## CURRENT

Home Search Site Map	Contact U	s Employee Online Services				
Employer Reporting System Logo		RRB Employer Reporting System	Logou			
New Items Pending Items Co Account Reports Administrato	mpleted It	ems Forms My				
Account Reports Administrato						
US Railroad Retirement Board Form G-88P (10-14)			Form Approved OMB No. 3220-0089			
Form	G-88P: Er	mployer's Supplemental Pension Report	u .			
The information requested below is needed to be reduced for a private railroad pension. Info VI, Chapter 6, of the <i>Employer Reporting Instr</i> instructed to "Go to" another item. If no "Go to"	rmation about	out supplemental annuities and how they ar ated on our website at <a href="https://www.rrb.gov">www.rrb.gov</a> . Based	e affected by railroad pensions is in part on your answer to a question you may be			
1. Social Security Number:		* - 53				
2. Name:						
3. Request Date:		10				
4. BA Number:						
5. Job Title or Category:						
Was the employee covered under either a defined benefit pension plan or money purchase pension plan with your railroad.	→	Yes - Go to Item 7				
	L	No - Submit				
7. Enter the name of the pension plan.	<b>→</b>					
8. How is the plan funded?		Employer contributions only - Go to Item	9			
		☐ Both employer and employee contributions - Go to Item 9				
	6165	☐ Employee contributions only - Submit				
		lw - 2				
9. Is the monthly pension reduced by the amount of the RRB supplemental annuity?		Yes it is reduced  by all of the supplemental annuity - Su	ıbmit			
	<b>→</b>	by part of the supplemental annuity - E				
		No it is not reduced				
	_	1				
10. Has the employee filed for the pension?	→ _	☐ Yes - Go to Item 11				
		□ No - Submit				
11. Indicate the type of pension payment.		Monthly pension - Go to Item 12a				
		Lump sum elected in lieu of a monthly pension - Go to Item 13a				
1		Lump sum paid under the plan's small ben	efit provision - Go to Item 14a			
12a. Enter the date the employee began, or wibegin, receiving a monthly pension. If the date	ic /		Yes - Submit			
unknown, enter an estimated date.	12	b. Is the amount of the monthly nsion based on the employer's	No - Enter the amount of the monthly pension based on the			
		ntributions greater than \$43.00?	employer's contributions.			
			- Submit			
13a. Enter the date the employee would have begun receiving the monthly pension if the lum	ın 12	b. Would the amount of the monthly	☐ Yes - Submit			
sum had not been elected.	pe	nsion based on the employer's	☐ No - Enter the amount of the monthly pension based on the			
a a		ntributions have been greater than 3.00?	employer's contributions.			
			- Submit			
14a. Enter the date the lump sum was paid.	145	o. Enter the total amount of the lump sum.	14c. Enter the amount of the lump sumbased on the employer's contributions.			
			• ,			
		Remarks				

					^	
						6
					~	
		Panerwork I	Reduction Act Notice			
rtification:	: I certify that I have examine	ed this report, that it is ma	de in good faith and th	at to the best of my	knowledge and belief	all entrie
ade herein a	are true and correct, and in a	ccordance with the laws	and regulations applica	able hereto. I unders	stand that providing fal	se or
iuouiani inio	ormation or failing to provide	required information is a	Violation of federal law	punishable by fine,	imprisonment or both.	
S	ubmit Save A	nd Return	Print	Reset Record	Exit/No Actio	on
			3			
	Privacy Policy Policies &	Links Freedom of Informatio	n Act No FEAR Act Data F	requently Asked Quest	tions About Us	
		IIS Pailmad	Petirement Board Toll Eres	· (977) 779 5779	4 21 W. F.	
2 E		844 North Rus		2) 751-4701	3	
er <sup>er</sup>	(). T		h Street TTY: (31: 611-1275 Directory	2) 751-4701 : (312) 751-4300		
a <sup>2</sup> 7 ao	RECOVERY.GOV	844 North Rus	h Street TTY: (31: 611-1275 Directory	2) 751-4701		
er ** 1	RECOVERY.GOV	SA.gov  844 North Rus Chicago IL, 60	h Street TTY: (31: 611-1275 Directory	2) 751-4701 : (312) 751-4300		

➤ The user clicks <u>Paperwork Reduction Act Notice</u> on Form G-88p (Internet) to view the Paperwork Reduction Act Notice.

## **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 the Chief of Information Resources Management, U.S. Railroad Retirement Board, 844 N. Rush St., Chicago, IL 60611-1275.

**Close Window**