

Sickness Benefit  
Application Enclosed

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# **Sickness Benefits for Railroad Employees**

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*United States of America  
Railroad Retirement Board  
Visit our Web site at [www.rrb.gov](http://www.rrb.gov)*

Form UB-11

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**IF YOU ARE SICK OR INJURED**, you may be eligible to receive sickness benefits from the Railroad Retirement Board (RRB). This booklet provides information about the requirements for receiving sickness benefits, the amount of benefits payable, and procedures for claiming benefits.

**To receive sickness benefits**, you must complete and file the enclosed Forms SI-1a/b, *Application for Sickness Benefits and Statement of Sickness*, within 10 days from the first day you want to claim benefits. An application is considered filed on the day it is received by the RRB; if you file late you may lose benefits.

You can file your claims for sickness benefits online at the RRB's Web site at [www.rrb.gov](http://www.rrb.gov). To use online services you must have a PIN and Password (PPW) account. The Web site explains how to open a PPW account.

For other qualifications for sickness benefits see "Eligibility Requirements" on page 3.

If you are able to work but unemployed, you may be able to **receive unemployment benefits**. Those benefits are described in booklet, UB-10, *Unemployment Benefits for Railroad Employees*.

**IMPORTANT:** *If there is no application enclosed with this booklet or you wish to obtain a copy of the booklet UB-10, contact any RRB office, your railroad employer, your labor organization, a union official, or visit the RRB's Web site at [www.rrb.gov](http://www.rrb.gov).*

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This booklet contains general information and does not have the effect of law, regulation, or ruling. Certain exceptions, limitations, and special cases are not covered. If you have any questions about sickness or unemployment benefits, contact the RRB at **877-772-5772**.

Spanish translation booklets concerning railroad sickness and unemployment benefits are available from any office of the RRB.

**Tenemos un librete en Espanol que explica los beneficios de los enfermos del ferrocarril. Para obtener una copia, entre en contacto con cualquier oficina de la RRB, su empleador ferroviario, su organizacion laboral, un oficial de un sindicato o otraves del web site RRB: [www.rrb.gov](http://www.rrb.gov).**

## Qualification Requirements

### Base Year – Benefit Year

Only qualified employees can receive benefits under the Railroad Unemployment Insurance Act. A new **benefit year** begins every July 1. To qualify for benefits in a benefit year, you must have creditable railroad earnings in the preceding calendar year (**base year**), counting no more than a certain amount in any month. In addition, a new employee must have railroad service in at least 5 months of his or her first year of work in order to be eligible for benefits in the following benefit year.

The amount of earnings needed to qualify for benefits in a benefit year depends on the monthly compensation base in the base year. An employee is required to have base year earnings of not less than 2-1/2 times the monthly compensation base applicable to months in that base year. As the monthly compensation base increases, the amount of compensation needed to qualify for benefits also increases.

#### Example

##### Benefit Year Beginning July 1, 2011

**Earnings Needed in Base Year**—\$3,325.00 in 2010 ( $2\frac{1}{2} \times \$1,330.00 = \$3,325.00$ ). *If 2010 was your first year of railroad work, you must also have railroad service in 5 months in 2010.*

In this example, \$1,330.00 is the monthly compensation base for base year 2010. The monthly compensation base for base year 2011 is \$1,330.00.

Contact your local RRB field office if you need information about the monthly compensation base for other years.

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## Amount and Duration of Benefits

### Waiting Period

To satisfy a one-week waiting period requirement, no benefits are payable for your first 7 days of sickness in your first claim in a period of continuing sickness, unless you have already served a waiting period in the benefit year. Benefits are payable for each remaining day of sickness in your first claim. For example, if you claim all 14 days in your first claim, you will be paid benefits for 7 days. If you are eligible and your claims are continuous from one benefit year to another, you generally will serve only one waiting period in your period of continuing sickness.

**If you have at least 4 consecutive days of sickness and 5 days of sickness overall, you should file a claim for benefits.** Even though no benefits may be payable if the claim is your first claim in the benefit year, your claim must be filed in order to satisfy the waiting period requirement. If you have more than 7 days of sickness in your waiting period claim, benefits will be paid for the number of days of sickness over 7. After your first claim, benefits will be paid for all days over 4 for other claims in the benefit year.

A “period of continuing sickness” means either **(1)** a period of consecutive days of sickness, whether from one or more causes or **(2)** a period of successive days of sickness due to a single cause without interruption of more than 90 consecutive days which are not days of sickness.

### Normal Benefits

You can receive normal benefits for as many as 130 days (26 weeks) in a benefit year, but your benefits cannot be more than your base year wages counting not more than a prescribed amount for any month. Benefit rights are exhausted when a benefit year ends (normally June 30) or earlier if benefit payments equal base year creditable earnings.

#### Example

For purposes of determining maximum normal benefits payable in the general benefit year beginning July 1, 2011 monthly earnings of up to \$1,718.00 are counted for months in base year 2010. For base year 2012, the monthly compensation base for maximum benefits is \$1,763.00.

### Extended Benefits

If you have 10 or more years of service and exhaust your normal sickness benefits, you may be eligible to receive extended benefits for up to 65 days (7 consecutive 14-day claim periods having 10 days payable in each). Also, if you are not qualified for benefits in the current benefit year, but received normal benefits in the previous year, you may still be eligible for extended benefits.

To qualify for extended benefits, you must not have voluntarily retired. Extended sickness benefits are not payable once you attain age 65.

### Accelerated Benefits

Under certain special provisions, if you have 10 or more years of service, you can receive benefits before the regular beginning date of a benefit year. To qualify, you must be qualified for the next benefit year, but not the current year. You must also have 14 or more consecutive days of sickness and not have voluntarily retired. Accelerated sickness benefits are not payable once you attain age 65.

## Daily Benefit Rate

Your daily benefit rate is 60 percent of the daily rate of pay for your last job in the base year, but not less than \$12.70 a day or more than 5 percent of the monthly compensation base.

For example, the monthly compensation base for 2011 is \$1,330.00, which results in a maximum daily benefit rate of \$66.00 for periods beginning after June 30, 2012. The maximum benefit rate is subject to increases under indexing rules reflecting the growth in average national wages. Contact your local RRB field office if you need information about the maximum benefits rates for other periods.

Your daily rate of pay is your straight-time rate of pay including any cost-of-living allowances, but not including overtime or other extra pay.

For mileage employees in train and engine service, the straight-time rate is the rate of pay for the number of miles in a basic workday, depending on occupation and class of service. Earnings for miles run over the number of miles in a basic workday do not count.

## Number of Days of Sickness

After you have satisfied the benefit year waiting period requirement, benefits are generally paid for days of sickness **over 4** in 14-day claim periods.

## Tier I Tax Deductions

Except for benefits paid for on-the-job injuries, sickness benefits are subject to Tier I railroad retirement taxes if paid within 6 months after the month in which you last worked. Tier I tax deductions reduce the amount of benefits payable for a claim.

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## Eligibility Requirements

To receive sickness benefits you must:

- **be unable to work** due to sickness, injury, pregnancy, or the birth of a child;
- **receive no wages, salary, pay for time lost, vacation pay, holiday pay, military reservist pay, pay under a wage continuation plan, sick pay or other remuneration from railroad or nonrailroad employment** for the days you claim benefits. You must report such pay on your claim. However, payments under your own health or accident insurance policy, or group insurance policy, or under a supplemental sickness benefit plan administered by your employer or an insurance company do not prevent the payment of sickness benefits and should not be reported on your claim forms (see the section **Sick Pay and Supplemental Sickness Benefits** on page 4);

- **obtain Form SI-1a, Application for Sickness Benefits** from your employer, labor organization, or RRB office;
- **have your doctor complete Form SI-1b, Statement of Sickness** in support of your claim for sickness benefits; and
- **complete and file the Application for Sickness Benefits (SI-1ab)** within 10 days of the first day you become sick or injured. You may lose benefits if you file late. An application is considered filed on the day it is received by any office of the RRB.

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## Medical Statements

To receive sickness benefits, you must have your doctor complete Form SI-1b, Statement of Sickness in support of your claim. In addition, you may be asked to have your doctor provide the RRB with additional (supplemental) medical information in order to continue to receive your sickness benefit payments. How often supplemental medical information is required depends on several factors, including when you are expected to return to work. In determining when you may return to work, we consider your diagnosis, medical condition, age, normal occupation and the estimated disability period previously provided to the RRB by your doctor.

Form SI-1b, Statement of Sickness, may be completed by:

- a licensed medical doctor trained in medical and surgical diagnosis;
- a licensed dentist if the infirmity relates to the teeth and gums;
- a licensed podiatrist if the infirmity relates to the feet;
- a licensed chiropractor;
- a licensed doctor of clinical psychology;
- a certified nurse/midwife in cases of pregnancy, miscarriage, or childbirth;
- a superintendent or other supervisory official of a hospital, clinic, or similar organization;
- a Christian Science practitioner;
- a Physician Assistant – Certified; or
- a nurse practitioner.

## Sick Pay and Supplemental Sickness Benefits

Sickness benefits are not payable for any day for which you receive sick pay from your employer. But benefits may be paid if you receive supplemental sickness benefits from your employer or an insurance company. Sick pay is a continuation of part or all of your wages while you are unable to work. Sick pay is generally subject to all regular payroll deductions. You must report sick pay on your claim form; failure to do so may result in an overpayment of RRB sickness benefits that you will have to refund.

Supplemental sickness benefits are different from sick pay. Supplemental sickness benefits are payments made by your employer or an insurance company to supplement your RRB benefits and are not subject to Tier II retirement tax. Supplemental benefits are paid under plans submitted by your employer and approved by the RRB. Do not report supplemental sickness benefits on your claim. If you do not know whether payments you are receiving are supplemental under an RRB-approved plan, contact the RRB office nearest you for assistance.

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## Disqualifications

### Separation Allowance (Severance pay, Buyout)

If you have been paid a separation allowance by your employer, you cannot receive **sickness** benefits for approximately the period of time it would have taken you to earn the amount of the allowance.

### False or Fraudulent Claim

You will be disqualified for both **unemployment** and **sickness** benefits for 75 days if you make a false or fraudulent statement or claim in order to receive benefits. You may also be subject to fine or imprisonment. The RRB conducts checks, including computer matching checks, with State and Federal agencies as well as railroads, in order to detect fraudulent benefit claims.

### Benefits Under Other Laws

You will be disqualified from receiving railroad sickness insurance benefits for any day you:

- receive sickness benefits under any other law; or
- receive unemployment benefits under the Railroad Unemployment Insurance Act or any similar law.

### Medical Examination

In certain situations you may be required to be examined by a doctor selected by the RRB. If you fail to take

the medical examination when required, you may be disqualified from receiving sickness benefits.

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## Benefit Reductions

Benefits are not payable to you in the full amount if you are also receiving:

- social security benefits,
- a pension, annuity, or other retirement pay under a Federal, State, or local law (such as a railroad retirement annuity, military retirement pay, a policeman's or fireman's pension, etc.),
- certain workers' compensation payments, or
- any other social insurance payment under any law.

If you meet the other eligibility requirements, you may receive benefits only in the amount by which your sickness benefits exceed the other payments.

**Be sure to report** all such other payments on each claim you file. If you do not, you may later be required to refund benefits. If the other payments are awarded after you claim sickness benefits, but cover some or all of the same days, contact the RRB immediately about repayment of the benefits you received.

If you are awarded an annuity under the Railroad Retirement Act that is for days you were already paid sickness benefits, you will have to refund some or all of your benefits. Generally, the amount you must repay is withheld from your accrued annuity. Your annuity award letter or notice of annuity adjustment will show the amount of any sickness benefits withheld. Verify the amount by comparing it to the amount of sickness benefits you received for the same period. Contact your local RRB office immediately if you believe the amount withheld is incorrect. You will be required to refund benefits to the RRB if the full amount was not withheld from your accrued annuity.

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## Personal Injury Settlements

You may receive benefits for any kind of injury or illness whether it occurs on or off the job; but if you are paid a settlement, judgment or collect damages as a result of the injury or illness, the amount of your benefits must be refunded to the RRB. This is true regardless of a State's "no-fault" law. The RRB will normally notify the liable party, and the person or company making the settlement or paying the damages usually reimburses the RRB for the amount due. However, if the RRB is not reimbursed in full at the time of settlement, you may have to repay benefits to the RRB.

Verify the accuracy of the amount of benefits withheld from your settlement or judgment by checking your own record of RRB payments or by contacting the RRB. Notify the RRB immediately if you believe the correct amount was not withheld.

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## Reconsideration and Waiver

### Employee Rights

**Reconsideration** - If you **do not agree** with any decision denying you benefits or with an overpayment decision, you may request **reconsideration**. Your request must be in writing and should explain why you disagree. If you request reconsideration, your request must be received at an office of the RRB within 60 days of the date of the letter notifying you of the adverse decision. Be sure to sign your name and include your social security number on your request.

**Waiver** - You may request **waiver of recovery** of your overpayment only if **ALL** of the following conditions are met:

1. The amount of the overpayment is more than 10 times the current maximum daily benefit rate;
2. you were not at fault in causing the overpayment; **and**
3. recovery would cause you financial hardship to the extent that you would not be able to meet your ordinary and necessary living expenses or recovery would be unfair for some other reason.

If your request for waiver is received at an office of the RRB within 60 days from the date of the letter notifying you of your debt, we will not recover the overpayment until a decision is made on your request.

### Employer Rights

The Railroad Unemployment Insurance Act requires the RRB to notify your base year employer(s) each time you file a claim for benefits, and to give the employer(s) an opportunity to submit information relevant to your claim before the RRB makes an initial determination on the claim. The RRB must also notify your employer each time benefits are paid to you. Your employer may appeal the decision to pay benefits. The appeal does not prevent the timely payment of benefits. However, you may be required to repay benefits if the appeal is successful.

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## When Sickness Benefits are Taxable

Sickness benefits paid under the Railroad Unemployment Insurance Act, with the exception of sickness benefits paid

for an on-duty injury, are considered income for Federal income tax purposes. Each year, the RRB sends railroad employees Form W-2, Wage and Tax Statement, showing the amount of sickness benefits paid during the preceding calendar year. The amount shown on Form W-2 is the amount of benefits payable before deduction of Tier I railroad retirement tax. The amount includes benefits payable but withheld to offset a debt to the RRB. A Form W-2 is not issued if all benefits paid to an employee were for an on-the-job injury. A Form W-2 is also **not** issued if all benefits paid to an employee in a tax year are repaid in the same year.

You may file Form W-4s, Voluntary Tax Withholding, with the nearest RRB office if you want the RRB to withhold Federal income tax from your benefits. To change or end withholding you must file another Form W-4s with the RRB. Form W-4s is available upon request from the Internal Revenue Service.

The Railroad Unemployment Insurance Act specifically exempts railroad sickness benefits from State income taxes.

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## Instructions for Completing Forms

### General Instructions

Complete all items by typing or printing neatly in ink. Do not skip any items unless directed to do so. If you need more space to answer a question, enclose a separate sheet of paper. **Be sure to sign your name and date the form before mailing.** Have your doctor complete Form SI-1b, *Statement of Sickness*. **Do not separate the Forms SI-1a and SI-1b.**

**Read the following instructions carefully before completing your SI-1a application.** If your application is not completed correctly, your benefits may be delayed. Contact your local RRB office if you have questions or need assistance in completing the form. If you are completing the application for the employee, refer to page 8 for instructions on completing Form SI-10, *Statement of Authority to Act for Employee*.

### Important Information

The completed and signed form must be received by an RRB office within 10 days of the first day for which you want to claim benefits. You may lose benefits if your application is filed late. If the form is late, enclose an explanation.

Once your application has been processed, a claim form will be mailed to you for completion. You must complete and return the claim to the address of the RRB office that appears on the claim. A notice of the claim will be sent to your employer. A claim for the next 14-day period will be mailed to you on or about the last day of the period covered by the claim.

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# Application for Sickness Benefits (Form SI-1a)

## SECTION A - Identifying Information

Items 1–6 are self-explanatory.

## SECTION B - Infirmity and Employment Information

Item 7 is self-explanatory.

**Item 8** – Enter the date you last worked for your last railroad employer **before** you became sick and unable to work. For example, if you last worked on 12/31 and became sick on 1/1, you would enter 12/31 as the date last worked.

Items 9 and 10 are self-explanatory.

**Item 11** – Enter the title of your job. For example, “Road Brakeman.”

**Item 12** – Enter the department of the railroad in which you work. For example, “Train and Engine Service.”

**Item 13A-C** – Complete this item if you worked for a non-railroad employer or were self-employed **after** the last day you worked for a railroad employer.

- **Item 13A** - Enter the name of the company for which you worked most recently. For example, “Acme Accounting.”
- **Item 13B** - Enter the title of your job. For example, “Accountant.”
- **Item 13C** - Enter the date you last worked outside the railroad industry **before** you became sick and unable to work. For example, if you last worked on 12/31 and became sick on 1/1, you would enter 12/31 as the date last worked.

## SECTION C - Accident and Insurance Information

Item 14 is self-explanatory.

**Item 15** – Check “Yes” if you filed or expect to file a lawsuit or claim against any person or company for personal injury.

Items 15A is self-explanatory.

**Item 15B** – Enter the location where your injury or illness occurred. For example, “Hwy 51/County Rd 12, Toledo, Ohio.”

**Item 15C** – Check “Yes” if you were injured in an automobile accident.

**Item 15D** – If you checked “Yes” in Item 15C, complete the following items about all the vehicles involved in the accident, other than your own.

- **Owner of Car** – Enter the complete name and address of the owner of the other vehicle involved in the accident.

- **Driver** – Enter the complete name and address of the driver of the other car or vehicle involved in the accident. If more than one other vehicle was involved, give information for all vehicles on a separate sheet of paper.

- **Insurance Company** – Enter the complete name and address of the insurance company of the owner of the other vehicle involved in the accident.

- **Policy Information** – Enter the policy number of the insurance policy held by the owner of the other vehicle and the claim number assigned by the insurance company, if you know it.

## SECTION D - Claim for Sickness Benefits Information

Your first sickness benefit claim is Items 16 through 20 on your SI-1a, *Application for Sickness Benefits*. After your application and claim have been received and processed, your next sickness claim will be mailed to you.

Item 16 is self-explanatory.

**Item 17** – Check “Yes” if you want to claim every day from the date you entered in Item 16 through the current date as a day of sickness. Check “No” if you do not wish to claim every day. Remember that you cannot claim benefits for any day on which you worked or otherwise earned wages, holiday pay, vacation pay, sick pay (excluding supplemental sickness benefits) or other pay. This includes pay from full-time and part-time work in either railroad or nonrailroad employment, and from self-employment. You may claim rest days on which you were sick or injured and for which you do not receive pay from your employer.

**Item 18** – If you checked “No” in Item 17, enter the dates that you do not wish to claim.

**Item 19** – If you have recovered from your infirmity and have returned to work, enter the date you returned to work. However, if you worked one or more days, but then continued to be unable to work, do not enter a date in this item. For example, if you attempted to return to work but found that you were not able to continue working, indicate the days you worked and received wages in Item 18, but do not enter a date in Item 19.

**Item 20A-C** – Each item must be checked “Yes” or “No” to indicate the type of payments, if any, that you have received or will receive for days in the claim period. Also furnish the dates and/or other information requested about the payment. The types of payments are explained below.

**Item 20A - Wages** – Payments that you receive from your railroad employer, from a nonrailroad employer, or your own business for services you performed. Benefits are not payable for any day for which you receive wages.



## Application for Sickness Benefits

### Section A Identifying Information

|                                                                                        |                                                |     |        |
|----------------------------------------------------------------------------------------|------------------------------------------------|-----|--------|
| 1. Employee's Name (First, Middle Initial, and Last)                                   | 2. Social Security Number                      |     |        |
|                                                                                        |                                                |     |        |
| 3. Employee's Street Address, City, State and ZIP Code<br>(Including Apartment Number) | 4. Date of Birth                               |     | 5. Sex |
|                                                                                        | Month                                          | Day | Year   |
|                                                                                        |                                                |     |        |
|                                                                                        | 6. Telephone Number (Include Area Code)<br>( ) |     |        |

### Section B Infirmary and Employment Information

7. Date You Became Sick or Injured \_\_\_\_\_

8. Date You Last Worked for a Railroad \_\_\_\_\_

9. Last Railroad Employer (Name of Company) \_\_\_\_\_

10. Location of Last Railroad Employment (City/State) \_\_\_\_\_

11. Last Railroad Occupation \_\_\_\_\_

12. Department \_\_\_\_\_

13. If you worked for a nonrailroad employer after the date shown in Item 8, complete Items A, B, and C, below. Otherwise, **go to Item 14.**

A. Last Nonrailroad Employer (Name of Company) \_\_\_\_\_

B. Last Occupation After Railroad Work \_\_\_\_\_

C. Date Last Worked After Railroad Work \_\_\_\_\_

### Section C Accident and Insurance Information

14. Are you applying for sickness benefits because you were injured at work or have a work-related illness? ☐ Yes ☐ No

15. Have you filed or do you expect to file a lawsuit or claim against any person or company for personal injury?  
☐ Yes - **Complete Items A-D, below** ☐ No - **Go to Item 16**

A. Furnish the name and complete address of the person or company.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

B. Give the place where the injury occurred. \_\_\_\_\_

C. Were you injured in an automobile accident? ☐ Yes ☐ No - **Go to Item 16**

D. If you were injured in an automobile accident, provide information about all the vehicles, **other than your own**, that were involved in the accident that caused your injury. Information about your vehicle and insurance company is not needed. If you need more space attach a separate sheet of paper.

|                                          |                                           |
|------------------------------------------|-------------------------------------------|
| <b>Owner of Car (other vehicle)</b>      | <b>Driver (other vehicle)</b>             |
| Name                                     | Name                                      |
| Address                                  | Address                                   |
| City, State, ZIP Code                    | City, State, ZIP Code                     |
| <b>Insurance Company (other vehicle)</b> | <b>Policy Information (other vehicle)</b> |
| Name                                     | Policy Number                             |
| Address                                  | Claim Number                              |
| City, State, ZIP Code                    |                                           |

## Section D Claim for Sickness Benefits Information

16. Enter the earliest date you wish to claim sickness benefits. \_\_\_\_\_
17. Are you claiming all the days of sickness beginning with the date you entered in Item 16? (**Note:** You may claim rest days if you were unable to work and did not receive pay from your employer.) ☐ Yes - **Go to Item 19** ☐ No - **Go to Item 18**
18. Enter any dates that you do not wish to claim. \_\_\_\_\_
19. Enter the date you returned to work (if applicable). \_\_\_\_\_
20. You **must** complete all boxes to indicate if you have received or will receive any of the following payments for your days of sickness. If you check "YES" for any item, be sure to provide the requested information.

### A. WAGES (Include Railroad and Nonrailroad Wages)

**YES NO** If "YES," show the dates for which you were paid in Month/Day/Year format below.

- |                          |                          |                                    |       |
|--------------------------|--------------------------|------------------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | Regular Wages. ....                | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Vacation Pay. ....                 | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Holiday Pay. ....                  | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Military Reservist Pay. ....       | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Wage Continuation Pay. ....        | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Earnings from Self-Employment. .   | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Sick Pay from Your Employer. . . . | _____ |
- (but not payments supplementing Railroad Retirement Board (RRB) benefits. See Booklet UB-11)

### B. GOVERNMENTAL PAYMENTS (Not RRB Sickness Benefits)

**YES NO** If "YES," enclose copy of award letter and complete Items 1 - 3 below.

- |                          |                          |                                                       |                                                                                                  |
|--------------------------|--------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Sickness or Unemployment Benefits Under Any Other Law | 1. Beginning Date of Payment _____                                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Security Benefits                              | 2. Gross Amount of Payment \$ _____                                                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Railroad Retirement or Disability Annuity             | 3. How often do you receive the payment?                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Military Retirement Pay                               | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| <input type="checkbox"/> | <input type="checkbox"/> | Worker's Compensation                                 | <input type="checkbox"/> Other: _____                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Retirement Payments Under Another Law                 |                                                                                                  |

### C. OTHER PAYMENTS

**YES NO** If "YES," complete Items 1 and 2.

- |                          |                          |                                                     |                          |
|--------------------------|--------------------------|-----------------------------------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Settlement, Judgment or Damages for Personal Injury | 1. Date of Payment _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Advances                                            | 2. Paid By: _____        |
| <input type="checkbox"/> | <input type="checkbox"/> | Separation Allowance (Buyout, Severance Pay)        |                          |

21. If the date you are submitting this form is **more than 30 days** after the date you entered in Item 16, answer the following:
- A. Why did it take more than 30 days to submit this form? If more space is needed, attach a separate sheet of paper.

- B. How did you obtain this form? \_\_\_\_\_
- C. Who provided this form to you? \_\_\_\_\_
- D. On what date did you obtain the form? \_\_\_\_\_
- E. Furnish the name and title of any person from whom you asked for help in completing and filing the forms.
- NAME \_\_\_\_\_ TITLE \_\_\_\_\_

## Section E Direct Deposit Information

22. Benefits are normally paid by Direct Deposit to your bank, savings and loan, credit union, or other financial institution. To provide the information we need to correctly deposit your payments, **attach a voided personal check and go to Item 23**, or call your financial institution for the information you need to complete Items A-E.

- A. Routing Transit Number 

|  |  |  |  |  |  |  |  |  |  |
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 B. Account No. \_\_\_\_\_
- C. Account Type: ☐ Checking ☐ Saving D. Name of Financial Institution: \_\_\_\_\_
- E. Telephone No. (Include Area Code) (\_\_\_\_\_) \_\_\_\_\_

## Section F Certification and Signature

23. I waive any "doctor-patient privilege" I may have with respect to the disclosure of information concerning the period of sickness or injury on which my claim is based. I certify that I understand and agree to the requirements in Booklet UB-11. I know that disqualification and civil and criminal penalties may be imposed on me for false or fraudulent statements or claims or for withholding information to get benefits from the RRB. I affirm that the information given on this form is true, correct and complete. **NOTE:** If the sick or injured employee is unable to sign this form, sign your name and complete Section 1 of the attached Form SI-10, Statement of Authority to Act for Employee.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## Statement of Sickness

**Instructions:** This form is to be executed by (1) a doctor trained in medical, surgical, dental or psychological diagnosis of the infirmity described, (2) a certified nurse/midwife in cases of pregnancy or childbirth, (3) a supervisory official of a hospital or similar institution, (4) a chiropractor, (5) a Physician Assistant - Certified, or (6) a nurse practitioner. This form should be completed and returned to the patient immediately for prompt mailing; otherwise he/she may lose benefits. Supplementary medical information may be attached or furnished directly to the Railroad Retirement Board (RRB) at the address shown below. If such information is furnished, please include the patient's social security number and name on the report. Please complete section 2 on the reverse side if patient is incapable of signing forms.

**The RRB is not liable for any charge in connection with completing this form.**

|                                                                                                                                                                                                                                                                         |                                                          |                                                                   |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------|--------------|
| 1. Patient's Name (First, Middle, and Last)                                                                                                                                                                                                                             |                                                          | 2. Patient's Social Security Number                               |              |
| 3. Have you examined or treated the patient for his or her injury or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to Item 9                                                                                                                   |                                                          |                                                                   |              |
| a. Date patient became sick or injured                                                                                                                                                                                                                                  |                                                          | b. List all dates of examination and treatment for this infirmity |              |
| c. Probable date of next examination                                                                                                                                                                                                                                    |                                                          |                                                                   |              |
| 4. Diagnosis and concurrent conditions                                                                                                                                                                                                                                  |                                                          |                                                                   |              |
| 5. Does the patient's condition require surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to Item 6                                                                                                                                                |                                                          |                                                                   |              |
| a. Date on which surgery was or will be performed                                                                                                                                                                                                                       |                                                          | b. Surgical procedure that was or will be performed               |              |
| 6. Does the patient's condition require hospitalization?                                                                                                                                                                                                                |                                                          |                                                                   |              |
| <input type="checkbox"/> Yes – Enter the period of hospital confinement: From _____ To _____                                                                                                                                                                            |                                                          |                                                                   |              |
| <input type="checkbox"/> No                                                                                                                                                                                                                                             |                                                          |                                                                   |              |
| 7. If patient is not working because of maternity or childbirth, complete 7a and 7b.                                                                                                                                                                                    |                                                          |                                                                   |              |
| a. Date patient became unable to work ►                                                                                                                                                                                                                                 |                                                          | b. Estimated or actual date of delivery ►                         |              |
| 8. Give the date you believe the patient became or will become able to resume work in his or her occupation.<br>(If indefinite or unknown, please give an estimated date.) ►                                                                                            |                                                          |                                                                   |              |
| 9. I certify that the information I am giving is true, complete, and correct. I understand that criminal and civil penalties may be imposed on me for false or fraudulent statements or for withholding information to cause or prevent payment of benefits by the RRB. |                                                          |                                                                   |              |
| <b>Please print or type:</b>                                                                                                                                                                                                                                            |                                                          |                                                                   |              |
| Name of Doctor                                                                                                                                                                                                                                                          | Signature of Doctor                                      |                                                                   | Degree/Title |
| Address                                                                                                                                                                                                                                                                 | Office Telephone Number (Include Area Code)<br>(       ) |                                                                   | Date         |
|                                                                                                                                                                                                                                                                         | National Provider Identifier                             |                                                                   |              |

### PAPERWORK REDUCTION ACT NOTICE TO DOCTOR

Medical evidence is needed to support the payment of claims for sickness benefits under the Railroad Unemployment Insurance Act (RUIA). The RRB is authorized to collect this information under section 12(i) of the RUIA. You are not required to furnish this information. If you do not, however, no benefits can be paid to your patient. We estimate this form and the form on the back of this page take an average of 8 and 6 minutes to complete, respectively. The estimates include the time for reviewing the instructions, getting the needed data, and reviewing the completed forms. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Chief of Information Resources Management, Railroad Retirement Board, 844 N Rush Street, Chicago, Illinois, 60611-2092. Send completed forms to:

**U.S. RAILROAD RETIREMENT BOARD  
OFFICE OF PROGRAMS—OPERATIONS  
POST OFFICE BOX 10695  
CHICAGO, ILLINOIS 60610-0695**

## Statement Of Authority To Act For Employee

*It is not necessary to complete this form for an employee who can sign papers or can sign by mark and understands transactions relating to his or her sickness benefits.*

### Instructions

1. Complete Section 1 and have the employee's medical doctor complete Section 2. If you are not related to the employee by blood or marriage, state your relationship and explain why no relative is acting for the employee. For example, an employee's union representative might explain: "I am his union chairman. He has no immediate family."
2. Complete this statement by following the instructions in the UB-11 booklet under "Instructions for Completing Forms, Statement of Authority to Act for Employee (SI-10)." Signing this statement gives you the authority to sign any claim forms on behalf of the employee. When signing claim forms use your full name, and beneath your signature, write "On behalf of" and the employee's full name.
3. Return this form with the next application or claim form you file with the RRB.

### Section 1 Statement of Individual Acting for Employee

It is my belief that \_\_\_\_\_  
(Employee's Name) (Social Security Number)

whose address is \_\_\_\_\_  
(Employee's Address)

is at this time incapable of signing forms in connection with obtaining sickness benefits under the Railroad Unemployment Insurance Act; of transacting the necessary business relative to his or her application and claims for such benefits; and of applying the proceeds of any sickness benefit payments.

I believe the employee to be incapable because \_\_\_\_\_

\_\_\_\_\_  
(Briefly describe employee's condition)

My relationship to the employee is \_\_\_\_\_

I affirm that, in the transaction of business relating to the application and claims of this employee, including the use of any benefit payments, I will act on behalf of and in the best interest of the employee. I will promptly notify the RRB at such time as this employee's condition changes so that I need no longer act for him or her. I understand that criminal and civil penalties may be imposed on me for providing false, incomplete, or fraudulent statements; using the benefits received on something other than the claimant; or for withholding information to cause the payment of benefits. I certify that, to the best of my knowledge, the information I have provided is true, complete, and correct.

|                               |           |       |          |                     |
|-------------------------------|-----------|-------|----------|---------------------|
| Name (please print)           | Signature |       |          | Phone Number<br>( ) |
| Street Address (please print) | City      | State | ZIP Code | Date                |

### Section 2 Statement of Employee's Doctor

I have examined the employee named above and find that he/she is incapable of signing forms and transacting business relative to his/her claims for sickness benefits under the Railroad Unemployment Insurance Act.

|                                      |      |                     |          |      |
|--------------------------------------|------|---------------------|----------|------|
| Name of Doctor (please print)        |      | Signature of Doctor |          |      |
| Office Street Address (please print) | City | State               | ZIP Code | Date |
| National Provider Identifier         |      |                     |          |      |

- **Regular Wages** – Pay for time worked, including full-time and part-time work.
- **Vacation Pay** – Pay for scheduled or assigned vacation days. Vacation pay does not include “pay in lieu of vacation.” If you do not know if the payment you received was “pay in lieu of vacation,” check with your payroll office before completing this item.
- **Holiday Pay** – Pay from your employer for a holiday.
- **Military Reservist Pay** – Wages paid to you by the Federal Government based on your military service.
- **Wage Continuation Pay** – Salary or wages paid by your railroad employer when you have been injured on duty. The purpose of the payments is to continue your wage or salary, not to supplement RRB benefits. The payments are subject to normal payroll deductions.
- **Earnings from Self-Employment** – Pay for services performed.
- **Sick Pay from Your Employer** – A continuation of all or part of your wages while you are unable to work. The term “Sick Pay” does not include supplemental sickness benefits. For an explanation of supplemental sickness benefits, see page 4.

**Item 20B - Governmental Payments** – Annuities or other payments made to you by a county, city, state or the Federal Government. If you are receiving a governmental payment, check the appropriate box and enter the beginning date, the gross amount, and the frequency of the payment. For an explanation of how governmental payments affect the payment of sickness benefits by the RRB, see the section **Benefit Reductions** on page 4.

- **Sickness or Unemployment Benefits Under Any Other Law** – Benefits paid to you by a county, city, state or other Federal agency due to sickness or unemployment.
- **Social Security Benefits** – Benefits paid to you by the Social Security Administration, excluding supplemental security income payments (SSI).
- **Railroad Retirement or Disability Annuity** – Monthly payments made to you by the RRB based on your age and railroad service or on disability. An RRB annuity under the Railroad Retirement Act is not the same as RRB sickness benefits.
- **Military Retirement Pay** – Retainer pay, an annuity, or pension paid to you by the Federal Government based on your military service.

- **Worker’s Compensation** – Disability payments made to you under a state law when you have been injured on the job.
- **Retirement Payments Under Another Law** – An annuity or pension paid to you by a county, city, state or the Federal Government.

**Item 20C - Other Payments** – If you are receiving some type of other payment, check the appropriate box and give the date of the payment and who made the payment to you.

- **Settlement or Damages for Personal Injury** – A payment received as a result of a judgment or the settlement of a personal injury claim against your railroad employer or another party that you held liable for your injury or illness.
- **Advances** – A payment received in anticipation of a settlement of a personal injury claim against your railroad employer.
- **Separation Allowance (Buyout, Severance Pay)** – A payment received when you resign in return for a specified sum of money. The payments are also referred to as “buyouts” or “severance pay.” Payment may be made in a lump sum or installments in return for your resignation.

**Item 21** is self-explanatory.

## **SECTION E - Direct Deposit Information**

**Item 22** – The Department of the Treasury (Treasury) requires all federal benefit payments to be made electronically. You will need to choose an electronic payment option. You can choose to have your payments made by **Direct Deposit** to a bank, savings and loan, credit union account or other financial institution or to a **Direct Express® Debit Mastercard®**. Both options save money by eliminating the need to print and mail checks.

An electronic payment has many advantages. Payments are generally available 2 or 5 days sooner than payment by check. You do not have to worry about a check being lost, stolen or misplaced and you can be away from home without the worry of a check sitting unprotected in your mailbox. There is no need to wait for mail delivery of a check or to make a special trip to your financial institution.

**To provide the information we need to correctly deposit your benefit payments**, attach a voided personal check to your application or call your financial institution for the information needed to complete **Item 22A-E**.

If you change financial institutions or your account while claiming benefits, be sure to give the RRB information to establish Direct Deposit to your new account. **Do not close your old account** until you receive the first RRB payment in your new account.

If you do not have an account at a financial institution or you prefer to receive your benefit payments on a prepaid debit card, you can call 1-888-544-6347 or visit [www.GoDirect.org](http://www.GoDirect.org) for information about enrolling in the **Direct Express®** program.

### Electronic Payment Waiver Conditions

Treasury will allow benefit payments to be paid via paper check to individuals who:

- were born before May 1, 1921,
- have a mental impairment and do not have a representative payee,
- live in a remote area of the country that lacks infrastructure to support electronic financial transactions, or
- had a **Direct Express® Debit Mastercard®** that was suspended or cancelled.

You will need to contact Treasury directly at 1-800-333-1795 to apply for a waiver.

### SECTION F - Certification and Signature

**Item 23** – By signing and dating this item you certify that the information contained on the form is true, correct, and complete.

If the sick or injured employee is unable to sign in Item 23, the person completing the application should sign in Item 23, and complete the enclosed Form SI-10, *Statement of Authority to Act for Employee*.

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## Statement of Sickness (Form SI-1b)

The SI-1b, *Statement of Sickness*, must be completed by your doctor or other qualified medical provider (see the section **Medical Statements** on page 3). If possible, have your doctor complete the statement while you are at the office, rather than leaving the form for completion. If you must leave the form for completion, explain to your doctor that the form is needed for you to receive bi-weekly benefit payments and that the form must be received by the Railroad Retirement Board within 10 days of the first day you became sick or injured or you may lose benefits.

Do not separate the SI-1b, *Statement of Sickness*, from your SI-1a, *Application for Sickness Benefits*.

## Statement of Authority to Act for Employee (Form SI-10)

Completion of Form SI-10, *Statement of Authority to Act for Employee*, is **not** required for an employee who can sign papers or can sign by a mark and who understands transactions related to his or her application for benefits.

### SECTION 1– Statement of Individual Acting for Employee

This section is to be completed by the individual who signed the SI-1a, *Application for Sickness Benefits*, and who will act on behalf of the employee. Enter the employee's name, social security number, and address. Briefly explain why you believe the employee is incapable, and enter your relationship to the employee. If you are not related to the employee by blood or marriage, state your relationship and explain why no relative is acting for the employee. For example, an employee's foreman might explain: "My relationship to the employee is his foreman. He has no immediate family."

Completing Form SI-10, gives the signer the authority to sign any claim form on behalf of the employee.

When signing claim forms use your full name, and beneath your signature write "On behalf of" and the employee's full name.

### SECTION 2 – Statement of Employee's Doctor

Have the employee's medical doctor complete this section.

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## Claim for Sickness Benefits (Form SI-3)

The following instructions are for claim forms mailed to you by the RRB. Read the instructions carefully before completing your claim forms. Failure to complete your claim correctly could delay the payment of benefits.

### IMPORTANT INFORMATION

Claims for days after your first claim, which is included on the SI-1a, *Application for Sickness Benefits*, will be mailed to you for as long as you remain unable to work and eligible for benefits. You must complete and return each claim promptly or you may lose benefits. The time for filing a claim, including time for mailing, is limited to 30 days from the last day of the claim period, or 30 days from the date the claim form was mailed to you, whichever is later.

If you return to work and stop claiming benefits, but become sick or injured again later in a benefit year, you must file a new SI-1a, *Application for Sickness Benefits*.

**CLAIM FOR SICKNESS BENEFITS**

090 112811 112911

120211 J SMITH

02 02 700

1. This claim is for sickness benefits for the period shown below. To claim benefits, mark the box under each date with the appropriate code (X, E, P, or O).

X – Claimed day of sickness  
(Including rest days)

P – Vacation, holiday, sick pay, or other pay from your employer  
(Do not report supplemental sickness benefits)

E – Day employed (Include railroad, non-railroad, or self-employment)

O – Day not claimed, other reason

This claim is for  
11-21-11 through 12-04-11

Mark each box with X, E, P, or O →

|    |    |    |    |    |    |    |    |    |    |   |   |   |   |
|----|----|----|----|----|----|----|----|----|----|---|---|---|---|
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 1 | 2 | 3 | 4 |
| X  | X  | X  | P  | P  | X  | X  | X  | X  | X  | E | E | O | O |

**Item 1** - This item shows the days in the claim period. Below each day of the claim period, you must enter the correct letter code (**X**, **E**, **P**, **O**) to show whether you want to claim benefits for the day (**X**); or whether you worked (**E**), received vacation pay, holiday pay, or other pay from your employer (**P**); or that you do not want to claim benefits for some other reason (**O**).

Remember that you cannot claim benefits for any day on which you worked or otherwise earned regular wages, vacation pay, holiday pay, military reservist pay, wage continuation pay, sick pay (excluding supplemental sickness benefits), or other pay. This includes pay from full-time and part-time work in either railroad or nonrailroad employment.

Use the following letter codes to show whether you are claiming benefits for the days in the claim period:

**X** – Enter an “**X**” if you did not work on that day, will not receive any type of pay for that day, and were unable to work because of injury or illness on that day. Any day you mark with an “**X**” is considered to be a day of sickness for which you are claiming benefits.

Use an “**X**” to claim normal rest days on which you were unable to work. Do not claim your rest days if you were able to work, did work, or otherwise received pay from either a railroad or nonrailroad employer for the days.

**E** – Enter an “**E**” if you were employed either full time or part time on the day. Include work for either a railroad or nonrailroad employer, and any self-employment.

**P** – Enter a “**P**” for any day that you were not employed, but will receive payment from a railroad

or nonrailroad employer. This includes vacation pay, holiday pay, wage continuation pay, sick pay (excluding supplemental sickness benefits), daily wage guarantee pay, and pay for time lost.

Do **not** enter “**P**” for days you receive payments under a supplemental sickness benefit plan paid or financed by your employer, such as benefits paid by Trustmark Insurance Company or Provident Life Insurance Company. Such payments are normally paid in addition to your sickness benefits from the RRB. For an explanation of the difference between regular sick pay, which you must report, and supplemental sickness benefits, see the back of your claim form or the section **Sick Pay and Supplemental Sickness Benefits** on page 4 of this booklet.

**O** – Enter an “**O**” for days on which you did not work and did not receive any type of payment, but which you do not wish to claim for some other reason.

*An example of how the boxes are to be completed is shown above.*

**Item 2A** - If you have recovered from your infirmity and have returned to work, answer Item **2A** “Yes” and enter the date you returned to work in Item **2B**. If you attempted to return to work but found that you were not able to continue working, answer Item **2A** “No” and enter an “**E**” in Item **1** for any day you worked and received wages. Do not enter a return-to-work date in Item **2B**.

**Item 3** - This item is prefilled with the name and address of your local RRB office. Mail your completed claim to that office.

**Item 4** - This item is prefilled with your name and address. If necessary, show corrections to your name and address in the box.

**Item 5A-C** - See Item **20A-C** on page 6 of this booklet for instructions on completing Item **5A-C**. Reference Item **20A** to complete Item **5A**; Item **20B** to complete Item **5B**; and Item **20C** to complete Item **5C**.

**Item 6** - By signing and dating this item you certify that the information contained on your claim form is true and complete. **Do not complete and sign the claim form before the last day of the claim period.** If your claim is mailed to the RRB before the last day of the claim period, benefits due you may be delayed or denied.

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## Privacy Act Notice

To receive sickness benefits you must apply for them and furnish information. Information that the RRB asks you to furnish is used to determine if you are eligible for benefits and the amount of benefits payable to you. Although furnishing information, including your social security number, is voluntary, the RRB cannot pay you benefits without this information. The RRB's authority for requesting information is Section 5(b) of the Railroad Unemployment Insurance Act.

The RRB may routinely furnish information to the following individuals, organizations, and/or agencies for the purpose of administering the Railroad Unemployment Insurance Act, the Social Security Act, or other benefit programs under Federal or State laws:

1. The U. S. Treasury Department and the U.S. Postal Service, to issue benefit payments and to report non-delivery, forgery, theft or loss of a benefit payment.
2. A person or company which the claimant reports may award pay for time lost or some similar payment for the same period for which the RRB pays benefits.
3. Persons or companies named by the claimant as liable for paying damages for the same injury or illness for which the RRB pays sickness benefits.
4. The Internal Revenue Service for use in administering Federal tax laws.
5. A private collection agency, the Government Accountability Office, the Department of Justice, or the Internal Revenue Service for the collection of an overpayment.
6. Employers or insurance companies for use in administering supplemental benefit or health insurance plans.

7. Law enforcement agencies and the Department of Justice for investigating or prosecuting a violation of law

8. Employers to verify entitlement to benefits and to provide notice of benefit payment determinations.

9. State unemployment agencies to verify entitlement to benefits.

Other than information that may be disclosed routinely, no information about your claim may be disclosed without your consent.

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## Computer Matching and Privacy Protection Act Notice

In addition to the uses of information described in the preceding Privacy Act Notice, information you provide may be used, without your consent, in automated matching programs. These matching programs are a computer comparison of Railroad Retirement Board records with records kept by other Federal agencies or State and local governmental agencies. Information from these matching programs can be used to establish or verify a person's eligibility for benefits and for repayment of benefits or delinquent debts.

### What Are Computer Matching Programs?

Computer matching programs compare our records with those of other Federal, State, or local governmental agencies. All agencies may use matching programs to find or prove that a person qualifies for benefits paid for by the Federal Government.

### How Do Computer Matching Programs Affect You?

On forms that you fill out for us you give us facts about yourself. Sometimes, we check the facts you and others give us. We use computer matching to do the checking. The law allows us to check this way even if you do not agree to it. We can also give any facts we have about you to other governmental agencies for them to use in their computer matching programs.

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## Paperwork Reduction Act Notice

To receive sickness benefits, you must complete an application and claim form(s). You may also be asked to complete other forms. Some of these forms are listed below along with estimates of how long we think it takes to complete them. The estimates include time for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimates or any other aspect of the forms, including suggestions for reducing completion times, to the Chief of Information Resources Management, Railroad Retirement Board, 844 N. Rush Street, Chicago Illinois 60611-2092. Be sure to include the form title and control number (in parentheses below) with your comments.

| Form No. | Title                                                                                               | Estimated Completion Time (Minutes) |
|----------|-----------------------------------------------------------------------------------------------------|-------------------------------------|
| SI-1a    | Application for Sickness Benefits (3220-0039)                                                       | 10                                  |
| SI-1b    | Statement of Sickness (3220-0039)                                                                   | 8                                   |
| SI-3     | Claim for Sickness Benefits (3220-0039)                                                             | 5                                   |
| SI-3     | Internet Claim for Sickness Benefits (3220-0039)                                                    | 5                                   |
| SI-10    | Statement of Authority to Act for Employee (3220-0034)                                              | 6                                   |
| ID-7h    | Notice of Non-Entitlement to Sickness Benefits and Information on Unemployment Benefits (3220-0039) | 5                                   |

## Nondiscrimination on the Basis of Disability

Under Section 504 of the Rehabilitation Act of 1973 and RRB regulations, no qualified person may be discriminated against on the basis of disability. RRB programs and activities must be accessible to all qualified applicants and beneficiaries, including those who are vision- or hearing-impaired. Disabled persons needing assistance (including auxiliary aids or program information in accessible formats) should contact the nearest RRB office.

Complaints of alleged discrimination by the RRB on the basis of disability must be filed within 90 days in writing with the Director of Administration, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-2092. Questions about individual rights under this regulation may be directed to the RRB's Director of Equal Opportunity at the same address.

## Checking Your Benefits by Telephone or Online

You can obtain detailed information about your sickness benefit payments and claims **at any time**, by calling our national automated telephone service. Calling this number gives you access to:

- the amount and date of your latest benefit payment, and the claim period for which the payment was made;
- information about your last 5 benefit payments; and
- confirmation of whether we have received your application.

We update payment information once each night; we update information about applications, claims and Supplemental Doctor's statements as we receive the forms.

You will need your social security number and your Personal Identification Number (PIN) to get information about your benefit payments and claims. Your PIN is printed on the back of each claim form we mail to you.

### To access your benefit information by telephone:

- Call the Railroad Retirement Board at **877-772-5772**.
- Press "1" to select our automated *HelpLine* services.
- Press "1" again to access the *Sickness Benefits Menu*.

**Note:** People who are deaf or hard of hearing may call our TTY number at 312-751-4701.

**You can also access your benefit information online.** In order to do so, you must have or establish an online account. To learn more about establishing an account, visit our Website at [www.rrb.gov](http://www.rrb.gov), select *Benefit Online Services*, go to "[Claim Sickness Benefits More info](#)" and click on [More info](#). Once you have established an account, click on [Claim](#) to access your benefit information.

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Each claim you receive will have a record of your last 3 payments. Use the *HelpLine* services and the tables below to keep track of your claims and payments.

Please allow at least 15 days from the date you mail your claim to receive a payment. That time is needed for delivery of your claim and payment, and to allow your employer to submit information about your claim.

### Record of Claims Submitted

| Beginning Date<br>of Claim | Number of<br>Days Claimed | Date Mailed<br>to RRB |
|----------------------------|---------------------------|-----------------------|
|                            |                           |                       |
|                            |                           |                       |
|                            |                           |                       |
|                            |                           |                       |
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|                            |                           |                       |
|                            |                           |                       |
|                            |                           |                       |
|                            |                           |                       |
|                            |                           |                       |

### Record of Payments Received

| Amount of<br>Payment | Date Payment<br>Received |
|----------------------|--------------------------|
|                      |                          |
|                      |                          |
|                      |                          |
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|                      |                          |

## Important Reminders

**Filing Requirements**—To avoid losing sickness benefits, your benefit application must be received by a Railroad Retirement Board (RRB) office within **10 days** of the first day for which you want to claim benefits. Your sickness claims must be filed within 30 days of the last day of the claim or 30 days from the date we mail the form to you, whichever is later.

**Benefit Year/Base Year**—A new **benefit year** begins each July 1. Eligibility for benefits in a benefit year is based on your earnings in the previous calendar year (**base year**). For an example, see the section titled **Qualification Requirements**.

**Waiting Period Requirement**—To satisfy a one-week waiting period requirement, no benefits are payable for your first 7 days of sickness in your first claim in a period of continuing sickness, unless you have already served a waiting period in

the benefit year. Even though no benefits are payable for the first 7 days of sickness, you must file a claim for your days of sickness during the waiting period; otherwise you may lose benefits for claims after the waiting period.

**Do Not Claim Benefits for Days You Work or Receive Pay**—Benefits are not payable for any day for which you receive pay. This includes wages from military reservist duty, full- or part-time work for a railroad, nonrailroad employer, or self-employment. It also includes vacation pay, holiday pay, pay for time lost, guarantee pay and other types of remuneration.

**Reconsideration Rights**—You may request reconsideration of any decision denying you benefits. A request for reconsideration must be made in writing within **60 days** of the date of notice of the Railroad Retirement Board's adverse decision.

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## Fraud and Abuse Hot Line

Call the toll-free Hot Line if you have reason to believe that someone is receiving railroad unemployment or sickness benefits to which he or she is not entitled. The Hot Line has been installed by the Railroad Retirement Board's Inspector General to receive any evidence of fraud or abuse of the RRB's benefit programs.

The toll-free Hot Line number is 1-800-772-4258. Or you may send your complaints in writing to: RRB, OIG, Hot Line Officer, 844 North Rush Street, Chicago, Illinois 60611-2092. Please do not call the Inspector General's Hot Line with questions about eligibility requirements, delayed claims, or similar problems. Such matters should be directed to the nearest Railroad Retirement Board office.

### Did You Know. . .

Railroad employees **do not pay** for their sickness benefits protection. The funds come from a payroll tax on employers.

A **fine, jail sentence, and disqualification** may be imposed upon any person found to have withheld information or to have made **false or fraudulent statements or claims** for the purpose of causing benefits to be paid.

We encourage you to file certain proofs in advance of retirement—*age, military service, and marriage*. If married, you should also submit proof of your spouse's age. We record and store the information electronically until your retirement. Filing proofs in advance speeds the application process and helps avoid any delay in processing that could occur due to inadequate or missing proofs.

