United States of America
Railroad Retirement Board

QUESTIONNAIRE - REINSTATEMENT OF DISCHARGED OR SUSPENDED EMPLOYEE

SOCIAL SECURITY NUMBER

NAME

The above-named employee is claiming benefits under the Railroad Unemployment Insurance Act. The employee has advised us that you are handling his/her case for reinstatement. In this regard, please answer the questions below and return the letter using the enclosed envelope or by fax to   . Thank you for your cooperation in this matter.

Sincerely,

PAPERWORK REDUCTION ACT NOTICE

1. Are you currently handling this employee's case for reinstatement?   ☐ Yes   ☐ No

2. If you are no longer handling the employee's case for reinstatement, enter the date such efforts were abandoned.

Mo.	Day	Year

3. If reinstatement efforts have been passed on to someone else, enter the following information:

    NAME: _____

    ADDRESS: _____

    TITLE: _____

    TELEPHONE: (   )

4. If the employee has returned or expects to return to work, enter the date.

Mo.	Day	Year

5. I certify that the information given on this form is true and complete.

SIGNATURE: _____   DATE: _____

ID-8K (02-12)