

Proposed

REQUEST FOR LIEN INFORMATION REPORT OF SETTLEMENT (See Important Notices Below)	To: Railroad Retirement Board Office of Programs - Operations Attn: Sickness and Unemployment Benefits Telephone: (312) 751-4820 Fax No. : (312) 751-7185	RRB USE ONLY
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FOR RAILROAD USE ONLY										9. Payor Code: R	
1. Employee's Name	2. SS Number	3. Date of Injury	4. Information Only		5. Return to Work	6. Settled	7. * Pay for Time Lost		8. Amount Protected & Amount of Settlement	10. Billing Doc ID	
			Yes	No	"Yes" enter date. "No" go to 8.	"Yes" enter date. "No" go to 11.	From	To		Lien Amount	**Final
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				10.	<input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				10.	<input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				10.	<input type="checkbox"/> No

* If any part of the settlement is apportioned to pay for time lost, show the exact months or other time period to which pay is allocated, or fax a copy of the apportionment statement.

** If the lien amount shown is "Not Final," the amount is valid for settlement and reimbursement purposes only if you inform the RRB within 5 days that settlement has been made. Otherwise, additional benefits may be paid to the employee. **All settlements and final judgments must be reported to the RRB in writing within 5 days of the date of settlement or judgment.** Notice may be made by facsimile using this form. The report of settlement is required to prevent additional benefit payments to the employee, and to provide Payor Code and Billing Doc ID information for the amount due the RRB under section 12(o) of the RUIA.

11. Railroad: _____ City: _____ State: _____ Telephone: () _____ Fax No. : () _____ Name of Requestor: _____ Date: ____/____/____	Date Completed _____ Date Returned _____ Comments: _____ _____ RRB Representative _____
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Notices: The RRB's completed reply is confirmation of the amount of the Railroad Retirement Board's (RRB) lien under section 12(o) of the Railroad Unemployment Insurance Act (RUIA). Billing Document ID's are provided ONLY for cases which have been settled. If payment is by check, return a copy of this form with your remittance, or be sure to show your Payor Code (item 9) and the Billing Doc ID (item 10) on your check.

AMOUNTS DUE THE RRB UNDER SECTION 12(O) MUST BE RECEIVED WITHIN 30 DAYS AFTER THE DATE OF THE SETTLEMENT AGREEMENT OR THE ENTRY OF FINAL JUDGMENT. AMOUNTS THAT ARE NOT PAID WITHIN 30 DAYS ARE SUBJECT TO INTEREST CHARGES FROM THE DATE OF SETTLEMENT OR JUDGMENT.

INSTRUCTIONS

Please complete the following items and send this form via facsimile to the Railroad Retirement Board, Office of Programs - Sickness and Unemployment Benefits Section at (312) 751-7185.

ITEM

1. Enter the employee's first initial, middle initial and last name. **Do not enter a partial name.**
2. Enter the employee's social security number.
3. Enter the earliest date of occurrence of the injury for which a settlement is being made. If more than one injury is being settled, enter all applicable dates.
4. Check "YES" if you are making an informational inquiry on this case and no settlement will be issued to the employee at this time. Check "NO" if a settlement will be issued to the employee once you receive a reply from the RRB.
Please note that a second fax report is required if you make a settlement to the employee and your first request was for "Information Only". Your second report is required to prevent additional benefit payments to the employee and to trigger the release of a billing statement for the amount due the RRB under section 12(o).
5. Enter an "X" in the appropriate box to indicate whether the employee has returned to work. If the employee has returned to work, enter the date he or she returned to work.
6. If settlement documents have been signed and a settlement concluded, enter an "X" in the "Yes" box and provide the date of settlement. If settlement has been agreed upon, but documents have not yet been signed or if settlement negotiations are proceeding, enter an "X" in the "No" box.
If a settlement is made after obtaining information about the amount of the RRB's lien, a second fax report must be made to the RRB within 5 days of the date of the settlement. The report of settlement is required to prevent additional benefit payments to the employee.
7. If any part of the settlement is apportioned to pay for time lost, show the exact months or other time period to which pay is allocated; or fax a copy of the apportioned statement along with this forms.
8. **Complete this section only if a settlement has been made.** Enter the amount withheld from the settlement for reimbursement to the RRB and the gross amount of the settlement. Information about the gross settlement amount is used to compute the period of time after the date of settlement for which benefits are not payable on the basis of the same infirmity. Benefits are payable only after the amount of the benefits otherwise payable exceed the amount of the settlement. If the settlement exceeds \$50,000, indicate only "In excess of \$50,000".
9. & 10. **FOR RRB USE ONLY.**
11. Enter the name of the railroad responsible for making the settlement, including the other identifying information as requested

Paperwork Reduction/Privacy Act Notices The RRB is authorized to collect the information requested on Form ID-3s under section 5(b) of the Railroad Unemployment Insurance Act (RUIA). The information is needed to determine the amount of sickness benefits reimbursable under section 12(o) of the (RUIA). Because you are required to provide this information under section 9(a) of the RUIA, failure to complete and return this form could result in a fine or imprisonment or both.

We estimate ~~that~~ this form takes an average of 3 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 completion time, to the Chief of Information Management, Railroad Retirement Board, 844 Rush St., Chicago, Illinois.

Form ID-3s (6-05)

(X-X)

Resources