

## Norfolk Southern Railway Company - Request for Entitlement to Benefits Form

**Instructions:** This Entitlement to Benefits Form is to assist the Employee and the Company in determining whether the Employee is entitled to benefits. We wish to do this as promptly as possible in order to expedite the processing of valid claims. You may help by completing the form with as many helpful facts as will assist the Company in its initial determination as to whether you have been adversely affected.

Completed forms should be forwarded to: [PBclaims@nscorp.com](mailto:PBclaims@nscorp.com)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ EIN: \_\_\_\_\_

\_\_\_\_\_

Seniority Date: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

1. Identify agreement under which you believe compensation is due:

\_\_\_\_\_

2. On what date were you first placed in a worse position or deprived of employment? \_\_\_\_\_

3. (a) What position did you hold immediately prior to the date shown in Item 2?

Position \_\_\_\_\_ Location \_\_\_\_\_

Rate of pay: \$ \_\_\_\_\_ /day Wage Grade \_\_\_\_\_ (if applicable)

(b) What position do you currently hold?

Position: \_\_\_\_\_ Location \_\_\_\_\_

Rate of pay \$ \_\_\_\_\_ /hour/day/month Wage Grade \_\_\_\_\_ (if applicable)

(c) Your Employee Maintenance Rate (EMR) is? \$ \_\_\_\_\_ (Clerks only)

(d) At the time of your displacement, did you exercise your seniority to obtain the highest paying position available to you? \_\_\_\_\_

4. Identify what occurred and explain in detail how your work situation changed that resulted in your being placed in a worse position or deprived of employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Compensation Data: List the compensation you received in the months immediately prior to the month in which you were affected.

Month	Year	Compensation	Month	Year	Compensation
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____

I HEREBY CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)