

**REQUEST FOR LIEN INFORMATION - REPORT OF SETTLEMENT**

FOR RAILROAD USE ONLY				RRB USE ONLY	
Employer Instructions				Paperwork Reduction Act	
1. Employee's Name	2. SS Number	3. Date of Injury	4. Information Only	5. Return to Work	6. Settled
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## 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 the earliest date of occurrence of the injury.
4. Click "Yes" if you are making an informational inquiry on this case and no payment will be issued to the employee at this time. Click "No" if a payment will be issued to the employee once you receive a reply from the RRB. **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 12(o).**
5. Click the appropriate box to indicate if the employee has returned to work. If the employee has returned to work, enter the date returned to work. Otherwise, go to item 8.
6. If settlement documents have been signed and a settlement concluded, click "Yes" and provide the date of the settlement. If the settlement has been agreed upon, but documents have not yet been signed, or if settlement negotiations are proceeding, click "No" and go to Item 10.
7. See asterisked note on the screen.
8. Complete only if a settlement has been made. Enter the amount withheld from the settlement for reimbursement to the RRB and the gross amount of the settlement. Information about the gross settlement amount is used to compute the period of time after the date of the settlement for which benefits are not payable on the basis of the same infirmity. Benefits are payable only after the amount of the benefits otherwise payable exceed the amount of the settlement. If the settlement exceeds \$50,000, indicate only ">50,000."
9. Enter any remarks concerning the employee's settlement.
10. Enter the name of the railroad responsible for making the settlement 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-3s under section 5(b) of the Railroad Unemployment Insurance Act (RUIA). The information is needed to determine the amount of sickness benefits reimbursable under section 12(o) 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](#)