

CURRENT



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## Claim for Unemployment Benefits -- Form UI-3

UI-3 (08-04)  
Form Approved  
OMB No. 3220-0022

### Introduction Page

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

Prior to completing your claim form, please carefully read the Booklet UB-10, Unemployment Benefits for Railroad Employees or Booklet UB-10s, Beneficios de Desempleo para Empleados Ferroviarios.

**IMPORTANT:** 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 available on the Internet, whichever is later.

**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 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.

**101 MARIETTA ST  
STE 2306  
ATLANTA GA 30323-3001  
(404) 331-2841**

**RRB HelpLine** - For information about the benefits paid to you or to check on the status of your application or claim form, call the RRB HelpLine at 1-800-808-0772.

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

<b>Record of Recent Benefit Payments:</b>			
<b>Amount</b>	<b>Type</b>	<b>Claim Beginning</b>	<b>Date Approved</b>

**There were no payments issued in the last 90 days**



You will need the following information in order to complete your claim form. We suggest you gather it before you start.

**Your Employment History:**

- Date and location you last worked for a non-railroad employer, if any.
- Train and engine work service during this claim period.

**Your Claim Information:**

- Work status for each day of the claim period.
- Dates you did not work during the claim period because of layover, stand-by rule, mileage restriction, or because you missed a turn in pool service.

**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](#)

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 unemployment benefits, click on one of the claim periods listed below.

<b>Claim(s) that are currently available for completion:</b>	
<b>CLAIM(S) AVAILABLE FOR COMPLETION</b>	<b>DATE MADE AVAILABLE</b>
 <u>06/10/2004</u> through 06/23/2004	09/23/2004
<u>06/24/2004</u> through 07/07/2004	09/23/2004
<u>07/08/2004</u> through 07/21/2004	09/23/2004
<u>07/22/2004</u> through 08/04/2004	09/23/2004



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### Claim for Unemployment Benefits -- Form UI-3

Claim Period - Q1	Last RR Job - Q 2/3	Name & Address - Q4	Non-RR Work - Q5	T & E, Passenger - Q6	Eligibility Q7	Review Claim
-------------------	---------------------	---------------------	------------------	-----------------------	----------------	--------------

1a. This claim is for unemployment benefits for the 14 consecutive days shown below. To claim benefits, select the appropriate code (X,E,P, or O) in the box under each date.

6/10/2004 through 6/23/2004

Jun 10	Jun 11	Jun 12	Jun 13	Jun 14	Jun 15	Jun 16	Jun 17	Jun 18	Jun 19	Jun 20	Jun 21	Jun 22	Jun 23
<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 unemployment (Including rest days)
- E - Day Employed
- P - Vacation or holiday pay
- O - Day not claimed, other reason

1b. 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.

\$

Select the correct letter code below the date in the 14-day period showing whether you want to claim benefits for the day or whether you worked, received vacation pay, holiday pay, or other earnings, or cannot claim benefits for some other reason. Use an "X" to show your normal rest days, unless you worked or otherwise

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-------------------	---------------------	---------------------	------------------	-----------------------	----------------	--------------

1a. This claim is for unemployment benefits for the 14 consecutive days shown below. To claim benefits, select the appropriate code (X,E,P, or O) in the box under each date.

6/10/2004 through 6/23/2004

Jun 10	Jun 11	Jun 12	Jun 13	Jun 14	Jun 15	Jun 16	Jun 17	Jun 18	Jun 19	Jun 20	Jun 21	Jun 22	Jun 23
X	X	X	X	X	X	X	E	E	E	E	E	E	E

- X - Claimed day of unemployment (Including rest days)
- E - Day Employed
- P - Vacation or holiday pay
- O - Day not claimed, other reason

1b. 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.

\$ 1500.00

Enter the dollar amount of your total gross earnings from all full-time and part-time work performed in the claim period. Include earnings from railroad, non-railroad, and self-employment. Also, include any pay you would have earned except for your failure to mark up in time or report for duty, or because you missed a turn in



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### Claim for Unemployment Benefits -- Form UI-3

Claim Period - Q1	Last RR Job - Q 2/3	Name & Address - Q4	Non-RR Work - Q5	T & E, Passenger - Q6	Eligibility Q7	Review Claim
-------------------	---------------------	---------------------	------------------	-----------------------	----------------	--------------

2a. Name of last railroad employer

2b. Last railroad job (show job title, e.g., clerk, trainman, etc.)

2c. Reason you are not working (select the reason)

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

101 MARIETTA ST  
STE 2306  
ATLANTA GA 30323-3001  
(404) 331-2841

Enter the complete name of your last railroad employer.

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Claim Period - Q1

Last RR Job - Q23

Name & Address - Q4

Non-RR Work - Q5

T & E, Passenger - Q6

Eligibilit

**2a. Name of last railroad employer**

**2b. Last railroad job (show job title,  
e.g., clerk, trainman, etc.)**

**2c. Reason you are not working  
(select the reason)**

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

BURLINGTON NORTHERN AND SANTA FE RWY CO.

BURLINGTON NORTHERN AND SANTA FE RWY CO.

CSX TRANSPORTATION, INC.

GRAND TRUNK WESTERN RAILROAD INC.

ILLINOIS CENTRAL RAILROAD COMPANY

KANSAS CITY SOUTHERN RWY CO.

LONG ISLAND RR CO

METRO-NORTH COMMUTER RR CO

NATIONAL RAILROAD PASSENGER CORPORATION

NEW JERSEY TRANSIT RAIL OPERATIONS, INC.

NORFOLK SOUTHERN CORP.

NORTHEAST ILLINOIS REG. COMM. RR CORP.

**ATLANTA GA 30323-3001**

**(404) 331-2841**





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## Claim for Unemployment Benefits -- Form UI-3

Claim Period - Q1	Last RR Job - Q 2/3	Name & Address - Q4	Non-RR Work - Q5	T & E, Passenger - Q6	Eligibility Q7	Review Claim
-------------------	---------------------	---------------------	------------------	-----------------------	----------------	--------------

**2a. Name of last railroad employer**

BURLINGTON NORTHERN AND SANTA FE RWY CO. ▼

**2b. Last railroad job (show job title, e.g., clerk, trainman, etc.)**

Engineer, Road ▼

**2c. Reason you are not working (select the reason)**

9. Other, explain below ▼

Failed drug test

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

101 MARIETTA ST  
STE 2306  
ATLANTA GA 30323-3001  
(404) 331-2841

If the reason is Other, you must provide a brief explanation in the space provided, for example, 'Leave of Absence.'



Claim Period - Q1	Last RR Job - Q 2/3	Name & Address - Q4	Non-RR Work - Q5	T & E, Passenger - Q6	Eligibility Q7	Review Claim
-------------------	---------------------	---------------------	------------------	-----------------------	----------------	--------------

4. If your name or address is incorrect, please make appropriate changes.

Name (First Init, Mid Init, Last)

Mailing Address

Address Continued

City

State

ZIP Code

Phone Number

-

This item is pre-filled with your name and address. If necessary, show corrections to your name and address.



Claim Period - Q1	Last RR Job - Q 2/3	Name & Address - Q4	Non-RR Work - Q5	T & E, Passenger - Q6	Eligibility Q7	Review Claim
-------------------	---------------------	---------------------	------------------	-----------------------	----------------	--------------

**4. If your name or address is incorrect, please make appropriate changes.**

**Name (First Init, Mid Init, Last)**

**Mailing Address**

**Address Continued**

**City**

**State**

**ZIP Code**

**Phone Number**

This item is pre-filled with your name and address. If necessary, show corrections to your name and address.



## Claim for Unemployment Benefits -- Form UI-3

Claim Period - Q1	Last RR Job - Q 2/3	Name & Address - Q4	Non-RR Work - Q5	T & E, Passenger - Q6	Eligibility Q7	Review Claim
-------------------	---------------------	---------------------	------------------	-----------------------	----------------	--------------

**5a. Have you worked for a non-railroad employer since your last day of railroad work?**

5b. Enter employer name.

5b. Enter employer's address.

5b. Enter employer's city, state and zip code.

 State 

5c. Enter date last worked before this claim.

5d. Enter your reason for not working.

Answer this question "Yes" if you have worked for a non-railroad employer since your last day of railroad work.



Claim for Unemployment Benefits Form 500

Claim Period - Q1	Last RR Job - Q 2/3	Name & Address - Q4	Non-RR Work - Q5	T & E, Passenger - Q6	Eligibility Q7	Review Claim
-------------------	---------------------	---------------------	------------------	-----------------------	----------------	--------------

**5a. Have you worked for a non-railroad employer since your last day of railroad work?**

No - Go to Item 6

5b. Enter employer name.

5b. Enter employer's address.

5b. Enter employer's city, state and zip code.

<input type="text"/>	State	<input type="text"/>
----------------------	-------	----------------------

5c. Enter date last worked before this claim.

Month	Day	Year
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5d. Enter your reason for not working.

Answer this question "Yes" if you have worked for a non-railroad employer since your last day of railroad work.



## Claim for Unemployment Benefits -- Form UI-3

Claim Period - Q1	Last RR Job - Q 2/3	Name & Address - Q4	Non-RR Work - Q5	T & E, Passenger - Q6	Eligibility Q7	Review Claim
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**6a. Did you work in train and engine service or passenger service during this period?**

Select

Select "Yes" if you worked in train and engine service during this 14-day claim period.

6b. 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

6c. Select 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.

Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
Jun 10 <input type="checkbox"/>	Jun 11 <input type="checkbox"/>	Jun 12 <input type="checkbox"/>	Jun 13 <input type="checkbox"/>	Jun 14 <input type="checkbox"/>	Jun 15 <input type="checkbox"/>	Jun 16 <input type="checkbox"/>
Jun 17 <input type="checkbox"/>	Jun 18 <input type="checkbox"/>	Jun 19 <input type="checkbox"/>	Jun 20 <input type="checkbox"/>	Jun 21 <input type="checkbox"/>	Jun 22 <input type="checkbox"/>	Jun 23 <input type="checkbox"/>

Claim for Unemployment Benefits -- Form UI-3

Claim Period - Q1	Last RR Job - Q 2/3	Name & Address - Q4	Non-RR Work - Q5	T & E, Passenger - Q6	Eligibility Q7	Review Claim
-------------------	---------------------	---------------------	------------------	-----------------------	----------------	--------------

**6a. Did you work in train and engine service or passenger service during this period?**

Yes - Complete items b-c, below

**6b. 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

Enter the miles or hours earned for regular pay, premium pay, overtime, and deadheading. Enter miles for your work in road service. Enter hours for work in yard service.

**6c. Select 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.**

Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
Jun 10 <input type="checkbox"/>	Jun 11 <input type="checkbox"/>	Jun 12 <input type="checkbox"/>	Jun 13 <input type="checkbox"/>	Jun 14 <input type="checkbox"/>	Jun 15 <input type="checkbox"/>	Jun 16 <input type="checkbox"/>
Jun 17 <input type="checkbox"/>	Jun 18 <input type="checkbox"/>	Jun 19 <input type="checkbox"/>	Jun 20 <input type="checkbox"/>	Jun 21 <input type="checkbox"/>	Jun 22 <input type="checkbox"/>	Jun 23 <input type="checkbox"/>

7. Complete a-f, by selecting the "Yes" or "No" box. If you select a box marked with an (\*), explain your answer below.

	YES	NO
7a. Did you work on any day claimed for any person or company or were you self-employed?	* <input type="checkbox"/>	<input type="checkbox"/> Please answer all of the questions in item 7. Be sure to explain your answer if you complete a box that has an asterisk (*) in front of it. If your explanation does not fit in the space provided, please contact your local field office to provide additional information.
7b. Were you sick or injured on any day claimed?	* <input type="checkbox"/>	<input type="checkbox"/>
7c. Were you ready and willing to work on all days claimed?	<input type="checkbox"/>	* <input type="checkbox"/>
7d. Have you quit, resigned, or refused any work since you last claimed benefits?	* <input type="checkbox"/>	<input type="checkbox"/>
7e. Have you been paid a separation allowance by any employer since you last claimed benefits?	* <input type="checkbox"/>	<input type="checkbox"/>
7f. 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"/>





7. Complete a-f, by selecting the "Yes" or "No" box. If you select a box marked with an (\*), explain your answer below.

	YES	NO
7a. Did you work on any day claimed for any person or company or were you self-employed?	* <input type="checkbox"/>	<input checked="" type="checkbox"/> <div style="border: 1px solid gray; padding: 5px; width: 200px;">Please answer all of the questions in item 7. Be sure to explain your answer if you complete a box that has an asterisk (*) in front of it. If your explanation does not fit in the space provided, please contact your local field office to provide additional information.</div>
7b. Were you sick or injured on any day claimed?	* <input type="checkbox"/>	<input checked="" type="checkbox"/>
7c. Were you ready and willing to work on all days claimed?	<input checked="" type="checkbox"/>	* <input type="checkbox"/>
7d. Have you quit, resigned, or refused any work since you last claimed benefits?	* <input type="checkbox"/>	<input checked="" type="checkbox"/>
7e. Have you been paid a separation allowance by any employer since you last claimed benefits?	* <input type="checkbox"/>	<input checked="" type="checkbox"/>
7f. 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 checked="" type="checkbox"/>

## Claim Review & Certification Statement -- 09:19, Oct 07, 2004

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 "Review Claim" tab at the top of the page to return to this page. Then complete the **Certification** at the bottom.

Your Name

1a. This claim is for unemployment benefits for the 14 consecutive days shown below. To claim benefits, select the appropriate code ( X,E,P, or O) in the box under each date. 6/10/2004 through 6/23/2004

Jun 10	X - Claimed day of unemployment (Including rest days)
Jun 11	X - Claimed day of unemployment (Including rest days)
Jun 12	X - Claimed day of unemployment (Including rest days)
Jun 13	X - Claimed day of unemployment (Including rest days)
Jun 14	X - Claimed day of unemployment (Including rest days)
Jun 15	X - Claimed day of unemployment (Including rest days)
Jun 16	X - Claimed day of unemployment (Including rest days)
Jun 17	E - Day employed
Jun 18	E - Day employed
Jun 19	E - Day employed
Jun 20	E - Day employed
Jun 21	E - Day employed
Jun 22	E - Day employed
Jun 23	E - Day employed

1b. 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.

\$ 1500.00

2a. Name of last railroad employer

BURLINGTON NORTHERN AND SANTA FE RWAY

2b. Last railroad job (show job title, e.g., clerk, trainman, etc.)

Engineer, Road

2c. Reason you are not working (select the reason)

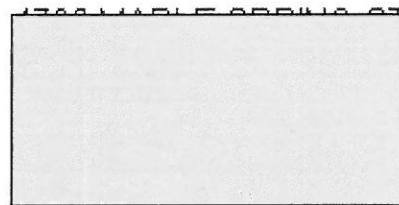
Failed drug test

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

101 MARIETTA ST  
STE 2306  
ATLANTA GA 30323-3001  
(404) 331-2841

4. Your Address

1700 MARBLE SPRING ST





5a. Have you worked for a non-railroad employer since your last day of railroad work?

No

5b. Enter employer name.

5b. Enter employer's address.

5b. Enter employer's city, state and zip code.

5c. Enter date last worked before this claim.

5d. Enter your reason for not working.

6a. Did you work in train and engine service or passenger service during this period?

Yes

6b. 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 = 700

6c. Select 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.



7a. Did you work on any day claimed for any person or company or were you self-employed? No

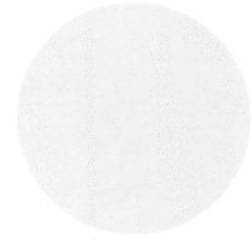
7b. Were you sick or injured on any day claimed? No

7c. Were you ready and willing to work on all days claimed? Yes

7d. Have you quit, resigned, or refused any work since you last claimed benefits? No

7e. Have you been paid a separation allowance by any employer since you last claimed benefits? No

7f. 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? No



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

RTN

Financial Organization

Account Number

Type of Account

Checking

[Click Here if You Wish to Change Your Direct Deposit Information](#)

**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.

I Agree and Submit this Claim

Delete Claim Answers

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

GA BANK & TRUST CO OF AUGUSTA

Enter Account Number

Select Account Type

Savings

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

UI-3 (08-04)

Form Approved

OMB No. 3220-0022

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Review Claim

JOHN DOE	1234
12 MAIN STREET	
ANYTOWN, USA 12345-6789	DATE _____
PAY TO THE ORDER OF _____	\$ _____
_____ DOLLARS	
YOUR FINANCIAL INSTITUTION ANYTOWN, USA	
FOR _____	
1:222222222 777777777 1234	

Routing  
Transit  
Number

Checking  
Account  
Number



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

RTN

Financial Organization

Account Number

Type of Account


[Click Here if You Wish to Change Your Direct Deposit Information](#)

**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.

[I Agree and Submit this Claim](#)

[Delete Claim Answers](#)





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## Claim for Unemployment Benefits -- Form UI-3

UI-3 (08-04)  
Form Approved  
OMB No. 3220-0022

09:37, Oct 07, 2004

Thank you for using the RRB's "Mainline Services" to file your claim for unemployment benefits. Please do not file a paper claim for the same claim period.

We recommend that you **print** this confirmation page as your record of having submitted your claim beginning 06/10/2004 at 09:37 EST, on Oct 07, 2004.

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 have one or more available claims for completion. Please click one of the links below to select another claim to complete.**

Claim(s) currently available for completion:	
CLAIM(S) AVAILABLE FOR COMPLETION	DATE MADE AVAILABLE
<a href="#">06/24/2004</a> through 07/07/2004	09/23/2004
<a href="#">07/08/2004</a> through 07/21/2004	09/23/2004
<a href="#">07/22/2004</a> through 08/04/2004	09/23/2004

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To leave the PIN-password protected MainLine Services area and return to the RRB's home page, [click here](#).