

Screen filing

Comprehensive Premium Multiemployer filing is paid via electronic transfer outside of My PAA

MyPAA - Windows Internet Explorer

http://205.162.137.66/MyPAA/Login.aspx

MyPAA

PBGC My PAA [My PAA Users Manual \(PDF\)](#)

Login

SECURITY NOTICE AND WARNING

Welcome to the My Plan Administration Account ("My PAA") website. This website is a U.S. Government system and the PBGC reserves the right to monitor it for performance, stability, and security. This site, and the information on it, is protected by federal laws, including, but not limited to, federal privacy laws and Title IV of ERISA [Privacy Act Notice](#) and any activity inconsistent with the protections provided by federal law may lead to civil and criminal sanctions. By logging into My PAA, you acknowledge that you understand that you are bound by these provisions. If you do not, please close your browser or enter another URL to leave the site entirely.

Welcome to My Plan Administration Account (My PAA), where you can electronically submit pension plan premium filings and payments to PBGC.

Registered users, please login below. [New users click here to sign up.](#)

User ID: [Forgot your User ID?](#)

Password: [Forgot your Password?](#)

(Case Sensitive)

Login

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Local intranet 100%

PAAHome - Windows Internet Explorer

http://205.162.137.66/MyPAA/private/PAAHome.aspx

File Edit View Favorites Tools Help

PAAHome

Welcome, Sergey Testеровich!
[My Account](#) | [Logout](#) | [My PAA Users Manual \(PDF\)](#)

Home Page

Add a Plan to your Account [Instructions](#)

There must be at least one plan in your account to e-file.

Sergey Testеровich's Inbox (filings requiring your input) [Instructions](#)

Only for filings created using My PAA data entry screens and imported filings. [Where's my filing?](#)

There are no filings in your Inbox.

Create Filing In My PAA Data Entry & Editing Screens (for any plan in your account)

Plans in Your Account [Instructions](#)

Plan Name (EIN/PN)			
Test Plan (33-3333333 / 333)	<input type="button" value="Go to Plan Page"/>	<input type="button" value="Invite a Practitioner"/>	<input type="button" value="Create Filing"/>
Testplan2011 (11-1112011 / 444)	<input type="button" value="Go to Plan Page"/>	<input type="button" value="Invite a Practitioner"/>	<input type="button" value="Create Filing"/>
Tuesdaytest (77-7777777 / 777)	<input type="button" value="Go to Plan Page"/>	<input type="button" value="Invite a Practitioner"/>	<input type="button" value="Create Filing"/>

Import Software-Prepared Filing(s) into My PAA Editing Screens [Instructions](#)

Import filing(s) for any plan(s) in your account

Upload Software-Prepared Filing(s) [Instructions](#)

Upload filing(s) for any plan(s) once you have at least one plan in your account.

Done Local intranet 100%

How To File - Windows Internet Explorer

http://205.162.137.66/mypaa/private/createfiling/howtofile.aspx

File Edit View Favorites Tools Help

How To File

PBGC My PAA [My Home Page](#) | [My Account](#) | [Logout](#) | [My PAA Users Manual \(PDF\)](#)

How to File

Online filing with My PAA is a 3-step process: [More Details](#)

- 1 Start a Draft Filing
- 2 Edit Draft, Sign Filing, and Select Payment Alternative
- 3 Submit Filing with Payment (if any)

Identify Filing Type

Select the plan year and filing type for the filing you wish to create:

Select one

- Select one
- Comprehensive Premium Filing (2008 and later)
- Estimated Flat-rate Premium Filing*
- Final Premium Filing (2004 – 2007)

*Estimated Flat-Rate filings for the plan year. Comprehensive/final filing for the plan year.

Continue Cancel

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Done Local intranet 100%

Identify Filing to be Made - Windows Internet Explorer

http://205.162.137.66/mypaa/private/createfiling/identifyfiling.aspx

File Edit View Favorites Tools Help

Identify Filing to be Made

Step 1: Start a Draft Filing

Testplan2011 - 11-1112011 / 444

Please note: You will be automatically logged out of My PAA after 20 minutes of inactivity. This could result in a loss of any information you entered in My PAA.



1 → 2 → 3

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

Identify Filing to be Made

[Continue >](#) [Cancel](#)

[Instructions](#)

Premium is for plan year commencing: (ex. MM/DD/YYYY)

Premium is for plan year ending: (ex. MM/DD/YYYY)

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

(ex. MM/DD/YYYY)

This is an amended filing

[Instructions](#)

Local intranet 100%

Plan and Filing Information - Windows Internet Explorer

http://205.162.137.66/myppa/private/createfiling/planandfilinginfo.aspx

File Edit View Favorites Tools Help

Plan and Filing Information

Comprehensive Filing for Plan Year Commencing in 2011
Testplan2011 - 11-1112011 / 444

1 → 2 → 3
Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

Enter Plan and Filing Information

Continue > < Back Cancel

[Instructions](#)

Plan name:

[Instructions](#)

Previous filing EIN:	11-1112011	Previous filing PN:	444
Current EIN:	<input type="text" value="11-1112011"/> (ex. 11-1111111)	Current PN:	<input type="text" value="444"/> (ex. 111)

Form 5500 EIN and PN Information:
If the EIN and PN are not both the same as on the 2010 Form 5500, enter EIN and PN from 2010 Form 5500 and provide explanation:

EIN: (ex. 11-1111111) PN: (ex. 111)

Done Local intranet 100%

Plan Sponsor and Administrator - Windows Internet Explorer

http://205.162.137.66/myppa/private/createfiling/plansponsoradmin.aspx

File Edit View Favorites Tools Help

Plan Sponsor and Administrator

Enter Plan Sponsor and Administrator Information

Continue > < Back Cancel

Plan Sponsor Information [Instructions](#)

Name:

Address:

City: State: Zip: (ex. 11111 or 11111-1111)

Country:

Plan Administrator Information [Instructions](#)

Check if same as Plan Sponsor To make changes to the Plan Administrator information, remove the check mark.

Name:

Address:

City: State: Zip: (ex. 11111 or 11111-1111)

Country:

Plan Contact Information [Instructions](#)

Local intranet 100%

Flat-Rate Premium - Windows Internet Explorer

http://205.162.137.66/mypaa/private/createfiling/flatratepremium.aspx

File Edit View Favorites Tools Help

Flat-Rate Premium

My Home Page | My Account | Logout | My PAA Users Manual (PDF)

Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2011
Testplan2011 - 11-1112011 / 444

1 → 2 → 3

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

Calculate Total Premium Payment

Continue > < Back Cancel Save & Exit

[Instructions](#)

Participant Count Date:	<input type="text"/>	(MM/DD/YYYY)
Multiemployer Flat-rate:	\$9.00	
Participant Count as of Participant Count Date: x	<input type="text"/>	(ex. 1,111)
Total Premium: =	\$0.00	
Premium credit (including any payments already made for this premium payment year and any overpayment from the prior plan year unless refund was requested): -	\$ <input type="text"/>	(ex. 1,111,111.11)
Amount Due: =	\$0.00	<input type="button" value="Calculate"/>

Continue > < Back Cancel Save & Exit

Local intranet 100%

Plan Sponsor and Administrator - Windows Internet Explorer

http://205.162.137.66/mypaa/private/createfiling/plansponsoradmin.aspx

File Edit View Favorites Tools Help

Plan Sponsor and Administrator

PBGC My PAA [My Home Page](#) | [My Account](#) | [Logout](#) | [My PAA Users Manual \(PDF\)](#)

Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2011
Testplan2011 - 11-1112011 / 444

1 → 2 → 3

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

Enter Plan Sponsor and Administrator Information [Continue >](#) [< Back](#) [Cancel](#)

Plan Sponsor Information [Instructions](#)

Name:

Address:

City: State: Zip: (ex. 11111 or 11111-1111)

Country:

Plan Administrator Information [Instructions](#)

Check if same as Plan Sponsor To make changes to the Plan Administrator information, remove the check mark.

Done Local intranet 100%

Flat-Rate Premium - Windows Internet Explorer

http://205.162.137.66/mypaa/private/createfiling/flatratepremium.aspx

File Edit View Favorites Tools Help

Flat-Rate Premium

My Home Page | My Account | Logout | My PAA Users Manual (PDF)

Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2011
Testplan2011 - 11-1112011 / 444

1 → 2 → 3

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

Calculate Total Premium Payment

Continue > < Back Cancel Save & Exit

[Instructions](#)

Participant Count Date:	<input type="text"/>	(MM/DD/YYYY)
Multiemployer Flat-rate:	\$9.00	
Participant Count as of Participant Count Date: x	<input type="text"/>	(ex. 1,111)
Total Premium: =	\$0.00	
Premium credit (including any payments already made for this premium payment year and any overpayment from the prior plan year unless refund was requested):	\$ <input type="text"/>	(ex. 1,111,111.11)
Amount Due: =	\$0.00	<input type="button" value="Calculate"/>

Continue > < Back Cancel Save & Exit

Local intranet 100%

Misc Plan Information - Windows Internet Explorer

http://205.162.137.66/myppa/private/createfiling/2008/miscplanfilinginformation.aspx

File Edit View Favorites Tools Help

Misc Plan Information

Report Miscellaneous Information

Continue > < Back Cancel Save & Exit

[Instructions](#)

Final Filing [Clear information](#)

If this is the last filing for this plan, enter the date of event and select the reason that best describes why filing obligation is ceasing:

(ex. MM/DD/YYYY)

Merger/Consolidation Distribution pursuant to termination

Trusteeship Cessation of covered status

New and Newly Covered Plans

If this filing is for a new plan or a newly-covered plan, report the:

Plan effective date: (ex. MM/DD/YYYY)

Plan adoption date: (ex. MM/DD/YYYY)

Plan coverage date: (ex. MM/DD/YYYY)

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:

(ex. MM/DD/YYYY)

Local intranet 100%

Plan Transfers From - Windows Internet Explorer

http://205.162.137.66/myppa/private/createfiling/2008/plantransfersfrom.aspx

File Edit View Favorites Tools Help

Plan Transfers From

Testplan2011 - 11-1112011 / 444

1 → 2 → 3

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

Report Transfers From Other Plans

Continue > < Back Cancel Save & Exit

[Instructions](#)

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 the assets or liabilities were transferred (if transfer involved a new or newly-covered plan, see instructions).

[Clear all rows](#)

EIN (ex. 11-1111111)	PN (ex. 111)	Date of transfer (ex. MM/DD/YYYY)	Type of transfer
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other Clear

[Add more rows](#)

Done Local intranet 100%

Plan Transfers To - Windows Internet Explorer

http://205.162.137.66/myppa/private/createfiling/2008/plantransfersto.aspx

File Edit View Favorites Tools Help

Plan Transfers To

1 → 2 → 3

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

Report Transfers To Other Plans

Continue > < Back Cancel Save & Exit

[Instructions](#)

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).

[Clear all rows](#)

EIN (ex. 11-1111111)	PN (ex. 111)	Date of Transfer (ex. MM/DD/YYYY)	Type of transfer
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other Clear

[Add more rows](#)

Continue > < Back Cancel Save & Exit

Local intranet 100%

Comprehensive Summary - Windows Internet Explorer

http://205.162.137.66/mypaa/private/createfiling/finalsummary.aspx

File Edit View Favorites Tools Help

Comprehensive Summary

My Home Page | My Account | Logout | My PAA Users Manual (PDF)

Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2011
Testplan2011 - 11-1112011 / 444 [Print](#)

1 → 2 → 3

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

Save Filing and Proceed to Step 2 [Continue >](#) [Cancel](#)

Please verify that all information is correct. To change information, click 'Edit'. If you are satisfied and do not need to make any changes, click 'Continue'.

Note: N/A indicates that this item was not answered or is not applicable.

Identify Filing to be Made	Edit
Plan Year Commencement Date:	1/1/2011
Plan Year Ending Date:	12/31/2011
Date plan year change adopted (if any):	N/A
Plan Type:	Multiemployer
Filing Type:	Comprehensive
Plan qualifies for proration:	Not Checked
Plan size (based on prior year participant count):	Mid-size (100-499)

Enter Plan and Filing Information [Edit](#)

http://205.162.137.66/MyPAA/private/profile/practitionerProfile.aspx

Local intranet 100%

Filing Confirmation - Windows Internet Explorer

http://205.162.137.66/mypaa/private/createfiling/filingconfirmation.aspx

File Edit View Favorites Tools Help

Filing Confirmation

Local intranet 100%

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Draft Filing Saved but not Submitted

You have completed step 1 of the 3 step filing process
Click the 'Go to Filing Manager Page' button to continue with step 2.

You have created and saved a DRAFT filing for Testplan2011, 11-1112011 / 444 -- this completes step 1 of the filing process.

You must complete step 2 (edit, sign, and select payment alternative) and step 3 (submit filing and payment) to finish the submission process. These steps are initiated from the Filing Manager Page.

Click the 'Go to Filing Manager Page' button to continue.

Note: For a premium filing to be considered timely, both the filing and the payment of any associated premium must be filed by the due date.

[Go to Filing Manager](#)


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Manage Filing - Windows Internet Explorer

http://205.162.137.66/mypaa/private/managefiling/managefiling.aspx


File Edit View Favorites Tools Help

Manage Filing


[My Home Page](#) | [My Account](#) | [Logout](#) | [My PAA Users Manual \(PDF\)](#)

Step 2: Edit Draft, Sign Filing, and Select Payment Alternative

Comprehensive Filing for Plan Year Commencing 1/1/2011
Testplan2011 - 11-1112011 / 444



1 Start a Draft Filing → 2 Edit Draft, Sign Filing, and Select Payment Alternative → 3 Submit Filing with Payment (if any)

Filing Manager [Go to Plan Page](#)

Filing Status

Filing is: not ready for submission (refer to 'To submit this filing' below)
You are holding the filing

Filing Task List [Instructions](#)

[View/Edit Filing](#) ✓ This filing contains all the required information. [Delete Filing](#)
[Sign](#) Sign as Plan Administrator
 No Actuary Signature Required
[Authorize](#) Authorize as Paying Agent

To take action on this filing:

- You must be holding the filing (otherwise, only 'View Filing' is available). Tasks listed reflect your permissions for this plan. Permissions are listed in the Filing Team section below.
- Note: If a change is made that affects the amount due or variable-rate premium information, any signatures/authorizations will be removed. The filing will need to be re-signed/authorized.

To submit this filing:

- You must be holding the filing and must have the Plan Administrator or Filing Coordinator permission.
- The task list must indicate that the filing contains all required information.
- Each required signature/authorization on the task list must be completed.

Done Local intranet 100%

Filing Plan Administrator Approve - Windows Internet Explorer

http://205.162.137.66/mypaa/private/managefiling/filingplanadministratorapprove.aspx

File Edit View Favorites Tools Help

Filing Plan Administrator Approve

PBGC My PAA [My Home Page](#) | [My Account](#) | [Logout](#) | [My PAA Users Manual \(PDF\)](#)

Approval for Comprehensive Filing

Comprehensive Filing for Plan Year Commencing 1/1/2011
Testplan2011 - 11-1112011 / 444

Certification of Multiemployer Plan Administrator [-> Instructions](#)

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.

Your Personal Information (To update this information, select the My Account link at the top of this page.)

First Name:	Sergey
Last Name:	Testerovich
Work Phone:	111-222-1212 Ext.
Work E-mail:	SERGEY@SERGEYTESTEROVICH.COM

As an extra security precaution, we ask that you enter below the answer to your secret question before clicking Approve Filing

I understand that under the Government Paperwork Elimination Act ("GPEA") (Title XVII of Public Law No. 105-277), my answer to my secret question will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C. 1001 (dealing with false statements) as an inked signature.

Done Local intranet 100%

Manage Filing - Windows Internet Explorer

http://205.162.137.66/MyPAA/private/managefiling/managefiling.aspx

File Edit View Favorites Tools Help

Manage Filing

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

Filing Manager [Go to Plan Page](#)

Filing Status

Filing is: not ready for submission (refer to 'To submit this filing' below)
 You are holding the filing

Filing Task List [Instructions](#)

[View/Edit Filing](#) This filing contains all the required information. [Delete Filing](#)

Plan Administrator e-signature completed
 5:32 PM, 12/21/2010 Eastern Time
 No Actuary Signature Required

[Authorize](#) Authorize as Paying Agent

To take action on this filing:

- You must be holding the filing (otherwise, only 'View Filing' is available). Tasks listed reflect your permissions for this plan. Permissions are listed in the Filing Team section below.
- Note: If a change is made that affects the amount due or variable-rate premium information, any signatures/authorizations will be removed. The filing will need to be re-signed/authorized.

To submit this filing:

- You must be holding the filing and must have the Plan Administrator or Filing Coordinator permission.
- The task list must indicate that the filing contains all required information.
- Each required signature/authorization on the task list must be completed.

Filing Team [Instructions](#)

The filing coordinator can change permissions from the [plan page](#)

Name	Permissions	Phone	E-mail
Sergey Testеровich	Actuary, Preparer, Plan Administrator, View Account History, Filing Coordinator, Paying Agent	111-222-1212	sergey@sergeytesterovich.com Holding

Done Local intranet 100%

MyPAA - Windows Internet Explorer


http://205.162.137.66/mypaa/private/payment/paymentoptions.aspx

File Edit View Favorites Tools Help

MyPAA

PBGC My PAA [My Home Page](#) | [My Account](#) | [Logout](#) | [My PAA Users Manual \(PDF\)](#)

Comprehensive Filing for Plan Year Commencing 1/1/2011
Testplan2011 - 11-1112011 / 444



Payment Alternatives

Important: For your filing to be considered timely, you must submit both the filing information and any premium payment due by the filing due date.

You have the following payment alternatives; please select one:

- Pay Online using My PAA
- Pay via Electronic Funds Transfer (outside of My PAA)
- Pay using a Paper Check

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Done Local intranet 100%

MyPAA - Windows Internet Explorer

http://205.162.137.66/mypaa/private/payment/paymentconfirm.aspx

File Edit View Favorites Tools Help

MyPAA

My Home Page | My Account | Logout | My PAA Users Manual (PDF)

Premium Payment

Comprehensive Filing for Plan Year Commencing 1/1/2011
Testplan2011 - 11-1112011 / 444

```
graph LR; 1((1)) --> 2((2)); 2 --> 3((3));
```

Confirm Payment Alternative Selection
Payment Alternative Selected: Pay via Electronic Funds Transfer (outside of My PAA)

If you need to change the payment alternative selected, click the "< Back" button.

To continue with this alternative selection, click the "Next>" button.

Next > < Back Cancel

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http://205.162.137.66/MyPAA/Help/MyPAAUsersManual.pdf Local intranet 100%


MyPAA - Windows Internet Explorer

http://205.162.137.66/mypaa/private/payment/paymentinstructions.aspx

File Edit View Favorites Tools Help

MyPAA

Comprehensive Filing for Plan Year Commencing 1/1/2011 Testplan2011 - 11-1112011 / 444



1 Start a Draft Filing → 2 Edit Draft, Sign Filing, and Select Payment Alternative → 3 Submit Filing with Payment (if any)

You selected "Pay via EFT (Outside of My PAA)" as the payment alternative. To complete the filing process:

1. Read and follow the Payment Instructions to help ensure your payment is posted correctly to the plan's account.
2. Select the "Approve" button.

Payment Instructions

If you pay by electronic funds transfer, send the payment to:

JPMorgan Chase Bank, N.A.
Chicago, IL

ABA: 071000013
Account: 656510666
Beneficiary: PBGC

Reference: (give the plan's EIN/PN and the date the premium payment year commenced (PYC) in the format "EIN/PN: XX-XXXXXX/XXX
PYC: MM/DD/YY")

Approve < Back Cancel

Done Local intranet 100%

Manage Filing - Windows Internet Explorer

http://205.162.137.66/MyPAA/private/managefiling/managefiling.aspx

File Edit View Favorites Tools Help

Manage Filing

My Home Page | My Account | Logout | My PAA Users Manual (PDF)

Step 3: Submit Filing (with payment, if due)

Comprehensive Filing for Plan Year Commencing 1/1/2011
Testplan2011 - 11-1112011 / 444

1 → 2 → 3

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

[Go to Plan Page](#)

Filing Manager

Filing Status

Filing is: ✓ ready for submission (refer to 'To submit this filing' below)

[Submit Now](#) [Submit Later](#)

Note: Click the "submit now" button only once or you may encounter an error.

Filing Task List

[View/Edit Filing](#) ✓ This filing contains all the required information. [Delete Filing](#)

- ✓ Plan Administrator e-signature completed
5:32 PM, 12/21/2010 Eastern Time
No Actuary Signature Required
- Authorization for payment alternative completed
- Payment alternative selected:
Electronic Funds Transfer Outside My PAA
5:34 PM, 12/21/2010 Eastern Time

[Edit E-Payment](#)

To take action on this filing:

- You must be holding the filing (otherwise, only 'View Filing' is available). Tasks listed reflect your permissions for this plan. Permissions are listed in the Filing Team section below.
- Note: If a change is made that affects the amount due or variable-rate premium information, any

Local intranet 100%

Confirmation - Windows Internet Explorer

http://205.162.137.66/mypaa/public/common/confirmation.aspx

File Edit View Favorites Tools Help

Confirmation


My Home Page | My Account | Logout | My PAA Users Manual (PDF)

Submit Confirmation

Are you sure you are ready to submit the 2011 Comprehensive Premium Filing to PBGC? Selecting the "Submit" button will send the filing to PBGC. Selecting the "Return" button will return you to the Filing Manager page.

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Done Local intranet 100%


[My Home Page](#)

Receipt for Comprehensive Premium Filing [Print](#)

Date/Time Filing Received: 12/21/2010 5:34 PM Eastern Time

Your reference number for this transaction is 1971441

Please print this receipt for your records and refer to it for customer service inquiries regarding this transaction.

Please note that this transaction is subject to further verification and does not guarantee satisfaction of filing requirement or premium liability. If this filing is late or the premium paid insufficient, PBGC will subsequently send the Plan Administrator a Statement of Account (Premium Invoice) that shows the amount owed PBGC.

Payment Alternative:	Pay via Electronic Funds Transfer (outside of My PAA)
Flat-rate Premium:	\$1,800.00
Premium Credit:	N/A
Premium Amount Due:	\$1,800.00

Amended Filing
2011 PBGC Comprehensive Premium Filing Receipt
Disaster Relief (enter code) _____

DO NOT MAIL TO PBGC

Part I - General Plan Information

1 Plan sponsor information

a Name: Testingname

b Address line 1: 3255 East Test Side

Done
Local intranet 100%

PBGC Comprehensive Premium Filing Receipt - DO NOT MAIL TO PBGC - Windows Internet Explorer

http://205.162.137.66/myppaa/private/managefiling/receipts/comprehensivefilingreceipt.aspx

File Edit View Favorites Tools Help

PBGC Comprehensive Premium Filing Receipt - DO NO...

Done Local intranet 100%

b Address line 1: 3255 East Test Side
 c Address line 2: _____
 d City: Dc e State: DC f Zip: 20005 g Country (if not US): _____
 h Six-digit business code: 111100 i First six digits of CUSIP number: 455565

2 Plan administrator information
 a Name: Testingname
 b Address line 1: 3255 East Test Side
 c Address line 2: _____
 d City: Dc e State: DC f Zip: 20005 g Country (if not US): _____

3 Plan information
 a Plan name: Testplan2011
 b Premium payment year information:
 (1) This filing is for the premium payment year commencing 01 / 01 / 2011 and ending 12 / 31 / 2011.
 (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 11-1112011 PN 444
 (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) Form 5500 EIN and PN Information: If the EIN and PN are not **both** the same as on the 2010 Form 5500, enter EIN and PN from 2010 Form 5500 and provide explanation. EIN _____ PN _____. Explanation _____
 d Plan type: Multiemployer Single-employer (including multiple-employer plans)

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http://205.162.137.66/myppaa/private/managefiling/receipts/comprehensivefilingreceipt.aspx

File Edit View Favorites Tools Help

PBGC Comprehensive Premium Filing Receipt - DO NO...

Page Tools

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: QlegM Phone number: 202-362-4000 ext 4937
E-mail address: QM@pbgc.gov

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.

Part III — Premium Information

6 Flat-rate premium

a Participant count date: Month 01 Day 01 Year 2011

b Flat-rate premium calculation

(1) Applicable rate (Single-employer plans enter \$35; Multiemployer plans, enter \$9)	\$9.00
(2) Participant count as of participant count date	200
(3) Flat-rate premium (item 6b(1) x item 6b(2))	\$1,800.00

7 Variable-rate premium (VRP) - Single-employer plans only (Multiemployer plans – skip to item 8)

a Exemptions — If an exemption applies, check applicable box and skip to item 8.
 No vested participants 412(e)(3) plan Standard termination with a proposed termination date of __/__/__

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
 If box is checked, items 7c through 7f(1) may, but need not, be omitted

Done Local intranet 100%

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If box is checked, items 7c through 7g(1) may, but need not, be omitted.

c UVB Valuation date: Month ___ Day ___ Year ___

d Premium funding target information — Check box if the reported premium funding target information is an estimate.

(1) Premium funding target method: Standard Alternative

(2) Discount rate(s) 1st segment ___ 2nd segment ___ 3rd segment ___ N/A, full yield curve used

(3) Premium funding target as of UVB valuation date _____

e Market value of assets as of UVB valuation date _____

f Unfunded vested benefits (excess, if any, of item 7d(3) over item 7e, rounded up to the next \$1,000) _____

g Variable-rate premium calculation

If the plan does not qualify for the VRP cap, omit the following two items and skip to item 7g(3).

(1) Variable-rate premium before reflecting the cap (item 7f x 0.009) _____

(2) Maximum VRP (\$5 x item 6b(2) x item 6b(2)) _____

(3) Variable-rate premium

If the plan does not qualify for the VRP cap, item 7f x 0.009.

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). _____

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

a Number of months (complete and partial) in the short plan year _____

b Total premium before reflecting proration (item 6b(3) + item 7g(3), if applicable) _____

9 Total premium

If the plan does not qualify for premium proration, item 6b(3) + item 7g(3), if applicable

If the plan qualifies for premium proration, item 8b x item 8a + 12. \$1,800.00

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PBGC Comprehensive Premium Filing Receipt - DO NO...

Page Tools

10 Premium credit (including any payments already made for this premium payment year and any overpayment from prior plan year unless refund was requested) _____

11 Amount due (excess, if any, of item 9 over item 10) **\$1,800.00**

12 Treatment of overpayment

a Excess, if any, of item 10 over item 9 _____

b Treatment of balance (select one):

Credit towards next year's premium Refund by check Refund by electronic funds transfer (preferred refund option)

If you select a refund by electronic funds transfer, complete the following information:

Type of account Checking Savings Bank routing number _____

Account number _____ Sub-account number (if any) _____

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

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

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 __/__/____.

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PBGC Comprehensive Premium Filing Receipt - DO NOT MAIL TO PBGC - Windows Internet Explorer

http://205.162.137.66/myppaa/private/managefiling/receipts/comprehensivefilingreceipt.aspx

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

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) - N/A

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.

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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 Sergey Last name Testerovich

SERGEY@SERGEYTESTEROVICH.COM E-mail address 111-222-1212 ext _____ Telephone

ELECTRONICALLY SIGNED Signature 12/ 21/ 2010 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 _____ Telephone ext _____

_____ E-mail address _____ Enrollment number

_____ Signature ____/____/____ Date

[Return to My PAA Home](#)

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Screen filing

Comprehensive Premium single employer VRP filing is paid online using My PAA

PAAHome - Windows Internet Explorer

Address bar: <http://205.162.137.66/mypaa/private/paahome.aspx>

Search: Live Search

File Edit View Favorites Tools Help

PAAHome

Welcome, **Sergey Testervich!**
[My Account](#) | [Logout](#) | [My PAA Users Manual \(PDF\)](#)

Home Page

Add a Plan to your Account [Instructions](#)
There must be at least one plan in your account to e-file.

Sergey Testervich's Inbox (filings requiring your input) [Instructions](#)
Only for filings created using My PAA data entry screens and imported filings. [Where's my filing?](#)
There are no filings in your Inbox.

Create Filing In My PAA Data Entry & Editing Screens (for any plan in your account)

Plans in Your Account [Instructions](#)

Plan Name (EIN/PN)	Go to Plan Page	Invite a Practitioner	Create Filing
Test Plan (33-3333333 / 333)	<input type="button" value="Go to Plan Page"/>	<input type="button" value="Invite a Practitioner"/>	<input type="button" value="Create Filing"/>
Testplan2011 (11-1112011 / 444)	<input type="button" value="Go to Plan Page"/>	<input type="button" value="Invite a Practitioner"/>	<input type="button" value="Create Filing"/>
Tuesdaytest (77-7777777 / 777)	<input type="button" value="Go to Plan Page"/>	<input type="button" value="Invite a Practitioner"/>	<input type="button" value="Create Filing"/>

Import Software-Prepared Filing(s) into My PAA Editing Screens [Instructions](#)
Import filing(s) for any plan(s) in your account.

Upload Software-Prepared Filing(s) [Instructions](#)
Upload filing(s) for any plan(s) once you have at least one plan in your account.

Done Local intranet 100%

How To File - Windows Internet Explorer

http://205.162.137.66/mypaa/private/createfiling/howtofile.aspx

File Edit View Favorites Tools Help

How To File

PBGC My PAA [My Home Page](#) | [My Account](#) | [Logout](#) | [My PAA Users Manual \(PDF\)](#)

How to File

Online filing with My PAA is a 3-step process: [More Details](#)

- 1 Start a Draft Filing
- 2 Edit Draft, Sign Filing, and Select Payment Alternative
- 3 Submit Filing with Payment (if any)

Identify Filing Type

Select the plan year and filing type for the filing you wish to create:

Select one

- Select one
- Comprehensive Premium Filing (2008 and later)
- Estimated Flat-rate Premium Filing*
- Final Premium Filing (2004 – 2007)

*Estimated Flat-Rate filings for the plan year. Comprehensive/final filing for the plan year.

Continue Cancel

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Identify Filing to be Made - Windows Internet Explorer

http://205.162.137.66/mypaa/private/createfiling/identifyfiling.aspx

File Edit View Favorites Tools Help


Identify Filing to be Made

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Step 1: Start a Draft Filing

Test Plan - 33-3333333 / 333

Please note: You will be automatically logged out of My PAA after 20 minutes of inactivity. This could result in a loss of any information you entered in My PAA.



1 → **2** → **3**

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

Identify Filing to be Made Continue > Cancel

[Instructions](#)

Premium is for plan year commencing: (ex. MM/DD/YYYY) Premium is for plan year ending: (ex. MM/DD/YYYY)

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

(ex. MM/DD/YYYY)

This is an amended filing

identifyfiling.aspx Local intranet 100%

Plan and Filing Information - Windows Internet Explorer

http://205.162.137.66/mypaa/private/createfiling/planandfilinginfo.aspx

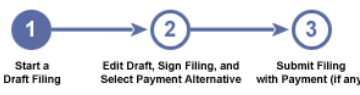
File Edit View Favorites Tools Help

Plan and Filing Information

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Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2011
Test Plan - 33-3333333 / 333



1 → 2 → 3

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

Enter Plan and Filing Information

[Instructions](#)

Plan name:

[Instructions](#)

Previous filing EIN:	33-3333333	Previous filing PN:	333
Current EIN:	<input type="text" value="33-3333333"/> (ex. 11-1111111)	Current PN:	<input type="text" value="333"/> (ex. 111)

Form 5500 EIN and PN Information:

If the EIN and PN are not both the same as on the 2010 Form 5500, enter EIN and PN from 2010 Form 5500 and provide explanation:

Local intranet 100%

Plan Sponsor and Administrator - Windows Internet Explorer

http://205.162.137.66/mypaa/private/createfiling/plansponsoradmin.aspx

File Edit View Favorites Tools Help

Plan Sponsor and Administrator

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Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2011
Test Plan - 33-3333333 / 333

1 → 2 → 3

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

Enter Plan Sponsor and Administrator Information

Plan Sponsor Information [Instructions](#)

Name:

Address:

City: State: Zip: (ex. 11111 or 11111-1111)

Country:

Plan Administrator Information [Instructions](#)

Check if same as Plan Sponsor To make changes to the Plan Administrator information, remove the check mark.

Local intranet 100%

Calculate Premium Payment - Windows Internet Explorer

http://205.162.137.66/mypaa/private/createfiling/variablepremium.aspx

File Edit View Favorites Tools Help

Calculate Premium Payment

Draft Filing Select Payment Alternative with Payment (if any)

Calculate Premium Due

Continue > < Back Cancel Save & Exit

Flat-rate Premium [Instructions](#)

Participant Count Date: (ex. MM/DD/YYYY)

Single-employer Flat-rate: \$35.00

Participant Count as of Participant Count Date: x (ex. 1,111,111)

Flat-rate Premium: = \$0.00

Variable-rate Premium

Alternative Premium Funding Target Election [Instructions](#)

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 the filing begins. If an election is currently in effect, do not make an election again.

VRP cap qualification [Instructions](#)

If this plan qualifies for the VRP cap applicable to certain plans of small employers (those with 25 or fewer employees), select one of the following statements:

The plan is reporting unfunded vested benefits (UVBs), so that My PAA can determine which is less, the VRP based on UVBs or the maximum VRP.

Done Local intranet 100%

Unfunded Vested Benefits - Windows Internet Explorer

http://205.162.137.66/myppa/private/createfiling/2008/unfundedvestedbenefits.aspx

File Edit View Favorites Tools Help

Unfunded Vested Benefits

Draft Filing Select Payment Alternative with Payment (if any)

Calculate Variable-rate Premium

Continue > < Back Cancel Save & Exit

> [Instructions](#)

UVB valuation date: (ex. MM/DD/YYYY)

Premium Funding Target Information

Check box if the reported premium funding target information is an estimate.

Premium funding target method: Standard Alternative

Discount rates

Segment rates N/A, full yield curve used

1st segment: % (ex. 1.11)

2nd segment: % (ex. 1.11)

3rd segment: % (ex. 1.11)

Premium funding target as of UVB valuation date: \$ (ex. 1,111)

Done Local intranet 100%

Unfunded Benefits Premium Due - Windows Internet Explorer

http://205.162.137.66/mypaa/private/createfiling/unfundedbenefitspremiumdue.aspx

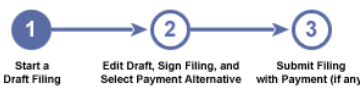
File Edit View Favorites Tools Help

Unfunded Benefits Premium Due

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Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2011
Test Plan - 33-3333333 / 333



1 → 2 → 3

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

Variable-rate Premium Due

Continue > < Back Cancel Save & Exit

[-> Instructions](#)

Variable-rate premium:	\$0.00
------------------------	--------

Continue > < Back Cancel Save & Exit

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Premium Total - Windows Internet Explorer

http://205.162.137.66/mypaa/private/createfiling/premiumtotal.aspx

File Edit View Favorites Tools Help

Premium Total

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Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2011
Test Plan - 33-3333333 / 333

1 → 2 → 3

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

Calculate Total Premium Payment

Continue > < Back Cancel Save & Exit

[Instructions](#)

Flat-rate Premium:		\$6,650.00	
Variable-rate Premium:	+	\$0.00	
Total Premium:	=	\$6,650.00	
Premium credit (including any payments already made for this premium payment year and any overpayment from the prior plan year unless refund was requested):	-	\$ <input type="text" value=""/>	(ex. 1,111,111.11)
Amount Due:	=	\$6,650.00	<input type="button" value="Calculate"/>

Continue > < Back Cancel Save & Exit

Local intranet 100%

Misc Plan Information - Windows Internet Explorer

http://205.162.137.66/myppaa/private/createfiling/2008/miscplanfilinginformation.aspx

File Edit View Favorites Tools Help

Misc Plan Information

Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2011
Test Plan - 33-3333333 / 333

1 → 2 → 3
Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

Report Miscellaneous Information

Continue > < Back Cancel Save & Exit

[Instructions](#)

Final Filing

[Clear information](#)

If this is the last filing for this plan, enter the date of event and select the reason that best describes why filing obligation is ceasing:

(ex. MM/DD/YYYY)

Merger/Consolidation Distribution pursuant to termination
 Trusteeship Cessation of covered status

New and Newly Covered Plans

If this filing is for a new plan or a newly-covered plan, report the:

Plan effective date: (ex. MM/DD/YYYY)
Plan adoption date: (ex. MM/DD/YYYY)
Plan coverage date: (ex. MM/DD/YYYY)

Local intranet 100%

Plan Transfers From - Windows Internet Explorer

http://205.162.137.66/myppa/private/createfiling/2008/plantransfersfrom.aspx

File Edit View Favorites Tools Help

Plan Transfers From

Plan Filing Select Payment Alternative With Payment (Prany)

Report Transfers From Other Plans

Continue > < Back Cancel Save & Exit

[Instructions](#)

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 the assets or liabilities were transferred (if transfer involved a new or newly-covered plan, see instructions).

[Clear all rows](#)

EIN (ex. 11-1111111)	PN (ex. 111)	Date of transfer (ex. MM/DD/YYYY)	Type of transfer
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other Clear

[Add more rows](#)

Continue > < Back Cancel Save & Exit

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Local intranet 100%

Plan Transfers To - Windows Internet Explorer

http://205.162.137.66/myppa/private/createfiling/2008/plantransfersto.aspx

File Edit View Favorites Tools Help

Plan Transfers To

1 → 2 → 3

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

Report Transfers To Other Plans

Continue > < Back Cancel Save & Exit

[Instructions](#)

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).

[Clear all rows](#)

EIN (ex. 11-1111111)	PN (ex. 111)	Date of Transfer (ex. MM/DD/YYYY)	Type of transfer
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other Clear

[Add more rows](#)

Continue > < Back Cancel Save & Exit

Local intranet 100%

Comprehensive Summary - Windows Internet Explorer

http://205.162.137.66/myppa/private/createfiling/finalsummary.aspx

File Edit View Favorites Tools Help

Comprehensive Summary

Draft Filing Select Payment Alternative with Payment (if any)

Save Filing and Proceed to Step 2

[Continue >](#) [Cancel](#)

Please verify that all information is correct. To change information, click 'Edit'. If you are satisfied and do not need to make any changes, click 'Continue'.
Note: N/A indicates that this item was not answered or is not applicable.

Identify Filing to be Made		Edit
Plan Year Commencement Date:	1/1/2011	
Plan Year Ending Date:	12/31/2011	
Date plan year change adopted (if any):	N/A	
Plan Type:	Single-employer	
Filing Type:	Comprehensive	
Plan qualifies for proration:	Not Checked	
Plan size (based on prior year participant count):	Mid-size (100-499)	

Enter Plan and Filing Information		Edit
Plan Name:	Test Plan	
Previous EIN / PN:	33-3333333 / 333	
Current EIN / PN:	33-3333333 / 333	
EIN/PN from 2010 Form 5500 (if different):	N/A	
Explanation as to why EIN/PN does not match entry on 2010 Form 5500:	N/A	
6-digit business code:	111100	

Done Local intranet 100%

Filing Confirmation - Windows Internet Explorer

http://205.162.137.66/mypaa/private/createfiling/filingconfirmation.aspx

File Edit View Favorites Tools Help

Filing Confirmation

Local intranet 100%

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Draft Filing Saved but not Submitted

You have completed step 1 of the 3 step filing process
Click the 'Go to Filing Manager Page' button to continue with step 2.

You have created and saved a DRAFT filing for Test Plan, 33-3333333 / 333 -- this completes step 1 of the filing process.

You must complete step 2 (edit, sign, and select payment alternative) and step 3 (submit filing and payment) to finish the submission process. These steps are initiated from the Filing Manager Page.

Click the 'Go to Filing Manager Page' button to continue.

Note: For a premium filing to be considered timely, both the filing and the payment of any associated premium must be filed by the due date.

[Go to Filing Manager](#)


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Manage Filing - Windows Internet Explorer

http://205.162.137.66/mypaa/private/managefiling/managefiling.aspx


File Edit View Favorites Tools Help

Manage Filing


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Step 2: Edit Draft, Sign Filing, and Select Payment Alternative

Comprehensive Filing for Plan Year Commencing 1/1/2011
Test Plan - 33-3333333 / 333



1 Start a Draft Filing → 2 Edit Draft, Sign Filing, and Select Payment Alternative → 3 Submit Filing with Payment (if any)

Filing Manager [Go to Plan Page](#)

Filing Status

Filing is: not ready for submission (refer to 'To submit this filing' below)
You are holding the filing

Filing Task List [Instructions](#)

View/Edit Filing	✓ This filing contains all the required information.	Delete Filing
Sign	Sign as Plan Administrator	
Sign	Sign as Actuary	
Authorize	Authorize as Paying Agent	

To take action on this filing:

- You must be holding the filing (otherwise, only 'View Filing' is available). Tasks listed reflect your permissions for this plan. Permissions are listed in the Filing Team section below.
- Note: If a change is made that affects the amount due or variable-rate premium information, any signatures/authorizations will be removed. The filing will need to be re-signed/authorized.

To submit this filing:

- You must be holding the filing and must have the Plan Administrator or Filing Coordinator permission.
- The task list must indicate that the filing contains all required information.
- Each required signature/authorization on the task list must be completed.


Done Local intranet 100%

Filing Plan Administrator Approve - Windows Internet Explorer

http://205.162.137.66/mypaa/private/managefiling/filingplanadministratorapprove.aspx

File Edit View Favorites Tools Help

Filing Plan Administrator Approve


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Approval for Comprehensive Filing

Comprehensive Filing for Plan Year Commencing 1/1/2011
Test Plan - 33-3333333 / 333

Certification of Single-Employer Plan Administrator [-> Instructions](#)

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.

Your Personal Information (To update this information, select the My Account link at the top of this page.)

First Name:	Sergey		
Last Name:	Testerovich		
Work Phone:	111-222-1212	Ext.	
Work E-mail:	SERGEY@SERGEYTESTEROVICH.COM		

As an extra security precaution, we ask that you enter below the answer to your secret question before clicking Approve Filing

I understand that under the Government Paperwork Elimination Act ("GPEA") (Title XVII of Public Law No. 105-277), my answer to my secret question will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C. 1001 (dealing with false statements) as an inked signature.

http://205.162.137.66/MyPAA/Help/MyPAAUsersManual.pdf

Local intranet 100%

Manage Filing - Windows Internet Explorer

http://205.162.137.66/MyPAA/private/managefiling/managefiling.aspx

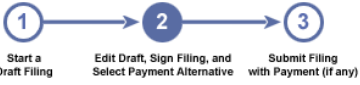
File Edit View Favorites Tools Help

Manage Filing

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Step 2: Edit Draft, Sign Filing, and Select Payment Alternative

Comprehensive Filing for Plan Year Commencing 1/1/2011
Test Plan - 33-3333333 / 333



1 Start a Draft Filing → 2 Edit Draft, Sign Filing, and Select Payment Alternative → 3 Submit Filing with Payment (if any)

Filing Manager [Go to Plan Page](#)

Filing Status

Filing is: not ready for submission (refer to 'To submit this filing' below)
You are holding the filing

Filing Task List [Instructions](#)

View/Edit Filing	✓ This filing contains all the required information.	Delete Filing
	✓ Plan Administrator e-signature completed 6:11 PM, 12/21/2010 Eastern Time	
Sign	Sign as Actuary	
Authorize	Authorize as Paying Agent	

To take action on this filing:

- You must be holding the filing (otherwise, only 'View Filing' is available). Tasks listed reflect your permissions for this plan. Permissions are listed in the Filing Team section below.
- Note: If a change is made that affects the amount due or variable-rate premium information, any signatures/authorizations will be removed. The filing will need to be re-signed/authorized.

To submit this filing:

- You must be holding the filing and must have the Plan Administrator or Filing Coordinator permission.
- The task list must indicate that the filing contains all required information.
- Each required signature/authorization on the task list must be completed.

Local intranet 100%

Filing Actuary Approve - Windows Internet Explorer

http://205.162.137.66/mypaa/private/managefiling/filingactuaryapprove.aspx

File Edit View Favorites Tools Help

Filing Actuary Approve

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Approval for Final Filing

Comprehensive Filing for Plan Year Commencing 1/1/2011
Test Plan - 33-3333333 / 333

Filing Summary

VRP cap qualification:	N/A
UVB valuation date:	1/1/2011
Premium funding target is an estimate:	Not Checked
Premium funding target method:	Standard
Discount Rates:	Segment rates
Segment Rates:	
1st Segment:	1.05%
2nd Segment:	1.07%
3rd Segment:	1.10%
Premium funding target:	\$69,000.00
Market value of assets:	\$190,000.00
Unfunded Vested Benefits:	\$0.00
Variable-rate Premium:	\$0.00

Certification of Enrolled Actuary [Instructions](#)

Done Local intranet 100%

Manage Filing - Windows Internet Explorer

http://205.162.137.66/MyPAA/private/managefiling/managefiling.aspx

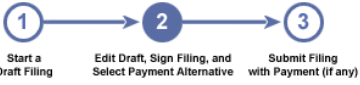
File Edit View Favorites Tools Help

Manage Filing

My Home Page | My Account | Logout | My PAA Users Manual (PDF)

Step 2: Edit Draft, Sign Filing, and Select Payment Alternative

Comprehensive Filing for Plan Year Commencing 1/1/2011
Test Plan - 33-3333333 / 333



1 Start a Draft Filing → 2 Edit Draft, Sign Filing, and Select Payment Alternative → 3 Submit Filing with Payment (if any)

Filing Manager [Go to Plan Page](#)

Filing Status

Filing is: not ready for submission (refer to 'To submit this filing' below)
You are holding the filing

Filing Task List [Instructions](#)

View/Edit Filing	<ul style="list-style-type: none"> ✓ This filing contains all the required information. ✓ Plan Administrator e-signature completed 6:11 PM. 12/21/2010 Eastern Time ✓ Enrolled Actuary e-signature completed 6:12 PM. 12/21/2010 Eastern Time 	Delete Filing
Authorize	Authorize as Paying Agent	

To take action on this filing:

- You must be holding the filing (otherwise, only 'View Filing' is available). Tasks listed reflect your permissions for this plan. Permissions are listed in the Filing Team section below.
- Note: If a change is made that affects the amount due or variable-rate premium information, any signatures/authorizations will be removed. The filing will need to be re-signed/authorized.

To submit this filing:

- You must be holding the filing and must have the Plan Administrator or Filing Coordinator permission.
- The task list must indicate that the filing contains all required information.

Done Local intranet 100%

MyPAA - Windows Internet Explorer


http://205.162.137.66/mypaa/private/payment/paymentoptions.aspx

File Edit View Favorites Tools Help

MyPAA

PBGC My PAA [My Home Page](#) | [My Account](#) | [Logout](#) | [My PAA Users Manual \(PDF\)](#)

Comprehensive Filing for Plan Year Commencing 1/1/2011
Test Plan - 33-3333333 / 333



Payment Alternatives

Important: For your filing to be considered timely, you must submit both the filing information and any premium payment due by the filing due date.

You have the following payment alternatives; please select one:

- Pay Online using My PAA
- Pay via Electronic Funds Transfer (outside of My PAA)
- Pay using a Paper Check

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paymentoptions.aspx Local intranet 100%

MyPAA - Windows Internet Explorer

http://205.162.137.66/mypaa/private/payment/paymentonline.aspx

File Edit View Favorites Tools Help

MyPAA Page Tools

Authorize E-Payment

Flat-rate Premium:	\$6,650.00	Instructions
Variable-rate Premium:	\$0.00	
Premium Credit:	\$0.00	
Premium Amount Due:	\$6,650.00	
Payment Amount:	\$ <input type="text" value="6,650.00"/> (ex 1,111.11)	

Payment Amount must be at least equal to the Premium Amount Due.

I wish to pay using the following method (select one):

Required fields for each payment method are marked with an asterisk

Automated Clearing House (ACH) [Instructions](#)

*Bank Routing Code: (9 digits)

*Bank Account Number:

*Account Type:

*Account Holder Name:
(as it appears on the account)

*Bank Name:

I authorize to have my bank account electronically debited for the Payment Amount.

Electronic Check [Instructions](#)

*Check Number:

*Bank Routing Code: (9 digits)

*Bank Account Number:

Local intranet 100%

MyPAA - Windows Internet Explorer

http://205.162.137.66/mypaa/private/payment/paymentsummary.aspx

File Edit View Favorites Tools Help

MyPAA

Confirm Premium Payment Information

Payment Summary [Edit](#)

Below is the payment information you are submitting. If you need to make changes to this information, click the "Edit" button.

Payment Alternative:	Paid online via My PAA
Flat-rate Premium:	\$6,650.00
Variable-rate Premium:	\$0.00
Premium Credit:	N/A
Premium Amount Due:	\$6,650.00
Amount Paid:	\$6,650.00
Total Amount Paid:	\$6,650.00
Method Selected:	Automated Clearing House (ACH)
Bank Routing Code:	*****1981
Bank Account Number:	*****18
Account Type:	Checking Account
Account Holder Name:	Testcontact
Bank Name:	Capital One

As an added security precaution, enter below the answer to your Secret Question.

I understand that under the Government Paperwork Elimination Act ("GPEA") (Title XVII of Public Law No. 105-277), my answer to my secret question will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C. 1001 (dealing with false statements) as an inked signature.

Secret Question: In what city were you born?

* **Secret Answer:**

Done Local intranet 100%

Manage Filing - Windows Internet Explorer

http://205.162.137.66/MyPAA/private/managefiling/managefiling.aspx

File Edit View Favorites Tools Help

Manage Filing

My Home Page | My Account | Logout | My PAA Users Manual (PDF)

Step 3: Submit Filing (with payment, if due)

Comprehensive Filing for Plan Year Commencing 1/1/2011
Test Plan - 33-3333333 / 333

1 → 2 → 3

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

[Go to Plan Page](#)

Filing Manager

Filing Status

Filing is: ✓ ready for submission (refer to 'To submit this filing' below)

[Submit Now](#) [Submit Later](#)

Note: Click the "submit now" button only once or you may encounter an error.

Filing Task List

[View/Edit Filing](#) [Delete Filing](#) [Instructions](#)

- ✓ This filing contains all the required information.
- ✓ Plan Administrator e-signature completed
6:11 PM, 12/21/2010 Eastern Time
- ✓ Enrolled Actuary e-signature completed
6:12 PM, 12/21/2010 Eastern Time
- ✓ E-payment authorization completed
6:17 PM, 12/21/2010 Eastern Time

To take action on this filing:

- You must be holding the filing (otherwise, only 'View Filing' is available). Tasks listed reflect your permissions for this plan. Permissions are listed in the Filing Team section below.
- Note: If a change is made that affects the amount due or variable-rate premium information, any signatures/authorizations will be removed. The filing will need to be re-signed/authorized.

Done Local intranet 100%

Confirmation - Windows Internet Explorer

http://205.162.137.66/mypaa/public/common/confirmation.aspx

File Edit View Favorites Tools Help

Confirmation

My Home Page | My Account | Logout | My PAA Users Manual (PDF)

PBGC My PAA

Submit Confirmation

Are you sure you are ready to submit the 2011 Comprehensive Premium Filing to PBGC? Selecting the "Submit" button will send the filing to PBGC. Selecting the "Return" button will return you to the Filing Manager page.

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Windows Internet Explorer
 http://205.162.137.66/mypaa/private/managefiling/receipts/comprehensivefilingreceipt.aspx
 PBGC Comprehensive Premium Filing Receipt - DO NOT MAIL TO PBGC

PBGC My PAA [My Home Page](#)

Receipt for Comprehensive Premium Filing [Print](#)

Date/Time Filing Received: 12/21/2010 6:17 PM Eastern Time

Your reference number for this transaction is 1971443

Please print this receipt for your records and refer to it for customer service inquiries regarding this transaction.

Please note that this transaction is subject to further verification and does not guarantee satisfaction of filing requirement or premium liability. If this filing is late or the premium paid insufficient, PBGC will subsequently send the Plan Administrator a Statement of Account (Premium Invoice) that shows the amount owed PBGC.

Payment Alternative:	Paid online via My PAA
Flat-rate Premium:	\$6,650.00
Variable-rate Premium:	\$0.00
Premium Credit:	N/A
Premium Amount Due:	\$6,650.00
Amount Paid:	\$6,650.00
Total Amount Paid:	\$6,650.00
Method Selected:	Automated Clearing House (ACH)
Bank Routing Code:	*****1981
Bank Account Number:	*****18
Account Type:	Checking Account
Account Holder Name:	Testcontact
Bank Name:	Capital One

Done Local intranet 100%

Windows Internet Explorer
http://205.162.137.66/myaaa/private/managefiling/receipts/comprehensivefilingreceipt.aspx
Live Search

File Edit View Favorites Tools Help
PBGC Comprehensive Premium Filing Receipt - DO NO...
Capital One

Bank Name: Capital One

Amended Filing 2011 PBGC Comprehensive Premium Filing Receipt
DO NOT MAIL TO PBGC Disaster Relief (enter code) _____

Part I - General Plan Information

1 Plan sponsor information

a Name: Simon
b Address line 1: 3321
c Address line 2: _____
d City: Atlanta e State: GA f Zip: 66222 g Country (if not US): _____
h Six-digit business code: 111100 i First six digits of CUSIP number: 337722

2 Plan administrator information

a Name: Simon
b Address line 1: 3321
c Address line 2: _____
d City: Atlanta e State: GA f Zip: 66222 g Country (if not US): _____

3 Plan information

a Plan name: Test Plan
b Premium payment year information:
(1) This filing is for the premium payment year commencing 01 / 01 / 2011 and ending 12 / 31 / 2011.
(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).

Done Local intranet 100%

PBGC Comprehensive Premium Filing Receipt - DO NOT MAIL TO PBGC - Windows Internet Explorer

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File Edit View Favorites Tools Help

PBGC Comprehensive Premium Filing Receipt - DO NO...

(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 33-3333333 PN 333

(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) Form 5500 EIN and PN Information: If the EIN and PN are not **both** the same as on the 2010 Form 5500, enter EIN and PN from 2010 Form 5500 and provide explanation.
EIN _____ PN _____. Explanation _____

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: Gera Phone number: 301-947-5588 ext _____
E-mail address: gera@test.com

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.

Part III — Premium Information

6 Flat-rate premium

a Participant count date: Month 01 Day 01 Year 2011

b Flat-rate premium calculation

(4) Applicable rate (Single-employer plans enter \$25; Multiemployer plans enter \$50)

Done Local intranet 100%

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File Edit View Favorites Tools Help

PBGC Comprehensive Premium Filing Receipt - DO NO...

6 Flat-rate premium

a Participant count date: Month 01 Day 01 Year 2011

b Flat-rate premium calculation

(1) Applicable rate (Single-employer plans enter \$35; Multiemployer plans, enter \$9)	\$35.00
(2) Participant count as of participant count date	190
(3) Flat-rate premium (item 6b(1) x item 6b(2))	\$6,650.00

7 Variable-rate premium (VRP) - Single-employer plans only (Multiemployer plans - skip to item 8)

a Exemptions — If an exemption applies, check applicable box and skip to item 8.

No vested participants 412(e)(3) plan Standard termination with a proposed termination date of __/__/____

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 . If box is checked, items 7c through 7g(1) may, but need not, be omitted.

c UVB Valuation date: Month 01 Day 01 Year 2011

d Premium funding target information — Check box if the reported premium funding target information is an estimate.

(1) Premium funding target method: Standard Alternative

(2) Discount rate(s) 1st segment 1.05% 2nd segment 1.07% 3rd segment 1.1% N/A, full yield curve used

(3) Premium funding target as of UVB valuation date \$69,000.00

e Market value of assets as of UVB valuation date \$190,000.00

f Unfunded vested benefits (excess, if any, of item 7d(3) over item 7e, rounded up to the next \$1,000) \$0.00

g Variable-rate premium calculation

If the plan does not qualify for the VRP cap, omit the following two items and skip to item 7g(3).

(1) Variable-rate premium before reflecting the cap (item 7f x 0.009) _____

(2) Maximum VRP (\$5 x item 6b(2) x item 6b(2)) _____

(3) Variable-rate premium

Done Local intranet 100%

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File Edit View Favorites Tools Help

PBGC Comprehensive Premium Filing Receipt - DO NO...

Page Tools

(3) Variable-rate premium
 If the plan does not qualify for the VRP cap, item 7f x 0.009.
 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). \$0.00

8 Premium proration (If the plan does not qualify for premium proration, skip to item 9)
 a Number of months (complete and partial) in the short plan year _____
 b Total premium before reflecting proration (item 6b(3) + item 7g(3), if applicable) _____

9 Total premium
 If the plan does not qualify for premium proration, item 6b(3) + item 7g(3), if applicable
 If the plan qualifies for premium proration, item 8b x item 8a ÷ 12. \$6,650.00

10 Premium credit (including any payments already made for this premium payment year and any overpayment from prior plan year unless refund was requested) _____

11 Amount due (excess, if any, of item 9 over item 10) \$6,650.00

12 Treatment of overpayment
 a Excess, if any, of item 10 over item 9 _____
 b Treatment of balance (select one):
 Credit towards next year's premium Refund by check Refund by electronic funds transfer (preferred refund option)
 If you select a refund by electronic funds transfer, complete the following information:
 Type of account Checking Savings Bank routing number _____
 Account number _____ Sub-account number (if any) _____

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

Done Local intranet 100%

PBGC Comprehensive Premium Filing Receipt - DO NOT MAIL TO PBGC - Windows Internet Explorer

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File Edit View Favorites Tools Help

PBGC Comprehensive Premium Filing Receipt - DO NO...

Page Tgols

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

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

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

Done Local intranet 100%

Windows Internet Explorer
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PBGC Comprehensive Premium Filing Receipt - DO NOT MAIL TO PBGC

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) - N/A

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 Sergey Last name Testerovich

SERGEY@SERGEYTESTEROVICH.COM E-mail address 111-222-1212 ext _____ Telephone

ELECTRONICALLY SIGNED Signature 12/21/2010 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.

Done Local intranet 100%

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Name of person signing: First name Sergey Last name Testerovich

SERGEY@SERGEYTESTEROVICH.COM E-mail address 111-222-1212 ext _____ Telephone

ELECTRONICALLY SIGNED Signature 12/ 21/ 2010 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 Sergey Last name Testerovich

_____ Firm 111-222-1212 ext _____ Telephone

SERGEY@SERGEYTESTEROVICH.COM E-mail address 356522 Enrollment number

ELECTRONICALLY SIGNED Signature 12/ 21/ 2010 Date

[Return to My PAA Home](#)

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Screen filing

Estimated Flat-Rate Premium multiemployer filing is paid using paper check

How To File - Windows Internet Explorer

http://205.162.137.66/mypaa/private/createfiling/howtofile.aspx

File Edit View Favorites Tools Help

How To File

PBGC My PAA [My Home Page](#) | [My Account](#) | [Logout](#) | [My PAA Users Manual \(PDF\)](#)

How to File

Online filing with My PAA is a 3-step process: [More Details](#)

- 1 Start a Draft Filing
- 2 Edit Draft, Sign Filing, and Select Payment Alternative
- 3 Submit Filing with Payment (if any)

Identify Filing Type

Select the plan year and filing type for the filing you wish to create:

Estimated Flat-rate Premium Filing*

*Estimated Flat-Rate filings may only be created up until the due date of the comprehensive/final filing for the plan year.

[Continue](#) [Cancel](#)

[PBGC.gov](#) | [Privacy Act Notice](#) | [Paperwork Reduction Act Notice](#) | [Contact Us](#) | [About Online Premium Filing](#)

Local intranet 100%

Identify Filing to be Made - Windows Internet Explorer

http://205.162.137.66/myvaa/private/createfiling/identifyfiling.aspx

File Edit View Favorites Tools Help


Identify Filing to be Made

PBGC My PAA [My Home Page](#) | [My Account](#) | [Logout](#) | [My PAA Users Manual \(PDF\)](#)

Step 1: Start a Draft Filing

Estimated Filing for Plan Year Commencing 1/1/2011
Tuesdaytest - 77-7777777 / 777

Please note: You will be automatically logged out of My PAA after 20 minutes of inactivity. This could result in a loss of any information you entered in My PAA.



1 → 2 → 3

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

Identify Filing to be Made

[Instructions](#)

Premium is for plan year commencing: (ex. MM/DD/YYYY)

Premium is for plan year ending: (ex. MM/DD/YYYY)

[Instructions](#)

Multiemployer plan or Single-employer plan
(Includes Multiple-employer plan)

Done Local intranet 100%

Plan and Filing Information - Windows Internet Explorer

http://205.162.137.66/mypaa/private/createfiling/planandfilinginfo.aspx

File Edit View Favorites Tools Help

Plan and Filing Information

PBGC My PAA [My Home Page](#) | [My Account](#) | [Logout](#) | [My PAA Users Manual \(PDF\)](#)

Step 1: Start a Draft Filing

Estimated Filing for Plan Year Commencing 1/1/2011
Tuesdaytest - 77-7777777 | 777

1 → 2 → 3

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

Enter Plan and Filing Information

Continue > < Back Cancel

[Instructions](#)

Plan name:

[Instructions](#)

Previous filing EIN: 77-7777777 Previous filing PN: 777
Current EIN: (ex. 11-111111111) Current PN: (ex. 111)

[Instructions](#)

Disaster Relief (enter code): (ex. XX-XX)

Done Local intranet 100%

Plan Sponsor and Administrator - Windows Internet Explorer

http://205.162.137.66/myppa/private/createfiling/plansponsoradmin.aspx

File Edit View Favorites Tools Help

Plan Sponsor and Administrator

Estimated Filing for Plan Year Commencing 1/2011
Tuesdaytest - 77-7777777 / 777

1 → 2 → 3
Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

Enter Plan Sponsor and Administrator Information

Continue > < Back Cancel

Plan Sponsor Information > Instructions

Name:

Address:

City: State: < select a state > Zip: (ex. 11111 or 11111-1111)

Country: UNITED STATES OF AMERICA

Plan Administrator Information > Instructions

Check if same as Plan Sponsor To make changes to the Plan Administrator information, remove the check mark.

Name:

Address:

Local intranet 100%

Flat-Rate Premium - Windows Internet Explorer

http://205.162.137.66/mypaa/private/createfiling/flatratepremium.aspx

File Edit View Favorites Tools Help

Flat-Rate Premium

PBGC My PAA [My Home Page](#) | [My Account](#) | [Logout](#) | [My PAA Users Manual \(PDF\)](#)

Step 1: Start a Draft Filing

Estimated Filing for Plan Year Commencing 1/1/2011
Tuesdaytest - 77-7777777 / 777

1 → 2 → 3

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

Calculate Total Premium Payment

Continue > < Back Cancel Save & Exit

[Instructions](#)

Multiemployer Flat Rate:		\$9.00	
Estimated Participant Count:	x	<input type="text"/>	(ex. 1,111)
Estimated Premium:	=	\$0.00	
Premium credit (including any payments already made for this premium payment year and any overpayment from prior plan year unless refund was requested):	-	\$ <input type="text"/>	(ex. 1,111,111.11)
Estimated Premium Due:	=	\$0.00	<input type="button" value="Calculate"/>

Continue > < Back Cancel Save & Exit

Local intranet 100%

Estimated Summary - Windows Internet Explorer

http://205.162.137.66/mypaa/private/createfiling/estimatedsummary.aspx

File Edit View Favorites Tools Help

Estimated Summary

My Home Page | My Account | Logout | My PAA Users Manual (PDF)

Step 1: Start a Draft Filing

Estimated Filing for Plan Year Commencing 1/1/2011
 Tuesdaytest - 77-7777777 | 777 [Print](#)

1 → 2 → 3

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

Save Filing and Proceed to Step 2

[Continue >](#) [< Back](#) [Cancel](#)

Please verify that all information is correct. To change information, click 'Edit'. If you are satisfied and do not need to make any changes, click 'Continue'.
 Note: N/A indicates that this item was not answered or is not applicable.

Identify Filing to be Made	Edit
Plan Year Commencement Date:	1/1/2011
Plan Year Ending Date:	12/31/2011
Plan Type:	Multiemployer
Filing Type:	Estimated Flat-rate Premium
Plan qualifies for proration:	Not Checked

Enter Plan and Filing Information	Edit
Plan Name:	Tuesdaytest

Local intranet 100%

Filing Confirmation - Windows Internet Explorer

http://205.162.137.66/mypaa/private/createfiling/filingconfirmation.aspx

File Edit View Favorites Tools Help

Filing Confirmation

My Home Page | My Account | Logout | My PAA Users Manual (PDF)

Draft Filing Saved but not Submitted

You have completed step 1 of the 3 step filing process
Click the 'Go to Filing Manager Page' button to continue with step 2.

You have created and saved a DRAFT filing for Tuesdaytest, 77-7777777 / 777 -- this completes step 1 of the filing process.

You must complete step 2 (edit, sign, and select payment alternative) and step 3 (submit filing and payment) to finish the submission process. These steps are initiated from the Filing Manager Page.

Click the 'Go to Filing Manager Page' button to continue.

Note: For a premium filing to be considered timely, both the filing and the payment of any associated premium must be filed by the due date.

[Go to Filing Manager](#)

[PBGC.gov](#) | [Privacy Act Notice](#) | [Paperwork Reduction Act Notice](#) | [Contact Us](#) | [About Online Premium Filing](#)

Local intranet 100%

Manage Filing - Windows Internet Explorer

http://205.162.137.66/mypaa/private/managefiling/managefiling.aspx

File Edit View Favorites Tools Help

Manage Filing

[My Home Page](#) | [My Account](#) | [Logout](#) | [My PAA Users Manual \(PDF\)](#)

Step 2: Edit Draft, Sign Filing, and Select Payment Alternative

Estimated Filing for Plan Year Commencing 1/1/2011
 Tuesdaytest - 77-7777777 / 777

Filing Manager

Filing Status

Filing is: not ready for submission (refer to 'To submit this filing' below)
 You are holding the filing

Filing Task List [Instructions](#)

<input type="button" value="View/Edit Filing"/>	<input checked="" type="checkbox"/> This filing contains all the required information.	<input type="button" value="Delete Filing"/>
<input type="button" value="Sign"/>	Sign as Plan Administrator	
	No Actuary Signature Required	
<input type="button" value="Authorize"/>	Authorize as Paying Agent	

To take action on this filing:

- You must be holding the filing (otherwise, only 'View Filing' is available). Tasks listed reflect your permissions for this plan. Permissions are listed in the Filing Team section below.
- Note: If a change is made that affects the amount due or variable-rate premium information, any signatures/authorizations will be removed. The filing will need to be re-signed/authorized.

To submit this filing:

- You must be holding the filing and must have the Plan Administrator or Filing Coordinator permission.
- The task list must indicate that the filing contains all required information.
- Each required signature/authorization on the task list must be completed.

Local intranet 100%

Filing Plan Administrator Approve - Windows Internet Explorer

http://205.162.137.66/mypaa/private/managefiling/filingplanadministratorapprove.aspx

File Edit View Favorites Tools Help

Filing Plan Administrator Approve

PBGC My PAA [My Home Page](#) | [My Account](#) | [Logout](#) | [My PAA Users Manual \(PDF\)](#)

Approval for Estimated Filing

Estimated Filing for Plan Year Commencing 1/1/2011
Tuesdaytest - 77-7777777 / 777

Certification of Multiemployer Plan Administrator [-> Instructions](#)

I certify under penalty of perjury that, to the best of my knowledge and belief, the information in this filing (other than the Estimated Participant Count and the Estimated Premium) is true, correct, and complete.

Your Personal Information (To update this information, select the My Account link at the top of this page.)

First Name:	Sergey
Last Name:	Testerovich
Work Phone:	111-222-1212 Ext.
Work E-mail:	SERGEY@SERGEYTESTEROVICH.COM

As an extra security precaution, we ask that you enter below the answer to your secret question before clicking Approve Filing

I understand that under the Government Paperwork Elimination Act ("GPEA") (Title XVII of Public Law No. 105-277), my answer to my secret question will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C. 1001 (dealing with false statements) as an inked signature.

Secret Question: In what city were you born?

* Secret Answer:

Done Local intranet 100%

Manage Filing - Windows Internet Explorer

http://205.162.137.66/MyPAA/private/managefiling/managefiling.aspx


File Edit View Favorites Tools Help

Manage Filing

My Home Page | My Account | Logout | My PAA Users Manual (PDF)

Step 2: Edit Draft, Sign Filing, and Select Payment Alternative

Estimated Filing for Plan Year Commencing 1/1/2011
Tuesdaytest - 77-7777777 / 777



1 → 2 → 3

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

Filing Manager Go to Plan Page

Filing Status

Filing is: not ready for submission (refer to 'To submit this filing' below)
You are holding the filing

Filing Task List : [Instructions](#)

View/Edit Filing	✓ This filing contains all the required information.	Delete Filing
	✓ Plan Administrator e-signature completed 6:29 PM, 12/21/2010 Eastern Time	
	No Actuary Signature Required	
Authorize	Authorize as Paying Agent	

To take action on this filing:

- You must be holding the filing (otherwise, only 'View Filing' is available). Tasks listed reflect your permissions for this plan. Permissions are listed in the Filing Team section below.
- Note: If a change is made that affects the amount due or variable-rate premium information, any signatures/authorizations will be removed. The filing will need to be re-signed/authorized.

To submit this filing:

- You must be holding the filing and must have the Plan Administrator or Filing Coordinator permission.
- The task list must indicate that the filing contains all required information.
- Each required signature/authorization on the task list must be completed.

Done Local intranet 100%

MyPAA - Windows Internet Explorer


http://205.162.137.66/mypaa/private/payment/paymentoptions.aspx

File Edit View Favorites Tools Help

MyPAA

PBGC My PAA [My Home Page](#) | [My Account](#) | [Logout](#) | [My PAA Users Manual \(PDF\)](#)

Estimated Filing for Plan Year Commencing 1/1/2011
Tuesdaytest - 77-7777777 / 777



1 → **2** → **3**

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

Payment Alternatives

Important: For your filing to be considered timely, you must submit both the filing information and any premium payment due by the filing due date.

You have the following payment alternatives; please select one:

- Pay Online using My PAA
- Pay via Electronic Funds Transfer (outside of My PAA)
- Pay using a Paper Check

[PBGC.gov](#) | [Privacy Act Notice](#) | [Paperwork Reduction Act Notice](#) | [Contact Us](#) | [About Online Premium Filing](#)

Local intranet 100%

MyPAA - Windows Internet Explorer

http://205.162.137.66/mypaa/private/payment/paymentconfirm.aspx

File Edit View Favorites Tools Help

MyPAA

My Home Page | My Account | Logout | My PAA Users Manual (PDF)

Premium Payment

Estimated Filing for Plan Year Commencing 1/1/2011
Tuesdaytest - 77-7777777 / 777

```
graph LR; 1((1)) --> 2((2)); 2 --> 3((3));
```

Confirm Payment Alternative Selection
Payment Alternative Selected: Pay using a Paper Check

If you need to change the payment alternative selected, click the "< Back" button.

To continue with this alternative selection, click the "Next>" button.

Next > < Back Cancel

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Done Local intranet 100%

MyPAA - Windows Internet Explorer

http://205.162.137.66/mypaa/private/payment/paymentinstructions.aspx

File Edit View Favorites Tools Help

MyPAA

You selected "Pay using a paper check" as the payment alternative. To complete the filing process:

1. Read and follow the Payment Instructions to help ensure your payment is posted correctly to the plan's account.
2. Select the "Approve" button.

Payment Instructions

When you send the PBGC a paper check to pay the premium reported in the filing, we must match your paper check with your electronic filing to make sure your payment is posted correctly to the plan's account. To do this, we provide you with a payment voucher to print out and submit with your check.

To help ensure your payment is accurately posted to the plan's account, follow these steps:

1. Click the "Display Voucher" button before leaving this page. My PAA will display the payment voucher in a printable format.
2. When the voucher is displayed, select File/Print from your browser's menu to send the voucher to your selected printer. Be sure to print the voucher on 8.5" x 11" paper.
3. Close the window that displays the voucher.
4. Write the plan's EIN/PN and the date the premium payment year commenced (PYC) on your check in case the check becomes separated from the voucher.
5. Mail the check and voucher to:
Pension Benefit Guaranty Corporation
Department 77430
P.O. Box 77000
Detroit, MI 48277-0430

Display Voucher

Approve < Back Cancel

Done Local intranet 100%

Manage Filing - Windows Internet Explorer

http://205.162.137.66/MyPAA/private/managefiling/managefiling.aspx

File Edit View Favorites Tools Help

Manage Filing

Filing Status

Filing is: ready for submission (refer to 'To submit this filing' below)

Note: Click the "submit now" button only once or you may encounter an error.

Filing Task List -> [Instructions](#)

<input type="button" value="View/Edit Filing"/>	<input checked="" type="checkbox"/> This filing contains all the required information.	<input type="button" value="Delete Filing"/>
	<input checked="" type="checkbox"/> Plan Administrator e-signature completed 6:29 PM, 12/21/2010 Eastern Time No Actuary Signature Required	
<input type="button" value="Edit E-Payment"/>	<input checked="" type="checkbox"/> Authorization for payment alternative completed Payment alternative selected: Paper Check 6:31 PM, 12/21/2010 Eastern Time	

To take action on this filing:

- You must be holding the filing (otherwise, only 'View Filing' is available). Tasks listed reflect your permissions for this plan. Permissions are listed in the Filing Team section below.
- Note: If a change is made that affects the amount due or variable-rate premium information, any signatures/authorizations will be removed. The filing will need to be re-signed/authorized.

To submit this filing:

- You must be holding the filing and must have the Plan Administrator or Filing Coordinator permission.
- The task list must indicate that the filing contains all required information.
- Each required signature/authorization on the task list must be completed.

Filing Team -> [Instructions](#)

The filing coordinator can change permissions from the [plan page](#)

Name	Permissions	Phone	E-mail
	Filing Coordinator, Plan		
Sergey Testерович	Administrator, Paying Agent, Preparer, View Account History, Actuary	111-222-1212	sergey@sergeytesterovich.com Holding

Done Local intranet 100%

Confirmation - Windows Internet Explorer

http://205.162.137.66/mypaa/public/common/confirmation.aspx

File Edit View Favorites Tools Help

Confirmation

My Home Page | My Account | Logout | My PAA Users Manual (PDF)

Submit Confirmation

Are you sure you are ready to submit the 2011 Estimated Flat-rate Premium Filing to PBGC? Selecting the "Submit" button will send the filing to PBGC. Selecting the "Return" button will return you to the Filing Manager page.

[PBGC.gov](#) | [Privacy Act Notice](#) | [Paperwork Reduction Act Notice](#) | [Contact Us](#) | [About Online Premium Filing](#)

http://www.pbgc.gov/practitioners/contact.html Local intranet 100%

Windows Internet Explorer
 http://205.162.137.66/mypaa/private/managefiling/receipts/estimatedflatratepremiumreceipt.aspx
 Live Search

File Edit View Favorites Tools Help

My Home Page

Receipt for Estimated Flat-rate Premium Filing [Print](#)

Date/Time Filing Received: 12/21/2010 6:32 PM Eastern Time

Your reference number for this transaction is 1971446

Please print this receipt for your records and refer to it for customer service inquiries regarding this transaction.

Please note that this transaction is subject to further verification and does not guarantee satisfaction of Filing requirement or premium liability. If this Filing is late or the premium paid insufficient, PBGC will subsequently send the Plan Administrator a Statement of Account (Premium Invoice) that shows the amount owed PBGC.

Payment Alternative:	Pay using a Paper Check
Estimated Flat-rate Premium:	\$1,080.00
Premium Credit:	N/A
Premium Amount Due:	\$1,080.00

Amended Filing 2011 Estimated Flat-rate Premium
 DO NOT MAIL TO PBGC Disaster Relief (enter code) _____

Part I - General Plan Information

1 Plan sponsor information

a Name: TestingEstimated

b Address line 1: Estimation Derive

c Address line 2: _____

Done Local intranet 100%

PBGC Estimated Flat-rate Premium Filing Receipt - DO NOT MAIL TO PBGC - Windows Internet Explorer

http://205.162.137.66/myppaa/private/managefiling/receipts/estimatedflatratepremiumreceipt.aspx

File Edit View Favorites Tools Help

DO NOT MAIL TO PBGC

Part I - General Plan Information

1 Plan sponsor information

a Name: TestingEstimated

b Address line 1: Estimation Drive

c Address line 2: _____

d City: Dc e State: DC f Zip: 20005 g Country (if not US): _____

2 Plan administrator information

a Name: TestingEstimated

b Address line 1: Estimation Drive

c Address line 2: _____

d City: Dc e State: DC f Zip: 20005 g Country (if not US): _____

3 Plan information

a Plan name: Tuesdaytest

b Premium payment year information:

(1) This filing is for the premium payment year commencing 01/01/2011 and ending 12/31/2011.

(2) 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 77-7777777 PN 777

(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 3d.

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

Done Local intranet 100%

PBGC Estimated Flat-rate Premium Filing Receipt - DO NOT MAIL TO PBGC - Windows Internet Explorer

http://205.162.137.66/myppaa/private/managefiling/receipts/estimatedflatratepremiumreceipt.aspx

File Edit View Favorites Tools Help

PBGC Estimated Flat-rate Premium Filing Receipt - DO ...

Page Tools

Part II — Flat-rate Premium Information

4 Estimated Flat-rate premium

a Applicable rate (Single-employer plans enter \$35; Multiemployer plans, enter \$9)	<u>\$9.00</u>
b Estimated participant count	<u>120</u>
c Premium proration (If the plan does not qualify for premium proration, skip to item 4d)	
(1) Number of months (complete and partial) in the short plan year _____	
(2) Estimated flat-rate premium before reflecting proration (item 4a x 4b) _____	
d Estimated flat-rate premium	
If the plan does not qualify for premium proration, item 4a x item 4b	
If the plan qualifies for premium proration, item 4c(2) x item 4c(1) / 12	
	<u>\$1,080.00</u>

5 Premium credit (including any payments already made for this premium payment year and any overpayment from prior plan year unless refund was requested) _____

6 Amount due (excess, if any, of item 4d over item 5) \$1,080.00

7 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 _____

Part III — Certifications

8 Certification of Plan Administrator — The plan administrator must sign and complete this item.

Done Local intranet 100%

5 Premium credit (including any payments already made for this premium payment year and any overpayment from prior plan year unless refund was requested)	_____
6 Amount due (excess, if any, of item 4d over item 5)	\$1,080.00
7 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 _____	

Part III — Certifications

8 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 (other than the estimated participant count and estimated premium) is true, correct and complete and has been determined in accordance with the PBGC's premium regulations and instructions.

Name of person signing: First name Sergey Last name Testerovich

<u>SERGEY@SERGEYTESTEROVICH.COM</u> E-mail address	<u>111-222-1212</u> ext _____ Telephone
<u>ELECTRONICALLY SIGNED</u> Signature	<u>12/ 21/ 2010</u> Date

[Return to My PAA Home](#)

Uploaded Filing

Only for things created using My PAA data entry screens and imported filings. [Where's my filing?](#)

There are no filings in your Inbox.

Create Filing in My PAA Data Entry & Editing Screens (for any plan in your account) [Instructions](#)

Plans in Your Account [Instructions](#)

Plan Name (EIN/PN)			
Test Plan (33-3333333 / 333)	Go to Plan Page	Invite a Practitioner	Create Filing
Testplan2011 (11-1112011 / 444)	Go to Plan Page	Invite a Practitioner	Create Filing
Tuesdaytest (77-7777777 / 777)	Go to Plan Page	Invite a Practitioner	Create Filing

Import Software-Prepared Filing(s) into My PAA Editing Screens [Instructions](#)

Import filing(s) for any plan(s) in your account [Import Filing\(s\)](#)

Upload Software-Prepared Filing(s) [Instructions](#)

Upload filing(s) for any plan(s) once you have at least one plan in your account. [Upload Filing\(s\)](#)

File Name	Conf. ID	Received	Filing Status	Payment Status
omb_screenshot.xml	1971434	12/21/2010 3:54:12 PM	Completed	No Payment Due

[Comments:](#)

Helpful Links

- [About Online Premium Filing](#)
- [Complete Filing Instructions](#)
- [My PAA Users Manual \(PDF\)](#)
- [Filing Due Dates for Current Plan Year](#)
- [Blank Paper Check Voucher \(for printing\)](#)
- [Submit a Premium Filing Question](#)

Local intranet 100%

MyPAA - Windows Internet Explorer

http://205.162.137.66/mypaa/private/uploadfiling/uploadfilingstart.aspx

File Edit View Favorites Tools Help

MyPAA

Select the file you created with your private-sector software that contains the premium filing to be submitted.

Note: The file must be in a PBGC-defined XML format. [What does this mean?](#)

Select File:

The file you upload can contain one or more premium filings for one or more plans. Select one of the following statements about the file you selected above:

- This file contains **one** premium filing.
- This file contains **more than one** premium filing.

Enter Comments (optional)

Enter any comments that will help you to identify this filing, e.g., plan name, type of filing (Estimated or Final). You will be able to access these comments from the list of uploaded filings on your Home Page. This field is provided for your convenience; it is not intended for correspondence with PBGC. (Maximum number of characters: 1,000)

Indicate E-mail Preference

I would like to receive an e-mail confirmation when the e-filing process is complete.

Note: The e-mail will be sent to the address on record for you in My PAA. (To view this e-mail address and make any necessary changes, click the "My Account" link at the top of the page.) Whether or not

Local intranet 100%

MyPAA - Windows Internet Explorer

http://205.162.137.66/mypaa/private/uploadfiling/uploadfilingstart.aspx

File Edit View Favorites Tools Help

MyPAA

1 → 2 → 3

Upload Filing(s) Select Premium Payment Alternative for Single Filings Receive Confirmation of Filing(s) and Payment (if any)

Select the file you created with your private-sector software that contains the premium filing to be submitted.

Note: The file must be in a PBGC-defined XML format. [What does this mean?](#)

Select File: C:\Documents and Settings\dirxxs12\Desktop\omb_2011 Browse...

The file you upload can contain one or more premium filings for one or more plans. Select one of the following statements about the file you selected above:

- This file contains **one** premium filing.
- This file contains **more than one** premium filing.

Enter Comments (optional)

Enter any comments that will help you to identify this filing. e.g., plan name, type of filing (Estimated or Final). You will be able to access these comments from the list of uploaded filings on your Home Page. This field is provided for your convenience; it is not intended for correspondence with PBGC. (Maximum number of characters: 1,000)

Indicate E-mail Preference

Local intranet 100%


MyPAA - Windows Internet Explorer

http://205.162.137.66/mypaa/private/uploadfiling/uploadfilingcertification.aspx

File Edit View Favorites Tools Help

MyPAA

Upload Software-Prepared Filing(s)



1 Upload Filing(s) → **2** Select Premium Payment Alternative for Single Filings → **3** Receive Confirmation of Filing(s) and Payment (if any)

Filing Summary

Listed below is information you entered regarding the file you selected to submit to PBGC. If any of this information is not correct, click the "Edit" button. If this information is correct and you are ready to submit the filing, click the "Submit" button.

File Name:	omb_2011.xml
# of Filings:	This file contains one premium filing.
Comments:	
E-mail Confirmation:	You opted to not receive an e-mail confirmation

[Edit](#)

Certification of Filing [Certification Rules](#)

To upload a file containing one or more premium filings, you must place a check in the checkbox to indicate that you understand the certification you are making, enter your Secret Answer, and click the "Certify Filing(s) and Submit" button.

For each premium filing in the file I am uploading, I certify under penalty of perjury, to the best of my knowledge and belief, that I am authorized to submit the premium filing to the PBGC and:


MyPAA - Windows Internet Explorer

http://205.162.137.66/mypaa/private/payment/paymentoptions.aspx

File Edit View Favorites Tools Help

MyPAA

My Home Page | My Account | Logout | My PAA Users Manual (PDF)



1 Upload Filing(s) → **2** Select Premium Payment Alternative for Single Filings → **3** Receive Confirmation of Filing(s) and Payment (if any)

Payment Alternatives

You have uploaded an XML file that contains your filing information. You must still select one of the four payment alternatives below to complete the e-filing process.

Important: A complete premium filing has two parts:

- (1) The information you just uploaded in your XML file, and
- (2) The payment of any premium due.

For your filing to be considered timely, you must submit both of these items by the filing due date.

Pay Online using My PAA

Pay via Electronic Funds Transfer (outside of My PAA)

Pay using a Paper Check

No Payment Due

paymentoptions.aspx

Local intranet 100%

MyPAA - Windows Internet Explorer


http://205.162.137.66/mypaa/private/payment/paymentconfirm.aspx

File Edit View Favorites Tools Help

MyPAA

My Home Page | My Account | Logout | My PAA Users Manual (PDF)

Premium Payment



```
graph LR; 1((1)) --> 2((2)); 2 --> 3((3));
```

1 Upload Filing(s)

2 Select Premium Payment Alternative for Single Filings

3 Receive Confirmation of Filing(s) and Payment (if any)

Confirm Payment Alternative Selection

Payment Alternative Selected: No Payment Due

If you need to change the payment alternative selected, click the "< Back" button.

To submit your payment alternative selection to PBGC, click the "Submit" button.

Submit < Back Cancel

[PBGC.gov](#) | [Privacy Act Notice](#) | [Paperwork Reduction Act Notice](#) | [Contact Us](#) | [About Online Premium Filing](#)

Done Local intranet 100%

MyPAA - Windows Internet Explorer

http://205.162.137.66/mypaa/private/payment/paymentreceipt.aspx

File Edit View Favorites Tools Help

MyPAA

1 → 2 → 3

Upload Filing(s) Select Premium Payment Alternative for Single Filings Receive Confirmation of Filing(s) and Payment (if any)

Your Confirmation ID for this transaction is 1971448.

You have submitted your filing information online to PBGC and selected "No Payment Due" as the payment alternative. A summary of the filing information is provided below. Thank you for using My PAA.

File Summary	
Date/Time Received:	12/21/2010, 6:51 PM, Eastern Time
File Name:	omb_2011.xml
# of Filings:	This file contains one premium filing.
Comments:	
E-mail Confirmation:	You opted to not receive an e-mail confirmation

Click the "Return to Home Page" button. Your Home Page will be displayed and the file you uploaded (including the confirmation ID) will now be listed there in the section labeled "Uploaded Software-Prepared Filings."

Note: My PAA includes some features that you can take advantage of for each plan for which you are responsible for submitting a premium filing. To use these features, a plan must be included in your account. [What does this mean?](#)

[Return to Home Page](#)

[PBGC.gov](#) | [Privacy Act Notice](#) | [Paperwork Reduction Act Notice](#) | [Contact Us](#) | [About Online Premium Filing](#)

Done Local intranet 100%

Imported Filing

PAAHome - Windows Internet Explorer

http://205.162.137.66/MyPAA/private/PAAHome.aspx

File Edit View Favorites Tools Help

PAAHome

Add a Plan to your Account [Instructions](#)

There must be at least one plan in your account to e-file. [Add a Plan as Filing Coordinator](#)

Sergey Testerovich's Inbox (filings requiring your input) [Instructions](#)

Only for filings created using My PAA data entry screens and imported filings. [Where's my filing?](#)

There are no filings in your Inbox.

Create Filing In My PAA Data Entry & Editing Screens (for any plan in your account)

Plans in Your Account [Instructions](#)

Plan Name (EIN/PN)			
Test Plan (33-3333333 / 333)	Go to Plan Page	Invite a Practitioner	Create Filing
Testplan2011 (11-1112011 / 444)	Go to Plan Page	Invite a Practitioner	Create Filing
Tuesdaytest (77-7777777 / 777)	Go to Plan Page	Invite a Practitioner	Create Filing

Import Software-Prepared Filing(s) into My PAA Editing Screens [Instructions](#)

Import filing(s) for any plan(s) in your account [Import Filing\(s\)](#)

Upload Software-Prepared Filing(s) [Instructions](#)

Upload filing(s) for any plan(s) once you have at least one plan in your account. [Upload Filing\(s\)](#)

File Name	Conf. ID	Received	Filing Status	Payment Status
omb_2011.xml	1971448	12/21/2010 6:53:22 PM	Completed	No Payment Due

[Comments:](#)

Local intranet 100%

MyPAA - Windows Internet Explorer

http://205.162.137.66/mypaa/private/importfiling/importpreparedfiling.aspx

File Edit View Favorites Tools Help

MyPAA

PBGC My PAA [My Home Page](#) | [My Account](#) | [Logout](#) | [My PAA Users Manual \(PDF\)](#)

Import Software-Prepared Filing(s)

Select the electronic file you created with your private-sector software that contains one or more premium filings to be imported into the My PAA editing screens for routing, editing (if necessary), signature, and submission to PBGC. Please note that if the electronic file includes filing information for the EIN/PN and Plan Year of a filing currently in progress in the My PAA data entry and editing screens, including a filing that has been scheduled for a future submission, that filing will be overwritten with the one from the electronic file regardless of filing type (i.e., estimated or final).

Note: The file must be in a PBGC-defined XML format. [What does this mean?](#)

Select File:

[PBGC.gov](#) | [Privacy Act Notice](#) | [Paperwork Reduction Act Notice](#) | [Contact Us](#) | [About Online Premium Filing](#)

Local intranet 100%

MyPAA - Windows Internet Explorer

http://205.162.137.66/mypaa/private/importfiling/importpreparedfiling.aspx

File Edit View Favorites Tools Help

MyPAA

My Home Page | My Account | Logout | My PAA Users Manual (PDF)

Import Software-Prepared Filing(s)

Select the electronic file you created with your private-sector software that contains one or more premium filings to be imported into the My PAA editing screens for routing, editing (if necessary), signature, and submission to PBGC. Please note that if the electronic file includes filing information for the EIN/PN and Plan Year of a filing currently in progress in the My PAA data entry and editing screens, including a filing that has been scheduled for a future submission, that filing will be overwritten with the one from the electronic file regardless of filing type (i.e., estimated or final).

Note: The file must be in a PBGC-defined XML format. [What does this mean?](#)

Select File:

[PBGC.gov](#) | [Privacy Act Notice](#) | [Paperwork Reduction Act Notice](#) | [Contact Us](#) | [About Online Premium Filing](#)

Local intranet 100%

Message - Windows Internet Explorer

http://205.162.137.66/mypaa/public/common/message.aspx

File Edit View Favorites Tools Help

Message

Local intranet 100%

PBGC My PAA [My Home Page](#) | [My Account](#) | [Logout](#) | [My PAA Users Manual \(PDF\)](#)

Import Software-Prepared Filing

You have successfully imported an electronic file that contains premium filing information for one or more plans in your account.

Select the "Go to My PAA Home Page" button. The filing(s) you imported will be listed on that page in your "Inbox" section. From there, you can open a filing to edit it (if necessary), route it to another person on your "filing team," or provide the necessary signatures for submission to PBGC.

[Go to My PAA Home Page](#)

[PBGC.gov](#) | [Privacy Act Notice](#) | [Paperwork Reduction Act Notice](#) | [Contact Us](#) | [About Online Premium Filing](#)

PAAHome - Windows Internet Explorer

http://205.162.137.66/MyPAA/private/PAAHome.aspx

File Edit View Favorites Tools Help

PAAHome

Welcome, Sergey Testerovich!
[My Account](#) | [Logout](#) | [My PAA Users Manual \(PDF\)](#)

Home Page

Add a Plan to your Account [Instructions](#)

There must be at least one plan in your account to e-file.

Sergey Testerovich's Inbox (filings requiring your input) [Instructions](#)

Only for filings created using My PAA data entry screens and imported filings. [Where's my filing?](#)

Filing	Routed to You	Plan Name (EIN/PN)	
2011 Comprehensive		Testplan2011 (11-1112011 / 444)	<input type="button" value="View/Manage Filing"/>

Create Filing In My PAA Data Entry & Editing Screens (for any plan in your account)

Plans in Your Account [Instructions](#)

Plan Name (EIN/PN)			
Test Plan (33-3333333 / 333)	<input type="button" value="Go to Plan Page"/>	<input type="button" value="Invite a Practitioner"/>	<input type="button" value="Create Filing"/>
Testplan2011 (11-1112011 / 444)	<input type="button" value="Go to Plan Page"/>	<input type="button" value="Invite a Practitioner"/>	<input type="button" value="Create Filing"/>
Tuesdaytest (77-7777777 / 777)	<input type="button" value="Go to Plan Page"/>	<input type="button" value="Invite a Practitioner"/>	<input type="button" value="Create Filing"/>

Import Software-Prepared Filing(s) into My PAA Editing Screens [Instructions](#)

Import filing(s) for any plan(s) in your account

Local intranet 100%

Manage Filing - Windows Internet Explorer


http://205.162.137.66/MyPAA/private/managefiling/managefiling.aspx

File Edit View Favorites Tools Help

Manage Filing

Step 2: Edit Draft, Sign Filing, and Select Payment Alternative

Comprehensive Filing for Plan Year Commencing 1/1/2011
Testplan2011 - 11-1112011 / 444



Filing Manager [Go to Plan Page](#)

Filing Status

Filing is: not ready for submission (refer to 'To submit this filing' below)
You are holding the filing

Filing Task List [Instructions](#)

View/Edit Filing	<input checked="" type="checkbox"/> This filing contains all the required information.	Delete Filing
Sign	Sign as Plan Administrator	
	No Actuary Signature Required	
Authorize	Authorize as Paying Agent	

To take action on this filing:

- You must be holding the filing (otherwise, only 'View Filing' is available). Tasks listed reflect your permissions for this plan. Permissions are listed in the Filing Team section below.
- Note: If a change is made that affects the amount due or variable-rate premium information, any signatures/authorizations will be removed. The filing will need to be re-signed/authorized.

To submit this filing:

- You must be holding the filing and must have the Plan Administrator or Filing Coordinator permission.
- The task list must indicate that the filing contains all required information.
- Each required signature/authorization on the task list must be completed.

Filing Team [Instructions](#)

The filing coordinator can change permissions from the [plan page](#)

Done Local intranet 100%

Filing Plan Administrator Approve - Windows Internet Explorer

http://205.162.137.66/mypaa/private/managefiling/filingplanadministratorapprove.aspx

File Edit View Favorites Tools Help

Filing Plan Administrator Approve

PBGC My PAA [My Home Page](#) | [My Account](#) | [Logout](#) | [My PAA Users Manual \(PDF\)](#)

Approval for Comprehensive Filing

Comprehensive Filing for Plan Year Commencing 1/1/2011
Testplan2011 - 11-1112011 / 444

Certification of Multiemployer Plan Administrator [-> Instructions](#)

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.

Your Personal Information (To update this information, select the My Account link at the top of this page.)

First Name:	Sergey
Last Name:	Testerovich
Work Phone:	111-222-1212 Ext.
Work E-mail:	SERGEY@SERGEYTESTEROVICH.COM

As an extra security precaution, we ask that you enter below the answer to your secret question before clicking Approve Filing

I understand that under the Government Paperwork Elimination Act ("GPEA") (Title XVII of Public Law No. 105-277), my answer to my secret question will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C. 1001 (dealing with false statements) as an inked signature.

Local intranet 100%

Manage Filing - Windows Internet Explorer

http://205.162.137.66/MyPAA/private/managefiling/managefiling.aspx


File Edit View Favorites Tools Help

Manage Filing

PBGC My PAA [My Home Page](#) | [My Account](#) | [Logout](#) | [My PAA Users Manual \(PDF\)](#)

Step 2: Edit Draft, Sign Filing, and Select Payment Alternative

Comprehensive Filing for Plan Year Commencing 1/1/2011
Testplan2011 - 11-1112011 / 444



1 → **2** → **3**

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

Filing Manager [Go to Plan Page](#)

Filing Status

Filing is: not ready for submission (refer to 'To submit this filing' below)
You are holding the filing

Filing Task List

[View/Edit Filing](#) This filing contains all the required information. [Delete Filing](#)

Plan Administrator e-signature completed
7:06 PM, 12/21/2010 Eastern Time

No Actuary Signature Required

[Authorize](#) Authorize as Paying Agent

To take action on this filing:

- You must be holding the filing (otherwise, only 'View Filing' is available). Tasks listed reflect your permissions for this plan. Permissions are listed in the Filing Team section below.
- Note: If a change is made that affects the amount due or variable-rate premium information, any signatures/authorizations will be removed. The filing will need to be re-signed/authorized.

To submit this filing:

- You must be holding the filing and must have the Plan Administrator or Filing Coordinator permission.
- The task list must indicate that the filing contains all required information.
- Each required signature/authorization on the task list must be completed.

Done Local intranet 100%

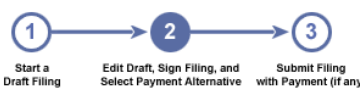
MyPAA - Windows Internet Explorer

http://205.162.137.66/mypaa/private/payment/paymentoptions.aspx

File Edit View Favorites Tools Help

MyPAA

Comprehensive Filing for Plan Year Commencing 1/1/2011
Testplan2011 - 11-1112011 / 444



```
graph LR; 1((1)) --> 2((2)); 2 --> 3((3));
```

1 Start a Draft Filing

2 Edit Draft, Sign Filing, and Select Payment Alternative

3 Submit Filing with Payment (if any)

Payment Alternatives

Important: For your filing to be considered timely, you must submit both the filing information and any premium payment due by the filing due date.

You have the following payment alternatives; please select one:

Pay Online using My PAA

Pay via Electronic Funds Transfer (outside of My PAA)

Pay using a Paper Check

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Local intranet 100%

MyPAA - Windows Internet Explorer

http://205.162.137.66/mypaa/private/payment/paymentconfirm.aspx

File Edit View Favorites Tools Help

MyPAA

My Home Page | My Account | Logout | My PAA Users Manual (PDF)

Premium Payment

Comprehensive Filing for Plan Year Commencing 1/1/2011
Testplan2011 - 11-1112011 / 444

```
graph LR; 1((1)) --> 2((2)); 2 --> 3((3));
```

Confirm Payment Alternative Selection
Payment Alternative Selected: Pay via Electronic Funds Transfer (outside of My PAA)
If you need to change the payment alternative selected, click the "< Back" button.
To continue with this alternative selection, click the "Next>" button.

Next > < Back Cancel

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Done Local intranet 100%

MyPAA - Windows Internet Explorer

http://205.162.137.66/mypaa/private/payment/paymentinstructions.aspx

File Edit View Favorites Tools Help

MyPAA

Local intranet 100%

PBGC My PAA [My Home Page](#) | [My Account](#) | [Logout](#) | [My PAA Users Manual \(PDF\)](#)

Premium Payment

Comprehensive Filing for Plan Year Commencing 1/1/2011
Testplan2011 - 11-1112011 / 444

1 → 2 → 3

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

You selected "Pay via EFT (Outside of My PAA)" as the payment alternative. To complete the filing process:

1. Read and follow the Payment Instructions to help ensure your payment is posted correctly to the plan's account.
2. Select the "Approve" button.

Payment Instructions

If you pay by electronic funds transfer, send the payment to:

JPMorgan Chase Bank, N.A.
Chicago, IL

ABA:	071000013
Account:	656510666
Beneficiary:	PBGC
Reference:	(give the plan's EIN/PN and the date the premium payment year commenced (PYC) in the format "EIN/PN: XX-XXXXXX/XXX PYC: MM/DD/YY")

Manage Filing - Windows Internet Explorer

http://205.162.137.66/MyPAA/private/managefiling/managefiling.aspx

File Edit View Favorites Tools Help

Manage Filing

My Home Page | My Account | Logout | My PAA Users Manual (PDF)

Step 3: Submit Filing (with payment, if due)

Comprehensive Filing for Plan Year Commencing 1/1/2011
Testplan2011 - 11-1112011 / 444

1 → 2 → 3

Start a Draft Filing Edit Draft, Sign Filing, and Select Payment Alternative Submit Filing with Payment (if any)

[Go to Plan Page](#)

Filing Manager

Filing Status

Filing is: ✓ ready for submission (refer to 'To submit this filing' below)

[Submit Now](#) [Submit Later](#)

Note: Click the "submit now" button only once or you may encounter an error.

Filing Task List

[View/Edit Filing](#) ✓ This filing contains all the required information. [Delete Filing](#)

- ✓ Plan Administrator e-signature completed
7:06 PM, 12/21/2010 Eastern Time
No Actuary Signature Required
- ✓ Authorization for payment alternative completed
Payment alternative selected:
Electronic Funds Transfer Outside My PAA
7:07 PM, 12/21/2010 Eastern Time

[Edit E-Payment](#)

To take action on this filing:

- You must be holding the filing (otherwise, only 'View Filing' is available). Tasks listed reflect your permissions for this plan. Permissions are listed in the Filing Team section below.
- Note: If a change is made that affects the amount due or variable-rate premium information, any

Local intranet 100%

Confirmation - Windows Internet Explorer

http://205.162.137.66/mypaa/public/common/confirmation.aspx

File Edit View Favorites Tools Help

Confirmation

My Home Page | My Account | Logout | My PAA Users Manual (PDF)


PBGC My PAA


Submit Confirmation

Are you sure you are ready to submit the 2011 Comprehensive Premium Filing to PBGC? Selecting the "Submit" button will send the filing to PBGC. Selecting the "Return" button will return you to the Filing Manager page.

[PBGC.gov](#) | [Privacy Act Notice](#) | [Paperwork Reduction Act Notice](#) | [Contact Us](#) | [About Online Premium Filing](#)

Local intranet 100%


[My Home Page](#)

Receipt for Comprehensive Premium Filing 

Date/Time Filing Received: 12/21/2010 7:07 PM Eastern Time

Your reference number for this transaction is 1971451

Please print this receipt for your records and refer to it for customer service inquiries regarding this transaction.

Please note that this transaction is subject to further verification and does not guarantee satisfaction of filing requirement or premium liability. If this filing is late or the premium paid insufficient, PBGC will subsequently send the Plan Administrator a Statement of Account (Premium Invoice) that shows the amount owed PBGC.

Payment Alternative:	Pay via Electronic Funds Transfer (outside of My PAA)
Flat-rate Premium:	\$1,800.00
Premium Credit:	\$0.00
Premium Amount Due:	\$1,800.00

Amended Filing
2011 PBGC Comprehensive Premium Filing Receipt
Disaster Relief (enter code) _____

DO NOT MAIL TO PBGC

Part I - General Plan Information

1 Plan sponsor information

a Name: Testingname

b Address line 1: 3255 East Test Side

Done Local intranet 100%

Windows Internet Explorer
http://205.162.137.66/myppa/private/managefiling/receipts/comprehensivefilingreceipt.aspx

Part I - General Plan Information

1 Plan sponsor information
a Name: Testingname
b Address line 1: 3255 East Test Side
c Address line 2: _____
d City: Dc e State: DC f Zip: 20005 g Country (if not US): _____
h Six-digit business code: 111100 i First six digits of CUSIP number: 455565

2 Plan administrator information
a Name: Testingname
b Address line 1: 3255 East Test Side
c Address line 2: _____
d City: Dc e State: DC f Zip: 20005 g Country (if not US): _____

3 Plan information
a Plan name: Testplan2011
b Premium payment year information:
(1) This filing is for the premium payment year commencing 01 / 01 / 2011 and ending 12 / 31 / 2011.
(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 11-1112011 PN 444
(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).

Done Local intranet 100%

PBGC Comprehensive Premium Filing Receipt - DO NOT MAIL TO PBGC - Windows Internet Explorer

http://205.162.137.66/myaaa/private/managefiling/receipts/comprehensivefilingreceipt.aspx

EIN _____ PN ____ Explanation _____

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: OlegM Phone number: 202-362-4000 ext 4937
E-mail address: OM@pbgc.gov

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.

Part III — Premium Information

6 Flat-rate premium

a Participant count date: Month 01 Day 01 Year 2011

b Flat-rate premium calculation

(1) Applicable rate (Single-employer plans enter \$35; Multiemployer plans, enter \$9)	<u>\$9.00</u>
(2) Participant count as of participant count date	<u>200</u>
(3) Flat-rate premium (item 6b(1) x item 6b(2))	<u>\$1,800.00</u>

7 Variable-rate premium (VRP) - Single-employer plans only (Multiemployer plans – skip to item 8)

a Exemptions — If an exemption applies, check applicable box and skip to item 8.
 No vested participants 412(e)(3) plan Standard termination with a proposed termination date of __/__/____

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

Done Local intranet 100%

PBGC Comprehensive Premium Filing Receipt - DO NOT MAIL TO PBGC - Windows Internet Explorer

http://205.162.137.66/mypaa/private/managefiling/receipts/comprehensivefilingreceipt.aspx

File Edit View Favorites Tools Help

PBGC Comprehensive Premium Filing Receipt - DO NO...

7 Variable-rate premium (VRP) - Single-employer plans only (Multiemployer plans – skip to item 8)

a Exemptions — If an exemption applies, check applicable box and skip to item 8.

No vested participants 412(e)(3) plan Standard termination with a proposed termination date of __/__/__

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 . If box is checked, items 7c through 7g(1) may, but need not, be omitted.

c UVB Valuation date: Month __ Day __ Year __

d Premium funding target information — Check box if the reported premium funding target information is an estimate.

(1) Premium funding target method: Standard Alternative

(2) Discount rate(s) 1st segment __ 2nd segment __ 3rd segment __ N/A, full yield curve used

(3) Premium funding target as of UVB valuation date _____

e Market value of assets as of UVB valuation date _____

f Unfunded vested benefits (excess, if any, of item 7d(3) over item 7e, rounded up to the next \$1,000) _____

g Variable-rate premium calculation

If the plan does not qualify for the VRP cap, omit the following two items and skip to item 7g(3).

(1) Variable-rate premium before reflecting the cap (item 7f x 0.009) _____

(2) Maximum VRP (\$5 x item 6b(2) x item 6b(2)) _____

(3) Variable-rate premium

If the plan does not qualify for the VRP cap, item 7f x 0.009. _____

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). _____

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

a Number of months (complete and partial) in the short plan year _____

b Total premium before reflecting proration _____

Done Local intranet 100%

PBGC Comprehensive Premium Filing Receipt - DO NOT MAIL TO PBGC - Windows Internet Explorer

http://205.162.137.66/myppaa/private/managefiling/receipts/comprehensivefilingreceipt.aspx

File Edit View Favorites Tools Help

PBGC Comprehensive Premium Filing Receipt - DO NO...

Page Tgols

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

a Number of months (complete and partial) in the short plan year _____

b Total premium before reflecting proration _____
(item 6b(3) + item 7g(3), if applicable)

9 Total premium

If the plan does not qualify for premium proration, item 6b(3) + item 7g(3), if applicable

If the plan qualifies for premium proration, item 8b x item 8a + 12. \$0.00

10 Premium credit (including any payments already made for this premium payment year and any overpayment from prior plan year unless refund was requested) _____

11 Amount due (excess, if any, of item 9 over item 10) \$1,800.00

12 Treatment of overpayment

a Excess, if any, of item 10 over item 9 _____

b Treatment of balance (select one):

Credit towards next year's premium Refund by check Refund by electronic funds transfer (preferred refund option)

If you select a refund by electronic funds transfer, complete the following information:

Type of account Checking Savings Bank routing number _____

Account number _____ Sub-account number (if any) _____

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).

Done Local intranet 100%

PBGC Comprehensive Premium Filing Receipt - DO NOT MAIL TO PBGC - Windows Internet Explorer

http://205.162.137.66/myaaa/private/managefiling/receipts/comprehensivefilingreceipt.aspx

File Edit View Favorites Tools Help

PBGC Comprehensive Premium Filing Receipt - DO NO...

Page Tgols

____/____ 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

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

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) - N/A

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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) - N/A

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 Sergey Last name Testerovich

SERGEY@SERGEYTESTEROVICH.COM 111- 222- 1212 ext _____
E-mail address Telephone

ELECTRONICALLY SIGNED 12/ 21/ 2010
Signature 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 _____

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Name of person signing: First name Sergey Last name Testerovich

SERGEY@SERGEYTESTEROVICH.COM E-mail address 111-222-1212 ext _____ Telephone

ELECTRONICALLY SIGNED Signature 12/ 21/ 2010 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 _____ ext _____ Telephone

_____ E-mail address _____ Enrollment number

_____ Signature ____/____/____ Date

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