New Items Pending Items U.S. Railroad Retirement Board		RRB Employer Reporting Sy	ing System		日本 日	THE REAL PROPERTY OF THE PARTY	一年 日本	THE REAL PROPERTY.		Logon
ad Retir		nodou of odd								
S. Railroad Retirement Br		Completed Items	Forms My A	My Account F	Reports Administrator	istrator				
Form ID-3U (09-14)	oard									Form Approved OMB No. 3220-0036
		A SEAL OF A SHEET	REQUEST FOR SEC	JEST FOR SECTION 2(F) INFORMATION	RMATION				RRB U	RRB USE ONLY
	Employer	Employer Instructions	FOR RAIL!	FOR RAILROAD USE ONLY		Paperwork Reduction Act			10. Payor Code	
1. Employee's Name					si.	ف	7		1.	-22
2. SSN Number	3. Pay For Time Lost (Exact Days)	Lost i)	4. Guarantee		Amount of Payment	Date of Payment	Information Only	Alu Vila	Amount Due RRB	Billing Doc ID
	From	To	Month	Year			Yes	No		
			Aug ~	~ 2012			5			
			>	>						
8. Employer Remarks					42 000 04					
					13. KKB Remarks	narks				
imployee will receive protection for month of Angust.	re protectio	n for the			090 stop			< >		
You have 300 characters remaining for additional information.	ining for addisonal in	formation.			You have 300	You have 300 characters remaining for additional information.	ditional Information.			
					14.					
Railroad:					U.S. Railro	U.S. Railroad Retirement Board	ard			
Telephone:					Sickness and L (312) 751-4820	Sickness and Unemployment Benefits Section (312) 751-4820	nt Benefits Sect	tion		
Name of Requestor:					RRB Representative:	sentative:				
Date of Request:					RRB Date of Reply:	f Reply:				
rtant: The Railroad Re rtant: A subsequent reimbursemer request, but o form with you AMOUNTS DU	strement Board report is requ nt due the RRI nly for claims remittance remittance	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.	is confirmation of the ayment to the emplant benefit payment titled, i.e., cases in ur Payor Gode and	amount due under oyee and this results in the stringer which item 7 is which item 7 is which little and 100 or with 100 or wit	infirmation of the amount due under section 2(f) of the Railroad Unemployment insurance Act.  It to the employee and this request is for "Information Only." The subsequent reporentit payments and to trigger the release of a billing statement for the amount due.  I.e., cases in which item 7 is checked "No." If reimbursement will be made without yor Code and the Billing Doc ID on your remittance.  BE RECEIVED WITHIN 30 DAYS AFTER THE DATE OF PAYMENT TO THE EMPLOYEE.	road Unemployment in lation Only." The su ing statement for th simbursement will b ce.	Burance Act.  absequent report te amount due. I te made without HE EMPLOYEE.	t is needed to Billing Docur an RRB billir	o determine the cornent ID numbers are	rect amount of provided upon n a copy of this
AMOUNTS TH	AT ARE NOT	AMOUNTS THAT ARE NOT PAID WITHIN 30 DAYS ARE	ARE SUBJECT TO	INTEREST CHA	SUBJECT TO INTEREST CHARGES FROM THE DATE OF PAYMENT.	TE OF PAYMENT.				
			Sul	bmit	Print	Exit/No Action				

## **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