



2009
Comprehensive Premium Payment Instructions
Pension Benefit Guaranty Corporation

Control No. 1212-0009

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Introduction and What's New

Introduction

Payment of premiums to the Pension Benefit Guaranty Corporation (PBGC) is required by sections 4006 and 4007 of the Employee Retirement Income Security Act of 1974 (ERISA), and PBGC's Premium Regulations (29 CFR Parts 4006 and 4007). You can find these regulations by going to the Practitioners Page of PBGC's Web site (www.pbgc.gov).

There are two kinds of annual premiums: the Flat-rate Premium, which applies to all plans, and the Variable-rate Premium, which applies only to Single-employer Plans.

Every covered plan under ERISA section 4021 must make a premium filing each year. The due dates for these filings vary based on Plan Size. See "When to File" section.

Electronic filing is mandatory for all plans. My Plan Administration Account (My PAA) is a secure Web-based application that enables pension plan professionals to electronically submit premium filings to PBGC in accordance with PBGC's regulations. Electronic filings may be prepared using My PAA's data entry screens or with compatible private-sector software. See "How to File" section for more information. For more information on e-filing options, see Appendix 3.

PBGC may grant exemptions from the electronic filing requirement for good cause in appropriate circumstances. See Appendix 5 for information on how to request an exemption and what to do if an exemption is granted.

This document provides information for plans paying premiums for plan years beginning in 2009, including instructions for each data element that must be reported. (Filing instructions for Large Plans paying an estimate of the 2008 Flat-rate Premium are contained in a separate document.)

Your premium filing will be considered improper if it is not made in accordance with the Premium Regulations and instructions in this document, if you do not make any required premium payment, or if your filing is otherwise incomplete.

If you are amending a filing for a plan year that did not begin in 2009, the rules in this document do not apply. You must follow the instructions and regulations applicable for that plan year.

However, because contact information and information about electronic funds transfers change periodically, the most recent information (available on PBGC's Web site) should be used in lieu of the information included in an instructions booklet for a prior plan year.

Defined terms

Appendix 1 provides definitions for terminology used throughout this document. In general, the defined terms are capitalized to signal the reader to refer to Appendix 1 for more information. However, the convention of capitalizing the defined terms is not followed for a few defined terms such as "participant," "we," "you," and "your."

How to Obtain Instructions

It is the responsibility of the Plan Administrator to obtain the necessary instructions and submit filings on time. The easiest way to get the most current information and instructions for premium filings is to go to the Practitioners Page on PBGC's Web site (www.pbgc.gov). In addition, if you use My PAA to create or import filings, instructions for each data item are available by clicking the instructions link by the item.

What's New

Introduction and What's New

There are no substantive differences between the instructions for 2008 filings and the instructions for 2009 filings. Examples and due dates have been updated and minor clarifying changes have been made to the wording. In addition, the inflation-adjusted per-participant flat-rate premium rates have increased since 2008 (from \$33 to \$xx for single-employer plans and from \$9 to \$xx for multiemployer plans). **Prior sentence will be deleted if rates don't change**

Who Must File

All Covered Plans Must File

The Plan Administrator of each pension plan covered under ERISA section 4021 is required annually to file the prescribed premium information and pay the premium due in accordance with PBGC's Premium Regulations and instructions.

Most private-sector defined benefit plans that meet tax qualification requirements are covered. If you are uncertain whether your plan is covered, you should promptly request a coverage determination. Note that a request for a coverage determination does not extend the due date for any premium that is finally determined to be due.

If your plan is covered, you must make a premium filing even if no premium is owed.

One Plan, Or More Than One?

If several unrelated employers participate in a program of benefits wherein the funds attributable to each employer are available to pay benefits to all participants, then there is a single Multiemployer or Multiple-employer Plan and the Plan Administrator must file and pay premiums for the plan as a whole. Separate filings and premiums cannot be submitted for each individual employer.

If several employers participate in a program of benefits wherein the funds attributable to each employer are available only to pay benefits to that employer's employees, then there are several plans (one for each employer) and the Plan Administrator must file and pay premiums separately for the plan of each individual employer.

If separate plans are maintained for different groups of employees, regardless of whether each is maintained by the same employer or by employers that are part of the same controlled group, then the Plan Administrator(s) must file and pay premiums separately for each plan.

When Filing Obligation Ceases

You must continue to make premium filings and pay premiums through and including the plan year in which any of the following occurs:

- Plan assets are distributed in satisfaction of all Benefit Liabilities pursuant to the plan's termination.
- A trustee is appointed for the plan under ERISA section 4042.
- The plan disappears by transferring all its assets and liabilities to one or more other plans in a Merger or Consolidation.
- The plan ceases to be a covered plan under ERISA section 4021.

The following examples illustrate when the filing obligations ceases:

Example 1 – A calendar-year plan terminates in a standard termination with a termination date of September 30, 2008. On April 7, 2009, assets are distributed in satisfaction of all Benefit Liabilities. The Plan Administrator must file and make the premium payments for the 2008 and 2009 plan years.

Example 2 – A plan with a plan year beginning July 1 and ending June 30 terminates in a distress termination with a termination date of April 28, 2009. On July 7, 2009, a trustee is appointed to administer the plan under ERISA section 4042. Premium filings and payments must be made for this plan for both the 2008 and 2009 plan years, because a trustee was not appointed until after the beginning of the 2009 plan year.

When to File

General

This section describes when premium filings are due. A filing includes both the submission of required data and the payment of any required premium. In general, if a filing is not made by the due date, late payment charges will apply. Late payment charges include both interest charges and penalty charges. See “Late Payment Charges” section for more information on the ramifications of missing a deadline.

The date by which a filing must be made varies depending on the number of participants for whom premiums were owed in the prior plan year. In addition, special rules apply if:

- The plan year has been changed since last year,
- The plan is a New or Newly-covered Plan,
- The due date falls on a weekend or Federal Holiday, or
- Disaster relief has been granted.

Each of these situations is discussed below.

Filing Due Dates for Pre-existing Plans with no change in plan year

This section describes filing due dates for the most common situation—plans that are neither New Plans nor Newly-covered Plans and had no change in plan year since the prior plan year.

For these plans, the filing due dates vary based on the Plan Size. For this purpose, Plan Size is based on the number of participants for whom Flat-rate Premiums were payable for the plan year preceding the Premium Payment Year.

- Small Plans (prior year Participant Count—fewer than 100) – Both the Flat-rate Premium and the Variable-rate Premium are due the last day of the 16th full calendar month following the end of the plan year preceding the Premium Payment Year (*e.g.*, April 30, 2010, for 2009 calendar-year plans).
- Mid-size Plans (prior year Participant Count—100 or more but fewer than 500)
 - Flat-rate Premium – The due date is the 15th day of the 10th full calendar month in the plan year (*e.g.*, October 15, 2009, for 2009 calendar-year plans).¹
 - Variable-rate Premium – The due date is the 15th day of the 10th full calendar month in the plan year.¹ However, if the Premium Funding Target is not yet known, an estimated Variable-rate Premium may be paid, and an amended filing made at a later date to reconcile the final Variable-rate Premium with the estimate. Note that this reconciliation date is the same date all premiums are due for Small Plans (*e.g.*, April 30, 2010, for 2009 calendar-year plans).

For rules related to estimating and reconciling Variable-rate Premiums, see the “Correcting Filings and Reconciling Estimates” section. For information on how to avoid late payment penalties if an estimated Variable-rate Premium is paid on the due date, see “*Automatic Penalty Waiver for Late Variable-Rate Premiums – Large and Mid-size Plans*” in the “Late Payment Charges” section. Note – there is no way to avoid interest charges on late payments.

¹ Technically, the due date is the 15th day of the 10th full calendar month following the end of the plan year preceding the Premium Payment Year. In situations involving a short plan year, this due date may not be “in the plan year.”

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- Large Plans (prior year Participant Count – 500 or more)
 - Flat-rate Premium – The due date is the last day of the 2nd full calendar month in the plan year (e.g., the last day of February for calendar-year plans).² However, if the final Flat-rate Premium is not known by that time, an estimate may be paid, and a reconciliation filing made at a later date to reconcile the final Flat-rate Premium with the estimate. Note that for plans that pay a Variable-rate Premium, this reconciliation date is the same date the Variable-rate Premium is due.

For rules related to estimating and reconciling Flat-rate Premiums, see the “Correcting Filings and Reconciling Estimates” section. For information on how to avoid late payment penalties if an estimated Flat-rate Premium is paid on the due date, see “Automatic Penalty Waiver for Late Flat-rate Premiums – Large Plans” in the “Late Payment Charges” section. Note – there is no way to avoid interest charges on late payments.

- Variable-rate Premium – Same as for Mid-size Plans. See above.

Because Plan Size for due date purposes is based on the Participant Count for the prior plan year, a New Plan or a Newly-covered Plan is not considered a Small, Mid-size or Large Plan for this purpose (regardless of how many participants are in the plan). Thus, the above rules do not apply to New or Newly-covered Plans. See “Filing Due Dates for New and Newly-covered Plans” below. There are also special due date rules for pre-existing plans changing plan years. See “Filing Due Dates for Plans Changing Plan Years” below.

The following table uses a calendar-year plan to illustrate the information explained above:

Filing Due Dates for Pre-existing Calendar-Year Plans ^a				
Plan Size	Flat-rate Premium	Reconciliation of estimated Flat-rate Premium ^b	Variable-rate Premium	Reconciliation of estimated Variable-rate Premium ^b
Small	April 30 th after year-end	N/A	April 30 th after year-end	N/A
Mid-size	October 15 th during year	N/A	October 15 th during year	April 30 th after year-end
Large	February 28 th during year	October 15 th during year	October 15 th during year	April 30 th after year-end

a. Table assumes none of the dates shown are Saturdays, Sundays, or Federal Holidays, and that there has been no change in the plan year.

b. If certain conditions are met, late payment interest charges will apply, but late payment penalties will not. See “Late Payment Charges” section.

Example – Consider a pre-existing calendar-year plan that had 525 participants on December 31, 2007 and 490 participants on December 31, 2008.

Because the Participant Count was 500 or more as of the Participant Count Date for the 2008 plan year (i.e., 12/31/2007), the plan is considered a Large Plan for the 2009 plan year and therefore, the 2009 Flat-rate Premium is due on March 2, 2009 (the Large Plan Flat-rate Premium due date). For 2009, the Flat-rate Premium due is based on 490 participants (the Participant Count on

² Technically, the due date is the last day of the 2nd full calendar month following the end of the plan year preceding the Premium Payment Year. In situations involving a short plan year, this due date may not be “in the plan year.”

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12/31/2008). The fact that premiums are due for fewer than 500 participants for 2009 does not negate the fact that the early Flat-rate Premium due date applies for 2009.

However, for the 2010 plan year, the plan will be considered a Mid-size Plan (because the Participant Count for 2009 was more than 100 and fewer than 500 participants). Therefore, for 2010, the Flat-rate Premium is not due until October 15, 2010.

Saturday, Sunday, and Federal Holidays

If a premium filing due date falls on a Saturday, Sunday or Federal Holiday, the due date is extended automatically to the next business day. However, if your premium payment is filed after the extended due date, interest and penalties will be computed from the actual (unextended) due date. See “Late Payment Charges” section.

Example – The Flat-rate and Variable-rate Premium for a Small Plan with a plan year beginning on July 1, 2009, normally would be due on October 31, 2010. Because that day is a Sunday, the due date is Monday, November 1, 2010. If the filing is made after November 1, 2010, interest and penalty charges will be computed from October 31, 2010.

The following table shows the due dates for pre-existing plans for plan years beginning in 2009 (assuming there has been no change in the plan year).

2009 Filing Due Dates				
Premium Payment Year Begins	Large Plans		Mid-size Plans	Small Plans
	Flat-rate Premium ^a	Variable-rate Premium ^b	Flat-rate and Variable-rate Premium ^b	Flat-rate and Variable-rate Premium
1/1/2009	03/02/2009 ^c	10/15/2009	10/15/2009	04/30/2010
01/02 - 02/01/2009	03/31/2009	11/16/2009 ^c	11/16/2009 ^c	06/01/2010 ^c
02/02 - 03/01/2009	04/30/2009	12/15/2009	12/15/2009	06/30/2010
03/02 - 04/01/2009	06/01/2009 ^c	01/15/2010	01/15/2010	08/02/2010 ^c
04/02 - 05/01/2009	06/30/2009	02/16/2010 ^c	02/16/2010 ^c	08/31/2010
05/02 - 06/01/2009	07/31/2009	03/15/2010	03/15/2010	09/30/2010
06/02 - 07/01/2009	08/31/2009	04/15/2010	04/15/2010	11/01/2010 ^c
07/02 - 08/01/2009	09/30/2009	05/17/2010 ^c	05/17/2010 ^c	11/30/2010
08/02 - 09/01/2009	11/02/2009 ^c	06/15/2010	06/15/2010	12/31/2010
09/02 - 10/01/2009	11/30/2009	07/15/2010	07/15/2010	01/31/2011
10/02 - 11/01/2009	12/31/2009	08/16/2010 ^c	08/16/2010 ^c	02/28/2011
11/02 - 12/01/2009	02/01/2010 ^c	09/15/2010	09/15/2010	03/31/2011
12/02 - 12/31/2009	03/01/2010 ^c	10/15/2010	10/15/2010	05/02/2011 ^c

- If the estimated Flat-rate Premium is reported and paid by this date, the late payment penalty charge (but not the late payment interest charge) may be waived if certain requirements are met. See “Automatic Penalty Waiver for Late Flat-rate Premiums – Large Plans” in the “Late Payment Charges” section.
- If the estimated Variable-rate Premium is reported and paid by this date, the late payment penalty charge (but not the late payment interest charge) may be waived if the variable-rate reconciliation filing is made by the date shown in the “Small Plans” column.
- The actual due date falls on a Saturday, Sunday or Federal Holiday, so the date shown above is the first business day following the actual due date. See “Late Payment Charges” section for information on how late charges are determined if filing is made after the date shown in the table.

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Filing Due Dates for New and Newly-covered Plans

New Plans and Newly-covered Plans are not classified as Small, Mid-size or Large Plans because those classifications are based on the number of participants for whom premiums were payable for the plan year preceding the Premium Payment Year. Therefore, special due date rules apply to these first-time filers. For New Plans and Newly-covered Plans, both the Flat-rate Premium and the Variable-rate Premium are due on the later of:

- The last day of the 16th full calendar month that began on or after the first day of the Premium Payment Year (in the case of a Newly-covered Plan) or that began on or after the effective date (in the case of a New Plan), or
- 90 days after the Plan Adoption Date.

The following examples show how the filing rules work for plans filing for the first time.

Example 1 – A new calendar-year plan was adopted and effective on January 1, 2009, and had 650 participants on that date. Although there are more than 500 participants, the plan is not considered a Large Plan for 2009 because Plan Size is based on the number of participants for whom 2008 premiums were required to be paid. Because the plan is a New Plan, the 2009 Flat-rate Premium is not due on March 2, 2009 (the Flat-rate Premium due date applicable for pre-existing Large Plans). Instead, the plan would be required to pay its Flat-rate and Variable-rate Premiums by April 30, 2010. As a New Plan, its 2009 Participant Count Date is January 1, 2009 (the first day of the plan year), so the 2009 Flat-rate Premium is based on a Participant Count of 650 as of January 1, 2009.

In 2010, this plan will be considered a Large Plan because the Participant Count for the 2009 plan year was above 500. As a Large Plan, the 2010 Flat-rate Premium will be due on March 1, 2010.³ Note that this is before the date 2009 premium payments are due (April 30, 2010). The 2010 Variable-rate Premium will be due on October 15, 2010.

Example 2 – A New Plan is adopted on December 1, 2009, and has a July 1 - June 30 plan year. The plan became effective on December 1, 2009. The filing due date for the plan's first year (December 1, 2009 through June 30, 2010) is March 31, 2011, regardless of the Participant Count on the Participant Count Date (December 1, 2009).

Example 3 – A professional service employer maintains a plan with a calendar plan year. If this type of plan has never had more than 25 active participants since September 2, 1974, it is not a covered plan under ERISA section 4021. On October 18, 2009, the plan, which always had 25 or fewer active participants, has 26 active participants. It is now a covered plan and will continue to be a covered plan regardless of how many active participants the plan has in the future. Note that the Premium Payment Year begins on January 1, 2009, even though the plan did not become covered until after that date. The due date for the plan's first premium filing is April 30, 2010 (the last day of the 16th full calendar month that began on or after the first day of the Premium Payment Year).

Filing Due Dates for Plans Changing Plan Years

For a plan that changes its plan year, the filing due dates for the short year are unaffected by the change in plan year. For the first plan year under the new cycle, the due date is whichever is later:

- 30 days following the date on which a plan amendment changing the plan year was adopted, or
- The date the filing would otherwise be due.

The following examples show the due dates for plans changing plan years.

³ The actual due date, February 28, 2009, is a Sunday.

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Example 1 – By plan amendment adopted on December 1, 2009, a Small Plan changes from a plan year beginning January 1 to a plan year beginning June 1. This results in a short plan year beginning January 1, 2009, and ending May 31, 2009. Both the Flat-rate and Variable-rate Premiums for the short plan year are due April 30, 2010.

For the new plan year beginning June 1, 2009, the due date for the Flat-rate and Variable-rate Premium is the date the filing would otherwise be due (September 30, 2010) because that is later than 30 days after the date the plan amendment changing the plan year was adopted (December 31, 2009).

Example 2 – By plan amendment adopted on January 7, 2010, and made retroactively effective to April 1, 2009, a Mid-size Plan changes from a plan year beginning on March 1 to a plan year beginning on April 1. For the March 1, 2009 - March 31, 2009 short plan year, both the Flat-rate and Variable-rate Premium are due December 15, 2009. For the new plan year beginning April 1, 2009, the due date for the Flat-rate Premium and Variable-rate Premium is 30 days after the adoption of the plan amendment changing the plan year (February 8, 2010)⁴ because that is later than the date the premium would otherwise be due (January 15, 2010).

Example 3 – By plan amendment adopted on July 8, 2009, and made retroactively effective to May 1, 2009, a Large Plan changes from a plan year beginning February 1 to a plan year beginning May 1. The plan has always had 500 or more participants. For the February 1, 2009 - April 30, 2009 short plan year, the Flat-rate Premium is due March 31, 2009, and the Variable-rate Premium is due November 16, 2009.⁵

For the new plan year beginning May 1, 2009, the due date for the Flat-rate Premium is 30 days after the adoption of the plan amendment changing the plan year (August 7, 2009) because that is later than the date the Flat-rate Premium would otherwise be due (June 30, 2009).

The Variable-rate Premium for the first plan year in the new cycle is due on the date the Variable-rate Premium would otherwise be due (February 16, 2010)⁶ because that is later than 30 days after the adoption of the plan amendment (August 7, 2009).

Note regarding Disaster Relief: From time to time PBGC grants disaster relief by waiving late filing and payment penalties for certain plans that are unable to meet the filing deadline as a result of a major disaster (*e.g.*, a hurricane). Disaster Relief Announcements are available on PBGC's Web site (www.pbgc.gov).

Additional information

You can find detailed rules about filing due dates in PBGC's filing, issuance, computation of time, and record retention regulation (29 CFR Part 4000). You can access this regulation through the Practitioners Page of PBGC's Web site (www.pbgc.gov).

⁴ The actual due date, February 6, 2010, is a Saturday.

⁵ The actual due date, November 15, 2009, is a Sunday.

⁶ The actual due date, February 15, 2009 is a Federal Holiday.

How to File

General

To make a complete premium filing, you must report certain required data and submit any required premium payment. There are two types of filings:

- Estimated Flat-rate Premium filings for Large Plans required to pay the Flat-rate Premium early in the year, and
- Comprehensive premium filings for all other purposes.

A comprehensive premium filing is used to report:

- The Flat-rate Premium and related data (all plans),
- The Variable-rate Premium and related data (Single-employer Plans), and
- Additional data such as identifying information and miscellaneous plan-related or filing-related data (all plans).

For Large Plans, the comprehensive premium filing also serves to reconcile an estimated Flat-rate Premium paid earlier in the year.

A list of the data that must be reported in a comprehensive premium filing is included in the “Data to be Submitted” section. For simplicity, the required data elements are shown in a traditional “form” format. The purpose of the “form” included in this document is to provide a comprehensive list of data that must be submitted electronically. This “form” is for illustrative purposes only; you may not submit your filing using a paper form unless you request and receive an exemption from e-filing.

Depending on how you choose to prepare electronic filings (My PAA data entry screens or private sector software), the order in which the questions are asked may differ from the order shown on the form. In addition, in some cases, the software may perform certain calculations instead of requiring that you manually enter each required data element.

The form included in this document illustrates the data to be included in a comprehensive premium payment filing. Information on how to file an estimated Flat-rate Premium filing is contained in a separate document.

This document provides instructions as if they related to the illustrative form. These instructions describe the information you must report in your comprehensive premium filing. If you use My PAA’s data entry and editing screens, instructions are available on-line.

Instructions (and Forms) for Prior Years

If you are filing for a previous year, you must follow the instructions for that year, and if you make a paper filing, you must use the prior year’s form(s). Prior years’ instructions and forms are available on PBGC’s Web site (www.pbgc.gov). You may also obtain the instructions and form(s) by contacting us.

Filing method

Electronic premium filing is mandatory for all plans. Electronic filing is done through PBGC’s e-filing application, My Plan Administration Account (My PAA), which you access through the Practitioners Page of PBGC’s Web site (www.pbgc.gov). You may prepare the filing directly using My PAA’s data entry screens. Alternatively, you may use private-sector software to prepare a filing and then “import” the data into My PAA’s editing screens or “upload” the filing via My PAA. That means the software you use must be compatible with My PAA. In other words, the

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software must be able to place your filing in an electronic file that is in “XML” format and meets PBGC specifications.

Appendix 3 provides an introduction to My PAA. PBGC’s Web site provides detailed information about My PAA.

PBGC may grant an exemption from the requirement to make a premium filing electronically for good cause in appropriate circumstances. If you want to request an exemption or have been granted an exemption from e-filing, see Appendix 5 for information related to paper filings.

Paying premiums

Although e-filing of premium information through My PAA is mandatory, premium payments may be made either within My PAA or outside of My PAA. If you choose to pay within My PAA, you may pay by an electronic funds transfer using automated clearing house (ACH), by electronic check, or by credit card. If you pay outside of My PAA, you may pay by electronic funds transfer (ACH or Fedwire) or paper check.

Additional information on payment options is included in Appendix 3.

How to Count Participants

General

Plan participants must be counted because Flat-rate Premiums are based on the number of participants. In addition, the number of participants for the prior plan year affects when a filing for the current plan year is due (see “When to File” section). The date on which participants are counted is called the “Participant Count Date.”

Participant Count Date

The Participant Count Date is the last day of the plan year preceding the Premium Payment Year except as follows:

- If the plan is a New Plan, the Participant Count Date is the first day of the Premium Payment Year (*i.e.*, the effective date).
- If the plan is a Newly-covered Plan, the Participant Count Date is the first day of the Premium Payment Year. This is the case even if the plan first became covered under ERISA section 4021 after the first day of the Premium Payment Year.
- If the plan is the transferee plan in a Merger or the transferor plan in a Spinoff to a New Plan, and the transaction meets the conditions described below, the Participant Count Date is the first day of the Premium Payment Year. A plan Merger or Spinoff (as defined in the regulations under section 414(l) of the Code) is covered by this rule if:
 - a Merger is effective on the first day of the transferee (the continuing) plan’s plan year, or a Spinoff is effective on the first day of the transferor plan’s plan year, and
 - the Merger or Spinoff is not *de minimis*, as defined in the regulations under section 414(l) of the Code with respect to Single-employer Plans, or in PBGC’s regulation under ERISA section 4231 (29 CFR Part 4231) with respect to Multiemployer Plans.

The following examples illustrate the determination of the Participant Count Date.

Example 1 – An ongoing plan changes its plan year from a calendar year to a plan year that begins June 1, effective June 1, 2009. The Participant Count Date for the:

- January 1, 2009 – May 31, 2009 plan year is December 31, 2008,
- June 1, 2009 – May 31, 2010 plan year is May 31, 2009.

Example 2 – A new calendar-year plan is adopted February 18, 2010, retroactively effective as of January 1, 2009. The Participant Count Date is January 1, 2009.

Example 3 – A new calendar-year plan is adopted January 1, 2009, effective April 1, 2009. The Participant Count Date is April 1, 2009.

Example 4 – Plan A has a calendar plan year and Plan B has a July 1 - June 30 plan year. Effective January 1, 2009, Plan B merges into Plan A (and the Merger is not *de minimis*). Because the Merger occurred on the first day of Plan A’s 2009 plan year, Plan A’s Participant Count Date for the 2009 Flat-rate Premium is January 1, 2009. Note that the Participant Count includes Plan A participants that used to be covered by Plan B.

Example 5 – Plan A has a calendar plan year. Effective January 1, 2009, Plan A spins off assets and liabilities to form a New Plan, Plan B (and the Spinoff is not *de minimis*). Plan A’s Participant Count Date is January 1, 2009. (Plan B’s Participant Count Date also is January 1, 2009, since it is a New Plan that became effective on that date.)

Example 6 – A calendar-year plan that was not covered plan under ERISA section 4021 becomes covered on May 31, 2009. The first day of the Premium Payment Year is January 1, 2009, and the Participant Count Date is January 1, 2009.

How to Count Participants

Participant

For premium purposes, “participant” means an individual (whether active, inactive, retired, or deceased) with respect to whom the plan has Benefit Liabilities. Beneficiaries and alternate payees are not counted as participants. However, a deceased participant will continue to be counted as a participant if there are one or more beneficiaries or alternate payees who are receiving or have a right to receive benefits earned by the participant.

An individual is not counted as a participant after all Benefit Liabilities with respect to the individual are distributed through the purchase of irrevocable commitments from an insurer or otherwise. In addition, a non-vested individual is not counted as a participant after:

- A deemed “zero-dollar cashout,”
- A one-year break in service under plan rules, or
- Death.

Cashouts

If the plan has a separate cashout provision for zero benefits, terminated non-vested participants are deemed to be cashed out as of the date specified in the deemed cashout provision or, if no date is specified, as of the employment termination date. If the plan provides that zero benefit amounts will be deemed to be paid as soon as possible, terminated non-vested participants also will be deemed to be cashed out as of the employment termination date.

If the plan does not have a separate cashout provision for zero benefits, but does have a mandatory cashout of small benefit amounts (*e.g.*, benefits less than \$5,000), terminated non-vested participants are deemed to be cashed out in the same manner as terminated vested participants. If the plan is silent as to the timing of actual cashouts of terminated vested participants, the plan is deemed to read “as soon as practicable” and the terminated non-vested participants are deemed to be cashed out immediately upon termination of employment. If the plan specifies a date as of which actual cashouts of terminated vested participants take place (*e.g.*, on the first day of the next month), that rule also would apply to deemed cashouts of terminated non-vested participants. These rules do not apply if, despite plan language, the plan has an obvious pattern or practice of delaying distributions for long periods of time.

Example – Suppose a calendar-year plan provides that if a participant terminates employment and the participant’s vested benefit has a value of less than \$5,000, the plan will pay the vested benefit to the participant in a lump sum as of the first of the month following termination of employment. Suppose further that no plan provisions specifically address payment of benefits upon termination of employment by non-vested participants. If a participant with a non-vested accrued benefit terminates employment on December 15, 2008, the participant will be included in the Participant Count as of December 31, 2008 (because the cashout is deemed to occur on January 1, 2009, the first of the month following termination of employment). If, as is typically the case for a calendar-year plan, the plan’s Participant Count Date for 2009 is December 31, 2008, a Flat-rate Premium must be paid for this participant for 2009.

Breaks in service

A non-vested individual ceases to be a participant for premium purposes when the individual incurs a one-year break in service under the plan.

Note that if the break in service occurs in a service computation period that coincides with the plan year preceding the Premium Payment Year, we treat the individual as not being a participant for purposes of determining the premium for the Premium Payment Year.

How to Count Participants

Example 1 – A calendar-year plan with five-year vesting provides that a participant who performs 500 or fewer hours of service in a service computation period incurs a one-year break in service as of the last day of the computation period. The plan also provides that the annual service computation period begins on the anniversary of a participant's date of hire.

Consider an employee who was hired on December 1, 2005, and terminates employment on February 1, 2008. Further assume that this participant does not perform more than 500 hours of service during the December 1, 2007 – November 30, 2008 computation period. This participant incurs a one-year break in service on November 30, 2008. Since the break occurred before December 31, 2008 (the Participant Count Date for the 2009 premium), the individual would not be included in the Participant Count for 2009.

Example 2 – A calendar-year plan provides that a participant who performs 500 or fewer hours of service in a service computation period incurs a one-year break in service as of the last day of the computation period. The plan also provides that the annual service computation period is the calendar year.

Consider a non-vested employee who does not perform more than 500 hours of service during the 2008 calendar-year computation period. This participant incurs a one-year break in service on December 31, 2008. Although the break occurs on the Participant Count Date for the 2009 premium, the individual would not be included in the Participant Count for 2009.

Comparison to Form 5500

The Participant Count for Flat-rate Premium purposes for the Premium Payment Year and the number of participants reported for item 7 of Form 5500 for the plan year preceding the Premium Payment Year (*e.g.*, the 2009 premium filing and the 2008 Form 5500) are generally determined as of the same date (*i.e.*, the last day of the plan year preceding the Premium Payment Year). However, the two counts may differ. For example:

- For Flat-rate Premium purposes, individuals who are earning or retaining credited service but with respect to whom a plan has no Benefit Liabilities are not counted as participants. But individuals who are earning or retaining credited service are considered to be participants for purposes of item 7 of the Form 5500, even if the plan has no Benefit Liabilities with respect to them.
- There is a difference in the break-in-service rules that apply when counting participants for Flat-rate Premium purposes and for purposes of item 7 of Form 5500. For purposes of item 7 of Form 5500, whether a non-vested individual is excluded from the count because of a break in service depends upon the plan language; under the provisions of most plans, the instructions for item 7 would require that a separated non-vested individual be counted as a participant until the individual has incurred five or more consecutive one-year breaks in service. For premium purposes, on the other hand, a non-vested individual is excluded from the count because of a break in service when the individual has incurred a one-year break in service under the terms of the plan.

How to Determine Unfunded Vested Benefits

General

“Unfunded vested benefits” is the term used to describe the underfunding measure on which the Variable-rate Premium is based. For Variable-rate Premium purposes, unfunded vested benefits means the excess, if any, of:

- The Premium Funding Target, over
- The fair market value of plan assets.

This section describes how the Premium Funding Target and fair market value of plan assets are determined for this calculation.

Both the Premium Funding Target and the fair market value of assets are measured on the funding valuation date (*i.e.*, the measurement date for determining the minimum required contribution) for the Premium Payment Year. For premium purposes, this date is called the UVB Valuation Date to distinguish it from the Participant Count Date (see “How to Count Participants” section).

Premium Funding Target

The Premium Funding Target is the liability measure underlying the UVB calculation. It is determined the same way the funding target is determined under ERISA section 303 (minimum funding requirements) except that only vested benefits are included, and a special premium discount rate structure is used. With the exception of the discount rate structure, all other assumptions must be identical to those used to determine the minimum required contribution under ERISA section 303. However, you may make an election (irrevocable for five years) to use the same discount rates used to determine the minimum required contribution instead of the special premium discount rates. Different terminology is used to describe the Premium Funding Target depending on whether this election is in effect.

- **Standard Premium Funding Target** – This term describes the Premium Funding Target that applies unless the above-noted election is in effect. The discount rates used to determine the Standard Premium Funding Target are the segment rates for the month preceding the month in which the Premium Payment Year begins that are determined in accordance with ERISA section 4006(a)(3)(E)(iv). For example, the December 2008 rates are used for plan years beginning in January 2009.

The ERISA section 4006(a)(3)(E)(iv) segment rates are based on the same bond yields as used to determine the segment rates for the ERISA section 303 funding target. However, for funding purposes, the yields are averaged over 24 months, whereas under ERISA section 4006(a)(3)(E)(iv), the yields are not averaged. In addition, for funding purposes, the segment rates are generally phased-in for three years beginning in 2008, whereas for the Standard Premium Funding Target, there is no discount rate phase-in.

The segment rates needed to calculate a Standard Premium Funding Target are published by IRS each month and are also posted on the Practitioners Page of PBGC’s Web site (www.pbgc.gov).

- **Alternative Premium Funding Target** – This term describes the Premium Funding Target if the above-noted election is made. In this case, the discount rates are identical to the rates used to determine the ERISA section 303 funding target for the Premium Payment Year⁷. Thus, if an election is made under:

⁷ Note that this will not be the case if an election is made under PPA 2006 section 402, under which the funding target is determined using an 8.25% discount rate. See “Plans Subject to Special Funding Rules” later in this section.

How to Determine Unfunded Vested Benefits

- ERISA section 303(h)(2)(D)(ii) to use the full yield curve instead of the three segment rates for purposes of determining the minimum required contribution, that same yield curve is used to determine the Alternative Premium Funding Target;
- ERISA section 303(h)(2)(E) to use one of the four months preceding the valuation date as the “applicable month,” instead of the month containing the valuation date, for determining which month’s rates to use, that same month’s rates are used to determine the Alternative Premium Funding Target;
- ERISA section 303(h)(2)(G)(iv) to disregard the transition rule phasing into the new segments rates from the prior current liability discount rate for 2008 and 2009, the transition rule is also disregarded when determining the Alternative Premium Funding Target.

Since all of the assumptions used to determine the Alternative Premium Funding Target are the same as those used to determine the funding target under ERISA section 303, the Alternative Premium Funding Target is equal to the vested portion of the ERISA section 303 funding target.

The following table compares the various 2009 funding targets for a calendar-year plan with a January 1 valuation date:

	ERISA section 303	Standard Premium Funding Target	Alternative Premium Funding Target
Benefits reflected in calculation	All benefits earned or accrued as of the beginning of the plan year	Vested portion of benefits included in ERISA § 303 Funding Target	Vested portion of benefits included in ERISA § 303 Funding Target
Discount rate basis	<ul style="list-style-type: none"> ▪ 3 segments based on 24-month average of high-quality corporate bond yield curve phased-in over 3 years ▪ Options <ul style="list-style-type: none"> - Disregard phase-in - Use full yield curve, no phase-in or averaging 	3 segments based on high-quality corporate bond yield curve (no averaging or phase-in)	Whatever is used for ERISA § 303
Which month’s yield curve?	<ul style="list-style-type: none"> ▪ January 2009 ▪ Options – December 2008, November 2008, October 2008, September 2008 	December 2008	Whatever is used for ERISA § 303
Mortality	<ul style="list-style-type: none"> ▪ As prescribed by Treasury ▪ Option—with Treasury approval, a plan-specific table 	Whatever is used for ERISA § 303	Whatever is used for ERISA § 303
All other assumptions	Based on actuary’s expectations with some prescribed modifications if plan is at-risk	Whatever is used for ERISA § 303	Whatever is used for ERISA § 303

How to Determine Unfunded Vested Benefits

An election to use the Alternative Premium Funding Target cannot be revoked for five years. Until an election is officially revoked, it remains in place. For example:

- If your plan is a calendar year plan and you elected to use this alternative for 2008, the election is still in effect; you must use it for 2009, as well as for 2010, 2011, and 2012. You may revoke the election for 2013 or any year after 2013.
- If your plan is a calendar year plan and you elect to use this alternative for the first time for 2009, the plan must also use it for 2010, 2011, 2012, and 2013. You may revoke the election for 2014 or any year after 2014.

The election (or revocation) must be made by the date the Variable-rate Premium is due. An election to use (or revoke) the Alternative Premium Funding Target is made as part of the comprehensive premium filing.

Vested benefits

As noted previously, only vested benefits are taken into account when determining the Premium Funding Target. For this purpose, a benefit does not fail to be considered vested solely because it is not protected under Code section 411(d)(6) and thus may be eliminated or reduced by the adoption of a plan amendment or by the occurrence of a condition or event. Such a benefit is vested for premium purposes (if the other requirements for vesting have been met) so long as the benefit has not actually been eliminated or reduced. In addition, certain benefits payable upon a participant's death do not fail to be considered vested solely because the participant is still living. The benefits to which this rule applies are a qualified pre-retirement survivor annuity (QPSA), a post-retirement survivor annuity such as the annuity paid after a participant's death under a joint-and-survivor or certain-and-continuous option, and a benefit that returns a participant's accumulated mandatory employee contributions.

Also, a participant's pre-retirement lump-sum death benefit (other than a benefit that returns accumulated mandatory employee contributions or a QPSA paid as a lump sum) is not vested if the participant is living. Similarly, a disability benefit is not vested if the participant is not disabled. The following examples illustrate these concepts:

Example 1 – Under Plan A, if a participant retires at or after age 55 but before age 62, the participant receives a temporary supplement from retirement until age 62. The supplement is not a QSUPP (qualified social security supplement), as defined in Treasury Reg. §1.401(a)(4)-12, and is not protected under Code section 411(d)(6). The temporary supplement is considered vested, and its value is included in the premium funding target, for each participant who, on the UVB valuation date, is at least 55 but less than 62, and thus eligible for the supplement. The calculation is unaffected by the fact that the plan could be amended to remove the supplement after the UVB valuation date.

Example 2 – Plan B provides a QPSA upon the death of a participant who has five years of service, at no charge to the participant. The QPSA is considered vested, and its value is included in the premium funding target, for each participant who, on the UVB valuation date, has five years of service and is thus eligible for the QPSA. The calculation is unaffected by the fact that the participant is alive on that date.

How to Determine Unfunded Vested Benefits

Fair Market Value of Plan Assets

The asset measure underlying the UVB calculation is determined the same way assets are determined under ERISA section 303 except that any averaging method adopted for funding purposes is disregarded for premium purposes. For premium purposes, the market value of assets is measured on the UVB Valuation Date and adjusted to account for contribution receipts using the same methodology as is used for funding purposes.

Adjustments for prior year contributions

- If contributions for the prior plan year are made after the UVB Valuation Date, the market value is increased to reflect such contributions. Such contributions are discounted to the UVB Valuation Date, using the effective interest rate for the plan year for which the contributions were made. The effective interest rate is the rate determined under ERISA section 303(h)(2)(A) for minimum funding purposes. For example, for a calendar year plan with a January 1 valuation date, contributions for 2008 made in 2009 count in the 2009 asset value, but the amount is discounted to January 1, 2009 using the 2008 effective interest rate.
- Prior year contributions are included only to the extent received by the plan by the date of a premium filing.

Adjustments for current year contributions

If contributions for the current plan year are made before the UVB Valuation Date, the market value is decreased to exclude the adjusted value of these current year contributions. For this adjustment, current year contributions made before the UVB Valuation Date are increased to the UVB Valuation Date using the ERISA section 303(h)(2)(A) effective interest rate for the current plan year.

Note – this can happen only if the UVB Valuation Date is after the beginning of the plan year.

Comparison to asset value reported on Schedule SB

In general, the asset value used to determine unfunded vested benefits is identical to the market value of assets reported in the 2009 Schedule SB (item 2a). The only situation in which the amounts would differ is if a premium filing is made before the premium filing due date and prior year contributions are made after premium filing is made (and thus not included in assets).

Plans Subject to Special Funding Rules

Sections 104, 105, and 106 of PPA 2006 delay the effective date of the funding amendments for certain plans described in those sections, which in general deal with plans of cooperatives, plans affected by settlement agreements with PBGC, and plans of government contractors. Section 402 of PPA 2006 applies special funding rules to certain plans of commercial passenger airlines and airline caterers. None of these provisions affects how UVBs are determined. Plans in this small group must determine UVBs in the same manner (and using the same discount rate basis) as all other plans. In particular, under Section 402 of PPA 2006, certain plans may elect to use an 8.25% discount rate for funding purposes and other plans may elect to use an 8.85% discount rate. These rates may not be used to determine UVBs, even if the Alternative Premium Funding Target is elected.

Data to be Submitted

This form is for illustrative purposes only.

Amended filing

2009 PBGC Comprehensive Premium Filing

Disaster Relief (enter code) __ - __ - __

Part I – General Plan Information

1 Plan sponsor information Check for name/address change

a Name _____

b Address line 1 _____

c Address line 2 _____

d City _____ e State _____ f Zip _____ g Country (if not U.S.) _____

h Six-digit business code _____ i First six digits of CUSIP number _____

2 Plan administrator information Check if same as plan sponsor and skip to item 3 Check for name/address change

a Name _____

b Address line 1 _____

c Address line 2 _____

d City _____ e State _____ f Zip _____ g Country (if not U.S.) _____

3 Plan information

a Plan name _____

b Premium payment year information:

(1) This filing is for the premium payment year commencing __/__/____ and ending __/__/____.

(2) If the plan year commencement date has changed since the most recent PBGC filing as a result of a plan amendment changing the plan year, enter the date the plan year change was adopted __/__/____.

(3) Check box if plan qualifies to pay a prorated premium for this premium payment year (i.e., if plan has less than a full year of coverage).

c Employer Identification Number and Plan Number information:

(1) EIN and PN: EIN _____ PN _____

(2) If the EIN and PN are not **both** the same as on the most recent premium filing, enter EIN and PN from most recent premium filing: EIN _____ PN _____. Otherwise, skip to item 3c(3).

(3) If the EIN and PN are not **both** the same as on the 2008 Form 5500, enter EIN and PN from 2008 Form 5500 and provide explanation: EIN _____ PN _____. Explanation _____
Otherwise, skip to item 3d.

d Plan type: Multiemployer Single-employer (including multiple-employer plans)

e Plan size (based on prior year participant count): Small (fewer than 100) Mid-size (100-499) Large (500 or more) N/A; first year's filing

4 Plan contact Name: _____ Phone number: ____ - ____ - ____ ext _____

E-mail address _____

Part II – Alternative Premium Funding Target Election

Single-employer plans only. Multiemployer plans—skip to Part III

5 Check box to indicate that the plan is electing to use the alternative premium funding target instead of the standard premium funding target, effective beginning with this premium payment year and for all subsequent plan years unless and until it is subsequently revoked.

Note that an election cannot be revoked for any plan year that begins less than five calendar years after the date the premium payment year reported in this filing begins. If an election is currently in effect, do not make an election again.

Data to be Submitted

Part III – Premium Information	
6	<p>Flat-rate premium</p> <p>a Participant count date: Month ___ Day ___ Year ____</p> <p>b Flat-rate premium calculation</p> <p style="margin-left: 20px;">(1) Applicable rate (Single-employer plans enter \$33; Multiemployer plans, enter \$9) _____</p> <p style="margin-left: 20px;">(2) Participant count as of participant count date _____</p> <p style="margin-left: 20px;">(3) Flat-rate premium (item 6b(1) x item 6b(2)) _____</p>
7	<p>Variable-rate premium (VRP) – Single-employer plans only (Multiemployer plans—skip to item 8)</p> <p>a Exemptions – If an exemption applies, check applicable box and skip to item 8.</p> <p style="margin-left: 20px;">No vested participants 412(e)(3) plan Standard termination with a proposed termination date of ___/___/_____</p> <p>b VRP cap qualification – If this plan qualifies for the VRP cap applicable to certain plans of small employers (those with 25 or fewer employees), check box <input type="checkbox"/>. If box is checked, items 7c through 7g(1) may, but need not, be omitted.</p> <p>c UVB valuation date: Month ___ Day ___ Year ____</p> <p>d Premium funding target information – Check box if the reported premium funding target information is an estimate.</p> <p style="margin-left: 20px;">(1) Premium funding target method: Standard Alternative</p> <p style="margin-left: 20px;">(2) Discount rate(s) 1st segment ____% 2nd segment ____% 3rd segment ____% N/A, full yield curve used</p> <p style="margin-left: 20px;">(3) Premium funding target as of UVB valuation date _____</p> <p>e Market value of assets as of UVB valuation date _____</p> <p>f Unfunded vested benefits (excess, if any, of item 7d(3) over item 7e, rounded up to the next \$1,000) _____</p> <p>g Variable-rate premium calculation</p> <div style="border: 1px dashed black; padding: 5px; margin: 5px 0;"> <p><i>If the plan does not qualify for the VRP cap, omit the following two items and skip to item 7g(3).</i></p> <p style="margin-left: 20px;">(1) Variable-rate premium before reflecting the cap (item 7f x 0.009) _____</p> <p style="margin-left: 20px;">(2) Maximum VRP (\$5 x item 6b(2) x item 6b(2)) _____</p> </div> <p style="margin-left: 20px;">(3) Variable-rate premium</p> <p style="margin-left: 40px;">If the plan does not qualify for the VRP cap, item 7f x 0.009.</p> <p style="margin-left: 40px;">If the plan qualifies for the VRP cap, the lesser of item 7g(1) and 7g(2) or, if item 7g(1) was omitted, item 7g(2). _____</p>
8	<p>Premium proration (If the plan does not qualify for premium proration, skip to item 9)</p> <p>a Number of months (complete and partial) in the short plan year _____</p> <p>b Total premium before reflecting proration (item 6b(3) + item 7g(3), if applicable) _____</p>
9	<p>Total premium</p> <p>If the plan does not qualify for premium proration, item 6b(3) + item 7g(3), if applicable</p> <p>If the plan qualifies for premium proration, item 8b x item 8a ÷ 12. _____</p>
10	<p>Premium credit (including any payments already made for this premium payment year and any overpayment from the prior plan year unless refund was requested) _____</p>
11	<p>Amount due (excess, if any, of item 9 over item 10) _____</p> <p>Payment method (paper filers only) Check enclosed Electronic funds transfer</p>
12	<p>Treatment of overpayment</p> <p>a Excess, if any, of item 10 over item 9 _____</p> <p>b Treatment of balance (select one):</p> <p style="margin-left: 20px;">Credit towards next year's premium Refund by check Refund by electronic funds transfer (preferred refund option)</p> <p>If you select a refund by electronic funds transfer, complete the following information:</p> <p style="margin-left: 20px;">Type of account Checking Savings Bank routing number _____</p> <p style="margin-left: 20px;">Account number _____ Sub-account number (if any) _____</p>

Data to be Submitted

Part IV – Miscellaneous Information

Items that do not apply should be left blank

13 Final filing – If this is the last filing for this plan, enter the date of event __/__/____ and check box that best describes why filing obligation is ceasing: Merger/Consolidation Trusteeship Distribution pursuant to termination Cessation of covered status

14 New and newly covered plans – If this filing is for a new plan or a newly-covered plan, report the plan effective date __/__/____, the adoption date __/__/____ and the plan coverage date __/__/____.

15 Transfers from other plans – If another plan transferred assets or liabilities to this plan since the most recent comprehensive premium filing, provide the following information with respect to each plan from which assets or liabilities were transferred (if transfer involved a new or newly-covered plan, see instructions).

EIN _____ PN ____ Date of transfer __/__/____ Type of transfer: Merger Consolidation Spinoff Other

EIN _____ PN ____ Date of transfer __/__/____ Type of transfer: Merger Consolidation Spinoff Other

If more than two transferor plans are involved, include the above information for each additional transferor plan as an attachment.

16 Transfers to other plans – If this plan transferred assets or liabilities to another plan since the most recent comprehensive premium filing, provide the following information with respect to each plan to which the assets or liabilities were transferred (if transfer involved a new or newly-covered plan, see instructions).

EIN _____ PN ____ Date of transfer __/__/____ Type of transfer: Merger Consolidation Spinoff Other

EIN _____ PN ____ Date of transfer __/__/____ Type of transfer: Merger Consolidation Spinoff Other

If more than two transferee plans are involved, include the above information for each additional transferee plan as an attachment.

17 Participation freeze – If, as of the beginning of the premium payment year, this plan is closed to new entrants, enter the date the plan became closed to new entrants __/__/____.

18 Accrual freeze – If, as of the beginning of the premium payment year, benefit accruals under this plan are partially or totally frozen, enter the date the freeze became effective __/__/____ and check box that best describes the nature of the freeze:

For all participants, both pay and service are frozen

For all participants, service is frozen, pay is not

For some participants, both pay and service are frozen

For some participants, service is frozen, pay is not

Other (enter explanation) _____

19 Amended filing – Complete this item only if this is an amended filing

a If either the first or last day of the premium payment year reported in this amended filing (item 3b(1)) differs from what was reported in the filing that is being amended, provide the dates that were reported in the original filing:

Date premium payment year commenced __/__/____ Date premium payment year ended __/__/____.

b If the EIN and PN reported in this amended filing (item 3c(1)) are not **both** the same as what was reported in the filing that is being amended, enter the EIN and PN from the original filing: EIN _____ PN ____.

c If the reason for amending the filing is other than reconciling an estimated Variable-rate Premium and the total premium reported in this amended filing (item 9) is less than the amount reported in the filing that is being amended, provide an explanation of why an amended filing is necessary: _____

20 Attachments (paper filers only) – If any attachments are included with this filing, check box and see instructions.

Data to be Submitted

Part V – Certifications

21 Certification of Plan Administrator – The plan administrator must sign and complete this item.

I certify under penalty of perjury, to the best of my knowledge and belief, that all the information in the filing is true, correct and complete and has been determined in accordance with the PBGC's premium regulations and instructions, except that if the filing reports an estimated premium funding target, the estimate is reasonable, takes into account the most current information available to the enrolled actuary, and has been determined in accordance with generally accepted actuarial principles and practices, and that if I received variable-rate premium information certified by an enrolled actuary for this filing, the variable-rate premium information in the filing is the same as the variable-rate premium information certified by the enrolled actuary.

Name of person signing: First name _____ Last name _____

E-mail address

Signature

----- ext -----

Telephone

___/___/___

Date

22 Certification of Enrolled Actuary – An enrolled actuary must sign and complete this item unless the plan is a multiemployer plan, is exempt from the variable-rate premium, or is eligible for and paying the maximum VRP and not reporting the uncapped VRP.

I certify under penalty of perjury, to the best of my knowledge and belief, that the variable-rate premium information in the filing is true, correct and complete and has been determined in accordance with PBGC's premium regulations and instructions; except that if the premium funding target is estimated, the estimate is reasonable, takes into account the most current information available to me and has been determined in accordance with generally accepted actuarial principles and practices.

Name of person signing: First name _____ Last name _____

Firm

E-mail address

Signature

----- ext -----

Telephone

Enrollment number

___/___/___

Date

Description of Data Elements

Overview

This section provides a description of each required data element. It is presented in the same order as the “form” used to illustrate the data elements (see prior section). Item numbers are presented solely to facilitate understanding. The My PAA screens do not include item numbers. If you are using private sector software, item numbers may or may not be included. We recommend you review these instructions with a copy of the “form” in front of you.

Note for plans with more than one plan year beginning in 2008 or 2009:

References in these instructions to the 2008 plan year (and to filings for the 2008 plan year) should be considered to refer to your plan’s most recent complete plan year. For example, a plan that changes its plan year could have two plan years beginning in calendar 2009. When such a plan makes its premium filing(s) for its second 2009 plan year, the references in these instructions to the 2008 plan year (and to filings for the 2008 plan year) should be considered to refer to the plan’s first 2009 plan year (and to filings for that plan year), because that is the plan’s most recent complete plan year. Similarly, if your plan had two plan years beginning in calendar 2008, the references in these instructions to the 2008 plan year (and to filings for the 2008 plan year) should be considered to refer to the plan’s second 2008 plan year, which is the plan’s most recent complete plan year.

Note about reporting dollar amounts

With the exception of total premium, premium credits, the amount due PBGC, and the amount of any overpayment, money amounts reported should be in dollars only (no cents).

Amended filing

Check this box only if this filing is an amendment to a previously submitted filing for the 2009 plan year. Note that a Variable-rate Premium reconciliation filing (in which you provide final Premium Funding Target information after having reported an estimated Premium Funding Target) is considered an amended filing.

If you amend a comprehensive filing for a reason other than reconciling an estimated Variable-rate Premium and the amended filing shows a lower premium than the amount that was originally reported, you must provide an explanation of the specific circumstances or events that caused the reduction. See the “Correcting Filings and Reconciling Estimates” section for more information.

Note – If you are amending a filing for a plan year that did not begin in 2009, the rules in this document do not apply.

Disaster relief

From time to time, when major disasters occur, PBGC grants disaster relief by waiving late filing and payment penalties for certain plans. Disaster Relief Announcements are available on PBGC’s Web site (www.pbgc.gov). If your plan is covered by a PBGC Disaster Relief Announcement for this premium filing, report the four-digit code provided in the applicable Disaster Relief Announcement.

Description of Data Elements

Instructions for Part I – General Plan Information.

1 Plan sponsor information

a–g – Report the name and address of the Plan Sponsor. If either has changed since your last filing, check the box to report that fact.

h Business Code – Report the six-digit code that best describes the nature of the employer’s business. If more than one employer is involved, report the business code for the predominant business activity of all employers. A list of business codes is included in Appendix 4.

i CUSIP number – If a CUSIP number has been assigned to publicly traded securities of the Plan Sponsor or any member of the Plan Sponsor’s controlled group, report the first six digits of the CUSIP number. Otherwise, leave this item blank.

A CUSIP number is a nine-digit number assigned to the publicly traded securities of a Plan Sponsor (or member of the Plan Sponsor’s controlled group) under the securities numbering system of the Committee on Uniform Securities Identification Procedures. The first six digits of the CUSIP number identify the securities issuer, the next two digits identify the specific securities issue, and the last digit is a check digit.

2 Plan administrator information

Report the name and address of the Plan Administrator. Note that this is the address where we send official correspondence to the plan (*e.g.*, an invoice for late payment charges). To keep our records current and enable us to send correspondence to the correct address, you should inform us of address changes as soon as they occur. You may do so by contacting us either in writing or by e-mail. See Appendix 2 for contact information.

If the Plan Administrator’s name and address is the same as that of the Plan Sponsor, you may satisfy this requirement by checking the box to report that fact.

If the Plan Administrator’s name or address has changed since your last filing, check the box to report that fact (even if you informed us of the change prior to submitting this filing).

3 Plan information

a Plan name – Report the complete name of the plan as stated in the plan document. For example, “The ABC Company Pension Plan for Salaried Personnel.”

b Premium Payment Year information

- (1) Report the date the Premium Payment Year commences and the date it ends. If you are filing for the first year of a New Plan, the Premium Payment Year commencement date (“PYC”) should generally be the plan effective date.
- (2) If the plan year commencement date has changed since the most recent PBGC filing as a result of a plan amendment changing the plan year, enter the adoption date of the plan year change.
- (3) Check box if plan qualifies to pay a prorated premium for this Premium Payment Year. A plan qualifies to pay a prorated premium only if the Premium Payment Year is:
 - a short first year of a New or Newly-covered Plan;

Description of Data Elements

- a short year created by an amendment that changes the plan year (but note that an amendment is not considered to change the plan year if the plan merges into or consolidates with another plan or otherwise ceases its independent existence either during the short plan year or at the beginning of the full plan year following the short plan year);
- a short year created by distribution of plan assets pursuant to plan termination; or
- a short year created by the appointment of a trustee for a Single-employer Plan under ERISA section 4042.

There is no premium proration where a plan ceases to be a covered plan before the end of the plan year.

Note that the short year need not have ended by the time you pay a prorated premium, but if the plan year turns out to be longer than you anticipated, you will have to make up any premium underpayment, which will be subject to interest and penalties.

Note also that premium proration is not available for ‘overlapping’ premium payments resulting from a plan merger, consolidation, or spinoff.

c Employer Identification Number (EIN) and Plan Number (PN) information

- (1) Report the nine-digit EIN of the Plan Sponsor and the three-digit PN of the plan.
- (2) If the EIN and PN for this filing do not both match exactly the EIN and PN reported in the most recent premium filing, report both the EIN and PN that were reported in the most recent premium filing. If this is the first premium filing for this plan, leave this item blank.

Please note the following exceptions that apply only if this is an amended filing:

- If item 3c(2) was reported incorrectly in the original filing, provide the information that should have been reported in the original filing,
 - If item 3c(2) was reported correctly in the original filing, provide the same information that was reported on the original filing.
- (3) If the EIN and PN for this filing do not both match exactly the EIN and PN reported in the 2008 Form 5500, report both the EIN and PN that were reported in the 2008 Form 5500, and attach an explanation. If a 2008 Form 5500 was not required, leave this item blank.

d Plan type – Indicate whether the plan is a Multiemployer Plan or a Single-employer Plan.

e Plan size – Premium due dates vary based on whether the plan is classified as a Small Plan, Mid-Size Plan, or Large Plan. Indicate which Plan-Size classification applies for the Premium Payment Year. Note that this classification is based on the Participant Count for the prior plan year (*i.e.*, the number of participants for whom a Flat-rate Premium was owed for the prior year.) If this is a New Plan or a Newly-covered Plan, check the “N/A; first filing” box.

4 Plan contact – Report the name and phone number of the person we may contact if we have any questions concerning this filing. If this person has an e-mail address, report that e-mail address. If the filing is completed by a plan consultant, you may report the consultant’s identifying information.

Part II – Alternative Premium Funding Target election

This Part applies only to Single-employer Plans. Multiemployer Plans should skip to Part III.

Description of Data Elements

A plan may elect to use the Alternative Premium Funding Target to determine unfunded vested benefits instead of the Standard Premium Funding Target (see “How to Determine Unfunded Vested Benefits” section). Note that once an election is made, it remains in effect for all subsequent plan years unless and until it is subsequently revoked. Therefore, if you are making an election with this filing, do not make an election again in a future filing.

An election cannot be revoked for any plan year that begins less than five years after the beginning of the plan year for which the election was first applicable. For example, if you make the election for a plan year that begins on April 1, 2009, the Alternative Premium Funding Target must be used to determine unfunded vested benefits for all plan years beginning before April 1, 2014. The plan may revoke the election first effective for any plan year beginning on or after April 1, 2014, but unless the election is revoked, it will remain in place. My PAA will be modified in the future to allow for this revocation.

Note that if an election to use the Alternative Premium Funding Target is subsequently revoked, another election to use the Alternative Premium Funding Target cannot be made until five additional years have passed.

5 Election – Check the box to indicate that the plan is making this election first effective for the Premium Payment Year.

Part III – Premium Information

6 Flat-rate Premium

a Report the Participant Count Date. See “How to Count Participants” section for special rules relating to New Plans, Newly-covered Plans, Mergers and Spinoffs.

b Flat-rate Premium calculation

- (1) Applicable rate – Enter the per-participant flat premium rate. For 2009, the rate is \$33 for Single-employer Plans and \$9 for Multiemployer Plans.
- (2) Participant count – Report the total number of participants covered by the plan on the Participant Count Date. See “How to Count Participants” section.
- (3) Flat-rate Premium – Report the product of the Participant Count and the applicable premium rate. If the plan year is a short plan year, the required Flat-rate Premium may be a prorated portion of this amount; however, the amount reported in this item must reflect a full year’s premium.

Note that the Flat-rate Premium may be \$0, but you must make a premium filing even if the Flat-rate Premium is \$0. This may happen, for example, if your plan is a New Plan that grants no past service credits, so that there are no Benefit Liabilities on the Participant Count Date. A plan with no Benefit Liabilities has no participants for premium purposes.

7 Variable-rate Premium

This item relates to Variable-rate Premium information and applies only to Single-employer Plans.

In general, the Variable-rate Premium is \$9 per \$1,000, or fraction thereof, of unfunded vested benefits as of the UVB Valuation Date. For certain plans of small employers, this amount is capped at a specified amount (see item 7b).

Some Single-employer Plans are exempt from the Variable-rate Premium; others may have a Variable-rate Premium of \$0. In either case, this section must be completed in accordance with the following instructions.

Description of Data Elements

- a** Exemptions – A Single-employer Plan may claim an exemption from the Variable-rate Premium only if it meets the requirements for one of the exemptions described below:
- Plans with no vested participants – Your plan qualifies for this exemption if the plan has no participants with vested benefits as of the UVB Valuation Date.
 - Section 412(e)(3) plans (formerly called 412(i) plans) – Your plan qualifies for this exemption if the plan is described in section 412(e)(3) of the Code and regulations thereunder on the UVB Valuation Date.
 - Plans terminating in standard terminations – Your plan qualifies for this exemption if notices of intent to terminate in a standard termination were issued in accordance with ERISA section 4041(a)(2), setting forth a proposed termination date (*i.e.*, the 60- to 90-day prospective date) that is on or before the UVB Valuation Date. However, this exemption is conditional on the plan’s ultimately making a final distribution of assets in full satisfaction of its obligations under the standard termination. If such a distribution is not made, this exemption does not apply and the premium(s) that would otherwise have been required will be due retroactive to the applicable due date(s).

If an exemption applies, check the applicable box to indicate which exemption applies and skip to item 8.

- b** Variable-rate Premium cap qualification – If the plan qualifies as a small-employer plan, the Variable-rate Premium is capped at a specified amount (based on the number of plan participants).

Determining whether plan qualifies for the cap – For this purpose:

- a plan is a small-employer plan if the aggregate number of employees of all contributing sponsors of the plan and all members of the contributing sponsors’ controlled groups, as of the first day of the Premium Payment Year, is 25 or fewer,
- the aggregate number of employees is determined in the same manner as under section 410(b)(1) of the Code, taking into account the provisions of section 414(m) and (n) of the Code, but without regard to section 410(b)(3), (4), and (5) of the Code, and
- employees are counted as of the first day of the Premium Payment Year, not as of the Participant Count Date or the UVB Valuation Date.

Note that a plan with 25 or fewer participants does not necessarily qualify for the cap because the eligibility criterion is based on employees, not the Participant Count. For example, if a plan has 15 participants, but there are more than 25 employees (taking into account all employees of all contributing sponsors of the plan and all members of their controlled groups), the plan does not qualify for the cap.

Also note that a plan with more than 25 participants might qualify for the cap. For example, consider a contributing sponsor with 20 employees, all of whom are participants in a plan. If the plan also covers 15 former employees who are either terminated vested or retired, there are 35 participants in total. This plan would qualify for the cap (assuming there are no other contributing sponsors and no controlled group members).

Reporting requirements – If your plan qualifies for this cap, check the box to report that fact.

If your plan qualifies for this cap, instead of reporting both the uncapped Variable-rate Premium (\$9 per \$1,000 of unfunded vested benefits) and the maximum Variable-rate Premium and then paying the lesser of the two amounts, you may report and pay the maximum Variable-rate Premium. If you choose not to report the uncapped Variable-rate Premium, omit items 7c through 7g(1) and go directly to item 7g(2). Note that if you choose to pay the

Description of Data Elements

maximum Variable-rate Premium without determining whether it is less than the uncapped Variable-rate Premium, you may pay a larger Variable-rate Premium than required.

c UVB Valuation Date – Report the UVB Valuation Date for the Premium Payment Year.

d Premium Funding Target information

The Premium Funding Target is the liability measure used to determine the Variable-rate Premium. It is similar to the funding target that is used to determine the minimum funding requirement for the Premium Payment Year, except that only vested benefits are taken into account. The assumptions used to determine this amount differ depending on which calculation method is used:

- With the standard method, the Premium Funding Target is calculated using the same assumptions used to determine the minimum required contribution for the Premium Payment Year with one exception. In lieu of the discount rates used for funding purposes, the discount rates are the segment rates for the month preceding the month in which the Premium Payment Year begins that are determined in accordance with ERISA section 4006(a)(3)(E)(iv).
- With the alternative method, the Premium Funding Target is calculated using exactly the same assumptions used to determine the minimum required contribution for the Premium Payment Year.

See “How to Determine Unfunded Vested Benefits” section for more information, including information on when certain types of benefits are considered vested.

Note for Mid-size and Large Plans – If the Premium Funding Target (and thus, the Variable-rate Premium) being reported in this filing is an estimate, check the box to report that fact. Note that if you file on an estimated basis, you must ultimately make a reconciliation filing using the actual Premium Funding Target (by amending this filing). In the reconciliation filing, in addition to reporting the actual Premium Funding Target data, be sure to indicate that the reported amount is no longer an estimate by making sure the “estimate” box is no longer checked. See “Correcting Filings and Reconciling Estimates” section.

Note also that to qualify for the automatic penalty relief, the estimated Premium Funding Target must be certified by an enrolled actuary to be a reasonable estimate that:

- takes into account the most recent data available to the enrolled actuary, and
- has been determined in accordance with generally accepted actuarial principles.

In addition, note that the election to use the Alternative Premium Funding Target for the first time must be made by the Variable-rate Premium due date and reported on the original comprehensive filing, even if the Premium Funding Target being reported is an estimate. The election is reported in the comprehensive filing.

See “Late Payment Charges” section for more information on the penalty relief available to Large and Mid-size Plans paying estimated Variable-rate Premiums on the due date.

- (1)** Premium Funding Target method – If you are using the Standard Premium Funding Target to determine unfunded vested benefits, check the “Standard” box. If you are using the Alternative Premium Funding Target to determine unfunded vested benefits, check the “Alternative” box.

Note that the standard method must be used unless an election to use the alternative method is in effect (see instructions for Part II). Also, note that if an election to use the alternative method is in effect, you must use the alternative method.

Description of Data Elements

- (2) Report the discount rate(s) used to determine the Premium Funding Target. If you are using the:
- Standard Premium Funding Target, these rates must be the segment rates for the month preceding the month in which the Premium Payment Year begins that are determined in accordance with ERISA section 4006(a)(3)(E)(iv) (*i.e.*, the rates that would be determined under ERISA section 303(h)(2)(C) if ERISA section 303(h)(2)(D) were applied by using the monthly yields for the month preceding the month in which the Premium Payment Year begins on investment grade corporate bonds with varying maturities, and in the top 3 quality levels, rather than the average of such yields for a 24-month period). These rates are available at www.pbgc.gov.
 - Alternative Premium Funding Target, these rates must be identical to the rates that are used to determine the minimum required contribution for the Premium Payment Year as reported in item 21a of the 2009 Schedule SB, Form 5500. This includes any elections with respect to the optional phase-in from the prior current liability discount rate, the applicable month, and the option to use the full yield curve in lieu of segment rates. If the full yield curve is used for this purpose, rather than reporting the full yield curve, check the box to report that fact.
- (3) Report the Premium Funding Target (dollars only). Note that if you are using the Alternative Premium Funding Target, the amount reported is generally equal to the total funding target reported in the 2009 Schedule SB (item 3d) reduced by the non-vested portion of the total funding target (item 3c(1)) reported in that same Schedule.

- e Market value of assets – Report the fair market value of plan assets (dollars only) as of the UVB Valuation Date for the Premium Payment Year adjusted to reflect contribution receipts as follows:

Adjustments for prior year contributions

If contributions for the prior plan year were made after the UVB Valuation Date and before the date the premium filing is made, increase the market value to include the discounted value of such contributions. Prior year contributions are discounted from the date made to the UVB Valuation Date, using the effective interest rate for the plan year for which the contributions were made.

Adjustments for current year contributions

If contributions for the current plan year were made before the UVB Valuation Date, decrease the market value by the adjusted value of these current year contributions. (Note – this can happen only if the UVB Valuation Date is after the beginning of the plan year). For this adjustment, such contributions are increased to the UVB Valuation Date.

Interest adjustments

For both interest adjustments noted above, use the effective interest rate determined under ERISA section 303(h)(2)(A) and reported in item 5 of Schedule SB for the plan year for which the contributions were made.

Comparison to asset value reported on Schedule SB

In general, the asset value reported here must be the same as the market value of assets reported in the 2009 Schedule SB (item 2a). The amounts would differ only if a premium filing is made before the premium filing due date and prior year contributions are made after the premium filing is made (and thus not included in assets).

- f Unfunded vested benefits – Report the excess (rounded up to the next \$1,000), if any, of the Premium Funding Target over the fair market value of assets.

Description of Data Elements

g Variable-rate Premium calculation (If the plan does not qualify for the Variable-rate-Premium cap, skip to item 7g(3).)

- (1) Variable-rate Premium before reflecting the cap – Report the product of 0.009 and the amount of unfunded vested benefits. *If the plan does not qualify for the Variable-rate-Premium cap, this item must be left blank.*
- (2) Maximum Variable-rate Premium – The maximum Variable-rate Premium is \$5 times the square of the plan’s Participant Count. Report the product of the Participant Count multiplied by the Participant Count multiplied by \$5. *If the plan does not qualify for the Variable-rate-Premium cap, this item must be left blank.*
- (3) Variable-rate Premium
 - If the plan does not qualify for the Variable-rate Premium cap, report the product of 0.009 and the amount of unfunded vested benefits.
 - If the plan qualifies for the Variable-rate Premium cap, report the lesser of the Variable-rate Premium before reflecting the cap and the maximum Variable-rate Premium, or, if you choose not to calculate/report the Variable-rate Premium before reflecting the cap, report the maximum Variable-rate Premium.

If this is a short plan year of coverage, the required Variable-rate Premium may be a prorated portion of this amount; however, the full year’s premium amount must be reported in this item.

8 Premium proration (If the plan does not qualify for premium proration, skip to item 9.)

a Number of months in the short plan year – Report the number of months (complete and partial) in the short plan year. For this purpose, each plan month (*i.e.*, each month in the plan year) generally begins on the same day of each successive calendar month. For example, if the plan year begins on July 1, the first day of each successive calendar month is the beginning of a new month; similarly, if the plan year begins on January 15, the second plan month begins on February 15, the third plan month on March 15, etc. Thus, if a short final year begins on January 1 and ends on June 1, there would be six (full or partial) months in the short year. (The last (partial) month, beginning (and ending) on June 1, would count as a full month for purposes of prorating the premium.) Similarly, if a short first year begins on July 31 and ends on December 31, there also would be six (full or partial) months in the short year.

There are two special rules when a plan year begins at or near the end of a calendar month:

- If the plan year begins on the last day of a calendar month, successive plan months begin on the last day of successive calendar months. For example, if the plan year begins on November 30, successive plan months begin on December 31, January 31, the last day of February (the 28th or 29th), March 31, etc.
- If the plan year begins on the 29th or 30th of a calendar month other than February, the plan month beginning in February begins on the last day of February. For example, if the plan year begins on November 29, successive plan months begin on December 29, January 29, the last day of February (the 28th or 29th), March 29, etc. If the plan year begins on December 30, successive plan months begin on January 30, the last day of February (the 28th or 29th), March 30, April 30, etc.

Counting months for New and Newly-covered Plans – The short first year of a New Plan is treated as beginning on the Participant Count Date (*i.e.*, the plan effective date). The short first year of a Newly-covered Plan is treated as beginning on the date when the plan becomes covered under ERISA section 4021.

Description of Data Elements

Counting months for terminating plans – The (short) plan year of a terminating plan’s final year is treated as ending on:

- for a Multiemployer Plan that distributed all its assets pursuant to ERISA section 4041A, the date the distribution is completed; or
- for a Single-employer Plan, the earlier of:
 - the date on which the distribution of the plan’s assets in satisfaction of all Benefit Liabilities was completed; or
 - the date that a trustee for the terminating plan was appointed under ERISA section 4042.

b Total premium before proration – Report the sum of the Flat-rate Premium and, if applicable, the Variable-rate Premium.

9 Total premium – The total premium is determined as follows:

- If the plan does not qualify for premium proration, report the sum of the Flat-rate Premium and, if applicable, the Variable-rate Premium.
- If the plan qualifies for premium proration, multiply the total premium before reflecting proration by the number of months (complete and partial) in the short plan year and then divide by 12. Round to two decimal places after completing the calculation.

If this amount includes cents, report the exact amount (dollars and cents), not a rounded amount.

10 Premium credit

Report the total amount of premium credits available to offset the premium due. Premium credits include:

- Any overpayment of the 2008 premium filing for which a refund was not requested,
- Estimated 2009 Flat-rate Premium paid earlier in the year (Large Plans only), and
- Any other payments made for 2009 (including an estimated Variable-rate Premium for a Large or Mid-size Plan when amending the filing to reconcile the estimate. See “Correcting Filings and Reconciling Estimates” section).

If this amount includes cents, report the exact amount (dollars and cents), not a rounded amount.

11 Amount due – If the total premium due equals or exceeds the total premium credit, subtract the total credit from the total premium and report the result as the amount due. This is the amount you owe PBGC. See Appendix 3 for information on payment options.

If you received an exemption from e-filing, check the box to report whether payment will be made by check or by electronic funds transfer (EFT).

If this amount includes cents, report the exact amount (dollars and cents), not a rounded amount.

Description of Data Elements

12 Treatment of Overpayment

- a If the total premium is less than the total premium credit, subtract the total premium from the total credit and report the result as an overpayment.
- b If you have an overpayment, you must choose whether to have the overpayment refunded (by check or electronic funds transfer) or credited towards the next year's premium for the plan. Report your choice by checking the appropriate box.

If you request to use the overpayment as a credit towards next year's premium for the plan, you should claim the overpayment amount as a credit on the next year's premium filing for the plan.

If you prefer a refund to a credit, the quickest way to receive your refund is to select the electronic funds transfer option. We strongly recommend this option. To facilitate an electronic funds transfer, indicate whether the account is a checking account or savings account, and provide the bank routing number and account number to which the refund is to be credited. If you want the refund credited to a sub-account within the main account, also provide the sub-account number.

If this amount includes cents, report the exact amount (dollars and cents), not a rounded amount.

Instructions for Part IV – Miscellaneous Information

13 Final premium filing

If this is the last premium filing for this plan, indicate the reason: (1) that the plan merged or consolidated with another plan, (2) that the plan was trustee under ERISA section 4042, (3) that the plan completed a distribution pursuant to termination, or (4) that the plan ceased to be a covered plan.

Report the date of the event that led to the cessation of the requirement to file. If the reason this is the last premium filing is because:

- the plan merged or consolidated into another plan, report the effective date of the Merger or Consolidation;
- the plan terminated in an involuntary or distress termination, report the effective date of the trusteeship;
- there was a distribution of assets pursuant to a termination:
 - for a Single-employer Plan that completed a standard termination, report the date on which the distribution of the plan's assets in satisfaction of all Benefit Liabilities was completed, or
 - for a Multiemployer Plan that distributed all its assets pursuant to ERISA section 4041A, report the date the distribution is completed;
- the plan ceased to be covered by Title IV of ERISA, report the date coverage ceased.

14 New or Newly-covered plans

If this plan is a New Plan or a Newly-covered Plan, report the plan effective date, the Plan Adoption Date, and the plan coverage date. The plan coverage date is the date the plan became covered under Title IV. If the plan has had one or more periods of coverage in the past, report the earliest date in the Premium Payment Year when the plan was covered under Title IV —

Description of Data Elements

not the date when the plan became covered in a prior year. If another plan transferred assets or liabilities to this New or Newly-covered Plan, be sure to complete the “Transfers from other plans” item (see item 15).

15 Transfers from other plans

Pre-existing plans – If another plan transferred assets or liabilities to this plan since the date of the most recent comprehensive premium filing (or, if this is a filing for a plan year beginning in 2009, since the date of the 2008 “final filing”), report the EIN and PN of the plan from which the assets were transferred (*i.e.*, the “transferor plan”).

New Plans – If this plan is a New Plan and another plan transferred assets or liabilities to this plan in conjunction with the creation of this plan, report the EIN and PN of the plan from which the assets were transferred.

Newly-covered Plans – If this plan is a Newly-covered Plan and another plan transferred assets or liabilities to this plan on or after the date the plan became covered and before the date the premium filing is made, report the EIN and PN of the plan from which the assets were transferred.

In all cases, report the date of the transfer and check the box that best describes the type of transfer (see definitions of Merger, Spinoff, and Consolidation). For this purpose, the date of transfer is the date the transfer went into effect.

Example – A Merger agreement between two calendar-year plans (Plans A and B) provides that participants of Plan A will cease accruing benefits under Plan A and begin coverage and benefit accruals under Plan B as of January 1, 2009, and that the obligation to pay benefits to Plan A participants will pass from Plan A to Plan B as of that date. The agreement also provides that Plan A’s assets will be transferred to Plan B’s account as soon as practicable. The transfer does not actually occur until February 17, 2009. If you are preparing a comprehensive premium filing for Plan B for Plan B’s 2009 plan year, report “01/01/2009” as the date of transfer.

Note that the date of a transfer is determined based on the facts and circumstances of the particular situation. (For transfers subject to section 414(l) of the Code, report the date determined under 26 CFR 1.414(l)-1(b)(11).)

If the transfer is the result of something other than a Merger, Spinoff, or Consolidation, for example, a reciprocity arrangement where assets and liabilities are transferred between two plans when an employee changes locations or changes status (*e.g.*, from Salaried to Hourly and as a result becomes covered by another plan), check the “Other” box. Also check the “Other” box if you have no way of determining whether the transferor plan ceased to exist in connection with a Merger or Consolidation into your plan.

If more than one transferor plan is involved, provide the above information with respect to each transferor plan.

If, at the time you submit your filing, you are not aware that a transfer had occurred and you subsequently discover that a reportable transfer had occurred, you must amend the original filing to report the corrected information.

16 Transfers to other plans

Pre-existing plans – If this plan transferred assets or liabilities to another plan since the date of the most recent comprehensive premium filing (or, if this is a filing for a plan year beginning in 2009, since the date of the 2008 “final filing”), report the EIN and PN of the plan to which the

Description of Data Elements

assets were transferred (*i.e.*, the “transferee plan”). In addition, report the date of transfer and check the box that best describes the type of transfer.

New Plans – If this plan is a New Plan and this plan transferred assets or liabilities to another plan on or after the earlier of the Plan Adoption Date and the effective date, and before the date the premium filing is made, report the EIN and PN of the plan to which the assets were transferred and the type of transfer.

Newly-covered Plans – If this plan is a Newly-covered Plan and this plan transferred assets or liabilities to another plan on or after the date the plan became covered and before the date the premium filing is made, report the EIN and PN of the plan to which the assets were transferred and the type of transfer.

In all cases, if more than one transferee plan is involved, provide the above information with respect to each transferor plan. See instructions to item 15 for more information on what is to be reported for “date of transfer.”

If, at the time a filing is made, you are not aware that a transfer had occurred and you subsequently discover that a reportable transfer had occurred, you must amend the original filing to report the corrected information.

Example – Until November 1, 2008, Plan E covered employees at Division 1. As a result of the sale of Division 1 to another sponsor (Employer X), assets and liabilities are spun off from Plan E to Plan F (a plan sponsored by the new owner) effective November 1, 2008. If you are preparing a 2009 comprehensive premium filing for Plan E, report Employer X’s EIN and the PN of Plan F. In addition, check the “Spinoff” box to report that the transfer occurred as the result of a Spinoff and report “11/01/2008” as the date of transfer.

17 Participation freeze

If, as of the beginning of the Premium Payment Year, the plan provides that participation is limited to participants who were covered by the plan as of a specified date (*i.e.*, the plan is closed to new entrants), enter the date the plan became closed to new entrants.

18 Benefit accrual freeze

If, as of the beginning of the Premium Payment Year, the plan is partially or totally frozen for benefit accrual purposes, enter the date the freeze became effective and indicate the nature of the freeze by reporting whether (1) both pay and service are frozen for all participants, (2) both pay and service are frozen for some participants, (3) for all participants, service is frozen, but pay is not, (4) for some participants, service is frozen, but pay is not, or (5) some other type of accrual freeze is in effect (in which case you must provide a description of the freeze).

If more than one description applies (for example, if pay and service are frozen for employees at location X and only service is frozen for employees at location Y), select “Other” and provide a description.

If more than one freeze has occurred, report the date and nature of the most recent freeze.

19 Amended filings – Complete this item only if this is an amended filing.

- a. If either first day or the last day of the premium payment year reported in this amended filing (item 3b(1)) differs from what was reported in the filing that is being amended, provide the dates that were reported in the original filing.

Description of Data Elements

- b. If the EIN and PN reported in this amended filing (item 3c(1)) are not both the same as what was reported in the filing that is being amended, report the EIN and PN from the original filing.
- c. If this is an amended filing for a reason other than reconciling an estimated Variable-rate Premium and the amended filing shows a lower premium than the amount that was originally reported, provide an explanation of the specific circumstances or events that caused the reduction.

20 Attachments (paper filers only)

If any additional information is included as an attachment to this filing, check the box to report that fact. Examples of required attachments include: explanation of why you are submitting a paper filing if you have not received an e-filing exemption; explanation of lower premium amount if filing is an amendment to a prior filing; transfer information if more than two plans are involved; explanation if EIN or PN differs from most recent 5500 filing; etc.

Be sure to show the EIN/PN for this filing and the date the Premium Payment Year commenced (identified as “PYC”) at the top of each attachment.

Instructions for Part V – Certifications

21 Plan Administrator Certification

All of the information reported in this filing must be certified by the Plan Administrator. Follow the certification instructions for the electronic filing method that is used to make the filing. Be sure to provide the Plan Administrator’s name and the telephone number. If the Plan Administrator has an e-mail address, that address must also be reported.

22 Enrolled Actuary Certification

An enrolled actuary must certify the Variable-rate Premium calculation unless:

- The plan is a Multiemployer plan (and thus, there is no Variable-rate Premium).
- The plan is a Single-employer Plan and is either:
 - exempt from the Variable-rate Premium, or
 - eligible for and paying the maximum Variable-rate Premium (and not reporting the regular Variable-rate Premium).

Be sure to provide the enrolled actuary’s name, firm and telephone number. If the enrolled actuary has an e-mail address, that address must also be reported.

The actuary must follow the certification instructions for the electronic filing method that is used to make the filing.

Late Payment Charges

General

If you file a premium payment after the due date, we will bill the plan for late charges. The late charges include both interest and penalty charges. The charges are based on the outstanding premium amount due on the due date. If your due date is extended because it falls on a weekend or federal holiday, and your premium payment is filed after the extended due date, interest and penalty will be computed from the actual (unextended) due date. PBGC also may assess penalties under ERISA section 4071 for failure to timely provide premium-related information.

Late Payment Interest Charges

The late payment interest charge is set by ERISA, and we cannot waive it. Interest accrues at the rate imposed under section 6601(a) of the Code (the rate for late payment of taxes) and is compounded daily. These rates are published by IRS quarterly and are also posted on the Practitioners Page of PBGC's Web site (www.pbgc.gov).

Late Payment Penalty Charges

The late payment penalty charge is established by us, subject to ERISA's restriction that the penalty not exceed 100 percent of the unpaid premium amount. Subject to this cap, the penalty is a percentage of the unpaid amount for each month (or portion of a month) it remains unpaid with a minimum penalty of \$25. The monthly rate is higher or lower depending on whether the premium underpayment is "self-corrected." The penalty rate is 1 percent of the late premium payment per month if the late payment is made on or before the date when PBGC issues a written notification indicating that there is or may be a premium delinquency (for example, a statement of account (premium invoice), a past-due-filing notice, or a letter initiating an audit). A penalty rate of 5 percent per month applies to payments made after the PBGC notification date.

Minimizing Late Payment Charges

If you cannot make a comprehensive filing by the due date because you are having difficulty determining some of the required information, you can minimize late payment charges by submitting payment (the amount due or an estimate) without submitting the certified comprehensive filing. If you choose to do this, you must pay by check or wire transfer outside of My PAA (see Appendix 3). The payment should be clearly identified with the Employer Identification Number (EIN), Plan Number (PN) and the plan year commencement date (PYC) for the plan. You should then submit your certified filing as soon as possible.

PBGC does not recommend this procedure. We may assess a penalty under ERISA section 4071 for failure to furnish premium-related information by the required due date, and making a premium payment without an accompanying premium information filing may cause significant delay in providing a statement of account for the plan. However, when the information filing is ultimately made, the payment will be credited as of the date it was filed and thus stop the accrual of late payment charges on the amount paid.

Saturday, Sunday, and Federal Holidays

As explained in the "When to File" section, if your premium filing due date falls on a Saturday, Sunday or Federal Holiday, it is extended automatically to the next business day. However, if your premium payment is filed after the extended due date, interest and penalties will be computed from the actual (unextended) due date.

Late Payment Charges

Example – The Flat-rate and Variable-rate Premium for a Small Plan with a plan year beginning on July 1, 2009, normally would be due on October 31, 2010. Because that day is a Saturday, the due date is Monday, November 2, 2010. If your filing is made on Wednesday, November 4, 2010, any applicable late payment charges will be computed from Saturday, October 31, 2010, not November 2, 2010.

Notices from PBGC

Statements of Account

If your payment is late or less than the required amount, we will send a “statement of account” (SOA). The SOA is, in essence, an invoice for premium, penalty, and interest amounts owed to PBGC. To ensure that the amount due does not increase, the premium and interest must be paid within 30 days of the SOA's issue date. If you receive an SOA that appears to be in error, contact our customer service representative (see Appendix 2 for contact information).

Past Due Filing Notices

If our records indicate that a premium filing is missing for a particular plan year, we will send a “Past Due Filing Notice” to the address reported on the most recent filing. If you receive a Past Due Filing Notice that appears to be in error, contact our customer service representatives (see Appendix 2 for contact information). If a filing was in fact required, after we receive the late filing, we will send a statement of account assessing late payment charges.

Penalty Waivers

Hardship (i.e., “Statutory”) Waivers

If, before the filing due date, you can show substantial hardship and that you will be able to pay the premium within 60 days after the filing due date, you may request that we waive the late payment penalty charge. If we grant your request, we will waive the late payment penalty charge for up to 60 days. To request a waiver, write to the address provided in Appendix 2.

Reasonable Cause Waivers

Waivers of the late payment penalty charge may also be granted based on a demonstration of reasonable cause. Failure to obtain premium instructions from PBGC is not reasonable cause for a waiver.

If you wish to request a reasonable cause waiver, write or email the PBGC after you receive a statement of account (SOA) assessing penalties. Penalty waiver requests must be received within 30 days after the date of the SOA. PBGC will consider the facts and circumstances and send the plan administrator a written response, generally within 90 days after the request. If the penalty waiver request is denied or granted to a lesser extent than requested, you may request reconsideration of our initial determination within 30 days after the date of the initial determination (unless we ordered the initial determination to be final). PBGC will consider the request for reconsideration independently and will respond to you in writing. This response will be the agency's final determination on the matter.

See Appendix 2 for information on where to send a request for a penalty waiver or reconsideration.

Late Payment Charges

Automatic Penalty Waiver for Late Flat-rate Premiums – Large Plans

The Flat-rate Premium owed for a plan year is based on the number of plan participants as of the Participant Count Date. However, a Large Plan may not have an accurate Participant Count by its Flat-rate Premium due date, which falls early in the year (generally the end of February in the Premium Payment Year for calendar-year plans). For this reason, PBGC permits Large Plans to compute the amount owed on the basis of an estimated Participant Count. However, a Large Plan's full Flat-rate Premium (not merely an estimate) is due by the plan's Flat-rate Premium due date. If the full amount due is not paid by that date, the plan will be subject to late payment interest charges and may also be subject to late payment penalty charges.

If you make an estimated Flat-rate Premium filing (based on an estimate of the plan's Participant Count), you must reconcile that filing by the 15th day of the tenth full calendar month following the end of the plan year preceding the Premium Payment Year (October 15th of the Premium Payment Year for calendar-year plans).

No penalty will be charged (although interest will be charged) until the date the flat-rate reconciliation filing is due if the premium (based on an estimated Participant Count) that you pay by the Flat-rate Premium due date equals at least the lesser of:

- 90 percent of the full Flat-rate Premium, or
- an amount equal to the Participant Count for the year before the Premium Payment Year multiplied by the applicable flat premium rate for the Premium Payment Year. This test will be met if the amount paid is sufficient using either the actual Participant Count for the plan year preceding the Premium Payment Year or a smaller count that was erroneously reported.

In addition, no penalty will be charged (although interest will be charged) until the date the reconciliation is due if you did not make a Flat-rate Premium payment by the Large Plan Flat-rate Premium due date because either:

- you erroneously reported fewer than 500 participants for the plan year preceding the Premium Payment Year, or
- the due date for paying the Flat-rate Premium for the plan year preceding the Premium Payment Year is later than the due date for paying the Flat-rate Premium for the Premium Payment Year. This could happen, for example, if a calendar-year plan were new for Year 1 (and thus had a Year 1 due date of April 30 of Year 2) and had 550 participants for Year 1, making it a Large Plan for Year 2 (with a Year 2 Flat-rate Premium due date of February 28 of Year 2).

For purposes of determining whether a penalty is due, the Participant Count "erroneously reported" for the plan year preceding the Premium Payment Year refers to the premium filing (or last amended filing) for the plan year preceding the Premium Payment Year made to PBGC by the Flat-rate Premium due date for the Premium Payment Year. See the separate instructions for Estimated Flat-rate Premiums for Large Plans for more details.

If you have an accurate Participant Count for a Large Plan by the time the Flat-rate Premium is due, you should pay the amount owed by that date. If you do so, you will avoid the interest charge and any penalty charge.

Late Payment Charges

If you have all the information needed to make a comprehensive filing by the date the Flat-rate Premium is due, you may make a comprehensive filing at that time.⁸ If you make an estimated Flat-rate Premium filing, you will still be required to make a comprehensive filing by the date the Flat-rate Premium reconciliation filing is due.

Automatic Penalty Waiver for Late Variable-Rate Premiums – Large and Mid-size Plans

The Variable-Rate Premium owed for a plan year is based on the Premium Funding Target as of the UVB Valuation Date. However, a Large or Mid-size Plan may not be able to calculate an accurate Premium Funding Target by its Variable-rate Premium due date (generally October 15th of the Premium Payment Year for calendar-year plans). For this reason, PBGC permits Large and Mid-size Plans to compute the Variable-Rate Premium owed on the basis of an estimated Premium Funding Target. However, a Large or Mid-size Plan's full Variable-rate Premium (not merely an estimate) is due by the plan's Variable-rate Premium due date. If the full amount due is not paid by that date, the plan will be subject to late payment interest charges and may also be subject to late payment penalty charges.

If you make an estimated Variable-rate Premium filing, you must reconcile that filing by the last day of the 16th full calendar month following the end of the plan year preceding the Premium Payment Year (April 30th following the Premium Payment Year for calendar-year plans).

No penalty will be charged (although interest will be charged) until the date the reconciliation is due or (if earlier) the date the reconciliation filing is made if, by the plan's Variable-rate Premium due date:

- You report:
 - The fair market value of the plan's assets for the Premium Payment Year, and
 - An estimate of the Premium Funding Target that is certified by an enrolled actuary to be a reasonable estimate that:
 - takes into account the most current data available to the enrolled actuary;
 - has been determined in accordance with generally accepted actuarial principles and practices; and
 - uses the calculation methodology (alternative or standard) in effect for the plan year; and
- You pay at least the amount of Variable-rate Premium determined from the value of assets and estimated Premium Funding Target so reported.

Note that the fair market value of the plan's assets that you report must be final, not an estimate. If you subsequently make an amended filing reflecting a different value of assets, this penalty relief will be lost. However, PBGC will consider a request for an appropriate penalty waiver in such a situation and in acting on the request will consider such facts and circumstances as the reason for the mistake, whether assets were over- or understated, and, if assets were overstated, the extent of the overstatement.

In addition, note that the election to use the Alternative Premium Funding Target must be made by the Variable-rate Premium due date even if the Premium Funding Target being reported is an estimate. The

⁸ Note – For Large plans with Flat-rate Premium due dates early in the year (for example, a calendar-year Large Plan), My PAA might not be updated to accept comprehensive filings by the time the Flat-rate Premium is due. In such cases, it will be necessary to submit an estimated Flat-rate Premium filing and then reconcile that filing later in the year (when the comprehensive filing is made).

Late Payment Charges

election is reported on the original comprehensive filing. The reconciliation filing serves to finalize a previously estimated Premium Funding Target; it does not afford an opportunity to elect the alternative method after the due date for such election (or to revoke a prior election after the due date for such revocation).

If you know the final Premium Funding Target for a Mid-size or Large Plan by the time the Variable-rate Premium is due, you should pay the amount owed by that date. If you do so, you will avoid the interest charge and any penalty charge. If you report that you are making a filing based on an estimated Premium Funding Target, you will be required to make an amended filing reflecting the actual Premium Funding Target by the date the variable-rate reconciliation filing is due.

Correcting Filings, Reconciling Estimates, and Refunding Overpayments

Correcting Errors

Making Payment Without Filing Information

If you make a premium payment without filing the related premium information, file the information as soon as possible to get proper credit for your payment and minimize any late filing penalty. Follow the instructions in this document or in My PAA for identifying your payment so that we can associate it with your information filing.

Filing Information Without Making Required Payment

If you make a filing of premium information without making a required payment, send the payment as soon as possible to minimize late payment charges. Follow the instructions in this document or in My PAA for identifying your payment so that we can associate it with your information filing.

Amended Filings

If, after submitting a filing, you discover an error has been made (*e.g.*, originally reported information is incorrect), you must amend the filing to report the correct information even if the correction has no impact on the premium amount. A filing can be amended by resubmitting the filing with the corrected information. Be sure to indicate that the filing is an amendment to a previously submitted filing (see “Description of Data Elements” section).

In the amended filing, report all of the required information, including information that was correct in the original filing. Include as credits all the credits you previously claimed increased by the amount you paid with your most recent filing and reduced by any refund you requested.

If the originally reported premium:

- was too low, the additional premium due will equal the excess of the revised total premium amount over the revised total credit. Pay the additional premium due when you submit your amended filing. In this case, late payment interest charges will apply and late payment penalty charges may apply. You will receive an invoice for these charges after your amended filing is received. You may include payment of anticipated late payment charges when you pay the additional premium, but the amount reported on the amended filing should reflect only the additional premium due.
- was too high, the overpayment will equal the excess of the revised total credit over the revised total premium. Indicate whether you want the overpayment refunded or applied to the next year’s premium for the plan.

If you request that an overpayment be applied to the next year’s premium, you should claim the amount of the overpayment as a credit on the next year’s premium filing for the plan. If you want a refund by electronic funds transfer, provide the necessary information; we will make the transfer through the automated clearing house (ACH) system. A request for a refund must be made within the period specified in the applicable statute of limitations (generally six years after the overpayment was made).

If there are unpaid premiums, interest, or penalties for your plan for prior years, you may request PBGC to apply all or part of an overpayment toward payment of those unpaid prior year amounts. Such a request should be made in writing (e-mail, letter or fax—see Appendix 2). Note that an overpayment for one plan cannot be applied to offset an underpayment on another plan.

Correcting Filings, Reconciling Estimates, and Refunding Overpayments

Required explanation if premium amount decreases

If you amend a comprehensive filing for a reason other than reconciling an estimated Variable-rate Premium and the amended filing shows a lower premium than the amount that was originally reported, you must provide an explanation of the specific circumstances or events that caused the reduction. (For example, if your original final filing's Participant Count included employees at a division that is not covered by the plan, you would explain why the employees were erroneously counted as participants and how the error was discovered.)

Note that if you are amending a filing for an earlier year, you must follow the instructions for that year except that current mailing and Electronic Funds Transfer addresses should be used instead of the addresses that were included in the instructions for the original filing. Prior year instructions are available at **www.pbgc.gov**.

Refunds

If we determine that a requested refund is in order, we will send the plan administrator a letter confirming that the refund will be forthcoming. This letter will include an account history describing how the overpayment was used to satisfy any outstanding premium, interest, or penalty amounts. The refund will subsequently be issued by the U.S. Treasury. You should receive the refund typically within 60 days after you receive the PBGC refund letter. Please be aware that refunds will take longer to process during peak filing periods, which begin in February and October.

PBGC may apply all or a portion of an overpayment to the satisfaction of outstanding premium, penalty and interest charges. Overpayments are refunded only if there are funds remaining after outstanding premium, penalty and interest charges are satisfied.

Reconciling Estimates

For Large and Mid-size Plans that filed an estimated Variable-rate Premium, the reconciliation is made by amending the filing that included the Variable-rate Premium estimate.

See "Description of Data Elements" section for additional information on how to reconcile an estimated Variable-rate Premium.

For Large Plans, the Flat-rate Premium reconciliation filing is due on the same date the comprehensive premium filing is due. The comprehensive premium filing is designed to enable you to reconcile an estimate Flat-rate Premium and report the other premium information (Variable-rate Premium data, miscellaneous data, etc.) as part of the same filing.

Failure to reconcile these estimates in a timely manner will result in late payment charges if the estimate to be reconciled was too low. PBGC may also assess penalties under ERISA section 4071 for failure to reconcile estimated premium filings by the reconciliation due date.

Recordkeeping Requirements and PBGC Audits

Recordkeeping Requirements

Plan Administrators are required to retain all plan records that are necessary to establish, support and validate the amount of any PBGC premium required to be paid and any information required to be reported. The records must include calculations and other data prepared by an enrolled actuary, the Plan Sponsor, and an employer required to contribute to the plan with respect to its employees; or for a plan described in section 412(e)(3) of the Code, by the insurer from which the insurance contracts are purchased. The records must be kept for six years after the premium due date.

Records that must be retained include, but are not limited to, records that establish the number of plan participants and the amount of unfunded vested benefits on which the Variable-rate Premium is based. Records retained pursuant to this paragraph must be made available or submitted to PBGC promptly upon request. If a record to be produced for PBGC inspection and copying exists in more than one format, it must be produced in the format that PBGC specifies.

Records also include, but are not limited to, plan documents; participant data records; personnel and payroll records; actuarial tables, worksheets, and reports; records of computations, projections, and estimates; benefit statements, disclosures, and applications; financial and tax records; insurance contracts; records of plan procedures and practices; and any other records, whether in written, electronic, or other format, that are relevant to the determination of the amount of any premium required to be paid or any premium-related information required to be reported.

PBGC Audits

We may audit any premium filing; inspect and copy any records that are relevant to the determination of the amount of any premium required to be paid and any premium-related information required to be reported; and require disclosure and demonstration of any system used to determine any premium required to be paid or premium-related information required to be reported, so that PBGC can assess the system's effectiveness and reliability.

If we determine upon audit that the full amount of the premium due was not paid, late payment interest charges under §4007.7 of the Premium Regulations and late payment penalty charges under §4007.8 of the Premium Regulations will apply to the unpaid balance from the premium due date to the date of payment (see "Late Payment Charges" section for more information on penalties and interest for late payment of premiums).

If, in our judgment, the plan's records fail to establish the number of participants with respect to whom premiums were required, we may rely on data we obtain from other sources (including the Internal Revenue Service and the Department of Labor) for presumptively establishing the number of plan participants for premium computation purposes. Similarly, if, in our judgment, the plan's records fail to establish the unfunded vested benefits amount reported in the premium filing, we may rely on data we obtain from other sources for estimating the unfunded vested benefits for premium computation purposes.

In addition to penalties for late payment of premiums, we may assess a penalty under ERISA section 4071 for failure to furnish premium-related information by required due dates.

Appendix 1 – Definitions

The following terms are used throughout the instructions.

“Alternative Premium Funding Target” – see **“Premium Funding Target”**

“Benefit Liabilities” means all liabilities with respect to employees and their beneficiaries under the plan (within the meaning of Code section 401(a)(2)). Thus, Benefit Liabilities include liabilities for all accrued benefits, whether or not vested. In addition, a plan’s Benefit Liabilities include liabilities for ancillary benefits not directly related to retirement benefits, such as disability benefits not in excess of the qualified disability benefit, life insurance benefits payable as a lump sum, incidental death benefits, or current life insurance protection (see Treasury Regulation § 1.411(a)-7(a)(1)).

“Consolidation” means a transaction in which two or more plans transfer all of their assets and liabilities to a New Plan and, as a result, cease to exist (because the transferor plans become part of the new transferee plan). It differs from a Merger because in a Merger, the transferee plan existed before the transaction. In a Consolidation, the transferee plan is a New Plan that is created in the Consolidation. Thus, the plan that exists after a Consolidation follows the premium filing rules for New Plans.

“Code” means the Internal Revenue Code of 1986, as amended.

“EIN” means Employer Identification Number. It is always a nine-digit number assigned by the Internal Revenue Service for tax purposes.

“ERISA” means the Employee Retirement Income Security Act of 1974, as amended (29 U.S.C. 1001 et seq.).

“Flat-rate Premium” means the portion of the premium determined by multiplying the flat premium rate by the number of participants in the plan on the Participant Count Date. The per-participant flat premium rate for plan years beginning in 2009 is \$33 for Single-employer Plans and \$9 for Multiemployer Plans.

“Form 5500 Series” means Form 5500, Annual Return/Report of Employee Benefit Plan, jointly developed by the Internal Revenue Service, the Department of Labor, and PBGC.

“Large Plan” – See **“Plan Size”**

“Merger” means a transaction in which one or more plans transfer all of their assets and liabilities to an existing plan and, as a result, cease to exist (because the transferor plan(s) become part of the transferee plan). It differs from a Consolidation because in a Consolidation, the transferee plan did not exist before the transaction. In a Merger, the transferee plan is an existing plan and follows the rules for preexisting, ongoing plans.

“Mid-size Plan” – See **“Plan Size”**

“Multiemployer Plan” (subject to the provisions of ERISA sections 3(37)(E) and (G) and 4303, dealing with elections to be treated or not to be treated as a Multiemployer Plan) means a plan:

- to which more than one employer is required to contribute,
- which is maintained pursuant to one or more collective bargaining agreements between one or more employee organizations and more than one employer, and
- which satisfies such other requirements as the Secretary of Labor may prescribe by regulation.

For purposes of determining whether a plan is a Multiemployer Plan or a Single-employer Plan, all trades or businesses (whether or not incorporated) that are under common control are considered to be one employer.

Appendix 1 – Definitions

“**Multiple-employer plan**” means a plan to which more than one employer contributes that is not a Multiemployer Plan.

“**My PAA**” means “My Plan Administration Account,” PBGC’s electronic premium filing application, available through PBGC’s Web site (www.pbgc.gov).

“**New Plan**” means a plan that did not exist before the Premium Payment Year. This includes a plan resulting from a Consolidation or Spinoff. A plan that meets this definition is considered to be a New Plan even if the plan constitutes a successor plan within the meaning of ERISA section 4021(a).

“**Newly-covered Plan**” means a plan that is not a New Plan and that was not covered by title IV of ERISA immediately before the Premium Payment Year.

“**Participant**” of a plan means an individual (whether active, inactive, retired, or deceased) with respect to whom the plan has Benefit Liabilities. See “How to Count Participants” section for more information.

“**Participant Count**” means the number of participants on the Participant Count Date. See “How to Count Participants” section for more information.

“**Participant Count Date**” means the date on which participants are counted for purposes of determining the Flat-rate Premium and, if applicable, the cap on the Variable-rate Premium. In general, it is the last day of the plan year preceding the Premium Payment Year, but there are some exceptions. See “How to Count Participants” section for more information.

“**Plan Administrator**” means:

- the person specifically so designated by the terms of the instrument under which the plan is operated; or
- if an administrator is not so designated, the Plan Sponsor.

“**Plan Adoption Date**” means the date on which a plan was formally adopted.

“**Plan Size**” refers to the category to which a plan, other than a New or Newly-covered Plan, is assigned. Plans are divided into three categories based on the number of participants for whom premiums were payable for the plan year preceding the Premium Payment Year:

- “**Small Plan**” means a plan that had fewer than 100 such participants.
- “**Mid-size Plan**” means a plan that had 100 or more but fewer than 500 such participants.
- “**Large Plan**” means a plan that had 500 or more such participants.

If this is the first Premium Payment Year (*i.e.*, if the plan is a New or Newly-covered Plan), the plan is not classified as either a Small, Mid-size or Large Plan.

“**Plan Sponsor**” is determined as follows:

- For a Single-employer Plan with:
 - one contributing sponsor, the Plan Sponsor is the contributing sponsor;
 - two or more contributing sponsors that are all in a single controlled group, the Plan Sponsor is the parent of the controlled group or, if there is no parent, the largest member of the controlled group (whether or not the parent or largest member is a contributing sponsor);
 - two or more contributing sponsors that are not all in a single controlled group, the Plan Sponsor is determined as follows: first identify the controlled group, or contributing

Appendix 1 – Definitions

sponsor that is not in a controlled group, that has the most participants in the plan. If you identify a contributing sponsor that is not in a controlled group, the Plan Sponsor is that contributing sponsor. But if you identify a controlled group, then the Plan Sponsor is the parent of that controlled group or, if there is no parent, the largest member of that controlled group (whether or not the parent or largest member is a contributing sponsor).

- For a Multiemployer Plan, the Plan Sponsor is the association, committee, joint board of trustees, or other entity that establishes or maintains the plan.

“**PN**” means Plan Number. This is always a three-digit number. The employer maintaining the plan assigns this number to distinguish among employee benefit plans established or maintained by the same employer. An employer usually starts numbering pension plans at “001” and uses consecutive Plan Numbers for each additional plan. Once a PN is assigned, always use it to identify the same plan. If a plan is terminated, retire the PN—do not use it for another plan.

“**Premium Funding Target**” is the liability measure used to determine the Variable-rate Premium. This is similar to the funding target that is used to determine the minimum funding requirement for the Premium Payment Year except that only vested benefits are taken into account. The assumptions used to determine this amount vary depending on which calculation method is used (standard or alternative):

- “**Standard Premium Funding Target**” means a Premium Funding Target calculated using the same assumptions used for funding purposes except instead of the discount rates used for funding purposes, the discount rates are the segment rates for the month preceding the month in which the Premium Payment Year begins that are determined in accordance with ERISA section 4006(a)(3)(E)(iv).
- “**Alternative Premium Funding Target**” means a Premium Funding Target calculated using the same assumptions used for funding purposes. See “How to Determine Unfunded Vested Benefits” section for additional information related to the election and use of the Alternative Premium Funding Target.

See “How to Determine Unfunded Vested Benefits” section for additional information on how the Premium Funding Target is determined.

“**Premium Payment Year**” means the plan year for which the premium is being paid. For example, since this document relates to premium filings for plan years beginning in 2009, all references to “Premium Payment Year” relate to plan years beginning in 2009.

“**Premium Regulations**” means PBGC’s regulations on Premium Rates and Payment of Premiums (29 CFR Parts 4006 and 4007). The premium filing procedures (including the My PAA electronic filing application, paper instructions, and forms) are prescribed under and implement the Premium Regulations.

“**Schedule SB**” means Schedule SB to the Form 5500 Series.

“**Single-employer Plan**” means any plan that is not a Multiemployer Plan. A Single-employer Plan includes a Multiple-employer Plan. For purposes of determining whether a plan is a Multiemployer Plan or a Single-employer Plan, all trades or businesses (whether or not incorporated) that are under common control are considered to be one employer.

“**Small Plan**” – See “**Plan Size**”

“**Spinoff**” means a transaction in which the transferor plan transfers only part of its assets and/or liabilities to the transferee plan. The transferee plan may be a New Plan that is created in the Spinoff, or it may be a preexisting plan that simply receives part of the assets and/or liabilities of the transferor plan.

Appendix 1 – Definitions

“Standard Premium Funding Target” – see **“Premium Funding Target”**

“UVB Valuation Date” means the plan’s funding valuation date for the Premium Payment Year determined in accordance with ERISA section 303(g)(2).

“Variable-rate Premium” means the portion of the single-employer premium based on a plan’s unfunded vested benefits. The Variable-rate Premium is \$9 for every \$1,000 (or fraction thereof) of unfunded vested benefits, subject to a cap for certain plans of small employers.

“We” or **“us”** refers to the Pension Benefit Guaranty Corporation.

“You” or **“your”** refers to the Plan Administrator.

Appendix 2 – Contact information

1. PBGC's Web site (www.pbgc.gov) contains pension plan information of interest to Plan Administrators and practitioners, such as electronic premium filing, current and prior premium filing booklets, frequently asked questions interest rates, regulations, etc. This information can typically be accessed via the Practitioners Page. The "What's New" section of the Practitioners Page provides information on recent events (e.g., disaster relief, etc.)
2. Submit **electronic premium filings** (including electronic amended filings) through "My Plan Administration Account" ("My PAA") on PBGC's Web site. Access My PAA information via the Practitioners Page and follow instructions about how to use My PAA for submitting premium payments.
3. For a **paper premium filing** (if exempt from mandatory e-filing), see Appendix 5 for information on where to mail filings.
4. For all **premium-related correspondence (other than submitting a paper filing), including requests for exemption** from the requirement to file electronically, premium filing questions (for electronic or paper filings), requests for instructions, address changes, requests for refunds (that are not submitted with premium filings), and requests for penalty waivers:
 - a. Mail (U.S. Postal Service or private delivery service): Send to the address posted on Web site under Premium Filings.
 - b. Call: 1-800-736-2444 or 202-326-4242 (Note – requests for exemptions from e-filing requirement cannot be made by phone)
 - c. Fax: 202-326-4250
 - d. E-mail: **premiums@pbgc.gov**
5. For current interest rate information:
 - a. Call: 202-326-4041
 - b. See: Interest Rate section in top left corner of the Practitioners Page of PBGC's Web site.
6. For assistance on coverage determination or plan termination:
 - a. Call: 1-800-736-2444 or 202-326-4242
 - b. E-mail: **standard@pbgc.gov**
 - c. Write to:

Pension Benefit Guaranty Corporation
Standard Termination Compliance Division, Suite 930
Processing and Technical Assistance Branch
Insurance Program Department
Technical Assistance Branch
1200 K Street, NW
Washington, DC 20005-4026

Appendix 2 – Contact information

7. If you have a complaint about the service you have received or still need assistance after calling our practitioner telephone numbers listed in item 4 (1-800-736-2444 or 202-326-4242), please contact the Problem Resolution Officer (Practitioners):
 - a. Call: 1-800-736-2444, ext. 4136 or 202-326-4136
 - b. E-mail: **practitioner.pro@pbgc.gov**
 - c. Write to:

Pension Benefit Guaranty Corporation
Financial Operations Department
Problem Resolution Officer (Practitioners)
1200 K Street, NW
Washington, DC 20005-4026
8. For questions about our Premium Compliance Evaluation Program:
 - a. Call: 1-800-736-2444, ext. 6855 or 202-326-4161, ext. 6855
 - b. E-mail: **pce@pbgc.gov**
9. For software developers requesting approval of XML files produced by private-sector software for use in My PAA, follow submission instructions on PBGC's Web site.

TTY/TDD users may call the Federal relay service toll-free at 1-800-877-8339 and ask to be connected to any telephone number.

Note – We cannot accept collect calls.

Appendix 3 – Online Premium Filing with My PAA

Introduction

My Plan Administration Account (My PAA) is a secure, Web-based application that enables you to electronically submit premium filings and payments to PBGC. Although electronic filing of premium information is mandatory, payments may be made either electronically or by paper check.

Information about how to use My PAA may be accessed through the Practitioners Page of PBGC's Web site (www.pbgc.gov) as well as within the My PAA application itself.

To use My PAA, you must set up a My PAA account which includes a user ID and password. Each My PAA user needs only one account, which can include an unlimited number of plans.

My PAA offers three e-filing methods:

- You can use My PAA's data entry and editing screens to create a filing; route it to others for review, editing, and electronic certification; and submit it electronically to PBGC. Each person who participates in the electronic processing of the filing must have a My PAA account.
- You can use private-sector software that is compatible with My PAA to create a filing, and then import the filing data into My PAA's data entry and editing screens for routing, review, editing, electronic certification, and electronic submission to PBGC. Each person who participates in the electronic processing of the filing must have a My PAA account.
- You can use private-sector software that is compatible with My PAA to create a filing, and then upload the filing to PBGC via the My PAA application. The filing cannot be routed, reviewed, or edited in My PAA. In most cases, a paper copy or copies of the filing must be certified outside of My PAA and retained in plan records. Only the person who uploads the filing must have a My PAA account.

My PAA's Data Entry and Editing Screens

Entering information

My PAA's data entry and editing screens walk you through a step-by-step process to create a premium filing. For example, in the first step you identify the type of filing to be submitted (estimated Flat-rate Premium filing for Large Plans or comprehensive premium filing for all other purposes), the type of plan (Single-employer or Multiemployer) for which the filing is being submitted, and the plan year. Instructions are provided at each step.

The information entered in each step determines the content of the successive steps. For example, if you indicate that you are preparing a comprehensive premium filing for a Single-employer Plan, the later steps will request information needed to determine the amount of the Variable-rate Premium (if applicable). However, if you indicate that you are preparing a comprehensive premium filing for a Multiemployer Plan, the Variable-Rate Premium screens will be suppressed.

The required mathematical calculations are automated. For example, My PAA automatically multiplies your Participant Count by the applicable flat premium rate to generate the Flat-rate Premium.

Appendix 3 – Online Premium Filing with My PAA

E-filing team

Multiple people can contribute to a plan's filing in My PAA's data entry and editing screens. For example, some information might be entered by the Plan Administrator and other information by an actuary. The people authorized to contribute to a plan's premium filing in My PAA's data entry and editing screens are those who have the plan in their My PAA accounts, and are referred to as the plan's "e-filing team."

Routing filings

Filings in progress can be routed among e-filing team members through My PAA for input, review, editing, e-certification of information, authorization of payment, and submission to PBGC. The person routing the filing to another member of the e-filing team can provide comments and instructions for the person to whom the filing is being routed. My PAA sends that person an e-mail notice (with the comments and instructions) stating that the filing has been routed for the recipient's action and that the recipient is now "holding" that filing. After all information has been provided and certified, and payment (if any) has been authorized, the filing can be electronically submitted to PBGC by the Plan Administrator or Filing Coordinator.

Using Private-Sector Software with My PAA

Compatibility with My PAA

You can use private-sector software to prepare a premium e-filing, but the software you use must be compatible with My PAA. That means that the software must be able to place your filing in an electronic file that is in "XML" format and meets PBGC specifications. The specifications are posted on PBGC's Web site (www.pbgc.gov). Private-sector software providers and developers submit to PBGC sample filings in XML format for PBGC review and assignment of vendor numbers; you should check with your software provider or developer to find out whether your software is capable of creating an XML file in the proper format for use with My PAA. If your compatible private-sector software permits, you can create batch files containing more than one premium filing for use with My PAA.

Importing a filing

A premium filing that has been prepared with compatible private-sector software can be "imported" into My PAA's data entry and editing screens. That means that the information in the filing is placed into the data entry and editing screens and can then be electronically routed, reviewed, edited, certified, and submitted to PBGC as described above (see My PAA's Data Entry and Editing Screens). To import a filing for a plan, the plan must be in your My PAA account. My PAA provides instructions for importing filings.

Uploading a filing

A premium filing that has been prepared with compatible private-sector software can also be "uploaded" through My PAA. That means that the fully-completed filing is submitted directly to PBGC and, therefore, cannot be reviewed or edited in My PAA before submission to PBGC. My PAA's upload feature also allows multiple filings to be uploaded at the same time (*i.e.*, a batch upload).

To upload a filing for a plan, the plan need not be in your My PAA account, but you must have a My PAA account with at least one plan in it. You must electronically certify in My PAA that you have authority to submit the filing for the plan, but in most cases the information in the filing must be certified on paper outside My PAA, and the certified information must be retained in plan records. (The Plan Administrator's (or enrolled actuary's) certification can be made on-line if it is

Appendix 3 – Online Premium Filing with My PAA

the Plan Administrator (or enrolled actuary) who uploads the filing.) My PAA provides instructions for uploading filings and for certifying the information in uploaded filings.

Filing Coordinator

A central role in the e-filing process is played by the “filing coordinator,” who is the person designated by the plan or Plan Sponsor to be responsible for coordinating the plan’s on-line premium filings. The filing coordinator for a plan is the one who adds that plan to the account of each other person in the e-filing team and assigns each e-filing team member one or more filing roles, such as the authority to certify a filing (*e.g.*, as the Plan Administrator). My PAA provides instructions for becoming a plan’s filing coordinator, adding plans, adding e-filing team members, assigning roles, etc.

Payment Options

Payment within My PAA

If you owe a premium, you can pay it using My PAA. My PAA offers three electronic payment methods:

- Automated Clearing House (ACH) – This payment method involves the electronic transfer of funds from an account that you specify by entering your account number and bank routing number.
- Electronic check – This is the electronic equivalent to writing a paper check to PBGC. It involves entering the check number of a (voided) paper check, your account number, and your bank routing number.
- Credit card – My PAA currently accepts Visa and MasterCard as payment options. A convenience fee (which is passed on to the credit card processor) of approximately 3.09 percent of the total premium amount is added to a premium payment made by credit card. The maximum allowable credit card payment is \$99,999.99 (including the convenience fee).

Payment outside My PAA

Payment outside My PAA is permitted for any filing and is required if multiple filings are uploaded at the same time (*i.e.*, a batch upload). However, separate payments must be submitted for each plan. Do not combine premiums for two or more plans into one payment.

The options are:

- Electronic funds transfer (EFT) via Automated Clearing House (ACH) or Fedwire — You arrange for payment to be electronically transferred by providing your bank with PBGC’s EFT information as follows:

JPMorgan Chase Bank, N.A.

ABA: 071000013

Account: 656510666

Beneficiary: PBGC

Reference: “EIN/PN: XX-XXXXXXXX/XXX

PYC: MM/DD/YY”

Report the Employer Identification Number and Plan Number (“EIN/PN”) and the date the Premium Payment Year commenced (PYC) in the payment ID line of the electronic funds transfer in the format “EIN/PN: XX-XXXXXXXX/XXX PYC: MM/DD/YY.” Since we process these

Appendix 3 – Online Premium Filing with My PAA

payments electronically, strict adherence to this format is required for accurate and timely application of your payment. Any deviation from the prescribed format (*e.g.*, combining premiums for two or more plans into one payment) may result in our sending you a bill for premium, interest, and penalty if our automated system cannot apply your payment.

- Paper check – write the Employer Identification Number/Plan Number (EIN/PN) and the date the Premium Payment Year commenced (PYC) on the check to help ensure the accurate and timely application of your payment. In addition, My PAA provides you with a voucher⁹ to send in with your check to help PBGC automatically match your check with your filing.

Send the check (and voucher, if provided) to the address posted on Web site under Premium Filings.

Other Important My PAA Features

Filing receipts

My PAA gives you a filing receipt. For a filing submitted from My PAA's data entry and editing screens (including a filing imported into My PAA), the filing receipt shows the date and time of submission to PBGC, a confirmation number, and all of the information submitted in the filing. For an upload, the filing receipt shows the date and time of submission by PBGC, a confirmation number, and the name of the uploaded XML file, but does not show any of the filing information in the uploaded file.

Account history

A member of a plan's e-filing team may, if authorized by the filing coordinator, view the plan's account history on-line through My PAA. The account history shows the results of PBGC's processing of your premium filings and payments for each plan year.

Instructions

My PAA provides full filing instructions and help screens. In addition, PBGC's Web site (www.pbgc.gov) provides information and "demos" about how to get started and how to use My PAA. To access the My PAA information, select the Practitioners Page, and then click on "Online Premium Filing (My PAA)."

For More Information

If you have questions about e-filing with My PAA, please contact us. See Appendix 2 for information.

⁹ My PAA does not provide a voucher when filings for multiple plans are uploaded at the same time (*i.e.*, a batch upload).

Appendix 4 – Business Codes

These are the 2008 codes (updated to correct a few minor typos). As soon as 2009 codes become available, check to see if any codes have changed

Agriculture, Forestry, Fishing & Hunting Utilities

Crop Production

111100	Oilseed & Grain Farming
111210	Vegetable & Melon Farming (including potatoes & yams)
111300	Fruit & Tree Nut Farming
111400	Greenhouse, Nursery, & Floriculture Production
111900	Other Crop Farming (including tobacco, cotton, sugarcane, hay, peanut, sugar beet and all other crop farming)

Animal Production

112111	Beef Cattle Ranching & Farming
112112	Cattle Feedlots
112120	Dairy Cattle & Milk Production
112210	Hog & Pig Farming
112300	Poultry & Egg Production
112400	Sheep & Goat Farming
112510	Aquaculture (including shellfish and finfish farms & hatcheries)
112900	Other Animal Production

Forestry and Logging

113110	Timber Tract Operations
113210	Forest Nurseries & Gathering of Forest Products
113310	Logging

Fishing, Hunting and Trapping

114110	Fishing
114210	Hunting & Trapping

Sport Activities for Agriculture and Forestry

115110	Support Activities for Crop Production (including cotton ginning, soil preparation, & cultivating)
115210	Support Activities for Animal Production
115310	Support Activities for Forestry

Mining

211110	Oil & Gas Extraction
212110	Coal Mining
212200	Metal Ore Mining
212310	Stone Mining & Quarrying
212320	Sand, Gravel, Clay & Ceramic & Refractory Minerals Mining & Quarrying
212390	Other Nonmetallic Mineral Mining & Quarrying
213110	Support Activities for Mining

Utilities

221100	Electric Power Generation, Transmission & Distribution
221210	Natural Gas Distribution
221300	Water, Sewage and Other Systems
221500	Combination Gas and Electric

Construction

Construction of Buildings

236110	Residential Building Construction
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Appendix 4 – Business Codes

236200 Nonresidential Building Construction

Heavy and Civil Engineering Construction

237100 Utility System Construction
237210 Land Subdivision
237310 Highway, Street, & Bridge Construction
237990 Other Heavy & Civil Engineering Construction

Specialty Trade Contractors

238100 Foundation, Structure & Building Exterior Contractors (including framing carpentry, masonry, glass, roofing, & siding)
238210 Electrical Contractors
238220 Plumbing, Heating, & Air Conditioning Contractors
238290 Other Building Equipment Contractors
238300 Building Finishing Contractors (including drywall, insulation, painting, wall covering, flooring, tile, & finish carpentry)
238900 Other Specialty Trade Contractors (including site preparation)

Manufacturing

Food Manufacturing

311110 Animal Food Mfg.
311200 Grain & Oilseed Milling
311300 Sugar & Confectionery Product Mfg.
311400 Fruit & Vegetable Preserving & Specialty Food Mfg
311500 Dairy Product Mfg
311610 Animal Slaughtering and Processing
311710 Seafood Product Preparation & Packaging
311800 Bakeries & Tortilla Mfg.
311900 Other Food Mfg. (including coffee, tea, flavorings & seasonings)

Beverage and Tobacco Product Manufacturing

312110 Soft Drink & Ice Mfg.
312120 Breweries
312130 Wineries
312140 Distilleries
312200 Tobacco Manufacturing

Textile Mills and Textile Product Mills

313000 Textile Mills
314000 Textile Product Mills

Apparel Manufacturing

315100 Apparel Knitting Mills
315210 Cut & Sew Apparel Contractors
315220 Men's & Boys' Cut & Sew Apparel Mfg.
315230 Women's & Girls' Cut & Sew Apparel Mfg
315290 Other Cut & Sew Apparel Mfg.
315990 Apparel Accessories & Other Apparel Mfg.

Leather and Allied Product Manufacturing

316110 Leather & Hide Tanning & Finishing
316210 Footwear Mfg. (including rubber & plastics)
316990 Other Leather & Allied Product Mfg.

Wood Product Manufacturing

321110 Sawmills & Wood Preservation

Appendix 4 – Business Codes

321210 Veneer, Plywood & Engineered Wood Product Mfg.
321900 Other Wood Product Mfg.

Paper Manufacturing

322100 Pulp, Paper, & Paperboard Mills
322200 Converted Paper Product Mfg

Printing and Related Support Activities

323100 Printing & Related Support Activities

Petroleum and Coal Products Manufacturing

324110 Petroleum Refineries (including integrated)
324120 Asphalt Paving, Roofing, & Saturated Materials Mfg.
324190 Other Petroleum & Coal Products Mfg.

Chemical Manufacturing

325100 Basic Chemical Mfg.
325200 Resin, Synthetic Rubber, & Artificial & Synthetic Fibers & Filaments Mfg.
325300 Pesticide, Fertilizer, & Other Agricultural Chemical Mfg.
325410 Pharmaceutical & Medicine Mfg.
325500 Paint, Coating, & Adhesive Mfg.
325600 Soap, Cleaning Compound, & Toilet Preparation Mfg.
325900 Other Chemical Product & Preparation Mfg.

Plastics & Rubber Products Manufacturing

326100 Plastics Product Mfg.
326200 Rubber Product Mfg.

Nonmetallic Mineral Product Manufacturing

327100 Clay Product & Refractory Mfg.
327210 Glass & Glass Product Mfg.
327300 Cement & Concrete Product Mfg.
327400 Lime & Gypsum Product Mfg.
327900 Other Nonmetallic Mineral Product Mfg.

Primary Metal Manufacturing

331110 Iron & Steel Mills & Ferroalloy Mfg.
331200 Steel Product Mfg. from Purchased Steel
331310 Alumina & Aluminum Production & Processing
331400 Nonferrous Metal (except Aluminum) Production & Processing
331500 Foundries

Fabricated Metal Product Manufacturing

332110 Forging & Stamping
332210 Cutlery & Handtool Mfg.
332300 Architectural & Structural Metals Mfg.
332400 Boiler, Tank & Shipping Container Mfg.
332510 Hardware Mfg.
332610 Spring & Wire Product Mfg.
332700 Machine Shops; Turned Product; & Screw, Nut & Bolt Mfg.
332810 Coating, Engraving, Heat Treating, & Allied Activities
332900 Other Fabricated Metal Product Mfg.

Machinery Manufacturing

333100 Agriculture, Construction, & Mining Machinery Mfg.

Appendix 4 – Business Codes

333200 Industrial Machinery Mfg.
333310 Commercial & Service Industry Machinery Mfg.
333410 Ventilation, Heating, Air-Conditioning, & Commercial Refrigeration Equipment Mfg.
333510 Metalworking Machinery Mfg.
333610 Engine, Turbine & Power Transmission Equipment Mfg.
333900 Other General Purpose Machinery Mfg.

Computer and Electronic Product Manufacturing

334110 Computer & Peripheral Equipment Mfg.
334200 Communications Equipment Mfg.
334310 Audio & Video Equipment Mfg.
334410 Semiconductor & Other Electronic Component Mfg.
334500 Navigational, Measuring, Electrometrical, & Control Instruments Mfg.
334610 Manufacturing & Reproducing Magnetic & Optical Media

Electrical Equipment, Appliance, and Component Manufacturing

335100 Electric Lighting Equipment Mfg.
335200 Household Appliance Mfg.
335310 Electrical Equipment Mfg.
335900 Other Electrical Equipment & Component Mfg.

Transportation Equipment Manufacturing

336100 Motor Vehicle Mfg.
336210 Motor Vehicle Body & Trailer Mfg.
336300 Motor Vehicle Parts Mfg.
336410 Aerospace Product & Parts Mfg.
336510 Railroad Rolling Stock Mfg.
336610 Ship & Boat Building
336990 Other Transportation Equipment Mfg.

Furniture and Related Product Manufacturing

337000 Furniture & Related Product Manufacturing

Miscellaneous Manufacturing

339110 Medical Equipment & Supplies Mfg.
339900 Other Miscellaneous Manufacturing

Wholesale Trade

Merchant Wholesalers, Durable Goods

423100 Motor Vehicle & Motor Vehicle Parts & Supplies
423200 Furniture & Home Furnishings
423300 Lumber & Other Construction Materials
423400 Professional & Commercial Equipment & Supplies
423500 Metals & Minerals (except Petroleum)
423600 Electrical & Electronic Goods
423700 Hardware, Plumbing & Heating Equipment & Supplies
423800 Machinery, Equipment, & Supplies
423910 Sporting & Recreational Goods & Supplies
423920 Toy & Hobby Goods & Supplies
423930 Recyclable Materials
423940 Jewelry, Watches, Precious Stones, & Precious Metals
423990 Other Miscellaneous Durable Goods

Merchant Wholesalers, Nondurable Goods

Appendix 4 – Business Codes

424100	Paper & Paper Products
424210	Drugs & Druggists' Sundries
424300	Apparel, Piece Goods, & Notions
424400	Grocery & Related Products
424500	Farm Product Raw Materials
424600	Chemical & Allied Products
424700	Petroleum & Petroleum Products
424800	Beer, Wine, & Distilled Alcoholic Beverages
424910	Farm Supplies
424920	Books, Periodicals, & Newspapers
424930	Flower, Nursery Stock, & Florists' Supplies
424940	Tobacco & Tobacco Products
424950	Paint, Varnish, & Supplies
424990	Other Miscellaneous Nondurable Goods

Wholesale Electronic Markets and Agents and Brokers

425110	Business to Business Electronic Markets
425120	Wholesale Trade Agents & Brokers

Retail Trade

Motor Vehicle and Parts Dealers

441110	New Car Dealers
441120	Used Car Dealers
441210	Recreational Vehicle Dealers
441221	Motorcycle Dealers
441222	Boat Dealers
441229	All Other Motor Vehicle Dealers
441300	Automotive Parts, Accessories, & Tire Stores

Furniture and Home Furnishings Stores

442110	Furniture Stores
442210	Floor Covering Stores
442291	Window Treatment Stores
442299	All Other Home Furnishings Stores

Electronics and Appliance Stores

443111	Household Appliance Stores
443112	Radio, Television, & Other Electronic Stores
443120	Computer & Software Stores
443130	Camera & Photographic Supplies Stores

Building Material and Garden Equipment and Supplies Dealers

444110	Home Centers
444120	Paint & Wallpaper Stores
444130	Hardware Stores
444190	Other Building Material Dealers
444200	Lawn & Garden Equipment & Supplies Stores

Food and Beverage Stores

445110	Supermarkets and Other Grocery (except Convenience) Stores
445120	Convenience Stores
445210	Meat Markets
445220	Fish & Seafood Markets
445230	Fruit & Vegetable Markets

Appendix 4 – Business Codes

445291 Baked Goods Stores
445292 Confectionary & Nut Stores
445299 All Other Specialty Food Stores
445310 Beer, Wine, & Liquor Stores

Health and Personal Care Stores

446110 Pharmacies & Drug Stores
446120 Cosmetics, Beauty Supplies, & Perfume Stores
446130 Optical Goods Stores
446190 Other Health & Personal Care Stores

Gasoline Stations

447100 Gasoline Stations (including convenience stores with gas)

Clothing & Clothing Accessories Stores

448110 Men's Clothing Stores
448120 Women's Clothing Stores
448130 Children's & Infants' Clothing Stores
448140 Family Clothing Stores
448150 Clothing Accessories Stores
448190 Other Clothing Stores
448210 Shoe Stores
448310 Jewelry Stores
448320 Luggage & Leather Goods Stores

Sporting Goods, Hobby, Book, & Music Stores

451110 Sporting Goods Stores
451120 Hobby, Toy, & Game Stores
451130 Sewing, Needlework, & Piece Goods Stores
451140 Musical Instrument & Supplies Stores
451211 Book Stores
451212 News Dealers & Newsstands
451220 Prerecorded Tape, Compact Disc, & Record Stores

General Merchandise Stores

452110 Department Stores
452900 Other General Merchandise Stores

Miscellaneous Store Retailers

453110 Florists
453210 Office Supplies & Stationery Stores
453220 Gift, Novelty, & Souvenir Stores
453310 Used Merchandise Stores
453910 Pet & Pet Supplies Stores
453920 Art Dealers
453930 Manufactured (Mobile) Home Dealers
453990 All Other Miscellaneous Store Retailers (including tobacco, candle, & trophy shops)

Nonstore Retailers

454110 Electronic Shopping & Mail-Order Houses
454210 Vending Machine Operators
454311 Heating Oil Dealers
454312 Liquefied Petroleum Gas (bottled gas) Dealers
454319 Other Fuel Dealers

Appendix 4 – Business Codes

454390 Other Direct Selling Establishments (including door-to-door retailing, frozen food plan providers, party plan merchandisers, & coffee-break service providers)

Transportation and Warehousing

Air, Rail, and Water Transportation

481000 Air Transportation
482110 Rail Transportation
483000 Water Transportation

Truck Transportation

484110 General Freight Trucking, Local
484120 General Freight Trucking, Long distance
484200 Specialized Freight Trucking

Transit and Ground Passenger Transportation

485110 Urban Transit Systems
485210 Interurban & Rural Bus Transportation
485310 Taxi Service
485320 Limousine Service
485410 School & Employee Bus Transportation
485510 Charter Bus Industry
485990 Other Transit & Ground Passenger Transportation

Pipeline Transportation

486000 Pipeline Transportation

Scenic & Sightseeing Transportation

487000 Scenic & Sightseeing Transportation

Support Activities for Transportation

488100 Support Activities for Air Transportation
488210 Support Activities for Rail Transportation
488300 Support Activities for Water Transportation
488410 Motor Vehicle Towing
488490 Other Support Activities for Road Transportation
488510 Freight Transportation Arrangement
488990 Other Support Activities for Transportation

Couriers and Messengers

492110 Couriers
492210 Local Messengers & Local Delivery

Warehousing and Storage

493100 Warehousing & Storage (except lessors of mini warehouses & self storage units)

Information

Publishing Industries (except internet)

511110 Newspaper Publishers
511120 Periodical Publishers
511130 Book Publishers
511140 Directory & Mailing List Publishers
511190 Other Publishers
511210 Software Publishers

Appendix 4 – Business Codes

Motion Picture and Sound Recording Industries

512100 Motion Picture & Video Industries (except video rental)
512200 Sound Recording Industries

Broadcasting (except internet)

515100 Radio & Television Broadcasting
515210 Cable & Other Subscription Programming

Telecommunications

517000 Telecommunications (including paging, cellular, satellite, cable & other program distribution, resellers, other telecommunications, and internet service providers)

Data Processing Services

518210 Data Processing, Hosting, & Related Services

Other Information Services

519100 Other Information Services (including news syndicates, libraries, and internet publishing & broadcasting)

Finance and Insurance

Depository Credit Intermediation

522110 Commercial Banking
522120 Savings Institutions
522130 Credit Unions
522190 Other Depository Credit Intermediation

Nondepository Credit Intermediation

522210 Credit Card Issuing
522220 Sales Financing
522291 Consumer Lending
522292 Real Estate Credit (including mortgage bankers & originators)
522293 International Trade Financing
522294 Secondary Market Financing
522298 All Other Nondepository Credit Intermediation

Activities Related to Credit Intermediation

522300 Activities Related to Credit Intermediation (including loan brokers, check clearing, & money transmitting)

Securities, Commodity Contracts, and Other Financial Investments and Related Activities

523110 Investment Banking & Securities Dealing
523120 Securities Brokerage
523130 Commodity Contracts Dealing
523140 Commodity Contracts Brokerage
523210 Securities & Commodity Exchanges
523900 Other Financial Investment Activities (including portfolio management & investment advice)

Insurance Carriers and Related Activities

524140 Direct Life, Health, & Medical Insurance & Reinsurance Carriers
524150 Direct Insurance & Reinsurance (except Life, Health & Medical) Carriers
524210 Insurance Agencies & Brokerages
524290 Other Insurance Related Activities (including third-party administration of insurance and pension funds)

Funds, Trusts, and Other Financial Vehicles

Appendix 4 – Business Codes

525100	Insurance & Employee Benefit Funds
525910	Open-End Investment Funds (form 1120-RIC)
525920	Trusts, Estates, & Agency Accounts
525990	Other Financial Vehicles (including mortgage REITs and closed-end investment funds)

Note — “Offices of Bank Holding Companies” and “Offices of Other Holding Companies,” are located under **Management of Companies (Holding Companies)**

Real Estate and Rental and Leasing

Real Estate

531110	Lessors of Residential Buildings & Dwellings (including equity REITs)
531114	Cooperative Housing (including equity REITs)
531120	Lessors of Nonresidential Buildings (except Mini warehouses) (including equity REITs)
531130	Lessors of Mini warehouses & Self-Storage Units (including equity REITs)
531190	Lessors of Other Real Estate Property (including equity REITs)
531210	Offices of Real Estate Agents & Brokers
531310	Real Estate Property Managers
531320	Offices of Real Estate Appraisers
531390	Other Activities Related to Real Estate

Rental and Leasing Services

532100	Automotive Equipment Rental & Leasing
532210	Consumer Electronics & Appliances Rental
532220	Formal Wear & Costume Rental
532230	Video Tape & Disc Rental
532290	Other Consumer Goods Rental
532310	General Rental Centers
532400	Commercial & Industrial Machinery & Equipment Rental & Leasing

Lessors of Nonfinancial Intangible Assets (except copyrighted works)

533110	Lessors of Nonfinancial Intangible Assets (except copyrighted works)
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Professional, Scientific, & Technical Services

Legal Services

541110	Offices of Lawyers
541190	Other Legal Services

Accounting, Tax Preparation, Bookkeeping, and Payroll Services

541211	Offices of Certified Public Accountants
541213	Tax Preparation Services
541214	Payroll Services
541219	Other Accounting Services

Architectural, Engineering, & Related Services

541310	Architectural Services
541320	Landscape Architecture Services
541330	Engineering Services
541340	Drafting Services
541350	Building Inspection Services
541360	Geophysical Surveying & Mapping Services
541370	Surveying & Mapping (except Geophysical) Services
541380	Testing Laboratories

Appendix 4 – Business Codes

Specialized Design Services

541400 Specialized Design Services (including interior, industrial, graphic, & fashion design)

Computer Systems Design and Related Services

541511 Custom Computer Programming Services
541512 Computer Systems Design Services
541513 Computer Facilities Management Services
541519 Other Computer Related Services

Other Professional, Scientific, and Technical Services

541600 Management, Scientific, & Technical Consulting Services
541700 Scientific Research & Development Services
541800 Advertising & Related Services
541910 Marketing Research & Public Opinion Polling
541920 Photographic Services
541930 Translation & Interpretation Services
541940 Veterinary Services
541990 All Other Professional, Scientific, & Technical Services

Management of Companies (Holding Companies)

551111 Offices of Bank Holding Companies
551112 Offices of Other Holding Companies

Administrative and Support and Waste Management and Remediation Services

Administrative and Support Services

561110 Office Administrative Services
561210 Facilities Support Services
561300 Employment Services
561410 Document Preparation Services
561420 Telephone Call Centers
561430 Business Service Centers (including private mail centers & copy shops)
561440 Collection Agencies
561450 Credit Bureaus
561490 Other Business Support Services (including repossession services, court reporting, & stenotype services)
561500 Travel Arrangement & Reservation Services
561600 Investigation & Security Services
561710 Exterminating & Pest Control Services
561720 Janitorial Services
561730 Landscaping Services
561740 Carpet & Upholstery Cleaning Services
561790 Other Services to Buildings & Dwellings
561900 Other Support Services (including packaging & labeling services, & convention & trade show organizers)

Waste Management and Remediation Services

562000 Waste Management & Remediation Services

Educational Services

611000 Educational Services (including schools, colleges, & universities)

Health Care and Social Assistance

Offices of Physicians and Dentists

Appendix 4 – Business Codes

621111 Offices of Physicians (except mental health specialists)
621112 Offices of Physicians, Mental Health Specialists
621210 Offices of Dentists

Offices of Other Health Practitioners

621310 Offices of Chiropractors
621320 Offices of Optometrists
621330 Offices of Mental Health Practitioners (except Physicians)
621340 Offices of Physical, Occupational & Speech Therapists, & Audiologists
621391 Offices of Podiatrists
621399 Offices of All Other Miscellaneous Practitioners

Outpatient Care Centers

621410 Family Planning Centers
621420 Outpatient Mental Health & Substance Abuse Centers
621491 HMO Medical Centers
621492 Kidney Dialysis Centers
621493 Freestanding Ambulatory Surgical & Emergency Centers
621498 All Other Outpatient Care Centers

Medical and Diagnostic Laboratories

621510 Medical & Diagnostic Laboratories

Home Health Care Services

621610 Home Health Care Services

Other Ambulatory Health Care Services

621900 Other Ambulatory Health Care Services (including ambulance services & blood & organ banks)

Hospitals

622000 Hospitals

Nursing and Residential Care Facilities

623000 Nursing & Residential Care Facilities

Social Assistance

624100 Individual & Family Services
624200 Community Food & Housing, & Emergency & Other Relief Services
624310 Vocational Rehabilitation Services
624410 Child Day Care Services

Arts, Entertainment, and Recreation

Performing Arts, Spectator Sports, and Related Industries

711100 Performing Arts Companies
711210 Spectator Sports (including sports clubs & racetracks)
711300 Promoters of Performing Arts, Sports, & Similar Events
711410 Agents & Managers for Artists, Athletes, Entertainers, & Other Public Figures
711510 Independent Artists, Writers, & Performers

Museums, Historical Sites, and Similar Institutions

712100 Museums, Historical Sites, & Similar Institutions

Amusement, Gambling, and Recreation Industries

713100 Amusement Parks & Arcades

Appendix 4 – Business Codes

- 713200 Gambling Industries
- 713900 Other Amusement & Recreation Industries (including golf courses, skiing facilities, marinas, fitness centers, & bowling centers)

Accommodation and Food Services

Accommodation

- 721110 Hotels (except Casino Hotels) & Motels
- 721120 Casino Hotels
- 721191 Bed & Breakfast Inns
- 721199 All Other Traveler Accommodation
- 721210 RV (Recreational Vehicle) Parks & Recreational Camps
- 721310 Rooming & Boarding Houses

Food Services and Drinking Places

- 722110 Full-Service Restaurants
- 722210 Limited-Service Eating Places
- 722300 Special Food Services (including food service contractors & caterers)
- 722410 Drinking Places (Alcoholic Beverages)

Other Services

Repair and Maintenance

- 811110 Automotive Mechanical & Electrical Repair & Maintenance
- 811120 Automotive Body, Paint, Interior, & Glass Repair
- 811190 Other Automotive Repair & Maintenance (including oil change & lubrication shops & car washes)
- 811210 Electronic & Precision Equipment Repair & Maintenance
- 811310 Commercial & Industrial Machinery & Equipment (except Automotive & Electronic) Repair & Maintenance
- 811410 Home & Garden Equipment & Appliance Repair & Maintenance
- 811420 Reupholstery & Furniture Repair
- 811430 Footwear & Leather Goods Repair
- 811490 Other Personal & Household Goods Repair & Maintenance

Personal and Laundry Services

- 812111 Barber Shops
- 812112 Beauty Shops
- 812113 Nail Salons
- 812190 Other Personal Care Services (including diet & weight reducing centers)
- 812210 Funeral Homes & Funeral Services
- 812220 Cemeteries & Crematories
- 812310 Coin-Operated Laundries & Drycleaners
- 812320 Drycleaning & Laundry Services (except Coin-Operated)
- 812330 Linen & Uniform Supply
- 812910 Pet Care (except Veterinary) Services
- 812920 Photofinishing
- 812930 Parking Lots & Garages
- 812990 All Other Personal Services

Religious, Grantmaking, Civic, Professional, and Similar Organizations

- 813000 Religious, Grantmaking, Civic, Professional, & Similar Organizations (including condominium and homeowner associations)
- 813930 Labor Unions and Similar Labor Organizations
- 921000 Governmental Instrumentality or Agency

Appendix 5 — Additional Information for Paper Filers

Requesting an exemption from e-filing

PBGC may grant an exemption from the electronic filing requirement for good cause in appropriate circumstances. PBGC will weigh each request for exemption on the basis of the particular facts and circumstances presented. To provide PBGC adequate time to review and respond to an exemption request, the request should be submitted as early as possible, preferably at least 60 days before the filing due date.

Requests for an exemption from the electronic filing requirement must be made in writing (e-mail, letter or fax). See Appendix 2 for information on where to send requests. Questions regarding exemption requests may be made in writing or by phone.

What to file

If PBGC has granted you an exemption from making a 2009 premium filing electronically, you must file using an approved PBGC form. PBGC will provide a form for this purpose when an exemption is granted.

Note that if you do not receive the anticipated exemption, a paper filing will not satisfy the electronic filing requirement. Failure to comply with the electronic filing requirement without an exemption is subject to penalty under ERISA section 4071.

Certifications

Be sure to complete the Plan Administrator certification on the form. Also, if you are filing for a Single-employer Plan be sure to have the enrolled actuary complete the enrolled actuary certification on the form unless such certification is not required (see “Description of Data Elements” section).

Information About Attachments

Be sure to report that additional information is attached to the filing (see item 20 in the “Description of Data Elements” section). Show the EIN/PN and the first day of the plan year (identified as “PYC”) for this filing at the top of each attachment to your filing.

Appendix 5 — Additional Information for Paper Filers

Where to file

If you have received an exemption from e-filing, you may submit a paper premium filing by hand, mail, or commercial delivery service. Mail your paper premium filing (and check, if payment is by check) to the address posted on Web site under Premium Filings. This address will also be noted in the letter we send you informing you that your request for an exemption from e-filing has been granted.

Paying your premium

If you are paying by check, write the EIN/PN and the date the Premium Payment Year commenced (PYC) on the check and include your check with the paper filing.

If you are paying by electronic funds transfers (ACH or Fedwire)—make the transfer to:

JPMorgan Chase Bank, N.A.

ABA: 071000013

Account: 656510666

Beneficiary: PBGC

Reference: "EIN/PN: XX-XXXXXXXX/XXX

PYC: MM/DD/YY"

Report the EIN/PN and the date the Premium Payment Year commenced (PYC) in the payment ID line of the electronic funds transfer in the format "EIN/PN: XX-XXXXXXXX/XXX PYC: MM/DD/YY." Since we process these payments electronically, strict adherence to this format is required for accurate and timely application of your payment. Any deviation from the prescribed format may result in our sending you a bill for premium, interest, and penalty if our automated system cannot apply your payment.

Appendix 6 — Paperwork Reduction Act Notice

We need this information to determine the amount of premium due to PBGC under Title IV of ERISA. You are required to give us this information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB has approved this collection of information under control number 1212-0009.

Confidentiality is that provided by the Privacy Act and the Freedom of Information Act.

Shown below is the estimated burden associated with the preparation and submission of premium filings (both estimated flat-rate filings for Large Plans and comprehensive filings for all plans). The burden estimates are expressed in hours and are averages for the plans in each of the listed categories. These times will vary depending on the circumstances of a given plan.

Plan Type	Average Burden
<i>Single-Employer Plans</i>	
▪ Small Plans (prior year Participant Count - fewer than 100).....	6.00 hours
▪ Mid-size Plans (prior year Participant Count - 100 or more but fewer than 500).....	6.50 hours
▪ Large Plans (prior year Participant Count - 500 or more).....	8.25 hours
<i>Multiemployer Plans</i>	4.25 hours

If you have comments concerning the accuracy of these burden estimates or suggestions for making the forms or the electronic filing process simpler, please send your comments to Pension Benefit Guaranty Corporation, Legislative & Regulatory Department, 1200 K Street, NW, Washington, DC 20005-4026.