

BROTHERHOOD'S RELIEF AND COMPENSATION FUND

2150 Linglestown Road, Harrisburg, Pennsylvania 17110

Toll Free: 1-800-233-7080 (U. S. & Canada)

FIRST NOTICE CLAIM

FOR

"HELD OUT OF SERVICE" BENEFITS

AS DEFINED IN ARTICLE XXXIII OF THE CONSTITUTION

(Write or Print Clearly)

Application is made to Brotherhood's Relief and Compensation Fund for benefits by:

1. Name in full _____ Member ID: _____
2. Street Address _____ Phone(____) _____ Cell (____) _____
3. City _____ State/Prov. _____ Zip _____

To be eligible for benefits, dues must be paid in accordance with Article VII of the BR&CF Constitution. Please call our office and inquire about the status of your dues.

4. Craft and service working at the time of occurrence? _____ Yard _____ Road _____
5. What was the date _____ and time _____ trouble occurred that caused removal from service?
6. If an investigation was held by the company, give the date(s). _____
7. What was your first day "Held Out of Service?" _____
8. If you were given a definite number of days suspension, how many? _____ From _____ To _____
(a) If you were given days of deferred suspension, how many? _____ (b) Total days actually "Held Out of Service?" _____
9. Did you work any part of day(s) suspended? _____ Date _____ Time _____
10. Will you be permitted to work in any capacity during your disciplinary period? Yes _____ or No _____

The information indicated below is required for claim disposition.

DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE BR&CF. PLEASE MAKE COPIES FOR YOUR RECORDS.

- First Notice Claim
- Official Notice of Investigation
- Official Notice of Discipline or Copy of Signed Waiver
(must contain both the amount of days assessed and the specific dates discipline is served)
- Transcript of Investigation & Exhibits **(Mandatory if Discipline Exceeds 30 Days or if Requested)**

Any additional information, including Certificate of Suspension or Revocation if applicable, may also be submitted to support the documents above in determining benefit eligibility.

Important: In the space below provide your own detailed statement indicating the facts which resulted in being "Held Out of Service." Use the back of this form if additional space is needed.

Statement: _____

By my signature I certify and attest to the truthfulness and accuracy of all statements and information herein. I understand that it is incumbent on me to advise the BR&CF if my employment status changes in any way whatsoever and I agree to notify the BR&CF if I resign, commence retirement, receive an offer of reinstatement, be it verbal or written, during the period I am receiving "Held Out of Service" benefits.

DATE _____ CLAIMANT'S SIGNATURE _____