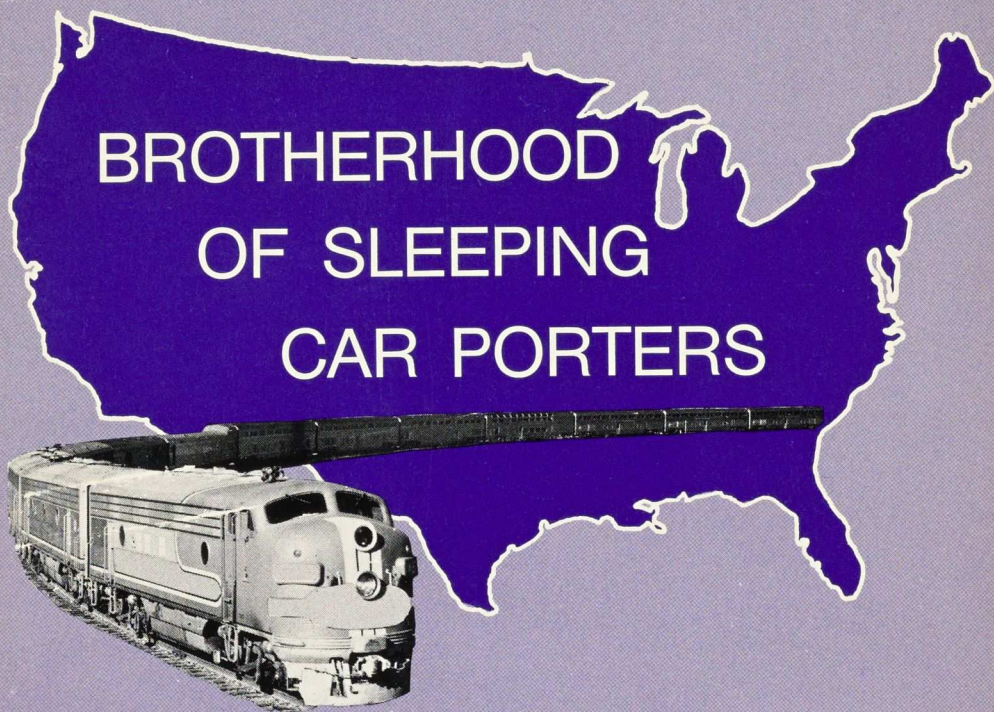


SUPPLEMENTAL SICKNESS BENEFIT PLAN



PROVIDED UNDER GROUP CONTRACT 7000A
EFFECTIVE JULY 1, 1973
ISSUED BY BENEFIT TRUST LIFE INSURANCE COMPANY

CERTIFICATE

BENEFIT TRUST LIFE INSURANCE COMPANY

Chicago, Illinois

(herein called *BENEFIT TRUST LIFE*)

hereby certifies that it has issued Group Policy No. 7000A in consideration of the application made by

NATIONAL CARRIERS' CONFERENCE COMMITTEE

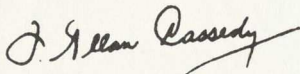
of WASHINGTON, D.C.

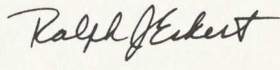
acting on behalf of the Railroads participating in the National Insurance Contract, and whose names are listed in Exhibit A of the Group Policy (such Railroads herein collectively to be called the Group Policyholder), providing the benefits described on the following pages for certain Employees insured under the Group Policy. This booklet summarizes the principal provisions of the Group Policy which alone constitutes the entire contract between *BENEFIT TRUST LIFE* and the Group Policyholder.

Whenever the term "Participating Railroad" is used in the Group Policy or this booklet, it shall mean one of the railroads or other employers listed in Exhibit A of the Group Policy in its specific capacity as the employer of an Employee eligible for insurance under the Group Policy.

Employees become insured under the Plan as provided on the following pages. This booklet constitutes the Employee's Certificate of Insurance while covered under the Plan.

The benefits and provisions described on the following pages are subject in all respects to the terms and conditions of the Group Policy.


Secretary


President

FORWORD

Effective July 1, 1973
the National Carriers' Conference Committee
acting on behalf of the railroads
entered into an agreement with the

BROTHERHOOD OF SLEEPING CAR PORTERS

to provide a Supplemental Sickness Benefit Plan
on behalf of the employees
represented by this organization.

This Booklet-Certificate summarizes the principal provisions of the Plan.

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<p align="center">SUMMARY OF SUPPLEMENTAL SICKNESS BENEFITS</p>
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BENEFITS PAYABLE COMMENCING 5th Day of Disability

MAXIMUM BENEFIT PERIOD 12 Months

MONTHLY BENEFITS

<u>Basic Benefit Amount Per Month</u>	
<u>While RUIA* Benefits are Payable**</u>	<u>After RUIA* Benefits are Exhausted in Benefit Year Involved</u>
\$240.00	\$440.00

* Railroad Unemployment Insurance Act.

** Applicable to Eligible Employees for 5th, 6th and 7th days of disability even though RUIA benefits may not be payable for those days.

The Basic Benefit Amount shown above will be reduced to the extent that it together with benefits payable under the Railroad Unemployment Insurance Act and other income benefits specified on Page 9 under "Part II – Reductions Applicable to Basic Benefit Amount", Paragraphs A and B, exceed the applicable Maximum Monthly Amount as shown on Page 8. The Basic Benefit Amount will also be reduced by the amount you receive for loss of time as the result of an off-track vehicle accident as specified under Paragraph C of Part II.

Specific information concerning "Who is Eligible" and "Coverage Provisions" is shown beginning with Page 4.

WHO IS ELIGIBLE

Generally speaking, you are eligible for the insurance under this Plan when you become an "Insured Employee". The following definitions explain the qualifications for becoming an "Insured Employee":

Employee

"Employee" means any Employee of a Participating Railroad who is represented by *THE BROTHERHOOD OF SLEEPING CAR PORTERS*.

"Employee" also includes any General Chairman or other full-time labor representative of *THE BROTHERHOOD OF SLEEPING CAR PORTERS*, provided premium payments are made through such Brotherhood.

Qualified Employee

"Qualified Employee" means an Employee who is under 65 years of age and who

- (a) has completed 30 days of continuous employment relationship with the same Participating Railroad, in a capacity in which he has been represented by *THE BROTHERHOOD OF SLEEPING CAR PORTERS* and covered by its schedule agreement, and
- (b) is a Qualified Employee as that term is defined in Section 3 of the Railroad Unemployment Insurance Act as it is presently constituted or as it may hereafter be amended.*

*Section 3 of the Railroad Unemployment Insurance Act states:

"An employee shall be a 'qualified employee' if the Board finds that his compensation will have been not less than \$1,000 with respect to the base year, and, if such employee has had no compensation prior to such year, that he will have had compensation with respect to each of not less than seven months in such year."

The term "base year" means the completed calendar year immediately preceding the beginning of a benefit year. The term "benefit year" means for purposes of the above definition the twelve-month period beginning July 1 of any year and ending June 30 of the next year. In arriving at the \$1,000, only the first \$400 of compensation in any month is counted.

An Employee shall become a Qualified Employee on the first day of the calendar month following the date he satisfies the above requirements. The requirements of Paragraph (a) above shall not apply to an Employee who is furloughed by his Participating Railroad while insured under the Plan and commences work for another Participating Railroad while still insured.

WHO IS ELIGIBLE

Insured Employee

"Insured Employee" means a Qualified Employee who, during any calendar month, renders compensated service for a Participating Railroad under the coverage of a schedule agreement held by *THE BROTHERHOOD OF SLEEPING CAR PORTERS* or takes vacation with pay for which he has qualified under a schedule agreement held by *THE BROTHERHOOD OF SLEEPING CAR PORTERS*.

A Qualified Employee will be an Insured Employee during and only during the calendar month immediately following the calendar month during which he satisfies the requirements of the paragraph above, except as provided in the next paragraph.

A previously Insured Employee who ceases to be an Insured Employee because of disability, furlough, leave of absence or discharge, and who returns to work for the same Participating Railroad, or who commences work for another Participating Railroad at the direction of his home Participating Railroad or by virtue of his seniority on his home Participating Railroad or under the provisions of a protective agreement or order of a regulatory authority, within 12 calendar months after he ceased to be an Insured Employee shall again become an Insured Employee on the day on which he again renders compensated service under the coverage of a schedule agreement held by *THE BROTHERHOOD OF SLEEPING CAR PORTERS* and shall continue to be an Insured Employee for the remainder of the calendar month in which he returns to work.

Eligible Employee

"Eligible Employee" means any Insured Employee who becomes eligible for benefits in accordance with the section headed COVERAGE PROVISIONS.

Effective Date

If you are an Insured Employee as defined in this Booklet Certificate on the effective date of the Plan, your insurance will become effective on that date. If you become an Insured Employee after the effective date of the Plan your insurance will become effective on the date you become an Insured Employee.

The effective date of the Plan is July 1, 1973.

COVERAGE PROVISIONS

Time

Whenever time of day is a consideration with respect to any matter, such shall be local time used in operations by his employing Railroad at the place where the Employee is then physically located when the event occurs.

Benefits Payable

If you become totally disabled, as defined below, by accidental bodily injury or sickness and the period of disability commences while you are an Insured Employee, provided your Total Disability is certified by a duly licensed physician or surgeon practicing within the scope of his license, you will become eligible to receive monthly benefits, subject to all the terms, conditions, limitations and exclusions of the Plan, as determined in accordance with the Schedule of Benefits on Page 7 beginning on the fifth day of such disability, but in no event beyond the earliest date determined in accordance with the following provisions:

- (a) the date of your death,
- (b) the date you attain age 65, whether or not you are then disabled and receiving benefits under this Plan,
- (c) the date you cease to be totally disabled, or
- (d) the date you have become entitled to benefits for 12 months during one period of total disability, subject to item (j) under Limitations and Exclusions on Pages 10 and 11.

You will be considered totally disabled for purposes of the insurance under this Plan if, as the result of an accidental bodily injury or a sickness, you are unable to perform the duties of any job available to you in your craft, or, if there is no job available to you in your craft, you are unable to perform the duties of the last job on which you worked prior to the date the disability commenced.

A period of total disability means the period of time during which you are totally disabled as defined above, whether from one or more causes, beginning with the first full day of total disability following cessation of active work for the Participating Railroad and ending on the earlier of (a) the date you cease to be totally disabled, or (b) the date you return to active work for the Participating Railroad or any other employer, except that continuing or successive periods of total disability, whether or not the disability commenced while you were an Insured Employee, shall be considered one period of total disability unless separated by return to active work on a full-time basis for a period of at least 90 consecutive calendar days, or unless due to entirely unrelated causes and separated by return to active work on a full-time basis for at least one day.

COVERAGE PROVISIONS

Schedule of Benefits

The amount of monthly benefits to which you are entitled during a period of total disability if you are an Insured Employee when the disability commences shall be the amount shown below in "Part I — Basic Benefit Amount," reduced in accordance with "Part II — Reductions Applicable to Basic Benefit Amount" shown on Pages 9 and 10 if the conditions set forth therein apply.

Employees Paid In Canadian Funds

Dollars and cents with respect to employees whose compensation from the participating Railroad is in Canadian funds shall mean dollars and cents in Canadian funds. Payments made to such employees in United States funds under the Railroad Unemployment Insurance Act or other laws or under private plans will be converted to their Canadian equivalents for the purpose of applying Part II — Reductions Applicable to Basic Benefit Amount — on Pages 9 and 10, if the value of the Canadian dollar varies by more than one cent from the value of the United States dollar.

Part I — Basic Benefit Amount

The amount of monthly benefit payable to an Insured Employee under this Plan shall be the Basic Benefit Amount applicable to the Insured Employee in accordance with Part I of this schedule reduced in accordance with Part II under the conditions therein set forth (pages 9-10). An Insured Employee will not be eligible for benefits under this Plan unless he is eligible to receive sickness benefits under the Railroad Unemployment Insurance Act for each "day of sickness" as defined in the Act which is in excess of four "days of sickness" in the registration period which includes such day.

However, if an Insured Employee is not eligible to receive sickness benefits under the Railroad Unemployment Insurance Act solely because he has received the maximum sickness benefits payable under the Act in the benefit year involved, then benefits under this Plan shall be payable.

Basic Benefit Amount

For Insured Employees Receiving Sickness Benefits Under The Railroad Unemployment Insurance Act		For Insured Employees Who Have Received Maximum Sickness Benefits Under Such Act in the Benefit Year Involved	
Per Month	Per Day *	Per Month	Per Day *
\$240.00	\$ 8.00	\$440.00	\$14.67

*The rate "per day," which is one-thirtieth of the monthly rate, applies only for disabilities lasting less than a month, or for any residual days of disability lasting more than an exact number of months. If the monthly rate is reduced in accordance with Part II, the rate "per day" will be determined by dividing the reduced monthly rate by 30.

COVERAGE PROVISIONS

Part I — Basic Benefit Amount (Continued)

If sickness benefits under the Railroad Unemployment Insurance Act are not payable for any "day of sickness" because such benefits are not payable until the eighth day of a disability, benefits otherwise payable under this Plan will be paid at the rate shown above for Insured Employees receiving sickness benefits under the Railroad Unemployment Insurance Act.

In the event the Railroad Unemployment Insurance Act is amended to increase the amount of sickness benefits payable under such Act so that the sum of (a) 21.75 times the average daily sickness benefit payable under such Act as so amended, plus (b) the Basic Benefit Amount provided above for Insured Employees receiving sickness benefits under the Act, exceeds the Maximum Monthly Amount shown below with respect to the Insured Employee, the Basic Benefit Amount for Insured Employees receiving sickness benefits under the Railroad Unemployment Insurance Act shall be reduced by an amount equal to the amount by which the sum of (a) such Basic Benefit Amount plus (b) 21.75 times the average daily sickness benefit payable under such Act as so amended exceeds the Maximum Monthly Amount shown below with respect to the Insured Employee.

Maximum Monthly Amount*

\$566.00

*The Maximum Monthly Amount is based on 70% of average straight time monthly earnings as of December 31, 1972.

The Basic Benefit Amount otherwise payable under this Plan shall be reduced to the extent that such benefit together with benefits payable under the Railroad Unemployment Insurance Act and other income benefits specified under "Part II — Reductions Applicable to Basic Benefit Amount", Paragraphs A and B, exceed the applicable Maximum Monthly Amount shown above.

COVERAGE PROVISIONS

Part II – Reductions Applicable to Basic Benefit Amount

- A. If you are entitled to benefits under this Plan for a disability, and you receive any of the payments described in (1), (2), (3) and (4) below for any part of the same period of total disability, your Basic Benefit Amount will be reduced so that the sum of such payments, plus 21.75 times any daily benefit payable to you under the Railroad Unemployment Insurance Act together with the Basic Benefit Amount, does not exceed the Maximum Monthly Amount applicable to you as shown on page 8:
- (1) annuity payments under the Railroad Retirement Act;
 - (2) insurance benefits under Title II of the Federal Social Security Act;
 - (3) unemployment, maternity or sickness benefits under any unemployment, maternity or sickness compensation law; and
 - (4) any other social insurance payments under any law.

If you do not receive sickness benefits under the Railroad Unemployment Insurance Act because of the provisions of Section 4 (a-1) (ii) of such Act,* the Basic Benefit Amount reduced as provided for above will be payable notwithstanding the provisions of item (j) under Limitations and Exclusions on Page 11.

*Under Section 4 (a-1) (ii) of the Railroad Unemployment Insurance Act, an employee who would otherwise be eligible for benefits under the Act is disqualified from receiving such benefits for any day for which he is receiving unemployment, maternity or sickness payments under another law. If he is receiving payments of a type described in (1), (2) or (4) of Paragraph A, such payments are offset against his payments under the Railroad Unemployment Insurance Act.

If you receive any of the payments described in (1), (2), (3) and (4) above on a retroactive basis for a part of a Period of Disability for which benefits were paid under this Plan without regard to such payments, *BENEFIT TRUST LIFE* will have the right to recover the amount of benefits paid to you under this Plan which is in excess of the amount you would have received had such retroactive payments been made at the same time as the benefits were paid under this Plan.

- B. If you are eligible for benefits with respect to a disability under any other plan, fund or arrangement, by whatever name called, toward the cost of which any employer shall have contributed, including but not limited to any group life policy providing installment payments in the event of permanent total disability, any group annuity contract, any pension or retirement annuity plan, or any group policy of accident and health insurance providing benefits for loss of time from employment because of disability, the Basic Benefit Amount under this Plan for the same disability will be reduced so that the sum of (1) the benefits described above for which you are eligible, plus (2) 21.75 times the daily sickness benefit payable to you under the Railroad Unemployment Insurance Act, plus (3) the Basic Benefit Amount, do not exceed the Maximum Monthly Amount applicable to you as shown on page 8.

COVERAGE PROVISIONS

Part II – Reductions Applicable to Basic Benefit Amount – (Continued)

- C. If you are disabled in an off-track vehicle accident covered under an agreement requiring railroad payment for time lost as result of the injury, the Basic Benefit Amount otherwise payable under this Plan will be reduced by the amount of any payment for time lost which you may receive in connection with the same disability.

Limitations and Exclusions

No payment shall be made under this Plan

- (a) for the first four days of any period of total disability;
- (b) for a longer period than 12 months during any period of total disability, subject to the provisions of item (j) below;
- (c) with respect to any disability for which you are not under treatment by a legally qualified physician or surgeon, as certified by a duly licensed physician or surgeon practicing within the scope of his license;
- (d) for any day on which you perform work for remuneration;
- (e) with respect to disability commencing after you have commenced work on a regular or permanent basis for a Participating Railroad on a position other than a position coming under a schedule agreement held by *THE BROTHERHOOD OF SLEEPING CAR PORTERS* unless the last position on which you rendered service prior to the commencement of the disability was a position coming under a schedule agreement held by *THE BROTHERHOOD OF SLEEPING CAR PORTERS*;
- (f) with respect to disability due to any intentionally self-inflicted injury or sickness;
- (g) with respect to disability to which a contributing cause was the commission or attempted commission by you of an assault, battery or felony;
- (h) with respect to disability due to war or any act of war, declared or undeclared, due to insurrection or rebellion, or due to participating in a riot or civil commotion;
- (i) for any period during which you are unable to work as a result of pregnancy or resulting childbirth, abortion or miscarriage, except that this exclusion shall not apply in case of miscarriage resulting from an accidental bodily injury;

COVERAGE PROVISIONS

Limitations and Exclusions – (Continued)

- (j) except as provided in the Schedule of Benefits, for any period during which you are eligible to receive sickness benefits under the Railroad Unemployment Insurance Act but are denied such benefits for any reason, including failure to make application for such benefits, except that if the reason you are denied such benefits is because you received vacation pay during the period of total disability, the 12-month maximum period for which benefits would otherwise be payable, during disability, will be extended during continuation of the disability by a period equal to the period during which Railroad Unemployment Insurance Act sickness benefits were denied because you received vacation pay during such disability;
- (k) with respect to any portion of any period of total disability which commences after or extends beyond the date you have attained 65 years of age; or
- (l) with respect to any disability commencing after your employment relationship with a Participating Railroad has terminated, except that this item (1) shall not preclude benefit payments if you are an Insured Employee and you leave the service of one Participating Railroad and without missing more than one week of work commence work for another Participating Railroad on which you are already a Qualified Employee and for that reason terminate your employment relationship with the Participating Railroad first mentioned.

TERMINATION OF INSURANCE

Your insurance under the Plan will terminate on the earliest of the following dates:

- (a) The date of termination of the Plan, or of your Employer's or Organization's participation in it; or
- (b) The date the Plan is amended to terminate the insurance with respect to the class of Employees of which you are a member; or
- (c) The date you cease to be an Insured Employee as defined on Page 5.

CLAIM INFORMATION

Notice of Claim

Written notice of injury or sickness on which claim for total disability may be based must be given to *BENEFIT TRUST LIFE* within 20 days of the commencement of the disability, or as soon thereafter as is reasonably possible. Notice must be given by you or on your behalf to *BENEFIT TRUST LIFE* at its home office in Chicago, Illinois, with information sufficient to identify you as an Insured Employee. A Notice of Disability form is included in this booklet. It may be used to report a claim for benefits under this Plan. You may also obtain a Notice of Disability form from *BENEFIT TRUST LIFE* at its home office in Chicago, Illinois.

Claim Forms

BENEFIT TRUST LIFE, upon receipt of a Notice of Disability, will furnish to you such forms as are usually furnished by it for filing proofs of disability. If such forms are not furnished within 15 days after the giving of such notice, you shall be deemed to have complied with the requirements of the Group Policy as to proof of disability upon submitting, within the time fixed in the Group Policy for filing proof of disability, written proof of disability covering the occurrence, the character and the extent of disability for which claim is made.

Proof of Claim

Written proof of total disability must be furnished to *BENEFIT TRUST LIFE* home office within 90 days after any period of disability for which benefits are claimed under the Group Policy. The proof must include certification by a legally qualified physician or surgeon that the Insured Employee is under medical treatment. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.

Proof of total disability must include satisfactory evidence that the Insured Employee has applied, and has furnished required proofs when due, for all disability benefits and periodic cash payments referred to in the provision entitled "Schedule of Benefits."

Payment of Claims

All benefits will be payable to you and any accrued benefits unpaid at your death shall be payable to your Estate.

If any indemnity under this Plan shall be payable to the Estate of an Insured Employee, or to an Insured Employee who is a minor or otherwise not competent to give a valid release, *BENEFIT TRUST LIFE* may pay indemnity up to an amount not exceeding \$1,000 to any relative by blood or connection by marriage of the Insured Employee who is deemed by *BENEFIT TRUST LIFE* to be equitably entitled thereto. Any payment made by *BENEFIT TRUST LIFE* in good faith pursuant to this provision shall fully discharge *BENEFIT TRUST LIFE* to the extent of such payment.

CLAIM INFORMATION

Payment of Claims — (Continued)

Physical Examination

BENEFIT TRUST LIFE at its own expense shall have the right and opportunity to examine you when and as often as it may reasonably require during the pendency of a claim hereunder.

Legal Actions

No action at law or in equity shall be brought to recover under this Plan prior to the expiration of 60 days after written proof of total disability has been furnished in accordance with the requirement of this Plan. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Choice of Physician or Surgeon

You shall have free choice of any duly licensed physician or surgeon practicing within the scope of his license. *BENEFIT TRUST LIFE* shall not in any way disturb the physician-patient relationship.

Disputes

If you are an Insured Employee as defined on page 5, in the event of a dispute requiring determination of your physical condition or the cause or date of commencement of a disability, the dispute will be submitted to a panel of legally qualified physicians, one selected by you or your representative, one selected by the Participating Railroad of which you are an Employee, and one selected by *BENEFIT TRUST LIFE*. In the event this panel of legally qualified physicians is unable to reach a decision, they will select another legally qualified physician for decision, such decision to be binding upon all parties.

In the event of any other dispute involving application of the terms, conditions and provisions of the Plan between you and/or a Participating Railroad and/or *BENEFIT TRUST LIFE*, the dispute will be submitted to a committee consisting of two members appointed by the Group Policyholder, two members appointed by *THE BROTHERHOOD OF SLEEPING CAR PORTERS* and (if the dispute involves *BENEFIT TRUST LIFE*) two members appointed by *BENEFIT TRUST LIFE*. If this committee cannot reach a decision, the dispute will be submitted to arbitration.

All expenses in connection with the resolution of disputes will be borne by the person or persons incurring the expenses, except that fees and expenses of any physician selected by the panel of physicians in accordance with the first paragraph of this sub-section, or any neutral arbitrator appointed under the second paragraph of this sub-section, will be divided equally by the parties involved in the dispute.

CLAIM INFORMATION

This Group Policy has been issued in fulfillment of a collective bargaining agreement which contains the following provision:

"In case of a disability for which the employee may have a right of recovery against either the employing railroad or a third party, or both, benefits will be paid under this Plan pending final resolution of the matter so that the employee will not be exclusively dependent upon his sickness benefits under the Railroad Unemployment Insurance Act. However, the parties hereto do not intend that benefits under this Plan will duplicate, in whole or in part, any amount recovered for loss of wages from either the employing railroad or a third party, and they intend that benefits paid under this Plan will satisfy any right of recovery for loss of wages against the employing railroad to the extent of the benefits so paid. Accordingly, benefits paid under this Plan will be offset against any right of recovery for loss of wages the employee may have against the employing railroad; the employing railroad, or the insuring agent if one is involved, will be subrogated to any right of recovery for loss of wages the employee may have against any party other than the employing railroad;****"

Thus, to the extent benefits are paid under the Group Policy, such benefit payments shall be deducted from any recovery for loss of wages in any case in which the employer or a third party is liable for the injury.

Subrogation

In keeping with the "Liability Cases" provision of the collective bargaining agreements, quoted from above, the Group Policy includes the following subrogation provision:

In the event any benefits are paid to an Eligible Employee under the Group Policy, *BENEFIT TRUST LIFE* shall be subrogated and succeed to the Eligible Employee's right of recovery for loss of wages against any third party, other than the employing railroad, and the Eligible Employee shall pay over to *BENEFIT TRUST LIFE* all sums recovered, by suit, settlement or otherwise, on account of such loss of wages, but not to exceed the amount of benefits paid under the Group Policy. As a condition to paying any benefits under the Group Policy, *BENEFIT TRUST LIFE* may require the Eligible Employee to assign to it any such recovery or right thereto from any third party other than the employing railroad to the extent that benefits are payable under the Group Policy. For purposes of this provision, a recovery which does not specify the matters covered thereby shall be deemed to include a recovery for loss of wages to the extent of any actual wage loss due to the disability involved. The Eligible Employee shall take such action, furnish such information and assistance and execute such assignments and other instruments as *BENEFIT TRUST LIFE* may require to facilitate enforcement of the right of *BENEFIT TRUST LIFE* hereunder, and shall take no action prejudicing the rights and interest of *BENEFIT TRUST LIFE* hereunder.

CLAIM INFORMATION

Conformity With State Statutes

Any provision of the Group Policy which, on its effective date, is in conflict with the statutes of the State in which you reside on such date is hereby amended to conform to the minimum requirements of such statutes.

Workmen's Compensation Not Affected

This Plan is not in lieu of and does not affect any requirement for coverage by Workmen's Compensation Insurance.

HOW TO FILE A CLAIM

- (1) The "Notice of Disability" form 013-57 should be sent to *BENEFIT TRUST LIFE INSURANCE COMPANY*, Railroad Benefits Department, Supplemental Sickness Benefit Section, 1771 W. Howard St., Chicago, Illinois 60626 as soon as it is known disability will extend beyond four days.
- (2) The "Proof of Disability" form 013-58 which *BENEFIT TRUST LIFE* will send you is to be completed by your doctor at the end of the first 35 days of disability or at the end of disability, whichever comes first.
- (3) Be sure to address all correspondence to the address shown above.

After the "Notice of Disability" form is received, *BENEFIT TRUST LIFE* will send your employer a certification form to be completed and request qualification information from the U.S. Railroad Retirement Board.

It is important that the "Notice of Disability" form be sent to *BENEFIT TRUST LIFE* promptly so that such certification and such qualification information can be obtained. This will enable *BENEFIT TRUST LIFE* to pay your claim immediately when proof of your disability is received.

It is also important that you obtain and fill in the *U.S. RAILROAD RETIREMENT BOARD* "Application for Sickness Benefits" form, have your doctor fill in the *RAILROAD RETIREMENT BOARD* "Statement of Sickness" form, and promptly mail both of those forms to Bureau of Unemployment and Sickness Insurance, *U.S. RAILROAD RETIREMENT BOARD*, 844 Rush Street, Chicago, Illinois 60611.



BENEFIT TRUST LIFE

INSURANCE COMPANY

1771 HOWARD STREET CHICAGO, ILLINOIS 60626 • 274-8100
KNOWN FOR 50 YEARS AS BENEFIT ASSOCIATION OF RAILWAY EMPLOYEES

NOTICE OF DISABILITY

Maintenance of Way — Hotel and Restaurant — Sleeping Car Porters Supplemental Sickness Benefit Plans

IMPORTANT INSTRUCTIONS— In case of claim you should fully complete this form immediately, so your coverage may be verified. No envelope is needed. Just fold, seal with gummed strip, and mail this form. Also complete an "Application for Sickness Benefits" with the U.S. Railroad Retirement Board.

SECTION I. This section must be completed by or in behalf of the insured for all claims.

Name of Employee (Please Print)		Employee No.		Social Security No.	
Employee's Address (Number) (Street)		Division and Location Last Worked		Occupation	
(City)	(State)	(Zip)	When did you become disabled? (Day) (Month) (Year)	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Cause of Disability? <input type="checkbox"/> Injury <input type="checkbox"/> Sickness
Indicate Which Organization Represents you <input type="checkbox"/> Maintenance of Way <input type="checkbox"/> Hotel and Restaurant <input type="checkbox"/> Sleeping Car Porters <input type="checkbox"/> Other			Indicate Occupation class: <input type="checkbox"/> 1. Mechanic or comparable or higher rated position (Maintenance of Way Employees only) <input type="checkbox"/> 2. Lower rated position		
Status in month before disability commenced: <input type="checkbox"/> Worked <input type="checkbox"/> On vacation with pay <input type="checkbox"/> Other (explain)			Date You Last Worked Prior to Disability		
Why did you stop working? (Check one) <input type="checkbox"/> Disability <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Retired <input type="checkbox"/> Other (explain) <input type="checkbox"/> Furlough <input type="checkbox"/> Discharged <input type="checkbox"/> Resigned					
Name of your Doctor?			Date of First Treatment (Month) (Day) (Year) Have you returned to work? <input type="checkbox"/> Yes — If so, give date <input type="checkbox"/> No — If not, when do you expect to return to work?		

SECTION II. To be completed only if accident involved.

Date of Accident (Month) (Day) (Year)	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Were you working when accident happened? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain how Accident happened?		

Was a railroad off-track vehicle involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Injury result from a Traffic accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will a Liability Claim be made? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION III. This section must be completed by or in behalf of the insured for all claims.

Benefits under the Railroad Unemployment Insurance Act:

Have you applied for sickness benefits under the Railroad Unemployment Insurance Act? ☐ Yes ☐ No
If not, why not?
☐ Am not qualified under the Act.
☐ Have not had a disability lasting seven days or more this benefit year.
☐ My benefits have been exhausted for this benefit year.
☐ Other (explain)

Other Income Benefits:

Are any of the "Other Income Benefits" listed below available to you while disabled? ☐ Yes ☐ No
(If so, check each of the following which is applicable, and show monthly amounts payable.)
☐ Railroad Retirement Act — Disability annuity \$ _____
☐ Social Security Act \$ _____
☐ Any other governmental or tax-supported plan, federal, State or local \$ _____
☐ Any other plan toward the cost of which any employer contributed \$ _____

SECTION IV. This section must be signed by or in behalf of the insured for all claims.

I hereby authorize any hospital, physician, surgeon or the Railroad Retirement Board to furnish the Benefit Trust Life Insurance Company any information necessary to consider my claim for benefits. A copy of this authorization shall be considered as effective and valid as the original.

Employee Sign	Date Signed	Do you have any other insurance with our Company besides this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
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THIS FLAP IS GUMMED

Just fold, seal, and mail

NO ENVELOPE NECESSARY

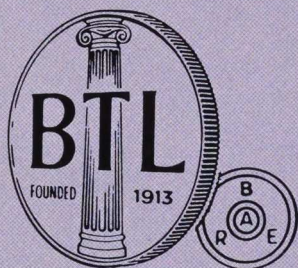


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BENEFIT TRUST LIFE INSURANCE COMPANY
RAILROAD BENEFITS DEPARTMENT
1771 W. HOWARD STREET
CHICAGO, ILLINOIS 60626

Supplemental Sickness Benefit Section



northern california
BANCROFT-TULANE
CENTER
FOR AMERICAN
HISTORY
AND LIFE
ARCHIVES
COLLECTION