

**APPENDIX A – PROPOSED SCHEDULE MEP (MULTIPLE-EMPLOYER  
RETIREMENT PLAN INFORMATION) AND INSTRUCTIONS**

**SCHEDULE MEP  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

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Department of Labor  
Employee Benefits Security Administration

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**MULTIPLE-EMPLOYER RETIREMENT  
PLAN INFORMATION**

This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974 (ERISA) and  
Section 6058(a) of the Internal Revenue Code (the Code)

File as an attachment to Form 5500.



OMB Nos. 1210-XXXX  
1210-XXXX

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**2022**

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**This Form is Open to Public Inspection**

**For calendar plan year 202X or fiscal plan year beginning**

**and ending**

**A** Name of plan

**B** Three-digit  
plan number (PN)

**C** Plan administrator's name as shown on line 2a of Form 5500

EIN

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<b>Part I</b>	<b>Type of Multiple-Employer Pension Plan.</b> All multiple-employer pension plans must complete.
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**Line 1 Check the appropriate box to indicate type of multiple-employer pension plan. (See Instructions)**

- a**  association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b**  professional employer organization (PEO) plan (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c**  pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)

**d**  other multiple-employer pension plan (Describe) \_\_\_\_\_ (Complete Part II)

**Part II Participating Employer Information.**

All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the MEP.

**Line 2 Participating Employer Information.** Complete as many entries as needed to list the required information for each participating employer that is not an individual person (See instructions).

<b>2a.</b> Name of Participating Employer	<b>2b.</b> EIN	<b>2c.</b> Percentage of Total Contributions for the Plan Year	<b>2d.</b> Aggregate Account Balances Attributable to Participating Employer
<b>2a.</b> Name of Participating Employer	<b>2b.</b> EIN	<b>2c.</b> Percentage of Total Contributions for the Plan Year	<b>2d.</b> Aggregate Account Balances Attributable to Participating Employer

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan. (See instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

**2e.** Does the plan include any individuals not participating through an employer or who are individual working owners?  
 Yes  No

**2f.** If you answer "Yes" in line 2e, enter a good faith estimate of percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.

**2g.** If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.

**Part III Pooled Employer Plan Information.**

Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

**Line 3.** Has the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) acknowledged in writing that it is the named fiduciary and plan administrator?  Yes  No

**Line 4.** Has the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) acknowledged in writing its administrative responsibilities for the plan?  Yes  No

**Line 5.** Is the pooled plan provider currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)  Yes  No

**5a** If "Yes" is checked, enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing for any PEP operated by the pooled plan provider to be rejected as incomplete.)

ACK ID \_\_\_\_\_

**Line 6.** Have services been provided to the plan through affiliates or other related parties to the pooled plan provider?  
 Yes  No

**6a** If "Yes," are you relying on a prohibited transaction exemption? If you answer yes, enter the PTE(s) on which you are relying.  Yes (enter PTE \_\_\_\_\_)  No

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500.**

**DRAFT Schedule MEP (Form 5500) 2021 v. XX**

## **PROPOSED INSTRUCTIONS FOR SCHEDULE MEP**

### **2022 Instructions for Schedule MEP (Form 5500) (Multiple-Employer Retirement Plan Information)**

#### **General Instructions**

The Schedule MEP provides information about multiple-employer pension plans (MEPs). It consists of three parts. All MEPs must complete Parts I and II to indicate the specific type of plan or arrangement, to complete a list of participating employers, and to provide certain required information.

Part III only needs to be completed by pooled employer plans to answer questions specific to pooled employer plans and the pooled plan provider that sponsors and administers the pooled employer plan.

#### **Who Must File**

Schedule MEP (Form 5500) must be attached to a Form 5500 filed for a pension plan that checks the “multiple employer plan” box on Part I of Form 5500, to provide information specific to such plan, including a list of participating employers and related information.

Remember to check the Schedule MEP box on the Form 5500 (Part II, line 10a(5)) to indicate that Schedule MEP is attached to the Form 5500.

Welfare plans are not required to file the Schedule MEP.

#### **Specific Instructions**

##### **Part I Type of Multiple-Employer Pension Plan**

**Line 1.** For purposes of completing the Schedule MEP, check the element that best describes the type of plan.

**Element (a) Association Retirement (Defined Contribution) Plan.** Check this box if the Schedule MEP is being filed for a defined contribution MEP that is an Association Retirement Plan and complete Part II. A defined contribution pension plan sponsored by a bona fide group or association of employers is a MEP that is an Association Retirement Plan if: (1) the group or association has at least one substantial business purpose unrelated to offering and providing employee benefits to its employer members and their employees; (2) each employer member directly acts as an employer of at least one employee participating in the MEP; (3) group or association has a formal organizational structure, (4) the group or association is controlled by its employer members; (5) employer members of the group or association have a commonality of interest; (6) plan participation is limited to employees and former employees of its employer members, and their beneficiaries; (7) the group or association must not be a bank or trust company, insurance issuer, broker-dealer, or other similar financial services firm (including a pension record keeper or third-party administrator) or owned or controlled by such an entity or any subsidiary or affiliate of such an entity, other than to the extent such an entity, subsidiary or affiliate participates in the group or association in its capacity as an employer member; and (8) the group or association meets any other applicable conditions under 29 CFR 2510.3-55(b).

**CAUTION.** Do not check this box for a defined benefit plan sponsored by a bona fide group or association of employers. See instructions for element (d) Other Multiple Employer Pension Plan.

**Element (b) Professional Employer Organization (Defined Contribution) Plan (PEO Plan).** Check this box if the Schedule MEP is being filed for a defined contribution MEP that is a Professional Employer Organization Plan (PEO Plan) and complete Part II. For this purpose, a professional employer organization (PEO) is a human-resource company that contractually

assumes certain employer responsibilities of its client employers. A defined contribution pension plan sponsored by a PEO is a MEP that is a PEO Plan if the PEO (1) performs substantial employment functions on behalf of its client employers, and maintains adequate records relating to such functions; (2) have substantial control over the functions and activities of the MEP as the plan sponsor, the plan administrator, and a named fiduciary and continues to have plan obligations to MEP participants after the client employer no longer contracts with the organization; (3) ensures that each client employer that adopts the MEP acts directly as an employer of at least one employee who is a participant covered under the MEP; (4) ensures that participation in the MEP is available only to employees and former employees of the PEO and client employers, employees and former employees of former client employers who became participants during the contract period between the PEO and former client employers, and their beneficiaries; and (5) meets any other applicable conditions under 29 CFR 29 CFR 2510.3-55(c).

**CAUTION.** Do not check this box for a defined benefit plan sponsored by a PEO. See instructions for element (d) Other Multiple Employer Pension Plan.

**Element (c) Pooled Employer Plan (PEP).** Check this box if the Schedule MEP is being filed for a MEP that is a PEP plan and complete Parts II and III. A pooled employer plan operated by a “pooled plan provider” is a MEP if: (1) the plan is an individual account plan established or maintained for the purpose of providing benefits to the employees of two or more employers; (2) the plan is a qualified retirement plan or a plan funded entirely with individual retirement accounts (IRA-based plan); and (3) the terms of the plan meets certain requirements set forth in ERISA section 3(43).

A “pooled plan provider” with respect to a pooled employer plan is defined in ERISA section 3(44) and Code section 413(e) to mean a person that:

1. is designated by the terms of the plan as a named fiduciary under ERISA, as the plan administrator, and as the person responsible to perform all administrative duties that are reasonably necessary to ensure that the plan meets the Code requirements for tax-favored treatment and the requirements of ERISA and to ensure that each employer in the plan takes actions as the Secretary of Labor or the pooled plan provider determines necessary for the plan to meet Code and ERISA requirements, including providing to the pooled plan provider any disclosures or other information that the Secretary may require or that the pooled plan provider otherwise determines are necessary to administer the plan or to allow the plan to meet Code and ERISA requirements;

2. acknowledges in writing its status as a named fiduciary under ERISA and as the plan administrator;

3. is responsible for ensuring that all persons who handle plan assets or are plan fiduciaries are bonded in accordance with ERISA requirements; and

4. registers as a pooled plan provider by filing a Form PR in accordance with 29 CFR 2510.3-44.

**Note.** The term “pooled employer plan” does not include a multiemployer plan or plan maintained by employers that have a commonality of interest other than having adopted the plan. The term also does not include a plan established before January 1, 2021, which is the effective date of the SECURE Act provisions allowing pooled employer plans to begin operating, unless the plan administrator elects to have the plan treated as a pooled employer plan and the plan meets the Code and ERISA requirements applicable to a pooled employer plan established on or after such date, including the requirement that the pooled plan provider file a Form PR with the Department of Labor before beginning to operate any pooled employer plan(s).

**CAUTION.** The pooled plan provider must be the same as the person identified as the plan sponsor and administrator in Part II of the Form 5500. All information for the pooled employer plan and the pooled plan provider operating the plan reported on the Form 5500, including Schedule MEP, must match the information reported on the Form PR. Failure to use consistent identifying information could result in correspondence from the Department of Labor or the Internal Revenue Service.

**Element (d) Other Multiple-Employer Pension Plan.** Check this box, describe the type of MEP (e.g., defined benefit multiple-employer pension plan or collectively bargained multiple-employer pension plan that did not elect to be treated as a multiemployer plan) and complete Part II of the Schedule MEP if the Schedule MEP is being filed for a plan that is maintained by more than one employer and is not one of the plans already described.

**Note.** A multiple employer pension plan can be collectively bargained and collectively funded, but if covered by PBGC termination insurance, must have properly elected before September 27, 1981, not to be treated as a multiemployer plan under Code section 414(f)(5) or ERISA sections 3(37)(E) and 4001(a)(3) and have not revoked that election or made an election to be treated as a multiemployer plan under Code section 414(f)(6) or ERISA section 3(37)(G).

**Part II Multiple-Employer Plan Participating Employer Information.**

All MEPs (including association retirement plans, PEO plans, pooled employer plans (PEPs), and other multiple-employer pension plans) must complete Part II to report the information for each participating employer in the MEP filing the Form 5500.

Complete as many entries as needed to list the required information for each participating employer that is not an individual person.



**Note.** The amounts listed in line 2c and line 2f must equal 100 percent (with a permitted variance of less than 1 percent due to rounding).

**Line 2a.** Enter the name of each participating employer in line 2a.

**Note.** If there are any working owners without employees participating in the plan, answer “Yes” to line 2e and provide the total contribution and account balance information for all such individuals on lines 2f and 2g, without providing names or other identifying information. For purposes of completing this schedule, a “working owner” has the same meaning as in 29 CFR 2510.3-55(d)(2).

**Line 2b.** Enter the EIN of the participating employer.

**CAUTION.** Do not enter SSNs in lieu of an EIN. The Schedule MEP is open to public inspection, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of a SSN or any portion thereof on this Schedule MEP may result in the rejection of the filing.

**Line 2c.** Enter a good faith estimate of the participating employer’s percentage of the total contributions made by all participating employer (including the total contribution amount for individuals reported on line 2f) during the plan year. If a participating employer made no contributions for the plan year (including participant contributions), enter “-0-” on line 2c.

**Line 2d.** Enter the aggregate account balances for the participating employer, determined as the sum of the account balances of the employees of such employer (and the beneficiaries of such employees).

**Line 2e.** If the plan includes any individuals not participating through an employer or who are individual working owners, answer “Yes” to line 2e and complete lines 2f and 2g. Do not identify such individuals on line 2a.

**Line 2f.** If the answer to line 2e is “Yes,” enter a good faith estimate of the percentage of total contributions made by such individuals that are not listed on line 2a.

**Line 2g.** If the answer to line 2e is “Yes,” enter the aggregate account balances for all individuals that are not listed on line 2a.

### **Part III. Pooled Employer Plan Information.**

If this filing is for a pooled employer plan (PEP), you must answer lines 3, 4, 5, and 6.

**Line 3.** You must indicate whether the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) acknowledged in writing to all the participating employers that it is the named fiduciary and plan administrator.

**Note:** You must also identify the pooled plan provider as the named fiduciary on Schedule C and report all required service provider information.

**Line 4.** You must indicate whether the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) has acknowledged in writing its administrative responsibilities for the plan. These administrative duties include conducting proper testing with respect to the plan and the employees of each employer in the plan that are necessary to comply with all applicable qualification and other tax requirements, and ensuring that all plan fiduciaries and persons who handle plan funds are bonded in accordance with section 412 of ERISA.

**Line 5.** To be able to operate one or more pooled employer plans, pooled plan providers must satisfy a number of conditions, including compliance with the Form PR (Pooled Plan Provider Registration) requirements. See 29 CFR 2510.3-44.

Pooled employer plans must answer whether the pooled plan provider that is the plan sponsor and administrator for the pooled employer plan has complied with the Form PR

registration requirements. If you check “Yes” in line 5 to indicate that the pooled plan provider has complied with the registration requirements, enter in line 5a the Receipt Confirmation Code (ACK ID) for the most recent Form PR that was required to be filed under the Form PR filing requirements.

Failure to enter a valid Receipt Confirmation Code (ACK ID) for the pooled plan provider’s most recent Form PR will subject the Form 5500 filing to rejection as incomplete.

**Line 6.** If services have been provided to the plan through affiliates or other related parties to the pooled plan administrator, you must answer “Yes” to line 6 and complete line 6a. If you are relying on a prohibited transaction exemption (PTE), enter the PTE number. If you answer “No,” you must complete Schedule G to report nonexempt transactions.

For these purposes, the term affiliate includes all persons who are treated as a single employer with the person intending to be a pooled plan provider under section 414(b), (c), (m), or (o) of the Internal Revenue Code and are expected to provide services to pooled employer plans sponsored by the pooled plan provider, and any officer, director, partner, employee, or relative (as defined in section 3(15) of the Act) of such person; and any corporation or partnership of which such person is an officer, director, or partner.