

## Application for Unemployment Benefits and Employment Service

*Refer to Booklet UB-10 for instructions on how to complete this form. Complete all items **printing** neatly in ink. See Booklet UB-10 for Privacy Act and Paperwork Reduction Act notices.*

<b>1</b>	Social Security Number	▶					
<b>2</b>	Print Name:	First	Middle Initial	Last			
<b>3</b>	Print Address:	Street _____					
		City _____		State _____	Zip _____		
		County _____					
<b>4</b>	Date of Birth:	▶	Month	Day	Year		
<b>5</b>	Sex:	▶	<input type="checkbox"/> Male		<input type="checkbox"/> Female		
<b>6</b>	Home Telephone:	Area Code	Number	Area Code	Number		
	(      ) _____			(      ) _____			
<b>7</b>	a. Last Railroad Employer: _____						
	b. Last Railroad Job (show job title, e.g., clerk, trainman, etc.): _____						
	c. Location of Last Railroad Job: _____						
	d. Why are you not now working for your last railroad employer? Check one:						
	<input type="checkbox"/> 1. Laid Off/Furloughed	<input type="checkbox"/> 4. Quit or Resigned	<input type="checkbox"/> 7. Suspended				
	<input type="checkbox"/> 2. Extra Board/Part-Time	<input type="checkbox"/> 5. Retired	<input type="checkbox"/> 8. Strike/Work Stoppage				
	<input type="checkbox"/> 3. Sick or Injured	<input type="checkbox"/> 6. Discharged	<input type="checkbox"/> 9. Other, explain below				
	Explanation: _____						
<b>8</b>	<b>Refer to the instructions in Booklet UB-10 before you complete this item.</b>						
	a. Give the date you want your first claim to begin: _____						
	b. Give the date you last worked for a railroad before the date in item 8a: _____						
<b>9</b>	Are you covered by a job protection plan guaranteeing you a certain amount of work or pay?						<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," print name of employer providing guarantee: _____						
<b>10</b>	Have you been paid severance pay or a separation allowance?						<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," give: a. Date of separation: _____						
	b. Employer that paid: _____						
<b>11</b>	Have you been self-employed in the past 2 years?						<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," answer the following questions:						
	a. Briefly describe your self-employment: _____						
	b. Give the date you were last self-employed: _____						

**12** Have you been employed by a non-railroad employer in the past 2 years?  Yes  No  
 If "Yes," give:  
 Employer Name: \_\_\_\_\_  
 Employer Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date Last Worked: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Reason Not Working: \_\_\_\_\_  
 Did you have other non-railroad employment in the past 2 years?  Yes  No

**13** Have you quit or resigned any work (railroad or other) during the past 3 years?  Yes  No  
 If "Yes," show:  
 Date resigned or quit: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Date resigned or quit: \_\_\_\_\_ Employer: \_\_\_\_\_

**14** Are you an active member of the National Guard or a military reserve unit?  Yes  No

**15** a. Are you now attending school?  Yes  No  
 b. If "No," do you plan to attend school in the next 6 months?  Yes  No  
 If "Yes," show date you will begin school: \_\_\_\_\_  
 (Month,Year)

**16** Are you receiving social security benefits, military retirement or retainer pay, or any other retirement or survivor benefits provided by law?  Yes  No  
 If "Yes," show: Type of payment: \_\_\_\_\_  
 Effective date: \_\_\_\_\_ Monthly amount before deductions: \$ \_\_\_\_\_

**17** Are you suspended or discharged?  Yes  No  
 If "Yes," answer the following questions:  
 a. Give suspension period or date of discharge: \_\_\_\_\_  
 b. Are you seeking reinstatement to your job?  Yes  No  
 c. Will you claim pay for time lost?  Yes  No  
 d. Name, telephone number and address of union official handling your case:  
 Name \_\_\_\_\_ Telephone Number ( \_\_\_\_\_ )  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**18** Complete this item **ONLY** if you are unemployed due to a strike or work stoppage.  
 Name of your labor union: \_\_\_\_\_

**19** **DIRECT DEPOSIT** (Failure to complete item 19 will prevent payment of benefits to you.)  
 Your benefits will be 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 20,** or call your financial institution for information to complete items a through d. If you do not have an account, skip to item e.  
 a. Routing Transit Number 

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 b. Account Number \_\_\_\_\_  
 c. Account Type:  Checking  Savings d. Name of Financial Institution: \_\_\_\_\_  
 e.  Check this box if you do not have a checking or savings account.

**20** **CERTIFICATION:** I certify that the information I have provided on this form is true, correct and complete. I know that I must immediately report to the Railroad Retirement Board any changes which might affect my entitlement to benefits. I understand that disqualifications and civil and criminal penalties may be imposed on me for false or fraudulent statements or claims or for withholding information to get benefits. I understand and agree to the requirements set forth in Booklet UB-10.  
 Signature \_\_\_\_\_ Date \_\_\_\_\_