

## Justification for No Material or Nonsubstantive Change to Currently-Approved Collection

**AGENCY:** Pension Benefit Guaranty Corporation (PBGC)  
**TITLE:** Payment of Premiums (29 CFR Part 4007)  
**STATUS:** OMB control number 1212-0009; expires June 30, 2021  
**CONTACT:** Stephanie Cibinic (202-326-4400 ext. 6352)

The Pension Benefit Guaranty Corporation (PBGC) is making a change to the filing instructions for the collection of information relating to the computation and payment of premiums to PBGC under title IV of the Employee Retirement Income Security Act of 1974 (ERISA) for plan years beginning in 2019.

The change to the currently-approved 2019 instructions is as follows:

- The instructions for completing line 20 Disaster Relief conflated the instruction for line 20b and line 20c into one instruction only for line 20b. The change would properly split the current instruction so that there is an instruction for line 20b and an instruction for line 20c. This change is not material.

This change is highlighted in the “Change to 2019 instructions” below.

Current 2019 instructions:

**20 Disaster Relief** – Complete this item only if the plan is eligible for disaster relief for the Premium Payment Year.

- a** Enter the identifier for the IRS Disaster Relief News Release applicable to your plan. For example, if the applicable News Release is labelled CA-2019-01, enter CA201901.
- b** If the address of the Plan Administrator reported in this filing is in the disaster area covered by the IRS News Release identified in item 20a, this item may be left blank. Otherwise, enter the name, address and role (e.g. TPA, Enrolled Actuary) of the person affected by the disaster.

Change to 2019 instructions (highlighted):

**20 Disaster Relief** – Complete this item only if the plan is eligible for disaster relief for the Premium Payment Year.

**a** Enter the identifier for the IRS Disaster Relief New Release applicable to your plan. For example, if the applicable News Release is labeled CA-2019-01, enter CA201901.

**b** If the address of the Plan Administrator reported in this filing is in the disaster area covered by the IRS, check yes. Otherwise, check no.

**c** If the answer to item 20b is yes, this item may be left blank. Otherwise, enter the name, address and role (e.g. TPA, Enrolled Actuary) of the person affected by the disaster.