



BLET Division 73 Claim Form

Please fill in ALL blanks. If you leave out any information, your claim may not be processed.
Email the completed form and the required documentation to BLET73Claims@outlook.com.

Name: _____ Employee ID: _____

Date of Claim: _____ Date Submitted to NS: _____

Date of Declination: _____ Declined by: _____

Train Symbol: _____ Class of Service (SS, SC, NC, NS, Local): _____

Job Number (Example SS01, SC03, NC05, A39): _____

Comments:

BEFORE SUBMITTING THIS CLAIM, YOU MUST INCLUDE THE FOLLOWING:

1) Copy of your ticket /timeslip, 2) Copy of your remarks submitted via computer, 3) Copy of your declination, 4) Copy of your pay showing the claim was declined, 5) Any additional supporting documentation to help your local division process your claim.

FOR USE BY LOCAL CHAIRMAN ONLY

Division 73 File No. _____
Date received from claimant _____
Date of appeal to management _____
Officer Declined / Approved _____
Date sent to Division Office _____