

**SI-3 (xx-xx) Claim for Sickness Benefits**  
**Introduction Page**

Welcome to the Railroad Retirement Board's Online Claim for Sickness Benefits.

Only residents of the United States can use this online claim. If you live outside the United States, mail your paper claim to your nearest RRB field office.

Before completing your claim form, carefully read the section titled "Instructions for Completing Claims for Sickness Benefits (Form SI-3)" in the **Booklet UB-11 (link)**, Sickness Benefits for Railroad Employees or **Booklet UB-11s (link)**, Beneficios de Enfermedad para Empleados Ferroviarios.

**IMPORTANT: The time limit for filing your claim is 30 days from the last day of the claim period or 30 days from the date the form was available on the Internet, whichever is later.**

**Waiting Period/Benefit Payments** – If this is your first claim in a period of sickness and you have not previously satisfied the benefit year waiting period requirement, benefits will be paid to you for your days of sickness over 7 in the period. Otherwise, benefits are normally payable for the number of days of sickness over 4 in each claim period.

Allow up to 15 calendar days from the date you submit your claim on the Internet for a payment to be received. If you do not receive a payment or other notice within 15 days, contact your local RRB office for information about the status of your claim.

**RRB HelpLine** – For information about the benefits paid to you or to check on the status of your application or claim form, use the View RUIA Account Statement service under the Benefit Online Services or call 877-772-5772 and select option 1.

If you are not currently receiving payments by Direct Deposit and wish to sign up, please contact your local RRB office.

**SI-3 (xx-xx) Claim for Sickness Benefits**

**Record of Recent Benefit Payments:**

<u>Amount</u>	<u>Type</u>	<u>Claim Beginning</u>	<u>Date Approved</u>
\$xxx.xx	xx	xx-xx-xx	xx-xx-xx
\$xxx.xx	xx	xx-xx-xx	xx-xx-xx
\$xxx.xx	xx	xx-xx-xx	xx-xx-xx

(If no recent payments, space will show: No Payments Issued in Last 90 Days)

**Click here to read these important notices:**

- Privacy Act Notice (**LINK**)
- Computer Matching and Privacy Protection Act Notice(**LINK**)
- Paperwork Reduction Act Notice (**LINK**)
- Nondiscrimination on the Basis of Disability (**LINK**)
- Fraud and Abuse Hot Line (**LINK**)

**Claims(s):**

The following claim(s) are available for completion: If you do not wish to file on the Internet, please file the paper claims we mailed to you. Do not file both a paper and Internet claim for the same claim period. To begin your claim for sickness benefits, click on one of the claim periods listed below.

(Claim(s) that are currently available for completion)

**Claim(s) Not Available for Completion**

xx-xx-xx THROUGH xx-xx-xx (**LINK**)

xx-xx-xx THROUGH xx-xx-xx (**LINK**)

xx-xx-xx THROUGH xx-xx-xx (**LINK**)

(Claim(s) that will be available for completion on the last day of the claim period)

**Claim(s) Not Available for Completion**

xx-xx-xx THROUGH xx-xx-xx (**LINK**)

To return to the Benefits Online Services menu to do additional private, secure business with us, click here (**LINK**).

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### Claim for Sickness Benefits -- Form SI-3

Item 1 -- Claim Period Item 4 -- Name & Address Item 5 -- Wages and Payments Item 6 -- Certification

1. This claim is for sickness benefits for Sunday, Mar 01, 2009 through Sunday, Mar 15, 2009. To claim benefits, enter or select the appropriate code (X,E,P, or O) in the box under each date

Mar 01	Mar 02	Mar 03	Mar 04	Mar 05	Mar 06	Mar 07	Mar 08	Mar 09	Mar 10	Mar 11	Mar 12	Mar 13	Mar 14
▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼

- X - Claimed day of sickness (Including rest days);
- E - Day employed (Include railroad, nonrailroad, or self\_employment);
- P - Vacation or holiday pay; (Do not report supplemental sickness benefits)
- O - Day not claimed, other reason

2A. Have you returned to work?

Yes  No

2B. If "Yes," enter the date you returned to work:

3. Your claim will be processed by this RRB Office:

844 North Rush  
 9TH FLOOR  
 CHICAGO IL 60611-2092  
 (312)751-4500

Remember that you cannot claim benefits for any day on which you worked or otherwise earned regular wages, vacation pay, holiday pay, military reservist pay, wage continuation pay, sick pay (excluding supplemental)

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### Claim for Sickness Benefits -- Form SI-3

Items 1-3 -- Claim Period Item 4 -- Name & Address Item 5 -- Wages and Payments Item 6 -- Certification

The time limit for filing your claim is 30 days from the last day of the claim period or 30 days from the date the form was mailed to you and made available to you online, whichever is later.

If you tried to file your claim earlier but were prevented from doing so by circumstances beyond your control, your claim may be considered as filed on time.

An employee's lack of knowledge about the filing requirements is not considered to be a circumstance beyond his or her control.

Please provide the following information in the space below for your explanation for late filing:

What actions did you take to obtain and complete your claim for sickness benefits? Provide the dates you took these actions.

Provide the names and titles of any persons who helped you complete and file your claim.

Characters Remaining:

750

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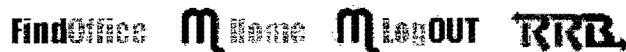
Your claim should be filed within later of 30 days after claim end date or after the date the claim was made available to you

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### Claim for Sickness Benefits -- Form SI-3

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If your name or address is incorrect, make corrections below.

Name (First Init, Mid Init, Last)

Mailing Address

Address Continued

City

State

ZIP Code

Phone Number

This item is prefilled with your name and address. If necessary, make corrections to your name and address in the box.

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Questions [5A 5-7](#) [5B 1-3](#) [5B 4-6](#) [5C](#)

You must click "Yes" or "No" to show if you have received or will receive each of the following payments for your days of sickness

**5A. Wages (Include railroad and nonrailroad wages) - If "Yes," enter dates for which paid in M/D/Y format.**

	YES	NO
<b>1 Regular Wages</b>	* <input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		
<b>2 Vacation Pay</b>	* <input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		
<b>3 Holiday Pay</b>	* <input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		
<b>4 Military Reservist Pay</b>	* <input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		

Enter dates for which paid in Month/Day/Year format

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Questions 5A 1-4 5B 1-3 5B 4-6 5C

You must click " Yes " or " No " to show if you have received or will receive each of the following payments for your days of sickness

5A. Wages (Include railroad and nonrailroad wages) - If "Yes," enter dates for which paid in M/D/Y format.

5 Wage Continuation Pay

Dec/5/07, 12/6/2007

6 Earnings From Self-Employment

01/12/09, Jan/14/2009

7 Sick Pay From Your Employer

YES

NO

\*

\*

\*

Wage Continuation Pay -- Salary or wages paid by your railroad employer when you have been injured on-duty. The purpose of the payments is to continue your wage or salary, not to supplement RRB benefits. The payments are

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Questions 5A 1-4 5A 5-7 5B 4-6 5C

You must click "Yes" or "No" to show if you have received or will receive any of the following payments for your days of sickness

5B. Governmental Payments (Not RRB Sickness Benefits) - If "Yes," enter the Date, Amount, and how often for any item.

YES

NO

1 Sickness or Unemployment Benefits Under Any Other Law

\*

Sickness or Unemployment Benefits under any Other Law are benefits paid to you on account of sickness or unemployment by a county, city or state government, or by another Federal agency. Governmental

1. Beginning Date of Payment 2. Gross Amount of Payment 3. How often do you receive the payment?

\$

2 Social Security Benefits

\*

1. Beginning Date of Payment 2. Gross Amount of Payment 3. How often do you receive the payment?

\$

3 Railroad Retirement or Disability Annuity

\*

1. Beginning Date of Payment 2. Gross Amount of Payment 3. How often do you receive the payment?

\$

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### Claim for Sickness Benefits -- Form SI-3

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Questions 5A 1-4 5A 5-7 5B 1-3 5C

You must click " Yes " or " No " to show if you have received or will receive any of the following payments for your days of sickness

**5B. Governmental Payments (Not RRB Sickness Benefits) -**  
If "Yes," enter the Date, Amount, and how often for any item.

#### 4 Military Retirement Pay

YES  NO

1. Beginning Date of Payment 2. Gross Amount of Payment 3. How often do you receive the payment?

\$

#### 5 Worker's Compensation

YES  NO

1. Beginning Date of Payment 2. Gross Amount of Payment 3. How often do you receive the payment?

\$

#### 6 Retirement Payments Under Another Law

YES  NO

1. Beginning Date of Payment 2. Gross Amount of Payment 3. How often do you receive the payment?

\$

Military Retirement Pay is an annuity, pension or retainer pay paid to you by the Federal Government based on you military service. Governmental payments are annuities or other

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Questions [5A 1-4](#) [5A 5-7](#) [5B 1-3](#) [5B 4-6](#)

You must click "Yes" or "No" to show if you have received or will receive each of the following payments for your days of sickness

5C. Other Payments - If "YES," give the date of payment and who made the payment to you.

YES

NO

Settlement or Damages for Personal Injury -- A payment received as a result of a judgement or the settlement of a personal-injury claim against your railroad employer or another party that you held liable for your injury or

**1 Settlement or Damages for Personal Injury**

\*

1. Date of Payment 2. Paid by

**2 Advances**

\*

1. Date of Payment 2. Paid by

**3 Separation Allowance (Buyout, Severance Pay)**

\*

1. Date of Payment 2. Paid by

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## Claim for Sickness Benefits -- Form SI-3

Items 1-3 -- Claim Period Item 4 -- Name & Address Item 5 -- Wages and Payments Item 6 -- Certification

### Claim Review and Certification Statement

Were you able to complete this claim form yourself?      Yes No  
     

Please review your answers below. To make corrections, click on the tabs above to return to the section of the application you want to correct. After making any corrections, click on the "Certification" tab at the top of the page to return to this page. Then complete the **Certification** at the bottom.

Your Name:

#### 1. This claim is for sickness benefits for the period August 01, 2008 through August 14, 2008.

August 01    P - Vacation or holiday pay  
 August 02    X - Claimed day of unemployment (Including rest days)  
 August 03    E - Day employed  
 August 04    O - Day not claimed, other reason  
 August 05    X - Claimed day of unemployment (Including rest days)  
 August 06    O - Day not claimed, other reason  
 August 07    P - Vacation or holiday pay  
 August 08    O - Day not claimed, other reason  
 August 09    E - Day employed  
 August 10    X - Claimed day of unemployment (Including rest days)  
 August 11    P - Vacation or holiday pay  
 August 12    O - Day not claimed, other reason  
 August 13    P - Vacation or holiday pay  
 August 14    X - Claimed day of unemployment (Including rest days)

#### 2a. Have you returned to work? Yes

2b. If Yes, the date you returned to work - August 15, 2008

#### 3. Your claim will be submitted to the following address:

U.S. Railroad Retirement Board  
 D O Line 1  
 D O Line 2  
 D O Line 3

D O Line 4

**4. Your Address:**

123 Main Street  
 P.O. Box 321  
 Fort Worth, TX 76102  
 817-978-2468

<b>5a. WAGES (Includes railroad and nonrailroad wages) - If "Yes," show dates you were paid.</b>		
<b>Wages</b>	<b>Yes/No</b>	<b>Dates Paid</b>
Regular Wages	Yes	13-16 July 2007
Vacation Pay	Yes	10-11-2001
Holiday Pay	No	
Military Reservist Pay	No	
Wage Continuation Pay	No	
Earning From Self Employment	Yes	Aug 16-28, 08
Sick Pay from Your Employer (but not payments supplementing RRB benefits)	No	

<b>5b. GOVERNMENTAL PAYMENTS (Not RRB sickness benefits)</b>				
<b>Payments</b>	<b>Yes/No</b>	<b>Beginning Date of Payment</b>	<b>Gross Amount of Payment</b>	<b>How Often</b>
Sickness or Unemployment Benefits Under Any Other Law	Yes	1/10/2001	12.30	Weekly
Social Security Benefits	No			
Railroad Retirement or Disability Annuity	Yes	3/10/2001	34.50	Yearly
Military Retirement Pay	No			
Worker's Compensation	Yes	5/10/2001	56.70	Weekly
Retirement Payments Under Another Law	No			

<b>5c. OTHER PAYMENTS</b>			
<b>Payments</b>	<b>Yes/No</b>	<b>Date of Payment</b>	<b>Paid by</b>

Settlement, Damages or Advances for Personal Injury	No		
Advances	Yes	7/10/2001	Not Board
Separation Allowance (Buyout, Severance Pay)	No		

**Your Payments Will be Made Electronically by Direct Deposit to the Account Shown Below:**

**Routing  
Number  
Financial  
Organization  
Account  
Number  
Type of  
Account**

[Click Here to Change Your Direct Deposit Information](#)

**Late filing explanation:** I was on vacation

[Click Here to Change Your Late Filing Explanation](#)

**CERTIFICATION:**

I certify that I understand and agree to the requirements in Booklet UB-11. I know that disqualifications and civil and criminal penalties may be imposed on me for false or fraudulent statements or claims or for withholding information to get benefits from the RRB. I affirm that the information given on this form is true, correct, and complete.

[I Agree and Submit this Claim](#)

[Delete Claim Answers](#)

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## Claim for Sickness Benefits -- Form SI-3

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February 26, 2010, 1:59 PM

Thank you for using the RRB's "Benefit Online Services (Mainline)" to file your claim for unemployment benefits. **Please do not file a paper claim for the same claim period.**

The following information has been submitted as of Friday, November 21, 2008 at 10:00 AM. Please print a copy of this screen for your records.

Please allow 15 days to receive your payment. That amount of time is needed to allow your employer to give us information about your claim and for processing and delivery of your payment. Contact your local RRB office if you do not receive a payment or letter within this time period.

**You should expect to receive your next claim by mail within 15 days if you are still unemployed and have not exhausted your benefits. If you do not receive the claim, please contact your local RRB office.**

To return to the Benefit Online Services (MainLine) Menu to do additional private, secure business with us;

To leave the PIN-password protected Benefit Online Services (MainLine) area,

**Your Name:**

### **1. This claim is for sickness benefits for the period August 01, 2008 through August 14, 2008.**

August 01	P - Vacation or holiday pay
August 02	X - Claimed day of unemployment (Including rest days)
August 03	E - Day employed
August 04	O - Day not claimed, other reason
August 05	X - Claimed day of unemployment (Including rest days)
August 06	O - Day not claimed, other reason
August 07	P - Vacation or holiday pay
August 08	O - Day not claimed, other reason
August 09	E - Day employed
August 10	X - Claimed day of unemployment (Including rest days)
August 11	P - Vacation or holiday pay
August 12	O - Day not claimed, other reason
August 13	P - Vacation or holiday pay
August 14	X - Claimed day of unemployment (Including rest days)

Military Retirement Pay	No			
Worker's Compensation	Yes	5/10/2001	56.70	Weekly
Retirement Payments Under Another Law	No			

5c. OTHER PAYMENTS			
Payments	Yes/No	Date of Payment	Paid by
Settlement, Damages or Advances for Personal Injury	No		
Advances	Yes	7/10/2001	Not Board
Separation Allowance (Buyout, Severance Pay)	No		

**Your Payments Will be Made Electronically by Direct Deposit to the Account Shown Below:**

**Routing Number**

**Financial Organization**

**Account Number**

**Type of Account**

**Late filing explanation:** I was on vacation

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Claim for Sickness Benefits -- Form SI-3

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JOHN DOE 12 MAIN STREET ANYTOWN, USA 12345 CT678	TR-2222 DATE 12/31
PAY TO THE ORDER OF	\$
YOUR FINANCIAL INSTITUTION ANYTOWN, USA	
FOR	
⑆22222222⑆	⑆1234

Routing Transit Number      Checking Account Number

Enter the 9-digit Routing Transit Number for your financial institution. Then click 'Validate Bank'to see its name. If the number is not valid or the wrong name displays, check the number you entered and try again, or call your financial institution to verify the number. If you do not have a bank account or receiving your payments by Direct Deposit would cause you hardship, read the section Waive Direct Deposit in the Help Text and check the box below.

Routing Transit Number

=====>

Validate Bank

Enter Account Number

Select Account Type

Select

Check this box if you do not have a checking or savings account, or if Direct Deposit would cause you a hardship.

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Review Claim

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Benefits are normally paid by Direct Deposit to your bank, savings and loan, credit union or other financial institution. To provide the information we need to correctly deposit your payments, locate your bank or financial institution's Routing Transit Number (RTN) on your personal

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## Sickness Claim -- More Info

Welcome to the Railroad Retirement Board's **online Claim for Sickness Benefits**. This service provides sickness claim(s) Form SI-3 for railroad employees who have already filed an application for **sickness benefits**. If you have not completed and mailed a sickness application (SI-1a) [click here](#) for a printable copy to apply. After we receive your application and you meet the qualifying criteria the Railroad Retirement Board will mail you claim form(s) and make claim form(s) available to you on our internet website under Benefit Online (Mainline) Services, Claim Sickness Benefits.

You may be eligible for sickness benefits if you:

- are unable to work due to sickness, injury, pregnancy, or the birth of a child;
- receive no wages, salary, pay for time lost, vacation pay, holiday pay, military reservist pay, pay under a wage continuation pay, sick pay or other pay from railroad or nonrailroad employment for the days you claim benefits.
- obtain an application for sickness benefits from your employer, labor organization, or RRB office;
- have your doctor complete the statement of sickness in support of your claim for sickness benefits;
- complete and file the application for sickness benefits within 10 days of the first day you became sick or injured.

**If you are unemployed and able to work, you may be eligible for unemployment benefits explained in [Booklet UB-10](#). To obtain unemployment benefits, you must timely file Form UI-1.**

Only residents of the United States can use this online claim service. If you live outside the United States, mail your paper claim to your [RRB field office](#).

To file claims online you must first establish an account.

If you have not established an account, go to [PIN/Password](#).

If you have already established an account, you are ready to use this service. If you are not logged in, you will be required to do so.

Before completing your online or paper claim read the section titled "Instructions for Completing Claims for Sickness Benefits (Form SI-3)" in booklet [UB-11](#), Sickness Benefits for Railroad Employees and SI-1AB Application (English) or (Spanish) [UB 11-S Beneficios de Desempleo para Empleados Ferroviarios](#).

**Important: The time for filing a claim is 30 days from the last day of the claim period or**

**30 days from the date the form is mailed to you or made available on the Internet, whichever is later. Do not file both a paper and on-line claim for the same claim period (s).**

Allow up to 15 calendar days from the date you submit your claim on the Internet to receive payment. If you do not receive payment or other notice within 15 days, contact your local RRB Office for information about the status of your claim.

If you are not currently receiving payments by Direct Deposit, and wish to sign up, please contact your local RRB field office.

To return to the Benefit Online Services (MainLine) Home Page, [click here](#) .

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**Confirmation Page**

Thank you for using the RRB's "Benefit Online Services" to file your claim for sickness benefits. **Do not file a paper claim for the same claim period.**

We recommend that you *print* this confirmation page as your record of having submitted your claim beginning xx-xx-xx at (99:99 time) on (mm-dd-yy).

Please allow up to 15 days to receive your payment. That amount of time may be needed to allow your employer to give us information about your claim and for processing and delivery of your payment. Contact your local RRB office if you do not receive a payment or letter within this time period.

**(If only one claim on intro page)**

You should expect to receive your next claim by mail within 15 days if you are still sick, have current medical, and have not exhausted your benefits. The claim will also be available online at that time. If you do not receive the claim, please contact your local RRB office.

**(If more than one claim on intro page)**

You have one or more additional claims available for completion. The following additional claims area available for completion. To begin, click on one of the claim periods listed below.

(list claims here)

**(If name change provided on claim)**

If you provided a name change on your claim, please contact your local RRB office to explain the change of name.

To return to the Benefit Online Services menu to do additional private, secure business with us, click here **(LINK)**.

To leave the PIN-password-protected Benefit Online Services area and return to the RRB's home page, click here **(LINK)**.

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