

Employer's Supplemental Pension Report		SECTION 1 - IDENTIFYING INFORMATION		
2 Railroad Contact Official's Name and Address Fax No.:		1 Social Security No.		
		3 Name		
		4 Date Released	5 BA No.	
		6 Job Title or Category		
		<input type="checkbox"/> Salaried _____		
		<input type="checkbox"/> Non-Agreement _____		
		<input type="checkbox"/> Agreement (Union) _____		
		<input type="checkbox"/> Other _____		
7 The RRB completes this item when our records indicate that the railroad pension paid by you is reduced for the RRB annuity. This annuity rate is based on earnings through the year _____ and _____ months of creditable railroad service. The current monthly Tier I rate is \$ _____ and the current monthly Tier II rate is \$ _____. The RRB SUP ANN rate before reduction for an employer pension is \$ _____.				
SECTION 2 - EMPLOYER ENTRIES Instructions for completing this form are in the <i>Reporting Instructions to Employers</i> . Also read "Important Notices" on the next page.				
8 Is the employee, or will the employee be, entitled to a pension (or lump-sum payment in lieu of pension) from your railroad that is approved by the RRB because it is based, in whole or in part, on employer contributions? →		<input type="checkbox"/> Yes - Go to Item 9 <input type="checkbox"/> No - Go to Item 19		
9 Enter the name of the pension plan(s). <i>Note: If the employee is covered under more than one pension, enter the pension names under "Pension 1" and "Pension 2."</i> →		Pension 1 _____ Pension 2 _____		
10 Has the employee filed for any pension named in Item 9? →		<input type="checkbox"/> Yes <input type="checkbox"/> No - Retain a copy of this form to report when the employee files for the pension.		
11 Did, or will, the employee receive the pension in one or more lump-sum payments at or after attainment of the retirement age indicated in the pension plan? →		<input type="checkbox"/> Yes - Go to Item 11a <input type="checkbox"/> No - Go to Item 12		
a. Pension Number	b. Date All or Part of Lump Sum was/will be Paid MM DD CCYY	c. Total Amount of Lump Sum, Including Employee Contributions to Pension Plan <i>(Also complete Items 17a & b)</i>	d. Total Amount of Lump Sum, Excluding Employee Contributions to Pension Plan <i>(Leave Items 17a & b blank)</i>	
1				
2				
12 Is any pension named in Item 9 payable as a monthly pension? <i>Note: If a lump-sum had been elected in lieu of the monthly pension, answer this item "Yes."</i> →		<input type="checkbox"/> Yes - Go to Item 13 <input type="checkbox"/> No - Go to Item 17		
13 Enter the beginning date of the monthly pension rate(s). If the pension has not yet begun, enter the estimated date that the pension will begin. <i>Note: If a lump-sum has been elected in lieu of the monthly pension, enter the earliest date the monthly pension could have begun.</i> →		Pension Number	Beginning Date MM DD CCYY	
		1		
		2		
14 Is any monthly pension named in Item 9 reduced by the amount of the RRB SUP ANN? →		<input type="checkbox"/> Yes - Go to Item 19 <input type="checkbox"/> No - Go to Item 15		
15 Do either of the following apply? • The monthly pension rate includes employee contributions. • The net monthly pension rate(s) payable is less than \$43.00 . <i>Note: If a lump-sum was elected in lieu of the monthly pension, answer this item based on the monthly rate that would have been payable.</i> →		<input type="checkbox"/> Yes - Go to Item 16 <input type="checkbox"/> No - Go to Item 19		
16 Enter the monthly pension rate information requested below.				
a. Pension Number	b. Gross Monthly Pension Rate	c. Monthly Reduction for Joint and Survivor Option	d. Monthly Reduction for Early Retirement	e. Net Monthly Pension Rate
1				
2				
17 Did the employee make contributions to the pension account that have been included in the amount of the lump-sum payment reported in Item 11c or in the calculation of the monthly pension rate entered in Item 16b? →		<input type="checkbox"/> Yes - Go to Item 17a <input type="checkbox"/> No - Go to Item 19		

a. Indicate the basis of the lump-sum or monthly pension payment. →

Paid based on age
 Paid based on disability

b. Furnish the amount of the employee's contributions for the years listed below.

Note: List all employee contributions next to the year they were made. Include any amount withheld from the employee's pay, any contributions made by your company in lieu of a pay increase under the provision of a collective bargaining agreement, and any amounts rolled over to this plan by the employee from another pension account. Do not include any contributions withdrawn or refunded.

Year	Employee Contributions Amount	Year	Employee Contributions Amount	Year	Employee Contributions Amount	Year	Employee Contributions Amount
1955-1959	\$	1978	\$	1989	\$	2000	\$
1960-1962	\$	1979	\$	1990	\$	2001	\$
1963-1965	\$	1980	\$	1991	\$	2002	\$
1966-1968	\$	1981	\$	1992	\$	2003	\$
1969-1971	\$	1982	\$	1993	\$	2004	\$
1972	\$	1983	\$	1994	\$	2005	\$
1973	\$	1984	\$	1995	\$	2006	\$
1974	\$	1985	\$	1996	\$	2007	\$
1975	\$	1986	\$	1997	\$	2008	\$
1976	\$	1987	\$	1998	\$	2009	\$
1977	\$	1988	\$	1999	\$	2010	\$

18 Remarks - Use this item to include any additional information.

19 Employer Certification by Railroad 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 with area code () _____
 Date _____

Return this form to: US Railroad Retirement Board 844 N Rush Street, RBD-RIS Chicago, IL 60611-2092 Fax Number (312) 751-7192	DO NOT WRITE IN THIS AREA -- FOR RRB USE ONLY
	Date Reply Received at RRB
	Received By

IMPORTANT NOTICES

PAPERWORK REDUCTION ACT NOTICE

The information requested on this form is needed to determine if a reduction is required to the supplemental annuities of your retired employees 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 8 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.