SURVEY OF CONSUMER FINANCES
PENSION PROVIDER COVERSHEET

1. PENSION PROVIDER INFORMATION   (CORRECTIONS OR [] NO CHANGES)

PP ID:
Name:
Address:

Contact:
Title:
Phone:
Zone:

2. Hello, my name is _____.   I'm calling from the University of
    Michigan, in Ann Arbor, Michigan. Here at the University, we are
    currently working on a study of consumer finances and pensions. May I
    speak with [name of contact person/someone who is knowledgable about
    pension or retirement plans available to employees]?

3. I would like to verify that the information I have is correct (VERIFY
    AND CORRECT INFORMATION IN BOX #1 ABOVE.)

4. (My name is _____.   I'm calling from the University of Michigan.)
    The Survey Research Center is conducting a nationwide study of the
    different pension plans offered to employees in various jobs. This
    study is being conducted for the Federal Reserve Board, the Department
    of Health and Human Services, the Department of Treasury, and several
    other federal agencies.

    We need your help in conducting a systematic study of the many types
    of pension plans offered. Of course, your cooperation is completely
    voluntary.

5. **CALL RECORD**

Call Number	01	02	03	04	05	06	07	08	09	10	11
Date											
Time											
Result											
Iwer No.											

**ALL REFUSALS AND NONINTERVIEWS MUST BE EXPLAINED ON PAGE 2.

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SURVEY OF CONSUMER FINANCES
SUPPLEMENTAL CALL RECORD

CALL NO.	TIME am/pm	DATE	IWER #	# DIALED	RESULTS/COMMENTS

SURVEY OF CONSUMER FINANCES
PENSION PLAN SHEET

PENSION PROVIDER ID:
                 NAME:

6. For the purposes of filing pension information with the government,
    what is the employer identification number you use?

    EMPLOYER IDENTIFICATION NUMBER (EIN): | | | - | | | | | | |

7. I need to know all the pension plan names and plan numbers (PN) that
    might cover employees in the following job(s). (First), how about
    a (JOB TITLE) at (CITY, STATE) -- what pension plans would cover that
    job?

HH ID:	JOB TITLE:
	EMPLOYER NAME:
	LOCATION:

PLAN#	PLAN NAME	[] JOB NOT COVERED

HH ID:	JOB TITLE:
	EMPLOYER NAME:
	LOCATION:

PLAN#	PLAN NAME	[] JOB NOT COVERED

HH ID:	JOB TITLE:
	EMPLOYER NAME:
	LOCATION:

PLAN#	PLAN NAME	[] JOB NOT COVERED

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SURVEY OF CONSUMER FINANCES
PENSION PLAN SHEET

PENSION PROVIDER ID:
            NAME:

HH ID:	JOB TITLE: EMPLOYER NAME: LOCATION:		
PLAN#	PLAN NAME		[] JOB NOT COVERED

HH ID:	JOB TITLE: EMPLOYER NAME: LOCATION:		
PLAN#	PLAN NAME		[] JOB NOT COVERED

HH ID:	JOB TITLE: EMPLOYER NAME: LOCATION:		
PLAN#	PLAN NAME		[] JOB NOT COVERED

HH ID:	JOB TITLE: EMPLOYER NAME: LOCATION:		
PLAN#	PLAN NAME		[] JOB NOT COVERED

SURVEY OF CONSUMER FINANCES
PENSION PLAN SHEET

PENSION PROVIDER ID:
                 NAME:

8. We would like to obtain Summary Plan Descriptions, sometimes called
    an SPD, for (all) the pension plan(s) you have mentioned. Will you
    please send us the most recent SPD (for each plan)?

            | YES | | NO |
               |
               V

9. Please mail these materials to:

            Pension Study
            Survey Research Center
            University of Michigan
            Box 1248
            Ann Arbor, MI   48106

SURVEY OF CONSUMER FINANCES
HOUSEHOLD INFORMATION SHEET

1. HOUSEHOLD ID: 2. PENSION PROVIDER ID:

3. JOB DESCRIPTION

```
Job Title:
Occupation Code:
Industry Code:
Type of Employer:
100 or More Employees:
Hours per Week:
Weeks per Year:
Covered by Union:
Multi-Employer Plan:
```

4. EMPLOYER INFORMATION   (CORRECTIONS OR [] NO CHANGES)

```
Name:
Address:


Contact:
Title:
Phone:
```

5. PENSION PROVIDER INFORMATION   (CORRECTIONS OR [] NO CHANGES)

```
Name:
Address:


Contact:
Title:
Phone:
```

PENSION PROVIDER COVERSHEET
COMMON COVERAGE BY PLAN COMBINATIONS

PENSION PROVIDER _____

PPID:

SEQ#   PLAN#   PLAN NAME _____

COMMON COVERAGE BY SEQ# COMBINATIONS _____

1.

(

PPID:
SEQ# COMBINATION:

***CHECK WHETHER METHOD A OR B IS USED TO DEFINE HOW BENEFITS FROM
   EACH OF THE SEPARATE PLANS LISTED ABOVE ARE COMBINED TO DETERMINE
   TOTAL BENEFITS.

☐ A. | The formulas coded in each SEQ# listed above are used to first calculate the benefits for which participants are eligible under the separate plans; total benefits are the sum of the benefits payable by each plan.

☐ B. | The benefit formulas for one or more of the SEQ#s listed above depend on benefits participants are eligible to receive from one of the other plans listed above.

Enter below the SEQ# of the document used to define how the separate plans are integrated. Use the SEQ# which only appears in the plan combination listed above or use a new SEQ#.

SEQ#: _____   ☐ CHECK IF NEW SEQ#

PPID:

*** Enter below the total number of SEQ#s associated with this PPID, and
    list the specific documents coded for each SEQ#.

A. Total Number of SEQ#s: ☐☐

SEQ#	Check Documents Coded			

B.

☐☐☐☐ | PART I | | PART II | | PART III | | NONE |

☐☐☐☐ | PART I | | PART II | | PART III | | NONE |

☐☐☐☐ | PART I | | PART II | | PART III | | NONE |

☐☐☐☐ | PART I | | PART II | | PART III | | NONE |

☐☐☐☐ | PART I | | PART II | | PART III | | ·NONE |

☐☐☐☐ | PART I | | PART II | | PART III | | NONE |

*** Record below any unusual characteristics of the pension plan(s) offered
    by this PPID, or any information needed to integrate benefits across two
    or more separate SEQ#s. (ATTACH EXTRA PAGES IF NECESSARY.)

SURVEY OF CONSUMER FINANCES
PENSION PLAN COVERSHEET

SEQ#

1. PENSION PROVIDER INFORMATION

```
PP ID:
Name:
Address:


Contact:
Title:
Phone:
```

2. PENSION PLAN INFORMATION

```
Number:
Name:
Materials:
```

3. RESPONDENT JOB(S) COVERED

(1)
```
HH ID:
Job Title:
Occupation Code:
Industry Code:
Type of Employer:
100 or More Employees:
Hours per Week:
Weeks per Year:
Covered by Union:
Multi-Employer Plan:
Contribute to Pension Plan:
Have Other Saving Plan:
Contribute to Other Plan:
Social Security:
```

(2)
```
HH ID:
Job Title:
Occupation Code:
Industry Code:
Type of Employer:
100 or More Employees:
Hours per Week:
Weeks per Year:
Covered by Union:
Multi-Employer Plan:
Contribute to Pension Plan:
Have Other Saving Plan:
Contribute to Other Plan:
Social Security:
```