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United States of America - Railroad Retirement Board
Providing Secure Internet Services to the Railroad Community

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Claim for Unemployment Benefits -- Form UI-3

UI-3 (11-04)
Form Approved
OMB No. 3220-0022

Introduction Page

Welcome to the Railroad Retirement Board's On-line Claim for Unemployment Benefits.

Only residents of the United States can use this on-line claim. If you live outside the United States, mail your paper claim to your nearest RRB field office.

Prior to completing your claim form, please carefully read the Booklet [UB-10](#), Unemployment Benefits for Railroad Employees or Booklet [UB-10s](#), Beneficios de Desempleo para Empleados Ferroviarios.

IMPORTANT: The time limit for filing your claim is 15 days from the last day of the claim period or 15 days from the date the form was available on the Internet, whichever is later.

Waiting Period/Benefit Payments -- If this is your first claim in a period of unemployment and you have not previously satisfied the benefit year waiting period requirement, benefits will be paid to you for your days of unemployment over 7 in the period. Otherwise, benefits are normally payable for the number of days of unemployment over 4 in each claim period.

Exception: There are special rules for payment of benefits for days of unemployment due to a strike or work stoppage.

Allow 15 calendar days from the date you submit your claim on the Internet for a payment to be received. If you do not receive a payment or other notice within 15 days, contact your local RRB office for information about the status of your claim.

**1421 CHERRY ST
SUITE 660
PHILADELPHIA PA 19102-1493
(215) 656-6993**

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.

Direct Deposit - If you are not currently receiving payments by Direct Deposit and wish to sign up, please contact your local RRB office.

Record of Recent Benefit Payments:			
Amount	Type	Claim Beginning	Date Approved

There were no payments issued in the last 90 days

You will need the following information in order to complete your claim form. We suggest you gather it before you start.

Your Employment History:

- Date and location you last worked for a non-railroad employer, if any.
- Train and engine work service during this claim period.

Your Claim Information:

- Work status for each day of the claim period.
- Dates you did not work during the claim period because of layover, stand-by rule, mileage restriction, or because you missed a turn in pool service.

Click here to read these important notices:

- [Privacy Act Notice](#)
- [Computer Matching and Privacy Protection Act Notice](#)
- [Paperwork Reduction Act Notice](#)
- [Nondiscrimination on the Basis of Disability](#)
- [Fraud and Abuse Hot Line](#)

The following claim(s) are available for completion: If you do not wish to file on the Internet, please file the paper claims we mailed to you. Do not file both a paper and Internet claim for the same claim period. To begin your claim for unemployment benefits, click on one of the claim periods listed below.

Claim(s) that are currently available for completion:	
CLAIM(S) AVAILABLE FOR COMPLETION	DATE MADE AVAILABLE
08/26/2004 through 09/08/2004	08/26/2004





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Claim Period - Q1

1a. This claim is for unemployment benefits for the 14 consecutive days shown below. To claim benefits, select the appropriate code (X,E,P, or O) in the box under each date.

8/26/2004 through 9/8/2004

Aug 26	Aug 27	Aug 28	Aug 29	Aug 30	Aug 31	Sep 01	Sep 02	Sep 03	Sep 04	Sep 05	Sep 06	Sep 07	Sep 08
X	X	X	E	X	P	O	X	X	X	X	X	E	X

- X - Claimed day of unemployment (Including rest days)
- E - Day Employed
- P - Vacation or holiday pay
- O - Day not claimed, other reason

1b. Enter the gross amount of wages and/or other pay (before deductions) that you received or will be paid for days in this period. Do not include RRB benefits or payments received under a supplemental unemployment benefit plan. This item must be completed if you entered "E" or "P" for any day in Item 1a.

\$250.00

Enter the dollar amount of your total gross earnings from all full-time and part-time work performed in the claim period. Include earnings from railroad, non-railroad, and self-employment. Also, include any pay you would have earned

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Claim Period - Q1

Late filing explanation

The time limit for filing your claim is 15 days from the last day of the claim period or 15 days from the date the form was mailed to you and made available to you online, whichever is later. The 15 days ended on 9/23/2004.

If you tried to file your claim earlier but were prevented from doing so by circumstances beyond your control, your claim may be considered as filed on time.

An employee's lack of knowledge about the filing requirements is not considered to be a circumstance beyond his or her control.

Please provide the following information in the space below for your explanation for late filing:

What actions did you take to obtain and complete your claim for unemployment benefits? Provide the dates these actions were taken.

Provide the names and titles of any persons who helped you complete and file your claim.

	Characters Remaining: <div style="border: 1px solid black; padding: 2px; display: inline-block;">750</div>	Your claim should be filed within later of 15 days after claim end date or after the date the claim was made available.
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Navigation bar with buttons: Home, My Profile, My Claims, My Account, My Settings, My Preferences, My Information, My Security, My Help, My Support, My Feedback, My Contact Us, My Sign Out

2a. Name of last railroad employer

BURLINGTON NORTHERN AND SANTA FE RWY CO.

2b. Last railroad job (show job title, e.g., clerk, trainman, etc.)

Electrician

2c. Reason you are not working (select the reason)

1. Laid Off/Furloughed/Job abolished/Bumped

Select the reason why you are not now working for your last railroad employer. If you select item 9, provide an explanation.

3. Your claim will be submitted to the following address.

1421 CHERRY ST
SUITE 660
PHILADELPHIA PA 19102-1493
(215) 656-6993

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Name & Address - Q4					
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4. If your name or address is incorrect, please make appropriate changes.

Name (First Init, Mid Init, Last)

Mailing Address

Address Continued

City

State

ZIP Code

Phone Number

 -

This item is pre-filled with your name and address. If necessary, show corrections to your name and address.

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Home	My Profile	My Claims	Non-RR Work - Q5	My Claims History	My Profile	My Claims History
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5a. Have you worked for a non-railroad employer since your last day of railroad work?

Yes - Complete Items b-d below

Enter the non-railroad employer's complete name in this item.

5b. Enter employer name.

5b. Enter employer's address.

5b. Enter employer's city, state and zip code.

 State

5c. Enter date last worked before this claim.

 Month Day Year

5d. Enter your reason for not working.

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T & E, Passenger - Q6

6a. Did you work in train and engine service or passenger service during this period?

No - Go to Item 7

Select "Yes" if you worked in train and engine service during this 14-day claim period.

6b. Enter the miles or hours worked during this 14-day claim period. Include miles or hours earned for regular pay, premium pay, overtime, and deadheading.

Miles

Hours

6c. Select the dates in this period on which you did not work because of a layover or stand-by rule, mileage restriction, or because you missed a turn in pool service.

Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
Aug 26 <input type="checkbox"/>	Aug 27 <input type="checkbox"/>	Aug 28 <input type="checkbox"/>	Aug 29 <input type="checkbox"/>	Aug 30 <input type="checkbox"/>	Aug 31 <input type="checkbox"/>	Sep 01 <input type="checkbox"/>
Sep 02 <input type="checkbox"/>	Sep 03 <input type="checkbox"/>	Sep 04 <input type="checkbox"/>	Sep 05 <input type="checkbox"/>	Sep 06 <input type="checkbox"/>	Sep 07 <input type="checkbox"/>	Sep 08 <input type="checkbox"/>

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Eligibility Q1	Eligibility Q2	Eligibility Q3	Eligibility Q4	Eligibility Q5	Eligibility Q6	Eligibility Q7	Eligibility Q8
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7. Complete a-f, by selecting the "Yes" or "No" box. If you select a box marked with an (*), explain your answer below.

	YES	NO	
7a. Did you work on any day claimed for any person or company or were you self-employed?	* <input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; padding: 5px;"> Please answer all of the questions in item 7. Be sure to explain your answer if you complete a box that has an asterisk (*) in front of it. If your explanation does not fit in the space provided, please contact your local field office to provide additional information. </div>
7b. Were you sick or injured on any day claimed?	* <input type="checkbox"/>	<input type="checkbox"/>	
7c. Were you ready and willing to work on all days claimed?	<input type="checkbox"/>	* <input type="checkbox"/>	
7d. Have you quit, resigned, or refused any work since you last claimed benefits?	* <input checked="" type="checkbox"/>	<input type="checkbox"/>	
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>			
7e. Have you been paid a separation allowance by any employer since you last claimed benefits?	* <input type="checkbox"/>	<input type="checkbox"/>	
7f. Are you getting any income such as military reservist pay, vacation or holiday pay, pay for time lost, railroad guarantee pay, state unemployment benefits, social security benefits, military or other retirement benefits?	* <input type="checkbox"/>	<input type="checkbox"/>	

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Incomplete Sections

An audit of your claim indicates the following page(s) require your attention:

[Question 5](#)

[Question 6](#)

[Question 7](#)

[Question 4](#)

Please complete the above pages by clicking on one of the links. All the pages on this list must be reviewed before you can submit your claim.

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Jul 31	X	Go to "http://opgm-754/RUIANettest_TestUI3_CV7/RUIANetUI3P9Submit.e
Aug 01	X	- Claimed day of unemployment (Including rest days)
Aug 02	X	- Claimed day of unemployment (Including rest days)
Aug 03	X	- Claimed day of unemployment (Including rest days)
Aug 04	X	- Claimed day of unemployment (Including rest days)
Aug 05	X	- Claimed day of unemployment (Including rest days)
Aug 06	X	- Claimed day of unemployment (Including rest days)
Aug 07	X	- Claimed day of unemployment (Including rest days)
Aug 08	X	- Claimed day of unemployment (Including rest days)
Aug 09	X	- Claimed day of unemployment (Including rest days)
Aug 10	X	- Claimed day of unemployment (Including rest days)
Aug 11	X	- Claimed day of unemployment (Including rest days)

1b. Enter the gross amount of wages and/or other pay (before deductions) that you received or will be paid for days in this period. Do not include RRB benefits or \$ 100.00

payments received under a supplemental unemployment benefit plan. This item must be completed if you entered "E" or "P" for any day in Item 1a.

- 2a. Name of last railroad employer ILLINOIS CENTRAL RAILROAD COMPANY
- 2b. Last railroad job (show job title, e.g., clerk, trainman, etc.) Clerk, Miscellaneous
- 2c. Reason you are not working (select the reason) Laid Off/Furloughed/Job abolished/Bumped
- 3. Your claim will be submitted to the following address.

4. Applicant's Address

- 7a. Did you work on any day claimed for any person or company or were you self-employed? No
- 7b. Were you sick or injured on any day claimed? No
- 7c. Were you ready and willing to work on all days claimed? Yes
- 7d. Have you quit, resigned, or refused any work since you last claimed benefits? No
- 7e. Have you been paid a separation allowance by any employer since you last claimed benefits? No
- 7f. Are you getting any income such as military reservist pay, vacation or holiday pay, pay for time lost, railroad guarantee pay, state unemployment benefits, social security benefits, military or other retirement benefits? No

Your Payments Will be Made Electronically by Direct Deposit to the Account Shown Below:

Your Payments Will be Made Electronically by Direct Deposit to the Account Shown Below:

RTN
Financial Organization
Account Number
Type of Account

[Click here if you wish to change your Direct Deposit information.](#)

CLICK HERE IF YOU WISH TO CHANGE YOUR DIRECT DEPOSIT INFORMATION

Certification:

I certify that I have read Booklet UB-10 and understand it. 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. The information given on this form is true, correct, and complete.

I Agree & Submit this Claim

[Agree and Submit this Claim](#)

DELETE CLAIM ANSWERS

[Delete Claim Answers](#)

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Thank you for using the RRB's "MainLine Services" to file your claim for unemployment benefits. Please do not file a paper claim for the same claim period.

We recommend that you **print** this confirmation page as your record of having submitted your claim beginning 09/29/2004 at 08:54 EST, on Nov 03, 2004.

Please allow 15 days to receive your payment. That amount of time is needed to allow your employer to give us information about your claim and for processing and delivery of your payment. Contact your local RRB office if you do not receive a payment or letter within this time period.

You have one or more claims available for completion. Please click one of the links below to select another claim to complete.

Claim(s) currently available for completion:	
CLAIM(S) AVAILABLE FOR COMPLETION	DATE MADE AVAILABLE
09/15/2004 through 09/28/2004	10/21/2004

To return to the MainLine Services Menu to do additional private, secure business with us, [click here](#).

To leave the PIN-password protected MainLine Services area and return to the RRB's home page, [click here](#).

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