Form Approved OMB No. 3220-0089

REQUEST FOR INFORMATION ABOUT NEW OR REVISED EMPLOYER PENSION PLAN				
INSTRUCTIONS: The Railroad Retirement Board (RRB) requests you to complete a separate form for each employer pension plan being reported. Please read "Important Notices" on the next page and complete Section 1 through Section 4.				
1.	Railroad Contact Official's Name and Ad	Idress	2. BA No.	
	Facsimile No.:		Date RRB Released Form to Railroad	
SECTION 1 – GENERAL RAILROAD PENSION INFORMATION				
4.	Enter an "X" in the appropriate box:		New Pension Plan – No Prior Pension Agreement.	
	I have enclosed a copy of the pension plan or a summary plan description. This pension plan is described as shown.	\rightarrow	Amended Pension Plan – Previous Pension Plan Was Reported To The RRB.	
			Amended Pension Plan – Previous Pension Plan Was Not Reported To The RRB.	
5.	Enter the name of the pension plan.	→		
6.	Enter the effective date of the pension plan.	\rightarrow		
7.	Describe the groups of employees covered by this pension plan.	\rightarrow		
SECTION 2 - DETAILS OF THE PENSION PLAN				
8.	Describe the funding of the pension plan. (For example, funded by a trust fund, paid out of current income, etc.)	>		
9.	Enter an "X" in the appropriate box:		☐ YES	
	The employees described in Item 7 make contributions toward the funding of the pension plan.			
10.	Enter an "X" in the appropriate box:		YES - Actual Railroad Retirement Tier 1 or Tier 2 Rate	
	The employer pension is reduced by the Railroad Retirement Tier 1 or Tier 2.	\rightarrow	YES - Estimated Railroad Retirement Tier 1 or Tier 2 Rate	

11. Enter an "X" in the appropriate box:	☐ YES				
The employer pension is reduced by all or part of the Railroa Retirement Supplemental Annuity.	ad → □ NO				
12. Enter an "X" in the appropriate box:					
The employer pension plan has been approved by the Interr Revenue Service (IRS).	→ <u> </u>				
(Attach a copy of the IRS letter approving the pension plan.)	, NO				
SECTION 3 - REMARKS					
You may use this section to enter any additional information that you feel may be important to include.					
SECTION 4 - 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	Title				
Business Telephone Number (Include Area Code) _() Date				
Return this form to: U.S. Railroad Retirement B A&T-QRSC 844 N Rush Street Chicago, IL 60611-2092 Facsimile No.: (312) 751-7					
IMPORTANT NOTICES					
PAPERWORK REDUCTION ACT NOTICE					
The information requested on this form is needed to determine if a reduction to the supplemental annuities of your retired employees is required 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 10 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 aspects of this form, including suggestions for reducing completion time, to Chief of Information Resources Management, Railroad Retirement Board, 844 N. Rush St, Chicago, Illinois 60611-2092.					
DO NOT WRITE IN THIS AREA FOR RRB USE ONLY					
Date Reply Received at RRB	eceived By:				

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