

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; text-align: center;"> <tr> <td style="width:25%;">Month</td> <td style="width:25%;">Day</td> <td style="width:25%;">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; text-align: center;"> <tr> <td style="width:25%;">Month</td> <td style="width:25%;">Day</td> <td style="width:25%;">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