

U.S. RAILROAD RETIREMENT BOARD

Telephone:  
Hours:

INSTRUCTIONS

1. Print all responses neatly in ink.
2. Make sure your name and address are correct. If they are not, enter the correct information in Item 4.
3. 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. **Waiting Period/Benefit Payments** - 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. **Rest Days** - 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.

For information about the benefits paid to you or to check on the status of your application or claim form, call 877-772-5772 and select option 1.

**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 \_\_\_\_\_

