

U.S. Railroad Retirement Board Form ID-3U (09-14) Form Approved OMB No. 3220-0036

REQUEST FOR SECTION 2(F) INFORMATION FOR RAILROAD USE ONLY

Employer Instructions		Paperwork Reduction Act				RRB USE ONLY	
1. Employee's Name	3. Pay For Time Lost (Exact Days)		5. Amount of Payment	6. Date of Payment	7. Information Only	11. Amount Due RRB	12. Billing Doc ID
2. SSN Number	From	To	4. Guarantee		Yes		
	Month	Year			No		
	Aug	2017			<input checked="" type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		

8. Employer Remarks
 Employee will receive protection for the month of August.
 You have 300 characters remaining for additional information.

9. Railroad: U.S. Railroad Retirement Board
 Telephone: Sickiness and Unemployment Benefits Section (312) 751-4820
 Name of Requestor: RRB Representative:
 Date of Request: RRB Date of Reply:

13. RRB Remarks
 9990 stop
 You have 300 characters remaining for additional information.

14. U.S. Railroad Retirement Board Sickiness and Unemployment Benefits Section (312) 751-4820

Notices: The Railroad Retirement Board's (RRB) completed reply is confirmation of the amount due under section 2(f) of the Railroad Unemployment Insurance Act.

Important: A subsequent report is required if you make a payment to the employee and this request is for "Information Only." The subsequent report is needed to determine the correct amount of reimbursement due the RRB to prevent additional benefit payments and to trigger the release of a billing statement for the amount due. Billing Document ID numbers are provided upon request, but only for claims which have been settled, i.e., cases in which Item 7 is checked "No." If reimbursement will be made without an RRB billing statement, return a copy of this form with your remittance or be sure to show your Payor Code and the Billing Doc ID on your remittance.

AMOUNTS DUE THE RRB UNDER SECTION 2(F) MUST BE RECEIVED WITHIN 30 DAYS AFTER THE DATE OF PAYMENT TO THE EMPLOYEE.

AMOUNTS THAT ARE NOT PAID WITHIN 30 DAYS ARE SUBJECT TO INTEREST CHARGES FROM THE DATE OF PAYMENT.

EMPLOYER INSTRUCTIONS

ITEM

1. Enter the employee's first initial, middle initial and last name. Do not enter a partial name.
2. Enter the employee's social security number.
3. Enter each date for which the employee has been awarded pay for time lost. For example, enter "June 3, 5 and 8, 2014." If the days in the period are contiguous, enter the first and last day of the period, e.g., "May 5, 2014-June 24, 2014."
4. Enter the month and the year for which the employee is being paid a monthly wage guarantee or allowance. If a guaranteed wage will be paid for more than one month, enter each month on a separate line.
5. Enter the total amount of the monthly guarantee or pay for time lost award to be paid to the employee. Under Section 2(f) of the Act, the RRB is entitled to reimbursement of the amount of benefits paid for days in the same period for which the employee is paid for time lost, or the amount of the guarantee or pay for time lost award, whichever is less. It is important to complete this section so that the RRB can determine if the amount due is less than the amount of benefits paid for the period.
6. If a payment has already been made to the employee, enter the date of the payment. In most cases, benefits due to an employee for the period but not yet paid will be stopped, thereby reducing the amount of reimbursement due the RRB.
7. Check "Yes" if you are making an informational inquiry on this case and no payment will be issued to the employee at this time. Check "No" if a payment will be issued to the employee once you receive a reply from the RRB. **Please note that a second report is required if you make a payment to the employee and your first request was for "Information Only." Your second report is required to prevent additional benefit payments to the employee and to trigger the release of a billing statement for the amount due the RRB under section 2(f).**
8. Enter any remarks concerning the employee's guarantee or pay for time lost award.
9. Enter the name of the railroad responsible for making the guarantee or pay for time lost award including the name of the requestor, the requestor's phone number, and the date of the request.

[Close Window](#)

Paperwork Reduction Act Notice

The RRB is authorized to collect the information requested on Form ID-3u under section 5(b) of the Railroad Unemployment Insurance Act (RUIA). The information is needed to determine the amount of unemployment benefits reimbursable under section 2(f) 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 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 this form, including suggestions for reducing completion time, to the Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 Rush St., Chicago, Illinois 60611-1275.

[Close Window](#)