

Screenshots

Screen 1



[Help](#)

Account Sign-Up

First Name:

Last Name:

Company:

Title:

Work Address:

City:

State:

Province (if outside the USA):

Country:

Zip Code: (ex. 12345-1234)

Telephone: (ex. 202-111-1111) Ext.

E-mail address: (ex. aa@a.com)

Confirm E-mail address: (ex. aa@a.com)

Secret Question

Secret Answer:

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Log In

Welcome to PBGC's e-Filing Portal

You can use PBGC's e-Filing Portal to submit important information to PBGC including:

1. **4010 Filings** - Annual filings required under section 4010 of ERISA
2. **Reportable Events** - Filings required under section 4043 of ERISA (Forms 10, 10-Advance, and 200)
3. **Multiemployer Filings** - Filings required under certain multiemployer sections of ERISA (Notices of Termination, Insolvency, Insolvency Benefit Level, Combined Insolvency and Insolvency Benefit Level; Actuarial Valuation Information; Withdrawal Liability Information; Applications for Financial Assistance. [Please see the attached instructions](#). Other Filings include Annual Funding Notice and Critical/Endangered Notices.)

Click [here](#) to access a user manual with step-by-step instructions on how to create and manage your e-Filing Portal account.

SECURITY NOTICE AND WARNING

This website is a U.S. Government system and the PBGC reserves the right to monitor it for performance, stability, and security. This site, and the information on it, is protected by federal laws, including, but not limited to, federal privacy laws and any activity inconsistent with the protections provided by federal law may lead to civil and criminal sanctions. By logging into e-Filing Portal, you acknowledge that you understand that you are bound by these provisions. If you do not, please close your browser or enter another URL to leave the site entirely.

Important Alerts

Notice: Disabling TLS 1.0

Starting on July 21, 2017, TLS 1.0 encryption over HTTPS will be disabled. Connections to and from E-Filing Portal will use TLS 1.1 or TLS 1.2 only. Any older browsers that do not support TLS 1.1 or higher (Microsoft Internet Explorer version 10 or lower, rare old versions of Chrome and Firefox on PC's with automatic updates disabled) will no longer work.


New to e-Filing Portal? [Apply for an Account](#)

Already Have an Account? Log in.

User ID: [Forgot your User ID?](#)

Password: [Forgot your password?](#)

Login


[Help](#)

Select New User ID and Password

Passwords to government systems must meet federal security regulations, which include the following requirements to help protect your personal and business information:

Step 1: Enter New User ID

Your User ID:

- Can be any combination of letters and/or numbers;
- Must be between 8 and 25 characters long;
- Is not case sensitive;
- Must be different from the temporary one you were provided; and
- Can not be changed after you enter one.

Step 2: Enter New Password

Passwords to government systems must meet federal security regulations, which include the following requirements to help protect your personal and business information:

- The length of the password must be between 10 and 24 characters without any spaces.
- The password must contain at least 1 uppercase and 1 lowercase character(s) (A-Z.); (a-z).
- The password must contain at least 1 number(s) and 1 special character(s) (1, 2, 3, etc.); (\$, #, !, etc.).
- Do not include spaces or the following special characters:
 - Single Quote (') or Double Quote (")- Equal to (=) or Percent (%)
 - Asterisk (*) or Backslash (\) - Plus (+) or Ampersand (&)
 - Greater than (>) or Less than (<) - Semicolon (;) or Question mark (?)
- For password changes, at least 1 character(s) must be changed.

Confirm New Password:

Step 3: Enter Your Security Key

Secret Question: In what city were you born?

Secret Answer:

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Forgot/Reset Password

E-mail address: (ex. aa@a.com)

Secret question: - select a secret question - ▼

Secret answer:

Cancel

Submit

Forgot User ID

E-mail address: (ex. aa@a.com)

Secret question: - select a secret question - ▼

Secret answer:

Cancel

Submit

[Help](#)

Change Password

Passwords to government systems must meet federal security regulations, which include the following requirements to help protect your personal and business information:


- The length of the password must be between 10 and 24 characters without any spaces.
- The password must contain at least 1 uppercase and 1 lowercase character(s) (A-Z.); (a-z).
- The password must contain at least 1 number(s) and 1 special character(s) (1, 2, 3, etc.); (\$, #, !, etc.).
- Do not include spaces or the following special characters:
 - Single Quote (') or Double Quote (") - Equal to (=) or Percent (%)
 - Asterisk (*) or Backslash (\) - Plus (+) or Ampersand (&)
 - Greater than (>) or Less than (<) - Semicolon (;) or Question mark (?)
- For password changes, at least 1 character(s) must be changed.

Step 1: Enter New Password

Confirm New Password:

Step 2: Enter Your Security Key
Secret Question: In what city were you born?
Secret Answer:

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Change Temporary Password

Passwords to government systems must meet federal security regulations, which include the following requirements to help protect your personal and business information:

- The length of the password must be between 10 and 24 characters without any spaces.
- The password must contain at least 1 uppercase and 1 lowercase character(s) (A-Z); (a-z).
- The password must contain at least 1 number(s) and 1 special character(s) (1, 2, 3, etc.); (\$, #, !, etc.).
- Do not include spaces or the following special characters:
 - Single Quote (') or Double Quote (") - Equal to (=) or Percent (%)
 - Asterisk (*) or Backslash (\) - Plus (+) or Ampersand (&)
 - Greater than (>) or Less than (<) - Semicolon (;) or Question mark (?)
- For password changes, at least 1 character(s) must be changed.

Step 1: Enter New Password

Confirm New Password:

Step 2: Enter Your Security Key

Secret Question: In what city were you born?

Secret Answer:

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Manage Account

First Name:

Last Name:

Company:

Title:

Work Address:

City:

State:

Province (if outside the USA):

Country:

Zip Code: (ex. 12345-1234)

Telephone: (ex. 202-111-1111) Ext.

E-mail address: (ex. aa@a.com)

Confirm E-mail address: (ex. aa@a.com)

Secret question: In what city were you born?

Secret answer:

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e-Filing Portal Home Page

e-4010: Controlled Group Filing Drafts

[Create New 4010 Filing](#)

Information Year-end	Date Created	Name
10/10/2019	1/23/2020	ramya

[Edit Filing](#)
[Delete Filing](#)
[Reassign](#)

e-4010: Controlled Group Filings Submitted to PBGC

Information Year-end	Original Submission Date	Amended Submission Date	Name
10/10/2019	1/23/2020	N/A	ramya
			View Filing Amend Filing Reassign
			View Attachment
12/12/2019	1/17/2020	N/A	Tersr
			View Filing Amend Filing Reassign
			View Attachment
10/20/2019	1/6/2020	N/A	ramya
			View Filing Amend Filing Reassign
			View Attachment

e-4043 Reportable Events: Filing Drafts

[Create New Reportable Event Filing](#)

EIN/PN	Plan Name	Type of Event	Date Created
--------	-----------	---------------	--------------

e-4043 Reportable Events: Filings Submitted to PBGC

EIN/PN	Plan Name	Type of Event	Original Submission Date	Amended Submission Date
39-0619790/001	test	Active Participant Reduction - Form 10	1/17/2020	N/A
			View Filing Amend Filing Reassign	
			View Attachment	
99-9999999/001	Test plan	Active Participant Reduction - Form 10	1/17/2020	N/A
			View Filing Amend Filing Reassign	
			View Attachment	


Multiemployer Events: Filing Drafts

[Create New ME Filing](#)

EIN/PN	Plan Name	Type of Event	Date Created
--------	-----------	---------------	--------------

Multiemployer Events: Filings Submitted to PBGC

EIN/PN	Plan Name	Type of Event	Original Submission Date	Appended Submission Date
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e-4010 - Create New Filing

Select option for new filing:

- Pre-populate with data from previously submitted filing
- Do not pre-populate

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e-4010 - Create New Filing

Select the prior filing from which data will be extracted to pre-populate the new filing:

- Select a past filing - ▼

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Cancel

Next >

Filing Summary

Controlled Group: 

Schedules		
Schedule G	<input type="button" value="Comments"/>	
Schedule FG	<input type="button" value="Comments"/>	
Schedule I	<input type="button" value="Comments"/>	<input type="button" value="Attachments"/>
Section I (Member Information)		
Section II (Plan Information)		
Section III (Former member/plan information)		
Schedule F	<input type="button" value="Comments"/>	<input type="button" value="Attachments"/>
Schedule P		

Schedule G - General Information

Controlled Group Information

Full name of ultimate parent company:

Is the ultimate parent a foreign entity?

Yes No

Date current information year ends: (ex. MM/DD/YYYY)

Filing Contact

Name, phone number and email address of person to contact with questions about this filing (leave blank if that person is the filing coordinator)

General Filing Information

Was a 4010 filing required last year?

Yes No

Is a 4010 filing required this year?

Yes No Help me determine

Check this box if §4010.6(c) exception for previously submitted materials applies (see instructions)

Schedule FG - Filing Gateway

Controlled Group.

1. §4010.4(a)(1) - 4010 Funding target attainment percentage

a. Did any plan sponsored by a member of the controlled group have a 4010 funding target attainment percentage below 80%?

Yes No

Cancel

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Schedule FG - Filing Gateway

Controlled Group:

1. §4010.4(a)(1) - 4010 funding target attainment percentage waiver

b. Does the total amount of 4010 funding shortfall in plans (including exempt plans) maintained by the members of the contributing sponsor's controlled group exceed \$15 million (disregarding those plans with no 4010 funding shortfall)?

Yes No


c. Does the aggregate number of participants in plans maintained by the members of the contributing sponsor's controlled group (including exempt plans) equal or exceed 500?

Yes No

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Cancel

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Schedule FG - Filing Gateway

Controlled Group: ██████████

2. §4010.4(a)(2) - Failure to make required contributions

a. Did any member of the controlled group:

- fail to make a required contribution to a defined benefit plan during the information year within 10 days of its due date, and
- as a result of the missed contribution, the conditions for imposition of a lien under ERISA have been met.

Yes No

b. If (a) is "Yes", did the plan administrator submit a "Form 200" reporting this failure to PBGC?

Yes No

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Schedule FG - Filing Gateway

Controlled Group: ██████████

3. §4010.4(a)(3) - Large waiver granted

a. Have one or more minimum funding waivers been granted for a plan maintained by a member of the controlled group:

- totaling in excess of \$1 million, and
- for which there is an outstanding balance at the end of the plan year ending within the information year (determined in accordance with § 1.4010.4(e))?

Yes No

b. If (a) is "Yes", did the plan administrator notify PBGC, as required under ERISA 4043, that an application for such funding waiver(s) was submitted to IRS?

Yes No

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Cancel

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e-4010 Filing is Required

Based on the information you have provided, an e-4010 Filing is required. Click on the button below to go to the e-4010 Filing Summary Page.

[Continue to e-4010 Filing Summary Page](#)

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e-4010 Filing Not Required (Only Schedules G and FG)

Based on the information you have provided, an e-4010 filing is not required for the current information year. However, because a filing was required for the prior information year, you must submit Schedules G and FG that you have just completed to notify PBGC that a filing is not required for the current information year.

Click on the button below to display the Filing Summary page. From there, you can choose to submit these two schedules to PBGC or review the information entered into Schedules G and FG prior to submission.

Warning: Because you need only submit Schedules G and FG, when you click on the "Go to Filing Summary" page, any information currently entered on other schedules (i.e., Schedules I, F, or P) will be deleted. If that is not your intention, select the "Back" button to change your prior responses.

[Go to Filing Summary Page](#)

[Back](#)




[Help](#)

No e-4010 Filing is Required

Based on the information you have entered, you do not have to submit a filing to PBGC.

[Continue to e-4010 Filing Summary Page](#)

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Schedule I - Identifying Information
Section I - Controlled Group Members - Summary

Controlled Group: [REDACTED]

There have been no Member Companies entered for this Schedule.

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**Schedule I - Identifying Information
Section I - Controlled Group Members**

Company Name:

EIN, only if U.S. entity: (ex. 12-1234567)

Address:

City:

State:

Province (if outside the USA):

Country:

Zip Code: (ex. 12345-1234)

Telephone: (ex. 202-111-1111) Ext.

If controlled group contains more than 10 non-exempt members, check box and see instructions re: required attachment:

Otherwise, enter the relationship of this member to the rest of the controlled group

Check box if this is an exempt member of the Controlled Group that sponsors an exempt plan:

Schedule I - Identifying Information
Section I - Controlled Group Members

Information on new members

Was this member a member of the controlled group immediately before the current information year began?

- Yes
- No, member joined controlled group during information year
- No, other

Date Joined:
(ex. MM/DD/YYYY)



Schedule I - Identifying Information
Section I - Controlled Group Members - Summary

Controlled Group: [Redacted]

Member Company	EIN	
pbgc	34-0253240	Delete

Enter Member Company

Back to Filing Summary

Schedule I - Identifying Information
Section II - Plans - Summary

Controlled Group: [REDACTED]

There have been no Plans entered for this Schedule.

Enter Plan

Modify Member Information

Back to Filing Summary

Schedule I - Identifying Information
Section II - Plans - Summary

Information for current year

Plan Name:

Plan Sponsor:

Plan Number (PN): (ex. 333)

Is this plan a multiple employer plan?

Yes No

Is the requirement to submit actuarial information waived either because the plan is an exempt plan (as defined by § 1.4010.8(c)) or because the actuarial information is being reported by another filer (in accordance with § 1.4010.8(f))?

Yes No

Is this plan frozen for eligibility or benefit accrual purposes (see instructions)?

Yes No

Schedule I - Identifying Information
Section II - Plans - Summary

Controlled Group: 

Member: pbgc

Plan: plan 1

Information related to plan freezes

Date of freeze: (ex. MM/DD/YYYY)

Nature of freeze:

- Plan closed to new entrants
- Both pay and service are frozen
- Service is frozen, but pay is not
- Other/combination, enter explanation:

Schedule I - Identifying Information
Section II - Plans - Summary

Information on changes in EIN/PN

Has the EIN or PN changed since the beginning of the current information year?

Yes No N/A (new plan)

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Cancel

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**Schedule I - Identifying Information
Section II - Plans - Summary**

Information on changes in EIN/PN

Prior EIN: (ex. 11-1234567)

Prior PN: (ex. 333)

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Cancel

Save

Enter Next Plan

Schedule I - Identifying Information
Section II - Plans - Summary

Controlled Group: ██████████

Member: pbgc

Plan: plan 1

New plan information

Date plan was first maintained by controlled group: (ex. MM/DD/YYYY)

Explanation:

- Newly established plan
- Spun-off or transferred from plan sponsored by member outside controlled group
- Spun-off from plan sponsored by member within controlled group
- Other, enter explanation:

Schedule I - Identifying Information
Section II - Plans - Summary

Plan Information Completed

The information entered for this plan is now complete. Please click on "Enter Next Plan" button below to enter information for an additional plan.

Schedule I - Identifying Information
Section II - Plans - Summary

Controlled Group: 

Plan Name	Sponsor	EIN/PN	Schedule P requirement waived?		
plan 1	pbgc	12-1234567/123	No	<input type="button" value="Delete"/>	<input type="button" value="Assign to Actuary"/>
plan 2	pbgc2	12-3232435/123	No	<input type="button" value="Delete"/>	<input type="button" value="Assign to Actuary"/>

**Schedule I - Identifying Information
Section III - Former Members/Plans**

Controlled Group:

Former controlled group members

If any entity, other than an exempt entity, ceased to be a member of the controlled group during the information year, enter required information with respect to that entity (see instructions).

Former plans

If any plan, other than an exempt plan, ceased to be maintained by the controlled group during the information year, enter required information with respect to that plan (see instructions).

Cancel

Save

**Schedule F - Financial Information**
Type of SubmissionControlled Group: 

Which of the permissible filing alternatives is being used?

- §4010.9(a) - separate financial information (financial statements or tax returns) for each non-exempt controlled group member will be provided
- §4010.9(b) - consolidated financial information that includes combined information for all non-exempt controlled group members will be provided
- Consolidated financial information that includes combined information for some, but not all, controlled group members will be provided, along with separate financial information for those non-exempt members whose information is not included in the consolidated information.

Schedule F - Financial Information

Controlled Group: 

Indicate whether the financial information for the following non-exempt members will be submitted individually or consolidated:

Member Company	EIN	Consolidated	Individual
pbgc	121234567	<input checked="" type="radio"/>	<input type="radio"/>
pbgc2	123232435	<input type="radio"/>	<input checked="" type="radio"/>

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Cancel

Save

Schedule F - Financial Information
Type of Submission

Controlled Group: 

Is financial information for any U.S. non-exempt members consolidated with the financial information of the ultimate foreign parent?

- Yes
- No

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Cancel

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Schedule F - Financial Information - Summary

Controlled Group: ██████████

Consolidated Members

Member Company	EIN	Complete	<input type="button" value="Edit"/>
pbgc	12-1234567	No	

Individually Listed Members

Member Company	EIN	Complete	<input type="button" value="Edit"/>
pbgc2	12-3232435	No	

Schedule F - Financial Information

Controlled Group: ██████████

Member: pbgc

With respect to separate financial information for each non-exempt controlled group member:

What type of financial information is being reported (check applicable box)?

- Audited financial statements
- Unaudited financial statements - audited financials are not yet available
- Unaudited financial statements - audited financials are not prepared
- Federal tax returns

Cancel

Next >



Schedule F - Financial Information


Controlled Group: ██████████

Member: pbgc

With respect to separate financial information for each non-exempt controlled group member:

Will financial information be attached to this filing?

- Yes
- No, because it's publicly available

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Schedule F - Financial Information

Controlled Group: Member: pbgc

With respect to separate financial information for each non-exempt controlled group member:

Exact URL of webpage where publicly available information can be found:

Date information was made available to the public:

 (ex. MM/DD/YYYY)

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**Schedule F - Financial Information
Consolidated Financial Information**

Controlled Group: [REDACTED]

Consolidated

With respect to consolidated information (for companies with foreign parents, this information is solely for U.S. entities):

What type of financial information is being reported (check applicable box)?

- Audited financial statements
- Unaudited financial statements - audited financials are not yet available
- Unaudited financial statements - audited financials are not prepared
- Federal tax returns

Cancel

Next >

**Schedule F - Financial Information
Consolidated Financial Information**

Controlled Group: Consolidated

With respect to consolidated information (for companies with foreign parents, this information is solely for U.S. entities):

Will consolidated financial information be attached to this filing?

- Yes
- No, because it's publicly available

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Schedule F - Financial Information

Controlled Group: Consolidated


With respect to consolidated information (for companies with foreign parents, this information is solely for U.S. entities):

Exact URL of webpage where publicly available information can be found:


Date information was made available to the public:

(ex. MMDD/YYYY)

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Schedule F - Financial Information
Consolidated Financial Information

Controlled Group:  Consolidated

With respect to consolidated financial information for the foreign ultimate parent:

What type of financial information is being reported (check applicable box)?

- Audited financial statements
- Unaudited financial statements - audited financials are not yet available
- Unaudited financial statements - audited financials are not prepared

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Schedule F - Financial Information
Consolidated Financial Information


Controlled Group: ██████████

Consolidated


With respect to consolidated financial information for the foreign ultimate parent:

Will consolidated financial information be attached to this filing?

- Yes
- No, because it's publicly available

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Schedule F - Financial Information

Controlled Group:  Consolidated

With respect to consolidated financial information for the foreign ultimate parent:

Exact URL of webpage where publicly available information can be found:

Date information was made available to the public:

 (ex. MM/DD/YYYY)

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Schedule F - Financial Information

Controlled Group: [REDACTED]

Consolidated

Financial Information Completed

You have reached the end of this schedule.

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Cancel

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Schedule F Attachments

Controlled Group:

File Name	Description
-----------	-------------

File:

Description:

It may take a minute or two to attach large files. Please click only once.


Schedule F Comments

Comments:

Cancel

Save

Schedule P - Plan Actuarial Information - Summary

Controlled Group: 

Plan Name	Sponsor	EIN/PN	Complete?
plan 1	pbgc	12-1234567/123	No
<input type="button" value="Comments"/>	<input type="button" value="Attachments"/>	<input type="button" value="Print Schedule P Certification"/>	
plan 2	pbgc2	12-3232435/123	No
<input type="button" value="Comments"/>	<input type="button" value="Attachments"/>	<input type="button" value="Print Schedule P Certification"/>	

Schedule P - Plan Actuarial Information
Basic Plan Information

Controlled Group: 

Plan Sponsor: pbgc

Plan: plan 1: 12-1234567/123

Enrolled Actuary Information

First Name:

Last Name:

EA Number: (ex. 05-1111)

Telephone: (ex. 202-111-1111) Ext.

E-mail: (ex. aa@a.com)

Enter the following information with respect to the plan year ending within the information year

Date plan year begins: (ex. MM/DD/YYYY)

Date plan year ends: (ex. MM/DD/YYYY)

Is this plan year a short plan year?

Yes No

Cancel

Next >

**Schedule P - Plan Actuarial Information
Funded Status Informations (§4044 basis)**

Controlled Group:

Plan Sponsor: pbgc

Plan: plan 1: 12-1234567/123

Participant Count and Benefit Liabilities

Participant Status	Number of Participants	Benefit Liabilities at plan year-end (Before reflecting expense load)
Active	<input type="text"/>	\$ <input type="text"/>
Terminated vested	<input type="text"/>	\$ <input type="text"/>
Receiving benefits	<input type="text"/>	\$ <input type="text"/>
Total	0	\$0

Benefit Liabilities after reflecting expense load

Expense Load per §4044.52(d)	\$ <input type="text"/>
Total Benefit Liabilities*	\$0

* Determined using retirement age, interest, mortality, expense load provided in § 4044.51-57 and other assumptions as provided in § 4010.8(d)(2).

**Schedule P - Plan Actuarial Information
Funded Status Information (§4044 basis)**

Controlled Group: ██████████

Plan Sponsor: pbgc

Plan: plan 1: 12-1234567/123

Census Data used to determine benefit liabilities:

- Projected from a date within the plan year ending within the information year
- As of the end of the plan year ending within the information year or the beginning of the subsequent year

Interest rate used to determine Benefit Liabilities

Period 1: % for the first years (ex. 4.21% for first 20 years).

Period 2: % for all years thereafter

Fair market value of assets (excluding receivables) at plan-year end:

\$

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Cancel

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**Schedule P - Plan Actuarial Information
Other Information**

Controlled Group:

Plan Sponsor: pbgc

Plan: plan 1: 12-1234567/123

The following items relate to the 10/10/2018 – 10/10/2020 plan year:

The first item (at-risk funding target) may be left blank. The other items are required.

Funding target (as of the valuation date) determined as if the plan has been in at-risk status for a consecutive period of at least 5 plan years:

\$

4010 funding target attainment percentage (as of valuation date):

% (e.x. 92.21)

Adjusted funding target attainment percentage (as of valuation date):

% (e.x. 92.21)

Did any benefit limitations apply under ERISA 206(g) at any time during the plan year?

Yes No

Has one or more minimum funding waivers been granted totaling in excess of \$1 million for which there is an outstanding balance at the end of the plan year?


Yes No

The following item relates to the information year ending 10/10/2019:

Has a statutory lien arisen during the information year as the result of missed contributions in excess of \$1 million (that were not made within 10 days of the due date)?

Yes No

**Schedule P - Plan Actuarial Information
Other Information**

Controlled Group: 

Plan Sponsor: pbgc

Plan: plan 1: 12-1234567/123

Benefit limitations explanation

Enter required information with respect to the benefit limitations applied under ERISA 206(g) (see instructions).

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Cancel

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**Schedule P - Plan Actuarial Information
Additional Actuarial Information**

Controlled Group: [REDACTED]

Plan Sponsor: pbgc

Plan: plan 1: 12-1234567/123

Which of the following five statements describes the method under which the additional information required under §4010.8(a)(11) will be provided?

All of the information is included in one actuarial valuation report. It is my understanding that the report will be submitted:

- As an attachment to this filing
- Electronically within 15 days of the IRS Form 5500 filing deadline for the plan year ending within the information year

The actuarial valuation report does not contain all of the additional required information. Therefore, supplemental information will also be provided. It is my understanding that the report and the supplemental information will be submitted:

- As an attachment to this filing
- Electronically within 15 days of the IRS Form 5500 filing deadline for the plan year ending within the information year
- A combination of the two above

Schedule P - Plan Actuarial Information

Controlled Group: ██████████

Plan Sponsor: pbgc

Plan: plan 1: 12-1234567/123

You have reached the end of this schedule.

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Cancel

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Schedule P Attachments

Controlled Group: 

Plan Sponsor: pbgc

Plan: plan 1

File Name	Description
-----------	-------------

File:

Description:

It may take a minute or two to attach large files. Please click only once.

Schedule P Comments

Controlled Group: ██████████

Plan Sponsor: pbgc

Plan: plan 1: 12-1234567/123

Comments:

Cancel

Save

Reassign Filing

Controlled Group: [REDACTED]

Enter the e-mail address of the person you would like to assign this filing:

E-mail address: (ex. as@a.com)

Note: You may only assign a filing to someone who has an e-Filing Portal account.

Cancel

Next >

Assign to Actuary

Controlled Group: 

Actuaries currently assigned:

Enter the e-mail address of the person you would like to assign this filing:

Email address: (ex. as@a.com)

Note: You may only assign an actuary who has an e-4010 account.

Cancel

Next >



Assign to Actuary

Are you sure you wish to assign thella.supriya@pbgc.gov as the actuary to the Schedule P for plan 1?

If you select the "Assign" button below, thella.supriya@pbgc.gov will be allowed to view and edit this schedule P. Selecting the "Back to Plan Summary" button will cancel this transaction.

Back to Plan Summary

Assign

Validate Filing

Schedule G General Information	There are no validation errors in this section
Schedule FG Filing Gateway	There are no validation errors in this section
Schedule I 1 Identifying information for controlled group members	There are no validation errors in this section
Schedule I 2 Plan Information	There are no validation errors in this section
Schedule I 3 Prior member/plan information	There are no validation errors in this section
Schedule F Financial Information	There are no validation errors in this section
Schedule P Plan actuarial information	There are no validation errors in this section
Ready to Submit	Ready to submit

Back to Filing Summary