

**LIRR Disability Fraud  
Voluntary Disclosure and Disposition Program  
STANDARD VERSION APPLICATION AND AGREEMENT**

**This document is both an application to participate in the Voluntary Disclosure and Disposition Program (the “Program”) and the agreement that will apply if you are accepted into the Program. Please understand that your statements in this document will not be used against you in any way except if you (i) make a false statement in this document, or (ii) are accepted into the Program and later breach the agreement or make statements that are inconsistent with the statements you have made in this application. This limitation does not restrict the U.S. Attorney’s Office from using your statements in connection with proceedings involving other individuals or from seeking your assistance in connection with such matters. You are not accepted into the Program unless and until you receive a copy of the agreement that is signed by authorized representatives of the U.S. Attorney’s Office for the Southern District of New York, the Railroad Retirement Board (the “RRB”), and the Long Island Rail Road Company (the “LIRR”).**

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**Instructions:**

1. Fill out and sign this document **in two places** indicated below.
2. Send the completed and signed document to:  
U.S. Attorney’s Office, S.D.N.Y.  
Attn: LIRR Voluntary Disclosure and Disposition Program  
One Saint Andrew’s Plaza  
New York, NY 10007  
To participate in the Standard Version of the Program, your application must be post-marked on or before **August 10, 2012**.
3. The U.S. Attorney’s Office will generally respond within 45 days of receiving your application.
4. If you are accepted, the U.S. Attorney’s Office, the RRB, and the LIRR will sign below and mail to you a copy of this fully executed document, which will then be effective.
5. If you are not accepted, the U.S. Attorney’s Office will notify you of that fact by mail.

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Years of Railroad Service: \_\_\_\_\_

Retirement year: \_\_\_\_\_

Dates of Employment at the LIRR: \_\_\_\_\_

List all "Facilitators" or "Consultants" consulted in connection with retirement and/or disability:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all medical professionals who filed any documentation with the RRB on your behalf in connection with retirement and/or disability:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you ever see Dr. Peter J. Ajemian?      \_\_\_\_\_ Yes                      \_\_\_\_\_ No  
Did you ever see Dr. Peter J. Lesniewski?      \_\_\_\_\_ Yes                      \_\_\_\_\_ No  
Did you ever see Dr. Ralph Parisi?      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

**I hereby attest that in connection with my application for Railroad Retirement Board disability benefits, I or doctors or others on my behalf made what I understood to be false and/or misleading statements with respect to my health condition, ability to work, and/or my eligibility for RRB disability benefits. I declare under penalty of perjury that my statements in this document are true and correct, pursuant to Title 28, United States Code, Section 1746.**

\_\_\_\_\_  
(Signature)

If you are accepted into the Program and comply with, and do not breach, this agreement:

- the Office of the United States Attorney for the Southern District of New York hereby agrees that it will not file a civil action against you and will not criminally prosecute you for defrauding the RRB disability or post-retirement sickness benefits programs by, among other things, making false and/or misleading statements and/or causing others to make false and/or misleading statements to the RRB relating to health conditions, ability to work, and/or eligibility for RRB disability benefits in order to obtain an RRB disability annuity and/or RRB sick pay benefits.
- the RRB hereby agrees that it will not bring an administrative action against you for defrauding the RRB disability or post-retirement sickness benefits programs by, among other things, making false and/or misleading statements and/or causing others to make false statements to the RRB about health conditions, ability to work, and/or eligibility for RRB disability benefits in order to obtain an RRB disability annuity and/or RRB sick pay benefits.
- The LIRR hereby agrees that it will not bring an administrative proceeding against you, seeking forfeiture of LIRR Company Pension Plan benefits, for committing acts of misconduct, dishonesty or theft by, among other things, making false and/or misleading statements and/or causing others to make false statements to the RRB about health conditions, ability to work, and/or eligibility for RRB disability benefits in order to obtain an RRB disability annuity and/or RRB sick pay benefits.

If you are accepted into the Program, you hereby agree:

- to irrevocably, permanently, and fully forfeit, waive, cancel, surrender and undertake not again to seek future RRB Disability Benefits (as defined below)\*;
- not to appeal or challenge the denial or cessation of your RRB Disability Benefits;
- to pay restitution to the RRB in an amount equal to 50% of RRB Disability Benefits received to date;

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\*“RRB Disability Benefits” are defined as disability benefits from the RRB and/or OASDI trust funds, as well as early Medicare coverage based on a disability freeze determination. Any rights to RRB age-related retirement benefits are excluded from this definition and shall not be affected by this agreement.

- to pay this restitution amount according to the following schedule: 35% within 90 days of the date this document is signed by the U.S. Attorney's Office, and 65% in equal monthly installments of at least 15% of your gross monthly income;
- that the RRB is authorized to deduct restitution payments from any RRB age-related benefits you may receive, and the RRB is authorized to obtain similar direct payments from any LIRR benefits you receive; and
- to cooperate with the RRB in effectuating the termination of RRB Disability Benefits and in satisfying your restitution obligations.

Agreed:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Accepted into Program and agreed:

United States Attorney, S.D.N.Y.

By: \_\_\_\_\_

Date: \_\_\_\_\_

Agreed:

United States Railroad Retirement Board

By: \_\_\_\_\_

Date: \_\_\_\_\_

Long Island Rail Road Company

By: \_\_\_\_\_

Date: \_\_\_\_\_