

**REPORT OF PAYMENTS TO EMPLOYEE CLAIMING SICKNESS BENEFITS UNDER
THE RAILROAD UNEMPLOYMENT INSURANCE ACT**

NAME - _____ **SS NO. -** _____ **DATE OF INJURY -** _____

SECTION 12(o) OF THE RAILROAD UNEMPLOYMENT INSURANCE ACT:

"Benefits payable to an employee with respect to days of sickness shall be payable regardless of the liability of any person to pay damages for such infirmity. The Railroad Retirement Board (RRB) shall be entitled to reimbursement from any sum or damages paid or payable to such employee or other person through suit, compromise, settlement, judgment, or otherwise on account of any liability (other than a liability under a health, sickness, accident or similar insurance policy) based upon such infirmity, to the extent that it will have paid or will pay benefits for days of sickness resulting from such infirmity. Upon notice to the person against whom such right or claim exists or is asserted, the RRB shall have a lien upon such right or claim, any judgment obtained thereunder, and any sum or damages paid under such right or claim, to the extent of the amount to which the RRB is entitled by way of reimbursement."

NOTICE: The RRB's authority for requesting information about any sum or damages, pay for time lost, or workers' compensation paid or payable to a railroad employee because of the employee's infirmity is section 5(b) and section 9(a) of the Railroad Unemployment Insurance Act.

1. DAMAGES (No pay for time lost), Paid by Employer or Other Party

If any sum or damages are paid or payable to the employee or other person on account of any liability based on infirmity of the above-named employee, and such sum or damages **include pay for time lost**, complete the following:

Net amount of settlement* (not including amount of any expenses shown on the next line): \$ _____

Amount of employee's medical, hospital, and legal expenses in connection with this injury, if known: \$ _____ Date of settlement: _____

2. DAMAGES INCLUDING PAY FOR TIME LOST, Paid by Employer

If any sum or damages are paid or payable to the employee or other person on account of any liability based on infirmity of the above-named employee, and such sum or damages **include pay for time lost**, complete the following:

Net amount of settlement* (not including amount of any expenses shown on the next line): \$ _____

Amount of employee's medical, hospital, and legal expenses in connection with this injury, if known: \$ _____

Amount of pay for time lost \$ _____ Period to which applicable: From _____ To _____

Date of settlement: _____

3. PAY FOR TIME LOST, Paid by Employer

If only pay for time lost has been paid or is payable, complete the following:

Amount of pay for time lost: \$ _____ Date of payment (if paid): _____

Period to which applicable: From _____ To _____

4. WORKERS' COMPENSATION

Has workers' compensation been paid, is it being paid, or will it be paid for disability? Yes No

If "Yes," is it for permanent total or temporary total? Yes No

If for permanent total or temporary total, complete the following:

Amount paid or payable: \$ _____ Per (week, month, etc.): _____

Payment beginning date: _____ Date first payment made: _____

Payment ending date (if known): _____

***If amount exceeds \$50,000, enter "In excess of \$50,000."**

Name of Employer or Other Person _____

By _____

Title _____