

United States of America Railroad Retirement Board Form Approved OMB No. 3220-0036

		1 DI	ease Indicate	*******		2. Please Indicate										
LIEN INFORMATION UNDER SECTION 12(O) OF THE RAILROAD UNEMPLOYMENT INSURANCE ACT		From:/To:    Date   /				To:/From: U.S. Railroad Retirement Board Office of Programs - Operations Attn: Claims Adjustment and Settlement Section 844 North Rush Street Chicago, Illinois 60611-2092										
									(See Important Notices Below)		(Phone Number) (Facsimile Number			Number)	Telephone Number: (312) 751-4820 Facsimile Number: (312) 751-7185	
															. 20011110 1121112011 (012) 101 1100	
									3.		4.			5.	6.	
									Employee's Name			Social Security Number		Date of Injury		RRB Use Only Lien Amount
								☐ Yes								
				TT 512777 V 1 5 1 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				☐ No								
								☐ Yes								
								☐ No								
								☐ Yes								
							,	☐ No								
Notices: This is in response to your inquiry about benefits recoverable under section 12(o) of the Railroad Unemployment Insurance Act (RUIA). The Railroad Retirement Board's (RRB) completed reply is confirmation of the amount of the RRB's lien. No confirmation letter will be provided.								JIA). The e provided.								
	* If the lien amount	show	n is "Not Final," the a	amount is valid	for settlement and	l reimbursement pu	rposes ONLY if you inform the RF	RB within 5								
days that the settlement has been made. Regulations require that you notify the RRB within 5 days of the settlement or judgment and th you pay the RRB the amount withheld to satisfy the lien within 30 days of the date of the settlement or judgment. Amounts that are no								ment and that								
paid within 30 days are subject to interest charges from the date of the settlement or judgment. If we do not receive such a notice within 5								notice within 5								
	days, the amount recoverable may be increased by the payment of additional benefits. After 5 days, we will provide, upon request, an updated figure on the amount of benefits paid.															
If a case has reached a settlement, the RRB should be reimbursed for the amount of our lien. The amount of reimbursement should be sent in the																
form of a check or money order made payable to the Railroad Retirement Board. Please show the employee's social security number and the date of the settlement on your remittance.								ber and the								
	Attorney's fees - The RRB's regulations (20 CFR 341.9) provide that the RRB shall not be liable for the payment of any attorney's fee expenses incurred in connection with any personal-injury claim.															
Statutory lien - The RRB does not have a subrogation claim, but does have a right to reimbursement protected by a F forth in section 12(o) of the RUIA (45 U.S.C. 362(o)).								atutory lien set								
(RRB Representative)						(Date Returned)										
-	·															

## INSTRUCTIONS

Please complete Items 1-5 and send this form via facsimile (fax) to the Railroad Retirement Board, Office of Programs – Claims Adjustment and Settlement Section at (312) 751-7185.

## <u>ITEM</u>

- 1. Circle the appropriate sender designation and enter the name of the law firm or insurance company making the inquiry, including the other identifying information as requested (i.e., name of the inquirer, telephone and fax numbers and the date). For example, if the Form ID-3S-1 is being faxed to the Railroad Retirement Board, circle "From:" and complete the remaining items.
- 2. Circle the appropriate receiver designation. For example, if the Form ID-3S-1 is being faxed from the Railroad Retirement Board, circle "From:." Item 1 must be addressed to the inquirer.
- 3. Enter the employee's name beginning with the first initial, middle initial, and full last name. Do not enter a partial name.
- 4. Enter the employee's social security number.
- 5. Enter the earliest date of occurrence of the injury for which a settlement is being made. If more than one injury is being settled, enter <u>all</u> applicable dates.
- FOR RRB USE ONLY.

Paperwork Reduction Act/Privacy Act Notices – The Railroad Retirement Board is authorized to collect the information requested on Form ID-3S-1 under section 5(b) of the Railroad Unemployment Insurance Act (RUIA). The information is needed to determine the amount of sickness benefits reimbursable under section 12(o) of the RUIA. Because you are required to provide this information under section 9(a) of the RUIA, failure to complete and return this form could result in a fine or imprisonment or both.

We estimate this form takes an average of 3 minutes to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conductor 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 the Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-2092.