

Estimated Flat-rate Premium Payment

(Plans with 500 or more Participants in prior filing year)
 For Plan Years Beginning in Calendar Year 2009

Only use this form to submit premium data if an exemption from mandatory electronic filing was granted for this premium filing.

Check for Amended Filing Check for Disaster Relief

1. Plan Sponsor Check for name/address change <input type="checkbox"/>			2. Plan Administrator Check for name/address change <input type="checkbox"/> Check if same as sponsor and go to Item 3 <input type="checkbox"/>		
Name			Name		
Address Line 1			Address Line 1		
Address Line 2			Address Line 2		
City	State	Zip	City	State	Zip

3. Employer Identification Number/Plan Number (EIN/PN)

(a) Enter 9-digit EIN (b) Enter 3-digit PN

4. If EIN and PN in item 3 (a) and (b) above are NOT BOTH the same as on most recent premium filing, enter BOTH prior EIN and prior PN.

(a) Prior 9-digit EIN	(b) Prior 3-digit PN	(c) Effective Date of Change
<input style="width:150px;" type="text"/>	<input style="width:50px;" type="text"/>	M M D D Y Y Y Y
<input style="width:150px;" type="text"/>	<input style="width:50px;" type="text"/>	<input style="width:200px;" type="text"/>

5. Plan Information

(a) Plan Name

(b) Plan Year Beginning	M M D D Y Y Y Y				(c) Plan Year Ending
<input style="width:150px;" type="text"/>	2009				<input style="width:150px;" type="text"/>

6. Estimated premium for this plan Estimated Participant Count

(a) Single-Employer	\$33.00	X	<input style="width:150px;" type="text"/>	=		\$	<input style="width:200px;" type="text"/>
(b) Multiemployer	\$ 9.00	X	<input style="width:150px;" type="text"/>	=		\$	<input style="width:200px;" type="text"/>

7. Credit balance (including overpayment from prior year and estimated short-year credit) \$

8. Amount Due

(a) Enter premium payment due (item 6 minus item 7) and submit payment to PBGC. \$

(b) Payment method (Check appropriate box to indicate the method for payment to PBGC.)

Check enclosed with this form Electronic Payment

I certify under penalty of perjury, to the best of my knowledge and belief, that all the information in this filing (other than the estimated participant count and estimated premium) is true, correct, and complete and has been determined in accordance with PBGC's premium regulations and instructions.

	M M D D Y Y Y Y			
<input style="width:300px;" type="text"/>	<input style="width:150px;" type="text"/>	<input style="width:200px;" type="text"/>		
Signature of Plan Administrator	Date	Telephone Number (include Area Code)		
<input style="width:550px;" type="text"/>	<input style="width:250px;" type="text"/>	<input style="width:250px;" type="text"/>		
Print or type first name of individual who signs	Print or type last name of individual who signs	Business E-mail Address (Optional)		