

<b>Employer's Supplemental Pension Report</b>			<b>SECTION 1 - IDENTIFYING INFORMATION</b>								
<b>2</b> Railroad Contact Official's Name and Address         Fax Number: _____			<b>1</b> Social Security Number _____								
			<b>3</b> Name _____			<b>4</b> Date Released _____			<b>5</b> BA Number _____		
			<b>6</b> Job Title or Category <input type="checkbox"/> Salaried _____ <input type="checkbox"/> Non-Agreement _____ <input type="checkbox"/> Agreement (Union) _____ <input type="checkbox"/> Other _____								
<b>SECTION 2 – GENERAL INFORMATION FOR THE EMPLOYER</b>											
For assistance in completing this form, read Part VI, Chapter 6, of the <i>Employer Reporting Instructions</i> located on our website at <a href="http://www.rrb.gov">www.rrb.gov</a> , which provide information about supplemental annuities and how they are affected by railroad pensions and 401(k) distributions. Also read the "Important Notices" on the next page. Type or print legibly in ink. If you need more space than is provided, use Section 6, Remarks. Based on your answer to a question, you may be told to "Go to" another item. <b>If no "Go to" instructions are given, answer the next item in order. Do not skip any items unless directed to do so.</b>											
<b>SECTION 3 – EMPLOYEE BENEFIT ENTITLEMENT</b>											
<b>7</b> Select the type of benefit to which employee is, or will be, entitled. <i>If employee elected a lump sum payment in lieu of a monthly pension benefit, check "monthly pension benefit".</i>			<input type="checkbox"/> Monthly pension benefit – Go to Section 4 <input type="checkbox"/> Distribution from a 401(k) Savings Plan – Go to Section 5 <input type="checkbox"/> None of the above – Go to Section 7								
<b>SECTION 4 – EMPLOYEE ENTITLED TO MONTHLY PENSION BENEFIT</b>											
<b>8</b> Enter the name of the pension plan. _____											
<b>9</b> How is the plan funded?			<input type="checkbox"/> Employer contributions only – Go to Item 10 <input type="checkbox"/> Both employer and employee contributions – Go to Item 10 <input type="checkbox"/> Employee contributions only – Go to Section 7								
<b>10</b> Indicate if the monthly benefit is reduced, and if so, by all or part of the supplemental annuity.			<input type="checkbox"/> Yes it is reduced <input type="checkbox"/> by <i>all</i> of the supplemental annuity - <b>Go to Section 7</b> <input type="checkbox"/> by <i>part</i> of the supplemental annuity - Enter percentage: _____% <input type="checkbox"/> No it is not reduced								
<b>11</b> Has the employee filed for the pension benefit?			<input type="checkbox"/> Yes – Go to Item 12 <input type="checkbox"/> No – Go to Section 7 (IMPORTANT: Retain a copy of this form. Complete and submit it when the employee files for the pension benefit.)								
<b>12</b> Indicate the type of benefit payment.			<input type="checkbox"/> Monthly benefit – Go to Item 13 <input type="checkbox"/> Lump sum in lieu of a monthly benefit – Go to Item 14a <input type="checkbox"/> Lump sum due to the plan's small benefit provision – Go to Section 5								
<b>13</b> Enter the date the employee began, or will begin, receiving a monthly pension. If the date is unknown, enter an estimated date.			<b>14a</b> If a lump sum was paid in lieu of a monthly benefit, enter the date the monthly benefit would have begun if the lump sum had not been elected.			<b>14b</b> Enter the date the lump sum was paid.					
Month	Day	Year	Month	Day	Year	Month	Day	Year			
<b>15</b> Is the amount of the monthly pension that is based on the employer's contributions greater than \$43.00?			<input type="checkbox"/> Yes – Go to Section 7 <input type="checkbox"/> No – Enter the amount of the monthly benefit based on the employer's contributions: _____								

**SECTION 5 – EMPLOYEE ENTITLED TO DISTRIBUTION FROM 401(k) SAVINGS PLAN**

(Complete Items 18a through 19b if the employee was paid a lump sum due to a small benefit provision.)

**16** Enter the name of the 401(k) Plan**17** Is the employer obligated by the plan to make the contributions to the employee's account regardless of profit?

- 
- Yes – Go to Item 18a
- 
- 
- No – Go to Section 7

**18 a** Has the employee filed for the distribution?

- 
- Yes – Go to Item 18b ➤
- 
- 
- No – Go to Section 7 (IMPORTANT: Retain a copy of this form. Complete and submit the form when the employee files for the distribution.)

**18b** Enter the date the distribution was paid.

Month	Day	Year

**19 a** Enter the total amount of the distribution.**b** Enter the amount of the distribution attributable to the employer's contributions.**SECTION 6 – REMARKS**

You may use this section to enter any additional information that you feel may be important to include. Be sure to include the item number of any answer you wish to continue.

**SECTION 7 – 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 Railroad Contact Official\_\_\_\_\_  
Title

Business Telephone Number (\_\_\_\_\_) \_\_\_\_\_

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, US Railroad Retirement Board, 844 N. Rush St, Chicago, Illinois 60611-2092.