

CURRENT

Form Approved  
OMB No. 3220-0039

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

ID-11A (02-01)



In reply refer to  
SS No.  
REQ -

NOTICE OF LATE FILING

This is notice that your Application for Sickness Benefits and Statement of Sickness were not received within the prescribed 10-day time limit. Because we could not tell why your application was filed late, we can start your benefits no earlier than . If you tried to file your application earlier but were not able to do so, please give us the information requested on the back of this letter.

If you complete the questions on the reverse side and return this notice, we will consider your reason(s) for filing late and either start your benefits with an earlier date or notify you why your benefits cannot begin earlier.

If you do not return this form but still think your benefits should start with an earlier date, you may request reconsideration. Your request must be in writing and should explain why you disagree with the beginning date we have established for your benefits. If you request reconsideration, your request must be received at an office of the Railroad Retirement Board within 60 days of the date of this letter. Please be sure to sign your name and give your social security number on any letter that you send to us.

The RRB is authorized to collect the information requested on this form under section 5(b) of the Railroad Unemployment Insurance Act. Although you are not required to provide the information, failure to do so could result in a loss of benefits to you. We estimate that the form takes an average of 3 minutes to complete, including time for reviewing the instructions, getting 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 aspects of the form, including suggestions for reducing completion time, to the Chief of Information Management, Railroad Retirement Board, 844 N Rush St, Chicago, IL 60611-2092.

Robert J. Duda  
Director of Operations

SS NO

REPLY TO NOTICE OF LATE FILING

1. What actions did you take to obtain your Application for Sickness Benefits and Statement of Sickness forms? List dates actions taken.
2. What steps did you take to complete these forms and file them with the Railroad Retirement Board? Provide the dates these steps were taken.
3. Provide the names and titles of any persons who helped you complete and file the forms.
4. Do you wish to claim as days of sickness all days for which you may be entitled to benefits prior to 05-27-03?  YES- Go to Item 6  NO
5. Enter any days you do not wish to claim.
6. Will you receive wages or other pay (other than these benefits) for your days of sickness?  YES  NO- Go to Item 10
7. What kind of wages or other pay will you receive?
8. List the exact days for which you will receive any such payments:
9. Who will make these payments?
10. CERTIFICATION: I know that 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  Railroad Retirement Board. I affirm that the information given on this form is true, correct and complete.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Return this form to the RRB address shown at the top of the other side of this letter.