



United States of America - Railroad Retirement Board
Providing Secure Internet Services to the Railroad Community

Claim for Sickness Benefits -- Form SI-3

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SI-3 (10-10)
Form Approved
OMB No. 3220-0039

Introduction Page

Welcome to the Railroad Retirement Board's On-line Claim for Sickness Benefits.

Only residents of the United States can use this on-line claim. If you live outside the United States, mail your paper claim to your nearest RRB field office.

Before completing your claim form, please carefully read the section titled "Claim for Sickness Benefits (Form SI-3)" in the Booklet UB-11, Sickness Benefits for Railroad Employees or Booklet UB-11s Beneficios de Enfermedad Para Empleados Ferroviarios.

IMPORTANT: The time limit for filing your claim is 30 days from the last day of the claim period or 30 days from the date the form was available on the Internet, whichever is later.

Waiting Period/Benefit Payments -- If this is your first claim in a period of sickness and you have not previously satisfied the benefit year waiting period requirement, benefits will be paid to you for the days you were sick over 7 in the period. Otherwise, benefits are normally payable for the number of days of sickness over 4 in each claim period.

Allow up to 15 calendar days from the date you submit your claim on the Internet 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.

RAILROAD RETIREMENT BOARD
HALE BOGGS FEDERAL BLDG
SUITE 1045
500 POYDRAS STREET
NEW ORLEANS LA 70130
(877) 772-5772

RRB HelpLine - For information about the benefits paid to you or to check on the status of your claim form, use the view RUIA Account Statement Service on our website under Benefit Online (Mainline) Services.

Direct Deposit - If you are not currently receiving payments by Direct Deposit and wish to sign up, please contact your local RRB office.

Record of Recent Benefit Payments:			
Amount	Type	Claim Beginning	Date Approved
\$192.00	SI	01/25/2010	02/25/2010
\$640.00	SI	01/11/2010	02/05/2010
\$640.00	SI	12/28/2009	02/05/2010

Click here to read these important notices:

- [Privacy Act Notice](#)
- [Computer Matching and Privacy Protection Act Notice](#)
- [Paperwork Reduction Act Notice](#)
- [Nondiscrimination on the Basis of Disability](#)
- [Fraud and Abuse Hot Line](#)

Claims:

The following claim(s) are available for completion: If you do not wish to file on the Internet, please file the paper claims we mailed to you. **Do not file both a paper and Internet claim for the same claim period.** To begin your claim for sickness benefits, click on one of the claim periods listed below.

Claim(s) that are currently available for completion:	
<u>Claim(s) Available for Completion</u>	DATE MADE AVAILABLE
<u>07/15/2010 through 07/28/2010</u>	8/4/2010

To return to the Benefit Online (MainLine) Services Menu to do additional private, secure business with us, [click here](#).

Privacy Act Notice

To receive unemployment benefits you must apply and furnish information. Information that the Railroad Retirement Board (RRB) asks you to furnish is used to determine if you are eligible for benefits and the amount of benefits payable to you. Although furnishing information, including your social security number, is voluntary, the RRB cannot pay you benefits without this information. The RRB's authority for requesting information is section 5(b) of the Railroad Unemployment Insurance Act.

The RRB may routinely furnish information from its records to other government agencies and to other persons or companies for the purpose of administering the Railroad Unemployment Insurance Act, the Social Security Act, or other benefit programs under Federal and State laws.

The RRB routinely furnishes information from its records to the following individuals, organizations, and/or agencies:

1. The U.S. Treasury Department and the U.S. Postal Service, to issue benefit payments and to report non-delivery, forgery, theft, or loss of a benefit check.
2. A person or company which the claimant reports may award pay for time lost or some similar payment for the same period for which the RRB pays benefits.
3. Persons or companies named by the claimant as liable for paying damages for the same injury or illness for which the RRB pays sickness benefits.
4. The Internal Revenue Service for use in administering Federal tax laws.
5. A private collection agency, the General Accounting Office, the Department of Justice, or the Internal Revenue Service for the collection of an overpayment.
6. Employers or insurance companies for use in administering supplemental benefit plans.
7. Law enforcement agencies and the Department of Justice for investigating or prosecuting a violation of law.
8. Employers to verify entitlement to benefits and to provide notice of benefit payment determinations.
9. State unemployment agencies to verify entitlement to benefits.

Other than information that may be disclosed routinely, no information about your claim may be disclosed without your consent.

Close Window

Computer Matching and Privacy Protection Act Notice

In addition to the uses of information described in the preceding Privacy Act Notice, information you provide may be used, without your consent, in auto-mated matching programs. These matching programs are a computer comparison of Railroad Retirement Board records with records kept by other Federal agencies or State and local governmental agencies. Information from these matching programs is used to establish or verify a person's eligibility for benefits and for repayment of benefits or delinquent debts.

What are Computer Matching Programs?

Computer matching programs compare our records with those of other Federal, State, or local government agencies. All agencies may use matching programs to find or prove that a person qualifies for benefits paid for by the Federal Government.

How Do Computer Matching Programs Affect You?

On forms that you fill out for us, you give us facts about yourself. Sometimes, we check the facts you and others give us. We use computer matching to do the checking. The law allows us to check this way even if you do not agree to it. We can also give any facts we have about you to other governmental agencies for them to use in their computer matching programs.

Close Window

Paperwork Reduction Act Notice

To receive unemployment benefits, you must complete an application and claim form(s). Estimates of how long we think it takes to complete these forms are shown below. The estimates include time for reviewing the instructions, getting the needed information, 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 estimates or other aspects of the forms, including suggestions for reducing completion time, to the Chief of Information Management, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-2092. Be sure to include the form title with your comments.

Form Number	Title	Estimated Completion Time (Minutes)
SI-3	Claim for Sickness Benefits (3220-0039)	6

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Nondiscrimination on the Basis of Disability

Under Section 504 of the Rehabilitation Act of 1973 and Railroad Retirement Board (RRB) regulations, no qualified person may be discriminated against on the basis of disability. RRB programs and activities must be accessible to all qualified applicants and beneficiaries, including those who are vision- or hearing-impaired. Disabled persons needing assistance (including auxiliary aids or program information in accessible formats) should contact the nearest RRB office. Complaints of alleged discrimination by the RRB on the basis of disability must be filed within 90 days in writing with the Director of Administration, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-2092. Questions about individual rights under this regulation may be directed to the RRB's Director of Equal Opportunity at the same address.

Close Window

Fraud and Abuse Hot Line

Call the toll-free Fraud and Abuse Hot Line if you have reason to believe that someone is receiving railroad retirement or unemployment/sickness benefits to which (s)he is not entitled; that persons responsible for the financial affairs of minors or incompetent beneficiaries are misappropriating benefits; or that a doctor, hospital, or other provider of health care services is performing unnecessary or inappropriate services or is billing Medicare for services not received. You may also use the Hot Line to report any suspected misconduct by a Railroad Retirement Board (RRB) employee. The Hot Line has been installed by the RRB's Inspector General to receive any evidence of fraud or abuse of the RRB's benefit programs.

Call (toll-free) 1-800-772-4258. Or you may send your complaints in writing to the RRB, OIG, Hot Line Officer, 844 North Rush Street, Chicago, Illinois 60611-2092.

Please do not call the Inspector General's Hot Line with questions about eligibility requirements, delayed claims, or similar problems. Such matters should be directed to the nearest RRB field office.

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Item 1 - Claim Period

Item 4 - Name & Address

Item 5 - Wages and Payments

Item 6 - Certification

1. This claim is for sickness benefits for Thursday, Jul 15, 2010 through Wednesday, Jul 28, 2010. To claim benefits, enter or select the appropriate code (X,E,P, or O) in the box under each date.

Jul 15	Jul 16	Jul 17	Jul 18	Jul 19	Jul 20	Jul 21	Jul 22	Jul 23	Jul 24	Jul 25	Jul 26	Jul 27	Jul 28
<input type="text" value="X"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

- X - Claimed day of sickness (Including rest days);
- E - Day employed (Include railroad, nonrailroad, or self_employment);
- P - Vacation or holiday pay; (Do not report supplemental sickness benefits)
- O - Day not claimed, other reason

2A. Have you returned to work?

Yes

No

3. Your claim will be processed by this RRB Office:

HALE BOGGS FEDERAL BLDG
 SUITE 1045
 500 POYDRAS STREET
 NEW ORLEANS LA 70130
 (877) 772-5772

Remember that you cannot claim benefits for any day on which you worked or otherwise earned regular wages, vacation pay, holiday pay, military reservist pay, wage continuation pay, sick pay (excluding supplemental sickness benefits), or other pay. This includes pay from full-time and part-time work in either railroad or nonrailroad employment.

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Item 1 -- Claim Period	Item 4 -- Name & Address	Item 5 -- Wages and Payments	Item 6 -- Certification
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1. This claim is for sickness benefits for Thursday, Jul 15, 2010 through Wednesday, Jul 28, 2010. To claim benefits, enter or select the appropriate code (X,E,P, or O) in the box under each date.

Jul 15	Jul 16	Jul 17	Jul 18	Jul 19	Jul 20	Jul 21	Jul 22	Jul 23	Jul 24	Jul 25	Jul 26	Jul 27	Jul 28
X ▾	X ▾	X ▾	X ▾	X ▾	X ▾	X ▾	X ▾	X ▾	X ▾	X ▾	X ▾	X ▾	X ▾

- X - Claimed day of sickness (including rest days);
- E - Day employed (include railroad, nonrailroad, or self_employment);
- P - Vacation or holiday pay; (Do not report supplemental sickness benefits)
- O - Day not claimed, other reason

2A. Have you returned to work?

Yes No

2B. If "Yes," enter the date you returned to work.

3. Your claim will be processed by this RRB Office:

HALE BOGGS FEDERAL BLDG
SUITE 1045
500 POYDRAS STREET
NEW ORLEANS LA 70130
(877) 772-5772

If you have recovered from your infirmity and have returned to work, check the "Yes" box and enter the date here. If you attempted to return to work but found that you were not able to continue working, check the "NO" box and indicate, in item 1, the days you worked and received wages, but do not enter a return-to-work date in this item.



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Items 1-3 Claim Period	Item 4 - Name & Address	Item 5 - Wages and Payments	Item 6 - Certification
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The time limit for filing your claim is 30 days from the last day of the claim period or 30 days from the date the form was mailed to you and made available to you online, whichever is later. The 30 days ended on 9/3/2010.

If you tried to file your claim earlier but were prevented from doing so by circumstances beyond your control, your claim may be considered as filed on time.

An employee's lack of knowledge about the filing requirements is not considered to be a circumstance beyond his or her control.

Please provide the following information in the space below for your explanation for late filing:

What actions did you take to obtain and complete your claim for sickness benefits? Provide the dates you took these actions.

Provide the names and titles of any persons who helped you complete and file your claim.

Characters Remaining:

750

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Your claim should be filed within the later of 30 days after claim end date or after the date the claim was made available. Please explain why the claim is being filed late.



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If your name or address is incorrect, make corrections below.

Name (First Init, Mid Init, Last)

 > *

Mailing Address

 *

Address Continued

City

 *

State

State ▼ *

ZIP Code

Phone Number:

 -

This item is prefilled with your name and address. If necessary, make corrections to your name and address in the box.



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Items 1-3 -- Claim Period	Item 4 -- Name & Address	Item 5 -- Wages and Payments	Item 6 -- Certification
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Questions [5A 5-7](#) [5B 1-3](#) [5B 4-6](#) [5C](#)

You must click "Yes" or "No" to show if you have received or will receive each of the following payments for your days of sickness.

5A. Wages (Include railroad and nonrailroad wages) - If "Yes," enter dates for which paid in MM/DD/YYYY format.

	YES	NO
1 Regular Wages	* <input type="checkbox"/>	<input type="checkbox"/>
2 Vacation Pay	* <input type="checkbox"/>	<input type="checkbox"/>
3 Holiday Pay	* <input type="checkbox"/>	<input type="checkbox"/>
4 Military Reservist Pay	* <input type="checkbox"/>	<input type="checkbox"/>

Regular Pay -- Pay for time worked, including full-time and part-time work. Wages are payments that you receive from your employer, from a nonrailroad employer or your own business for services you performed. Benefits are not payable for any day for which you receive wages.



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Questions [5A 1-4](#) [5B 1-3](#) [5B 4-6](#) [5C](#)

You must click "Yes" or "No" to show if you have received or will receive each of the following payments for your days of sickness.

5A. Wages (Include railroad and nonrailroad wages) - If "Yes," enter dates for which paid in MM/DD/YYYY format.

5 Wage Continuation Pay

YES
* NO

6 Earnings From Self-Employment

* NO

7 Sick Pay From Your Employer

* NO

Wage Continuation Pay -- Salary or wages paid by your railroad employer when you have been injured on-duty. The purpose of the payments is to continue your wage or salary, not to supplement RRB benefits. The payments are subject to normal payroll deductions. Wages are payments that you receive from your employer, from a nonrailroad employer or your own business for services you performed. Benefits are not payable for any day for which you receive wages.



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Questions [5A 1-4](#) [5A 5-7](#) [5B 4-6](#) [5C](#)

You must click "Yes" or "No" to show if you have received or will receive any of the following payments for your days of sickness.

5B. Governmental Payments (Not RRB Sickness Benefits) - If "Yes," enter the Date, Amount, and how often for any item.

	YES	NO
1 Sickness or Unemployment Benefits Under Any Other Law	* <input type="checkbox"/>	<input type="checkbox"/>
1. Beginning Date of Payment: <input type="text"/>		
2. Gross Amount of Payment: <input type="text"/> \$		
3. How often do you receive the payment? <input type="text"/>		
2 Social Security Benefits	* <input type="checkbox"/>	<input type="checkbox"/>
1. Beginning Date of Payment: <input type="text"/>		
2. Gross Amount of Payment: <input type="text"/> \$		
3. How often do you receive the payment? <input type="text"/>		
3 Railroad Retirement or Disability Annuity	* <input type="checkbox"/>	<input type="checkbox"/>
1. Beginning Date of Payment: <input type="text"/>		
2. Gross Amount of Payment: <input type="text"/> \$		
3. How often do you receive the payment? <input type="text"/>		

Sickness or Unemployment Benefits under any Other Law are benefits paid to you on account of sickness or unemployment by a county, city or state government, or by another Federal agency. Governmental payments are annuities or other payments made to you by a county, city, state, or Federal Government. If you are receiving or will receive a governmental payment, check the appropriate box and give the beginning date, the gross amount, and



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Items 1-3 -- Claim Period	Item 4 -- Name & Address	Item 5 -- Wages and Payments	Item 6 -- Certification
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Questions [5A 1-4](#) [5A 5-7](#) [5B 1-3](#) [5C](#)

You must click "Yes" or "No" to show if you have received or will receive any of the following payments for your days of sickness

5B. Governmental Payments (Not RRB Sickness Benefits) - If "Yes," enter the Date, Amount, and how often for any item.

	YES	NO						
4 Military Retirement Pay	* <input type="checkbox"/>	<input type="checkbox"/>						
<table border="0"> <tr> <td><input type="text" value="1. Beginning Date of Payment"/></td> <td><input type="text" value="2. Gross Amount of Payment"/></td> <td><input type="text" value="3. How often do you receive the payment?"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>\$</td> <td></td> </tr> </table>	<input type="text" value="1. Beginning Date of Payment"/>	<input type="text" value="2. Gross Amount of Payment"/>	<input type="text" value="3. How often do you receive the payment?"/>	<input type="checkbox"/>	\$			
<input type="text" value="1. Beginning Date of Payment"/>	<input type="text" value="2. Gross Amount of Payment"/>	<input type="text" value="3. How often do you receive the payment?"/>						
<input type="checkbox"/>	\$							
5 Worker's Compensation	* <input type="checkbox"/>	<input type="checkbox"/>						
<table border="0"> <tr> <td><input type="text" value="1. Beginning Date of Payment"/></td> <td><input type="text" value="2. Gross Amount of Payment"/></td> <td><input type="text" value="3. How often do you receive the payment?"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>\$</td> <td></td> </tr> </table>	<input type="text" value="1. Beginning Date of Payment"/>	<input type="text" value="2. Gross Amount of Payment"/>	<input type="text" value="3. How often do you receive the payment?"/>	<input type="checkbox"/>	\$			
<input type="text" value="1. Beginning Date of Payment"/>	<input type="text" value="2. Gross Amount of Payment"/>	<input type="text" value="3. How often do you receive the payment?"/>						
<input type="checkbox"/>	\$							
6 Retirement Payments Under Another Law	* <input type="checkbox"/>	<input type="checkbox"/>						
<table border="0"> <tr> <td><input type="text" value="1. Beginning Date of Payment"/></td> <td><input type="text" value="2. Gross Amount of Payment"/></td> <td><input type="text" value="3. How often do you receive the payment?"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>\$</td> <td></td> </tr> </table>	<input type="text" value="1. Beginning Date of Payment"/>	<input type="text" value="2. Gross Amount of Payment"/>	<input type="text" value="3. How often do you receive the payment?"/>	<input type="checkbox"/>	\$			
<input type="text" value="1. Beginning Date of Payment"/>	<input type="text" value="2. Gross Amount of Payment"/>	<input type="text" value="3. How often do you receive the payment?"/>						
<input type="checkbox"/>	\$							

Military Retirement Pay is an annuity, pension or retainer pay paid to you by the Federal Government based on you military service. Governmental payments are annuities or other payments made to you by a county, city, state, or Federal Government. If you are receiving or will receive a governmental payment, check the appropriate box and give the beginning date, the gross amount, and the frequency of the payment.



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Items 1-3 -- Claim Period	Item 4 -- Name & Address	Item 5 -- Wages and Payments	Item 6 -- Certification
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Questions [5A 1-4](#) [5A 5-7](#) [5B 1-3](#) [5B 4-6](#)

You must click "Yes" or "No" to show if you have received or will receive each of the following payments for your days of sickness.

5C. Other Payments - If "YES," give the date of payment and who made the payment to you.

	YES	NO
1 Settlement or Damages for Personal Injury	* <input type="checkbox"/>	<input type="checkbox"/>
1 Date of Payment <input type="text"/>		
2 Paid by <input type="text"/>		
2 Advances	* <input type="checkbox"/>	<input type="checkbox"/>
1 Date of Payment <input type="text"/>		
2 Paid by <input type="text"/>		
3 Separation Allowance (Buyout, Severance Pay)	* <input type="checkbox"/>	<input type="checkbox"/>
1 Date of Payment <input type="text"/>		
2 Paid by <input type="text"/>		

Settlement or Damages for Personal Injury -- A payment received as a result of a judgement or the settlement of a personal-injury claim against your railroad employer or another party that you held liable for your injury or illness. If you are receiving or will receive some type of other payment, check the appropriate box and give the date of payment and who made the payment to you.



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Items 1-3 -- Claim Period	Item 4 -- Name & Address	Item 5 -- Wages and Payments	Item 6 -- Certification
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Claim Review and Certification Statement -- October 06, 2010, 09:29 AM, EST.

Please review your answers below. To make corrections, click on the tabs above to return to the section of the application you want to correct. After making any corrections, click on the "Certification" tab at the top of the page to return to this page. Then complete the Certification at the bottom.

Your Name [REDACTED]

1. This claim is for sickness benefits for the period July 15, 2010 through July 28, 2010.

- July 15 X - Claimed day of sickness (Including rest days)
- July 16 X - Claimed day of sickness (Including rest days)
- July 17 X - Claimed day of sickness (Including rest days)
- July 18 X - Claimed day of sickness (Including rest days)
- July 19 X - Claimed day of sickness (Including rest days)
- July 20 X - Claimed day of sickness (Including rest days)
- July 21 X - Claimed day of sickness (Including rest days)
- July 22 X - Claimed day of sickness (Including rest days)
- July 23 X - Claimed day of sickness (Including rest days)
- July 24 X - Claimed day of sickness (Including rest days)
- July 25 X - Claimed day of sickness (Including rest days)
- July 26 X - Claimed day of sickness (Including rest days)
- July 27 X - Claimed day of sickness (Including rest days)
- July 28 X - Claimed day of sickness (Including rest days)

2. Have you returned to work? No

3. Your claim will be submitted to the following address:

U.S. RAILROAD RETIREMENT BOARD

HALE BOGGS FEDERAL BLDG

SUITE 1045

500 POYDRAS STREET

NEW ORLEANS LA 70130

(877) 772-5772

4. Your Address:



5a. WAGES (Includes railroad and nonrailroad wages) - If "Yes," show dates you were paid.

Wages	Yes/No	Dates Paid
Regular Wages	No	
Vacation Pay	No	
Holiday Pay	No	
Military Reservist Pay	No	
Wage Continuation Pay	No	
Earning From Self Employment	No	
Sick Pay from Your Employer (but not payments supplementing RRB benefits)	No	

5b. GOVERNMENTAL PAYMENTS (Not RRB sickness benefits)				
Payments	Yes/No	Beginning Date of Payment	Gross Amount of Payment	How Often
Sickness or Unemployment Benefits Under Any Other Law	No			
Social Security Benefits	No			
Railroad Retirement or Disability Annuity	No			
Military Retirement Pay	No			
Worker's Compensation	No			
Retirement Payments Under Another Law	No			

5c. OTHER PAYMENTS			
Payments	Yes/No	Date of Payment	Paid by
Settlement, Damages or Advances for Personal Injury	No		
Advances	No		
Separation Allowance (Buyout, Severance Pay)	No		

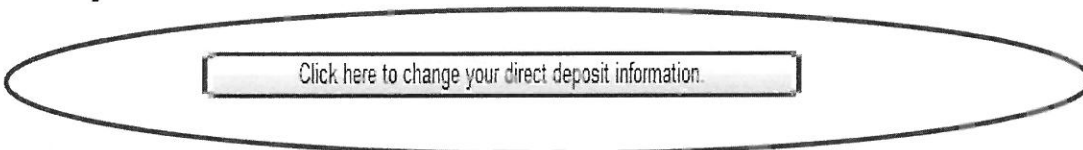
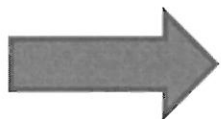
Your Payments Will be Made Electronically by Direct Deposit to the Account Shown Below:

Routing Number
Financial Organization

[REDACTED]
BRITTON & KOONTZ BANK, NA
NATCHEZ, MS 39121

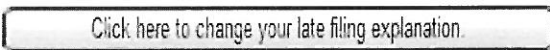
Account Number
Type of Account

[REDACTED]
Checking



Late filing explanation:

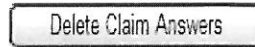
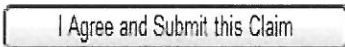
Test



CERTIFICATION:

I certify that I understand and agree to the requirements in Booklet UB-11. 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 from the RRB. I affirm that the information given on this form is true, correct, and complete.

Were you able to complete this claim form yourself? Yes No





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Items 1-3 - Claim Period

Item 4 - Name & Address

Item 5 - Wages and Payments

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Enter the 9-digit Routing Transit Number for your financial institution. Then click 'Validate Bank' to see its name. If the number is not valid or the wrong name displays, check the number you entered and try again, or call your financial institution to verify the number. If you do not have a bank account or receiving your payments by Direct Deposit would cause you hardship, read the section Waive Direct Deposit in the Help Text and check the box below.

Routing Transit Number =====>

Validate Bank

BRITTON & KOONTZ BANK, NA

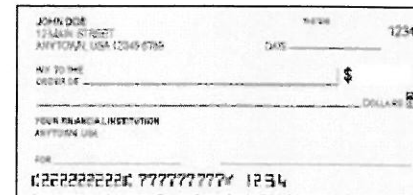
NATCHEZ, MS 39121

Enter Account Number

Select Account Type

Checking

Check this box if you do not have a checking or savings account, or if Direct Deposit would cause you a hardship.



Routing
Transit
Number

Checking
Account
Number

Benefits are normally paid by Direct Deposit to your bank, savings and loan, credit union or other financial institution. To provide the information we need to correctly deposit your payments, locate your bank or financial institution's Routing Transit Number (RTN) on your personal checks. At the bottom of your check are three sets of numbers. The RTN consists of the first nine numbers in the bottom left-hand corner as shown on the screen. If you want your benefits deposited

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Review Claim

Your Payments Will be Made Electronically by Direct Deposit to the Account Shown Below:

Routing Number [REDACTED]
Financial Organization BRITTON & KOONTZ BANK, NA
NATCHEZ, MS 39121
Account Number [REDACTED]
Type of Account Checking

[Click here to change your direct deposit information.](#)

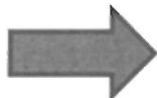
Late filing explanation: Test

[Click here to change your late filing explanation.](#)

CERTIFICATION:

I certify that I understand and agree to the requirements in Booklet UB-11. 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 from the RRB. I affirm that the information given on this form is true, correct, and complete.

Were you able to complete this claim form yourself? Yes No

 [I Agree and Submit this Claim](#)

[Delete Claim Answers](#)



United States of America - Railroad Retirement Board
Providing Secure Internet Services to the Railroad Community

Claim for Sickness Benefits -- Form SI-3

October 06, 2010, 9:50 AM EST

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SI-3 (10-10)
Form Approved
OMB No. 3220-0039

Thank you for using the RRB's "Benefit Online Services (Mainline)" to file your claim for sickness benefits. **Please do not file a paper claim for the same claim period.**

The following information was submitted as of Wednesday, October 06, 2010 at 9:50 AM EST. The Claim Identification Code is SI3-0. Please print a copy of this screen for your records.

Please allow 15 days to receive your payment. That amount of time is needed to allow your employer to give us information about your claim and for processing and delivery of your payment. Contact your local RRB office if you do not receive a payment or letter within this time period.

You should expect to receive your next claim by mail within 15 days if you are still sick and have not exhausted your benefits. If you do not receive the claim, please contact your local RRB office at 1-877-772-5772.

To return to the Benefit Online Services (MainLine) Menu to do additional private, secure business with us, [click here](#).

To leave the PIN-password protected Benefit Online Services (MainLine) area, [click here](#).