

U.S. RAILROAD RETIREMENT BOARD
Office of Programs - Operations
P.O. Box 10695
Chicago, Illinois 60610-0695

ID-4U (05-13)



REQ - 7613

According to our records, you are not qualified for benefits under the Railroad Unemployment Insurance Act based on your _____ railroad earnings.

To be qualified for benefits in the general benefit year July 1, through June 30, _____, you must have had railroad earnings of at least \$ _____ .00 in _____, counting no more than \$1330 for any month. If you think our records are wrong and you believe you are qualified, complete and return the enclosed Form UI-9.

Even though you are not qualified for benefits based on your _____ earnings you may now be eligible for benefits for which you would normally become qualified on July 1, _____. To be eligible for these benefits you must have at least 10 years of railroad service, railroad earnings of at least \$ _____ in _____, and you must not have voluntarily quit work without good cause or voluntarily retired. If you believe that you meet these requirements, please answer the questions below, sign your name in the space provided and return this letter to the address shown above.

Sickness and Unemployment Benefits Section

1. In counting your total months of service, did you include military service, if any? Yes ___ No ___
If "Yes" give your entry date _____ and discharge date _____
2. Furnish the following information for each employer for whom you worked or from whom you received vacation pay or pay for time lost in _____.
If you need more space, use the other side of this notice.

Railroad: _____

Occupation: _____

Place of Employment - City and State: _____

List months of service in _____ : _____

PLEASE READ THE IMPORTANT NOTICES ON THE REVERSE SIDE OF THIS FORM.

I understand that civil and criminal penalties may be imposed on me for false or fraudulent statements, or for withholding information to cause payment of benefits by the RRB. I affirm that to the best of my knowledge, the information I have given is true, complete, and correct.

Signature _____ Date _____

Enclosure: Form UI-9

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

The Railroad Retirement Board's authority for requesting this information is section 2(c) of the Railroad Unemployment Insurance Act. The information requested on this form is needed to determine if you qualify for benefits. You do not have to provide the information requested, but if you fail to respond, we may not be able to pay you benefits.

We estimate this form takes an average of 5 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 Chief of Information Resources Management, Railroad Retirement Board, 844 N. Rush St., Chicago, Illinois 60611-2092.