

**REPORT OF PAYMENTS TO EMPLOYEE CLAIMING SICKNESS BENEFITS UNDER  
THE RAILROAD UNEMPLOYMENT INSURANCE ACT**

**NAME -** **SS NO. -** **DATE OF INJURY -**

**SECTION 12(o) OF THE RAILROAD UNEMPLOYMENT INSURANCE ACT:**

"Benefits payable to an employee with respect to days of sickness shall be payable regardless of the liability of any person to pay damages for such infirmity. The Railroad Retirement Board (RRB) shall be entitled to reimbursement from any sum or damages paid or payable to such employee or other person through suit, compromise, settlement, judgment, or otherwise on account of any liability (other than a liability under a health, sickness, accident or similar insurance policy) based upon such infirmity, to the extent that it will have paid or will pay benefits for days of sickness resulting from such infirmity. Upon notice to the person against whom such right or claim exists or is asserted, the RRB shall have a lien upon such right or claim, any judgment obtained thereunder, and any sum or damages paid under such right or claim, to the extent of the amount to which the RRB is entitled by way of reimbursement."

**NOTICE:** The RRB's authority for requesting information about any sum or damages, pay for time lost, or workers' compensation paid or payable to a railroad employee because of the employee's infirmity is section 5(b) and section 9(a) of the Railroad Unemployment Insurance Act.

**1. DAMAGES (No pay for time lost), Paid by Employer or Other Party**

If any sum or damages are paid or payable to the employee or other person on account of any liability based on infirmity of the above-named employee, and such sum or damages **include pay for time lost**, complete the following:

Net amount of settlement\* (not including amount of any expenses shown on the next line): \$ \_\_\_\_\_

Amount of employee's medical, hospital, and legal expenses in connection with this injury, if known: \$ \_\_\_\_\_ Date of settlement: \_\_\_\_\_

**2. DAMAGES INCLUDING PAY FOR TIME LOST, Paid by Employer**

If any sum or damages are paid or payable to the employee or other person on account of any liability based on infirmity of the above-named employee, and such sum or damages **include pay for time lost**, complete the following:

Net amount of settlement\* (not including amount of any expenses shown on the next line): \$ \_\_\_\_\_

Amount of employee's medical, hospital, and legal expenses in connection with this injury, if known: \$ \_\_\_\_\_

Amount of pay for time lost \$ \_\_\_\_\_ Period to which applicable: From \_\_\_\_\_ To \_\_\_\_\_

Date of settlement: \_\_\_\_\_

**3. PAY FOR TIME LOST, Paid by Employer**

If only pay for time lost has been paid or is payable, complete the following:

Amount of pay for time lost: \$ \_\_\_\_\_ Date of payment (if paid): \_\_\_\_\_

Period to which applicable: From \_\_\_\_\_ To \_\_\_\_\_

**4. WORKERS' COMPENSATION**

Has workers' compensation been paid, is it being paid, or will it be paid for disability?  Yes  No

If "Yes," is it for permanent total or temporary total? Yes  No

If for permanent total or temporary total, complete the following:

Amount paid or payable: \$ \_\_\_\_\_ Per (week, month, etc.): \_\_\_\_\_

Payment beginning date: \_\_\_\_\_ Date first payment made: \_\_\_\_\_

Payment ending date (if known): \_\_\_\_\_

**\*If amount exceeds \$50,000, enter "In excess of \$50,000."**

Name of Employer or Other Person \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_