

Application for Sickness Benefits

Section A – Identifying Information

1. Employee's Name (First, Middle Initial, Last) _____	2. Social Security Number <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;">-</td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;">-</td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> </tr> </table>					-			-			
				-			-					
3. Employee's Street Address, City, State, ZIP Code (Include Apartment Number) _____	4. Date of Birth <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black;">Month</td> <td style="width: 33%; border: 1px solid black;">Day</td> <td style="width: 33%; border: 1px solid black;">Year</td> </tr> <tr> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> </table>	Month	Day	Year								
	Month	Day	Year									
5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female												
6. Telephone Number (Include Area Code) () _____												

Section B – Infirmity and Employment Information

7. Date You Became Sick or Injured _____

8. Date You Last Worked for a Railroad _____

9. Last Railroad Employer (Name of Company) _____

10. Location of Last Railroad Employment (City/State) _____

11. Last Railroad Occupation _____

12. Department _____

13. If you worked for a nonrailroad employer after the date shown in Item 8, complete Items A, B, and C, below. Otherwise, go to Item 14.

A. Last Nonrailroad Employer (Name of Company) _____

B. Last Occupation After Railroad Work _____

C. Date Last Worked After Railroad Work _____

Section C - Accident and Insurance Information

14. Are you applying for sickness benefits because you were injured at work or have a work-related illness? Yes No

15. Have you filed or do you expect to file a lawsuit or claim against any person or company for personal injury?
 Yes - Complete Items A-D, below No - Go to Item 16

A. Furnish the name and complete address of the person or company:

Name _____

Address _____

City, State, ZIP Code _____

B. Give the place where the injury occurred. _____

C. Were you injured in an automobile accident? Yes No - Go to Item 16

D. If you were injured in an automobile accident, provide information about all the vehicles, **other than your own**, that were involved in the accident that caused your injury. Information about your vehicle and insurance company is not needed. If you need more space attach a separate sheet of paper.

Owner of Car (other vehicle)	Driver (other vehicle)
Name _____	Name _____
Address _____	Address _____
City, State, ZIP Code _____	City, State, ZIP Code _____
Insurance Company (other vehicle)	Policy Information (other vehicle)
Name _____	Policy Number _____
Address _____	Claim Number _____
City, State, ZIP Code _____	

Section D - Claim for Sickness Benefits Information

16. Enter the earliest date you wish to claim sickness benefits. _____
17. Are you claiming all the days of sickness beginning with the date you entered in Item 16? (**Note:** You may claim rest days if you were unable to work and did not receive pay from your employer.) Yes - **Go to Item 19** No - **Go to Item 18**
18. Enter any dates that you do not wish to claim. _____
19. Enter the date you returned to work (if applicable). _____
20. You **must complete all boxes** to indicate if you have received or will receive any of the following payments for your days of sickness. If you check "YES" for any item, be sure to provide the requested information.

A. WAGES (Include Railroad and Nonrailroad Wages)

YES	NO	If "YES," show the dates for which you were paid in Month/Day/Year format below.	
<input type="checkbox"/>	<input type="checkbox"/>	Regular Wages	_____
<input type="checkbox"/>	<input type="checkbox"/>	Vacation Pay	_____
<input type="checkbox"/>	<input type="checkbox"/>	Holiday Pay	_____
<input type="checkbox"/>	<input type="checkbox"/>	Military Reservist Pay	_____
<input type="checkbox"/>	<input type="checkbox"/>	Wage Continuation Pay	_____
<input type="checkbox"/>	<input type="checkbox"/>	Earnings from Self-Employment	_____
<input type="checkbox"/>	<input type="checkbox"/>	Sick Pay from Your Employer	_____

(but not payments supplementing Railroad Retirement Board (RRB) benefits. See Booklet UB-11)

B. GOVERNMENTAL PAYMENTS (Not RRB Sickness Benefits)

YES	NO	If "YES," enclose copy of award letter and complete Items 1-3 below.	
<input type="checkbox"/>	<input type="checkbox"/>	Sickness or Unemployment Benefits Under Any Other Law	1. Beginning Date of Payment _____
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Benefits	2. Gross Amount of Payment \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Railroad Retirement or Disability Annuity	3. How often do you receive the payment? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Military Retirement Pay	
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation	
<input type="checkbox"/>	<input type="checkbox"/>	Retirement Payments Under Another Law	

C. OTHER PAYMENTS

YES	NO	If "YES," complete Items 1 and 2.	
<input type="checkbox"/>	<input type="checkbox"/>	Settlement or Damages for Personal Injury	1. Date of Payment _____
<input type="checkbox"/>	<input type="checkbox"/>	Advances	2. Paid By _____
<input type="checkbox"/>	<input type="checkbox"/>	Separation Allowance (Buyout, Severance Pay)	

21. If the date you are submitting this form is **more than 30 days** after the date you entered in Item 16, answer the following:
- A. Why did it take more than 30 days to submit this form? If more space is needed, attach a separate sheet of paper.

- B. How did you obtain this form? _____
- C. Who provided this form to you? _____
- D. On what date did you obtain this form? _____
- E. Furnish the name and title of any person from whom you asked for help in completing and filing this form.
- NAME _____ TITLE _____

Section E - Direct Deposit Information

22. Benefits are normally paid by Direct Deposit to your bank, savings and loan, credit union, or other financial institution. To provide the information we need to correctly deposit your payments, **attach a voided personal check and go to Item 23**, or call your financial institution for the information you need to complete Items A-E. If you do not have a bank account, or receiving your payments by Direct Deposit would cause you a hardship, **go to Item F**.

- A. Routing Transit No.
- B. Account No. _____
- C. Account Type: Checking Savings
- D. Name of Financial Institution _____
- E. Telephone No. (Include Area Code) (_____) _____
- F. Check this box if you do not have a checking or savings account, or if Direct Deposit would cause you a hardship.

Section F - Certification and Signature

23. I waive any "doctor-patient privilege" I may have with respect to the disclosure of information concerning the period of sickness or injury on which my claim is based. I certify that I understand and agree to the requirements in Booklet UB-11. I know that disqualification and civil and criminal penalties may be imposed on me for false or fraudulent statements or claims or for withholding information to get benefits from the RRB. I affirm that the information given on this form is true, correct, and complete. **NOTE:** If the sick or injured employee is unable to sign this form, sign your name below and complete Section 1 of the attached Form SI-10, Statement of Authority to Act for Employee.

SIGNATURE _____ DATE _____

