

**PBGC Proposed Changes to the Form 5500 Schedule MB Instructions for 2015
(RLSO Based on Clean Version of 2014 Form 5500 Instructions)**

Form 5500 Schedule MB Instructions

Line 4. Information on Plan Status. All multiemployer plans regardless of the number of participants must provide the information indicated in accordance with these instructions.

Line 4a. ~~All plans enter the funded percentage for monitoring the plan's status. This is line 1b(2) divided by line 1c(3). Enter the code for the status of the plan of the multiemployer plan for the plan year, as certified by the plan actuary, using one of the following codes:~~

Code	Plan Status
E	Endangered Status
S	Seriously Endangered Status
C	Critical Status
N	Not in Endangered or Critical Status

~~_____ If the plan is certified to be in endangered status, seriously endangered status, or critical status, attach a copy of the actuarial certification of such status to this Schedule MB. Also, attach an illustration showing the details providing support for the actuarial certification of status and label the illustration "Schedule MB, line 4a – Illustration Supporting Actuarial Certification of Status." For example, if a plan is certified to be in critical status based on Code section 432(b)(2)(B), show the funded percentage (if applicable) and the projection of the funding standard account for the year where the accumulated funding deficiency occurs.~~

Line 4b. Enter the code for the status of the multiemployer plan for the plan year, as certified by the plan actuary (or as elected by the plan sponsor in accordance with Code section 432(b)(4)(A) and ERISA section 305(b)(4)(A)), using one of the following codes:

<u>Code</u>	<u>Plan Status</u>
<u>E</u>	<u>Endangered Status</u>
<u>S</u>	<u>Seriously Endangered Status</u>
<u>C</u>	<u>Critical Status</u>
<u>D</u>	<u>Critical and Declining Status</u>
<u>N</u>	<u>Not in Endangered or Critical Status</u>

_____ If the plan is certified to be in endangered status, seriously endangered status, critical status, or critical and declining status, attach a copy of the actuarial certification of such status to this Schedule MB. Also, attach an illustration showing the details (including year-by-year cash flow projections demonstrating the solvency of the plan over the relevant period if the plan is in critical and declining status) providing support for the actuarial certification of status and label the illustration "Schedule MB, line 4b – Illustration Supporting Actuarial Certification of Status." For example, if a plan is certified to be in critical status based on Code section 432(b)(2)(B), show the funded percentage (if applicable) and the

[projection of the funding standard account for the year in which the accumulated funding deficiency occurs. All supporting certifications should include descriptions of the assumptions used.](#)

Lines 4d and 4e. If Code C (Critical Status) [or Code D \(Critical and Declining Status\)](#) was entered on line **4b**, an entry on line 4d is required. For purposes of lines 4d and 4e, in determining whether ~~adjustable~~ benefits have been reduced, only adjustable benefits that would otherwise be protected under Code section 411(d)(6) and ERISA section 204(g) are taken into account [if the plan is certified as critical status. Plans that are certified as critical and declining status should determine whether benefits have been reduced, including all benefits that were adjusted \(only adjustable benefits that would otherwise be protected under Code section 411\(d\)\(6\) and ERISA section 204\(g\) are taken into account\) plus any benefits that have been suspended under Code section 432\(e\)\(9\) including benefit reductions due to a partition under ERISA section 4233, if applicable. For a plan that has benefits suspended under Code section 432\(e\)\(9\) and/or partitioned under ERISA section 4233, attach a full description of the transaction and label the attachment “Schedule MB, Lines 4d and 4e – Description of Benefit Reductions Due to Suspension or Partition.”](#) In addition, only ~~adjustable~~-benefit reductions that are first reflected in line 1c(3) for the current year's Schedule MB should be reported, and this amount should not include any amounts previously reported on any prior year's Schedule MB.

Line 4f. If Code C (Critical Status) [or Code D \(Critical and Declining Status\)](#) was entered on line **4b** you must complete line 4f. If the rehabilitation plan projects emergence from critical status [or critical and declining status](#), enter the plan year in which the plan is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, check the box provided and enter the plan year in which the insolvency is expected.

* * * * *

Line 6c. Mortality Table. The mortality table published in section 1.431(c)(6)-1 of the Treasury Regulations must be used in the calculation of current liability for non-disabled lives. Enter the mortality table code for non-disabled lives used for valuation purposes as follows:

Mortality Table	Code
1951 Group Annuity.....	1
1971 Individual Annuity Mortality (I.A.M.).....	2
1971 Group Annuity (G.A.M.).....	3
UP-1984.....	4
1983 A.I.M.....	5
1983 G.A.M.....	6
1983 G.A.M. (solely per Rev. Rul. 95-28).....	7
UP-1994.....	8

Mortality table applicable to current plan year under

section 1.431(c)(6)-1 of the Income Tax Regulations.....9

[RP-2000.....10](#)

[RP-2000 \(with Blue Collar Adjustment\).....11](#)

Other.....A

None.....0

* * * *

Line 8b(1). [Schedule of Projection of Expected Benefit Payments.](#) Check “Yes” only if this is a [multiemployer plan covered by Title IV of ERISA that has 500 or more total participants as of the valuation date.](#)

[If line 8b\(1\) is “Yes,” in an attachment, provide a projection of benefits expected to be paid for the entire plan \(not to include expected expenses\) in each of the next ten years starting with the current plan year of this filing assuming \(1\) no additional accruals, \(2\) experience \(e.g., termination, mortality, and retirement\) are in line with valuation assumptions, and \(3\) no new entrants are covered by the plan. Use the format shown below and label the schedule “*Schedule MB, line 8b\(1\) – Schedule of Projection of Expected Benefit Payments.*”](#)

[Schedule MB, line 8b\(1\) – Schedule of Projection of Expected Benefit Payments](#)

Plan Year	Expected Annual Benefit Payments
Current Plan Year	
Current Plan Year +1	
Current Plan Year +2	
Current Plan Year +3	
Etc....	
Current Plan Year +9	

Line 8b(2). [Schedule of Active Participant Data.](#) Check “Yes” only if this is a multiemployer plan covered by Title IV of ERISA that has active participants.

[If line 8b\(2\) is “Yes,” attach a schedule of the active plan participant data used in the valuation for this plan year. Use the format shown below and label the schedule “*Schedule MB, line 8b\(2\) – Schedule of Active Participant Data.*”](#)