

PROPOSED

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|--|------------------------------------|
| <p>CLAIMANT'S STATEMENT</p> <hr style="width: 20%; margin: auto;"/> <p>VOLUNTARY LEAVING OF WORK</p> | Social Security Number Name |
|--|------------------------------------|

PAPERWORK REDUCTION ACT/PRIVACY ACT NOTICE

The information requested on this form is needed to determine whether unemployment benefits are payable to you for days after you left work voluntarily. Under the Railroad Unemployment Insurance Act (RUIA), an employee is disqualified from receiving unemployment benefits beginning with the date he or she leaves work voluntarily. The disqualification does not end until the employee has sufficient railroad earnings to again qualify for benefits. However, if the employee's leaving was with good cause, the disqualification does not prevent payment of benefits unless the employee could receive state unemployment benefits or unemployment benefits under a law other than the RUIA.

The Railroad Retirement Board's authority for requesting this information is Section 5(b) of the RUIA. Although you are not required to provide this information, if you fail to do so, we will not be able to pay you benefits.

We estimate this form takes an average of 15 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 aspects of this form, including suggestions for reducing the completion time, to the Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush St., Chicago Illinois 60611-2092.

PRINT ALL ANSWERS IN INK OR USE A TYPEWRITER.

SECTION 1 – INFORMATION ABOUT THE JOB YOU LEFT

| | | |
|--|--|----------------------|
| A. <u>Name and Address of Employer</u> | (1) Job Title | (2) Rate of Pay |
| | (3) Date Started Work | (4) Date Last Worked |
| | (5) Immediate Supervisor's Name/Telephone Number | |
| Telephone Number () | () | |

B. Description of Job

C. Reason(s) for Leaving *(Please provide a detailed explanation.)*

SECTION 2 – INFORMATION ABOUT YOUR OTHER WORK

Show below all your work *outside the railroad industry* in the last two years. If you need more space than is provided, attach a separate sheet of paper. If you had no other employment, write "None" in box A, below, and **go to Section 3.**

| Name of Employer (Company or Person) | Employer's Location (City and State) | Dates of Employment | | Reason for Leaving |
|---|--|----------------------|--------------------|--------------------|
| | | From (Month/Year) | To (Month/Year) | |
| A. | | | | |
| B. | | | | |
| C. | | | | |

SECTION 3 – INFORMATION ABOUT OTHER UNEMPLOYMENT BENEFITS

The following questions are about state unemployment benefits and unemployment benefits under any law other than the Railroad Unemployment Insurance Act.

| | | |
|---|---|--|
| <p>A. Have you claimed any such benefits since the date you left work voluntarily? If "Yes," give the name, address, and telephone number of the office at which you claimed benefits. If denied these benefits, attach a copy of the notice or decision from the State unemployment office at which you applied.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <p><u>Name, Address, and Telephone Number</u></p> <p>()</p> |
| <p>B. If you have not claimed such benefits, do you have the qualifying work to receive these benefits?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <p>C. Have you exhausted your rights to such benefits?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

SECTION 4 – CERTIFICATION

I understand that civil and criminal penalties may be imposed on me for false or fraudulent statements, or for withholding information in order to receive benefits. I certify that to the best of my knowledge, the information I have given is true, complete, and correct.

Signature

Date

Return this form to:

U.S. RAILROAD RETIREMENT BOARD