

Proposed

**REQUEST FOR SECTION 2(F)  
INFORMATION**

(See Important Notices Below)

To: U.S. Railroad Retirement Board  
Office of Programs – Operations  
Attn: Claims Adjustment & Settlement Section  
Telephone: (312) 751-4820  
Fax No. : (312) 751-7185

**RRB  
USE  
ONLY**

**FOR RAILROAD USE ONLY**

9. Payor Code: \_\_\_\_\_

1. Employee Name	2. SS Number	3. Pay for Time Lost (Exact Days)		4. Guarantee		5. Amount of Payment	6. Date of Payment	7. Information Only		10. Amount Due RRB and Billing Doc ID (If Requested)
		From	To	Month	Year			Yes	No	
										..... ID:
										..... ID:
										..... ID:
										..... ID:

8. Railroad: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Telephone: (     ) \_\_\_\_\_  
 Fax No. : (     ) \_\_\_\_\_  
 Name of Requestor: \_\_\_\_\_ Date:    /    /

Date Completed \_\_\_\_\_ Date Returned \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 RRB Representative \_\_\_\_\_

**Notices:** - The Railroad Retirement Board's (RRB) completed reply is confirmation of the amount due under section 2(f) of the Railroad Unemployment Insurance Act.

**Important:** A subsequent fax report is required if you make a payment to the employee and this request is for "Information Only." The subsequent report is needed to determine the correct amount of reimbursement due the RRB, to prevent additional benefit payments and to trigger the release of a billing statement for the amount due. Billing Document ID numbers are provided upon request, but **only** for claims which have been settled, i. e. cases in which item 7 is checked "No." If reimbursement will be made without an RRB billing statement, return a copy of this form with your remittance or be sure to show your Payor Code and the Billing Doc ID on your remittance.

**AMOUNTS DUE THE RRB UNDER SECTION 2(F) MUST BE RECEIVED WITHIN 30 DAYS AFTER THE DATE OF PAYMENT TO THE EMPLOYEE.  
 AMOUNTS THAT ARE NOT PAID WITHIN 30 DAYS ARE SUBJECT TO INTEREST CHARGES FROM THE DATE OF PAYMENT.**

(X-X)

## INSTRUCTIONS

Please complete the following items and send this form via facsimile (fax) to the Railroad Retirement Board, Office of Programs - Claims Adjustment and Settlement 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 each date for which the employee has been awarded pay for time lost. For example, enter "June 3, 5, and 8, 1997". If the days in the period are contiguous, enter the first and last day of the period, e.g. May 5, 1997 – June 24, 1997.
4. Enter the month and the year for which the employee is being paid a monthly wage guarantee or allowance. If a guaranteed wage will be paid for more than one month, enter each month on a separate line.
5. Enter the total amount of the monthly guarantee or pay for time lost award to be paid to the employee. Under section 2(f) of the Act, the RRB is entitled to reimbursement of the amount of benefits paid for days in the same period for which the employee is paid for time lost, or the amount of the guarantee or pay for time lost award, whichever is less. It is important to complete this section so that the RRB can determine if the amount due is less than the amount of benefits paid for the period.
6. If a payment has already been made to the employee, enter the date of the payment. In most cases, benefits due to an employee for the period but not yet paid will be stopped, thereby reducing the amount of reimbursement due the RRB.
7. Check "YES" if you are making an informational inquiry on this case and no payment will be issued to the employee at this time. Check "NO" if a payment 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 payment 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 2(f).**
8. Enter the name of the railroad responsible for making the settlement, including the other identifying information as requested (i.e. name of the inquirer, telephone and fax numbers, location of the office making the inquiry and the date).

<sup>ACT</sup>  
**Paperwork Reduction/Privacy Act Notices** - The RRB is authorized to collect the information requested on Form ID-3u under section 5(b) of the Railroad Unemployment Insurance Act RUIA. The information is needed to determine the amount of unemployment benefits reimbursable under section 2(f) 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 aspect of this form, including suggestions for reducing completion time, to the Chief of Information Management, Railroad Retirement Board, 844 Rush St., Chicago, Illinois 60611-2092.