F	or Office Use Only	Employer	Survey of Co Sponsored Pension	nsumer Finances n Benefit Plans
	INSTITUTE I	ESEARCH CENTER FOR SOCIAL RESEARCH RSITY OF MICHIGAN R, MICHIGAN 48106		
1.	SEQ #:	5.	RECORDER'S ID:	
2.	PP ID:	6. 1	DATE FINISHED:	84
3.	PLAN #:	7. 1	LENGTH (MINUTES):	
4.	Attached: PART II	8. (CHECKER'S ID:	
	PART III	9.	DATE CHECKED:	84

PART I GENERAL PLAN PROVISIONS

SECTION A

PLAN IDENTIFICATION

SEQ #:	PP ID:_		PLAN #
i i	ESTIONS IN THIS DOCUM ABOVE SPECIFIED PENS		
i i	IONS OF THIS ONE PLAN		NET TO THE
	,		
Enter below the h	HIDs covered by this	pension plan, w	hether the HHID is
also covered by a			
the information of	ny other SEQ#/plans, on how benefits are in	and if necessar	y, the SEQ# containing
the information of	n how benefits are in	and if necessar tegrated.	
the information o	Covered by Any Ot	and if necessar tegrated.	Integrated SE
HHID	Covered by Any Ot	and if necessar tegrated. her SEQ#?	Integrated SE
HHID NO	Covered by Any Ot	and if necessar tegrated. her SEQ#?	Integrated SE
HHID NO NO NO	Covered by Any Ot	and if necessar tegrated. her SEQ#?	Integrated SE
HHID NO NO NO NO	Covered by Any Ot	and if necessar tegrated. her SEQ#?	Integrated SE
HHID NO NO NO NO NO	Covered by Any Ot	and if necessar tegrated. her SEQ#?	Integrated SE
HHID NO NO NO NO NO	Covered by Any Ot	and if necessar tegrated. her SEQ#?	Integrated SE
HHID NO NO NO NO NO NO NO	Covered by Any Ot	and if necessar tegrated. her SEQ#?	Integrated SE
HHID NO	Covered by Any Ot	and if necessar tegrated. her SEQ#?	Integrated SE
HHID NO NO NO NO NO NO NO	Covered by Any Ot	and if necessar tegrated. her SEQ#?	Integrated SE

HHID	Covered by Any Other SEQ#?	Integrated SEQ#?
	NO	NO
	NO	NO
	NO I	NO
	NO	NO
	NO	NO
	NO	NO
	NO	NO
	NO	NO
	NO	NO
	NO	NO
	NO	NO
	NO	NO

A	<i>1</i> 3.	Are all new employees in covered groups immediately eligible to participate in this pension plan?
		GO TO A3B
A 3	BA.	What are the age or service qualifications that new employees must meet in order to participate in this pension plan?
		a AFTER AGE:
		D AFTER SERVICE: MONTHS YEARS
		C AFTER AGE:
		OR SERVICE: MONTHS YEARS
		d AFTER AGE:
		AND SERVICE: MONTHS YEARS
		Z OTHER (SPECIFY):
A3	3B.	Is there a maximum age after which new employees are no longer eligible to participate in this pension plan?
		a YES, MAXIMUM AGE:
		b NO

A4.	Is participatio employees?	n in the pension plan	mandatory or optional for	· eligible
	a MANDATORY	OR AUTOMATIC PARTICIPA	ATION	
	b MANDATORY	OR AUTOMATIC AFTER AG	:	
	c MANDATORY	OR AUTOMATIC AFTER AG	<u></u>	
		OR SERVICE YEARS	S:	
	d OPTIONAL P	ARTICIPATION, WITH NO	AGE OR SERVICE RESTRICTION	ONS
	Z OTHER (SPE	CIFY):		
			<u>,</u>	
A5.	Does this pensibelow) for post	-retirement health, w	dditional provisions (tha elfare, or other special (t are not coded benefits?
A6.	What type of pe	nsion plan is this?		
	•			7. OTHER (SPECIFY):
	1. DEFINED	2. DEFINED	COMBINATION 3. DEFINED BENEFIT	
	' BENEFIT	2. CONTRIBUTION	CONTRIBUTION	
	CODE	↓ CODE	CODE	V
	PART II	PART III	CODE PARTS II & III	SEE SUPERVISOR

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SECTION Z

DATA SOURCES AND COMMENTS

Z1.	What	data sources were used? (CHE	CK ALL THAT APPLY)	
	a	SPD (PROVIDER)	Effective date of plan:	, 19
			Effective date of latest amendment:	, 19
	Б	SPD (LABOR)	Effective date of plan:	, 19
			Effective date of latest amendment:	, 19
	C	Form 5500 (and attachments)	Date filed:	, 19
	đ	Other plan documents (SPECIFY):	Effective date:	, 19
	Z	OTHER (SPECIFY):	· · · · · · · · · · · · · · · · · · ·	
				

Z2. Record below any unusual characteristics of this pension plan, or any information needed to integrate benefits from the defined benefit and the defined contribution parts of this pension plan.