F	For Office Use	Only			Survey of Consumer Foonsored Pension Benef	
		THE UNIVERS	ARCH CENTER OR SOCIAL RESEARCH ITY OF MICHIGAN MICHIGAN 48106	н		
1.	SEQ #:		5. REC	ORDER'S ID:		
2.	PP ID:		6. DAT	E FINISHED:		9 1
3.	PLAN #:		7. LEN	GTH (MINUTES):	
4.	Attached:	PART II	8. CHE	CKER'S ID:		
	(/	PART III	9. DAT	E CHECKED:		9 1

PART I GENERAL PLAN PROVISIONS

SECTION A

PLAN IDENTIFICATION

A1.	Identify the provider (P	e specific p P ID), and t	ension plan cover : he plan number (PL/	sheet (SEQ #), and the second	the pension oded below:
	SEQ #:		PP ID:		PLAN #
		F THE ABOVE PROVISIONS OF	S IN THIS DOCUMENT SPECIFIED PENSION F THIS ONE PLAN.	PLAN, AND ONLY	1 1
A2.	also covered	d by any oth tion on how	overed by this pender SEQ#/plans, and benefits are integrated by Any Other	if necessary, rated.	her the HHID is the SEQ# containing Integrated SEQ=?
		NO	<u> </u>		NO
		NO			NO
		NO			NO
		NO			NO
		NO			
		NO			NO
		NO			NO
		NO			NO
		NO			NO
	 -	NO			NO
		NO			[NO]
		NO			NO

NO

NO

HHID	·	Covered by	y Any Other S	EQ# ?	Integrated SEQ#?
	NO				NO
	NO				NO
	NO		· 		NO
	NO				NO
	NO				NO
	NO _				NO
	NO				NO
	NO				NO
	NO				NO
	NO				NO
	NO				NO
	NO				NO
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	NO				NO
	NO	 -			NO
	NO				NO
	NO				NO
	NO				NO
	NO				NO
	NO				NO
-	NO _				NO
-	NO				NO
	NO _				NO
	NO				NO
·	NO				NO
	NO _				NO
	NO				NO
	NO				NO

АЗ.	Are all new employees in covered groups immediately eligible to participate in this pension plan?
	GO TO A3B
A3A.	What are the age or service qualifications that new employees must meet in order to participate in this pension plan?
	a AFTER AGE:
	TO AFTER SERVICE: MONTHS YEARS
	C AFTER AGE:
	OR SERVICE: MONTHS YEARS
	d AFTER AGE:
	AND SERVICE: MONTHS YEARS
	Z OTHER (SPECIFY):
A3B.	Is there a maximum age after which new employees are no longer eligible to participate in this pension plan?
	a YES, MAXIMUM AGE:
	ь NO
	Z OTHER (SPECIFY):

a	MANDATORY	OR AUTOMATIC P	PARTICIPAT	ION		
Б	MANDATORY	OR AUTOMATIC A	AFTER AGE:			
С	MANDATORY	OR AUTOMATIC A	AFTER AGE:			
		OR SERVI	CE YEARS:			
d	OPTIONAL P	ARTICIPATION,	WITH NO AC	GE OR SERVICE R	ESTRICTIO	NS .
Z	OTHER (SPE	CIFY):				
						
Does belo	w) for post	-retirement he	ealth, wel	itional provisi fare, or other	ons (that special t	t are not coded penefits?
Does belo	this pension for post	-retirement he	ealth, wel	itional provisi fare, or other	ons (that special t	t are not coded penefits?
belo	w) for post	-retirement he	ealth, wel	fare, or other	ons (that	t are not coded penefits?
belo	w) for post	-retirement he	ealth, wel	fare, or other	ons (that	penefits?
belo	w) for post	-retirement he	ealth, wel	NO NO	special t	penefits?
What	w) for post	-retirement he	this?	COMBINATIO COMBINATIO COMBINED BE AND DEFINE	N NEFIT	penefits?
What	type of pe	retirement he ES nsion plan is	this?	COMBINATIO	N NEFIT	penefits?
What	type of pe	retirement he ES nsion plan is	this?	COMBINATIO COMBINATIO COMBINED BE AND DEFINE	N NEFIT	7. OTHER (SPECI
What	type of pe	retirement he ES nsion plan is	this?	COMBINATIO COMBINATIO COMBINED BE AND DEFINE	N NEFIT D ON	penefits?

SECTION Z

DATA SOURCES AND COMMENTS

Z1.	What	data sources were used? (CHE	CK ALL THAT APPLY)	
	a	SPD (PROVIDER)	Effective date of plan:	
			Effective date of latest amendment:	, 19
	Ь	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	Effective date:	, 19
		(SPECIFY):		
	Z	OTHER (SPECIFY):		

72. 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.