



UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

Form Approved
OMB No. 3220-0055

In reply refer to
Deceased Employee:
Social Security Number:

APPLICATION FOR BENEFITS DUE BUT UNPAID AT DEATH

Benefits may be due under the Railroad Unemployment Insurance Act on the account of the deceased employee named above. These benefits were due the deceased employee but unpaid at the time of his or her death. In order for us to determine the amount payable and the person(s) entitled to these benefits, please:

If you have any questions concerning the completion of our forms or the documents you must submit, please telephone us. Return the application on the next page and any other required documents within 30 days from the date of this letter or you may lose benefits.

Railroad Retirement Board

Important Notice

We estimate the application on the next page takes an average of 7 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 aspect of this form, including suggestions for reducing completion time, to Chief of Information Resources Management, Railroad Retirement Board, 844 N Rush Street, Chicago, IL 60611-2092.

UI-63 (12-05)

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Application for Benefits Due But Unpaid at Death

Paperwork Reduction Act and Privacy Act Notice

The information furnished on this form is needed for paying benefits under Section 2(g) of the Railroad Unemployment Insurance Act (RUIA). The Railroad Retirement Board's authority for requesting this information is Section 5(b) of the RUIA. Although you are not required to furnish this information, no benefits can be paid unless you do so. Please read the "Important Notice" on the previous page.

1 Name and Social Security Number of Deceased Employee

_____ (Name) _____ (Social Security Number)

2a Name and Address of Widow(er) *(If there is no widow(er), enter "None" and go to Item 3a)*

Name: _____

Street Address: _____

City/State/ZIP Code _____

b Were the deceased employee and the person named above living together at the same address when the employee died? Yes - **Go to Item 5** No - Answer Items (1), (2), and (3) below.

(1) Why were they not living together and when did they separate? _____

(2) Was the deceased employee under a court order to contribute to her/his support? Yes No

(3) Was the deceased employee contributing to her/his support? Yes - Explain below No

Explain how often and in what amounts contributions were made. _____

3a Name, Address, and Telephone Number of Person or Persons Who Paid the Burial Expenses

Name	Address	Telephone No.	Amount Paid

Total amount of burial expenses \$ _____ Amount unpaid, if any \$ _____

b Has any person named above received, or will any person receive, reimbursement for all or part of the burial expenses paid? Yes - Explain below No

Explanation: _____

4 Provide the information requested below about the deceased employee's living relatives in the following order: **Children** (if no children survive); then **Grandchildren** (if no grandchildren survive); then **Parents**. If none of the preceding relatives survive, list **Brothers and Sisters**. *(Attach a separate sheet of paper if additional space is needed.)*

Name	Address	Relationship

5 I understand that making false or fraudulent statements to the RRB or withholding information from the RRB is a crime subject to criminal and civil penalties. I certify that the information provided is true, complete, and correct to the best of my knowledge.

Signature	Relationship to Deceased	Date
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