# ID-4K (INTERNET) OUTSTANDING ITEM LIST

Form Approved

OMB NO 3220-017

2 RRB Employer Reporting System.

## US Railroad Retirement Board Form (D-4)< (11-05)

ID-4K for 2112-Springfield Terminal Rwy

Instructions: Notify the RRB within 3 business days, of information related to payments of benefits. For an explanation of what information to provide, click this link.

1) To provide information to RRB about application or claim, Click the SSN link.

2) If it is OK for RRB to pay, click the OK To Pay box. This will also delete the record from your *New Items*. No reply is necessary if the information provided by the employee is correct and you have no other information to provide. However, this record will remain in your *Completed Items* up to 5 PM CST. If no information is provided on a claim, payment is made within 3 business days. If no claim information is shown, the report is for an application.

If no 'reason unemployed', the claim is for sickness benefits. An 'N' following the 'Date Last Worked' indicates that the date is for a non-railroad employer. For an explanation of claim profile codes, click this claim <u>profile codes link</u>.

ESSECTION STRAKTORATION PROVIDED WARRANTED FOR

 Notice Date	SSN Employee Name	Payroll ID	Date Last Worked	Reason Unemployed	Claim Begin Date	Claim Profile	District Office	Phone
9/24/2008		0000000000			09/03/08	111111111111111111	BOSTON MA	(617)223-8550
9/24/2008		0000000000	08/19/08	Discharged	09/03/08	11111111111111111	BOSTON MA	(617)223-8550

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U.S. Railroad Retirement Board 844 North Rush Street Chicago Illinois, 60611-2092 Telephone: (312) 751-7139 TTY: (312) 751-4701 Contact an RRB office near you



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ID-4K (INTERNET) PRA SCREEN



## **Paper Work Reduction Act**

Section 5(b) of the Railroad Unemployment Insurance Act (RUIA) requires the RRB to provide notice of claims for benefits to base-year employers. Employer responses to these notices are voluntary. Failure to provide information about questionable claims for benefits, however, may affect the amount that an employer is charged in benefits and the employer's tax contribution rate under the RUIA.

The amount of time required for an employer to participate in the prepayment claims verification process varies depending upon the extent to which the employer is able to use automated systems. We estimate the average responding burden for employers to be:

Internet Form ID-4K 2 minutes per response Internet Form ID-4E 2 minutes per response

These estimates are based on employer experience nationwide. The estimates include time for reviewing instructions, obtaining needed data, and reviewing the completed responses. 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 concerning the accuracy of our estimates or any other aspect of this program, including suggestions for reducing reporting time, to the Chief of Information Management, Railroad Retirement Board, 844 N. Rush Street, Chicago, Illinois 60611-2092 and the Office of Management and Budget, Paperwork Reduction Project (3220-0171), Washington, DC 20503.

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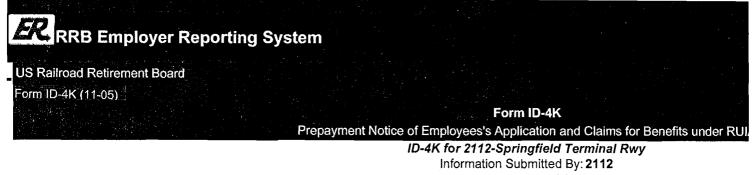
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Microsoft

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SSN:

**Employee Name:** 

#### **Providing Information on a Claim**

To provide information specific to this claim, enter the code to describe why benefits should not be paid for specific days. The employe information can still be provided for those days. If one code applies to the entire claim, select it in the first dropdown box and click App you are providing information.

Reply Codes generally used if employee received pay .

Reply Codes generally used if employee received no pay.

### Sickness Claim

	Claim Date	09/03	09/04	09/05	09/06	09/07	09/08	09/09	09/10	09/11	09/
9/03/2008	Claim Profile	1	1	1	1	1	1	1	1	1	
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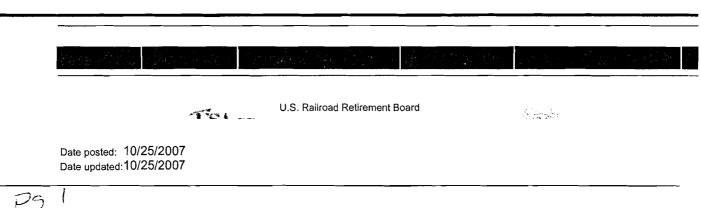
Click Here to see an interpretation for the <u>Day Codes</u> as shown above.

### Person to Contact for additional information about this protest:

Name:	
Email:	
Telephone:	:
Additional Information	-
	-

Send Reply Cancel

#### Paperwork Reduction Act Notice



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information specific to this claim, enter the code to describe why benefits should not be paid for specific	
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