

CURRENT

United States of America
Railroad Retirement Board

Form Approved
OMB No. 3220-0089

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

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, which provide information about supplemental annuities and how they are affected by railroad pensions. Also read the "Important Notices" below. Type or print legibly in ink. If you need more space than is provided, use Section 4, 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 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 60611-1275 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 Information Officer for Policy and Compliance, US Railroad Retirement Board, 844 N. Rush St., Chicago, Illinois 60611-1275.

SECTION 2 VERIFICATION OF PENSION PLAN

- | | |
|---|--|
| 4. Does your organization maintain a private pension plan for any group of current or former employees? | <input type="checkbox"/> Yes
<input type="checkbox"/> No – Go to Section 5 |
|---|--|

SECTION 3 INFORMATION ABOUT THE PLAN

5. Enter the name of the plan.	
6. Indicate the type of plan.	<input type="checkbox"/> Defined benefit plan <input type="checkbox"/> Money purchase plan
7. 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 – Go to Section 5

8. Indicate the group(s) of employees covered by the plan.	<input type="checkbox"/> All <input type="checkbox"/> Salaried <input type="checkbox"/> Non-agreement (hourly wage - not covered by collective bargaining agreement) <input type="checkbox"/> Agreement (if only members of certain collective bargaining units are covered by the plan, list the bargaining units in Remarks) <input type="checkbox"/> Other (explain in Remarks)														
9. Indicate if the monthly benefit is reduced 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 - Go to Section 5 <input type="checkbox"/> by <i>part</i> of the supplemental annuity - <i>Enter percentage:</i> _____% <input type="checkbox"/> Not reduced by the supplemental annuity														
10. Indicate if the benefit 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														
11. Indicate the status of the plan.	<input type="checkbox"/> New plan <input type="checkbox"/> Old plan previously not reported to RRB <input type="checkbox"/> Amended plan previously reported to RRB <input type="checkbox"/> Amended plan previously not reported to RRB <input type="checkbox"/> Closed plan - Enter date closed to new employees: _____														
12a. Enter the effective date of the plan.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align:center;">Month</td> <td style="width:25%; text-align:center;">Day</td> <td style="width:25%; text-align:center;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Month	Day	Year				12b. Enter the latest revision date of the plan, if different.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align:center;">Month</td> <td style="width:25%; text-align:center;">Day</td> <td style="width:25%; text-align:center;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Month	Day	Year			
Month	Day	Year													
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13. 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.														

SECTION 4 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 5 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