

CURRENT

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 N. RUSH STREET
CHICAGO, ILLINOIS 60611-2092

ID-30B
(08-12)

NOTICE OF LIEN

OFFICE OF PROGRAMS
OPERATIONS

SS NO., NAME, AND ADDRESS

OCCUPATION

DATE INJURED DATE LAST WORKED

The individual named above has applied for sickness benefits under the Railroad Unemployment Insurance Act (RUIA). This letter is notice of the Railroad Retirement Board's (RRB) right to reimbursement of such sickness benefits from any sum payable on account of liability based on the employee's injury or illness.

Section 12(o) of the RUIA is quoted on the enclosed Form SI-5. Please note the provisions of that section concerning the lien which the RRB has when notice such as this letter is given in a personal injury case. In view of this lien you should see that the RRB is properly reimbursed if any settlement is made with the individual. Otherwise you may have to reimburse the RRB. To protect your interest, please follow these instructions:

1. If you have liability insurance, turn this letter over to your insurance company and let the RRB know the name and address of the insurance company. Further, if you have any agreement whereby a third party may have assumed liability, make sure that the third party knows about this notice.
2. If it appears that through legal action or out-of-court settlement, a sum or damages may become payable for personal injury to the employee, please ask the RRB by letter, facsimile Form ID-3S, or telephone, how much has been paid in sickness benefits. Address the inquiry to the Claims Adjustment and Settlement Section at the address shown above or telephone (312) 751-4820. Telephone inquiries received by 2 P.M. (Central Time) are normally answered the next business day.
3. If a sum does become payable for personal injury, make sure that any amount due in reimbursement for sickness benefits is withheld and paid to the RRB. Regulations require that you notify the RRB within 5 days of a settlement or judgment and that you pay the RRB the amount withheld to satisfy the lien within 30 days of the settlement or judgment. Report the amount of the personal injury settlement by completing Form SI-5 and sending it to the RRB with your remittance. Amounts that are not paid within 30 days are subject to interest charges from the date of settlement or judgment.

If the employee has received, or is to receive, workers' compensation, please furnish the information about such compensation requested on Form SI-5. You are not to withhold and pay to the RRB any of the workers' compensation payments but the RRB needs to know about them.

We estimate that Form SI-5 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 the completion time to the Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-2092.

Railroad Retirement Board

SI-1B PROC. DATE REQ. CODE

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