

<h2>Employer's Supplemental Pension Report</h2>	SECTION 1 - IDENTIFYING INFORMATION	
	1. Social Security No.	
	2. Name	
	3. Date Released	4. BA No.
6. Railroad Contact Official's Name and Address	5. Job Title or Category	
Fax No.:		

SECTION 2 - EMPLOYER ENTRIES – PLEASE ALSO READ THE BURDEN STATEMENT ON THE NEXT PAGE.

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))).

Instructions for completing this form are in the Reporting Instructions to Employers.

7. The employee was, is, or will be, entitled to an RRB approved pension, or lump-sum payment in lieu of pension, from your railroad based, in whole or in part, on employer contributions. → Yes - Go to Item 8 No - Go to Item 16

8. Enter the name of the pension plan(s). → Pension 1 -
Note: If the employee is covered under more than one pension, identify them in Item 10A and Item 11A, as Pension 1 and Pension 2.
 Pension 2 -

9. The employee has filed for the pension(s) named above. → Yes No - Retain a copy of this form to report when the employee files for the pension(s).

Note: Space is provided in Item 10 for up to two monthly pension rates and effective dates. If you need more space, use Item 15, Remarks. If a lump-sum payment has been, or will be, made in lieu of monthly payments, enter the amount of the monthly rate and earliest date that monthly payments would have been payable and enter the lump-sum information in Item 11. If the pension has not begun, enter the estimated date that the pension will begin.

10. The employee receives, or will receive, a monthly pension or lump-sum in lieu of monthly pension.
 Yes - Go to Item 10A No - Go to Item 11.

A. Pension Number	B. Date Pension Rate Began/ Will Begin			C. Monthly Reduction for Joint and Survivor Option	D. Monthly Reduction for Early Retirement	E. Monthly Reduction in Pension for RRB SUP ANN	F. Net Monthly Pension Rate
	MM	DD	CCYY				
				\$	\$	\$	\$
				\$	\$	\$	\$

11. The employee received, or will receive, a lump-sum pension payment. → Yes - Go to Item 11A No - Go to Item 12

A. Pension Number	B. Date All or Part of Lump Sum was/will be Paid			C. Total Amount of Lump Sum, Including Employee Contributions to Pension Plan (Also complete Item 13)	D. Total Amount of Lump Sum, Excluding Employee Contributions to Pension Plan (Leave Item 13 blank)
	MM	DD	CCYY		
				\$	\$

12. Indicate the basis of the railroad pension payment.

Paid based on attainment of the retirement age indicated in the pension plan.

Paid based on disability.

Paid as cash-out before attaining the retirement age indicated in the pension plan.

13. The railroad is to furnish the amount of the employee's contributions for the groups of years listed below. Include as employee contributions, any amount withheld from the employee's payroll, any contributions made by your company in lieu of a payroll increase under the provision of a collective bargaining agreement, and any amounts rolled over to this plan by the employee from another pension account. Do not include any contributions withdrawn or refunded.

Year	Employee Contributions Amount	Year	Employee Contributions Amount	Year	Employee Contributions Amount
1955-1959	\$	1981	\$	1995	\$
1960-1962	\$	1982	\$	1996	\$
1963-1965	\$	1983	\$	1997	\$
1966-1968	\$	1984	\$	1998	\$
1969-1971	\$	1985	\$	1999	\$
1972	\$	1986	\$	2000	\$
1973	\$	1987	\$	2001	\$
1974	\$	1988	\$	2002	\$
1975	\$	1989	\$	2003	\$
1976	\$	1990	\$	2004	\$
1977	\$	1991	\$	2005	\$
1978	\$	1992	\$	2006	\$
1979	\$	1993	\$	2007	\$
1980	\$	1994	\$	2008	\$

14. The RRB completes this item when our records indicate that your railroad pension is reduced for the RRB annuity.

This rate is based on earnings through the year _____.

The current monthly Tier I rate is \$ _____.

The current monthly Tier II rate is \$ _____.

The supplemental annuity rate before reduction for an employer pension is \$ _____. The employee has ____ years of creditable railroad service.

15. REMARKS

16. Employer Certification by Railroad 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 with area code

Date

Please return this form to: US Railroad Retirement Board
844 N Rush Street, RBD-RIS
Chicago, IL 60611-2092
Fax Number (312) 751-7192

BURDEN STATEMENT

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 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:

Received By: