Justification for No Material or Nonsubstantive Change to Currently-Approved Collection

AGENCY: Pension Benefit Guaranty Corporation (PBGC)

TITLE: Termination of Single Employer Plans (29 CFR part 4041)

STATUS: OMB control number 1212-0036; expires 09/30/2028

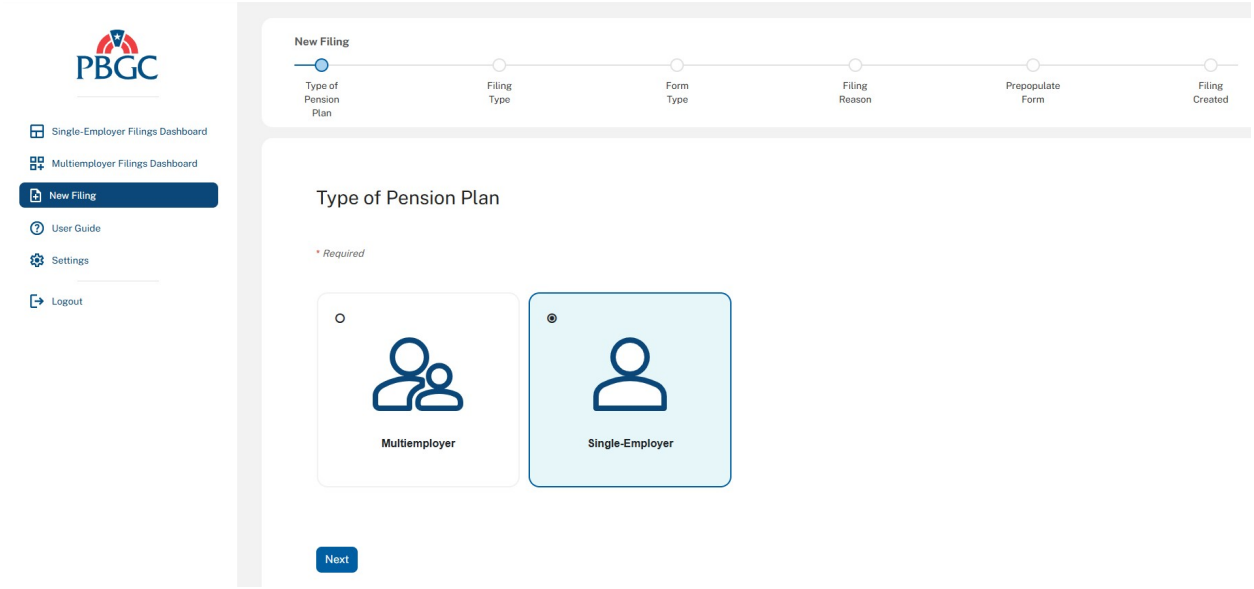
CONTACT: Monica O'Donnell (202-229-5507)

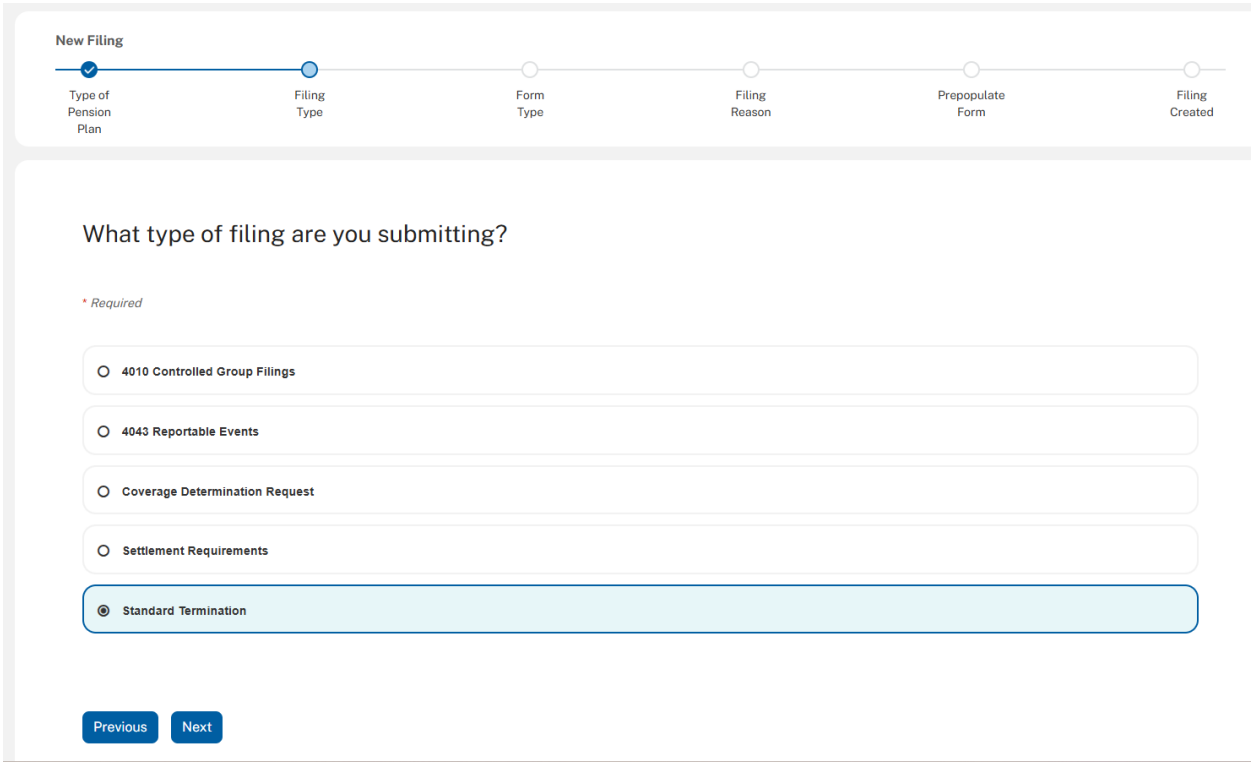
The Pension Benefit Guaranty Corporation (PBGC) is making a change that is not substantive to the currently-approved information collection for termination of single-employer plans required under section 4041 of the Employee Retirement Income Security Act of 1974 and part 4041 of PBGC's regulations.

Currently, a plan must submit its standard termination filing by email. In the currently-approved instructions, there is language about PBGC's e-Filing Portal becoming available in the future. The e-Filing Portal will be accepting standard termination filings beginning December 8, 2025. The information collected in the e-Filing Portal is the same as that collected on the PDF forms that are submitted via email.

This change in the method of information collection will not increase the hour or cost burden for this information collection.

The following screenshots demonstrate what the standard termination filing module in PBGC's e-Filing Portal will look like.


PBGC
Single-Employer Filings Dashboard
Multiemployer Filings Dashboard
New Filing
User Guide
Settings
Logout
New Filing
Type of Pension Plan
Filing Type
Form Type
Filing Reason
Prepopulate Form
Filing Created
Type of Pension Plan
* Required
Multiemployer
Single-Employer
Next

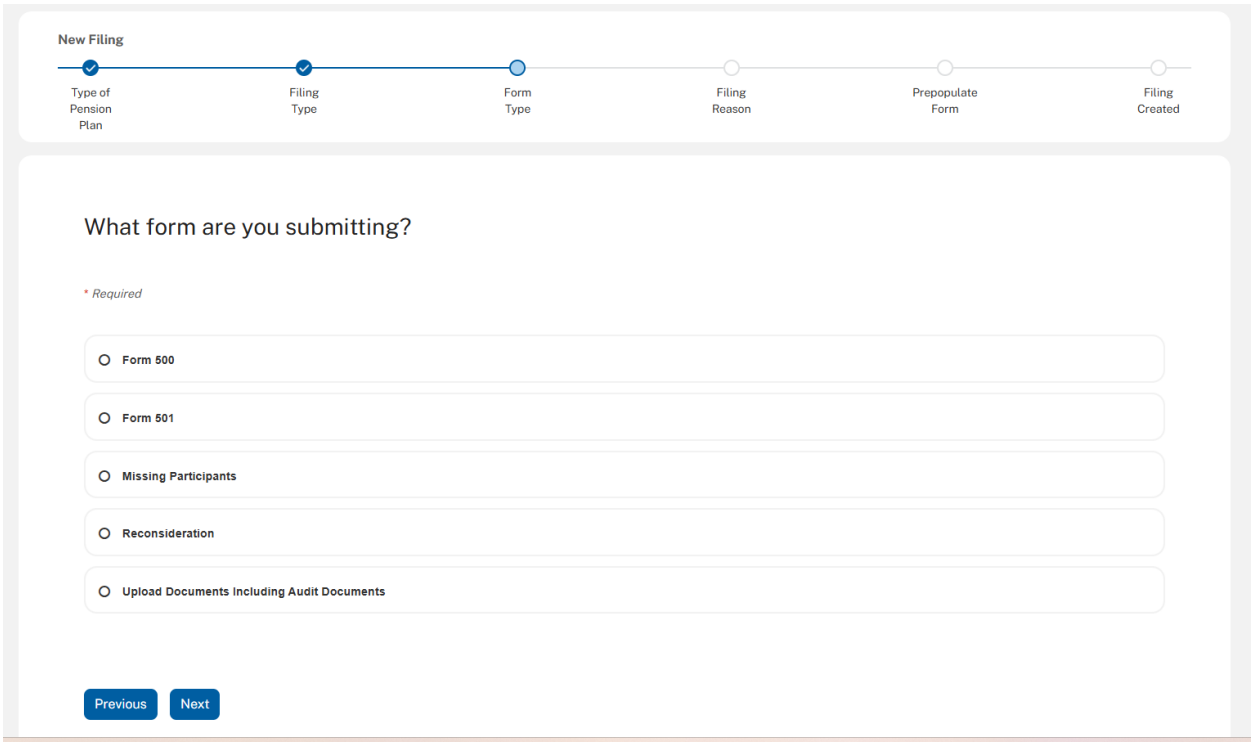

New Filing
Type of Pension Plan
Filing Type
Form Type
Filing Reason
Prepopulate Form
Filing Created
What type of filing are you submitting?
* Required
4010 Controlled Group Filings
4043 Reportable Events
Coverage Determination Request
Settlement Requirements
Standard Termination
Previous
Next

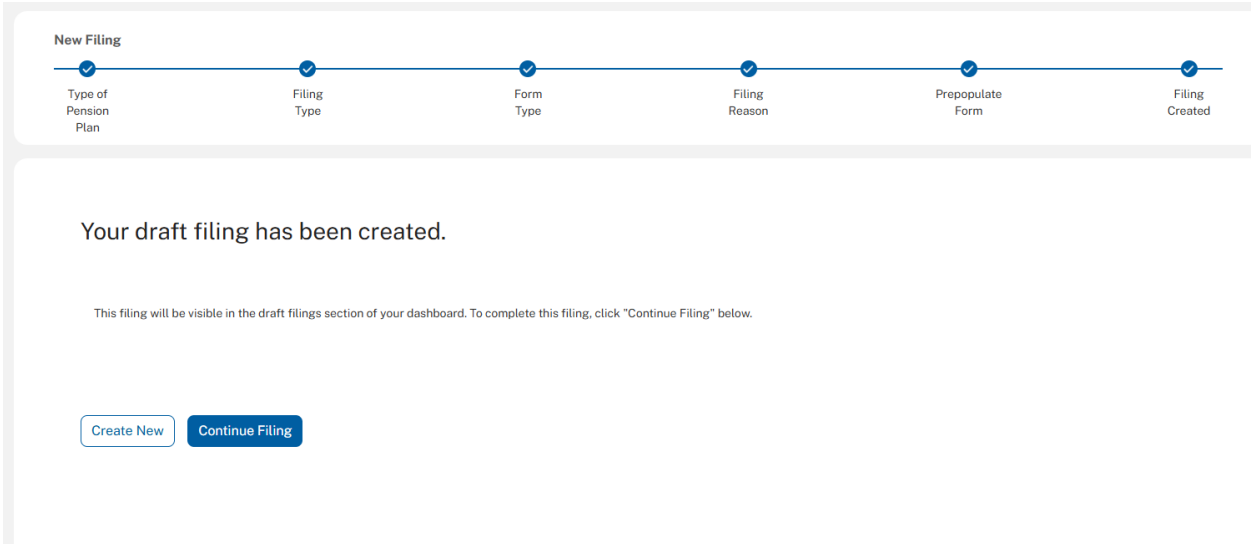
What form are you submitting?

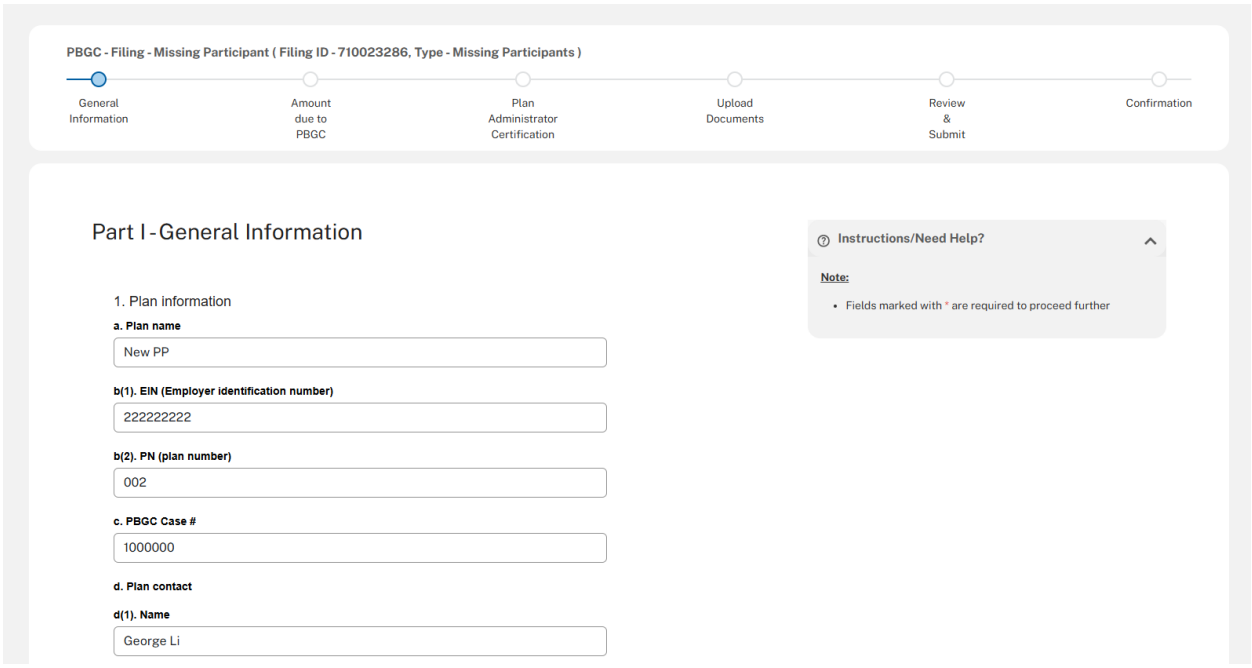
** Required*

- ○ Form 500
- ○ Form 501
- ◉ Missing Participants
- ○ Reconsideration
- ○ Upload Documents Including Audit Documents

Previous Next




New Filing
Type of Pension Plan
Filing Type
Form Type
Filing Reason
Prepopulate Form
Filing Created
Your draft filing has been created.
This filing will be visible in the draft filings section of your dashboard. To complete this filing, click "Continue Filing" below.
Create New
Continue Filing


PBGC - Filing - Missing Participant (Filing ID - 710023286, Type - Missing Participants)
General Information
Amount due to PBGC
Plan Administrator Certification
Upload Documents
Review & Submit
Confirmation
Part I - General Information
Instructions/Need Help?
Note:
Fields marked with * are required to proceed further
1. Plan information
a. Plan name
New PP
b(1). EIN (Employer identification number)
222222222
b(2). PN (plan number)
002
c. PBGC Case #
1000000
d. Plan contact
d(1). Name
George Li

d(2). Company

New company LLC

d(3). Street Address 1

123 new ST

d(3). Street Address 2

d(4). City

Dallas

d(5). State

Texas

d(6). Zip

121345

d(7). Phone

180-000-0000

Phone Ext

d(8). Email

test@test.xyc

2. Number of missing distributees

2(a)(3). Total Annuity purchases

Please enter digits only, for example -123

2(b)(1). Benefits being transferred to PBGC for amounts more than $250

Please enter digits only, for exampl

2(b)(2). Benefits being transferred to PBGC for amounts less than $250

Please enter digits only, for exampl

2 (b)(3). Total benefits being transferred to PBGC

2 (c)(3). Total missing distributees

3. Benefit determination date (BDD)

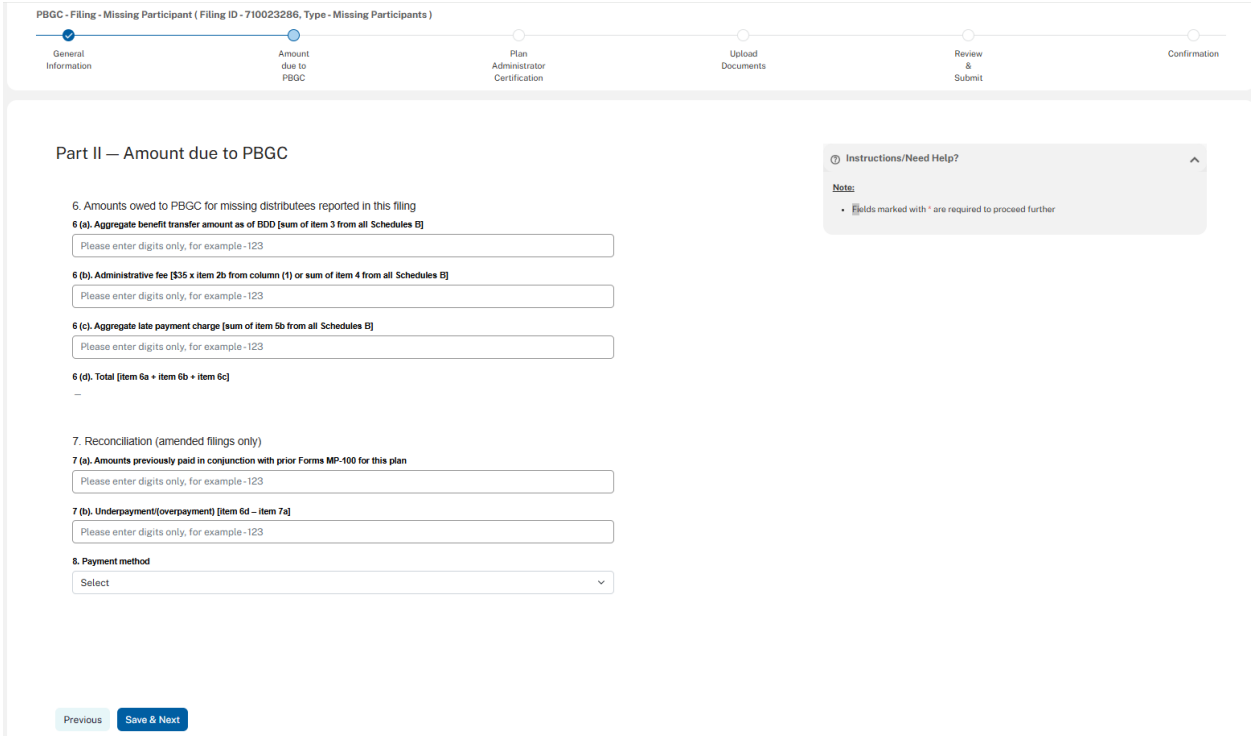
MM/DD/YYYY

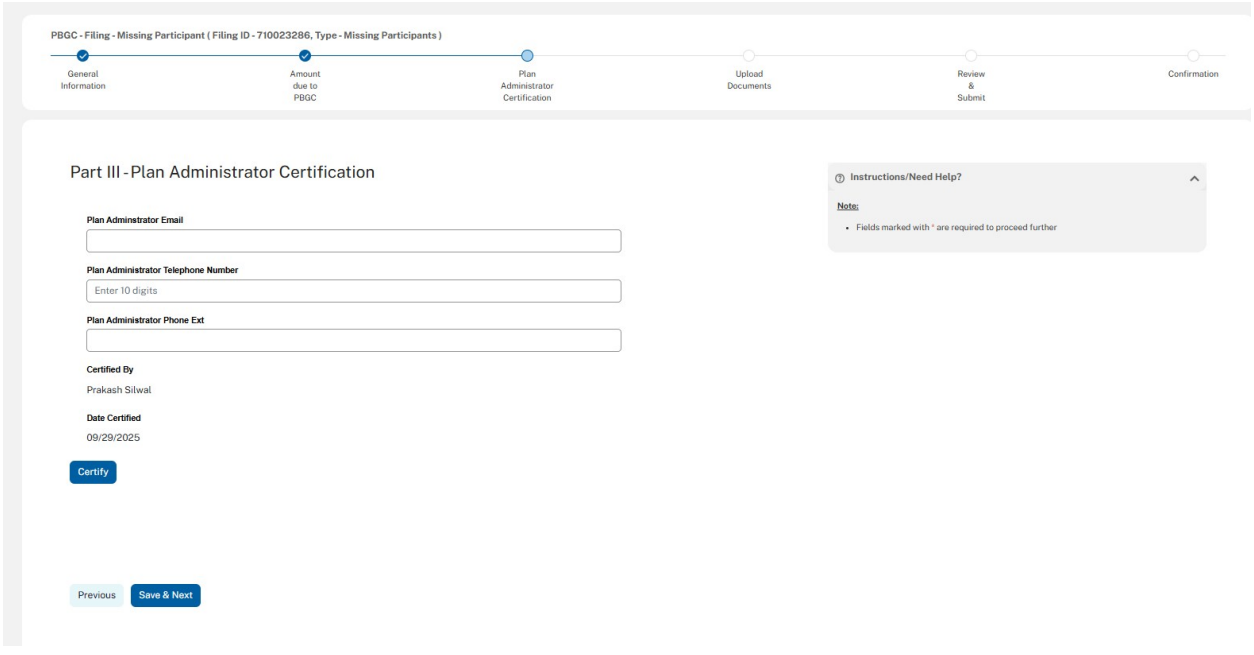
4. Commercial locator service(s) used (if any)

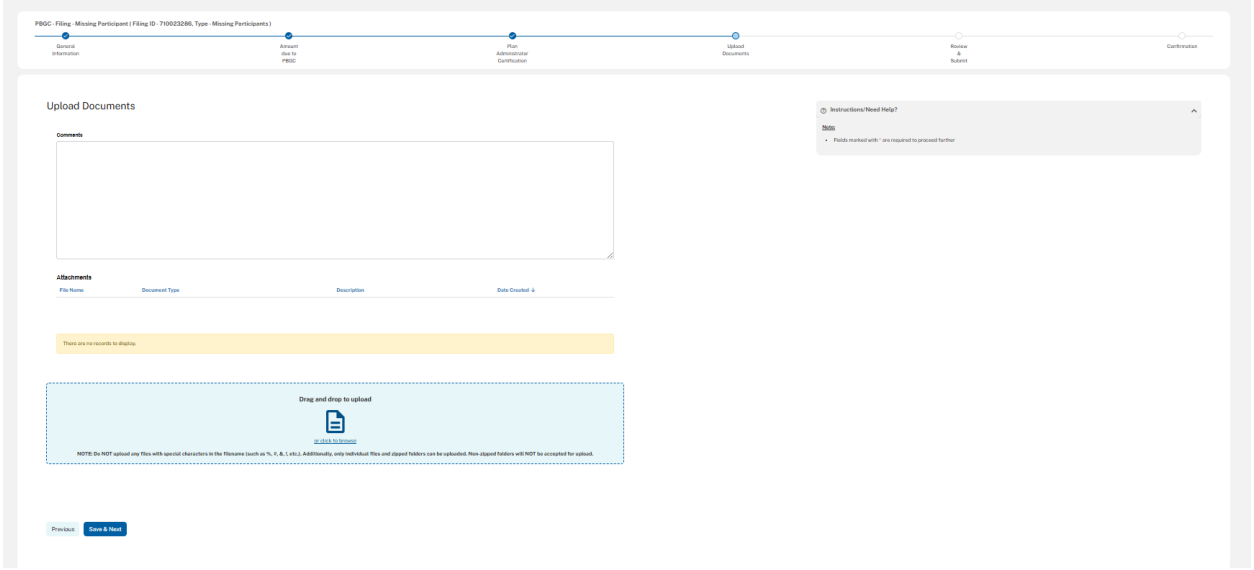
5. Amended filings only - Did the original filing contain information on anyone who is not reported in this amended filing (i.e., has anyone been removed from Schedule A or B)? (attachment required if "Yes")

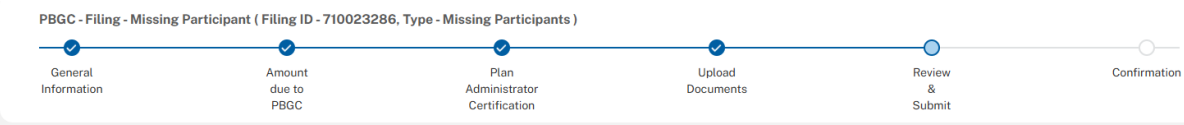
- ○ No
- ○ Yes

Previous | Save & Next


PBGC - Filing - Missing Participant (Filing ID - 710023286, Type - Missing Participants)
General Information
Amount due to PBGC
Plan Administrator Certification
Upload Documents
Review & Submit
Confirmation
Part II — Amount due to PBGC
Instructions/Need Help?
Note:
Fields marked with * are required to proceed further
6. Amounts owed to PBGC for missing distributees reported in this filing
6 (a). Aggregate benefit transfer amount as of BDD [sum of item 3 from all Schedules B]
Please enter digits only, for example - 123
6 (b). Administrative fee [$35 x item 2b from column (1) or sum of item 4 from all Schedules B]
Please enter digits only, for example - 123
6 (c). Aggregate late payment charge [sum of item 5b from all Schedules B]
Please enter digits only, for example - 123
6 (d). Total [item 6a + item 6b + item 6c]
–
7. Reconciliation (amended filings only)
7 (a). Amounts previously paid in conjunction with prior Forms MP-100 for this plan
Please enter digits only, for example - 123
7 (b). Underpayment/(overpayment) [item 6d – item 7a]
Please enter digits only, for example - 123
8. Payment method
Select
Previous
Save & Next


PBGC - Filing - Missing Participant (Filing ID - 710023286, Type - Missing Participants)
General Information
Amount due to PBGC
Plan Administrator Certification
Upload Documents
Review & Submit
Confirmation
Part III - Plan Administrator Certification
Instructions/Need Help?
Note:
Fields marked with * are required to proceed further
Plan Adminstrator Email
Plan Administrator Telephone Number
Enter 10 digits
Plan Administrator Phone Ext
Certified By
Prakash Silwal
Date Certified
09/29/2025
Certify
Previous
Save & Next





Review & Submit

Filing Held By
Prakash Silwal

Email Address
silwal.prakash@pbgc.gov

Instructions/Need Help?

Note:

- Fields marked with * are required to proceed further

Filing Details

Part I — General Information

1. Plan information

a. Plan name *

New PP

b(1). EIN (Employer identification number) *

222222222

b(2). PN (plan number) *

002

c. PBGC Case # *

1000000

d. Plan contact

d(1). Name

George Li

d(2). Company

New company LLC

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123 new ST

d(3). Street Address 2

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d(7). Phone

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Phone Ext

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test@test.xyc

2. Number of missing distributees

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2(b)(2). Benefits being transferred to PBGC for amounts less than $250

2 (b)(3). Total benefits being transferred to PBGC *

2 (c)(3). Total missing distributees

3. Benefit determination date (BDD) *

MM/DD/YYYY

4. Commercial locator service(s) used (if any)

5. Amended filings only - Did the original filing contain information on anyone who is not reported in this amended filing (i.e., has anyone been removed from Schedule A or B)? (attachment required if "Yes")

- ○ No
- ○ Yes

Part II — Amount due to PBGC

6. Amounts owed to PBGC for missing distributees reported in this filing

6 (a). Aggregate benefit transfer amount as of BDD [sum of item 3 from all Schedules B]

Please enter digits or decimal values only, for example -123 or 12.34

6 (b). Administrative fee [$35 x item 2b from column (1) or sum of item 4 from all Schedules B]

Please enter digits or decimal values only, for example -123 or 12.34

6 (c). Aggregate late payment charge [sum of item 5b from all Schedules B]

Please enter digits or decimal values only, for example -123 or 12.34

6 (d). Total [item 6a + item 6b + item 6c]

–

7. Reconciliation (amended filings only)

7 (a). Amounts previously paid in conjunction with prior Forms MP-100 for this plan

Please enter digits or decimal values only, for example -123 or 12.34

7 (b). Underpayment/(overpayment) [item 6d – item 7a]

Please enter digits or decimal values only, for example -123 or 12.34

8 Payment method

Select

Part III — Plan Administrator Certification

***Plan Administrator First Name** **

Prakash

***Plan Administrator Last Name** **

Silwal

***Plan Adminstrator Email** **

test@abc.xyz

***Plan Administrator Telephone Number** **

1800000000

Plan Administrator Phone Ext

Certified By

Prakash Silwal

Date Certified

09/29/2025

Certify

Attachments

Comments

Attachments

File Name	Document Type	Description	Date Created ↓

There are no records to display.

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