

Survey of Consumer Finances
Employer Sponsored Pension Benefit Plans

For Office Use Only

SURVEY RESEARCH CENTER
INSTITUTE FOR SOCIAL RESEARCH
THE UNIVERSITY OF MICHIGAN
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1. SEQ #:
2. PP ID:
3. PLAN #:
4. Attached: PART II
(CHECK) PART III
5. RECORDER'S ID:
6. DATE FINISHED: - - 9 1
7. LENGTH (MINUTES):
8. CHECKER'S ID:
9. DATE CHECKED: - - 9 1

PART I

GENERAL PLAN PROVISIONS

A3. Are all new employees in covered groups immediately eligible to participate in this pension plan?

1. YES

GO TO A3B

5. NO



A3A. What are the age or service qualifications that new employees must meet in order to participate in this pension plan?

a AFTER AGE: _____

b 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: _____

b NO

z OTHER (SPECIFY): _____

A4. Is participation in the pension plan mandatory or optional for eligible employees?

a MANDATORY OR AUTOMATIC PARTICIPATION

b MANDATORY OR AUTOMATIC AFTER AGE: _____

c MANDATORY OR AUTOMATIC AFTER AGE: _____

OR SERVICE YEARS: _____

d OPTIONAL PARTICIPATION, WITH NO AGE OR SERVICE RESTRICTIONS

z OTHER (SPECIFY): _____

A5. Does this pension plan contain any additional provisions (that are not coded below) for post-retirement health, welfare, or other special benefits?

1. YES

5. NO

A6. What type of pension plan is this?

1. DEFINED BENEFIT



CODE PART II

2. DEFINED CONTRIBUTION



CODE PART III

3. COMBINATION DEFINED BENEFIT AND DEFINED CONTRIBUTION



CODE PARTS II & III

7. OTHER (SPECIFY)



SEE SUPERVISOR

SECTION 2
DATA SOURCES AND COMMENTS

21. What data sources were used? (CHECK ALL THAT APPLY)

a SPD (PROVIDER) Effective date of plan: _____, 19__

Effective date of latest amendment: _____, 19__

b SPD (LABOR) Effective date of plan: _____, 19__

Effective date of latest amendment: _____, 19__

c Form 5500 (and attachments) Date filed: _____, 19__

d Other plan documents Effective date: _____, 19__

(SPECIFY): _____

z OTHER (SPECIFY): _____

22. 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.