

U.S. RAILROAD RETIREMENT BOARD

Telephone:  
Hours:

INSTRUCTIONS

1. Print all responses neatly in ink.
2. Make sure your name and address are correct. If they are not, enter the correct information in Item 4.
3. Read carefully the section titled "Instructions for Completing Forms - Claim for Sickness Benefits (SI-3)" in the UB-11 booklet before completing the claim form on the next page.
4. At the end of the claim period shown, complete and mail the claim in the envelope provided. If you need assistance, telephone the RRB office identified above.
5. **Waiting Period/Benefit Payments** - If this is your first claim for your current illness or infirmity and you have not previously satisfied the benefit year waiting period requirement, benefits will be paid to you for your days of sickness over 7 in this period. Otherwise, benefits are normally payable for the number of days of sickness over 4 in each claim period. Allow 15 calendar days from the date you mail your claim for a payment to be received. If you do not receive a payment or other notice within 15 days, contact the RRB office identified above, for information about the status of your claim.
6. **Rest Days** - Use an "X" in Item 1 to claim benefits for rest days on which you were sick or injured and for which you do not receive wages or other pay from your employer.
7. **Sick Pay and Supplemental Sickness Benefits** - Sickness benefits from the RRB are not payable for any day for which you receive sick pay from your employer. *Supplemental sickness benefits* on the other hand, do not affect your RRB sickness benefits. *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 your sick pay on your claim form;** failure to do so may result in an overpayment of RRB sickness benefits that you will have to repay.

*Supplemental sickness benefits* are different from sick pay. *Supplemental sickness benefits* are payments made by your employer to supplement your RRB benefits. *Supplemental sickness benefits* are not subject to Tier II tax. Supplemental benefits are paid under plans submitted by employers and approved by the RRB. **You should 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 identified above for assistance.

**IMPORTANT:** Promptly return your claim form to the RRB after the last day of the claim period, or you may lose benefits. **Your claim must be received within 30 days from the last day of the claim period or 30 days from the date the form was mailed to you, whichever is later.** If your claim is late because of circumstances beyond your control, enclose an explanation.

**RRB HelpLine** - For information about the benefits paid to you or to check on the status of your application or claim form, call the *RRB HelpLine* at 1-800-808-0772.

**DO NOT SIGN, DATE, OR MAIL THE CLAIM FORM BEFORE THE LAST DAY OF THIS CLAIM PERIOD.**

(REFER TO BOOKLET UB-11 FOR PRIVACY ACT AND PAPERWORK REDUCTION NOTICES AND FURTHER INSTRUCTIONS ON COMPLETING THIS FORM)

COMPLETE AND KEEP FOR YOUR RECORDS

Claim Period: \_\_\_\_\_ through \_\_\_\_\_ Date Mailed to RRB: \_\_\_\_\_

**CLAIM FOR SICKNESS BENEFITS**

011107

01-01

9420

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)
- E** - Day employed (Include railroad, nonrailroad or self-employment)

- P** - Vacation, holiday, sick pay, or other pay from your employer (Do not report supplemental sickness benefits)
- O** - Day not claimed, other reason

This claim is for

through

Mark each box with X, E, P, or O →


2. A. Have you returned to work?  Yes  No  
 B. If "Yes," enter the date you returned to work \_\_\_\_\_

**MAKE SURE YOUR NAME AND ADDRESS ARE CORRECT**

3. Return your claim to the address below  
 Railroad Retirement Board

4. If your name or address is incorrect, print changes below

5. **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) - If "YES," show dates you were paid in Month/Day/Year format below.

**YES NO**

- Regular Wages..... \_\_\_\_\_
- Vacation Pay..... \_\_\_\_\_
- Holiday Pay..... \_\_\_\_\_
- Military Reservist Pay..... \_\_\_\_\_
- Wage Continuation Pay..... \_\_\_\_\_
- Earnings from Self-Employment..... \_\_\_\_\_
- Sick Pay from Your Employer (but not payments supplementing RRB benefits, see Booklet UB-11)..... \_\_\_\_\_

B. **GOVERNMENTAL PAYMENTS** (Not RRB sickness benefits) - If "YES," complete Items 1-3 below.

**YES NO**

- Sickness or Unemployment Benefits Under Any Other Law
  - Social Security Benefits
  - Railroad Retirement or Disability Annuity
  - Military Retirement Pay
  - Worker's Compensation
  - Retirement Payments Under Another Law
1. Beginning Date of Payment \_\_\_\_\_
2. Gross Amount of Payment \$ \_\_\_\_\_
3. How often you receive the payment:  
 Weekly  Monthly  Yearly  
 Other: \_\_\_\_\_

C. **OTHER PAYMENTS** - If "YES," complete Items 1 and 2 below.

**YES NO**

- Settlement or Damages for Personal Injury
  - Advances
  - Separation Allowance (Buyout, Severance Pay)
1. Date of Payment \_\_\_\_\_
2. Paid by \_\_\_\_\_

6. **CERTIFICATION:** I certify that I understand and agree to the requirements in Booklet UB-11. I know disqualifications 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.

**DO NOT SIGN, DATE, OR MAIL THIS CLAIM BEFORE THE LAST DAY OF THIS CLAIM PERIOD**

Signature

Date

Telephone No

( )

If employee is unable to sign, enter name of person who completed this form \_\_\_\_\_