	U.S. RAILROAD RETIREMENT BOARD	
	C.S. NAIENGAS RETIREMENT BOARS	
	Talanhana	
	Telephone: Hours:	
	INSTRUCTIONS	
4	Drint all reamones a settly in int	
	Print all responses neatly in ink. Make sure your name and address are correct. If they are not, enter the correct information in Item 4.	
	Read carefully the section titled "Instructions for Completing Claims for Unemployment Benefits (Form UI-3)" in the	
	UB-10 booklet before completing the claim form on the next page.	
4.	After completing the claim form mail it in the envelope provided. If you need assistance, telephone the RRB office identified above.	
5.	<u>Waiting Period/Benefit Payments</u> - If this is your first claim in a period of unemployment and you have not previously satisfied the benefit year waiting period requirement, benefits will be paid to you for your days of unemployment over 7 in the period. Otherwise, benefits are normally payable for the number of days of unemployment over 4 in each claim period. Exception: There are special rules for payment of benefits for days of unemployment due to a strike or work stoppage.	
	Allow 15 calendar days from the date you mail your claim 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.	
6.	<u>Rest Days</u> - Use an "X" in Item 1 of your claim to show your normal rest days, unless you worked or otherwise received pay from either a railroad or nonrailroad employer for the day, or unless you were sick or otherwise unable or not available for work on that day.	
	IMPORTANT: Promptly return your claim form to the RRB after the last day of the claim period, or you may lose benefits. The time limit for filing your claim is 15 days from the last day of the claim period or 15 days from the date the form was mailed to you, whichever is later. If your claim is late because of circumstances beyond your control, enclose an explanation.	
RRB HelpLine - For information about the benefits paid to you or to check on the status of your application or claim form, call the RRB HelpLine at 1-800-808-0772.		
DO NOT SIGN, DATE, OR MAIL THE CLAIM FORM BEFORE THE LAST DAY OF THIS CLAIM PERIOD. (REFER TO BOOKLET UB-10 FOR PRIVACY ACT AND PAPERWORK REDUCTION NOTICES AND FURTHER INSTRUCTIONS ON COMPLETING THIS FORM.)		
COMPLETE AND KEEP FOR YOUR RECORDS		
Beginning Date of this Claim Date Mailed to RRB		

	CLAIM FOR UNEMPLOYMENT BENEFITS 070808 01-01 9420
1a	
	date with the appropriate code (X, E, P, or O). X - Claimed day of unemployment (Including rest days); E - Day employed; P - Vacation or holiday pay; O - Day not claimed, other reason
	This claim is for
	through
	Mark each box with X, E, P, or O →
b	received or will be paid for days in this period. Do not include RRB benefits or payments received under a supplemental unemployment benefit plan. This item must be completed if you entered "E" or "P" for any day in Item 1a.
2	a. Name of last railroad employer b. Last railroad job (show job title, e.g., clerk, trainman, etc.)
	c. Reason you are not working (check one box) 1. Laid Off 2. Extra Board/Part Time 3. Sick or Injured 4. Quit or Resigned 5. Retired 6. Discharged 7. Suspended 8. Strike/Work Stoppage 9. Other (Explain below) Explanation:
3.	Return your claim to the address below 4. If your name or address is incorrect, print changes below
	Railroad Retirement Board
	· ·
5a.	Have you worked for a nonrailroad employer since your last day of railroad work? YES – Complete Items bd., below NO - Go to Item 6
b.	Enter employer name and address.
C.	Enter date last worked before this claim
	Enter your reason for not working.
	Did you work in train and engine service or passenger service during this period? YES – Complete Items bc., below NO - Go to Item 7 Enter the miles or hours worked during this 14-day claim period. Include miles or hours earned for regular pay, premium pay,
	overtime, and deadheading. → Miles Hours
	Enter the dates in this period on which you did not work because of a layover or stand-by rule, mileage restriction, or because you missed a turn in pool service.
	Complete af. by placing an "X" in the "YES or "NO" box. If you "X" a box marked with an (*), explain your answer below. YES NO
	Did you work on any day claimed for any person or company or were you self-employed?
	Were you sick or injured on any day claimed?
	Were you ready and willing to work on all days claimed?
	Have you quit, resigned, or refused any work since you last claimed benefits?
	Have you been paid a separation allowance by any employer since you last claimed benefits?
	*EXPLANATION:
8.	CERTIFICATION: I certify that I have read Booklet UB-10 and understand it. 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. The information given on this form is true, correct, and complete. DO NOT SIGN, DATE, OR MAIL THIS CLAIM BEFORE THE LAST DAY OF THIS CLAIM PERIOD ()
-	Signature Date Telephone No.

FORM UI-3 (04-04)

