

**STATEMENT REGARDING BENEFITS
 CLAIMED FOR DAYS WORKED**

Claimant's Name
SS No.
Place of Interview

, has identified ****Choose One**** to me as a representative of the Railroad Retirement Board (RRB) and has informed me that under section 5(b) of the Railroad Unemployment Insurance Act, the RRB has the right to ask me to complete this form but that I am not required to do so. I have been advised that if I do make a statement, it may be used against me and that I have the right to consult an attorney or other representative before making a statement. After having been fully informed regarding my rights, I am furnishing the following information voluntarily. I understand that if I do not furnish a statement, the RRB will make a determination on my claims based on information obtained from other sources.

Paperwork Reduction Act Notice

We estimate this form takes an average of 12 minutes to complete, including the time for 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 aspects of this form, including suggestions for reducing completion time, to the Chief of Information Management, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-2092.

		Dates	
		From	To
1a.	During what period(s) did you work for the following employers:		
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	Name(s) of Employer(s)		
b.	Are you willing to accept the record of your employment as shown to you by the RRB representative?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c.	Did you report this employment on your claim forms when you filed for benefits under the Railroad Unemployment Insurance Act?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If "NO," why not? _____		

2.	Did you claim benefits during the time you worked for the employer(s) shown in Item 1a?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3a.	Have you worked for anyone else since you started claiming benefits?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If "YES," list the employers for whom you worked.		

b.	Did you report this employment on your claim forms?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If "NO," why not? _____		

Name:

SS No.:

4a. When you started claiming benefits were you provided Booklet UB-10 or Booklet UB-11?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Did you read and understand it?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "NO," why not? _____ _____		
5a. Were you interviewed by a representative of the RRB after you began claiming benefits?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Did the RRB representative tell you about reporting all work and about the penalties for making false or fraudulent statements?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Do you understand that you should not claim benefits for days on which you worked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Did you know it was a violation of the law to claim benefits for days on which you worked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Have you ever claimed benefits under the Railroad Unemployment Insurance Act before the current benefit year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "YES," during what periods did you claim benefits? _____ _____		
9. Additional information furnished by claimant: _____ _____ _____ _____		
I, _____, certify that the information I have given to the RRB <small>(CLAIMANT'S NAME)</small> representative is true, complete, and correct. I understand that criminal and civil penalties may be imposed on me for false or fraudulent statements or claims or for withholding information in order to receive benefits from the RRB.		
_____ (SIGNATURE OF CLAIMANT)	_____ (DATE)	
Witnessed by: _____		
_____ (RRB REPRESENTATIVE)	_____ (DATE)	