW.

2(a) NAME OF LAST EMPLOYER*

Lehigh Valley
BRAHEMAN

5(b) NAME OF SUCH PERSON, INSTITUTION OR COMPANY

2(b) OCCUPATION

STREET AND NUMBER

2(c) DIVISION OR DEPARTMENT, AND LOCATION

NYDIV - TRANSP - EASTON PA

CITY OR TOWN

STATE

3. I CERTIFY THAT I AM NOT NOW IN THE SERVICE OF AN EMPLOYER* AND THAT I LAST WORKED FOR ABOVE EMPLOYER* FOR COMPENSATION ON

MONTH JANUARY DAY 10 YEAR 1954

5(c) DATE I BEGAN WORK FOR SUCH PERSON, INSTITUTION OR COMPANY
MONTH _____ DAY _____ YEAR _____

5(d) DATE I LAST WORKED FOR SUCH PERSON, INSTITUTION OR COMPANY
MONTH _____ DAY _____ YEAR _____

4. I RELINQUISHED ALL RIGHTS TO RETURN TO EMPLOYER* SERVICE ON

JANUARY 10 - 1954
MONTH DAY YEAR

5(e) I HAVE NOTIFIED THIS PERSON, INSTITUTION OR COMPANY OF MY RELINQUISHMENT OF ALL RIGHTS TO RETURN TO SUCH EMPLOYMENT, TO BE EFFECTIVE ON THE FOLLOWING DATE

MONTH _____ DAY _____ YEAR _____

NOTE: THE BOARD WILL IN ALL CASES OBTAIN A CONFIRMATION OF THE ABOVE STATEMENT

NOTE: THE ACT PROVIDES THAT NO ANNUITY SHALL BE PAID WITH RESPECT TO ANY MONTH IN WHICH AN INDIVIDUAL IN RECEIPT OF AN ANNUITY SHALL RENDER COMPENSATED SERVICE TO AN EMPLOYER* OR TO THE LAST PERSON BY WHOM HE WAS EMPLOYED PRIOR TO THE DATE ON WHICH THE ANNUITY BEGAN TO ACCRUE. INDIVIDUALS RECEIVING ANNUITIES SHALL REPORT TO THE BOARD IMMEDIATELY ALL SUCH COMPENSATED SERVICE.

SHOULD I RETURN TO THE SERVICE OF ANY EMPLOYER*, OR OF THE PERSON, INSTITUTION, OR COMPANY NAMED ABOVE, IF ANY, I WILL PROMPTLY NOTIFY THE RAILROAD RETIREMENT BOARD

NOTE: SIGN IN INK OR INDELIBLE PENCIL. IF SIGNATURE IS BY MARK IT MUST BE WITNESSED BY TWO PERSONS EACH OF WHOM MUST SIGN HIS NAME IN FULL AND GIVE HIS COMPLETE ADDRESS UNDER "REMARKS"

SIGNATURE OF APPLICANT

Edward Hoff

DATE SIGNED

JANUARY 14 - 1954

REMARKS

* after 1/20/54 address will be
1221 E. HILLSBORO AVE.,
TAMPA - 4 - FLORIDA

AA-1 FILED 1-14-54 BEGINNING DATE = EARLIER

*DEFINITION OF EMPLOYER

THE TERM "EMPLOYER" MEANS AN EMPLOYER AS DEFINED IN SECTION 1 OF THE ACT OF JUNE 24, 1937, AND INCLUDES EXPRESS COMPANIES, SLEEPING CAR COMPANIES, AND CARRIERS BY RAILROAD SUBJECT TO PART 1 OF THE INTERSTATE COMMERCE ACT. ALSO LABOR ORGANIZATIONS, NATIONAL IN SCOPE, ORGANIZED IN ACCORDANCE WITH THE PROVISIONS OF THE RAILWAY LABOR ACT, AS AMENDED, AND CERTAIN OTHER COMPANIES, SUCH AS TRAFFIC ASSOCIATIONS, WEIGHING AND INSPECTION BUREAUS, ETC. CONTROLLED BY TWO OR MORE EMPLOYERS AND PERFORMING A SERVICE IN CONNECTION WITH RAILROAD TRANSPORTATION.

PENALTIES

SEC. 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE ACT OF 1935, READS IN PART

"ANY.....INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT.....FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

STATEMENT OF SUBSEQUENT
SERVICE AND EARNINGS

RETURN TO:

RETIREMENT CLAIMS FILE BANK

FIRST REQUEST

AMENDED REQUEST
(CHECK ITEMS REQUIRED)

CLAIM NO. _____

SOCIAL SECURITY ACCOUNT NO. _____

LAST I.C.C. CODE NO. 118

DATE PREPARED _____

A. EMPLOYER

HOFF, EDWARD *OR* A-564996

1221 E. Hillsboro Ave. 715-14-5137
Tampa 4, Florida 2-24-88-LV
1-10-54

1211 (82)
ANNUAL REPORTER

LOCATION

DATE LAST WORKED _____ DATE RIGHTS RELINQUISHED _____

OCCUPATION _____ LOCATION _____

DEPARTMENT OR DIVISION _____ DATE OF BIRTH _____

REGISTRATION FORM SIGNED - DATE: ngd

SS (EMPLOYEE HAS BEEN CREDITED WITH WAGES)

NO SS (NO RECORD OF EMPLOYEE HAVING BEEN CREDITED WITH WAGES)

C. INFORMATION REQUIRED

1. TOTAL CREDITABLE SERVICE AND COMPENSATION THROUGH THE PERIOD ENDED JUN 30 1953

(a) SERVICE MONTHS 175 (b) COMPENSATION 43,186.97

2. MILITARY SERVICE DATA:

BRANCH _____ FROM _____ TO _____

BRANCH _____ FROM _____ TO _____

MILITARY SERVICE CREDITABLE:

(a) SERVICE MONTHS _____ (b) COMPENSATION _____

MILITARY SERVICE NOT CREDITABLE

3. <input type="checkbox"/> 12 OUT OF MOST RECENT 30 MONTHS FOR PURPOSE OF CURRENT CONNECTION	YEAR	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
	19													
19														
19														
19														
4. <input type="checkbox"/> OCCUPATION FOR LAST FIVE CALENDAR YEARS		19			19			19			19			19

REMARKS: SV BY 12-3230.00
SI BY 12-3109.00

EB now

CHECKED BY ngd DATE 1-26-54

REVIEWED BY _____ DATE _____

I CERTIFY THAT THE SERVICE AND CREDITABLE COMPENSATION ENTERED ABOVE ARE THOSE OF THE INDIVIDUAL NAMED AND IDENTIFIED IN THIS FORM, AND ARE CORRECT ACCORDING TO THE RECORDS OF THIS BUREAU. ALL COMPENSATION INCLUDED IN THIS CERTIFICATION HAS BEEN REPORTED AS EARNED IN THE SERVICE OF AN EMPLOYER UNDER THE ACT.

JAN 27 1954
DATE

J Bannister
FOR DIRECTOR, WAGE AND SERVICE RECORDS

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

**SUMMARY OF AFFIDAVITS
SUPPORTING CREDITABLE SERVICE**

S.S.A. OR CLAIM NO.

715-14-5137

NAME AND ADDRESS OF APPLICANT

Edward Hoff
111 South South St
Easton, Penn.

RECORD OF AFFIDAVITS SUBMITTED TO ESTABLISH CLAIMED SERVICE FOR PERIODS FOR WHICH EMPLOYER RECORDS ARE NOT AVAILABLE.

NAME OF EMPLOYER	AFFIDAVIT NUMBER	NAME OF AFFIANT	OVER-ALL PERIOD COVERED	
			FROM	TO
L.V.R.R.Co.	1	Charles J. Mahler	12-7-1912	8-13-48
	2	George C. Brunner	12-7-1912	Present time

SERVICE VERIFIED BY ACCEPTABLE AFFIDAVITS

NAME OF EMPLOYER	AFFIDAVIT NUMBER	YEAR	MONTHS												TOTAL		
			JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC			
L.V.R.R.Co.	1+2	1912														A	
		13															
		14															
		15															
		16															
		17															
		18															
		19															
		20															
		21															
		22															
		23															
		24															A
GRAND TOTAL																	

ALL MONTHS DESIGNATED BY THE SYMBOL "A" IN THE SECTION ABOVE ARE MONTHS OF CREDITABLE SERVICE PROPERLY ESTABLISHED BY AFFIDAVITS IN ACCORDANCE WITH EXISTING REGULATIONS AND INSTRUCTIONS.

REMARKS:

UNIT
Proviseroni

SIGNATURE AND TITLE
Carlton J. Bucken Esq

FORM APPROVED
BUDGET BUREAU NO. 70-R045.1

NAME AND ADDRESS OF APPLICANT
Edward Hoff
111 South Fourth Street
Easton, Pennsylvania

A-
AFFIDAVIT NO.

FORM NO. G-86
(11-6)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

CERTIFICATION IN SUPPORT OF EMPLOYER SERVICE
FOR WHICH NO RECORDS ARE AVAILABLE

SOCIAL SECURITY ACCOUNT NUMBER
715-14-5137

I, Charles J. Mahler, live at 1917 1/2 Ferry St Easton Pa
(STREET AND NUMBER) (CITY OR TOWN) (ZONE) (STATE)
and I was born on June 3-1885. My present occupation is Conductor
and has been such for 35 years. I first became acquainted with Edward Hoff, the
applicant named above, on or about Sept 15-1912. This applicant worked
for P.V.R.R. from Dec 7-1912 to Sept working 8/13/48
(NAME OF EMPLOYER) (EXACT DATE, AS NEARLY AS POSSIBLE) (SERVICE BEGINNING DATE) (SERVICE ENDING DATE)

Answers to the following questions are given in respect to this service:

1. What positions did the applicant hold during this period? Trainman

2. At what point, or between what points and from what headquarters, did he work? Easton Pa

3. Did he work continuously during this period? YES NO If "No" give as exactly as possible the dates between which he did not work _____

4. Did the applicant receive pay for this service? YES NO

5. During this period did you come into personal contact with him? YES NO If "Yes" state the circumstances under which such contacts occurred and how often He worked with me frequently as I was on extra conductors list.

6. If you were not continuously in contact with the applicant during this period, describe in detail the basis of your knowledge of the service claimed _____

7. Remarks _____

NOTE: Signature made by mark (X) must be witnessed by two persons to whom the affiant is known, giving their place of residence in full.

I am aware of the fact that all my statements will be used as evidence to support the applicant's claim for service to be credited under the Railroad Retirement Act, and knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

George Lutz
(NAME)

300 Bates St. Phillipsburg, N.J.
(ADDRESS)

Samuel D. Woodruff
(NAME)

303 Lincoln St Easton, Pa.
(ADDRESS)

Charles J. Mahler
(SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

PENALTIES:.....SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL..... WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

Return this form to the Railroad Retirement Board, 844 Rush Street, Chicago 11, Illinois

Mr. Edward Hoff
111 South Fourth Street
Easton, Pennsylvania

AFFIDAVIT NO.

2

FORM NO. G-86
(11-6)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

CERTIFICATION IN SUPPORT OF EMPLOYER SERVICE
FOR WHICH NO RECORDS ARE AVAILABLE

SOCIAL SECURITY ACCOUNT NUMBER

715-14-5137

I, George C. Brunner, live at 239 St Joseph Easton Pa
(STREET AND NUMBER) (CITY OR TOWN) (ZONE) (STATE)
and I was born on 10-14-84. My present occupation is Clerk
and has been such for 44 years. I first became acquainted with Edward Hoff, the
applicant named above, on or about Dec., 2th, 1912. This applicant worked
for Lehigh Valley Railroad (EXACT DATE, AS NEARLY AS POSSIBLE)
(NAME OF EMPLOYER) from Dec., 7th, 1912 to Present time
(SERVICE BEGINNING DATE) (SERVICE ENDING DATE)

Answers to the following questions are given in respect to this service:

1. What positions did the applicant hold during this period? Trainman and conductor
2. At what point, or between what points and from what headquarters, did he work? Easton, Jersey City, Backerton, Perth Amboy NJ
3. Did he work continuously during this period? YES NO If "No" give as exactly as possible the dates between which he did not work _____
4. Did the applicant receive pay for this service? YES NO
5. During this period did you come into personal contact with him? YES NO If "Yes" state the circumstances under which such contacts occurred and how often Once or twice a week
6. If you were not continuously in contact with the applicant during this period, describe in detail the basis of your knowledge of the service claimed _____
7. Remarks _____

NOTE: Signature made by mark (X) must be witnessed by two persons to whom the affiant is known, giving their place of residence in full

Edward Hoff
(NAME)

111 So 4th St
(ADDRESS)

Easton, Pa.
(NAME)

(ADDRESS)

I am aware of the fact that all my statements will be used as evidence to support the applicant's claim for service to be credited under the Railroad Retirement Act, and knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

George C. Brunner
(SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

PENALTIES:.....SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

Return this form to the Railroad Retirement Board, 844 Rush Street, Chicago 11, Illinois



Sheet No. 1 of 1 R. R. B. No. _____

RECORD OF EMPLOYEE'S PRIOR SERVICE

Section 1.—IDENTIFICATION

Concerning prior service claimed under the Railroad Retirement Act by—

Hoff (Last name) Edward (First name) None (Middle name)
111 S. 4th St., (Street and number) Easton (Post office) Northampton (County) Pennsylvania (State)

who states that he served with the employer or its predecessor as shown in section 2 herein.

Section 2.—EMPLOYEE'S CLAIMED SERVICE

Lehigh Valley Railroad Company (Name of employer) 5-4-42mc1

Name on pay roll Hoff (Last name) Edward (First name) _____ (Middle name)

NAME OF EMPLOYER IF NOT SAME AS ABOVE	OCCUPATION	DATE BEGAN (Month, year)	DATE ENDED (Month, year)	DEPARTMENT	LOCATION OR DIVISION
1 <u>Same</u>	<u>Trainman</u>	<u>12-12</u>		<u>Transp</u>	<u>Lehigh Div.</u>
2					
3					
4					
5					
6					
7					
8					

3201766

Section 3.—BIRTH DATA

Employer's records indicate the employee was born at—

Hoboken (City) New Jersey (State or country)
on February (Month) 24 (Day) 1888 (Year), which has (has not) been verified, and that such case of birth was entered on records of the employer prior to ~~during the year of~~ 1925

PS 2255

Section 4.—STATUS AUGUST 29, 1935

Was the employee in compensated service on August 29, 1935? Yes (Yes or No) If the answer is "No" the employer with whom service is claimed on August 29, 1935, will complete and attach form ERR-8.

Section 5.—PERSONNEL RECORD

OCCUPATION	DEPARTMENT OR DIVISION	FROM—		TO—	
		Month	Year	Month	Year
Trainman	Esston	12	12		
2	" - Beth.-Manville	2	36	Not	Ended
3					
4					
5					
6					
7					
8					

Section 6.—SERVICE RECORD

Employer records indicate the employee named herein received compensation in each of the months marked "C" in the following table, that his name did not appear on the pay roll or other detailed compensation records in the months marked "X," and that records for months marked "M" are not available:

	1936	1935	1934	1933	1932	1931	1930	1929	1928	1927	1926	1925	1924	1923	1922	1921	1920	1919	1918	1917	1916	1915	1914	1913	1912	1911	1910	1909	
Jan.	C	C	C	C	C																								
Feb.	C	C	C	C	C																								
Mar.	C	C	C	C	C																								
April	C	C	C	C	C																								
May	C	C	C	C	C																								
June	C	C	C	C	C																M								
July	C	C	C	C	C																								
Aug.	C	C	C	C	C																								
Sept.	C	C	C	C	C																								
Oct.	C	C	C	C	C																								
Nov.	C	C	C	C	C																								
Dec.	C	C	C	C	C																								
Total																													

SPECIAL INSTRUCTIONS FOR AUGUST AND SEPTEMBER 1935.—Check pay roll for second half of August 1935; if name is not found on this pay roll, check pay roll for first half of August. Check pay roll for first half of September 1935; if name is not found on this pay roll, check pay roll for second half of September. Do not make an entry in more than one block for each of the two months.

NOTE.—(a) Line out spaces for all months for which entries have not been made.
(b) Only 30 service years are required for verification.

Section 7.—COMPENSATION AND OCCUPATION

Employer records indicate the employee named herein earned the amounts shown in the following table in the pay roll periods indicated, that his name did not appear on the pay roll or other detailed compensation record in the periods marked "X," and that records for periods marked "M" are not available:

Name on pay roll Hoff (Last name) Edward (First name) (Middle name)

	COMPENSATION										OCCUPATION	
	1931	1930	1929	1928	1927	1926	1925	1924	Year	Title on Pay Roll		
Jan.	116 89	108 55	116 90	103 66	91 11	81 08	81 94		1st	Trainman		
	127 68	133 76	133 71	117 52	98 85	81 36	92 29		1 9 3 1			
Feb.	99 55	100 32	108 64	115 28	97 23	80 00	72 00		2d	"		
	106 05	108 55	91 93	97 99	76 85	62 76	84 90		1 9 3 0			
Mar.	128 80	100 54	125 34	96 72	117 78	120 02	76 46		1st	"		
	99 42	132 90	16 71	131 72	125 59	117 03	93 12		2d	"		
Apr.	88 97	111 15	125 35	119 00	77 56	97 53	85 28		1st	"		
	92 87	116 06	125 35	123 02	129 67	104 61	90 03		1 9 2 9			
May	51 82	106 86	125 35	113 40	130 10	100 22	84 85		2d	"		
	84 02	115 34	125 35	114 46	146 47	81 31	66 03		1st	"		
June	81 85	106 41	117 00	102 14	133 03	96 98	94 99		1st	"		
	111 13	40 22	108 64	106 84	115 46	103 41	102 93		1 9 2 8			
July	98 12	80 78	125 37	106 76	128 65	99 62	75 58		2d	"		
	121 84	102 53	133 71	131 70	139 06	102 48	78 08	M	1st	"		
Aug.	84 60	80 71	117 00	87 72	136 42	92 94	90 64		1st	"		
	104 02	89 72	133 71	133 46	107 02	113 20	83 66		1 9 2 7			
Sept.	95 58	116 23	125 36	26 28	40 34	91 81	79 58		2d	"		
	117 99	98 99	58 71	X	103 12	78 99	82 28		1st	"		
Oct.	87 73	95 13	125 35	107 63	83 29	71 19	76 66		1st	"		
	107 11	158 28	133 71	117 04	79 92	98 97	87 36		2d	"		
Nov.	129 77	135 64	108 64	125 40	86 16	106 08	84 85		1st	"		
	122 95	118 17	125 25	125 40	88 85	86 17	77 85		1 9 2 5			
Dec.	86 54	135 99	109 07	108 55	78 98	128 82	83 83		2d	"		
	101 31	157 13	133 81	133 60	87 48	98 97	77 67		1st	"		
Total	2446 61	2649 96	2749 96	2545 29	2498 99	2295 55	2002 86		1st			
	✓	✓	✓	✓	✓	✓	✓		1 9 2 4			
									2d			

NOTES.—(a) Line out spaces for all months for which entries have not been made.
(b) Enter occupation for the first pay-roll period in each half year on which the employee's name is found.

Section 8.—COMPUTATIONS
(For use of Railroad Retirement Board only)

1-1-24 to 12-31-31 _____ Number of Months 84 Net compensation \$ 17189.22
 Other service prior to 1-1-37 _____
 C _____ M _____ A _____
 Computer _____ Reviewer _____

- 1 Personnel record from the files of the Chief of Personnel
- 2 Erasures in section 7 made in Office of Auditor of Disbursements.

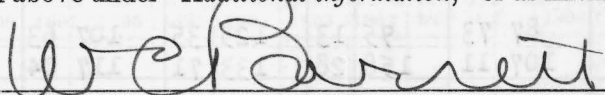
Compensation from income tax and payroll records filed in the office of the Auditor of Disbursements. Payroll records prior to Jan. 1925 have been destroyed by authority of the I.C.C.

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Section 10.—CERTIFICATION

All information or data reported on this form in sections 3, 4, 5, 6, 7, and 9, are furnished at the request of the Railroad Retirement Board for official use and are correct to the best of my knowledge and belief. No alterations, interlineations, or erasures appear in this report except as noted above under "Additional information," or as initialed by me.

Date MAY 18 1942


(Signature)
Chief of Personnel
(Title)

NOTE.—The official concerned shall date and sign as to the correctness of all entries.

Section 11.—EXCERPTS FROM RAILROAD RETIREMENT ACT OF 1937

Section 10 (b) (part). "* * * The Board shall have power to require all employers and employees and any officer, board, commission, or other agency of the United States to furnish such information and records as shall be necessary for the administration of such Acts * * *."

Section 13. "Any officer or agent of an employer, as the word 'employer' is hereinbefore defined, or any employee acting in his own behalf, or any individual whether or not of the character hereinbefore defined, who shall willfully fail or refuse to make any report or furnish any information required, in accordance with the provisions of section 10 (b) 4, by the Board in the administration of this Act or the Railroad Retirement Act of 1935, or who shall knowingly make or cause to be made any false or fraudulent statement or report when a statement or report is required to be made for the purpose of such Acts, or who shall knowingly make or aid in making any false or fraudulent statement or claim for the purpose of causing an award or payment under such Acts, shall be punished by a fine of not more than \$10,000 or by imprisonment not exceeding 1 year."

FORM NO. RR-11
(1-52)

RAILROAD RETIREMENT BOARD

RRB BLOCK NO.

RA-1846 MAR 1 1954

REQUEST FOR SSA BENEFIT AND/OR WR INFORMATION
FOR RRA REDUCTION AND SSA GUARANTEE
(PENSIONER, RETIRED ANNUITANT, SPOUSE, CHILD)

RRB CLAIM NO.

A 564996

A 1 NAME OF RRB PENSIONER OR RETIRED ANNUITANT (W/E)
(LAST) (FIRST) (MIDDLE)
HOFF EDWARD

ADDRESS
1221 E. HILLSBORO AVE.
(STREET AND NUMBER)
TAMPA 4 FLORIDA
(CITY) (ZONE NO.) (STATE)

2 W/E'S SOCIAL SECURITY A/N
715-14-5737

3 W/E'S DATE OF BIRTH
2-24-1888

4 SSA BENEFIT DATA OF RRB PENSIONER OR RETIRED ANNUITANT (W/E) AS AN OAIB
DIVISION OF ACCOUNTING OPERATIONS

NOT INSURED (COMPLETE ITEM A7)

APPARENTLY INSURED (COMPLETE ITEM A7 IF NOT INSURED ON DAO RECORDS)

PRIOR CLAIMS ACTION

R.P. Ballinger (BY) 2-12-54 (DATE)

FIELD OFFICE

NOT INSURED

INSURED STATUS DEPENDS ON SE INCOME FOR CURRENT YEAR. RECONTACT SSA ON APRIL 1ST AFTER CURRENT YEAR.

INSURED (NO CLAIM FILED)

FIRST MONTH OF POTENTIAL ENTITLEMENT IF CLAIM HAD BEEN FILED _____

POTENTIAL PIA \$ _____

CLAIM FILED

Reice S. Simmond (BY) 3/9/54 (DATE)

AREA OFFICE

NOT ENTITLED (COMPLETE ITEM A7 IF NOT COMPLETED BY DAO)

ENTITLED

FIRST MONTH OF ENTITLEMENT _____

PIA \$ _____

(BY) (DATE)

B 1 NAME OF HUSBAND OR WIFE OF ABOVE W/E ENTITLED TO RRA SPOUSE'S ANNUITY
(LAST) (FIRST) (MIDDLE)

ADDRESS

(STREET AND NUMBER)

(CITY) (ZONE NO.) (STATE)

2 SPOUSE'S OWN SOCIAL SECURITY A/N

3 DATE OF BIRTH

4 RR-10 ATTACHED
RR-10 NOT REQUIRED

5 SSA BENEFIT DATA OF SPOUSE AS AN OAIB
DIVISION OF ACCOUNTING OPERATIONS

NOT INSURED

NUMBER OF Q.C. _____

APPARENTLY INSURED

PRIOR CLAIMS ACTION

(BY) (DATE)

FIELD OFFICE

NOT INSURED

NUMBER OF Q.C. _____

INSURED STATUS DEPENDS ON SE INCOME FOR CURRENT YEAR. RECONTACT SSA ON APRIL 1ST AFTER CURRENT YEAR.

INSURED (NO CLAIM FILED)

FIRST MONTH OF POTENTIAL ENTITLEMENT IF CLAIM HAD BEEN FILED _____

POTENTIAL PIA \$ _____

CLAIM FILED

(BY) (DATE)

AREA OFFICE

NOT ENTITLED

NUMBER OF Q.C. _____

ENTITLED

FIRST MONTH OF ENTITLEMENT _____

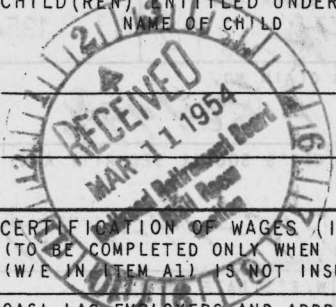
PIA \$ _____

(BY) (DATE)

6 RRB SPOUSE ENTITLED TO PARENT'S INSURANCE
BENEFIT OF \$ _____
UNDER A/N _____

7 RRB SPOUSE ENTITLED TO HUSBAND'S OR WIFE'S INSURANCE BENEFITS OF \$ _____ UNDER A/N _____ (ITEM A2)
BEFORE APPLICATION OF SEC. 202(K)(3) (SIMULTANEOUS ENTITLEMENT TO BENEFITS)

C 1 CHILD (REN) ENTITLED UNDER SSA ON WR OF W/E IN ITEM A1
 NAME OF CHILD _____ AMOUNT OF BENEFIT _____ EFFECTIVE DATE _____ DATE OF BIRTH _____



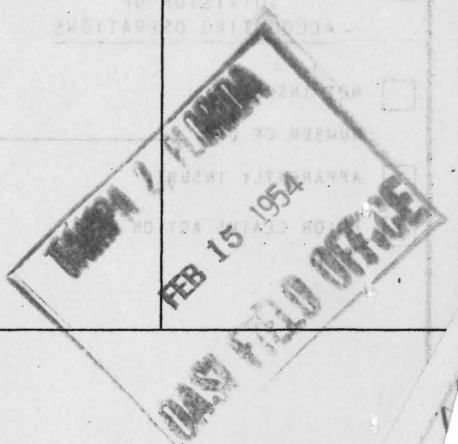
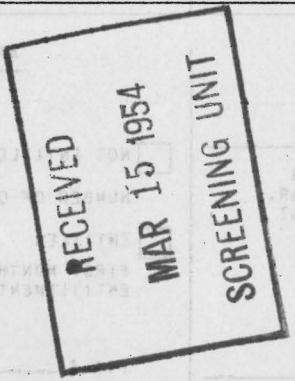
A CERTIFICATION OF WAGES (INCLUDING SELF-EMPLOYMENT INCOME) (TO BE COMPLETED ONLY WHEN PENSIONER OR RETIRED ANNUITANT (W/E IN ITEM A1) IS NOT INSURED ON SSA WR)

5 OASI LAG EMPLOYERS AND ADDRESS _____ FROM _____ TO _____

6 MILITARY SERVICE (NOT CREDITABLE UNDER RRA)
 BRANCH _____
 FROM _____ TO _____
 FROM _____ TO _____
 FROM _____ TO _____
 VERIFIED BY RRB PROOF ATTACHED

7	YEAR	WAGE Q.C.	WAGES	YEAR	WAGE Q.C.	WAGES
	1937			1946	2	944 70
	1938			1947		
	1939			1948		
	1940			1949		
	1941			1950		
	1942			1951		
	1943			1952		
	1944			1953		
	1945	1	304 68	1954	3	1249 38

8 CONFLICT EMPLOYERS
 EMPLOYER'S NAME AND ADDRESS _____ WAGE PERIOD FROM _____ TO _____ WAGES _____



9 REMARKS
Needs 6 q/c - has only 3

10 I CERTIFY THAT ALL THE WAGE DATA AND QUARTERS OF COVERAGE ENTERED ON THIS FORM ARE THOSE OF THE INDIVIDUAL NAME IDENTIFIED HEREIN AND ARE CORRECT ACCORDING TO THE RECORDS OF THE SOCIAL SECURITY ADMINISTRATION.

DATE 2-12-54 BY J.L. Fay

J.L. FAY
 ASSISTANT
 BUREAU
 SURVIV

RA

A 504996

715-14-5137

2-24-1888

HOFF EDWARD
 1221 E. HILLSBORO AVE.
 TAMPA 4, FLORIDA.

THIS FORM
TO BE
COMPLETED
BY THE
EMPLOYEE

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

EMPLOYEE'S CERTIFICATE OF TERMINATION OF
SERVICE AND RELINQUISHMENT OF RIGHTS

SOCIAL SECURITY ACCOUNT NO.

175-14-5137

IMPORTANT:

IF YOU ARE UNDER AGE 65 AND YOU ARE CLAIMING A DISABILITY ANNUITY, DO NOT COMPLETE ITEMS 4 AND 5(e) AS IT IS NOT NECESSARY FOR YOU TO RELINQUISH RIGHTS TO RETURN TO SERVICE.

1. NAME AND ADDRESS OF EMPLOYEE
EDWARD HOFF
111 SOUTH FOURTH ST
EASTON - PA *

5(a) HAVE YOU BEEN EMPLOYED BY ANY PERSON, INSTITUTION OR COMPANY SINCE LEAVING THE SERVICE OF AN EMPLOYER*?
YES NO
IF YOUR ANSWER IS "YES," FILL OUT THE SPACES BELOW.

2(a) NAME OF LAST EMPLOYER*
Lehigh Valley

5(b) NAME OF SUCH PERSON, INSTITUTION OR COMPANY

2(b) OCCUPATION
DRATEMAN

STREET AND NUMBER

2(c) DIVISION OR DEPARTMENT, AND LOCATION
NYDIN - TRANSP - EASTON PA

CITY OR TOWN STATE

3. I CERTIFY THAT I AM NOT NOW IN THE SERVICE OF AN EMPLOYER* AND THAT I LAST WORKED FOR ABOVE EMPLOYER* FOR COMPENSATION ON
MONTH JANUARY DAY 10 YEAR 1954

5(c) DATE I BEGAN WORK FOR SUCH PERSON, INSTITUTION OR COMPANY
MONTH DAY YEAR

5(d) DATE I LAST WORKED FOR SUCH PERSON, INSTITUTION OR COMPANY
MONTH DAY YEAR

4. I RELINQUISHED ALL RIGHTS TO RETURN TO EMPLOYER* SERVICE ON
MONTH JANUARY DAY 10 YEAR 1954

5(e) I HAVE NOTIFIED THIS PERSON, INSTITUTION OR COMPANY OF MY RELINQUISHMENT OF ALL RIGHTS TO RETURN TO SUCH EMPLOYMENT, TO BE EFFECTIVE ON THE FOLLOWING DATE
MONTH DAY YEAR

NOTE: THE BOARD WILL IN ALL CASES OBTAIN A CONFIRMATION OF THE ABOVE STATEMENT

NOTE: THE ACT PROVIDES THAT NO ANNUITY SHALL BE PAID WITH RESPECT TO ANY MONTH IN WHICH AN INDIVIDUAL IN RECEIPT OF AN ANNUITY SHALL RENDER COMPENSATED SERVICE TO AN EMPLOYER* OR TO THE LAST PERSON BY WHOM HE WAS EMPLOYED PRIOR TO THE DATE ON WHICH THE ANNUITY BEGAN TO ACCRUE. INDIVIDUALS RECEIVING ANNUITIES SHALL REPORT TO THE BOARD IMMEDIATELY ALL SUCH COMPENSATED SERVICE.

SHOULD I RETURN TO THE SERVICE OF ANY EMPLOYER*, OR OF THE PERSON, INSTITUTION, OR COMPANY NAMED ABOVE, IF ANY, I WILL PROMPTLY NOTIFY THE RAILROAD RETIREMENT BOARD

NOTE: SIGN IN INK OR INDELIBLE PENCIL. IF SIGNATURE IS BY MARK IT MUST BE WITNESSED BY TWO PERSONS EACH OF WHOM MUST SIGN HIS NAME IN FULL AND GIVE HIS COMPLETE ADDRESS UNDER "REMARKS"

SIGNATURE OF APPLICANT

Edward Hoff

DATE SIGNED

JANUARY 14 - 1954

REMARKS

* after 1/20/54 address will be
1221 E. HILLSBORO AVE.,
TAMPA - 4 - FLORIDA

AA-1 FILED 1-14-54 BEGINNING DATE = EARLIEST
copy A-88 released to Mr. Hugh L. V.P.R.
from Phila PA.
D113 - 2/24/88

*DEFINITION OF EMPLOYER

THE TERM "EMPLOYER" MEANS AN EMPLOYER AS DEFINED IN SECTION 1 OF THE ACT OF JUNE 24, 1937, AND INCLUDES EXPRESS COMPANIES, SLEEPING CAR COMPANIES, AND CARRIERS BY RAILROAD SUBJECT TO PART 1 OF THE INTERSTATE COMMERCE ACT. ALSO LABOR ORGANIZATIONS, NATIONAL IN SCOPE, ORGANIZED IN ACCORDANCE WITH THE PROVISIONS OF THE RAILWAY LABOR ACT, AS AMENDED, AND CERTAIN OTHER COMPANIES, SUCH AS TRAFFIC ASSOCIATIONS, WEIGHING AND INSPECTION BUREAUS, ETC. CONTROLLED BY TWO OR MORE EMPLOYERS AND PERFORMING A SERVICE IN CONNECTION WITH RAILROAD TRANSPORTATION.

PENALTIES

SEC. 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE ACT OF 1935, READS IN PART

"ANY.....INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT.....FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

DEC - 2 1952

BUREAU OF RETIREMENT CLAIMS

Mr. Edward Hoff
111 South Fourth Street
Easton, Pennsylvania

In reply refer to
S.S.A. No. 715-14-5137

Dear Sir:

Service before 1937 totaling 282 months has been established for you on the records of the Board. The monthly compensation applicable to this service has been determined to be \$204.63.

February 24, 1888 has been established as your date of birth on the records of the Board.

If you wish to contest the record shown above, a statement setting forth your reasons for believing it to be in error should be mailed to the director of retirement claims within two years of the date of this letter.

Very truly yours,

mbuss

Becker:Klein

~~John W. Callender~~
Director of Retirement Claims

NO CLAIM NUMBER

111 South Fourth Street
Easton, Pennsylvania
October 30th, 1952.

U.S. Railroad Retirement Board,
Chicago, Ill.

Gentlemen:

Will you please advise me what prior service
has been reported to you for my account due to working on
Lehigh Valley Railroad during period 1924 to 1930?

Thank you for this courtesy,

Yours very truly,

Edward Hoff

EDWARD HOFF
SS 715-14-5137

JUL 8-1948

Mr. Edward Hoff
111 South Fourth Street
Easton, Pennsylvania

In reply refer to
S.S.A. No. 715-14-5137

Dear Sir:

This is in reference to the certifications submitted by Messrs. Michael E. Covney and George C. Brunner.

The certification submitted by Mr. George C. Brunner appears to be acceptable, however, the certification by Mr. Covney is not acceptable because he is endeavoring to establish service from December 7, 1912 but indicates he did not become acquainted with you until May 1917.

Under this condition, it will be necessary that you submit another Form G-86, completed by a responsible person, before your service with the Lehigh Valley Railroad Company may be established from December 1912 to December 1924.

If a reply to this letter is not received within three months, your record of service prior to January 1, 1937 may be established in the amount we have been able to verify from employer records.

If you require further information, you may write to this office or, if convenient, call at any of the field offices shown on the enclosed list.

Very truly yours,

GFBecker:FJohanson
July 6, 1948

Becker
John W. Callender
Director of Retirement Claims

Enclosures
G-86
T-83

John

FORM APPROVED
BUDGET BUREAU NO. 70-R045.1

FORM NO. G-86
(11-6)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

CERTIFICATION IN SUPPORT OF EMPLOYER SERVICE
FOR WHICH NO RECORDS ARE AVAILABLE

NAME AND ADDRESS OF APPLICANT

Mr. Edward Hoff
111 South Fourth Street
Easton, Pennsylvania

A-

AFFIDAVIT NO.

SOCIAL SECURITY ACCOUNT NUMBER

715-14-5137

I, Michael E. Covney, live at 625 Pardee St., Easton, Pa.
(STREET AND NUMBER) (CITY OR TOWN) (ZONE) (STATE)
and I was born on Nov. 4, 1880. My present occupation is Lead Clerk
and has been such for 44 years. I first became acquainted with Edward Hoff, the
applicant named above, on or about May 1917. This applicant worked
for Lehigh Valley R.R.Co. from Dec. 7, 1912 to present time
(NAME OF EMPLOYER) (EXACT DATE, AS NEARLY AS POSSIBLE) (SERVICE BEGINNING DATE) (SERVICE ENDING DATE)

Answers to the following questions are given in respect to this service:

1. What positions did the applicant hold during this period? Trainman & Freight Conductor
2. At what point, or between what points and from what headquarters, did he work? Easton, Jersey City, Packerton, Perth Amboy, NJ
3. Did he work continuously during this period? YES NO If "No" give as exactly as possible the dates between which he did not work _____
4. Did the applicant receive pay for this service? YES NO
5. During this period did you come into personal contact with him? YES NO If "Yes" state the circumstances under which such contacts occurred and how often Occasionally
6. If you were not continuously in contact with the applicant during this period, describe in detail the basis of your knowledge of the service claimed Saw him when he came to office on business or was called in. Handled the time cards of train crews on which he name was shown as working. He is shown on IVRR New York Division roster as trainman from Dec. 12, 1912 and as Freight Conductor from March 16, 1926.
7. Remarks _____

NOTE: Signature made by mark (X) must be witnessed by two persons to whom the affiant is known, giving their place of residence in full.

Edward Hoff,
(NAME)

111 So 4th St,
(ADDRESS)

Easton, Pa.
(NAME)

(ADDRESS)

I am aware of the fact that all my statements will be used as evidence to support the applicant's claim for service to be credited under the Railroad Retirement Act, and knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

Michael E. Covney
(SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

PENALTIES:.....SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY.... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

Return this form to the Railroad Retirement Board, 844 Rush Street, Chicago 11, Illinois

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

MAR 1 1948

Mr. Edward Hoff
111 South Fourth Street
Easton, Pennsylvania

In reply refer to
S.S.A.No. 715-14-5137

Dear Sir:

We have verified only 144 months of the service you claim to have rendered before 1937 to employers under the Railroad Retirement Act. The following service claimed by you could not be verified because employer records of the service are missing.

<u>Name of Employer</u>	<u>From</u>	<u>To</u>
Lehigh Valley Railroad Company	12-1912	12-1924

Service you have performed and any service you may perform for employers under the Railroad Retirement Act from January 1937 through the end of the year in which you attain age sixty-five will also count toward any annuity to which you may become entitled. If such service when added to the amount entered in the first paragraph of this letter does not total 360 months, you may wish to establish all the unverified service or enough of it to make up the difference.

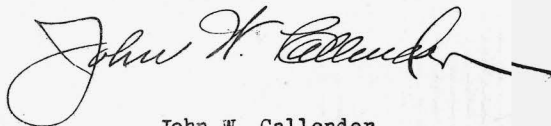
You may establish all or part of the unverified service in either of the following ways:

- (1) Have two persons, who know that you rendered the service, each complete one of the enclosed Forms G-86 for each period to be established; or
- (2) Submit time books, service letters, work reports or other detailed personnel records which show that you actually performed the service.

If a reply to this letter is not received within three months, your record of service prior to January 1, 1937 may be established in the amount we have been able to verify from employer records.

If you require further information, you may write to this office or, if convenient, call at any of the field offices shown on the enclosed list.

Yours very truly,



John W. Callender
Director of Retirement Claims

Enclosures
G-86
T-83

Exzell:Miller

Form AA-11
Revised March 1938
(ORIGINAL)

IMPORTANT.—Read Instructions on Back of Duplicate Copy Before Filling in This Form

715-14-5137
(Social Security Account number)

DESIGNATION OR CHANGE OF BENEFICIARY

(Railroad Retirement Board A-No. if you have filed application)

TO THE RAILROAD RETIREMENT BOARD,
Washington, D. C.

Fill in Social Security Account Number; if you have no number, write "none".

SECTION 1. I, Edward Hoff born on Feb 2

24 - 1888 hereby designate the person or persons named below in this section to receive any death benefits payable under section 5 of the Railroad Retirement Act of 1937 and any accrued annuities due at my death under the Railroad Retirement Act of 1937 or 1935: (If more than one person is named, the benefits will be distributed in equal shares unless you indicate the percentage to be received by each.)

IMPORTANT.- Section 1. must be filled in.

NAME OF BENEFICIARY (If a beneficiary be a minor, also give date of birth; if a married woman, state her full maiden name and her husband's last name)	ADDRESS	RELATIONSHIP
<u>Eleanor Margaret Roth</u>	<u>111 So 4th St Easton Pa</u>	<u>Friend</u>

Examined for form only
Retirement Claims
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SEC. 2. In the event no person or persons named in section 1 are living at my death, or at the time the death benefit become payable, if later than my death, I designate the following as beneficiaries in their place:

NAME	ADDRESS	RELATIONSHIP
<u>Maurice Kenneth Hoff</u>	<u>111 So 4th St Easton Pa</u>	<u>Son</u>

SEC. 3. I direct that, if more than one beneficiary is named, the share of any beneficiary or beneficiaries who die before me or before the death benefits become payable, if later than my death, shall be paid in equal shares to the survivors, or entirely to the survivor if only one survives.

SEC. 4. By this designation I revoke all previous designations, if any, and I reserve the right to change or revoke any or all of the above designations at any time in the manner and form prescribed by the Railroad Retirement Board and without the knowledge or consent of the above beneficiaries.

NOTE.—No person listed above as a beneficiary may be a witness. **IMPORTANT:** (Signature) Edward Hoff
The signature must be witnessed by two persons, not named as beneficiaries. (Sign with ink or indelible pencil—do not print)

WITNESSES: We, the undersigned witnesses, hereby certify that we saw Edward Hoff sign this designation

on the 12th day of July, 1938, and he (she) declared it to be his (her) free act and deed.

First witness	Name <u>J. W. Christopher</u>	Second witness	Name <u>Isabel M. [unclear]</u>
	Address <u>Sp. Garden 4th Easton Pa</u>		Address <u>23-8-17 St Easton, Pa</u>

Full name of present employer Lehigh Valley R. R.

My occupation Conductor Department Transportation Division N.Y. - Lehigh

(Print or type your name and address below): Location N.Y. - Penna.

Name Edward Hoff
Address 111 So 4th St, Easton Pa
(Number and street)
(City and State)

OFFICIALLY FILED
JUL 28 1938
RAILROAD RETIREMENT BOARD

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(Fill out both original and duplicate completely and forward without separation to the Railroad Retirement Board, Washington, D. C., through your employer, if agreeable.)