

Telephone:

Required fields		
*Plan name:	New Actuarial Valuation Information	
*EIN:	00-000001 (ex. 33-333333) * <b>PN:</b> 123 (ex. 333)	
*Notice filer name:	Zjfh Xceu Rkgsy	
*Role of filer:	Attorney ▼	
*Plan year for which the information is being filed:	2019 (۲۲۲۲)	
Plan Sponsor Information	1	
*Plan sponsor name:	Twest	
*Address:	Test	
*City:	Est	
*State:	FM •	
*Zip Code:	78987 (ex. 12345-1234)	
<b>2.</b> p 33d0.	(CX. 12040-1204)	
*Telephone:	789-987-9878 (ex. 202-111-1111) Ext.	
•		om)
*Telephone:	789-987-9878 (ex. 202-111-1111) Ext.	
*Telephone: E-mail address: Fax:	789-987-9878 (ex. 202-111-1111) Ext. (ex. aa@a.c	
*Telephone:  E-mail address:  Fax:  Plan Sponsor's Duly Auth	789-987-9878 (ex. 202-111-1111) Ext. (ex. aa@a.c	
*Telephone:  E-mail address:  Fax:  Plan Sponsor's Duly Auth  First name:	789-987-9878 (ex. 202-111-1111) Ext. (ex. aa@a.c	
*Telephone: E-mail address: Fax: Plan Sponsor's Duly Auth First name: Last name:	789-987-9878 (ex. 202-111-1111) Ext. (ex. aa@a.c	
*Telephone:  E-mail address:  Fax:  Plan Sponsor's Duly Auth  First name:	789-987-9878 (ex. 202-111-1111) Ext. (ex. aa@a.c	
*Telephone: E-mail address: Fax: Plan Sponsor's Duly Auth First name: Last name:	789-987-9878 (ex. 202-111-1111) Ext. (ex. aa@a.c	
*Telephone: E-mail address: Fax:  Plan Sponsor's Duly Auth  First name: Last name: Company:	789-987-9878 (ex. 202-111-1111) Ext. (ex. aa@a.c	
*Telephone: E-mail address: Fax:  Plan Sponsor's Duly Auth  First name: Last name: Company: Title:	789-987-9878 (ex. 202-111-1111) Ext. (ex. aa@a.c	
*Telephone: E-mail address: Fax:  Plan Sponsor's Duly Auth  First name: Last name: Company: Title:	789-987-9878 (ex. 202-111-1111) Ext. (ex. aa@a.c	
*Telephone: E-mail address: Fax: Plan Sponsor's Duly Auth First name: Last name: Company: Title: Address:	789-987-9878 (ex. 202-111-1111) Ext. (ex. aa@a.c	

(ex. 202-111-1111)

Ext.

E-mail address:				(	ex. aa@a.d	com)
Fax:				(	ex. 202-111	-1111)
*Is the plan terminated?	• Yes O No					
		If yes, date of pla	n termination:	05/0	2/2019	(MM/DD/YYYY)
*Is the plan insolvent?	● Yes ○ No					
		If yes, date of pl	an insolvency:	05/1	6/2019	(MM/DD/YYYY)
Benefits Used for Actuaria	l Valuation					
*Active Participants: Select one	<ul><li>Plan benefit</li><li>Resource benefit</li><li>Guaranteed bene</li></ul>					
*Deferred Vested Participants: Select one	<ul><li>Plan benefit</li><li>Resource benefit</li><li>Guaranteed bene</li></ul>					
			< Back	Cancel	Save	e & Next



#### **Attached Documents**

#### Click here for additional instructions.

For a plan receiving financial assistance where the value of nonforfeitable benefits is <u>more than \$50 million</u>, 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:	Choose File No file chosen	<i>"</i>
Document Type:	- Select a document type -	▼
	Attach  Maximum file size is 25MB. It may take a minute or two only once. To send files larger than 25MB, please click http://PBGC.leapfile.com, click "Secure Upload", enter follow the prompts. For additional assistance, please multiemployerprogram@pbgc.gov or 1-800-736-2444 may directly dial 202-326-4000 (ext. 3993 or 6047).	k on this link: the recipient's email address, and contact us at
1. The plan's	s actuarial valuation for the plan year	
File 1.docx		Delete
2. Most rece	nt summary plan description of the plan, or the date the do	cument was previously filed with PBGC
File 2.docx		Delete
3. Most rece	nt actuarial valuation for the plan, or the date the documen	t was previously filed with PBGC
File 3.docx		Delete
1 A particip	ant data schodula (Microsoft Excel compatible) which mus	at list all of the fallerning information

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

Delete

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Cancel

Save & Next



### **Actuarial Valuation Information**

**Active Participants:** 

New Actuarial Valuation Information - 00-0000001/123

	View Draft	Submit Filing	Return to Home Page	
Plan Filing Information	<u>Edit</u>			
•				
Plan name:	New Actu	arial Valuation Inf	formation	
EIN / PN:	00-0000	01/123		
Notice filer name:	Zjfh Xceu	Rkgsy		
Role of filer:	Attorney			
Plan year for which the information is being filed:	2019			
Plan Sponsor Information				
Name:	Twest			
Address:	Test Est, I	FM 78987		
Phone:	789-987-9	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			
If yes, date of plan termination:	5/2/2019			
Is the plan insolvent?	Yes			
If yes, date of insolvency:	5/16/2019	1		

Resource benefit level

Deferred Vested Participants:	Guaranteed benefit	Guaranteed benefit		
Attached Documents	<u>Edit</u>			
The plan's actuarial valuation	n for the plan year			
Most recent summary plan	escription of the plan, or the date the document was previously filed with PB	3GC		
Most recent actuarial valuat	on 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 Repr	esentative Information			
First name:		Last name:		
Company:		Title:		
Address:		City:		
State:		Zip:		
Telephone:	Ext:	E-mail:		
Fax:				
Is the plan terminated?	Yes <b>☑</b> No <b>□</b>	Date of plan termination:	02-MAY-2019	
Is the plan insolvent?	Yes <b>ເ</b> No □	Date of insolvency:	16-MAY-2019	
Benefits Used for Actuarial Valuation:				
	Active Participants:	<ul><li>Plan benefit</li><li>Resource benefit level</li><li>Guaranteed benefit</li></ul>		
	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

Go To Data Summary