

***Required fields**

*Plan name:

*EIN: (ex. 33-3333333) *PN: (ex. 333)

*Notice filer name:

*Role of filer:

Plan Sponsor Information

*Plan sponsor name:

*Address:

*City:

*State:

*Zip Code: (ex. 12345-1234)

*Telephone: (ex. 202-111-1111) Ext.

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

Fax: (ex. 202-111-1111)

Plan Sponsor's Duly Authorized Representative (if any)

First Name:

Last Name:

Company:

Title:

Address:

City:

State:

Zip Code: (ex. 12345-1234)

Telephone: (ex. 202-111-1111) Ext.

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

Fax: (ex. 202-111-1111)

***Filing for plan year beginning:**

***Is the Plan Terminated?** Yes No

If yes, DOPT:

***Is the Plan Insolvent?** Yes No

If yes, DOI:

***Did the plan receive withdrawal liability payments in the plan year?**

Yes No

What forms of withdrawal liability payments did the plan receive in the plan year?

***Lump Sum Settlement Payments:** Yes No If yes, complete the following:

Number of employers that have made lump sum settlement payments:

Total of lump sum settlement payments:

\$

***Periodic Payments:** Yes No If yes, complete the following:

Number of employers making periodic payments:

Total of periodic payments:

\$

Were any of the periodic payments due to a settlement of withdrawal liability? Yes No If yes, complete the following:

Number of employers making periodic payments attributable to settlements:

Total of periodic payments attributable to settlements:

\$

***Number of employers withdrawn and not yet assessed withdrawal liability [include prior plan years]:**

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PBGC e-FILING PORTAL
Withdrawal Liability Information
Attached Documents

For withdrawn employers that have not yet been assessed withdrawal liability, attach document/s described in #1 below.

For withdrawn employers that have been assessed withdrawal liability, attach document/s described in #2 below. Only one subcategory (A, B or C) is required for each withdrawn employer.

Provide an explanation in the "Comments" box for any missing documents.

Comments:

File: No file chosen

Document Type:

Maximum file size is 25MB. It may take a minute or two to attach large files. Please click only once. To send files larger than 25MB, please click on this link: <http://PBGC.leapfile.com>, click "Secure Upload", enter the recipient's email address, and follow the prompts. For additional assistance, please contact us at multiemployerprogram@pbgc.gov or 1-800-400-7242 Ext. 6047.

1. For each employer that has not yet been assessed withdrawal liability, attach one of the two (A and/or B):

(A) Schedule with the following information [include prior plan years]:

- (i) Name of employer
- (ii) Date of withdrawal
- (iii) Amount of withdrawal liability, if already calculated
- (iv) Reason employer has not yet been assessed withdrawal liability



The attached template may be used.

(B) A statement that there is no change in the information above from what was filed in a previous year.

2. For each employer that has been assessed withdrawal liability, attach one of the three (A, B and/or C):

(A) Schedule of lump sum and periodic payments with the following information:

For lump sum payments:

- (i) Name of employer
- (ii) Amount of payment
- (iii) Date of payment
- (iv) Is the amount of payment included in the assets as of the last valuation date? Y/N
- (v) If yes, provide the date of the last valuation.

For periodic payments:

- (i) Name of employer
- (ii) Amount of payment
- (iii) Payment starting date
- (iv) Payment ending date
- (v) Frequency of payment (monthly, quarterly, annually)
- (vi) Is the employer current on making its payments? Y/N
- (vii) If no, provide the date of the last payment received



The attached templates may be used. The first tab is for lump sum payments and the second tab is for periodic payments.

(B) Documents showing withdrawal liability paid. Attach documents containing the information required in the payment information listed in 2(A), such as the employer's withdrawal liability settlement agreement or the employer's withdrawal liability payment schedule established under 29 CFR part 4219.

(C) A statement that there is no change in the employer's withdrawal liability payment for any plan year in which the information required to be filed does not change from the information filed for the previous year.

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Schedule of periodic payments

If applicable, enter the following information for each employer that has been assessed withdrawal liability

| (i) | (ii) | (iii) | (iv) | (v) | (vi) | (vii) |
|------------------|-------------------|---------------------------------------|-------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Name of employer | Amount of payment | Payment starting date (mm/dd/yyyy) | Payment ending date (mm/dd/yyyy) | Frequency of payment Select from drop-down list | Is the employer current on making its payments? Select "Yes" or "No" from drop-down list | If (vi) is no, provide the date of the last payment received (mm/dd/yyyy) |
| ABC Company | \$5,000 | 01/01/2014 | 12/31/2034 | Annually | No | 01/01/2016 |
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