

PROPOSED

Form Approved  
OMB No. 3220-0025

U.S. RAILROAD RETIREMENT BOARD  
Office of Programs - Operations  
P.O. Box 10695  
Chicago, Illinois 60610-0695

ID-4U (XX-XX)

~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~

In reply refer to  
SS No. ~~XXXXXXXXXX~~  
REQ -

According to our records, you are not qualified for benefits under the Railroad Unemployment Insurance Act based on your ~~XXXX~~ railroad earnings.

To be qualified for benefits in the general benefit year July 1, ~~XXXX~~ through June 30, ~~XXXX~~, you must have had railroad earnings of at least \$~~XXXXXX~~ in ~~XXXX~~, counting no more than \$ ~~XXXX~~ for any month. If you think our records are wrong and you believe you are qualified, complete and return the enclosed Form UI-9.

Even though you are not qualified for benefits based on your ~~XXXX~~ earnings you may now be eligible for benefits for which you would normally become qualified on July 1, ~~XXXX~~. To be eligible for these benefits you must have at least 10 years of railroad service, railroad earnings of at least \$~~XXXXXX~~ in ~~XXXX~~, and you must not have voluntarily quit work without good cause or voluntarily retired. If you believe that you meet these requirements, please answer the questions below, sign your name in the space provided and return this letter to the address shown above.

Robert J. Duda -- Director of Operations

1. In counting your service months, did you include military service, if any? Yes\_\_ No\_\_  
If you have military service, give your entry date \_\_\_ and discharge date \_\_\_\_\_.
2. Furnish the following information for each employer for whom you worked or from whom you received vacation pay or pay for time lost in ~~XXXX~~.  
If you need more space, use the other side of this notice.

Railroad: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment - City and State: \_\_\_\_\_

List months of service in ~~XXXX~~: \_\_\_\_\_

PLEASE READ THE IMPORTANT NOTICES ON THE REVERSE SIDE OF THIS FORM.

I understand that civil and criminal penalties may be imposed on me for false or fraudulent statements, or for withholding information to cause payment of benefits by the RRB. I affirm that to the best of my knowledge, the information I have given is true, complete, and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Enclosure: Form UI-9

PAPERWORK REDUCTION/PRIVACY ACT NOTICE

The Railroad Retirement Board's authority for requesting this information is section 2(c) of the Railroad Unemployment Insurance Act. The information requested on this form is needed to determine if you qualify for benefits. You do not have to provide the information requested; but if you fail to respond, we may not be able to pay you benefits.

We estimate this form takes an average of 5 minutes to complete, including the 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 estimate or any other aspect of this form, including suggestions for reducing completion time, to Chief of Information Management, Railroad Retirement Board, 844 N. Rush St., Chicago, Illinois 60611-2092.