

# CURRENT

United States of America  
Railroad Retirement Board

Form Approved  
OMB No. 3220-0089

<b>REQUEST FOR INFORMATION ABOUT NEW OR REVISED EMPLOYER PENSION PLAN</b>	<b>DO NOT WRITE IN THIS AREA - FOR RRB USE ONLY</b>	
	Date Received at RRB	Received by
1. Railroad Contact Official's Name and Address	2. BA No.	
Facsimile No.:	3. Date RRB Released Form to Railroad	

**SECTION 1 INSTRUCTIONS FOR THE EMPLOYER**

For assistance in completing this form, read Part VI, Chapter 6, of the *Employer Reporting Instructions* located on our website at [www.rrb.gov](http://www.rrb.gov), which provide information about supplemental annuities and how they are affected by railroad pensions and 401(k) distributions. Also read the "Important Notices" below. Type or print legibly in ink. If you need more space than is provided, use Section 5, Remarks. Based on your answer to a question, you may be told to "Go to" another item. **If no "Go to" instructions are given, answer the next item in order. Do not skip any items unless directed to do so.**

This form is used to obtain information about a private railroad pension or 401(k) savings plan to determine if benefits from the plan will cause a reduction in the supplemental annuities of covered employees. *Submit a copy of the plan or a summary plan description* with the completed form. Complete a separate form for each plan submitted.

Return the completed form to the US Railroad Retirement Board, 844 N. Rush Street, P&S-RAC, Chicago, IL 60611-2092 or fax to (312) 751-4650.

**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.

**SECTION 2 GENERAL INFORMATION ABOUT THE PLAN**

<p>4a. Indicate the type of plan.</p> <p><input type="checkbox"/> Monthly pension plan – Monthly benefit paid or elected</p> <p><input type="checkbox"/> 401(k) savings plan</p> <p><input type="checkbox"/> Other – <i>Describe below and continue in Section 5, Remarks, if necessary.</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>4b. Indicate the status of the plan.</p> <p><input type="checkbox"/> New plan</p> <p><input type="checkbox"/> Old plan not reported to RRB</p> <p><input type="checkbox"/> Amended previous plan reported to RRB</p> <p><input type="checkbox"/> Amended plan not reported to RRB</p>	<p>4c. Indicate the group(s) of employees covered by the plan.</p> <p><input type="checkbox"/> All</p> <p><input type="checkbox"/> Salaried</p> <p><input type="checkbox"/> Non-agreement</p> <p><input type="checkbox"/> Agreement – <i>If not all agreement employees covered, explain below.</i></p> <p>Explain: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p>
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5. Enter the name of the plan.							
6a. Enter the effective date of the plan.	Month	Day	Year	6b. Enter the latest revision date of the plan, if different. <i>Otherwise, enter N/A</i>	Month	Day	Year
7. Has the plan been approved by the Internal Revenue Service?				<input type="checkbox"/> Yes - Attach a copy of the IRS letter approving the plan. <input type="checkbox"/> No - Submit a copy of the IRS letter approving the plan when received.			

**Only complete Section 3 if this report is about a monthly pension plan, then go to Section 5.**  
**Only complete Section 4 if this report is about a 401(k) savings plan, then go to Section 5.**

SECTION 3	DETAILS ABOUT MONTHLY PENSION PLAN	SECTION 4	DETAILS ABOUT 401(K) SAVINGS PLAN
8. What type of defined plan is it? <input type="checkbox"/> Defined benefit plan <input type="checkbox"/> Defined contribution plan		12. Indicate if the employer contributes to the employee's 401(k) savings account. <input type="checkbox"/> Yes – <b>Go to Item 13</b> <input type="checkbox"/> No – <b>Go to Section 6</b>	
9. Indicate how the plan is funded. <input type="checkbox"/> Employer contributions only <input type="checkbox"/> Both employer and employee contributions <input type="checkbox"/> Employee contributions only – <b>Go to Section 6</b>		13. Indicate if the employer is obligated to make contributions regardless of profit. <input type="checkbox"/> Yes – <b>Go to Item 14</b> <input type="checkbox"/> No – <b>Go to Section 6</b>	
10. 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 6</b> <input type="checkbox"/> by <i>part</i> of the supplemental annuity - <i>Enter percentage: _____%</i> <input type="checkbox"/> No it is not reduced		14. Indicate what type of contributions are made.  <input type="checkbox"/> Matching <input type="checkbox"/> Shares of company stock <input type="checkbox"/> Other: _____ _____ _____ _____	
11. Indicate if the pension is reduced by a portion of the actual or estimated regular railroad retirement annuity (Tier 1, Tier 2, and Vested Dual Benefit). <input type="checkbox"/> Yes it is reduced – <i>Enter percentage: _____%</i> <input type="checkbox"/> No it is not reduced			

**SECTION 5 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 6 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	Date
_____	_____
Title	Business Telephone Number