

Statement of Service for Railroad Unemployment Insurance Benefits

SOCIAL SECURITY NUMBER

NAME (FIRST, MIDDLE INITIAL, LAST)

Instructions: If you believe you have additional months of service creditable for unemployment and sickness benefit purposes, complete and return this form to the Railroad Retirement Board, Post Office Box 10695, Chicago, Illinois 60610-0695. Read the important notices on page 2 of this form. A month of service is a month in which you worked for a railroad, or otherwise received pay, vacation pay, holiday pay or pay for time lost from an employer covered by the Railroad Retirement Act. Creditable service also includes military service during certain periods if before entering military service you worked for a railroad in the same calendar year or the preceding calendar year.

1 Counting all months of creditable service as explained above, I believe I have a total of 120 or more months of service:

YES NO

If you answered "YES", complete items 1a, 1b, 2, 3 and 4 and return this form to the Railroad Retirement Board. If you answered "NO", there is no need to complete this form.

In counting my total months of service I have included:

a. Military Service

YES NO

b. Service after _____

YES NO

2 In the blocks below show all employer service beginning with January _____. Use a separate block for each employer. Enter an "X" under each month in which you worked or received vacation pay or pay for time lost. If you need more space, use the reverse side of this form.

Name of Railroad or Other Employer				Occupation				Place of Employment			Department or Service	
								City	State			
YEAR	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.

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3. Have you retired? YES NO If your answer is "YES", give date: _____

4. 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.

Date _____

Signature (Do Not Print) _____

Paperwork Reduction/Privacy Act Notice

The Railroad Retirement Board's authority for requesting this information is Section 5(b) of the Railroad Unemployment Insurance Act. The information requested on this form is needed to determine if you qualify for extended or accelerated 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 Resources Management, Railroad Retirement Board, 844 Rush Street, Chicago, Illinois 60611-2092.