(current)

U.S. RAILROAD RETIREMENT BOARD
Office of Programs - Operations
P. O. Box 10695
Chicago, Illinois 60610-0695

SI-1C (03-02)

06-24-08

In Reply Refer To SS No. The REQ -

## REQUEST FOR INFORMATION ON ACCIDENT AND INSURANCE

Information requested on the back of this letter is needed in connection with your application for sickness benefits for your injury/illness of 06-18-08. The Railroad Retirement Board's (RRB) authority for requesting this information is section 5(b) and 12(o) of the Railroad Unemployment Insurance Act (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.

Paperwork Reduction Act Notice: We estimate that this form takes an average of 5 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 or 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 N. Rush Street, Chicago, IL 60611-2092.

Robert J. Duda Director of Operations

Failure to return this form Within 30 days could delay payment of

benefits to you.

## SUPPLEMENTAL INFORMATION ON ACCIDENT AND INSURANCE

1.A.	Do you consider that any person injury or sickness? YES	or company was responsible for your
В.	If 'YES' give name and address NAME: ADDRESS:	of such person or company.
2.	Have you filed, or do you expector company? YES NO	ct to file, a claim against such person
3.	Were you injured while on duty?	YESNO
4.	Did your sickness result from y	our work? YESNO
5.	Where did your injury take place	e?
6.	What was the date of your injur	y or accident? MONTH DAY YEAR
	Were you injured in an automobile accident? YES NO If 'YES' give the following information about the automobiles	
	involved: DRIVER OR DRIVERS:	
	Name:	Name:
	Address:	Address:
	OWNER OR OWNERS:	
	Name:	Name:
	Address:	Address:
		REPRESENTING DRIVER OR DRIVERS OF (IF KNOWN). INFORMATION ABOUT YOUR
	Name:	Name:
	Address:	Address:
3.	I certify that the information I am giving is true, complete correct. I understand that criminal and civil penalties may imposed on me for false or fraudulent statements or for with information to cause the payment of benefits by the RRB.	
		SIGNATURE
		DATE
		D.L
	,	Return this form promptly to the address shown on the other side.

ST-1C (03-02)