| Compared Paragraphic Compared Paragraphic Compared Paragraphic Compared Paragraphic | Pending Items (and Retirement Board (99-14) | eporting System Forms | Reports | inistrator | | | Logor |
|--|--|--|--|--|------------------------------|-------------------------|------------------------------------|
| Procincing lines Completed lines From the Paper Administrators Administrators Date | Pending Items ad Retirement Board 5 (09-14) | Forms | Reports | inistrator | | | |
| Figure Particular | S. Railroad Retirement Board brm ID-3S (09-14) | | | | | | |
| Employed To the Land County of the Same and the County of the Same and the County of the Same and the County of th | | | | | | OMB N | Form Approved OMB No. 3220-0036 |
| Transforce Listancians FOR PALA ROADO USE CHR. Preserved A coloration And Transforce Listancians and Chronic Listancians and Chronic Listancians to Work and Chronic Listancians and Chronic Listancia | · · · · · · · · · · · · · · · · · · · | | ATION - REPORT OF SETTLEMENT | | | RRB USE ONLY | |
| The beautiful by the self-month of the beautiful by the b | Employer Instruction | | | rwork Reduction Act | 11. Payo | or Code | |
| According to the following set of the settlemental appropriate base of the settlement and remainment and remain | Employee's Name | | 2. SS Number | | | 13. | 14. |
| Yes No Type* canter date. The "go to 8 Type* canter date. The "go to 9 Type* canter date. The "go | 4. Information Only | Return to Work | 6. Settled | "7. Pay for Time Lost | | Lien Amount | -Final |
| The selfament a specification to pay for time bot, show the azest months or other time bot, show time the azest months or other time bot, show time the azest months or other time bot, show time the azest months or other time bot, show time the azest months or other time bot, show time bot, show time the azest months or other time bot, show time the azest months or other time bot, show time time time time time time time time | Yes No | "Yes" enter date. "No" go to 8 | "Yes" enter date. "No" go to 10 | | | | |
| The lite authorise deposit of the angular flowers and following the section of the apportion of the angular flowers and following the apportion of the apportio | | | | | | | Yes No |
| The file a monet is stocked and the selection of the graded control of the selection of the | | | | | | | |
| The lites assistented is apportioned to pay for time lost, show the azast months or other time period to which pay is allocated, or submit a copy of the apportionment statement. The lites amount shown in term 13 is "Note final," the amount is varied for settlement and reimbursement purposes only if you inform the RRB within 5 days that settlement has been been been been been been been bee | | | | | | 5 | No |
| To lact hand, in negotiactors and to lact led fracture and to lact lact lact for lact land, in negotiactors. To lact hand, in negotiactors. To Requestor. RRB Representative: RRB Date of Reply: And RRB Date of Reple: And RRB Date of Repl | mployer Remarks | | 15. RRB F | Remarks | | a | |
| 200 chances miniming for additional information. Touch the Regulation of the amount of the RRB lieu under section 12(a) of the Railroad Unemployment IDs are provided ONLY for cases which have been settled ent is by check, return a copy of this form with your remittance, or be sure to show your Payor Code (item 11) and the Billing Doc ID (item 12) on your check. UNIS DUE THE RRB UNDER SECTION 12(a) MUST BE RECEIVED WITHIN 30 DAYS AFTER THE DATE OF THE SETILEMENT OR JUDGMENT. AMOUNTS THAT ARE NO. | uiry of lien for left leg fracture a to left hand, in negotiations. | pos | | | | | |
| phone: te of Requestor: RRB is completed reply is confirmation of the RRB is mander section 12(o) of the Railroad Unemployment Insurance Act (RUIA). Billing Document ID's are provided ONLY for cases which have been settled that is by check, return a copy of this form with your remittance, or be sure to show your Payor Code (item 11) and the Billing Doc ID (item 12) on your check. UNIS DUE THE RRB UNDER SECTION 12(o) MUST BE RECEIVED WITHIN 30 DAYS AFTER THE DATE OF THE SETTLEMENT OR THE ENTRY OF FINAL JUDGMENT. AMOUNTS THAT ARE NI 30 DAYS ARE SUBJECT TO INTEREST CHARGES FROM THE DATE OF SETTLEMENT. OR JUDGMENT. | | | | characters remaining for additi | | | |
| phone: Sickness and Unemployment Board Sickness and Unemployment Benefits Section (312) 751-4820 RRB Representative: RRB's completed reply is confirmation of the amount of the RRB lien under section 12(o) of the Railroad Unemployment Insurance Act (RUIA). Billing Document ID's are provided ONLY for cases which have been settled the section 12(o) and the Balling Doc ID (item 12) on your check. UNIS DUE THE RRB UNDER SECTION 12(O) MUST BE RECEIVED WITHIN 30 DAYS AFTER THE DATE OF THE SETTLEMENT OR THE ENTRY OF FINAL JUDGMENT. AMOUNTS THAT ARE N | | | 16. | | | | |
| Figure 5 of Request: 1 of Request: 2 of Request: 2 of Request: 3 of Request: 3 of Request: 4 of Request: 5 of Request: 6 RRB Date of Reply: 7 on your check of the RRB lien under section 12(o) of the Railroad Unemployment Insurance Act (RUIA). Billing Document ID's are provided ONLY for cases which have been settled the Billing Doc Uniterest Check. 7 On your check. 7 On your check. 7 On Your Check. 8 ONLY for cases which have been settled the Ball on your Check. 8 ONLY FOR CASES WHICH HAVE DAYS AFTER THE DA | road: | | U.S. Rail | Iroad Retirement Board | | | |
| RRB Date of Request: RRB Date of Reply: RRB's completed reply is confirmation of the amount of the RRB lien under section 12(o) of the Railroad Unemblowment Insurance Act (RUIA). Billing Document ID's are provided ONLY for cases which have been settled tent is by check, return a copy of this form with your remittance, or be sure to show your Payor Code (item 11) and the Billing Doc ID (item 12) on your check. UNITS DUE THE RRB UNDER SECTION 12(O) MUST BE RECEIVED WITHIN 30 DAYS AFTER THE DATE OF THE SETTLEMENT OR THE ENTRY OF FINAL JUDGMENT. AMOUNTS THAT ARE N | phone: | | Sickness (312) 751 | s and Unemployment Benefits Seci 1-4820 | ion | | |
| rest: RRB Date of Reply: Cest: Ces | ne of Requestor: | | RRB Rep | resentative: | | | |
| RRB's completed reply is confirmation of the amount of the RRB lien under section 12(o) of the Railroad Unemployment Insurance Act (RUIA). Billing Document ID's are provided ONLY for cases which have been settled nent is by check, return a copy of this form with your remittance, or be sure to show your Payor Code (item 11) and the Billing Doc ID (item 12) on your check. UNITS DUE THE RRB UNDER SECTION 12(O) MUST BE RECEIVED WITHIN 30 DAYS AFTER THE DATE OF THE SETTLEMENT AGREEMENT OR THE ENTRY OF FINAL JUDGMENT. AMOUNTS THAT ARE NI 30 DAYS ARE SUBJECT TO INTEREST CHARGES FROM THE DATE OF SETTLEMENT OR JUDGMENT. | e of Request: | | RRB Date | e of Reply: | | | |
| JUNITS DUE THE RRB UNDER SECTION 12(0) MUST BE RECEIVED WITHIN 30 DAYS AFTER THE DATE OF THE SETTLEMENT AGREEMENT OR THE ENTRY OF FINAL JUDGMENT. AMOUNTS THAT ARE NI DAYS ARE SUBJECT TO INTEREST CHARGES FROM THE DATE OF SETTLEMENT OR JUDGMENT. | ces: RRB's completed reply is confirmation of the amo nent is by check, return a copy of this form with yo | ount of the RRB lien under section 1 our remittance, or be sure to show y | 2(o) of the Rairoad Unemployment Ins | urance Act (RUIA). Billing Document ID' 311ling Doc ID (item 12) on your cl | s are provided ONLY for case | es which have been sett | fled. If |
| | DUNTS DUE THE RRB UNDER SECTION 12(0) I Hin 30 days are subject to interest ch | MUST BE RECEIVED WITHIN 30 I | DAYS AFTER THE DATE OF THE SETTLEMENT OR JUDGMENT. | TTLEMENT AGREEMENT OR THE EN | TRY OF FINAL JUDGMENT. | . AMOUNTS THAT ARE | E NOT PAID |
| Submit Print Extrino Action | | ns S | hmit Print | Exit No Action | | | |

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(0).
- 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