

**BASE-YEAR EMPLOYER APPEAL
UNDER THE
RAILROAD UNEMPLOYMENT
INSURANCE ACT**

IMPORTANT: PLEASE READ
PROGRAM LETTER 2005-01
BEFORE COMPLETING THIS FORM

PRINT NAME OF BASE-YEAR EMPLOYER

PRINT NAME AND ADDRESS OF THE RAILROAD OFFICIAL FILING THIS
APPEAL

TELEPHONE NUMBER

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INFORMATION ABOUT RAILROAD EMPLOYEE CLAIMANT

PRINT NAME (First, Middle Initial, Last))

SOCIAL SECURITY NUMBER

PRINT ADDRESS (Number, Street/Apt. No., P.O. Box)

TELEPHONE NUMBER

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CITY

STATE

ZIP CODE

COMPLETE EITHER ITEM A OR B BELOW:

A. I hereby appeal the reconsideration decision reported in a letter dated _____

B. I hereby appeal the hearings officer's decision reported in a letter dated _____

This appeal is based on what I believe to be mistakes of fact or errors of law. Details of these mistakes are as follows:

(Attach Additional Sheets If Necessary)

I INTEND TO SUBMIT ADDITIONAL EVIDENCE AS FOLLOWS: (if none, so state)

(Please see 20 CFR 320.40(a) of the Railroad Retirement Board's Regulations)

THIS FORM SHOULD BE SENT TO THE BUREAU OF HEARINGS AND APPEALS, RAILROAD RETIREMENT BOARD, 844 NORTH RUSH STREET, CHICAGO, ILLINOIS 60611-2092, OR TO ANY OFFICE OF THE RAILROAD RETIREMENT BOARD. SEE PROGRAM LETTER 2005-01 FOR INFORMATION ON TIME LIMITATIONS.

IF RAILROAD IS REPRESENTED:

Name of Representative: _____

Address: _____

Telephone No.: () _____

Attorney

Non-Attorney

SIGNATURE OF RAILROAD OFFICIAL

DATE SIGNED