CURRENT

United States of America
Railroad Retirement Board

Form Approved
OMB No. 3220-0089

Employer's Supplemental Pension Report

SECTION 1 - IDENTIFYING INFORMATION

1 Social Security Number

2 Railroad Contact Official's Name and Address

,

Fax Number:

3 Name

4 Date Released

5 BA Number

6 Job Title or Category

- ☐ Salaried _____
- ☐ Non-Agreement _____
- ☐ Agreement (Union) _____
- ☐ Other _____

SECTION 2 – GENERAL INFORMATION 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 provides information about supplemental annuities and how they are affected by railroad pensions. Also read the "Important Notices" on the next page. 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.**

SECTION 3 – EMPLOYEE'S PENSION ENTITLEMENT

7 Was the employee covered under either a defined benefit pension plan or money purchase pension plan with your railroad?

- ☐ Yes – **Go to Section 4**
- ☐ No – **Go to Section 6**

SECTION 4 – EMPLOYEE'S PENSION BENEFIT INFORMATION

8 Enter the name of the pension plan.

9 How is the plan funded?

- ☐ Employer contributions only – **Go to Item 10**
- ☐ Both employer and employee contributions – **Go to Item 10**
- ☐ Employee contributions only – **Go to Section 6**

10 Is the monthly pension reduced by the amount of the RRB supplemental annuity?

- ☐ Yes it is reduced
  - ☐ by *all* of the supplemental annuity - **Go to Section 6**
  - ☐ by *part* of the supplemental annuity - *Enter percentage:* _____%
- ☐ No it is not reduced

11 **a** Is the employee currently eligible for the pension?

- ☐ Yes – **Go to Item 11b**
- ☐ No – **Go to Section 6** (IMPORTANT: Notify the RRB when the employee becomes eligible for or begins receiving the pension.)

b Select which applied to the employee.

- ☐ Filed for the pension – **Go to Item 12**
- ☐ Elected to defer distribution from the pension account – **Go to Item 14**

12 Indicate the type of pension payment.

- ☐ Monthly pension – **Go to Item 13**
- ☐ Lump sum elected in lieu of a monthly pension – **Go to Item 14**
- ☐ Lump sum paid under the plan's small benefit provision – **Go to Item 15**

13 Monthly Pension Information

a Enter the date the employee began, or will begin, receiving the monthly pension. If the date is unknown, enter an estimated date.

Month	Day	Year

b Is the amount of the monthly pension based on the employer's contributions greater than $43.00?

- ☐ Yes – **Go to Section 6**
- ☐ No

c Enter the amount of the monthly pension based on the employer's contributions then **go to Section 6**.

_____

14 Lump Sum Elected In Lieu of a Monthly Pension or Deferred Distribution

a Enter the date the employee would have begun receiving the monthly pension if the lump sum had not been elected.

Month	Day	Year

b Would the amount of the monthly pension based on the employer's contributions have been greater than $43.00?

☐ Yes – **Go to Section 6**

☐ No

c Enter the amount of the monthly pension based on the employer's contributions then **go to Section 6**.

_____

15 Lump Sum Paid Under Plan's Small Benefit Provision

a Enter the date the lump sum was paid.

Month	Day	Year

b Enter the total amount of the lump sum.

_____

c Enter the amount of the lump sum based on the employer's contributions.

_____

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 Railroad Contact Official | Title

Business Telephone Number (_____)_____ Date _____

Return this form to: US Railroad Retirement Board
844 N. Rush Street, RSBD-RIS
Chicago, IL 60611-1275
Fax Number: (312) 751-7192

DO NOT WRITE IN THIS AREA -- FOR RRB USE ONLY

Date Reply Received at RRB

Received By

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 Associate Chief Information Officer for Policy and Compliance, US Railroad Retirement Board, 844 N. Rush St, Chicago, Illinois 60611-1275.