

SAMPLE

FORM APPROVED
OMB NO. 3220-0171

U. S. Railroad Retirement Board
Office of Programs - Policy and Systems
844 North Rush Street
Chicago, Illinois 60611-1275

FORM ID-4E (11-11)

05-23-17

MABEL MONITOR

ANY RAILROAD USA
123 MAIN STREET
SUITE 456
ANY TOWN, NY 78910

IN REPLY REFER TO
ER NO. XXXX

NOTICE OF RUIA CLAIM DETERMINATION

This is notice of the Railroad Retirement Board's (RRB) determinations on claims filed for benefits under the Railroad Unemployment Insurance Act. Base year service and compensation was reported by your company for each of the individuals on this notice. As a base year employer, you have the right to request reconsideration of any of the determinations on this notice. If you disagree with any of our determinations and decide to request reconsideration, your request must be in writing and must be received by the RRB within 60 days of the date of this notice. Mail your request to the RRB office under the column "RRB Office".

<u>SOCIAL SECURITY NO</u> <u>NAME</u>	<u>CLAIM BEGIN DATE</u> <u>CLAIM PROFILE</u>	<u>GROSS PAYABLE</u> <u>(CHARGED)</u>	<u>TYPE</u> <u>BY</u>	<u>INFO</u> <u>CODES</u>	<u>RRB OFFICE</u>
333-33-3333 JO DOE	04-24-17 1111111 1111111	\$ 670.32 (+ 670.32)	SI 2016		RRB-HDQTRS
123-45-6789 BO RAILROADER	02-07-17 1111111 1111111	\$ 469.22 (+ 469.22)	UI 2016		NEW YORK NY