

# CURRENT

<b>Statement of Service for Railroad Unemployment Insurance Benefits</b>	Social Security Number
	Name (First, Middle Initial, Last)

**Instructions:** If you believe you have additional months of service creditable for unemployment and sickness benefit purposes, complete and return this form to the Railroad Retirement Board, Post Office Box 10695, Chicago, Illinois 60610-0695. Read the important notices on page 2 of this form.

**Definition of a Month of Service:** A month of service is a month in which you worked for a railroad, or otherwise received pay, vacation pay, holiday pay or pay for time lost from an employer covered by the Railroad Retirement Act. Creditable service also includes military service during certain periods if before entering military service you worked for a railroad in the same calendar year or the preceding calendar year.

**1** Counting all months of creditable service as explained above, I believe I have a total of 120 or more months of service.  
 If "YES" - Complete entire form and return to the Railroad Retirement Board.  
 If "NO" - *Do not complete this form.*

**2** In counting my total months of service I have included:

a. Military Service  YES  NO

b. Service after \_\_\_\_\_  YES  NO

**3** In the blocks below show all employer service beginning with January \_\_\_\_\_. Use a separate block for each employer. Enter an "X" under each month in which you worked or received vacation pay or pay for time lost. If you need more space, use the reverse side of this form.

Name of Railroad or Other Employer				Occupation				Place of Employment			Department or Service	
								City	State			
YEAR	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

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**4** Have you retired?  YES - Enter Date: \_\_\_\_\_  NO

**5** 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 (Do Not Print): \_\_\_\_\_ Date: \_\_\_\_\_

## **Paperwork Reduction Act and Privacy Act Notices**

The Railroad Retirement Board's authority for requesting this information is Section 5(b) of the Railroad Unemployment Insurance Act. The information requested on this form is needed to determine if you qualify for extended or accelerated 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.