



PROPOSED (RRRHS)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
OFFICE OF PROGRAMS
POST OFFICE BOX 10695
CHICAGO, IL 60610-0695

Form Approved
OMB No. 3220-0039

In reply refer to
SS No.:

Instructions to Claimant

You must have your doctor complete the next page of this form if you wish to claim benefits for days after . If you have recently provided medical evidence beyond this date, please disregard this notice. The Railroad Retirement Board's authority for requesting this statement is 45 U.S.C. 362(i) and 20 CFR 335.3. Be sure to complete and return promptly any sickness benefit claim forms you receive. **Do not give claims to your doctor.**

IMPORTANT NOTICE

Paperwork Reduction Act Notice to Doctor

Additional medical evidence is needed to support further claims for sickness benefits under the Railroad Unemployment Insurance Act (RUIA). This information is to be supplied without expense to the Railroad Retirement Board (RRB). Please complete the items on the next page. The RRB is authorized to collect this information under Section 12(i) of the RUIA. You are not required to furnish this information. If you do not, however, no benefits will be paid to your patient.

We estimate this form takes an average of 8 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, Illinois 60611-2092.

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