

Fast Track

Application for “Held Out of Service” Benefits Submission Check List

HAVE YOU CONTACTED THE BRCF OFFICE AT 800-233-7080?	Yes	Call Now!
Have you completed the Application for “Held Out of Service” Benefits Form (supplied by the BRCF), and did you provide a brief explanation of the incident and date and sign the form?	Yes	No
Have you included a copy of the Official Notice of Investigation, if issued by the carrier?	Yes	No n/a
Does the Official Notice of Discipline or Waiver indicate the amount of discipline assessed and the specific dates discipline will be served?	Yes	No
If you are submitting a Waiver, has it been signed by yourself and a manager.	Yes	No
Have you included a copy of your FRA Suspension and FRA Revocation, if applicable?	Yes	No n/a
If you attended an investigation, have you contacted our office to determine if the transcript of the investigation/hearing is required? When requested, the complete transcript of the investigation, including all exhibits or items of evidence, must be submitted.	Yes	No n/a
Have you included a copy of a voided check to expedite the processing of your application for “Held Out of Service” benefits?	Yes	No
Are your dues currently paid? You can check your current paid through date at WWW.BRCF.ORG	Yes	No
If you have answered no to any of the above questions, please contact the office before submitting any documents.		
Please be advised, all documents submitted become the property of the BRCF. We recommend you make copies for your own records.		
Documents may be submitted by facsimile provided it doesn’t exceed 10 pages . Please call our office 15 minutes after your fax is sent to confirm our receipt and legibility of your documents.		

Modified August 19, 2010

If you have any questions, please call our office at 800-233-7080
between 8:00 a.m. and 4:15 p.m. EST.

BROTHERHOOD'S RELIEF AND COMPENSATION FUND

2150 Linglestown Road, Harrisburg, Pennsylvania 17110

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

**APPLICATION FOR
"HELD OUT OF SERVICE" BENEFITS
AS DEFINED IN ARTICLE XXXIII OF THE CONSTITUTION**

Name in full _____ Member ID: _____

Street Address _____ Phone (____) _____ Cell (____) _____

City _____ State/Prov. _____ Zip _____ Email Address _____

Did you contact the BRCF to determine the status of your membership and documents required for processing your application? Yes or No

1. The craft/position you were working at the time of occurrence? (Circle one): Conductor Engineer Dispatcher Other: _____
2. The type of service you were working at the time of occurrence? (Circle one): Yard/Local Thru-Freight Psgr Office MofW N/A
3. What was the date _____ and time _____ incident occurred that caused removal from service?
4. What was your on duty date _____ and on duty time _____ for the date of the above incident?
5. At the time of the occurrence were you on railroad property? (Circle one): Yes or No
6. At the time of the occurrence were you on duty? (Circle one): Yes or No
7. If an investigation was held by the company, give the date(s). _____
8. What was your first day withheld from service? _____
9. If you were given a definite number of days suspension, how many? _____ From _____ To _____
10. Total days actually "Held Out of Service" (As defined in Article XXXIII Sec. 1a) _____ Other: _____
11. Was your FRA certification revoked? (Circle one): Yes or No or N/A If so, how many days? _____
12. Will your FRA revocation be reduced? (Circle one): Yes or No or N/A If so, how many days will it be reduced to? _____
13. Do you agree to contact the BRCF ***immediately*** if your discipline or FRA revocation is reduced or modified? (Circle one): Yes or No
14. Did you work any part of day(s) suspended? (Circle one): Yes or No If yes: Date _____ Time _____
15. Will you be permitted to work in any capacity during your disciplinary period? (Circle one): Yes or No If Yes, explain below:

Explanation: _____

Please submit the following documents: Official Notice of Investigation, Official Notice of Discipline or a Signed Waiver (**must contain the amount of discipline assessed and the specific dates discipline served**), FRA Revocation and Suspension if applicable, Transcript of Investigation & Exhibits (Mandatory if Discipline Exceeds 30 Days or if Requested), and a Voided Check. All documents submitted become the property of the BR&CF. Please make copies of all documents for your records.

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 hereby certify, declare and warrant that all the foregoing representations, statements and answers are complete and true, without evasion or concealment, each of which is material to and inducement for the disposition of my application for "Held Out of Service" benefits, and if subsequently ascertained to be false or fraudulent, of which the Brotherhood's Relief and Compensation Fund shall be the sole judge, all and singular, my rights and privileges, benefits and equities, arising thereunder shall be forthwith forfeited and null and void. I agree to contact the BR&CF ***immediately*** if my discipline assessed is reduced or modified, if my employment status changes in any way whatsoever, if I resign, apply for retirement or disability, receive an offer of reinstatement, be it verbal or written, or become employed by any rail carrier during the period I am receiving "Held Out of Service" benefits.

DATE _____ MEMBER'S SIGNATURE _____