

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

ID-20-2 (08-07)

02-04-10



REQ -

You are about to exhaust your normal sickness benefits. For this reason you may receive a smaller check than usual. You are not entitled to extended benefits because you apparently do not have 120 or more months of railroad service.

Our records show that you have \_\_\_\_\_ service months through \_\_\_\_\_. If you believe you have at least 120 months of service, complete the questions below and return this letter to the address shown above.

Otherwise, you may apply for benefits again on or after July 1, \_\_\_\_\_, if you are then unable to work and your \_\_\_\_\_ railroad earnings are at least \$\_\_\_\_\_.00, counting no more than \$\_\_\_\_\_ for any month.

Robert J. Duda  
Director of Operations

- 1. In counting your total months of service:  
Did you include military service, if any? Yes \_\_\_\_\_ No \_\_\_\_\_  
If you have military service, give your entry date \_\_\_\_\_ and discharge date \_\_\_\_\_  
Did you include Railroad Service After \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

- 2. If you included service after \_\_\_\_\_, furnish the following information for each employer for whom you worked or from whom you received vacation pay or pay for time lost. If you need more space, use the other side of this notice.

Railroad: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment - City and State: \_\_\_\_\_

List months of service after \_\_\_\_\_ : \_\_\_\_\_

PLEASE READ THE IMPORTANT NOTICES ON THE REVERSE SIDE OF THIS FORM.

I understand that civil and criminal penalties may be imposed on me for false or fraudulent statements, or for withholding information to cause payment of benefits by the RRB. I affirm that to the best of my knowledge, the information I have given is true, complete and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

PAPERWORK REDUCTION/PRIVACY ACT NOTICE

The Railroad Retirement Board's authority for requesting this information is section 2(c) of the Railroad Unemployment Insurance Act. The information requested on this form is needed to determine if you qualify for benefits. You do not have to provide the information requested; but if you fail to respond, we may not be able to pay you benefits.

We estimate 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 our estimate or any other aspect of this form, including suggestions for reducing completion time, to Chief of Information Management, Railroad Retirement Board, 844 N. Rush St., Chicago, Illinois 60611-2092.

---