

CURRENT

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 _____

CLAIM FOR UNEMPLOYMENT BENEFITS

01-01

1a. This claim is for unemployment benefits for the 14 consecutive days shown below. To claim benefits, mark the box under each date with the appropriate code (X, E, P, or O).
X - Claimed day of unemployment (Including rest days); **E** - Day employed; **P** - Vacation or holiday pay; **O** - Day not claimed, other reason

This claim is for _____ through _____

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Mark each box with X, E, P, or O →

b. Enter the gross amount of wages and/or other pay (before deductions) that you received or will be paid for days in **this** period. Do not include RRB benefits or payments received under a supplemental unemployment benefit plan. **This item must be completed if you entered "E" or "P" for any day in Item 1a.** → \$ _____

2 a. Name of last railroad employer _____ b. Last railroad job (show job title, e.g., clerk, trainman, etc.) _____

- c. Reason you are not working (check one box)
1. Laid Off 2. Extra Board/Part Time 3. Sick or Injured 4. Quit or Resigned 5. Retired
6. Discharged 7. Suspended 8. Strike/Work Stoppage 9. Other (Explain below)

Explanation: _____

3. Return your claim to the address below _____

4. If your name or address is incorrect, print changes below _____

5a. Have you worked for a nonrailroad employer since your last day of railroad work?
 YES - Complete Items b.-d., below NO - Go to Item 6

b. Enter employer name and address. _____

c. Enter date last worked before this claim. _____

d. Enter your reason for not working. _____

6a. Did you work in train and engine service or passenger service during this period?
 YES - Complete Items b.-c., below NO - Go to Item 7

b. Enter the miles or hours worked during this 14-day claim period. Include miles or hours earned for regular pay, premium pay, overtime, and deadheading. → Miles _____ Hours _____

c. Enter the dates in this period on which you did not work because of a layover or stand-by rule, mileage restriction, or because you missed a turn in pool service. _____

7. Complete a.-f. by placing an "X" in the "YES or "NO" box. If you "X" a box marked with an (*), explain your answer below.

| | | |
|--|----------------------------|----------------------------|
| | YES | NO |
| a. Did you work on any day claimed for any person or company or were you self-employed? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Were you sick or injured on any day claimed? | * <input type="checkbox"/> | <input type="checkbox"/> |
| c. Were you ready and willing to work on all days claimed?..... | <input type="checkbox"/> | * <input type="checkbox"/> |
| d. Have you quit, resigned, or refused any work since you last claimed benefits? | * <input type="checkbox"/> | <input type="checkbox"/> |
| e. Have you been paid a separation allowance by any employer since you last claimed benefits? | * <input type="checkbox"/> | <input type="checkbox"/> |
| f. Are you getting any income such as military reservist pay, vacation or holiday pay, pay for time lost, railroad guarantee pay, state unemployment benefits, social security benefits, military or other retirement benefits?..... | * <input type="checkbox"/> | <input type="checkbox"/> |

*EXPLANATION: _____

8. **CERTIFICATION:** I certify that I have read Booklet UB-10 and understand it. 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. The information given on this form is true, correct, and complete.

DO NOT SIGN, DATE, OR MAIL THIS CLAIM BEFORE THE LAST DAY OF THIS CLAIM PERIOD

()

Signature _____

Date _____

Telephone No. _____