

# PROPOSED

United States of America  
Railroad Retirement Board

Form Approved  
OMB No. 3220-0025

<b>STATEMENT REGARDING BENEFITS CLAIMED FOR DAYS WORKED</b>	Claimant's Name
	SS No.
	Place of Interview

, has identified **\*\*Choose One\*\*** to me as a representative of the Railroad Retirement Board (RRB) and has informed me that under section 5(b) of the Railroad Unemployment Insurance Act, the RRB has the right to ask me to complete this form but that I am not required to do so. I have been advised that if I do make a statement, it may be used against me and that I have the right to consult an attorney or other representative before making a statement. After having been fully informed regarding my rights, I am furnishing the following information voluntarily. I understand that if I do not furnish a statement, the RRB will make a determination on my claims based on information obtained from other sources.

### Paperwork Reduction Act Notice

We estimate this form takes an average of 12 minutes to complete, including the time for 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 North Rush Street, Chicago, IL 60611-1275.**

	Dates	
	<u>From</u>	<u>To</u>
1a. During what period(s) did you work for the following employer(s):		
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Name(s) of Employer(s)</b>		
b. Are you willing to accept the record of your employment as shown to you by the RRB representative?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Did you report this employment on your claim forms when you filed for benefits under the Railroad Unemployment Insurance Act?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "NO," why not? _____		
_____		
_____		
2. Did you claim benefits during the time you worked for the employer(s) shown in Item 1a?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3a. Have you worked for anyone else since you started claiming benefits?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "YES," enter the name of the employer(s) for whom you worked.		
_____		
_____		
b. Did you report this employment on your claim forms?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "NO," why not? _____		
_____		

Name:  
SS No.:

<p>4a. When you started claiming benefits were you provided Booklet UB-10, <i>Unemployment Benefits for Railroad Employees</i>, or Booklet UB-11, <i>Sickness Benefits for Railroad Employees</i>?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO If "NO," go to <b>Item 5a</b>
<p>b. Did you read and understand it?</p> <p>If "NO," why not? _____</p> <p>_____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>5a. Were you interviewed by a representative of the RRB after you began claiming benefits?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO If "NO," go to <b>Item 6</b>
<p>b. Did the RRB representative tell you about reporting all work and about the penalties for making false or fraudulent statements?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>6. Do you understand that you should not claim benefits for days on which you worked?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>7. Did you know it was a violation of the law to claim benefits for days on which you worked?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>8. Have you ever claimed benefits under the Railroad Unemployment Insurance Act before the current benefit year?</p> <p>If "YES," during what periods did you claim benefits?</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>9. Additional information furnished by claimant: _____</p> <p>_____</p> <p>_____</p>		

10. **CERTIFICATION**

I, \_\_\_\_\_ certify that the information I have given to the RRB representative is true, complete, and correct. I understand that criminal and civil penalties may be imposed on me for false or fraudulent statements or claims or for withholding information in order to receive benefits from the RRB.

_____ (SIGNATURE OF CLAIMANT)	_____ (DATE)
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Witnessed by: _____ (RRB REPRESENTATIVE)	_____ (DATE)
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