

[Instructions](#)

A filing was previously submitted for the plan year shown. Consider whether the "amended filing" box should be checked or whether the plan year commencing (PYC) date should be updated.

Premium is for plan year commencing:

1/1/2019

Premium is for plan year ending:

12/31/2019

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.

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.

Plan size

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

Cancel

Continue >

Enter Plan Information

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

[Instructions](#)

Plan name:

Plan Effective Date:

[Instructions](#)

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

Adoption Date:

Date coverage began on:

Is the plan a "continuation plan"? Yes No

[Instructions](#)

Previous filing EIN: **Previous filing PN:**

Current EIN: **Current PN:**

Form 5500 EIN and PN Information:
If the EIN and PN are not both the same as on the 2018 Form 5500, enter EIN and PN from 2018 Form 5500 and provide explanation:

EIN: **PN:**

258/258 characters remaining

Character Limit 258

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Enter Filing Information

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[Instructions](#)

The business code does not appear to be valid. Please verify and change the entry if appropriate.

6-digit business code:

[Instructions](#)

First 6 digits of CUSIP number:

[Instructions](#)

Disaster Relief (enter code):

(For Disaster Relief Announcements, [click here](#))

Is the plan administrator's address in the disaster area covered by the applicable IRS News Release? Yes No

If No, Enter the information below as it relates to the person affected by the disaster

Name:

Role:

Address 1:

Address 2:

City: State: Zip:

Is this plan exempt from the Variable-rate Premium?

[Instructions](#)

No.

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 termination with a proposed termination date in a prior year

Proposed termination date:

MM/DD/YYYY

Yes, because the plan has no vested participants.

Yes, because the plan is a 412(e)(3) plan.

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Enter Plan Sponsor and Administrator Information

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Plan Sponsor Information

[Instructions](#)

Name: SPECIAL NON-PREMIUM TRANSACTIONS

Plan Administrator Information

[Instructions](#)

Name: tiera Wiegand

Country: United States

Address:

City:

State: < select a state >

Zip: ex. 11111 or 11111-111

Contact Person

Name (for "attention" line of mailings): C. HARPER/B. CALLAHAN

Phone: 202-326-4000 Ext: ex. 111111

E-mail: ex. aa@a.com

Alternate phone number for Insured Plans List on pbgc.gov:

Alternative Phone: ex. 111-111-1111 Ext: ex. 111111

Additional Plan Contact (optional)

[Instructions](#)

Name:

Phone: ex. 111-111-1111 Ext: ex. 111111

E-mail: ex. aa@a.com

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Calculate Premium Due

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Flat-rate Premium

[Instructions](#)

Participant Count Date:

Single-employer Flat-rate:

\$80.00

Participant Count as of Participant Count Date:

Active:

Terminated Vested:

Retirees and Beneficiaries:

Total Participant Count: =

Flat-rate Premium: =

\$0.00

[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.

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Calculate Variable-rate Premium

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Save & Exit Filing

Assumptions and methods used to determine premium funding target

[Instructions](#)

Premium funding target method: Standard Alternative

UVB valuation date:

Discount rates

Segment rates N/A, full yield curve used

1st segment: %

2nd segment: %

3rd segment: %

Premium funding target as of UVB valuation date

[Instructions](#)

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

Attributable to active participants: \$

Attributable to terminated vested participants: \$

Attributable to retirees and beneficiaries receiving payment: \$

Total premium funding target: \$1,000

Market value of assets as of UVB valuation date: \$

Unfunded Vested Benefits rounded to the next \$1,000: \$1,000

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Variable-rate Premium Due

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| | |
|---------------------------------|-------------|
| Uncapped variable-rate premium: | \$43.00 |
| MAP-21 cap: | \$16,230.00 |
| Variable-rate premium: | \$43.00 |

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Calculate Total Premium Payment

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| | |
|--------------------------|------------|
| Flat-rate Premium: | \$2,400.00 |
| Variable-rate Premium: + | \$43.00 |
| Total Premium: = | \$2,443.00 |

Premium Credit

| | | | |
|---|----|---|---------------------------|
| Payments made previously for this premium payment year: | \$ | <input type="text" value="ex. 1,111,111.11"/> | |
| Outstanding credit from the plan year immediately preceding the premium payment year: + | \$ | <input type="text" value="0.00"/> | |
| Total Premium Credit: - | | \$0.00 | Calculate |
| Amount Due: = | | \$2,443.00 | Calculate |

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Report Miscellaneous Information

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[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:

MM/DD/YYYY

- Merger/Consolidation
- Distribution pursuant to termination
- Trusteeship
- Cessation of covered status

Explanation for Cessation of covered status

4000/4000 characters remaining

Limit 4,000

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:

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:

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

Risk Transfer Activity

Do not complete this item if this is the last filing for this plan

a. Lump sum windows: If the plan provided one or more lump sum windows during the prior premium payment year, report the number of participants eligible to elect a lump sum under all such windows and the number of participants who elected a lump sum:

(1) Participants not in pay status when lump sum was offered:

Eligible to elect lump sum Elected lump sum

(2) Participants in pay status when lump sum was offered:

Eligible to elect lump sum Elected lump sum

b. Annuity purchases: If the plan purchased annuities for a group of participants during the prior premium payment year, report the number of participants for whom an annuity was purchased:

(1) Participants not in pay status when annuity was purchased:

(2) Participants in pay status when annuity was purchased:

Report Transfers From Other Plans

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[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 <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 |
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| <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](#)

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Report Transfers To Other Plans

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[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 |
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| <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](#)

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