PROPOSED

United States of America Form Approved
Railroad Retirement Board OMB No. 3220-0089

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REQUEST FOR INFORMATION A	BOUT		REA - FOR RRB USE ONLY					
NEW OR REVISED		Date Received at RRB	Received by					
EMPLOYER PENSION PLAN								
Railroad Contact Official's Name and Address	ess	2. BA No.	2. BA No.					
		Date RRB Released Form	Date RRB Released Form to Railroad					
Facsimile No.:								
SECTION 1 INSTRUCTIONS FOR THE EMPL	.OYER							
For assistance in completing this form, read Part VI, Chapter 6, of the <i>Employer Reporting Instructions</i> 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-CESC, Chicago, IL 60611-1275 or fax to (312) 751-7123.								
	IMPORTA	NT 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 Associate Chief Information Officer for Policy and Compliance, US Railroad Retirement Board, 844 N. Rush St., Chicago, Illinois 60611-1275.								
SECTION 2 VERIFICATION OF PENSION P	PLAN							
Does your organization maintain a private plan for any group of current or former empty.	oloyees?	☐ Yes☐ No – Go to Section 5						
SECTION 3 INFORMATION ABOUT THE PI	LAN							
5. Enter the name of the plan.								
6. Indicate the type of plan.	□ Defined benefit plan□ Money purchase plan							
7. Indicate how the plan is funded.	 Employer contributions only Both employer and employee contributions Employee contributions only – Go to Section 5 							

Indicate the group(s) of employees covered by the plan.				 □ All □ Salaried □ Non-agreement (hourly wage - not covered by collective bargaining agreement) □ Agreement (if only members of certain collective bargaining units are covered by the plan, list the bargaining units in Remarks) □ Other (explain in Remarks) 							
9. Indicate if the monthly benefit is reduced by all or part of the supplemental annuity.			 Yes it is reduced by all of the supplemental annuity - Go to Section 5 by part of the supplemental annuity - Enter percentage:% 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).			☐ Yes it is reduced – Enter percentage:								
11. Indicate the status of the	he plan.		New plan Old plan previously not rep Amended plan previously Amended plan previously Closed plan - Enter date c			reported to RRB not reported to RRB					
12a. Enter the effective date of the plan.	Month	Day		Year	12b. Enter the late date of the pla different.		Month	Day	Year		
13. Has the plan been approved by the Internal Revenue Service?				Yes - Attach a copy of the IRS letter approving the plan. 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.											
		ATION B	Y SU	PPLEMEN	ITAL ANNUITY CON	TACT OFFI	CIAL				
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					

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