

Employer's Supplemental Pension Report		SECTION 1 - IDENTIFYING INFORMATION							
2 Railroad Contact Official's Name and Address Fax Number: _____		1 Social Security Number _____							
		3 Name _____							
		4 Date Released _____	5 BA Number _____						
		6 Job Title or Category <input type="checkbox"/> Salaried _____ <input type="checkbox"/> Non-Agreement _____ <input type="checkbox"/> Agreement (Union) _____ <input type="checkbox"/> Other _____							
SECTION 2 – GENERAL INFORMATION FOR THE EMPLOYER									
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 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?		<input type="checkbox"/> Yes – Go to Section 4 <input type="checkbox"/> 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?		<input type="checkbox"/> Employer contributions only – Go to Item 10 <input type="checkbox"/> Both employer and employee contributions – Go to Item 10 <input type="checkbox"/> Employee contributions only – Go to Section 6							
10 Is the monthly pension reduced by the amount of the RRB supplemental annuity?		<input type="checkbox"/> Yes it is reduced <input type="checkbox"/> by <i>all</i> of the supplemental annuity - Go to Section 6 <input type="checkbox"/> by <i>part</i> of the supplemental annuity - Enter percentage: _____% <input type="checkbox"/> No it is not reduced							
11 Has the employee filed for the pension?		<input type="checkbox"/> Yes – Go to Item 12 <input type="checkbox"/> No – Go to Section 6 (IMPORTANT: Retain a copy of this form. Complete and submit it when the employee files for the pension benefit.)							
12 Indicate the type of pension payment.		<input type="checkbox"/> Monthly pension – Go to Item 13 <input type="checkbox"/> Lump sum elected in lieu of a monthly pension – Go to Item 14 <input type="checkbox"/> 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. <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		Month	Day	Year				b Is the amount of the monthly pension based on the employer's contributions greater than \$43.00? <input type="checkbox"/> Yes – Go to Section 6 <input type="checkbox"/> No	c Enter the amount of the monthly pension based on the employer's contributions then go to Section 6 . _____
Month	Day	Year							

14 Lump Sum Elected In Lieu of a Monthly Pension

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, RBD-RIS
Chicago, IL 60611-2092
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 Chief of Information Resources Management, US Railroad Retirement Board, 844 N. Rush St, Chicago, Illinois 60611-2092.