

## Application for Sickness Benefits

### Section A – Identifying Information

1. Employee's Name (First, Middle Initial, Last) _____	2. Social Security Number <table style="width: 100%; text-align: center;"> <tr> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;">-</td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;">-</td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> </tr> </table>				-			-			
			-			-					
3. Employee's Street Address, City, State, ZIP Code (Include Apartment Number) _____	4. Date of Birth <table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Month</td> <td style="width: 25%;">Day</td> <td style="width: 50%;">Year</td> </tr> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 50%;"> </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.

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

