



UNITED STATES OF AMERICA  
**RAILROAD RETIREMENT BOARD**

Form Approved  
OMB No. 3220-0055

<OFFICE NAME>

<OFFICE ADDRESS>

<CITY, STATE, ZIP CODE>

E-MAIL: [birmingham@rrb.gov](mailto:birmingham@rrb.gov)

OFFICE HOURS: 9:00 AM TO 3:30 PM  
MONDAY THROUGH FRIDAY EXCEPT FEDERAL HOLIDAYS

TOLL-FREE NUMBER: 1-877-772-5772  
FACSIMILE NUMBER: USER'S FAX NO.

In reply refer to

### **APPLICATION FOR BENEFITS DUE BUT UNPAID AT DEATH**

Benefits may be due under the Railroad Unemployment Insurance Act on the account of the deceased employee named above. These benefits were due the deceased employee but unpaid at the time of his or her death. In order for us to determine the amount payable and the person(s) entitled to these benefits, please:

**<Paragraph 2 fills in bulleted item(s) chosen by user>**

- Complete and return the application on the next page.
- Complete and submit the enclosed application and/or claim forms on behalf of the deceased employee. In the space provided for the signature, sign your name followed by the notation "For (name of employee), Deceased."
- Submit proof of relationship to deceased employee.
- Submit a certificate of marriage or other acceptable proof that you are the widow(er) of the employee.
- Submit a death certificate or other acceptable proof of the death of the employee.
- Submit an itemized, receipted statement of burial expenses from the funeral director and any other persons providing burial services.

If you have any questions concerning the completion of our forms or the documents you must submit, please telephone us. Return the application on the next page and any other required documents within 30 days from the date of this letter or you may lose benefits.

Railroad Retirement Board

Enclosure

UI-63 (02-09)

## Application for Benefits Due But Unpaid at Death

**PAPERWORK REDUCTION ACT/PRIVACY ACT NOTICES** - The information furnished on this form is needed for paying benefits under Section 2(g) of the Railroad Unemployment Insurance Act (RUIA). The Railroad Retirement Board's authority for requesting this information is Section 5(b) of the RUIA. Although you are not required to furnish this information, no benefits can be paid unless you do so.

We estimate the application on the next page takes an average of 7 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 N Rush Street, Chicago, IL 60611-2092.

**1** Name and Social Security Number of Deceased Employee

**2a** Name and Address of Widow(er) *(If there is no widow(er), enter "None" and go to Item 3a)*

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

**b** Were the deceased employee and the widow(er) living together at the same address when the employee died?

Yes - **Go to Item 5.**       No - Answer Items (1), (2), and (3) below.

(1) Why were they not living together and when did they separate? \_\_\_\_\_

(2) Was the deceased employee under a court order to contribute to the widow(er)'s support?  Yes  No

(3) Was the deceased employee contributing to the widow(er)'s support?  Yes - Explain below.  No  
 Explain how often and in what amounts contributions were made. \_\_\_\_\_

**3a** Name, Address, and Telephone Number of Person or Persons Who Paid the Burial Expenses.

Name	Address	Telephone No.	Amount Paid

Total amount of burial expenses: \$ \_\_\_\_\_ Amount unpaid, if any: \$ \_\_\_\_\_

**b** Has any person named above received, or will they receive, reimbursement for all or part of the burial expenses paid?  Yes - Provide details below. If additional space is needed, use a separate sheet of paper.  No

Details: \_\_\_\_\_

**4** Provide the information requested below about the deceased employee's living relatives in the following order: **Children**; *if no children survive then Grandchildren*; *if no grandchildren survive then Parents*. If none of the preceding relatives survive, enter **Brothers and Sisters**. *(Attach a separate sheet of paper if additional space is needed.)*

Name	Address	Relationship

**5** I understand that making false or fraudulent statements to the RRB or withholding information from the RRB is a crime subject to criminal and civil penalties. I certify that the information provided is true, complete, and correct to the best of my knowledge.

Signature

Relationship to Deceased

Date