

My PAA Data Entry Screens

Single-employer Plan 2021 Plan Year

I. General Plan
Year Information

General Plan Information

Comprehensive Premium Filing for: PBGC Test DB Plan
Plan ID: 2314933
EIN/PN: 159159158 / 333

General Plan
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General Plan Information

Employer Identification Number (EIN):

159159158

Plan Number (PN):

333

Plan Name:

PBGC Test DB Plan

Sponsor's Name:

John Doe

First Six Digits of CUSIP:

Business Code Type

Accounting, Tax Preparation Bookkeeping, and Payroll Services

Business Code:

541211 Offices of Certified Public Accountants

Save and Continue

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I. General Plan
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Additional Plan Information

Comprehensive Premium Filing for: PBGC Test DB Plan
Plan ID: 2314933
EIN/PN: 159159158 / 333

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Plan Admin Information

Admin Name:

Joseph Smith

Joseph Smith's Email Address:

jsmith@gmail.com

Joseph Smith Phone Number:

(301) 445-6666

Joseph Smith Ext:

Address1:

1290 Fennell St

Address 2:

City:

Boston

State:

MA

Zip:

23556

Country:

US

Plan Contact Information

Plan Contact Name (Correspondence Addressee):

Jane Doe

Jane Doe's Email Address:

jdoe@gmail.com

Jane Doe Phone Number:

(301) 888-7777

Jane Doe Ext:

123

Would you like to add additional plan contact information, Jane Doe?

Yes No

Additional Plan Contact Information

Name:

Mary Moore

Mary Moore's Email Address:

mmm@gmail.com

Mary Moore Phone Number:

(222) 555-6666

Mary Moore Ext:

555

Would you like to add alternate phone number for Insured Plans list on pbgc.gov, Jane Doe?

Yes No

Alternate Phone Information

Alternate Phone Number:

(123) 456-7899

Ext:

123

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Plan Year Details

Comprehensive Premium Filing for: PBGC Test DB Plan

Plan ID: 2314933

EIN/PN: 159159158 / 333

Plan Year Commencing: 01/01/2021

Filing Dates

Plan Year Commencing Date (PYC Date):

01 ▼ 01 ▼ 2021 ▼

Plan Year Ending Date (PYE Date):

12 ▼ 31 ▼ 2021 ▼

Plan Type:

Multiemployer
 Single-employer (including multiple-employer plans)

Is this a CSEC Plan?

Yes
 No

Has the PYC date changed since the most recent filing as a result of a plan amendment changing the plan year?

Yes
 No

Is this an amended filing?

- Yes
 No

If either the first or last day of the premium payment year reported in this amended filing differs from what was reported in the filing that is being amended, provide the dates that were reported in the original filing:

Date premium payment year commenced:


Date premium payment year ended:

If the EIN and PN reported in this amended filing are not both the same as what was reported in the filing that is being amended, enter the EIN and PN from the original filing:

EIN:

PN:

Amended Filing Explanation

Please provide an explanation of why an amended filing is necessary. 

Generic amended filing explanation.]

Plan Information

For the premium payment year, is the plan a "small plan"?

- Yes
 No

Plan Effective Date:

01 01 2020

Check box if plan is new or newly covered

New or Newly Covered Plan

Adoption Date:

01 01 2021

Date Coverage Began On:

01 01 2021

Is the plan a continuation plan:

- Yes
 No

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I. General Plan
Year Information

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EIN/PN Change
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EIN/PN Change Details

Comprehensive Premium Filing for: PBGC Test DB Plan

Plan ID: 2314933

EIN/PN: 159159158 / 333

Plan Year Commencing: 01/01/2021

Do you want to report an EIN/PN change?

- Yes
- No

New EIN:

New PN:

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Form 5500
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Form 5500 Details

Comprehensive Premium Filing for: PBGC Test DB Plan

Plan ID: 2314933

EIN/PN: 159159158 / 333

Plan Year Commencing: 01/01/2021

Is the plan's EIN or PN different from what was reported on the most recently filed Form 5500?

- Yes
- No

Form 5500 EIN:

Form 5500 PN:

Reason for Difference:

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Flat-Rate Premiums

Comprehensive Premium Filing for: PBGC Test DB Plan
Plan ID: 2314933
EIN/PN: 159159158 / 333
Plan Year Commencing: 01/01/2021

Participant Count Date:

01 ▼ 01 ▼ 2021 ▼

Participant Count as of Participant Count Date:

Active:

Terminated Vested:

Retirees and Beneficiaries:

Total Participant Count: 513

Single-employer Flat-Rate (per participant): \$86.00

Calculated Flat-Rate premium: \$44,118.00

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Alternative Premium Funding Target Election or Revocation

Comprehensive Premium Filing for: PBGC Test DB Plan
Plan ID: 2314933
EIN/PN: 159159158 / 333
Plan Year Commencing: 01/01/2021

Note: Elections or Revocations must remain in place for at least five (5) years.

- 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.

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Variable-Rate Premiums (VRP)

Comprehensive Premium Filing for: **PBGC Test DB Plan**
Plan ID: 2314933
EIN/PN: 159159158 / 333
Plan Year Commencing: 01/01/2021

VRP Exemptions

Is the plan exempt from the VRP?

- Yes
 No

Small Employer VRP Cap Qualification

Does the plan qualify for the VRP small employer cap (applicable for certain plans of small employers with 25 or fewer employees)?

- Yes
 No

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- ✓ I. General Plan Year Information
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- ✓ Premium Funding Target Method**
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Premium Funding Target Method

Comprehensive Premium Filing for: **PBGC Test DB Plan**
Plan ID: 2314933
EIN/PN: 159159158 / 333
Plan Year Commencing: 01/01/2021

Premium Funding Target Method:

Alternative

UVB Valuation Date:

01 01 2021

Discount Rates:

1st segment:

2nd segment:

3rd segment:

N/A, Full Yield Curve Used

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Calculating Unfunded Vested Benefits

Comprehensive Premium Filing for: **PBGC Test DB Plan**
 Plan ID: 2314933
 EIN/PN: 159159158 / 333
 Plan Year Commencing: 01/01/2021

Is the plan reporting an estimated premium funding target as of the UVB Valuation date?

Yes
 No

Premium Funding Target as of UVB Valuation Date (dollars only)

| | | |
|--|---|-----------------------|
| Attributable to active participants | + | \$1,200,000.00 |
| | | |
| Attributable to terminated vested participants | + | \$76,000.00 |
| | | |
| Attributable to retirees and beneficiaries receiving payment | + | \$24,000.00 |
| | | |
| | = | |
| Total premium funding target | | \$1,300,000.00 |

Market value of assets as of UVB valuation date (dollars only) \$658,222.00

Unfunded vested benefits (rounded up to the next \$1,000) \$642,000.00

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Variable-rate Premium Due

Comprehensive Premium Filing for: **PBGC Test DB Plan**
 Plan ID: 2314933
 EIN/PN: 159159158 / 333
 Plan Year Commencing: 01/01/2021

Show Calculations

| | |
|--|--------------|
| <u>Uncapped VRP</u> | \$29,532.00 |
| (\$642,000.00 x 0.046) | |
| <u>MAP-21 Cap</u> | \$298,566.00 |
| (\$582.00 x 513) | |

Calculated VRP \$29,532.00

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✓ Calculating Unfunded Vested Benefits

✓ Variable-rate Premium Due

Calculate Total Premium

III. Other Filing Details

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Calculate Total Premium

Comprehensive Premium Filing for: PBGC Test DB Plan

Plan ID: 2314933

EIN/PN: 159159158 / 333

Plan Year Commencing: 01/01/2021

You've stated this plan qualifies for proration but the plan year is currently a full 12 months. If the reason for prorating the premium is because the plan anticipates distributing assets pursuant to a standard termination before year end but after the premium due date, consider using the *alternative approach* in the *Who Must File* section of the Comprehensive Premium Filing Instructions

Flat-rate Premium (FRP) \$44,118.00

+

Variable-rate Premium (VRP) \$29,532.00

=

Total Premium before reflecting \$73,650.00

proration

Does the plan qualify for proration?

Yes

No

Number of months (complete and partial) in the short plan year

6 ▼

Total premium \$36,825.00

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Premium Amount Due

Comprehensive Premium Filing for: PBGC Test DB Plan
Plan ID: 2314933
EIN/PN: 159159158 / 333
Plan Year Commencing: 01/01/2021

Total Premium \$36,825.00

| | | |
|--|--|---|
| | | |
| | Payments made previously for this premium payment year | <input style="width: 90%;" type="text" value="\$0.00"/> |
| | + | |
| | Outstanding credit from the prior premium payment year | <input style="width: 90%;" type="text" value="\$0.00"/> |
| | = | |
| | <u>Total credit for this plan year</u> | <input style="width: 90%;" type="text" value="\$0.00"/> |

| | |
|----------------------------------|-------------|
| | |
| <u>Total Premium amount due:</u> | \$36,825.00 |

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Final Filing Information

Comprehensive Premium Filing for: PBGC Test DB Plan
Plan ID: 2314933
EIN/PN: 159159158 / 333
Plan Year Commencing: 01/01/2021

Note that all information reported in this section of the premium filing is simply informational. The selections and dates reported in this section do not trigger any pro-rata or recalculation of premiums.

Is this the plan's last filing?
 Yes
 No

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Plan Transfers

Comprehensive Premium Filing for: PBGC TEST DB PLAN

Plan ID: 2314933

EIN/PN: 159159158 / 333

Plan Year Commencing: 03/01/2021

Did this plan transfer some, or all assets or liabilities to another plan (or vice versa) since the most recent comprehensive premium filing?

- Yes
 No

Please provide the following information with respect to the plan to (or from) which assets or liabilities were transferred by clicking "Report a Plan Transfer" below.

Note: If more than one transfer needs to be reported, you must click "Report a Plan Transfer" for every transfer being reported. Please see instructions above for transfers involving new or newly covered plans.

****If there is a data entry error you will need to delete the row and reenter correct information.****

| Transfer Type: | This Plan is the: | Transferor EIN/PN: | Transferee EIN/PN: | Transfer Date | De Minimis |
|------------------------|-------------------|--------------------|--------------------|---------------|--|
| Merger | Transferee Plan | 589589589/333 | 159159158/333 | 03/01/2021 | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Report a Plan Transfer | | | | | |

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Plan Transfers Continued

Comprehensive Premium Filing for: PBGC TEST DB PLAN

Plan ID: 2314933

EIN/PN: 159159158 / 333

Plan Year Commencing: 03/01/2021

Transferee (Surviving) Plan: 159159158/333

Transferor Plan: 589589589/333

Additional information is needed because you indicated that this plan is the transferee plan (i.e., surviving) plan and the merger was de minimis:

Was this plan smaller than the transferor plan? (For purposes of this question, "small" is measured in terms of assets, see instructions)

- Yes
 No

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Participation & Accrual Freeze

Comprehensive Premium Filing for: PBGC Test DB Plan

Plan ID: 2314933

EIN/PN: 159159158 / 333

Plan Year Commencing: 01/01/2021

Participation Freeze

As of the beginning of the premium payment year, is this plan closed to new entrants?

- Yes
 No

Please enter the date the plan became closed to new entrants

01 ▼ 01 ▼ 2021 ▼

Accrual Freeze

As of the beginning of the premium payment year, are the benefit accruals under this plan partially or totally frozen?

- Yes
 No

Please enter the date the freeze became effective

01 ▼ 01 ▼ 2021 ▼

Please select the option that best describes the nature of the freeze

- For all participants, both pay and service are frozen
 For some participants, both pay and service are frozen
 For all participants, service is frozen and pay is not
 For some participants, service is frozen and pay is not
 Other (Enter Explanation)

Explanation

Accrual freeze explanation

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Risk Transfer Activity

Comprehensive Premium Filing for: PBGC Test DB Plan

Plan ID: 2314933

EIN/PN: 159159158 / 333

Plan Year Commencing: 01/01/2021

Did the plan provide one or more lump sum windows during the prior premium payment year?

- Yes
 No

Please 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

Participants not in pay status when lump sum was offered:

Eligible to elect lump sum

Elected lump sum

Participants in pay status when lump sum was offered:

Eligible to elect lump sum

Elected lump sum

Did the plan purchase annuities for a group of participants during the prior premium payment year?

- Yes
 No

Please report the number of participants for whom an annuity was purchased:

Participants in pay status when annuity was purchased

Participants not in pay status when annuity was purchased

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- ✚ **Disaster Relief**
- 🔒 IV. Review and Summary

Disaster Relief

Comprehensive Premium Filing for: PBGC Test DB Plan
Plan ID: 2314933
EIN/PN: 159159158 / 333
Plan Year Commencing: 01/01/2021

Is this filing subject to an extended due date per PBGC's disaster relief announcement?

- Yes
 No

Note: You will not see codes in this list where the applicable Disaster Relief period has already passed or have not yet been reflected in our system. Please select the "Other" option if you would like to indicate a code which is not available in the list of values

Please select the identifying number of the applicable IRS Disaster Relief News Release

Other

Other IRS Disaster Relief News Release Number

MD-1234-01

Is the plan administrator's address in the disaster area covered by the applicable IRS News Release?

- Yes
 No

Please provide the following information as it relates to the person affected by the disaster:

Contact Name

Ed Reed

Contact Role

TPA

Address 1:

1200 K st

Address 2:

NW

City:

Washington

State:

DC

Zip Code:

20005

Country:

US

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- ✓ I. General Plan Year Information
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- ✚ IV. Review and Summary
- ✚ **Filing Details Review**

Filing Details Review

Please review the Filing Summary information below.

If you have completed the preparation of this filing and no further changes are needed, please select the checkbox below and submit the filing for review and approval. Once submitted, you will not be able to make any changes to the filing data unless either an Actuary or Plan Administrator rejects the filing, at which time you will be notified via email that you can then return to the filing to make the needed updates and resubmit it.

If any changes are needed at this time, navigate back to make the desired updates, then return to this Summary page.

If you would prefer to save your progress and then return at a later time to submit this filing, select Save and Exit.

The Summary Information for this filing is the following:

- **Plan Name:** PBGC Test DB Plan
- **EIN/PN:** 159159158 / 333
- **Effective Date:** 01/01/2020
- **PYC** 02/01/2021

I understand that by selecting this checkbox I am indicating to PBGC that I have prepared this filing accurately and completely and am electing to submit it for review and approval, I will not be able to make any further updates to the filing data unless it is returned to me following Actuary or Plan Administrator review.

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Submit

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CSEC Plan 2021 Plan Year

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General Plan Information

Comprehensive Premium Filing for: PBGC Test DB Plan

Plan ID: 2314933

EIN/PN: 159159158 / 333

Filing Submission Date: (For Testing Purposes)

11/16/2020



General Plan Information

Employer Identification Number (EIN):

159159158

Plan Number (PN):

333

Plan Name:

PBGC Test DB Plan

Sponsor's Name:

John Doe

First Six Digits of CUSIP:

Business Code Type

Accounting, Tax Preparation Bookkeeping, and Payroll Services



Business Code:

541211 Offices of Certified Public Accountants



Save and Continue

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Additional Plan Information

Comprehensive Premium Filing for: PBGC Test DB Plan

Plan ID: 2314933

EIN/PN: 159159158 / 333

Plan Admin Information

Admin Name:

Joseph Smith

Joseph Smith's Email Address:

jsmith@gmail.com

Joseph Smith Phone Number:

(301) 445-6666

Joseph Smith Ext:

Address1:

1290 Fennell St

Address 2:

City:

Boston

State:

MA



Zip:

23556

Country:

US



Plan Contact Information

Plan Contact Name (Correspondence Addressee):

Jane Doe

Jane Doe's Email Address:

jdoe@gmail.com

Jane Doe Phone Number:

(301) 888-7777

Jane Doe Ext:

123

Would you like to add additional plan contact information, Jane Doe?

Yes No

Additional Plan Contact Information

Name:

Mary Moore

Mary Moore's Email Address:

mmm@gmail.com

Mary Moore Phone Number:

(222) 555-6666

Mary Moore Ext:

555

Would you like to add alternate phone number for Insured Plans list on pbgc.gov, Jane Doe?

Yes No

Alternate Phone Information

Alternate Phone Number:

(123) 456-7899

Ext:

123

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- ✓ General Plan Information
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Plan Year Details

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Plan Year Details

Comprehensive Premium Filing for: PBGC Test DB Plan

Plan ID: 2314933

EIN/PN: 159159158 / 333

Plan Year Commencing: 02/01/2021

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.

Filing Dates

Plan Year Commencing Date (PYC Date):

02 ▼ 01 ▼ 2021 ▼

Plan Year Ending Date (PYE Date):

01 ▼ 31 ▼ 2022 ▼

Plan Type:

- Multiemployer
- Single-employer (including multiple-employer plans)

Is this a CSEC Plan?

- Yes
- No

Has the PYC date changed since the most recent filing as a result of a plan amendment changing the plan year?

- Yes
- No

This is an amended filing

Plan Information

For the premium payment year, is the plan a "small plan"?

- Yes
- No

Plan Effective Date:

01 ▼ 01 ▼ 2020 ▼

Check box if plan is new or newly covered

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EIN/PN Change Details

Comprehensive Premium Filing for: PBGC Test DB Plan
Plan ID: 2314933
EIN/PN: 159159158 / 333
Plan Year Commencing: 02/01/2021

Do you want to report an EIN/PN change?

- Yes
- No

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Form 5500 Details

Comprehensive Premium Filing for: PBGC Test DB Plan
Plan ID: 2314933
EIN/PN: 159159158 / 333
Plan Year Commencing: 02/01/2021

Is the plan's EIN or PN different from what was reported on the most recently filed Form 5500?

- Yes
- No

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Flat-Rate Premiums

Comprehensive Premium Filing for: **PBGC Test DB Plan**
Plan ID: 2314933
EIN/PN: 159159158 / 333
Plan Year Commencing: 02/01/2021

Participant Count Date:
 01 ▼ 31 ▼ 2021 ▼

Participant Count as of Participant Count Date:

Active:

Terminated Vested:

Retirees and Beneficiaries:

Total Participant Count: 225

CSEC Flat-Rate (per participant): \$19.00

Calculated Flat-Rate premium: \$4,275.00

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Variable-Rate Premiums (VRP)

Comprehensive Premium Filing for: **PBGC Test DB Plan**
Plan ID: 2314933
EIN/PN: 159159158 / 333
Plan Year Commencing: 02/01/2021

VRP Exemptions

Is the plan exempt from the VRP?
 Yes
 No

Small Employer VRP Cap Qualification

Does the plan qualify for the VRP small employer cap (applicable for certain plans of small employers with 25 or fewer employees)?
 Yes
 No

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Premium Funding Target Method

Comprehensive Premium Filing for: PBGC Test DB Plan
Plan ID: 2314933
EIN/PN: 159159158 / 333
Plan Year Commencing: 02/01/2021

The PBGC has determined the Premium Funding Target Method on this filing: N/A, CSEC

UVB Valuation Date:

02 ▼ 01 ▼ 2021 ▼

Discount Rates:

CSEC Plan Rate:

6.99%

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Calculating Unfunded Vested Benefits

Comprehensive Premium Filing for: PBGC Test DB Plan
Plan ID: 2314933
EIN/PN: 159159158 / 333
Plan Year Commencing: 02/01/2021

Is the plan reporting an estimated premium funding target as of the UVB Valuation date?

Yes
 No

Premium Funding Target as of UVB Valuation Date (dollars only)

| | | |
|--|---|---------------------|
| Attributable to active participants | + | \$800,000.00 |
| | + | |
| Attributable to terminated vested participants | + | \$50,000.00 |
| | + | |
| Attributable to retirees and beneficiaries receiving payment | = | \$12,000.00 |
| | | |
| Total premium funding target | | \$862,000.00 |

Market value of assets as of UVB valuation date (dollars only) \$125,000.00

Unfunded vested benefits (rounded up to the next \$1,000) \$737,000.00

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Variable-rate Premium Due

Comprehensive Premium Filing for: **PBGC Test DB Plan**
Plan ID: 2314933
EIN/PN: 159159158 / 333
Plan Year Commencing: 02/01/2021

Show Calculations

Uncapped VRP \$6,633.00
 (\$737,000.00 x 0.009)
MAP-21 Cap \$130,950.00
 (\$582.00 x 225)

Calculated VRP \$6,633.00

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 - ✓ **Calculate Total Premium**
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Calculate Total Premium

Comprehensive Premium Filing for: **PBGC Test DB Plan**
Plan ID: 2314933
EIN/PN: 159159158 / 333
Plan Year Commencing: 02/01/2021

Flat-rate Premium (FRP) \$4,275.00
 +
 Variable-rate Premium (VRP) \$6,633.00
 =
Total Premium before reflecting proration \$10,908.00

Does the plan qualify for proration?

Yes
 No

Total premium \$10,908.00

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 - ✓ Premium Funding Target Method
 - ✓ Calculating Unfunded Vested Benefits
 - ✓ Variable-rate Premium Due
 - ✓ Calculate Total Premium
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Premium Amount Due

Comprehensive Premium Filing for: **PBGC Test DB Plan**
Plan ID: 2314933
EIN/PN: 159159158 / 333
Plan Year Commencing: 02/01/2021

Total Premium \$10,908.00

| | | |
|--|---|-------------------------------------|
| Payments made previously for this premium payment year | + | <input type="text" value="\$0.00"/> |
| Outstanding credit from the prior premium payment year | + | <input type="text" value="\$0.00"/> |
| | = | |
| <u>Total credit for this plan year</u> | | <input type="text" value="\$0.00"/> |

Total Premium amount due: \$10,908.00

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Final Filing Information

Comprehensive Premium Filing for: **PBGC Test DB Plan**
Plan ID: 2314933
EIN/PN: 159159158 / 333
Plan Year Commencing: 02/01/2021

Note that all information reported in this section of the premium filing is simply informational. The selections and dates reported in this section do not trigger any pro-ratio or recalculation of premiums.

Is this the plan's last filing?

- Yes
 No

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Multiemployer Plan 2021 Plan Year

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General Plan Information

Comprehensive Premium Filing for: PBGC Test DB Plan

Plan ID: 2314933

EIN/PN: 159159158 / 333

General Plan Information

Employer Identification Number (EIN):

159159158

Plan Number (PN):

333

Plan Name:

PBGC Test DB Plan

Sponsor's Name:

John Doe

First Six Digits of CUSIP:

Business Code Type

Accounting, Tax Preparation Bookkeeping, and Payroll Services

Business Code:

541211 Offices of Certified Public Accountants

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Additional Plan Information

Comprehensive Premium Filing for: PBGC Test DB Plan

Plan ID: 2314933

EIN/PN: 159159158 / 333

Plan Admin Information

Admin Name:

Joseph Smith

Joseph Smith's Email Address:

jsmith@gmail.com

Joseph Smith Phone Number:

(301) 445-6666

Joseph Smith Ext:

Address1:

1290 Fennell St

Address 2:

City:

Boston

State:

MA

Zip:

23556

Country:

US

I. General Plan Year Information

✓ General Plan Information

✓ Additional Plan Information

Plan Year Details

EIN/PN Change Details

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Plan Year Details

Comprehensive Premium Filing for: PBGC Test DB Plan

Plan ID: 2314933

EIN/PN: 159159158 / 333

Plan Year Commencing: 06/01/2021

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.

Filing Dates

Plan Year Commencing Date (PYC Date):

06 01 2021

Plan Year Ending Date (PYE Date):

05 31 2022

Plan Type:

- Multiemployer
 Single-employer (including multiple-employer plans)

Has the PYC date changed since the most recent filing as a result of a plan amendment changing the plan year?

- Yes
 No

This is an amended filing

Plan Information

For the premium payment year, is the plan a "small plan"?

- Yes
 No

Plan Effective Date:

01 01 2020

Check box if plan is new or newly covered

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I. General Plan Year Information

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EIN/PN Change Details

✓ Form 5500 Details

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EIN/PN Change Details

Comprehensive Premium Filing for: PBGC Test DB Plan

Plan ID: 2314933

EIN/PN: 159159158 / 333

Plan Year Commencing: 06/01/2021

Do you want to report an EIN/PN change?

- Yes
 No

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Form 5500 Details

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Form 5500 Details

Comprehensive Premium Filing for: PBGC Test DB Plan

Plan ID: 2314933

EIN/PN: 159159158 / 333

Plan Year Commencing: 06/01/2021

Is the plan's EIN or PN different from what was reported on the most recently filed Form 5500?

Yes

No

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Flat-Rate Premiums

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Flat-Rate Premiums

Comprehensive Premium Filing for: PBGC Test DB Plan

Plan ID: 2314933

EIN/PN: 159159158 / 333

Plan Year Commencing: 06/01/2021

Participant Count Date:

05 31 2021

Participant Count as of Participant Count Date:

Active: 500

Terminated Vested: 75

Retirees and Beneficiaries: 25

Total Participant Count: 600

Multiemployer Flat-Rate (per participant): \$31.00

Calculated Flat-Rate premium: \$18,600.00

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✓ I. General Plan Year Information

II. Premium Calculations

✓ Flat-Rate Premiums

Calculate Total Premium

III. Other Filing Details

IV. Review and Summary

Calculate Total Premium

Comprehensive Premium Filing for: PBGC Test DB Plan

Plan ID: 2314933

EIN/PN: 159159158 / 333

Plan Year Commencing: 06/01/2021

Flat-rate Premium (FRP) \$18,600.00

Total Premium before reflecting proration \$18,600.00

Does the plan qualify for proration?

Yes

No

Total premium \$18,600.00

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✓ I. General Plan Year Information

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✓ Flat-Rate Premiums

✓ Calculate Total Premium

Premium Amount Due

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Premium Amount Due

Comprehensive Premium Filing for: PBGC Test DB Plan

Plan ID: 2314933

EIN/PN: 159159158 / 333

Plan Year Commencing: 06/01/2021

Total Premium \$18,600.00

Payments made previously for this premium payment year

\$0.00

+

Outstanding credit from the prior premium payment year

\$0.00

=

Total credit for this plan year

\$0.00

Total Premium amount due: \$18,600.00

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Final Filing Information

Comprehensive Premium Filing for: PBGC Test DB Plan
Plan ID: 2314933
EIN/PN: 159159158 / 333
Plan Year Commencing: 06/01/2021

Note that all information reported in this section of the premium filing is simply informational. The selections and dates reported in this section do not trigger any pro-rata or recalculation of premiums.

Is this the plan's last filing?

- Yes
 No

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Plan Transfers

Comprehensive Premium Filing for: PBGC Test DB Plan
Plan ID: 2314933
EIN/PN: 159159158 / 333
Plan Year Commencing: 06/01/2021

Do you need to report a plan transfer?

- Yes
 No

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Participation & Accrual Freeze

Comprehensive Premium Filing for: PBGC Test DB Plan
Plan ID: 2314933
EIN/PN: 159159158 / 333
Plan Year Commencing: 06/01/2021

Participation Freeze

As of the beginning of the premium payment year, is this plan closed to new entrants?

- Yes
 No

Accrual Freeze

As of the beginning of the premium payment year, are the benefit accruals under this plan partially or totally frozen?

- Yes
 No

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- ✓ I. General Plan Year Information
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Risk Transfer Activity

Comprehensive Premium Filing for: PBGC Test DB Plan
Plan ID: 2314933
EIN/PN: 159159158 / 333
Plan Year Commencing: 06/01/2021

Did the plan provide one or more lump sum windows during the prior premium payment year?

- Yes
 No

Did the plan purchase annuities for a group of participants during the prior premium payment year?

- Yes
 No

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Disaster Relief

Comprehensive Premium Filing for: PBGC Test DB Plan
Plan ID: 2314933
EIN/PN: 159159158 / 333
Plan Year Commencing: 06/01/2021

Is this filing subject to an extended due date per PBGC's disaster relief announcement?

- Yes
 No

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- ✓ **Filing Details Review**

Filing Details Review

Please review the Filing Summary information below.

If you have completed the preparation of this filing and no further changes are needed, please select the checkbox below and submit the filing for review and approval. Once submitted, you will not be able to make any changes to the filing data unless either an Actuary or Plan Administrator rejects the filing, at which time you will be notified via email that you can then return to the filing to make the needed updates and resubmit it.

If any changes are needed at this time, navigate back to make the desired updates, then return to this Summary page.

If you would prefer to save your progress and then return at a later time to submit this filing, select Save and Exit.

The Summary Information for this filing is the following:

- **Plan Name:** PBGC Test DB Plan
- **EIN/PN:** 159159158 / 333
- **Effective Date:** 01/01/2020
- **PYC** 06/01/2021

I understand that by selecting this checkbox I am indicating to PBGC that I have prepared this filing accurately and completely and am electing to submit it for review and approval, I will not be able to make any further updates to the filing data unless it is returned to me following Actuary or Plan Administrator review.

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Submit

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