

**REQUEST FOR ADDITIONAL INFORMATION ABOUT EMPLOYER PENSION PLAN IN
 CASE OF CHANGE OF EMPLOYER STATUS OR TERMINATION OF PENSION PLAN**

INSTRUCTIONS: The Railroad Retirement Board (RRB) requests you to complete this form for the pension plan named in Item 4. Please read "Important Notices" on the next page and complete Section 1 through Section 5.

1. Railroad Contact Official's Name and Address Facsimile No.:	2. BA No.
3. Date RRB Released Form to Railroad	

SECTION 1 – RAILROAD PENSION CURRENTLY IN RRB RECORDS

If you have a pension plan effective later than the pension plan in Items 4-6, line out the RRB entries and enter the current information in Items 4-6.

4. Name of pension plan. →	
5. Effective date of pension plan named in Item 4. →	
6. Employee groups covered by pension plan named in Item 4. →	

**SECTION 2 - SALE, MERGER, REORGANIZATION OR TERMINATION
 OF COVERAGE UNDER THE RAILROAD RETIREMENT ACT**

7. Enter an "X in the appropriate box: The employees described in Item 6 are now automatically covered by another pension plan (other than benefits under the Railroad Retirement Act (RRA)) as of the date the employer has been sold, has merged, has reorganized, or is no longer covered under the RRA. →	<input type="checkbox"/> YES - Go to Item 8 <input type="checkbox"/> NO - Go to Section 3
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8. Enter the name of the pension plan described in Item 7. (Attach a copy of the plan or a summary plan description.) →	
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9. Enter the Railroad Contact Official's address for the pension plan described in Item 7. →	
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SECTION 3 - TERMINATION OF PENSION PLAN NAMED IN ITEM 4

10. Enter an "X" in the appropriate box:

The employees described in Item 6 have been given the option in a written plan or agreement of either a monthly annuity purchased from an insurance company or a lump-sum payment. →

YES - Go to Item 11

NO - Go to Item 12

11. Enter the name and address of the insurance company assuming responsibility for this pension plan. →

12. Enter an "X" in the appropriate box:

The Pension Benefit Guaranty Corporation will assume responsibility for the pension plan named in Item 4. →

YES

NO

SECTION 4 - REMARKS

You may use this section to enter any additional information that you feel may be important to include.

SECTION 5 - EMPLOYER CERTIFICATION BY SUPPLEMENTAL ANNUITY CONTACT OFFICIAL

Always complete this item.

I certify that I have examined this report, that it is made in good faith and that to the best of my knowledge and belief all entries made herein are true and correct, and in accordance with the laws and regulations applicable hereto. I understand that providing false or fraudulent information or failing to provide required information is a violation of federal law punishable by fine, imprisonment or both.

Signature of RR Contact Official

Title

Business Telephone Number (Include Area Code) () _____

Date _____

Please return this form to: U.S. Railroad Retirement Board
A&T-QRSC
844 N Rush Street
Chicago, IL 60611-2092
Facsimile No.: (312) 751-7190

IMPORTANT NOTICES

PAPERWORK REDUCTION ACT NOTICE

The information requested on this form is needed to determine if a reduction to the supplemental annuities of your retired employees is required under Section 2(h)(2) of the Railroad Retirement Act (RRA) (45 USC 231a(h)(2)). Furnishing this information is required by law (Section 7(b)(6) of the RRA (45 USC 231f(b)(6))).

We estimate this form takes an average of 7 minutes to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing completion time, to Chief of Information Resources Management, Railroad Retirement Board, 844 N. Rush St, Chicago, Illinois 60611-2092.

DO NOT WRITE IN THIS AREA -- FOR RRB USE ONLY

Date Reply Received at RRB

Received By: