

# Current

ID-4E (02-09)

US Railroad Retirement Board  
Form ID-4E (02-09)

Form Approved  
OMB No. 3220-0171

**Form ID-4E**  
**Notice of RUIA Claim Determination**  
**New Items**

**ID-4E for 1516-Illinois Central RR**

This is notice of the RRB's determinations on claims for benefits under the Railroad Unemployment Insurance Act. Base-year service and compensation were reported by your company for this individual. As a base year employer, you have the right to request reconsideration of the determination to pay benefits on this notice.

**Instructions:** If you do not object to the payment, no action is required. Delete the record to remove it from your *New Items* list. If you wish to request reconsideration of the RRB's decision to pay benefits, you may mail a request to the RRB office shown below, or you may electronically submit your request by clicking the "SSN" link below. Your request must be received by the RRB within 60 days of the date of this notice.

Or you may delete by Notice Date :

	SSN	Notice Date	Employee Name	Payroll ID	Claim Begin Date	Claim Profile	Type Of Benefit	Gross Pay	Amount Charged	RRB Office
<input type="checkbox"/>	<a href="#">*****7032</a>	2/27/2012	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	2/6/2012	111111111111111	SI	\$660.00	\$660.00	ST LOUIS MO
<input type="checkbox"/>	<a href="#">*****2248</a>	2/27/2012	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	2/6/2012	111111111111111	SI	\$660.00	\$660.00	ST LOUIS MO
<input type="checkbox"/>	<a href="#">*****6317</a>	2/27/2012	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	1/6/2012	111111100000000	SI	\$198.00	\$198.00	NEW ORLEANS LA
<input type="checkbox"/>	<a href="#">*****6317</a>	2/27/2012	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	1/13/2012	111111111111111	SI	\$660.00	\$660.00	NEW ORLEANS LA
<input type="checkbox"/>	<a href="#">*****6317</a>	2/27/2012	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	1/27/2012	111111111111111	SI	\$660.00	\$660.00	NEW ORLEANS LA
<input type="checkbox"/>	<a href="#">*****3816</a>	2/27/2012	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	1/29/2012	111111111111111	UI	\$660.00	\$660.00	NEW ORLEANS LA

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**Form ID-4E**  
Notice of RUIA Claim Determination

*ID-4E for 8301-National Railroad Passenger Corp*

**Reconsideration Request**

Submitted By:

BA Number: XXXXXXXXXXXX

Name: XXXXXXXXXXXX

Email: XXXXXXXXXXXX

Phone Number: XXXXXXXXXXXX

of payments to:

SSN: XXXXXXXXXXXX

Employee Name: XXXXXXXXXXXX

Claim Begin Date: XXXXXXXXXXXX

will be sent to:

RRB District Office: XXXXXXXXXXXX

I am requesting reconsideration of your decision to pay benefits to the above employee for the following reason(s).

Your logon ID will serve as your signature.

When you click the Submit Request button, this request will be sent to the RRB office shown on above. Any further communication regarding this request should be directed to that office.

Submit Request

Cancel

## **Paperwork Reduction Act Notice**

**Section 5(b) of the Railroad Unemployment Insurance Act (RUIA) requires the RRB to provide notice of claims for benefits to base-year employers. Employer responses to these notices are voluntary. Failure to provide information about questionable claims for benefits, however, may affect the amount that an employer is charged in benefits and the employer's tax contribution rate under the RUIA.**

**We estimate it takes an average of 2 minutes per response to complete, including the time needed for reviewing the instructions, getting the needed data, and reviewing your entries. 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 aspect of the ID-4E process, including suggestions for reducing the completion time, to: Chief of Information Resources Management, Railroad Retirement Board, 844 N. Rush Street, Chicago, IL 60611-2092.**