

***Required fields**

***Plan name:**

***EIN:** (ex. 33-3333333) ***PN:** (ex. 333)

***Notice filer name:**

***Role of filer:**

***Plan year for which the information is being filed:** (YYYY)

Plan Sponsor Information

***Plan sponsor name:**

***Address:**

***City:**

***State:**

***Zip Code:** (ex. 12345-1234)

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

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

Fax: (ex. 202-111-1111)

Plan Sponsor's Duly Authorized Representative (if any)

First name:

Last name:

Company:

Title:

Address:

City:

State:

Zip Code: (ex. 12345-1234)

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

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

Fax: (ex. 202-111-1111)

***Is the plan terminated?** ☒ Yes ☐ No

If yes, date of plan termination: (MM/DD/YYYY)

***Is the plan insolvent?** ☒ Yes ☐ No

If yes, date of plan insolvency: (MM/DD/YYYY)

Benefits Used for Actuarial Valuation

***Active Participants:**
Select one

- ☐ Plan benefit
- ☒ Resource benefit level
- ☐ Guaranteed benefit

***Deferred Vested Participants:**
Select one

- ☐ Plan benefit
- ☐ Resource benefit level
- ☒ Guaranteed benefit

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Attached Documents

[Click here for additional instructions.](#)

For a plan receiving financial assistance where the value of nonforfeitable benefits is more than \$50 million, the plan is required to file for each plan year the actuarial valuation for the plan year (document 1).

For a plan receiving financial assistance where the value of nonforfeitable benefits is \$50 million or less, the plan is required to file every 5 plan years:

1. The plan's actuarial valuation for the plan year
OR documents 2 - 4
2. Most recent summary plan description. If this document was previously filed with PBGC, provide the date in the "Comments" box below.
3. Most recent actuarial valuation for the plan. If this document was previously filed with PBGC, provide the date in the "Comments" box below.
4. A participant data schedule (Microsoft Excel compatible).

Comments:

//

File: No file chosen

Document Type:

Maximum file size is 25MB. It may take a minute or two to attach large files. Please click only once. To send files larger than 25MB, please click on this link: <http://PBGC.leapfile.com>, click "Secure Upload", enter the recipient's email address, and follow the prompts. For additional assistance, please contact us at multiemployerprogram@pbgc.gov or 1-800-736-2444 (ext. 3993 or 6047). Local callers may directly dial 202-326-4000 (ext. 3993 or 6047).

1. The plan's actuarial valuation for the plan year

[File 1.docx](#)

2. Most recent summary plan description of the plan, or the date the document was previously filed with PBGC

[File 2.docx](#)

3. Most recent actuarial valuation for the plan, or the date the document was previously filed with PBGC

[File 3.docx](#)

4. A participant data schedule (Microsoft Excel compatible) which must list all of the following information for all participants (actives, deferred vesteds and retirees and beneficiaries in pay status):

- i. Name
- ii. Gender
- iii. Participant status (active, deferred vested, retiree, beneficiary, disabled)
- iv. Date of birth
- v. Date of hire
- vi. Date of death, if applicable
- vii. Date left covered service
- viii. Date of disability, if applicable
- ix. Salary, if applicable to benefit formula
- x. Benefit commencement date
- xi. Normal retirement date
- xii. Credited service used to calculate the monthly benefit
- xiii. Credited service used for early retirement eligibility
- xiv. Current monthly benefit for participants in pay
- xv. Vested monthly benefit for participants not in pay
- xvi. Form of annuity (including survivor percentage and original certain period, if applicable)
- xvii. Spouse (or beneficiary) date of birth, if applicable
- xviii. Spouse (or beneficiary) date of death, if applicable

[File 4.docx](#)

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Actuarial Valuation Information

New Actuarial Valuation Information - 00-0000001/123

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Plan Filing Information

[Edit](#)

Plan name:	New Actuarial Valuation Information
EIN / PN:	00-0000001/123
Notice filer name:	Zjfh Xceu Rkgsy
Role of filer:	Attorney
Plan year for which the information is being filed:	2019

Plan Sponsor Information

Name:	Twes
Address:	Test Est, FM 78987
Phone:	789-987-9878
Email:	N/A
Fax:	N/A

Plan Sponsor's Duly Authorized Representative

Name:	
Company:	N/A
Title:	N/A
Address:	
Phone:	N/A
Email:	N/A
Fax:	N/A

Is the plan terminated?	Yes
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If yes, date of plan termination:	5/2/2019
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Is the plan insolvent?	Yes
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If yes, date of insolvency:	5/16/2019
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Active Participants:	Resource benefit level
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Deferred Vested Participants:

Guaranteed benefit

Attached Documents

[Edit](#)

- ☒ The plan's actuarial valuation for the plan year
- ☒ Most recent summary plan description of the plan, or the date the document was previously filed with PBGC
- ☒ Most recent actuarial valuation for the plan, or the date the document was previously filed with PBGC
- ☒ Participant data schedule

Comments

N/A

PBGC

Actuarial Valuation Information

Plan Filing Information

Plan name:	New Actuarial Valuation Information	EIN/PN:	00-0000001/123
Notice filer name:	Zjfh Xceu Rkgsy	Role of filer:	Attorney
Plan year for which the information is being filed:	2019		

Plan Sponsor Information

Plan sponsor name:	Twest		
Address:	Test	City:	Est
State:	FM	Zip:	78987
Telephone:	(789) 987-9878 Ext:	E-mail:	
Fax:			

Plan Sponsor's Authorized Representative Information

First name:	Last name:
Company:	Title:
Address:	City:
State:	Zip:
Telephone:	Ext:
Fax:	E-mail:
Is the plan terminated?	Yes ☒ No ☐
Date of plan termination:	02-MAY-2019
Is the plan insolvent?	Yes ☒ No ☐
Date of insolvency:	16-MAY-2019
Benefits Used for Actuarial Valuation:	

Active Participants:	☐ Plan benefit ☒ Resource benefit level ☐ Guaranteed benefit
Deferred Vested Participants:	☐ Plan benefit ☐ Resource benefit level ☒ Guaranteed benefit

Submission status - Filing not yet submitted

Attached Documents

- ☒ The plan's actuarial valuation for the plan year
- ☒ Most recent summary plan description of the plan, or the date the document was previously filed with PBGC
- ☒ Most recent actuarial valuation for the plan, or the date the document was previously filed with PBGC
- ☒ Participant data schedule

Missing Information If required information has not been submitted, explain below.

Submission status - Filing not yet submitted

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