

Draft of Primary My PAA Screens for Plan Year 2013 Premium Filings

The screen mockups are intended to show the expected placement of the 2013 data elements. Please disregard any data reflected on the screens, e.g., 2012 or inconsistent data.

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Comprehensive Premium Single Employer VRP filing with overpayment

PBGC Pension Benefit Guaranty Corporation
Protecting America's Pensions A U.S. Government Agency

My PAA Users Manual (PDF)

My PAA Login

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

User ID:

Password: (Case Sensitive)

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

[New users click here to sign up.](#)

SECURITY NOTICE AND WARNING

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PBGC.gov | Privacy Act Notice | Paperwork Reduction Act Notice | Contact Us | About Online Premium Filing

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

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

Elizabeth General'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)	
2012 Comprehensive		Test Plan (11-1111111 / 111)	<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 (11-1111111 / 111)	<input type="button" value="Go to Plan Page"/>	<input type="button" value="Invite a Practitioner"/>	<input type="button" value="Create Filing"/>
Test Plan2 (22-2222222 / 222)	<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](#)

Transfer filing data into My PAA editing screens for review and submission for any plan(s) in your account.

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

Submit fully-completed filing(s) for any plan(s) once you have atleast one plan in your account. After the file is uploaded,click the link under 'Conf.ID/Receipt' to view the receipt(s) showing data submitted for each filing.

File Name	Conf.ID/Receipt	Received	Filing Status	Payment Status
Bethtest.xml	856250	2/29/2012 1:38:26 PM	Completed	Not Identified
Comments:				
Bethtest.xml	856378	2/29/2012 11:23:19 AM	Completed	Paper Check

Helpful Links

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

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:

Comprehensive Premium Filing (2008 and later) ▼

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

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

Step 1: Start a Draft Filing

Test Plan - 12-2348997 / 111

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.



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](#)

Multiemployer plan

or

Single-employer plan
(Includes Multiple-employer plan)

[Instructions](#)

Comprehensive Premium Filing

[Instructions](#)

Proration

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).

Plan size (based on prior year participant count):

- Small (fewer than 100)
- Large (500 or more)
- Mid-size (100-499)
- N/A; first year's filing

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

Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2012
Test Plan - 12-2348997 / 111



Enter Plan and Filing Information

Continue > < Back Cancel

> [Instructions](#)

Plan name:

Plan effective date:

(ex. MM/DD/YYYY)

> [Instructions](#)

Previous filing EIN: 12-2348997 Previous filing PN: 111

Current EIN: (ex. 12-2348997) Current PN: (ex. 111)

Form 5500 EIN and PN Information:

If the EIN and PN are not both the same as on the 2012 Form 5500, enter EIN and PN from 2012 Form 5500 and provide explanation:

EIN: (ex. 12-1111111) PN: (ex. 111)

255/255 characters remaining

Character Limit 255

> [Business Code Lookup](#)

6-digit business code: (ex. 111111)

> [Instructions](#)

First 6 digits of CUSIP number: (ex. 111111)

> [Instructions](#)

Disaster Relief (enter code): (ex. 00-00)

(For Disaster Relief Announcements, [click here](#))

Is this plan exempt from the Variable-rate Premium?

- No
- Yes, because the plan has no vested participants
- Yes, because the plan is a 412(e)(3) plan
- Yes, because the plan is undergoing a standard plan termination with a proposed termination date of (ex. MM/DD/YYYY)

> [Instructions](#)

Continue > < Back Cancel

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

Comprehensive Filing for Plan Year Commencing 1/1/2012
Test Plan - 12-2348997 / 111



Enter Plan Sponsor and Administrator Information

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

Plan Sponsor Information [Instructions](#)

Name:

Plan Administrator Information [Instructions](#)

Name:

Address:

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

Country: [UNITED STATES OF AMERICA](#)

Contact person

Name (for "attention" line of mailings):

Phone: (ex. 111-111-1111) Ext: (ex. 111111)

Email: (ex. aa@a.com)

Additional Plan Contact (optional) [Instructions](#)

Name:

Phone: (ex. 111-111-1111) Ext: (ex. 111111)

E-mail: (ex. aa@a.com)

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

Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2012
 Test Plan - 12-2348997 / 111



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: = \$35,000.00

Alternative Premium Funding Target Election or Revocation

[Instructions](#)

Alternative Revocation Previously Made for Plan Year Commencing: 1/1/2009

- Election - Check box to elect to use the Alternative Premium Funding Target instead of the Standard Premium Funding Target. The election will be effective - and the plan will be required to use the Alternative Premium Funding Target - beginning with this premium payment year and for all subsequent plan years unless and until the election is subsequently revoked.
- Revocation - Check box to revoke a prior election to use the Alternative Premium Funding Target. The revocation will be effective - and the plan will be required to use the Standard Premium Funding Target - beginning with this premium payment year and for all subsequent plan years unless and until a new election is subsequently made.

Note - Elections or Revocations must remain in place for at least five years.

Small employer VRP cap qualification

[Instructions](#)

If this plan qualifies for the small employer 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.
- The plan is not reporting UVB information, and instead, will pay the maximum VRP without regard to whether the VRP would be lower if the exact calculation was done.

Continue > < Back Cancel Save & Exit

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

Comprehensive Filing for Plan Year Commencing 1/1/2012
Test Plan - 12-2348997 / 111



Calculate Variable-rate Premium

[Continue >](#) [< Back](#) [Cancel](#) [Save & Exit](#)

Assumptions and methods used to determine premium funding target

[Instructions](#)

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)

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

Premium funding target as of UVB valuation date

[Instructions](#)

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

Attributable to active participants: \$ (ex. 1,111)

Attributable to terminated vested participants: \$ (ex. 1,111)

Attributable to retirees and beneficiaries receiving payment: \$ (ex. 1,111)

Total premium funding target : \$0 [Calculate](#)

Market value of assets as of UVB valuation date: \$ (ex. 1,111)

Unfunded Vested Benefits before rounding up to the next \$1,000: \$0

Unfunded Vested Benefits rounded to the next \$1,000: \$0 [Calculate](#)

[Continue >](#) [< Back](#) [Cancel](#) [Save & Exit](#)

All plans **except** multiemployer plans, single-employer plans exempt from the VRP, and single-employer plans reporting eligibility for the small employer cap.

PBGC My PAA 1/12/2013
[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 1/1/2012
Plan for testing 2013 - 11.9988330 / 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](#)

Uncapped variable-rate premium:	\$720.00
MAP-21 cap:	\$400,000.00
Variable-rate premium:	\$720.00

Continue > < Back Cancel Save & Exit

Single-employer plans reporting eligibility for the small employer cap choosing to report the data in items 7c through 7g.

v.12.5.0.13

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 1/1/2012
Plan for testing 2013 - 11-9988330 / 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](#)

Uncapped variable-rate premium:	\$720.00
<hr/>	
MAP-21 cap:	\$8000.00
Small employer cap:	\$2000.00
Maximum VRP:	\$2000.00
Variable-rate premium:	\$720.00

Continue > < Back Cancel Save & Exit

Single-employer plans eligible for the small employer cap choosing **not** to report the data in items 7c through 7g must omit items 7c-“Assumptions” through 7g-“Uncapped variable rate premium”.

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

Comprehensive Filing for Plan Year Commencing 1/1/2012
Plan for testing 2013 - 11-9988330 / 333



Variable-rate Premium Due

[Continue >](#) [< Back](#) [Cancel](#) [Save & Exit](#)

[Instructions](#)

MAP-21 cap:	\$8000.00
Small employer cap:	\$2000.00
Variable-rate premium:	\$2000.00

[Continue >](#) [< Back](#) [Cancel](#) [Save & Exit](#)

Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2012
Test Plan - 12-2348997 / 111



Calculate Total Premium Payment

Continue > < Back Cancel Save & Exit

[Instructions](#)

Flat-rate Premium:	\$35,000.00	
Variable-rate Premium: +	\$0.00	
Total Premium: =	\$35,000.00	

Premium credit:

Payments made previously for this premium payment year:	\$ <input type="text" value="20,000.00"/>	<small>(ex. 1,111,111.11)</small>
Outstanding credit from the plan year immediately preceding the premium payment year:	\$ <input type="text" value="20,000.00"/>	<small>(ex. 1,111,111.11)</small>
Total Premium Credit: -	\$40,000.00	<input type="button" value="Calculate"/>
Amount Due: =	\$0.00	<input type="button" value="Calculate"/>

Continue > < Back Cancel Save & Exit

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

Comprehensive Filing for Plan Year Commencing 1/1/2012
Test Plan - 12-2348997 / 111



Overpayment

Continue > < Back Cancel Save & Exit

Overpayment [Instructions](#)

Total Premium: \$35,000.00
Premium Credit: \$40,000.00
Overpayment: \$5,000.00

An overpayment may be refunded or credited towards next year's premium.

If you want to take a credit, select the "Premium Credit" option below. If you want a refund, select one of the "refund" options.

Premium Credit:

I want to take a credit towards next year's premium

Refund Options:

I want a refund by mailed check (sent to Plan at Plan Administrator address)

I want a refund by electronic funds transfer (preferred refund option)

Account Type:

Bank Routing Number: (9 digits)

Account Number:

Sub-Account Number: (if any)

Continue > < Back Cancel Save & Exit

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

Comprehensive Filing for Plan Year Commencing 1/1/2012
Test Plan - 12-2348997 / 111



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 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)

Accrual Freeze

[Clear information](#)

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 select the reason that best describes the nature of the freeze:

(ex. MM/DD/YYYY)

- For all participants, both pay and service are frozen
- For some participants, both pay and service are frozen
- For all participants, service is frozen, pay is not
- For some participants, service is frozen, pay is not
- Other (enter explanation)

4000/4000 characters remaining

Limit 4,000

[Continue >](#) [< Back](#) [Cancel](#) [Save & Exit](#)

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

Comprehensive Filing for Plan Year Commencing 1/1/2012
Test Plan - 12-2348997 / 111



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

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

Comprehensive Filing for Plan Year Commencing 1/1/2012
 Test Plan - 12-2348997 / 111



Report Transfers To Other Plans

[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 <small>(ex. 11-1111111)</small>	PN <small>(ex. 111)</small>	Date of Transfer <small>(ex. MM/DD/YYYY)</small>	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](#)

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

Comprehensive Filing for Plan Year Commencing 1/1/2012
 Test Plan - 12-2348997 / 111

[Print this Page](#)
[View Printable Form](#)



Data Summary

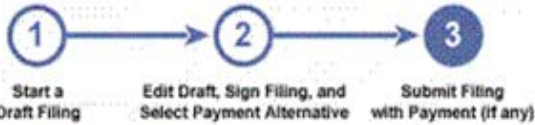
This filing contains all required information.

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

Identify Filing to be Made Edit	
Plan Year Commencement Date:	1/1/2012
Plan Year Ending Date:	12/31/2012
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):	Large (500 or more)

Enter Plan and Filing Information Edit	
Plan Name:	Test Plan
Effective Date	01/01/2012
Previous EIN / PN:	12-2348997 / 111
Current EIN / PN:	12-2348997 / 111
EIN/PN from 2011 Form 5500 (if different):	N/A
Explanation as to why EIN/PN does not match entry on 2011 Form 5500:	N/A
6-digit business code:	111100
First 6 digits of CUSIP number:	123456
Disaster Relief Code:	12-02
Variable-rate Exempt:	No
Reason for Exemption:	N/A

Comprehensive Filing for Plan Year Commencing 1/1/2012 Test Plan - 12.2348997 / 111



Filing Manager

[Go to Plan Page](#)

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

[> Instructions](#)

[View/Edit Filing](#)

✓ This filing contains all the required information.

[Delete Filing](#)

✓ Plan Administrator e-signature completed
8:06 PM. 4/6/2012 Eastern Time

✓ Enrolled Actuary e-signature completed
8:07 PM. 4/6/2012 Eastern Time

No Paying Agent Authorization Required

Submit Confirmation

Are you sure you are ready to submit the 2012 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.

Receipt for Comprehensive Premium Filing

 [Print](#)

Date/Time Filing Received: 4/7/2012 11:18 AM Eastern Time

Your reference number for this transaction is **856601**

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:	N/A
Flat-rate Premium:	\$35,000.00
Variable-rate Premium:	\$153.00
Premium Credit:	\$40,000.00
Premium Amount Due:	\$0.00

This form is for illustrative purposes only.

Amended filing

2013 PBGC Comprehensive Premium Filing

Disaster Relief (enter code) _ _ - _ _

Part I – General Plan Information

1 Plan sponsor information

a Name _____
b Six-digit business code _____ c First six digits of CUSIP number _____

2 Plan administrator information

a Name _____
b Address line 1 _____
c Address line 2 _____
d City _____ e State _____ f Zip _____ g Country (if not U.S.) _____
h Contact person
(1) Name (for "attention" line of mailings): _____
(2) e-mail address _____ (3) Phone number: _____ - _____ - _____ ext _____

3 Additional plan contact (optional)

(1) Name _____
(2) e-mail address _____ (3) Phone number: _____ - _____ - _____ ext _____

4 Plan information

a Plan name _____
b Premium payment year information:
(1) This filing is for the premium payment year commencing __/__/____ and ending __/__/____.
(2) If the plan year commencement date has changed since the most recent PBGC filing as a result of a plan amendment changing the plan year, enter the date the plan year change was adopted __/__/____.
(3) Check box if plan qualifies to pay a prorated premium for this premium payment year (*i.e.*, if plan has less than a full year of coverage).
c Employer Identification Number and Plan Number information:
(1) EIN and PN: EIN _____ PN _____
(2) If the EIN and PN are not **both** the same as on the most recent premium filing, enter EIN and PN from most recent premium filing: EIN _____ PN _____. Otherwise, skip to item 4c(3).
(3) If the EIN and PN are not **both** the same as on the 2012 Form 5500, enter EIN and PN from 2012 Form 5500 and provide explanation: EIN _____ PN _____. Explanation _____ Otherwise, skip to item 4d.
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
f Plan effective date __/__/____.

Part II – Flat-Rate Premium Information

5 Flat-rate premium

a Participant count date: Month ____ Day ____ Year ____
b Flat-rate premium calculation
(1) Applicable rate (Single-employer plans enter \$42; Multiemployer plans, enter \$12) _____
(2) Participant count as of participant count date _____
(3) Flat-rate premium (item 5b(1) x item 5b(2)) _____

Part III – Variable-rate Premium Information

Multiemployer plans — Skip to Part IV

Complete item 6 only if the plan is electing, or revoking an election, to use the Alternative Premium Funding Target instead of the Standard Premium Funding Target; otherwise skip to item 7.

6 Alternative Premium Funding Target Election or Revocation

- a Election - Check box to elect to use the Alternative Premium Funding Target instead of the Standard Premium Funding Target. The election will be effective — and the plan will be required to use the Alternative Premium Funding Target — beginning with this premium payment year and for all subsequent plan years unless and until the election is subsequently revoked.
- b Revocation - Check box to revoke a prior election to use the Alternative Premium Funding Target. The revocation will be effective — and the plan will be required to use the Standard Premium Funding Target — beginning with this premium payment year and for all subsequent plan years unless and until a new election is subsequently made.

Note — Elections or Revocations must remain in place for at least five years.

7 Variable-rate premium (VRP)

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 small employer cap applicable to certain plans of small employers (those with 25 or fewer employees), check box . If box is checked, items 7c through 7g may, but need not, be omitted.

c Assumptions and methods used to determine premium funding target

(1) Premium funding target method: Standard Alternative

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

(3) UVB valuation date: Month ___ Day ___ Year ___

d Premium funding target as of UVB valuation date – Check box if the reported premium funding target information is an estimate.

(1) Attributable to active participants _____

(2) Attributable to terminated vested participants _____

(3) Attributable to retirees and beneficiaries receiving payment _____

(4) Total premium funding target (item 7d(1) + item 7d(2) + item 7d(3)) _____

e Market value of assets as of UVB valuation date _____

f Unfunded vested benefits (excess, if any, of item 7d(4) over item 7e, rounded up to the next \$1,000) _____

g Uncapped variable-rate premium (item 7f x 0.009) _____

h Maximum variable-rate premium _____

(1) MAP-21 cap (\$400 x item 5b(2)) _____

(2) Small employer cap, if applicable (\$5 x item 5b(2) x item 5b(2)) – Omit this item if plan is not eligible for this cap _____

(3) Maximum variable-rate premium — If the plan qualifies for the small employer cap, the lesser of item 7h(1) and 7h(2). Otherwise, item 7h(1). _____

i Variable-rate premium — If the plan qualifies for the small employer cap and item 7g was omitted, item 7h(3). Otherwise, the lesser of item 7g and item 7h(3). _____

Part IV – Total Premium Information

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 5b(3) + item 7i, if applicable) _____

9 Total premium — If the plan does not qualify for premium proration, item 5b(3) + item 7i, if applicable. If the plan qualifies for premium proration, item 8b x item 8a ÷ 12. _____

Part V – Payment Information

10 Premium credit

- a Payments made previously for this premium payment year _____
- b Outstanding credit from the plan year immediately preceding the premium payment year _____
- c Total (item 10a + item 10b) _____

11 Amount due (excess, if any, of item 9 over item 10c) _____

12 Treatment of overpayment

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

Part VI – Miscellaneous Information

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 adoption date __/__/____ and the plan coverage date __/__/____.

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

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

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

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

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 4b(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 4c(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: _____

Part VII – Certifications

20 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 PBGC's premium regulations and instructions, except that if the filing reports an estimated premium funding target, the estimate is reasonable, takes into account the most current information available to the enrolled actuary, and has been determined in accordance with generally accepted actuarial principles and practices, and that if I received variable-rate premium information certified by an enrolled actuary for this filing, the variable-rate premium information in the filing is the same as the variable-rate premium information certified by the enrolled actuary.

Name of person signing: First name _____ Last name _____

E-mail address

Signature

_____-_____-_____-ext_____

Telephone

____/____/____

Date

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

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

Name of person signing: First name _____ Last name _____

Firm

E-mail address

Signature

_____-_____-_____-ext_____

Telephone

Enrollment number

____/____/____

Date

Comprehensive Premium Multiemployer paid using Paper Check

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

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

Step 1: Start a Draft Filing

Alphabet Soup Pension Plan - 01-1010101 / 111

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.



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](#)

Multiemployer plan

or

Single-employer plan
(Includes Multiple-employer plan)

[Instructions](#)

Comprehensive Premium Filing

[Instructions](#)

Proration

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).

Plan size (based on prior year participant count):

- Small (fewer than 100)
- Large (500 or more)
- Mid-size (100-499)
- N/A; first year's filing

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

Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2012
Alphabet Soup Pension Plan - 01-1010101 / 111



Enter Plan and Filing Information

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

[Instructions](#)

Plan name:

Plan effective date:
(ex. MMDD/YYYY)

[Instructions](#)

Previous filing EIN: Previous filing PN:

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

Form 5500 EIN and PN Information:
If the EIN and PN are not both the same as on the 2012 Form 5500, enter EIN and PN from 2012 Form 5500 and provide explanation:

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

256/256 characters remaining

Character Limit 256

[Business Code Lookup](#)

6-digit business code: (ex. 111111)

[Instructions](#)

First 6 digits of CUSIP number: (ex. 111111)

[Instructions](#)

Disaster Relief (enter code): (ex. XX-XX)
(For Disaster Relief Announcements, [click here](#))

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

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

Comprehensive Filing for Plan Year Commencing 1/1/2012
Test Plan - 12-2348997 / 111



Enter Plan Sponsor and Administrator Information

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

Plan Sponsor Information [Instructions](#)

Name:

Plan Administrator Information [Instructions](#)

Name:

Address:

City:

State:

Zip: (ex. 11111 or 11111-1111)

Country:

Contact person

Name (for "attention" line of mailings):

Phone: (ex. 111-111-1111)

Ext: (ex. 111111)

Email: (ex. aa@a.com)

Additional Plan Contact (optional) [Instructions](#)

Name:

Phone: (ex. 111-111-1111)

Ext: (ex. 111111)

E-mail: (ex. aa@a.com)

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

Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2012
 Alphabet Soup Pension Plan - 01-1010101 / 111



Calculate Total Premium Payment

Continue > < Back Cancel Save & Exit

> [Instructions](#)

Participant Count Date:	<input type="text" value="1/1/2012"/>	(MM/DD/YYYY)
Multiemployer Flat-rate:	<input type="text" value="\$9.00"/>	
Participant Count as of Participant Count Date: x	<input type="text" value="1,000"/>	(ex. 1,111)
Total Premium: =	\$9,000.00	

Premium credit:

Payments made previously for this premium payment year:	\$ <input type="text" value="0.00"/>	(ex. 1,111,111.11)
Outstanding credit from the plan year immediately preceding the premium payment year:	\$ <input type="text" value="0.00"/>	(ex. 1,111,111.11)

Total Premium Credit: - \$0.00 [Calculate](#)

Amount Due: = \$9,000.00 [Calculate](#)

Continue > < Back Cancel Save & Exit

Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2012
Alphabet Soup Pension Plan - 01-1010101 / 111



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 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)

Accrual Freeze

[Clear information](#)

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 select the reason that best describes the nature of the freeze:

(ex. MM/DD/YYYY)

- For all participants, both pay and service are frozen
- For some participants, both pay and service are frozen
- For all participants, service is frozen, pay is not
- For some participants, service is frozen, pay is not
- Other (enter explanation)

4000/4000 characters remaining

Limit 4,000

[Continue >](#) [< Back](#) [Cancel](#) [Save & Exit](#)

Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2012
Alphabet Soup Pension Plan - 01-1010101 / 111



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

Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2012
Alphabet Soup Pension Plan - 01-1010101 / 111



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. MMDD/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

Step 1: Start a Draft Filing

 [Print this Page](#)
 [View Printable Form](#)

Comprehensive Filing for Plan Year Commencing 1/1/2012
Alphabet Soup Pension Plan - 01-1010101 / 111



Data Summary

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:	1/1/2012
Plan Year Ending Date:	12/30/2012
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):	Large (500 or more)

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 Alphabet Soup Pension Plan, 01-1010101 / 111 -- 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](#)

**Comprehensive Filing for Plan Year Commencing 1/1/2012
Alphabet Soup Pension Plan - 01-1010101 / 111**



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:

- If you want PBGC to "pull" the payment from your account, select the following option (and ensure the account is not blocked):

- If you want to make the payment yourself, select one of the following options which describes how you expect to pay PBGC:

Premium Payment

Comprehensive Filing for Plan Year Commencing 1/1/2012
Alphabet Soup Pension Plan - 01-1010101 / 111



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](#)

Premium Payment

Comprehensive Filing for Plan Year Commencing 1/1/2012
Plan for testing 2013 - 11-9988330 / 333



You selected "Pay using a paper check" as the payment alternative that you plan to use. 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.
3. Be sure to send the check to PBGC using one of the addresses below.

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. Send your check and voucher to one of the following addresses:
 - o **By United States Postal Service:**
Pension Benefit Guaranty Corporation
Department 77430
P.O. Box 77000
Detroit, MI 48277-0430
 - o **By Overnight Delivery Services (e.g., FedEx, UPS, DHL):**
Pension Benefit Guaranty Corporation
JPMorgan Chase Bank, N.A.
9000 Haggerty Road
Dept. 77430
Mail Code MI1-8244
Belleville, MI 48111

Display Voucher

Approve < Back Cancel

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

Comprehensive Filing for Plan Year Commencing 1/1/2012
 Alphabet Soup Pension Plan - 01-1010101 / 111



Filing Manager

[Go to Plan Page](#)

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

[Instructions](#)

View/Edit Filing	✓ This filing contains all the required information.	Delete Filing
	✓ Plan Administrator e-signature completed 10:25 AM. 4/7/2012 Eastern Time	
	No Actuary Signature Required	
Edit E-Payment	✓ Authorization for payment alternative completed Payment alternative selected: Paper Check 10:31 AM. 4/7/2012 Eastern Time	

To take action on this filing:

Submit Confirmation

Are you sure you are ready to submit the 2012 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.

Receipt for Comprehensive Premium Filing

 [Print](#)

Date/Time Filing Received: 4/7/2012 10:33 AM Eastern Time

Your reference number for this transaction is **856598**

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
Flat-rate Premium:	\$9,000.00
Premium Credit:	\$0.00
Premium Amount Due:	\$9,000.00

This form is for illustrative purposes only.

Amended filing

2013 PBGC Comprehensive Premium Filing

Disaster Relief (enter code) __ - __

Part I – General Plan Information

1 Plan sponsor information

a Name _____

b Six-digit business code _____

c First six digits of CUSIP number _____

2 Plan administrator information

a Name _____

b Address line 1 _____

c Address line 2 _____

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

h Contact person

(1) Name (for "attention" line of mailings): _____

(2) e-mail address _____ (3) Phone number: ____ - ____ - ____ ext _____

3 Additional plan contact (optional)

(1) Name _____

(2) e-mail address _____ (3) Phone number: ____ - ____ - ____ ext _____

4 Plan information

a Plan name _____

b Premium payment year information:

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

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

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

c Employer Identification Number and Plan Number information:

(1) EIN and PN: EIN _____ PN _____

(2) If the EIN and PN are not **both** the same as on the most recent premium filing, enter EIN and PN from most recent premium filing: EIN _____ PN _____. Otherwise, skip to item 4c(3).

(3) If the EIN and PN are not **both** the same as on the 2012 Form 5500, enter EIN and PN from 2012 Form 5500 and provide explanation: EIN _____ PN _____. Explanation _____

Otherwise, skip to item 4d.

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

f Plan effective date __/__/____.

Part II – Flat-Rate Premium Information

5 Flat-rate premium

a Participant count date: Month ____ Day ____ Year ____

b Flat-rate premium calculation

(1) Applicable rate (Single-employer plans enter \$42; Multiemployer plans, enter \$12) _____

(2) Participant count as of participant count date _____

(3) Flat-rate premium (item 5b(1) x item 5b(2)) _____

Part III – Variable-rate Premium Information

Multiemployer plans — Skip to Part IV

Complete item 6 only if the plan is electing, or revoking an election, to use the Alternative Premium Funding Target instead of the Standard Premium Funding Target; otherwise skip to item 7.

6 Alternative Premium Funding Target Election or Revocation

- a Election - Check box to elect to use the Alternative Premium Funding Target instead of the Standard Premium Funding Target. The election will be effective — and the plan will be required to use the Alternative Premium Funding Target — beginning with this premium payment year and for all subsequent plan years unless and until the election is subsequently revoked.
- b Revocation - Check box to revoke a prior election to use the Alternative Premium Funding Target. The revocation will be effective — and the plan will be required to use the Standard Premium Funding Target — beginning with this premium payment year and for all subsequent plan years unless and until a new election is subsequently made.

Note — Elections or Revocations must remain in place for at least five years.

7 Variable-rate premium (VRP)

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 small employer cap applicable to certain plans of small employers (those with 25 or fewer employees), check box . If box is checked, items 7c through 7g may, but need not, be omitted.

c Assumptions and methods used to determine premium funding target

(1) Premium funding target method: Standard Alternative

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

(3) UVB valuation date: Month ___ Day ___ Year ___

d Premium funding target as of UVB valuation date – Check box if the reported premium funding target information is an estimate.

(1) Attributable to active participants _____

(2) Attributable to terminated vested participants _____

(3) Attributable to retirees and beneficiaries receiving payment _____

(4) Total premium funding target (item 7d(1) + item 7d(2) + item 7d(3)) _____

e Market value of assets as of UVB valuation date _____

f Unfunded vested benefits (excess, if any, of item 7d(4) over item 7e, rounded up to the next \$1,000) _____

g Uncapped variable-rate premium (item 7f x 0.009) _____

h Maximum variable-rate premium _____

(1) MAP-21 cap (\$400 x item 5b(2)) _____

(2) Small employer cap, if applicable (\$5 x item 5b(2) x item 5b(2)) – Omit this item if plan is not eligible for this cap _____

(3) Maximum variable-rate premium — If the plan qualifies for the small employer cap, the lesser of item 7h(1) and 7h(2). Otherwise, item 7h(1). _____

i Variable-rate premium — If the plan qualifies for the small employer cap and item 7g was omitted, item 7h(3). Otherwise, the lesser of item 7g and item 7h(3). _____

Part IV – Total Premium Information

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 5b(3) + item 7i, if applicable) _____

9 Total premium — If the plan does not qualify for premium proration, item 5b(3) + item 7i, if applicable. If the plan qualifies for premium proration, item 8b x item 8a ÷ 12. _____

Part V – Payment Information

10 Premium credit

- a Payments made previously for this premium payment year _____
- b Outstanding credit from the plan year immediately preceding the premium payment year _____
- c Total (item 10a + item 10b) _____

11 Amount due (excess, if any, of item 9 over item 10c) _____

12 Treatment of overpayment

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

Part VI – Miscellaneous Information

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 adoption date __/__/____ and the plan coverage date __/__/____.

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

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

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

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

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 4b(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 4c(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: _____

Part VII – Certifications

20 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 PBGC's premium regulations and instructions, except that if the filing reports an estimated premium funding target, the estimate is reasonable, takes into account the most current information available to the enrolled actuary, and has been determined in accordance with generally accepted actuarial principles and practices, and that if I received variable-rate premium information certified by an enrolled actuary for this filing, the variable-rate premium information in the filing is the same as the variable-rate premium information certified by the enrolled actuary.

Name of person signing: First name _____ Last name _____

E-mail address

Signature

_____-_____-_____-ext_____

Telephone

____/____/____

Date

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

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

Name of person signing: First name _____ Last name _____

Firm

E-mail address

Signature

_____-_____-_____-ext_____

Telephone

Enrollment number

____/____/____

Date

Estimated Single employer filing paid via EFT (outside of My PAA)



v.12.5.0.1

[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](#)

Step 1: Start a Draft Filing

Alphabet Soup Pension Plan - 01-1010101 / 111

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.



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)

[Instructions](#)

Multiemployer plan

or

Single-employer plan
(Includes Multiple-employer plan)

[Instructions](#)

Estimated Flat-rate Premium Filing

This is an amended filing

[Instructions](#)

Proration

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).

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

Step 1: Start a Draft Filing

Estimated Filing for Plan Year Commencing 1/1/2012
 Alphabet Soup Pension Plan - 01-1010101 / 111



Enter Plan and Filing Information

Continue > < Back Cancel

[Instructions](#)

Plan name:

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

[Instructions](#)

Previous filing EIN:	01-1010101	Previous filing PN:	111
Current EIN:	<input type="text" value="01-1010101"/> <small>(ex. 11-1111111)</small>	Current PN:	<input type="text" value="111"/> <small>(ex. 111)</small>

[Instructions](#)

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

(For Disaster Relief Announcements, [click here](#))

Continue > < Back Cancel

Step 1: Start a Draft Filing

Estimated Filing for Plan Year Commencing 1/1/2012
Alphabet Soup Pension Plan - 01-1010101 / 111



Enter Plan Sponsor and Administrator Information

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

Plan Sponsor Information [-> Instructions](#)

Name:

Plan Administrator Information [-> Instructions](#)

Name:

Address:

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

Country:

Contact person

Name (for "attention" line of mailings):

Phone: (ex. 111-111-1111) Ext: (ex. 111111)

Email: (ex. aa@a.com)

Additional Plan Contact (optional) [-> Instructions](#)

Name:

Phone: (ex. 111-111-1111) Ext: (ex. 111111)

E-mail: (ex. aa@a.com)

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

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

Estimated Filing for Plan Year Commencing 1/1/2012
Alphabet Soup Pension Plan - 01-1010101 / 111



Calculate Total Premium Payment

Continue > < Back Cancel Save & Exit

[> Instructions](#)

Single-Employer Flat Rate:		\$35.00	
Estimated Participant Count:	x	<input type="text" value="1,000"/>	(ex. 1,111)
Estimated Premium:	=	\$35,000.00	
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:	=	\$35,000.00	<input type="button" value="Calculate"/>

Continue > < Back Cancel Save & Exit

Step 1: Start a Draft Filing

 [Print this Page](#)
 [View Printable Form](#)

Estimated Filing for Plan Year Commencing 1/1/2012
Alphabet Soup Pension Plan - 01-1010101 / 111



Data Summary

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:	1/1/2012
Plan Year Ending Date:	12/31/2012
Plan Type:	Single-Employer
Filing Type:	Estimated Flat-rate Premium
Plan qualifies for proration:	Not Checked

Enter Plan and Filing Information	Edit
Plan Name:	Alphabet Soup Pension Plan
Plan Effective Date	01/01/2012
Previous EIN / PN:	01-1010101 / 111
Current EIN / PN:	01-1010101 / 111
Disaster Relief Code:	N/A

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 Alphabet Soup Pension Plan, 01-1010101 / 111 -- 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](#)

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

Estimated Filing for Plan Year Commencing 1/1/2012
 Alphabet Soup Pension Plan - 01-1010101 / 111



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 does not contain all the required information. To see details, click the View button.	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.

Estimated Filing for Plan Year Commencing 1/1/2012
Alphabet Soup Pension Plan - 01-1010101 / 111



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:

- If you want PBGC to "pull" the payment from your account, select the following option (and ensure the account is not blocked):

[Pay Online using My PAA](#)

- If you want to make the payment yourself, select one of the following options which describes how you expect to pay PBGC:

[Pay via Electronic Funds Transfer \(outside of My PAA\)](#)

[Pay using a Paper Check](#)

[Back to Filing Manager Page](#)

[Back to Home Page](#)

Premium Payment

Estimated Filing for Plan Year Commencing 1/1/2012
Alphabet Soup Pension Plan - 01-1010101 / 111



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](#)

Premium Payment

Estimated Filing for Plan Year Commencing 1/1/2012
Alphabet Soup Pension Plan - 01-1010101 / 111



You selected "Pay via EFT (Outside of My PAA)" as the payment alternative that you plan to use. 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.
3. Be sure to contact your bank to initiate the Electronic Funds Transfer and verify that payment was sent to PBGC

Payment Instructions

If you pay by electronic funds transfer outside of My PAA, **you must initiate the payment** and send the payment to:

JPMorgan Chase Bank, N.A.
 Chicago, IL

ABA: 011111111

Account: 123456789

Beneficiary: PBGC

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

Approval for Estimated Filing

Estimated Filing for Plan Year Commencing 1/1/2012
Alphabet Soup Pension Plan - 01-1010101 / 111

Certification of Single-Employer 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:	Roya N		
Last Name:	Mahnad		
Work Phone:	202-326-4000	Ext.	6563
Work E-mail:	RM@PB.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:**

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

Estimated Filing for Plan Year Commencing 1/1/2012
 Alphabet Soup Pension Plan - 01-1010101 / 111



Filing Manager

[Go to Plan Page](#)

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

[Instructions](#)

[View/Edit Filing](#)

This filing contains all the required information.

[Delete Filing](#)

Plan Administrator e-signature completed
 9:22 AM, 4/7/2012 Eastern Time

No Actuary Signature Required

Authorization for payment alternative completed

[Edit E-Payment](#)

Payment alternative selected:
 Electronic Funds Transfer Outside My PAA
 9:20 AM, 4/7/2012 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	
Elizabeth General	Filing Coordinator, Plan Administrator, View Account History, Preparer, Paying Agent, Actuary	333-333-3555	bethtest@dpn.dev.pbgc.gov	Route To
Roya N Mahnad	Filing Coordinator, Paying Agent, Preparer, Actuary, Plan Administrator, View Account History	202-326-4000	rm@pb.com	Holding

Submit Confirmation

Are you sure you are ready to submit the 2012 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.

Receipt for Estimated Flat-rate Premium Filing

 [Print](#)

Date/Time Filing Received: 4/7/2012 9:27 AM Eastern Time

Your reference number for this transaction is **856596**

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)

Estimated Flat-rate Premium:

\$35,000.00

Premium Credit:

N/A

Premium Amount Due:

\$35,000.00

This form is for illustrative purposes only.

Amended filing

2013 PBGC Estimated Flat-rate Premium Filing

Disaster Relief (enter code) __ - __ - __

Part I – General Plan Information

1 Plan sponsor name _____

2 Plan administrator information

a Name _____

b Address line 1 _____

c Address line 2 _____

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

h Contact person

(1) Name (for "attention" line of mailings): _____

(2) e-mail address _____ (3) Phone number: ____ - ____ - ____ ext _____

3 Additional plan contact (optional)

(1) Name _____

(2) e-mail address _____ (3) Phone number: ____ - ____ - ____ ext _____

4 Plan information

a Plan name _____

b Premium payment year information:

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

(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 _____ PN _____

(2) If the EIN and PN are not **both** the same as on the most recent premium filing, enter EIN and PN from most recent premium filing:
EIN _____ PN _____. Otherwise, skip to item 4d.

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

e Plan effective date __/__/____.

Part II – Flat-rate Premium Information

5 Estimated flat-rate premium

a Applicable rate (Single-employer plans enter **\$42**; Multiemployer plans, enter **\$12**.) _____

b Estimated participant count _____

c Premium proration (If the plan does not qualify for premium proration, skip to item 5d)

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

(2) Estimated flat-rate premium before reflecting proration (item 5a x item 5b) _____

d Estimated flat-rate premium

If the plan does not qualify for premium proration, item 5a x item 5b

If the plan qualifies for premium proration, item 5c(2) x item 5c(1) ÷ 12. _____

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

7 Amount due (excess, if any, of item 5d over item 6) _____

8 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 4b(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 4c(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 – Certification

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

Name of person signing: First name _____ Last name _____

E-mail address

Signature

_____-_____-_____-ext _____

Telephone

____/____/____

Date

Imported Comp Single Employer Exempt Filing paid online via Electronic Check



v.12.5.0.1

[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](#)

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](#)

Home Page

How to Use My PAA

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](#)

Roya N Mahnad'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)	
2012 Comprehensive		Bracewell & Giuliani, LLP Cash Balance Plan for Partners ? Plan A (55-5151515 / 555)	View/Manage Filing
2011 Comprehensive		Roya SE Comp Exempt No Vested 2008 (10-0000001 / 111)	View/Manage Filing
2012 Comprehensive		Roya SE Comp Exempt No Vested 2008 (10-0000001 / 111)	View/Manage Filing
2011 Comprehensive		Roya testing - Plan A (21-2121212 / 111)	View/Manage Filing

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

Comprehensive Filing for Plan Year Commencing 1/1/2012
Roya SE Comp Exempt No Vested 2008 - 10.0000001 / 111



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

Comprehensive Filing for Plan Year Commencing 1/1/2012
Alphabet Soup Pension Plan - 01-1010101 / 111



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:

- If you want PBGC to "pull" the payment from your account, select the following option (and ensure the account is not blocked):

[Pay Online using My PAA](#)

- If you want to make the payment yourself, select one of the following options which describes how you expect to pay PBGC:

[Pay via Electronic Funds Transfer \(outside of My PAA\)](#)

[Pay using a Paper Check](#)

[Back to Filing Manager Page](#)

[Back to Home Page](#)

Approve Payment for Comprehensive Filing

Comprehensive Filing for Plan Year Commencing 1/1/2012
Roya SE Comp Exempt No Vested 2008 - 10-0000001 / 111



Authorize E-Payment

Flat-rate Premium:	\$35,000.00	Instructions
Premium Credit:	\$0.00	
Premium Amount Due:	\$35,000.00	
Payment Amount:	\$ <input type="text" value="35,000.00"/> (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. Please ensure that your account will allow PBGC to "pull" funds from it (i.e., that your account is not blocked).

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:

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

*Bank Name:

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

Premium Payment

Comprehensive Filing for Plan Year Commencing 1/1/2012
 Roya SE Comp Exempt No Vested 2008 - 10-0000001 / 111



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:	\$35,000.00
Premium Credit:	N/A
Premium Amount Due:	\$35,000.00
Amount Paid:	\$35,000.00
Total Amount Paid:	\$35,000.00
Method Selected:	Electronic Check
Check Number:	123456780
Bank Routing Code:	****6780
Bank Account Number:	*****80
Account Holder Name:	roya
Bank Name:	BofA

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?

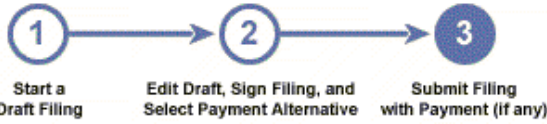
* **Secret Answer:**

[Authorize Payment](#)

[Cancel](#)

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

Comprehensive Filing for Plan Year Commencing 1/1/2012
Roya SE Comp Exempt No Vested 2008 - 10-0000001 / 111



Filing Manager

[Go to Plan Page](#)

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

[Instructions](#)

[View/Edit Filing](#)

✓ **This filing contains all the required information.**

[Delete Filing](#)

✓ **Plan Administrator e-signature completed**

12:55 AM. 4/7/2012 Eastern Time

No Actuary Signature Required

[Edit E-Payment](#)

✓ **E-payment authorization completed**

12:54 AM. 4/7/2012 Eastern Time

Submit Confirmation

Are you sure you are ready to submit the 2013 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.

Receipt for Comprehensive Premium Filing



Date/Time Filing Received: 4/10/2012 1:11 PM Eastern Time

Your reference number for this transaction is 856618

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:	\$35,000.00
Premium Credit:	N/A
Premium Amount Due:	\$35,000.00
Amount Paid:	\$35,000.00
Total Amount Paid:	\$35,000.00
Method Selected:	Electronic Check
Check Number:	123456780
Bank Routing Code:	****6780
Bank Account Number:	*****80
Account Holder Name:	roya
Bank Name:	BofA

This form is for illustrative purposes only.

Amended filing

2013 PBGC Comprehensive Premium Filing

Disaster Relief (enter code) ___ - ___

Part I – General Plan Information

1 Plan sponsor information

a Name _____

b Six-digit business code _____

c First six digits of CUSIP number _____

2 Plan administrator information

a Name _____

b Address line 1 _____

c Address line 2 _____

d City _____

e State _____

f Zip _____

g Country (if not U.S.) _____

h Contact person

(1) Name (for "attention" line of mailings): _____

(2) e-mail address _____ (3) Phone number: ___ - ___ - ___ ext. _____

3 Additional plan contact (optional)

(1) Name _____

(2) e-mail address _____ (3) Phone number: ___ - ___ - ___ ext. _____

4 Plan information

a Plan name _____

b Premium payment year information:

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

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

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

c Employer Identification Number and Plan Number information:

(1) EIN and PN: EIN _____ PN _____

(2) If the EIN and PN are not **both** the same as on the most recent premium filing, enter EIN and PN from most recent premium filing: EIN _____ PN _____. Otherwise, skip to item 4c(3).

(3) If the EIN and PN are not **both** the same as on the 2012 Form 5500, enter EIN and PN from 2012 Form 5500 and provide explanation: EIN _____ PN _____. Explanation _____

Otherwise, skip to item 4d.

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

f Plan effective date ___/___/___.

Part II – Flat-Rate Premium Information

5 Flat-rate premium

a Participant count date: Month ___ Day ___ Year ___

b Flat-rate premium calculation

(1) Applicable rate (Single-employer plans enter \$42; Multiemployer plans, enter \$12) _____

(2) Participant count as of participant count date _____

(3) Flat-rate premium (item 5b(1) x item 5b(2)) _____

Part III – Variable-rate Premium Information

Multiemployer plans — Skip to Part IV

Complete item 6 only if the plan is electing, or revoking an election, to use the Alternative Premium Funding Target instead of the Standard Premium Funding Target; otherwise skip to item 7.

6 Alternative Premium Funding Target Election or Revocation

- a Election - Check box to elect to use the Alternative Premium Funding Target instead of the Standard Premium Funding Target. The election will be effective — and the plan will be required to use the Alternative Premium Funding Target — beginning with this premium payment year and for all subsequent plan years unless and until the election is subsequently revoked.
- b Revocation - Check box to revoke a prior election to use the Alternative Premium Funding Target. The revocation will be effective — and the plan will be required to use the Standard Premium Funding Target — beginning with this premium payment year and for all subsequent plan years unless and until a new election is subsequently made.

Note — Elections or Revocations must remain in place for at least five years.

7 Variable-rate premium (VRP)

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 small employer cap applicable to certain plans of small employers (those with 25 or fewer employees), check box . If box is checked, items 7c through 7g may, but need not, be omitted.

c Assumptions and methods used to determine premium funding target

(1) Premium funding target method: Standard Alternative

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

(3) UVB valuation date: Month ___ Day ___ Year ___

d Premium funding target as of UVB valuation date – Check box if the reported premium funding target information is an estimate.

- (1) Attributable to active participants _____
- (2) Attributable to terminated vested participants _____
- (3) Attributable to retirees and beneficiaries receiving payment _____
- (4) Total premium funding target (item 7d(1) + item 7d(2) + item 7d(3)) _____

e Market value of assets as of UVB valuation date _____

f Unfunded vested benefits (excess, if any, of item 7d(4) over item 7e, rounded up to the next \$1,000) _____

g Uncapped variable-rate premium (item 7f x 0.009) _____

h Maximum variable-rate premium _____

(1) MAP-21 cap (\$400 x item 5b(2)) _____

(2) Small employer cap, if applicable (\$5 x item 5b(2) x item 5b(2)) – Omit this item if plan is not eligible for this cap _____

(3) Maximum variable-rate premium — If the plan qualifies for the small employer cap, the lesser of item 7h(1) and 7h(2). Otherwise, item 7h(1). _____

i Variable-rate premium — If the plan qualifies for the small employer cap and item 7g was omitted, item 7h(3). Otherwise, the lesser of item 7g and item 7h(3). _____

Part IV – Total Premium Information

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 5b(3) + item 7i, if applicable) _____

9 Total premium — If the plan does not qualify for premium proration, item 5b(3) + item 7i, if applicable. If the plan qualifies for premium proration, item 8b x item 8a ÷ 12. _____

Part V – Payment Information

10 Premium credit

- a Payments made previously for this premium payment year _____
- b Outstanding credit from the plan year immediately preceding the premium payment year _____
- c Total (item 10a + item 10b) _____

11 Amount due (excess, if any, of item 9 over item 10c) _____

12 Treatment of overpayment

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

Part VI – Miscellaneous Information

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 adoption date __/__/____ and the plan coverage date __/__/____.

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

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

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

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

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 4b(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 4c(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: _____

Part VII – Certifications

20 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 PBGC's premium regulations and instructions, except that if the filing reports an estimated premium funding target, the estimate is reasonable, takes into account the most current information available to the enrolled actuary, and has been determined in accordance with generally accepted actuarial principles and practices, and that if I received variable-rate premium information certified by an enrolled actuary for this filing, the variable-rate premium information in the filing is the same as the variable-rate premium information certified by the enrolled actuary.

Name of person signing: First name _____ Last name _____

E-mail address

Signature

_____-_____-_____-ext_____

Telephone

____/____/____

Date

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

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

Name of person signing: First name _____ Last name _____

Firm

E-mail address

Signature

_____-_____-_____-ext_____

Telephone

Enrollment number

____/____/____


Date

Uploaded Filing paid using Other payment alternative

v.12.5.0.1

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

Upload Software-Prepared Filing(s)



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 this box is checked, a confirmation screen will be provided for all fully completed transactions, and you can print the confirmation screen for your records.

Upload Software-Prepared Filing(s)



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: SE Not EXempt Build 15.xml
of Filings: This file contains **one** premium filing.
Comments: This is testing
E-mail Confirmation: You opted to receive an e-mail confirmation

Note: A confirmation 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.

[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:

If I am the enrolled actuary, that the variable-rate premium 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 me, and has been determined in accordance with generally accepted actuarial principles and practices; or

If I am the Plan Administrator, that all the information in the filing (other than the participant count and premium in an estimated flat-rate premium 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.

As an extra security precaution, enter below the answer to your Secret Question before clicking the "Certify Filing(s) and Submit" button.

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:**

[Certify Filing\(s\) and Submit](#)

[< Back](#)

[Cancel](#)



Payment Alternatives

You have uploaded an XML file that contains your filing information. You must still select one of the 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.

- If you want PBGC to "pull" the payment from your account, select the following option (and ensure the account is not blocked):

- If you want to make the payment yourself, select one of the following options which describes how you expect to pay PBGC:

- Other:

Premium Payment



Confirm Payment Alternative Selection

Payment Alternative Selected: Other

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



Your Confirmation ID for this transaction is 856593.

You have submitted your filing information online to PBGC and selected "Other" as the payment alternative. A summary of the filing information is provided below. Thank you for using My PAA.

File Summary

Date/Time Received:	4/7/2012, 8:41 AM, Eastern Time
File Name:	SE Not EXempt Build 15.xml
# of Filings:	This file contains one premium filing.
Comments:	This is testing
E-mail Confirmation:	You opted to 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](#)

Home Page How to Use My PAA

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

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

Elizabeth General'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)	
2012 Comprehensive		Test Plan (11-1111111 / 111)	<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 (11-1111111 / 111)	<input type="button" value="Go to Plan Page"/>	<input type="button" value="Invite a Practitioner"/>	<input type="button" value="Create Filing"/>
Test Plan2 (22-2222222 / 222)	<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](#)

Transfer filing data into My PAA editing screens for review and submission for any plan(s) in your account.

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

Submit fully-completed filing(s) for any plan(s) once you have atleast one plan in your account. After the file is uploaded,click the link under 'Conf.ID/Receipt' to view the receipt(s) showing data submitted for each filing.

File Name	Conf.ID/Receipt	Received	Filing Status	Payment Status
Bethtest.xml	856250	2/29/2012 1:38:26 PM	Completed	Other
Comments:				
Bethtest.xml	856378	2/29/2012 11:23:19 AM	Completed	Paper Check

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](#)

Uploaded Software-Prepared Filing Details

Below are the filings submitted within the File Name shown. Click each link shown to view the receipt showing data submitted on the plan's filing.

[Back to Home Page](#)

File Name: Bethtest.xml

Confirmation ID: 856250

View uploaded filing receipts

Filing	Plan Name (EIN/PN)	Uploaded ID
2012 Comprehensive	Test Plan Name Test Plan Name Test Plan Name (111222333/111)	856250

Receipt for Comprehensive Premium Filing

 [Print](#)

Date/Time Filing Received: 8/21/2012 5:39:43 PM Eastern Time

Reference Number for this transaction is **856250**

The Uploaded Id is **856250**

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:	Other
Flat-rate Premium:	\$3,500.00
Premium Credit:	N/A
Premium Amount Due:	\$3,100.00

This form is for illustrative purposes only.

Amended filing

2013 PBGC Comprehensive Premium Filing

Disaster Relief (enter code) ___ - ___

Part I – General Plan Information

1 Plan sponsor information

a Name _____

b Six-digit business code _____

c First six digits of CUSIP number _____

2 Plan administrator information

a Name _____

b Address line 1 _____

c Address line 2 _____

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

h Contact person

(1) Name (for "attention" line of mailings): _____

(2) e-mail address _____ (3) Phone number: ___ - ___ - ___ ext _____

3 Additional plan contact (optional)

(1) Name _____

(2) e-mail address _____ (3) Phone number: ___ - ___ - ___ ext _____

4 Plan information

a Plan name _____

b Premium payment year information:

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

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

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

c Employer Identification Number and Plan Number information:

(1) EIN and PN: EIN _____ PN _____

(2) If the EIN and PN are not **both** the same as on the most recent premium filing, enter EIN and PN from most recent premium filing: EIN _____ PN _____. Otherwise, skip to item 4c(3).

(3) If the EIN and PN are not **both** the same as on the 2012 Form 5500, enter EIN and PN from 2012 Form 5500 and provide explanation: EIN _____ PN _____. Explanation _____

Otherwise, skip to item 4d.

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

f Plan effective date ___/___/___.

Part II – Flat-Rate Premium Information

5 Flat-rate premium

a Participant count date: Month ___ Day ___ Year ____

b Flat-rate premium calculation

(1) Applicable rate (Single-employer plans enter \$42; Multiemployer plans, enter \$12) _____

(2) Participant count as of participant count date _____

(3) Flat-rate premium (item 5b(1) x item 5b(2)) _____

Part III – Variable-rate Premium Information

Multiemployer plans — Skip to Part IV

Complete item 6 only if the plan is electing, or revoking an election, to use the Alternative Premium Funding Target instead of the Standard Premium Funding Target; otherwise skip to item 7.

6 Alternative Premium Funding Target Election or Revocation

- a Election - Check box to elect to use the Alternative Premium Funding Target instead of the Standard Premium Funding Target. The election will be effective — and the plan will be required to use the Alternative Premium Funding Target — beginning with this premium payment year and for all subsequent plan years unless and until the election is subsequently revoked.
- b Revocation - Check box to revoke a prior election to use the Alternative Premium Funding Target. The revocation will be effective — and the plan will be required to use the Standard Premium Funding Target — beginning with this premium payment year and for all subsequent plan years unless and until a new election is subsequently made.

Note — Elections or Revocations must remain in place for at least five years.

7 Variable-rate premium (VRP)

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 small employer cap applicable to certain plans of small employers (those with 25 or fewer employees), check box . If box is checked, items 7c through 7g may, but need not, be omitted.

c Assumptions and methods used to determine premium funding target

(1) Premium funding target method: Standard Alternative

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

(3) UVB valuation date: Month ___ Day ___ Year ___

d Premium funding target as of UVB valuation date – Check box if the reported premium funding target information is an estimate.

- (1) Attributable to active participants _____
- (2) Attributable to terminated vested participants _____
- (3) Attributable to retirees and beneficiaries receiving payment _____
- (4) Total premium funding target (item 7d(1) + item 7d(2) + item 7d(3)) _____

e Market value of assets as of UVB valuation date _____

f Unfunded vested benefits (excess, if any, of item 7d(4) over item 7e, rounded up to the next \$1,000) _____

g Uncapped variable-rate premium (item 7f x 0.009) _____

h Maximum variable-rate premium _____

(1) MAP-21 cap (\$400 x item 5b(2)) _____

(2) Small employer cap, if applicable (\$5 x item 5b(2) x item 5b(2)) – Omit this item if plan is not eligible for this cap _____

(3) Maximum variable-rate premium — If the plan qualifies for the small employer cap, the lesser of item 7h(1) and 7h(2). Otherwise, item 7h(1). _____

i Variable-rate premium — If the plan qualifies for the small employer cap and item 7g was omitted, item 7h(3). Otherwise, the lesser of item 7g and item 7h(3). _____

Part IV – Total Premium Information

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 5b(3) + item 7i, if applicable) _____

9 Total premium — If the plan does not qualify for premium proration, item 5b(3) + item 7i, if applicable. If the plan qualifies for premium proration, item 8b x item 8a ÷ 12. _____

Part V – Payment Information

10 Premium credit

- a Payments made previously for this premium payment year _____
- b Outstanding credit from the plan year immediately preceding the premium payment year _____
- c Total (item 10a + item 10b) _____

11 Amount due (excess, if any, of item 9 over item 10c) _____

12 Treatment of overpayment

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

Part VI – Miscellaneous Information

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 adoption date __/__/____ and the plan coverage date __/__/____.

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

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

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

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

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
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- 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 4b(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 4c(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: _____

Part VII – Certifications

20 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 PBGC's premium regulations and instructions, except that if the filing reports an estimated premium funding target, the estimate is reasonable, takes into account the most current information available to the enrolled actuary, and has been determined in accordance with generally accepted actuarial principles and practices, and that if I received variable-rate premium information certified by an enrolled actuary for this filing, the variable-rate premium information in the filing is the same as the variable-rate premium information certified by the enrolled actuary.

Name of person signing: First name _____ Last name _____

E-mail address

Signature

_____ - _____ - _____ ext _____

Telephone

____/____/____

Date

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

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

Name of person signing: First name _____ Last name _____

Firm

E-mail address

Signature

_____ - _____ - _____ ext _____

Telephone

Enrollment number

____/____/____

Date

