



CURRENT

Form Approved
OMB No. 3220-0097

U.S. Railroad Retirement Board
Office of Programs - Operations
P.O. Box 10695
Chicago, Illinois 60610-0695

In reply refer to
SS No

REQUEST FOR PAY RATE INFORMATION

To help us determine if you may be entitled to a higher daily benefit rate under the Railroad Unemployment Insurance Act (RUIA), please complete this form and return it to the address shown above.

Your daily benefit rate is based on the daily rate of pay you received in _____ from your last railroad employer and is your basic pay without overtime or extra allowances. Our authority for requesting this information is Section 5(b) of the RUIA. Although your response to our request is voluntary, your daily benefit rate will continue at the minimum rate unless we receive this information.

SS No. _____

1. Date last worked in _____ : Month _____ Day _____

2. Rate of Pay: Amount \$ _____ per _____
(hour, day, month, etc.)

3. Name of Railroad Employer: _____

4. Occupation: _____

5. Location: City _____ State _____

I certify that to the best of my knowledge, the information I have given is true, complete, and correct. 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.

Signature _____ Date _____

Paperwork Reduction Act Notice: We estimate this form takes an average of 5 minutes to complete, including 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 aspects of this form, including suggestions for reducing completion time, to Chief of Information Management, Railroad Retirement Board, 844 N. Rush Street, Chicago, IL 60611-2092.