

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



Pension Benefit Guaranty Corporation
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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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](#)

Figure 11: Text updates related to 2014 estimated filings on How to File screen

 v.13.1.0.2
[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:

*Only 2013 estimated flat-rate filings may be created up until the due date of the comprehensive filing for the plan year. Estimated flat-rate filings for plan years starting 2014 have been eliminated.

Step 1: Start a Draft Filing

Massachusetts Service Employees Pension Plan - 21-2121212 / 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

For the premium payment year, is the plan a "small" plan? Yes No


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

Comprehensive Single Employer- Enter Plan Information

 v.13.1.0.2
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Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2014
EMPLOYEE BENEFIT PLAN OF CATHOLIC SOCIAL SERVICES OF OAKLAND COUNTY - 38-1554661 / 002



1 → 2 → 3

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

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

[> Instructions](#)

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

[> Instructions](#)

Check box if plan is a new or newly covered plan and provide the following information:

Adoption date: (ex. MM/DD/YYYY)
Date coverage began on: (ex. MM/DD/YYYY)
Is the plan a "continuation plan"? Yes No

[> Instructions](#)

| | | | |
|----------------------|--|---------------------|--|
| Previous filing EIN: | <input type="text" value="38-1554661"/> | Previous filing PN: | <input type="text" value="002"/> |
| Current EIN: | <input type="text" value="38-1554661"/> (ex. 11-1111111) | Current PN: | <input type="text" value="002"/> (ex. 111) |

Form 5500 EIN and PN Information:
If the EIN and PN are not both the same as on the 2013 Form 5500, enter EIN and PN from 2013 Form 5500 and provide explanation:

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

256/256 characters remaining

Character Limit 256

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

Comprehensive Single Employer- Enter Filing Information screen

Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2013
Massachusetts Service Employees Pension Plan - 21-2121212 / 111



Enter Filing Information

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

[> 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](#))

Is this plan exempt from the Variable-rate Premium?

- No [> Instructions](#)
- Yes, because the plan is a new or newly covered small plan other than a continuation plan.
- Yes, because the plan is undergoing a standard termination with a final distribution during the premium payment year.
- Yes, because the plan is undergoing a standard plan termination with a proposed termination date in a prior year.
Proposed termination date: (ex. MMDD/YYYY)
- Yes, because the plan has no vested participants
- Yes, because the plan is a 412(e)(3) plan

[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](#)

OMB Screenshots – 2014 Changes

1. Single Employer - New P-Count Screen



Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2014
Credit Plans - 22-3333333 / 444



Calculate Premium Due

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

Flat-rate Premium

[Instructions](#)

Participant Count Date: (MM/DD/YYYY)

Single-employer Flat-rate: \$49.00

Participant Count as of Participant Count Date:

Active: (ex. 1,111)
Terminated Vested: (ex. 1,111)
Retirees and Beneficiaries: (ex. 1,111)

Total Participant Count: = 90

Flat-rate Premium: = \$4410.00 [Calculate](#)

Variable-rate Premium

Alternative Premium Funding Target Election or Revocation

[Instructions](#)

- 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

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

[Instructions](#)

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
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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.

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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: \$ (ex. 1,111,111.11)

Outstanding credit from the plan year immediately preceding the premium payment year: \$ (ex. 1,111,111.11)

Total Premium Credit: - \$40,000.00

Amount Due: = \$0.00

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](#)

Comprehensive Single Employer- Report Miscellaneous Screen



v.13.0.0.14

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

Comprehensive Filing for Plan Year Commencing 1/1/2014*
A PAS-CPF-ES-2013-10-19-2012-2 - 10-1010111 / 112



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

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 1/1/2014
 A PAS-CPF-ES 2013-10-19-2012-2 - 10-1010111 / 112

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



Data Summary

This filing contains all required information.

[Save Changes](#) [Cancel](#)

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

| Identify Filing to be Made Edit | |
|---|-----------------|
| Plan Year Commencement Date: | 1/1/2014 |
| Plan Year Ending Date: | 12/1/2014 |
| Date plan year change adopted (if any): | N/A |
| Plan Type: | Single-employer |
| Filing Type: | Comprehensive |
| Plan qualifies for proration: | Not Checked |
| Plan size (small plan): | Yes |

| Enter Plan Information Edit | |
|--|--------------------------------|
| Plan Name: | A PAS-CPF-ES-2013-10-19-2012-2 |
| Plan effective date: | 1/1/2000 |
| New or newly covered plan: | Checked |
| Adoption Date: | 1/1/2000 |
| Date coverage began: | 1/1/2009 |
| Continuation plan: | Yes |
| Previous EIN / PN: | 10-1010111 / 112 |
| Current EIN / PN: | 10-1010111 / 112 |
| EIN/PN from 2013 Form 5500 (if different): | N/A |
| Explanation as to why EIN/PN does not match entry on 2013 Form 5500: | N/A |

| Enter Filing Information Edit | |
|---|---|
| 6-digit business code: | 221500 |
| First 6 digits of CUSIP number: | 446413 |
| Disaster Relief Code: | 12-11 |
| Variable-rate Exempt: | Yes |
| Reason for Exemption: | New or newly covered small plan other than a continuation plan. Standard termination with a final distribution during the premium payment year. Standard termination with a proposed termination date in a prior year. Proposed termination date:01/01/2012 |

| Enter Plan Sponsor and Administrator Information Edit | |
|---|--|
| Name of Plan Sponsor: | XYZ Company |
| Name of Plan Administrator: | Plan Administrator Information Name |
| Plan Administrator Address: | Plan Administrator Information Address Administrator City, MD 11110 US |
| Name of Contact person: (for "attention" line of mailings) | Contact Person Name |
| Phone: | 111-111-1112 |
| Ext: | 1111 |
| E-mail: | contactperson@aa.com |
| Name of Additional Plan Contact: | Additional Plan Contact |
| Phone: | 222-222-2222 |
| Ext: | 2222 |
| E-mail: | AdditionalPlaContact@aa.com |

| Calculate Total Premium Payment Edit | |
|---|-------------|
| Flat-rate Premium | |
| Participant Count Date: | 10/1/2013 |
| Single-employer Flat Rate: | \$49.00 |
| Participant Count for this Plan Year: | |
| Active: | 100 |
| Terminated vested: | 100 |
| Retirees and beneficiaries: | 20 |
| Total: | 220 |
| Flat-rate Premium: | \$12,600.00 |
| Total Premium: | \$12,627.00 |
| Payments made previously for this premium payment year: | \$10,000.00 |
| Outstanding credit from the plan year immediately preceding the premium payment year: | \$200.00 |
| Total Premium Credit: | \$10,200.00 |
| Amount Due: | \$2,427.00 |

| Report Miscellaneous Information Edit | |
|---|-----|
| Final Filing | |
| Date of Event: | N/A |
| Filing obligation is ceasing due to: | N/A |
| Participation Freeze Date: | N/A |
| Accrual Freeze | |
| Date: | N/A |
| Nature of the accrual freeze: | N/A |

| Report Transfers From Other Plans Edit | |
|--|-----|
| Transferor plan(s): | N/A |

| Report Transfers To Other Plans Edit | |
|--|-----|
| Transferee plan(s): | N/A |

| Payment Summary | |
|------------------------|-------------|
| Payment Alternative: | N/A |
| Flat-rate Premium: | \$12,600.00 |
| Variable-rate Premium: | \$27.00 |
| Premium Credit: | \$10,200.00 |
| Premium Amount Due: | \$2,427.00 |

[Save Changes](#) [Cancel](#)

Comprehensive Single Employer- Filing Manager Screen

Similar filing manager screen will be displayed for comprehensive single employer imported filing.

v.13.0.0.14

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

Comprehensive Filing for Plan Year Commencing 1/1/2013
2013 Test Plan - 99-8877666 / 111

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

Filing Manager

This Filing Has NOT Been Submitted. [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.

Filing Team [Instructions](#)

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

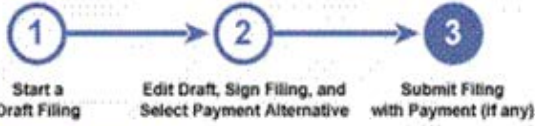
| Name | Permissions | Phone | E-mail |
|---------------|---|--------------|--|
| Royatest3 Mah | Paying Agent, Filing Coordinator, View Account History, Plan Administrator, Preparer, Actuary | 333-333-3333 | royamah@pbgc.gov Holding |

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Comprehensive Single employer- Data summary screen.

The below data summary screen captures all the 2014 changes relating to plan size, new or newly covered, adoption date, date coverage began, continuation plan, exemption reasons, participant count breakdown and report miscellaneous section.

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



Filing Manager This Filing Has NOT Been Submitted. [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 |

Comprehensive Multi Employer- Identify Filing to be made screen

v.13.1.0.2

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

Step 1: Start a Draft Filing

Massachusetts Service Employees Pension Plan - 21-2121212 / 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.

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

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

For the premium payment year, is the plan a "small" plan? Yes No

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

Comprehensive Multi employer- Enter Plan Information Screen

v.13.1.0.2

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

Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2014
EMPLOYEE BENEFIT PLAN OF CATHOLIC SOCIAL SERVICES OF OAKLAND COUNTY - 38-1554661 / 002

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

Enter Plan Information Continue > < Back Cancel

> [Instructions](#)

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

> [Instructions](#)

Check box if plan is a new or newly covered plan and provide the following information:

Adoption date: (ex. MM/DD/YYYY)
Date coverage began on: (ex. MM/DD/YYYY)
Is the plan a "continuation plan"? Yes No

> [Instructions](#)

Previous filing EIN: 38-1554661 Previous filing PN: 002
Current EIN: (ex. 15-1111111) Current PN: (ex. 111)

Form 5500 EIN and PN Information:
If the EIN and PN are not both the same as on the 2013 Form 5500, enter EIN and PN from 2013 Form 5500 and provide explanation:

EIN: (ex. 15-1111111) PN: (ex. 111)

256/256 characters remaining

Character Limit 256

Continue > < Back Cancel

Comprehensive Multi Employer- Enter Filing Information screen

Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2013
Massachusetts Service Employees Pension Plan - 21-2121212 / 111



Enter Filing Information

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

[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](#)

2. Multi-Employer - New P-Count Screen



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

Comprehensive Filing for Plan Year Commencing 1/1/2014
Credit Plans - 22-3333333 / 444



Calculate Total Premium Payment

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

[Instructions](#)

| | | |
|--|---------------------------------------|--------------------------------------|
| Participant Count Date: | <input type="text" value="1/1/2014"/> | <small>(MM/DD/YYYY)</small> |
| Multiemployer Flat-rate: | \$12.00 | |
| Participant Count as of Participant Count Date: | | |
| Active: | <input type="text" value="20"/> | <small>(ex. 1,111)</small> |
| Terminated Vested: | <input type="text" value="30"/> | <small>(ex. 1,111)</small> |
| Retirees and Beneficiaries: | <input type="text" value="40"/> | <small>(ex. 1,111)</small> |
| Total Participant Count: | = | 90 |
| Total Premium: | = | \$1,080.00 Calculate |

Premium Credit

| | | | |
|--|----|------------------------------------|--|
| Payments made previously for this premium payment year: | \$ | <input type="text" value="10.00"/> | <small>(ex. 1,111,111.11)</small> |
| Outstanding credit from the plan year immediately preceding the premium payment year: | + | \$ | <input type="text" value="20.00"/> <small>(ex. 1,111,111.11)</small> |
| Total Premium Credit: | - | \$30.00 | Calculate |
| Amount Due: | = | \$1,050.00 | Calculate |

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

Comprehensive Multi employer-Report Miscellaneous screen



v.13.0.0.14

[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 1/1/2014*
A PAS-CPF-ES-2013-10-19-2012-2 - 10-1010111 / 112



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

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. 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

OMB Screenshots – 2014 Changes

3. Multi-Employer - New Data Summary Screen

v.13.0.0.14
[Print this Page](#)
[View Printable Form](#)

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

Comprehensive Filing for Plan Year Commencing 1/1/2014
 Credit Plans - 22-3333333 / 444

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

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: | 1/1/2014 | |
| Plan Year Ending Date: | 12/31/2014 | |
| Date plan year change adopted (if any): | N/A | |
| Plan Type: | Multiemployer | |
| Filing Type: | Comprehensive | |
| Plan qualifies for proration: | Not Checked | |
| Plan size (small plan): | Yes | |

| Enter Plan Information | | Edit |
|--|------------------|----------------------|
| Plan Name: | Credit Plans | |
| Plan effective date: | 1/1/2013 | |
| New or Newly Covered Plan: | Checked | |
| Adoption Date: | 1/1/2000 | |
| Date Coverage Began: | 1/1/2002 | |
| Continuation Plan: | Yes | |
| Previous EIN / PN: | 22-3333333 / 444 | |
| Current EIN / PN: | 22-3333333 / 444 | |
| EIN/PN from 2012 Form 5500 (if different): | N/A | |
| Explanation as to why EIN/PN does not match entry on 2012 Form 5500: | N/A | |

| Enter Filing Information | | Edit |
|---------------------------------|--------|----------------------|
| 6-digit business code: | 111100 | |
| First 6 digits of CUSIP number: | 666666 | |
| Disaster Relief Code: | N/A | |

| Enter Plan Sponsor and Administrator Information | | Edit |
|---|--|----------------------|
| Name of Plan Sponsor: | Jerry Frank | |
| Name of Plan Administrator: | Todd Morry | |
| Plan Administrator Address: | 1111 Street Next Door Ashburn, VA 22162 US | |
| Name of Contact person: (for "attention" line of mailings) | Todd Morry | |
| Phone: | 111-222-4444 | |
| Ext: | N/A | |
| E-mail: | todd.morry@gmail.com | |
| Name of Additional Plan Contact: | N/A | |
| Phone: | N/A | |
| Ext: | N/A | |
| E-mail: | N/A | |

| Calculate Total Premium Payment | | Edit |
|---|------------|----------------------|
| Flat-rate Premium | | |
| Participant Count Date: | 10/1/2013 | |
| Multiemployer Flat Rate: | \$12.00 | |
| Participant Count for this Plan Year: | Yes | |
| Active: | 100 | |
| Terminated Vested: | 100 | |
| Retirees and Beneficiaries: | 20 | |
| Total Participant Count: | 220 | |
| Flat-rate Premium: | \$1,080.00 | |
| Total Premium: | \$1,080.00 | |
| Payments made previously for this premium payment year: | \$10.00 | |
| Outstanding credit from the plan year immediately preceding the premium payment year: | \$20.00 | |
| Total Premium Credit: | \$30.00 | |
| Amount Due: | \$1,050.00 | |

| Report Miscellaneous Information | | Edit |
|--------------------------------------|-----|----------------------|
| Final Filing | | |
| Date of Event: | N/A | |
| Filing obligation is ceasing due to: | N/A | |
| Participation Freeze Date: | N/A | |
| Accrual Freeze | | |
| Date: | N/A | |
| Nature of the accrual freeze: | N/A | |

| Report Transfers From Other Plans | | Edit |
|-----------------------------------|-----|----------------------|
| Transferor plan(s): | N/A | |

| Report Transfers To Other Plans | | Edit |
|---------------------------------|-----|----------------------|
| Transferee plan(s): | N/A | |

| Payment Summary | | Edit |
|----------------------|------------|----------------------|
| Payment Alternative: | N/A | |
| Flat-rate Premium: | \$1,080.00 | |
| Premium Credit: | \$30.00 | |
| Premium Amount Due: | \$1,050.00 | |

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Draft Filing Saved but not Submitted

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

You have created and saved a DRAFT filing for 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):

[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

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 This Filing Has NOT Been Submitted. [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 |

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 |

Comprehensive Single Employer- Filing Manager Screen

Similar filing manager screen will be displayed for comprehensive single employer imported filing.

v.13.0.0.14

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 1/1/2013
2013 Test Plan - 99-8877666 / 111

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

Filing Manager

This Filing Has NOT Been Submitted. [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.

Filing Team [Instructions](#)

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

| Name | Permissions | Phone | E-mail |
|---------------|---|--------------|--|
| Royatest3 Mah | Paying Agent, Filing Coordinator, View Account History, Plan Administrator, Preparer, Actuary | 333-333-3333 | royamah@pbgc.gov Holding |

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Comprehensive Single employer- Data summary screen.

The below data summary screen captures all the 2014 changes relating to plan size, new or newly covered, adoption date, date coverage began, continuation plan, exemption reasons, participant count breakdown and report miscellaneous section.

**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:

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?

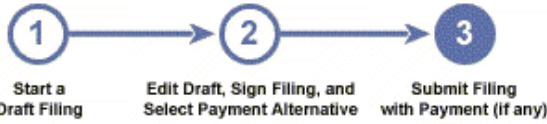
* **Secret Answer:**

[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 This Filing Has NOT Been Submitted.

[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 |

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.



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](#)

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](#)

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/PIN) | |
|--------------------|---------------|------------------------------|------------------------------------|
| 2012 Comprehensive | | Test Plan (11-1111111 / 111) | 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/PIN) | | | |
|-------------------------------|---------------------------------|---------------------------------------|-------------------------------|
| Test Plan (11-1111111 / 111) | Go to Plan Page | Invite a Practitioner | Create Filing |
| Test Plan2 (22-2222222 / 222) | Go to Plan Page | Invite a Practitioner | 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.

[Import Filing\(s\)](#)

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.

[Upload Filing\(s\)](#)

| 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 |