

REQUEST FOR INFORMATION ABOUT NEW OR REVISED EMPLOYER PENSION PLAN

INSTRUCTIONS: The Railroad Retirement Board (RRB) requests you to complete a separate form for each employer pension plan being reported. Please read "Important Notices" on the next page and complete Section 1 through Section 4.

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

SECTION 1 – GENERAL RAILROAD PENSION INFORMATION

4. Enter an "X" in the appropriate box: I have enclosed a copy of the pension plan or a summary plan description. This pension plan is described as shown. →	<input type="checkbox"/> New Pension Plan – No Prior Pension Agreement. <input type="checkbox"/> Amended Pension Plan – Previous Pension Plan Was Reported To The RRB. <input type="checkbox"/> Amended Pension Plan – Previous Pension Plan Was Not Reported To The RRB.
5. Enter the name of the pension plan. →	
6. Enter the effective date of the pension plan. →	
7. Describe the groups of employees covered by this pension plan. →	

SECTION 2 - DETAILS OF THE PENSION PLAN

8. Describe the funding of the pension plan. (For example, funded by a trust fund, paid out of current income, etc.) →	
9. Enter an "X" in the appropriate box: The employees described in Item 7 make contributions toward the funding of the pension plan. →	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Enter an "X" in the appropriate box: The employer pension is reduced by the Railroad Retirement Tier 1 or Tier 2. →	<input type="checkbox"/> YES - Actual Railroad Retirement Tier 1 or Tier 2 Rate <input type="checkbox"/> YES - Estimated Railroad Retirement Tier 1 or Tier 2 Rate <input type="checkbox"/> NO

11. Enter an "X" in the appropriate box: The employer pension is reduced by all or part of the Railroad Retirement Supplemental Annuity. →	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Enter an "X" in the appropriate box: The employer pension plan has been approved by the Internal Revenue Service (IRS). → (Attach a copy of the IRS letter approving the pension plan.)	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 3 - REMARKS

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

SECTION 4 - 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 _____

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 10 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:
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