

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.



- Single-Employer Filings Dashboard
- Multiemployer Filings Dashboard
- New Filing**
- User Guide
- Settings
- Logout

New Filing



Type of Pension Plan

* Required

☐ 
Multiemployer

☒ 
Single-Employer

Next

New Filing



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

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New Filing

✓
Type of
Pension
Plan

✓
Filing
Type

○
Form
Type

○
Filing
Reason

○
Prepopulate
Form

○
Filing
Created

What form are you submitting?

* Required

☐ Form 500

☐ Form 501

☐ Missing Participants

☐ Reconsideration

☐ Upload Documents Including Audit Documents

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Next

New Filing



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)



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

Instructions/Need Help?

Note:

- Fields marked with * are required to proceed further

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 example

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

Please enter digits only, for example

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

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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 BOD [sum of item 3 from all Schedules B]

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

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

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

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

8. Payment method

[Previous](#)[Save & Next](#)[Instructions/Need Help?](#)

Note:

- Fields marked with * are required to proceed further



Part III - Plan Administrator Certification

Plan Administrator Email

Plan Administrator Telephone Number

Plan Administrator Phone Ext

Certified By

Prakash Silwal

Date Certified

09/29/2025

[Certify](#)[Previous](#)[Save & Next](#)[Instructions/Need Help?](#)

Note:

- Fields marked with * are required to proceed further

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Save & Next

Note

- Fields marked with * are required to proceed further

- Fields marked with * are required to proceed further

Filing Held By
Prakash Silwal

Email Address
silwal.prakash@pbgc.gov

Note:

- Fields marked with * are required to proceed further

Part I – General 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 *

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

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 Administrator 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 ↓
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