UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

FORM APPROVED
O.M.B. NO. 3220-0002

VERIFICATION OF WORKER'S COMPENSATION/PUBLIC DISABILITY BENEFIT INFORMATION

PAPERWORK REDUCTION AND PRIVACY ACT NOTICE

The information asked for in this form is needed to verify that the individual named below has received or will receive either worker's compensation or public disability benefits. The Railroad Retirement Board (RRB) needs this information to determine the effect these benefits will have on this person's retirement annuity. The RRB's authority for requesting this information is section 7(b)(6) of the Railroad Retirement Act.

We estimate this form takes an average of 15 minutes per response, 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 aspects of this form, including suggestions for reducing the completion time, to Associate Chief Information Officer for Policy & Compliance, Railroad Retirement Board, 844 North Rush St., Chicago, IL 60611-1275.

TO	SIGNATURE OF RAILROAD RETIREMENT BOARD OFFICIAL	
	TITLE	DATE

COMPUTER MATCHING AND PRIVACY PROTECTION ACT NOTICE

The Computer Matching and Privacy Protection Act of 1988 requires the RRB to advise you that information you have provided may be used, without your consent, in automated matching programs. These matching programs are a computer comparison of RRB records with records kept by other Federal, state or local governmental agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

EMPLOYEE IDENTIFICATION (To be completed by the Railroad Retirement Board)	1	RAILROAD RETIREMENT CLAIM NUMBER →	
	2	SOCIAL SECURITY NUMBER →	
	3	NAME →	
	4	ADDRESS →	
CLAIM NUMBER	5	WORKER'S COMPENSATION/PUBLIC DISABILITY BENEFIT CLAIM NUMBER →	
AUTHORIZATION (To be completed by individual named in Item 3 if such authorization is required)	6	I request and authorize release of any information concerning my claim for worker's compensation or other public disability benefits to the Railroad Retirement Board. →	SIGNATURE OF CLAIMANT

Items 7 through 22 are to be completed by the provider of the worker's compensation or public disability payments.
Use Item 21, Remarks, to complete or continue any additional information.

STATUS OF CLAIM	7	Enter an "X" in the box that shows the status of the above-mentioned person's claim for worker's compensation or public disability benefits. →	☐ CLAIM APPROVED (Include any previous periodic or lump-sum payments) → Go to Item 8 ☐ NO RECORD OF CLAIM ☐ CLAIM DENIED – NO APPEAL ☐ CLAIM DENIED – APPEAL PENDING } Go to Item 22

PERIODIC PAYMENTS

8 If no periodic payments are involved go to Item 12.
Enter the following information about the periodic payments this individual has received or will receive. List each change of amount on a separate line.

DATE BEGAN	DATE ENDED	WEEKLY AMOUNT	ATTORNEY FEES AND OTHER EXPENSES INCLUDED IN WEEKLY AMOUNT	TYPE OF PAYMENTS			
				TEMPORARY		PERMANENT	
				PARTIAL	TOTAL	PARTIAL	TOTAL

9 Enter an "X" in the appropriate box:
The individual named in Item 3 is still receiving periodic payments. →

- ☐ YES → Go to Item 16
- ☐ NO → Go to Item 10

10 Enter an "X" in the box that explains why the most recent periodic payments have stopped. →

- ☐ INDIVIDUAL RETURNED TO WORK
- ☐ INDIVIDUAL WAS PAID THE LAW OR PLAN'S MAXIMUM AMOUNT

} Go to Item 16

- ☐ AWARD UNDER APPEAL
- ☐ PERMANENT RATING PAID/PENDING

} Go to Item 11

- ☐ LUMP-SUM AWARD PENDING → Go to Item 12
- ☐ OTHER REASON → **Explain in Item 21, then go to Item 16**

11 Enter the date a decision is expected, then go to Item 16. →

LUMP-SUM PAYMENTS

12 Enter the following information about the lump-sum payment(s) this individual has received or will receive.

DATE OF SETTLEMENT(S)	GROSS AMOUNT(S)	RATE(S) PER WEEK	NUMBER OF WEEKS	BEGINNING DATE

13 Enter an "X" in the appropriate box(es):
Enter the type and amount of the fees or expenses that were included in the gross amount(s). →

- ☐ PRESENT AND PAST MEDICAL EXPENSES $ _____
- ☐ FUTURE MEDICAL EXPENSES $ _____
- ☐ ATTORNEY FEES $ _____
- ☐ OTHER RELATED EXPENSES (Explain in Item 21.) $ _____

	14	Enter an "X" in the appropriate box: A lump-sum award for this individual is pending. →	☐ YES → Go to Item 15 ☐ NO → Go to Item 16
	15	Enter the date a decision is expected regarding the lump-sum payment. →	
BENEFIT REDUCTION	16	Enter an "X" in the appropriate box: The benefits this individual is receiving or did receive are being reduced because (s)he is receiving social security disability benefits. →	☐ YES ☐ NO
PUBLIC DISABILITY BENEFITS	Complete Item 17 only if this individual is receiving payments that are <u>not</u> worker's compensation. If the benefits are worker's compensation, **go to Item 22.**		
	17	Enter an "X" in the appropriate box: This individual is a federal, state, or local government employee. →	☐ YES → Go to Item 18 ☐ NO → Go to Item 22
	18	Enter an "X" in the appropriate box: Social security taxes (F.I.C.A.) were paid on this individual's earnings. →	☐ YES → Go to Item 19 ☐ NO → Go to Item 22
	19	Enter the number of years this individual's employment was covered by social security. →	
	20	Enter the total number of years (F.I.C.A. and non-F.I.C.A.) used to establish this individual's benefit. →	
REMARKS	21	Use to continue any entries for previous Items 7-20	
CERTIFICATION	22	I know that if I make a false or fraudulent statement, I am committing a crime which is punishable under law. I certify that the information I gave the Railroad Retirement Board on this form is true to the best of my knowledge.	
		BENEFIT PROVIDER AGENCY REPRESENTATIVE SIGNATURE	YOUR DAYTIME TELEPHONE NUMBER (Include Area Code)
		YOUR JOB TITLE	DATE

RETURN THIS FORM, WHEN COMPLETED, TO:

US Railroad Retirement Board
844 N Rush Street
Chicago IL 60611-1275

May be used for window envelope if folded properly.

IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM, YOU MAY CALL OR WRITE:

U.S. RAILROAD RETIREMENT BOARD