

Application for Off Track Vehicle Benefit

Name: _____ SAP Number: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Union: _____

DETAILS OF ACCIDENT:

Date of Accident: _____

Date Reported to Supervisor: _____

Vehicle (describe the type of vehicle you were in):

Describe in detail where and how the accident occurred:

Did you complete a drug and alcohol test? ___ Yes ___ No

Was a Police Report generated? ___ Yes ___ No

Was a non-Amtrak vehicle involved? ___ Yes ___ No

If yes, please provide the name and insurance company of the operator:

Name: _____

Insurance Company: _____

DETAILS OF INJURY:

Describe your injury as a result of this accident:

Have you injured this body part(s) prior to this accident? _____ Yes _____ No

If yes, please describe and include dates of previous injuries:

Are you applying for dismemberment benefits? ____ Yes ____ No

HEALTHCARE PROVIDER(S) DETAIL:

Please list the health care provider(s) who are treating you for your injury or injuries.

Healthcare Provider name:

Business Address:

Business Phone & Fax:

Date First Treated:

I certify that these answers are true, accurate and complete to the best of my knowledge. I understand that withholding or knowingly providing incomplete, inaccurate, or false information is not compatible with Amtrak Standards of Excellence and is grounds for administrative action up to and including termination.

In consideration of the payment of any off-track vehicle accident benefits provided in the applicable collective bargaining agreement, I agree to be governed by all of the conditions and provisions said and set forth by such agreement, including that the carrier shall be subrogated to any right of recovery an employee or his/her personal representative may have against any party for loss to the extent that the carrier has made the off-track vehicle accident benefits payments pursuant to the applicable collective bargaining agreement. Further, I certify that I will disclose to Amtrak Labor Relations when I submit an application to the Railroad Retirement Board for benefits or when I have been approved to receive such benefits.

Signature: _____ Date: _____

Printed Name: _____

Please complete and email to LaborRelations@amtrak.com.