CURRENT

FORM APPROVED
OMB NO. 3220-0036

Claimant Name:
SS No.:

Notice to Request Supplemental Information on Injury or Illness

1. Did you make settlement with the above named person:
   - ☐ Yes – Complete Items 2-6 and sign below.
   - ☐ No

   Is a personal injury claim still being pursued?
   - ☐ Yes – Complete Items 2 and 3 and sign below.
   - ☐ No – Please explain

   _____

   _____

   _____

2. Enter name, address, telephone, and facsimile (Fax) number of Insurance Company or payer.

   _____

   _____

   _____

   _____

   Telephone Number: ( ) _____ Fax Number: ( ) _____

3. Policy No.: Claim No.:

4. Date on which the payment was made for settlement: _____

5. Amount of the payment/settlement: $ _____

6. Amount withheld from the settlement to repay the RRB's lien. If no amount was withheld, please explain: $ _____

   _____

   _____

   _____

I certify that the information I am giving is true, complete and correct. I understand that criminal and civil penalties may be imposed against me for false or fraudulent statements or for withholding information to cause the payment of benefits by the RRB.

Signature: _____ Date: _____

Title: _____ Telephone: ( ) _____

Paperwork Reduction Act/Privacy Act Notices: The RRB is authorized to collect the information requested on this form under Section 5(b) of the Railroad Unemployment Insurance Act (RUIA). The information is needed with respect to sickness benefits paid under the Act. 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 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: Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 N. Rush Street, Chicago, IL 60611-1275.