

***Required fields**

*Plan name:

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

*Notice filer name:

*Role of filer:

*Plan year for which the information is being filed: (mm)

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)

*Is the Plan Terminated? Yes No

If yes, DOPT:

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

If yes, DOI:

***Benefits Used for Actuarial Valuation:**

Active Participants: Select one

Plan benefit Resource benefit level Guaranteed benefit

Deferred Vested Participants: Select one

Plan benefit Resource benefit level Guaranteed benefit

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Actuarial Valuation Information Documents Selection

Select one set of documents below:

- Actuarial Valuation Documents Alternative Information Documents

Cancel

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Actuarial Valuation Information

Attached Documents - File Actuarial Valuation Documents

All documents are required. If any documents were previously filed with PBGC, provide the date in the "Comments" box below.

Comments:

File:

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. Most recent actuarial valuation for the plan, or the date the document was previously filed with PBGC.
2. The most recent summary plan description of the plan, or the date the document was previously filed with PBGC.

Actuarial Valuation Information

Attached Documents - File Alternative Information Documents

The document listed below is required. Provide an explanation in the "Comments" box below if the document is missing.

Comments:

File:

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. Plans receiving financial assistance where the value of nonforfeitable benefits is \$50 million or less may file a participant data schedule (Microsoft Excel compatible). A participant data schedule must list all of the following information for each participant and beneficiary in pay status or reasonable expected to enter pay status during the valuation year and for each deferred vested participant.

 The attached template may be used.

- (i) Name
- (ii) Sex
- (iii) Participant status (retiree, beneficiary, disabled, deferred vested)
- (iv) Date of birth
- (v) Date of hire
- (vi) Date left covered service
- (vii) Benefit commencement date
- (viii) Normal retirement date
- (ix) Credited service used to calculate the monthly benefit
- (x) Credited service used for early retirement eligibility

- (xi) Monthly benefit
- (xii) Type of benefit
- (xiii) Certain period, if applicable
- (xiv) Spouse's date of birth, if applicable

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