United States of America
Railroad Retirement Board

CURRENT

Form Approved
OMB No. 3220-0034

Statement of Authority to Act for Employee

Employee _____

Social Security Number _____

This statement is to be completed when applying for sickness benefits under the Railroad Unemployment Insurance Act (RUIA) on behalf of an employee who is incapable of signing documents and transacting business in connection with his or her benefit payments. The Railroad Retirement Board's (RRB) authority for obtaining this information is section 5(b) of the RUIA. **It is not necessary to file this statement for an employee who can sign papers by mark and understand the transactions.** In such a case, the application should be filled out for the employee, signed by the employee by mark, and the mark witnessed by two persons who should give their full addresses.

Although you are not required to provide information requested on this form, if you fail to do so, the RRB cannot grant authorization to you to act on behalf of the employee.

We estimate this form takes an average of 6 minutes to complete (4 minutes for the applicant and 2 minutes for the doctor), including the time for reviewing the instructions, obtaining 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: Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-1275.

Please read the instructions on the *next page* concerning the completion and return of this form to the Railroad Retirement Board.

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Statement Of Authority To Act For Employee

It is not necessary to complete this form for an employee who can sign papers or can sign by mark and understands transactions relating to his or her sickness benefits.

Instructions

1. Complete Section 1 and have the employee's medical doctor complete Section 2. If you are not related to the employee by blood or marriage, state your relationship and explain why no relative is acting for the employee. For example, an employee's union representative might explain: "I am his union chairman. He has no immediate family."

2. Complete this statement by following the instructions in the UB-11 booklet under "Instructions for Completing Forms, Statement of Authority to Act for Employee (SI-10)." Signing this statement gives you the authority to sign any claim forms on behalf of the employee. When signing claim forms use your full name, and beneath your signature, write "On behalf of" and the employee's full name.

3. Return this form with the next application or claim form you file with the RRB.

Section 1 Statement of Individual Acting for Employee

It is my belief that _____ _____
(Employee's Name) (Social Security Number)

whose address is _____
(Employee's Address)

is at this time incapable of signing forms in connection with obtaining sickness benefits under the Railroad Unemployment Insurance Act; of transacting the necessary business relative to his or her application and claims for such benefits; and of applying the proceeds of any sickness benefit payments.

I believe the employee to be incapable because _____

_____
(Briefly describe employee's condition)

My relationship to the employee is _____

I affirm that, in the transaction of business relating to the application and claims of this employee, including the use of any benefit payments, I will act on behalf of and in the best interest of the employee. I will promptly notify the RRB at such time as this employee's condition changes so that I need no longer act for him or her. I understand that criminal and civil penalties may be imposed on me for providing false, incomplete, or fraudulent statements; using the benefits received on something other than the claimant; or for withholding information to cause the payment of benefits. I certify that, to the best of my knowledge, the information I have provided is true, complete, and correct.

Name (please print)	Signature			Phone Number ( )
Street Address (please print)	City	State	ZIP Code	Date

Section 2 Statement of Employee's Doctor

I have examined the employee named above and find that he/she is incapable of signing forms and transacting business relative to his/her claims for sickness benefits under the Railroad Unemployment Insurance Act.

Name of Doctor (please print)		Signature of Doctor		
Office Street Address (please print)	City	State	ZIP Code	Date
National Provider Identifier				