

Proposed

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 (Including Apartment Number)		4. Date of Birth			5. Sex		
		Month	Day	Year	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
		6. Telephone Number (Include Area Code) ()					

Section B Infirmity 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.

Owner of Car (other vehicle)		Driver (other vehicle)	
Name		Name	
Address		Address	
City, State, ZIP Code		City, State, ZIP Code	
Insurance Company (other vehicle)		Policy Information (other vehicle)	
Name		Policy Number	
Address		Claim Number	
City, State, ZIP Code			

