



# UTU DISCIPLINE INCOME PROTECTION PROGRAM CLAIM FORM

24950 COUNTRY CLUB BLVD., STE. 340  
NORTH OLMSTED, OHIO 44070-5333  
Fax: (216) 227-5209

- Attach your Letter of Discipline or Signed Waiver showing the reason for discipline.
  
- Signed Waivers must clearly set forth the number of demerits, days of suspension or dismissal, and also bear the signature and title of the carrier official reflecting management acceptance.

**PLEASE WRITE PLAINLY – FILL OUT IN INK**

**ALL QUESTIONS MUST BE ANSWERED**

1. Name in full \_\_\_\_\_ Age \_\_\_\_\_
2. Address \_\_\_\_\_
3. City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number ( ) \_\_\_\_\_
4. I am a member of UTU Local No. \_\_\_\_\_  
Soc. Sec. No. \_\_\_\_\_
5. What railroad, bus line or other transportation industry were you employed by when disciplined? \_\_\_\_\_
6. What was your occupation on date of incident? \_\_\_\_\_
7. What discipline did you receive? (Dismissal or Suspension) \_\_\_\_\_
8. Date incident occurred that caused your removal. \_\_\_\_\_
9. Date and exact time of day you last reported for duty. \_\_\_\_\_  
Ended \_\_\_\_\_
10. Date and time Investigation was conducted. \_\_\_\_\_
11. Exact time lost to attend Investigation. \_\_\_\_\_
12. IMPORTANT – Write below a report of your case, giving details of the cause of your removal from service and any other information that will assist the International in determining the validity of your claim. (Attach additional sheet if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Is the cause of your removal from service as set forth by the company in their discipline notice correct? \_\_\_\_\_

14. If your answer to the above question is no, state in what respect it is not correct. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Number of days being claimed by this report \_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ at \$ \_\_\_\_\_

**NOTE:** Claim days up to date of report only. Benefits are not paid in advance of the discipline actually being served. Payments are based upon the date the claim report is signed.

16. If reinstated, state date and time of first day back to service. \_\_\_\_\_

**I understand that it is my responsibility to notify the DIPP Department *IMMEDIATELY* upon my reinstatement to service.**

**I certify that, to the best of my knowledge and belief, the foregoing statements are true.**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Member's Signature*

\_\_\_\_\_  
*Local No.*

Be sure all questions are answered and that you have attached the requested documents.

After you complete this report, please present it to a Local Officer so that he/she may attest to this information.

### STATEMENT OF LOCAL OFFICER

(NOTE: If this portion is not completed, the Claim Report will be returned.)

I am familiar with the details involved in this case of discipline and have reviewed the questions and answers given by the claimant.

Are all answers given to the questions correct to the best of your knowledge and belief? \_\_\_\_\_

Has this case been handled with the employing company? \_\_\_\_\_

What is the present status of the case? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If needed, can an original copy of the investigation transcript be furnished? \_\_\_\_\_

\_\_\_\_\_  
*Local Officer's Signature*

\_\_\_\_\_  
*Local No.*

\_\_\_\_\_  
*Please Print Name*

In the absence of the Local Chairperson, the signature of the Vice Local Chairperson, Local President or Local Secretary and Treasurer is acceptable providing he or she has knowledge of the matters that are being verified and providing his or her election to such office has been reported properly to the International.